VERSION 2/6/2021

Case Demographics entered by_____ Case details entered by_____ 30 day F/U entered_____

# ACMS MohsAIQ Registry Worksheet Required Fields

Surgeon please circle/complete appropriate elements. Information will be used to complete case in MohsAIQ.

- Patient-First Name_____ Last Name_____
- MRN/Unique ID _____ DOB _____ Sex- M F

## Case Tab

Mohs Case #_____ Mohs Surgeon_____ Surgery Date_____

- Was this patient referred from a provider outside your practice or by a provider who does not have access to the patient's electronic health record- N Y

## Medications & Comorbidities Tab

- **Is the patient taking prescription anticoagulant(s) and/or aspirin prescribed/recommended by a physician?** N Y
  - **If yes, Was the anticoagulation regiment discontinued (including dosages delayed or held), changed, or reduced perioperatively?** N Y
    - Discontinued Changed Reduced
      - **If Discontinued, Changed, or Reduced, Why was the anticoagulant discontinued, changed or reduced?**

        Continuation of perioperative anticoagulation was deemed too dangerous or because the patient was taking warfarin, with a supratherapeutic INR

        Patient chose to stop therapy on their own or by other physician recommendation

        Other reason such as to decrease routine intraoperative bleeding
        Does patient meet AHA guidelines for endocarditis or orthopedic prophylaxis-
        - **If response is anything other than "other," Is there documentation within the medical record of discussion of discontinuation, change or reduction of perioperative anticoagulation with another physician?**
          No
          Yes
          The patient does not currently have a physician managing anticoagulant medication
- **Does patient meet AHA guidelines for endocarditis or orthopedic prophylaxis-** N Y
- **Were antibiotics given on the day of surgery-** N Y
  - **If yes, Type of antibiotics given**- Pre-op In anesthesia Post-op
    - **If pre-op, indication for antibiotic prophylaxis -**
      Endocarditis Orthopedic Wound infection Other

- **If Post-op, Did the surgery involve breach of the oral, nasal, genitourinary or anal mucosa; area of lymphedema; exposed cartilage/bone or clinical evidence of infection at the surgical site at time of reconstruction?**
  No Yes Antibiotics were prescribed by another physician

- **Did the patient receive a prescription for opioid / narcotic pain medication (prescription prior to or at the time of surgical discharge from the Mohs surgeon) following Mohs micrographic surgery?** N Y
- **If yes, Did the patient have one of the following reasons for prescription of opioid / narcotic pain medication?**

  Documented medical comorbidity(ies) which preclude the use of non-opioid analgesics and have been advised by physicians to avoid them (advanced renal dysfunction, advanced liver dysfunction, or history of bleeding peptic ulcer)

  Documented allergy to non-opioid analgesics

  Patient required additional pain relief despite a trial of non-opioid analgesia

  None of the above

Tumor Characteristics Tab Type of Tumor: Pre-op diagnosis- BCC SCC Melanoma Rare tumors

**If BCC: Subtype**- (Circle all that apply)
Unspecified/missing Superficial Nodular Micronodular

Infiltrative Morpheaform Pigmented Sclerosing
Adenosystic Basosquamous Occurring in a prior radiation field
High risk tumor Other Specify)_____

**If SCC: Subtype-** In situ Well-differentiated Well-differentiated, keratoacanthoma
Moderately-differentiated Poorly-differentiated None specified/unknown

**If poorly-differentiated SCC, type**-
Spindled Acantholytic Desmoplastic Adenoid/adenosquamous (mucin-producing)

**If SCC high risk feature**-Perineural/intraneural invasion Lymphovascular invasion
Invasion to cartilage, muscle or bone Breslow depth >2mm Palpable lymph node
Occurring in a prior radiation field High risk tumor (Go to additional work-up)

- **If Perineural/intraneural-**
  - Biopsy N Y Mohs N Y Both N Y
    - Nerve size for biopsy Mohs _>.1 mm <.1 mm

**If Lymphovascular invasion**- biopsy Mohs

- **If Invasion to cartilage, muscle or bone-** biopsy Mohs
- **If Breslow depth >2mm** biopsy Mohs

**If Melanoma: Subtype-** In situ invasive Breslow depth_____mm

Melanoma high risk features- Ulceration Mitotic figures>1 mm2 Perineural invasion
Lymphovascular invasion Palpable lymph node(s) High risk Tumor None of above

**If Rare tumor: Subtype-**

| | | |
|---|---|---|
| Adenocystic carcinoma | Adnexal carcinoma | Angiosarcoma |
| Apocrine/eccrine Carcinoma | Atypical Fibroxanthoma | Dermatofibrosarcoma Protuberans |
| Desmoplastic trichoepithelioma | Extramammary Paget's Disease | Leiomyosarcoma |
| Malignant Fibrous Histocytoma | Merkel Cell Carcinoma | Microcystic Adnexal Carcinoma |
| Mucinous Carcinoma | Porocarcinoma | Sebaceous Carcinoma |
| Undifferentiated Pleomorphic Sarcoma | | |

- **If Leiomyosarcoma:**
  Primary dermal leiomyosarcoma
  Subcutaneous leiomyosarcoma

**Surgical site main area-** If tumor spans multiple areas, select the predominant area.

| | | |
|---|---|---|
| Cutaneous lip | Vermilion lip | Eyelid including canthus |
| Eyebrow | Forehead (non-eyebrow region) | Ear and external auricular canal |
| Nose | Temple | Cheek (including jawline) |
| Chin | Neck | Scalp |
| Hand | Upper limb (incl. shoulder, not hand) | Foot (including ankle) |
| Pretibial shin | Lower limb (incl. hip, not including feet or pretibial shin) | |
| Nipple/areola | Trunk (excluding nipple/areola) | Anogenital |

- **If tumor is SCC and subtype is "in situ" including SCC and site is either "cutaneous lip, vermillion lip, eyebrow, forehead, ear and external auditory canal, nose, temple, cheek, chin, neck, or scalp: Does this tumor meet America Joint Committee on Cancer (AJCC) 8th edition staging as a tumor stage greater than or equal to T2**
  Yes No
  - **If yes to meeting greater than or equal to T2, what was the tumor stage?**
    T2 T3 T4a T4b
  - **If T3, what is/are the defined T3 clinical characteristic(s)? (check all that apply)**

    Tumor >4cm in greatest diameter

    Tumor > 6mm in depth from adjacent granular layer or beyond subcutaneous fat

    Perineural invasion (Clinical or radiographic involvement of named nerve, Subdermal nerves, Nerve caliber >0.1mm

    Minor bone erosion

  - **Was the AJCC 8th edition tumor staging documented in the medical record** Yes No

- **Side of lesion-** Right Left Midline Unknown
- Preop length _____cm Preop width _____cm
- **Is this tumor-** primary Previously treated
  - **If Previously treated**:
    Incompletely treated (treated surgically with positive margins) Recurrent
    Treated preoperatively to reduce tumor size using a systemic therapy
  - **If recurrent how was the tumor previously treated (check all that apply)-**
    Curettage and Electrodessication Excision Mohs Surgery
    Radiation Superficial Brachytherapy
    Cryotherapy or Cryosurgery (not including empiric)

Targeted Topical Treatment (not including general field therapy for actinic keratosis)
Photodynamic Therapy (not including generalized field PDT for actinic keratosis)
Systemic therapy Other_____ Unknown

- **If treated pre-operatively to reduce tumor size with systemic therapy, type-**
  Hedgehog inhibitor CTLA-4inhibitor (ipilimumab) PD-1 inhibitor
  EGFR-inhibitor Capecitabine Platinum-based chemo
  Other systemic therapy

- Has the lesion in question been confirmed to have DIFFERENT histology to the previously treated tumor? (i.e., histology confirms BCC and BCC was treated in the past)- N Y Unknown
- Is lesion in question contiguous with surgical scar after treatment of previous tumor? (i.e. inside the greatest radius of final defect measured from the center of the closure)- N Y Unclear
- Is lesion within the area of previous tumor or defect prior to reconstruction- N Y Unclear
  If Yes, list therapies: Hedgehog inhibitor PD-1 inhibitor EGFR-inhibitor Other systemic therapy
  If Other type of previous treatment, specify-_____

What is Mohs surgery Appropriate Use Criteria score-1 2 3 4 5 6 7 8 9 undefined

Mohs Surgery Tab

- **Mohs Surgery Tab**
  - Post-op length _____cm Post-op width ____cm # of Mohs stages 1 2 3 4 5 6 _____
  - Number of CPT 17315- _____
  - What features were seen on the Mohs stage-
    SCC BCC Melanoma All other tumor types No CA seen
    - **Were immunohistochemical stains were used on frozen sections-** N Y
      **What immunohistochemical stains were used-**
      Cytokeratins (CK-pan AE1/AE3 Ber-Ep-4 Mart-1 Sox-10
      HMB-45 MITF MEL-5 S100
      CK-7 CEA CD34 CK-17
  - Were permanent sections sent? (Includes frozen debulking or Mohs specimens thawed for permanent sectioning, or additional margins taken for permanents. N Y
    - If sent, why- To evaluate a debulking specimen To confirm final margin
      To allow for special stains For tumor staging Other
    - Is this a complex case (Associate Members Only)? N Y

Reconstruction Tab

- Was the tumor defect reconstructed- N Y
  - If Yes, was the reconstruction performed by the same Mohs surgeon- N Y
    or another Mohs surgeon within the same practice- N Y
  - If No, what type of surgeon reconstructed the tumor-
    A different Mohs/Derm Plastic Oculoplastic
    Otolaryngology/Head and Neck including ENT Facial Plastics General
    Other (specify)_____ Unknown
  - When was the tumor reconstructed- same day delayed Unknown
  - Type of reconstruction performed-
    Pursestring Linear Flap
    Grafts Unknown

- If Linear specify-
  Simple _____cm  Intermed_____cm  Complex_____cm
  Cheiloplasty

Complications Tab

**NOTE:** Please add complications under this tab when/if they are discovered. Thirty days post-op MohsAIQ will have a "Complications Needed" flag after every patient, if no complications have already been added. If there are no complications at the 30-day mark, click on the flag and provide the appropriate information. This is an important step as this is part of the performance measure calculation.