

**UF HEALTH DERMATOLOGY  
MOHS SURGERY EXTERNAL REFERRAL PACKET**

**Dermatology Clinic**

4037 N.W. 86th Terrace

Gainesville, FL 32606

Phone: 352.594.1500

Fax: 352.594.1501

Toll Free: 1.855.4UF.DERM (855.483.3376)

UFHealth.org

Thank you for choosing to refer your patient to UF Health Dermatology. Mohs surgery is a single outpatient surgery with local anesthesia including pathology and wound repair. The patient will be referred directly to a fellowship-trained Mohs surgeon (American College of Mohs Surgery) and will return to your care after treatment. To start the referral process, please complete and fax or securely e-mail the referral form in this packet with supporting documents to our Mohs surgery liaison, Doris Sutton. We look forward to taking excellent care of your patient.

Fax: 352-627-4322 / E-mail: [suttod@shands.ufl.edu](mailto:suttod@shands.ufl.edu)

**Referral Guidelines**

1. Check that skin cancer meets Mohs Appropriate Use Criteria (refer to Mohs surgery patient criteria included in this referral packet)
2. Include size of skin cancer and complete pathology report with detailed anatomic location
3. We would greatly appreciate an acceptable form of biopsy site identification. If we cannot identify the biopsy site, we will be unable to perform Mohs surgery on your patient. Acceptable forms of biopsy site identification include any combination of the following:
  - Take at least one high-quality photograph with  $\geq 1$  visible landmark; if possible, take two high-quality photographs, one close-up and the other from far away (preferred)
  - Use patient's cell phone to take and store a picture of biopsy site; instruct patient to bring their phone with digital photograph on day of their surgery (preferred)
  - Measure distance (in millimeters) from 2 different landmarks and document
  - Mark biopsy location on a large pathology diagram with anatomic labels
  - Leave a stitch in biopsy location to mark the spot
  - Talk extensively with patients and family members, letting them know they are responsible for remembering the location of the biopsy
4. Include insurance policy information for patient

**UF HEALTH DERMATOLOGY  
MOHS SURGERY EXTERNAL REFERRAL FORM**

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Phone: 352.594.1500

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UFHealth.org

Date: \_\_\_\_\_

No. of pages: \_\_\_\_\_

**Referring Office Information**

From: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Office Fax: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, and Zip Code: \_\_\_\_\_

**Referral Checklist**

<input type="checkbox"/>	Skin cancer meets Mohs Appropriate Use Criteria (refer to Mohs surgery patient criteria included in this referral packet)
<input type="checkbox"/>	Size of skin cancer
<input type="checkbox"/>	Pathology report with detailed anatomic location
<input type="checkbox"/>	Acceptable form of biopsy site identification
<input type="checkbox"/>	Insurance policy information for patient

Attention: Doris Sutton / Fax: 352-627-4322 / E-mail: [suttod@shands.ufl.edu](mailto:suttod@shands.ufl.edu)

# MOHS SURGERY PATIENT CRITERIA

## Mohs Surgery Indications

- ▶ A majority of nonmelanoma skin cancers, or NMSCs, on the *head/neck, hands/feet/pretibial surface/ankles or genitalia* qualify for Mohs surgery. Squamous cell carcinoma *in situ* (SCCIS) or *superficial* basal cell carcinoma in these areas may also qualify for Mohs surgery if the patient desires and/or it is quite large. For SCCIS or *superficial* BCC in these areas, the patient may be provided several treatment options: local destruction (cryodestruction or electrodesiccation & curettage), topical therapy (imiquimod or 5-fluorouracil), or Mohs surgery. Mohs surgery has a proven track record with extremely high cure rates. Ultimately, a decision should be made between the provider and patient based on recurrence rates and the risks, benefits, and alternatives associated with each treatment option.
- ▶ Aggressive tumors of *any size/location*, including trunk and extremities. These include the following subtypes:
  - BCC: morpheaform/fibrosing/sclerosing, infiltrating, perineural, metatypical, micronodular
  - SCC: sclerosing, basosquamous, small cell, poorly/undifferentiated, perineural/perivascular, spindle cell, pagetoid, single cell, clear cell, lymphoepithelial, sarcomatoid, Breslow depth 2 mm or greater, Clark Level IV or greater
- ▶ Nonaggressive tumor subtypes > 2 cm on trunk/extremities
- ▶ Recurrent NMSC
- ▶ NMSC arising in patient with history of:
  - Immunosuppressed patients: HIV, organ transplant, hematologic malignancies on immunosuppressants
  - Radiation
  - Genetic syndromes: Gorlin's, XP, other syndromes associated with high risk of cancer
- ▶ Other aggressive tumors may be considered on a case-by-case basis — please discuss/or send to us for consult before scheduling for Mohs as patient may need multidisciplinary approach for the following conditions: Extra-mammary Paget's disease, sebaceous carcinoma, microcystic adnexal carcinoma, dermatofibrosarcoma protuberans, Merkel cell, atypical fibroxanthoma, verrucous carcinoma.

We recommend that everyone download the Mohs Appropriate Use Criteria, or AUC, app. You will need to enter the data on the lesion and it will let you know if it is indicated for Mohs. Scores of 7-9 are definitely indicated, 4-6 are uncertain — in extenuating circumstances may consider for Mohs, and 1-3 are inappropriate.

# MOHS SURGERY PATIENT CRITERIA

## Mohs Micrographic Surgery

- ▶ Mohs micrographic surgery, also known as Mohs surgery, is most commonly used to treat basal cell carcinomas, squamous cell carcinomas and other aggressive skin cancers. Mohs surgery is used to remove skin cancers that have a high risk of recurrence, have hard-to-define borders or are located in areas where preservation of healthy tissue is critical, such as the head, neck, hands, feet, anterior lower legs and genitals. During Mohs surgery, layers of cancer-containing skin are progressively removed and examined until only normal tissue remains.

After all of the cancer has been removed, the Mohs surgeon will, together with the patient's input, determine the best way to repair the surgical defect: letting the wound heal on its own, closing the wound side-to-side with stitches, skin graft or flap or referral to a plastic surgeon.

### Practice highlights:

- ▶ Two fellowship-trained Mohs surgeons
- ▶ Surgeries done on-site

### Benefits of Mohs surgery:

- ▶ Cure rate of up to 99% for primary tumors and up to 94% for recurrent tumors
- ▶ Examines 100% of tumor margin and spares healthy tissue to leave smallest possible defect
- ▶ Single outpatient surgery with local anesthesia including pathology and wound repair
- ▶ Patient can be referred directly to a Mohs surgeon and **patient will return to your care after treatment**

## MOHS SURGERY



**Sailesh Konda, MD**  
Medical Director  
Co-Director, Mohs Surgery  
and Surgical Dermatology  
Director, Cosmetic Dermatology  
and Laser Surgery  
Assistant Professor,  
UF Department of Dermatology  
University of Florida College of Medicine



**Brandon Brown, MD**  
Co-Director, Mohs Surgery  
and Surgical Dermatology  
Assistant Professor,  
UF Department of Dermatology  
University of Florida College of Medicine



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# WHAT YOU NEED TO KNOW

## about skin cancer and treatment:

Skin cancer is the most common cancer in America, one that requires expert treatment. Consider these facts:

- > More than 5 million skin cancers are treated yearly in the U.S.
- > 3.3 million Americans are treated each year
- > 1 in 5 people will be diagnosed in their lifetime
- > Treatment costs an estimated \$8.1 billion each year
- > Each year, there are more new cases of skin cancer than all other cancers combined

### SKIN CANCER:

A growing epidemic

### MOHS SURGERY:

The gold standard in skin cancer treatment



#### HIGHEST CURE RATE

- > Up to **99%** for primary tumors
- > Up to **94%** for recurrent tumors

#### COST-EFFECTIVE

- > Single outpatient surgery
- > Includes pathology & wound repair



#### MOST PRECISE

- > Examines **100%** of tumor margin
- > Spares healthy tissue

#### PATIENT-CENTERED

- > Single visit in office setting
- > Local anesthesia



#### BEST OUTCOME

- > Leaves smallest defect
- > Maximizes aesthetic result



## ACMS

American College of Mohs Surgery

*Fellowship trained skin cancer and reconstructive surgeons*

[www.MohsCollege.org](http://www.MohsCollege.org)



### FELLOWSHIP TRAINING:

#### Why it sets us apart

- > 1-2 years additional training post-residency
- > Minimum 500 cases during training
- > Exposure to rare and complex tumor pathology, difficult tumor locations, and complex wound reconstruction
- > Training programs must pass a rigorous application and review process

Find a fellowship-trained Mohs surgeon near you:

[www.SkinCancerMohsSurgery.org](http://www.SkinCancerMohsSurgery.org) / 1-800-500-7224