

Mohs Micrographic Surgery- A Brief Introduction

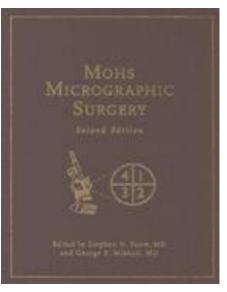
Linda Chen, HT (ASCP) Weil Cornell Medical Center

Mohs micrographic Surgery was first developed by Dr. Frederic E. Mohs for the treatment of skin cancer lesions. In 1938, he developed a technique using a paste applied to the wounds of his skin cancer patients. The paste, which fixed the tissue in vivo, would be applied to the lesion and surrounding areas on the day before surgery. The lesion would then be removed the following day using local anesthesia. Slides were then prepared and microscopically examined. If any areas were found to still contain tumor, the paste would then be reapplied to those areas and the patient sent home to come back the next day

to have another layer removed. The modern procedure has eliminated the use of the paste and evolved to use frozen section histopathology allowing the entire procedure to be performed in a single day.

The Mohs procedure allows for the complete examination of surgical margins with minimal destruction of healthy tissue. It is most commonly used today for the treatment of basal cell carcinoma and squamous cell carcinoma. According the American college of Mohs Surgery, the cure rate is 99% for new cancers and 95% for recurrent cancers.

Today, the procedure is most often performed in office by a board certified Mohs surgeon. It is the recommended treatment for skin cancers of the face, neck, and other sensitive areas where preservation of healthy tissue is important. The patient is referred to the surgeon with a biopsy proven skin cancer. The site is anesthetized locally and the visible lesion is removed along with a small margin of healthy tissue, approximately 1-2mm. The specimen is brought to the lab and processed



by a histotechnologist. The specimen may be marked by different colored ink designating margins and orientation. All notations will be marked on a corresponding diagram (map) of the site. The tissue is embedded to ensure that the entire surgical margin will be achieved (in contrast to the "bread loafing" technique used in standard dermatopathology laboratories where less than 5% of the surgical margin is examined). The most common stain used is H&E while a Toluidine Blue stain is preferred by some surgeons.

After they are stained and cover-slipped, slides are examined microscopically by the Mohs surgeon. The location of any remaining cancer found can now be specifically marked on the site map. The surgeon can now target the area where cancer remains and the healthy tissue can be preserved. This is repeated until no visible cancer is observed microscopically. The patient is now cancer free and the defect is reconstructed surgically either by the Mohs Surgeon or referred to a plastic surgeon

Even though this is a costly procedure, it is still widely used to treat certain types of skin cancers due to its high cure rate and desirable cosmetic results.

On Stage

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OnStage is published quarterly by the New York State Histotechnological Society for its membership. Contributions, suggestions and advertisements are welcome. Please visit the NYSHS website for submission information and guidance. Permission to reprint is granted as long as source and author are acknowledged and a copy of the reprint is sent to the editors. Articles without bylines are written by the editors. Please submit manuscripts to the editor-in -chief:

Amy Farnan pita444@yahoo.com

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Summer Letter from your President

While the weather may not have cooperated this spring, April was still a very busy month for NYS and the Region. NYSHS held its first, 1 day annual meeting on Saturday May 14th at the Desmond Hotel and Conference Center in Albany. With 5 speakers, over



100 attendees and a dozen vendors, the meeting was a great success. Be sure to read the meeting recap and the survey results for more info. The NYSHS meeting was followed a week later by the Region 1 Symposium held in Bangor Maine on Friday May 20th and Saturday May 21st. The meeting had 10 speakers, 20 vendors and over 50 attendees. Congratulations to Clare Thornton and the entire Maine Society for doing a great job hosting the meeting.

As we move into summer, NYSHS election ballots will be mailed out soon so please be sure to vote. Membership renewal is just around the corner and so you'll soon be receiving your renewal notices. We are also moving closer to the release of our new website. We have been working hard in getting it ready and hope to launch the site in July. We have also begun preparing next years meeting. NYS will be hosting the 2012 Region 1 Symposium on Long Island with preliminary meeting dates in late April. Since we are in the early planning stages, we will provide further updates in upcoming newsletters. You can also stay in touch with news and happenings in and around the state by subscribing to the NYSHS message board. In 2013, the NSH Annual Meeting and Symposium will be held in Providence, RI and Region 1 states will not hold their annual meetings. This will be a great opportunity to get CEU's and network with peers and colleagues from across the country.

In the meantime, we hope you all have a pleasant and relaxing summer.

All the Best

Luis

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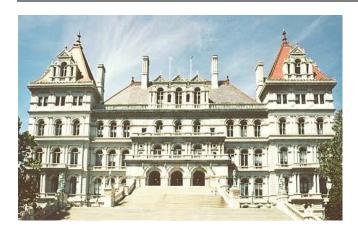
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SED SAYS "NO" TO THE HTL EXAM

By Amy Farnan, HT(ASCP) Northeast Health Legislative Chairperson

From the time the SED (State Education Department) acknowledged the differences between histology and the clinical laboratory license, and established the histology license, nearly a year had passed before they decided on an exam route. During this time, current qualified histologists were able to follow the grandfathering route. Upon graduation, current histology students were granted a limited permit, pending a passing grade on the state licensing exam. In the meantime, the students applied for and took the ASCP exam for HT or HTL. (The HTL exam is only offered to those individuals that have a bachelor degree or higher.) As the ASCP HTL certification has more distinction and in some cases can offer more pay, those qualifying often opt for this route. In the eyes of the ASCP and employers this is a more stringent and marketable certification. After a long evaluation process the SED decided to contract with the ASCP to administer the New York State histotechnician licensing exam. Due to the educational offerings for histology, within the state, the SED only recognizes the histotechnician (HT) exam for licensing purposes. The SED does recognize the benefit of the ASCP HTL certification but it does not accept this as the licensing exam. New York State currently has a histotechnician program at SUNY Cobleskill but to date there is no histotechnology program. What does this mean? Those students or individuals that have their HTL and need their New York State Histology License to practice will still need to sit for the ASCP HT exam. This may have a tremendous impact on the state. Those individuals that would like to move to New York State with their HTL certification will most likely not want to re-take the ASCP exam and those students that are eligible for the HTL will need to decide if they want to take two exams to stay in New York or just take one and work outside of New York. The SUNY Cobleskill graduates of this year, for the most part, are looking outside the state as they are eligible for the HTL. This will only exacerbate the current shortage.

Kathleen Doyle of the SED, is quoted as saying, "the SED understands that individuals want to advance themselves with an HTL certification. They can achieve as many advance certificates that they chose to advance their career, but to practice in New York State they must pass the HT exam."

Although there are currently bachelor level programs nationally, New York State does not recognize them. I believe this is a tremendous shortfall within the SED that will have a long term detrimental effect on our state. I am interested to know if anyone else is affected by the licensing exam standard. If so please email me at nyshsmembership@yahoo.com



NYSHS 2011 SYMPOSIUM RE-CAP Editorial Staff

The NYSHS annual spring symposium was held Saturday May 14th at the Desmond Americana in Albany, NY. The Desmond proved to be the perfect venue with easy access, a large theater style meeting room and delicious food. The staff at the Desmond had many events going on at the same time but they kept our event running flawlessly. They are definitely a class act. We had a great turn out with over 98 registrants and 17 vendors. The new one day format proved to be a big hit with many positive comments from the attendees. A wide range of topics were offered and each attendee went home with 6 hours of CEU credits for the day. We would like to thank our faculty for their time and the wonderful topics they presented; Dr. Keri Reiber:



The Role of Histopathology in Forensic Postmortem Investigations, Virgil Hernandez: Digital Pathology 101, Dr. Joseph Dudek: Personalized Approach to Non-Small Cell Lung Cancer, Valantou Grover: The Right Stain, Troubleshooting Histology Stains, Amy Farnan: Formalin Recycling: Is your lab safe?. We would like to offer a special thank you to Valantou Grover for extending her seminar at the last minute as we had an unexpected cancellation. Thank you Val! We would also like to give a special thank you to our vendors! Biogenex, Leica Micro-Systems, Mopec, Neogenomics Laboratories, Todd Schreiber, Leica Biosystems Richmond, Tech One Biomedical, Polyscientific R&D, Azer Scientific, Electron Microscopy Sciences, Source Medical



Products, Polysciences, Ventana Medical Systems, Newcomer Supply, VWR Healthcare, Thermoscientific, Sakura Finetek, and Biocare. We could not have a meeting without your support.

Sarah Mack, our Awards Chairperson, did a wonderful job this year acquiring award and scholarship funding. There was over \$1,500.00 in funds available this year. Unfortunately, we did not have enough applicants. This is truly sad. We know there are many deserving histotechs in New York who could benefit from these funds to help defray costs to attend meetings at the state, region or national level. Please consider applying for an award next year, we hate to have to give back this money!! Although we did not receive many applications, we did have winners!! On Stage



This years awardees included; Jun Jie Liang (student) and Sara Laviska who both received a Gulf Coast Instrument Award. Jun Jie Liang also received the Leica Microsystems Award. Erin Bertani received the Source Medical Products Award and the Sakura Finetek Award. Debra Kassay received the Source Medical Products Mentor Award. This years NYSHS

President's Award was given to Sarah Mack by NYSHS President Luis Chiriboga for her dedication and commitment to the society and her efforts in securing award funding. Angela Fogg, Region 1 Director and NYS Vice President presented Amy Farnan with the Region 1 Histotech of the Year Award for her efforts supporting NYSHS and the Region. Congratulations to our award winners!

In 2012 New York will be hosting the Region I meeting in Long Island. We have a wonderful conference center and we are working on some great speakers. It will be back to the two day format. We hope to see you all there!





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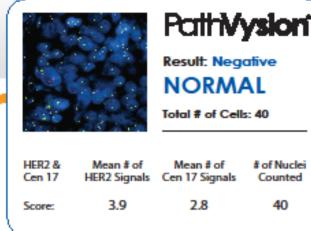
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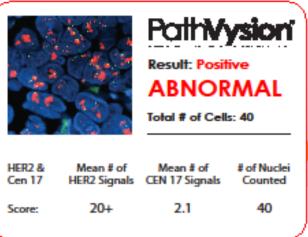
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Training a Non Histotech By Emily Ash VAMC Buffalo

Histology is not in my blood. It found me, I didn't find it. As an MLT by trade, I had only minimal exposure to histology. Ironically my first job after graduation was...histology. I worked the overnight shift. So, not only was I learning a new trade from scratch, but I was literally trying to stay awake while doing so. In this article I'd like to pass along a little advice to people who may be entering the field without the educational background. It's also a guide for supervisors about how to undertake training newbie's.

- Be patient. The old cliché that practice makes perfect holds true. I was so discouraged by how long it seemed for me to complete basic tasks. Every day I did them, yet they never seemed to get easier. Well, eventually they did. Don't put too much pressure on yourself to "get" everything at first. It will come. This goes hand in hand with not rushing. For anyone working in a lab, multitasking is essential. When you suddenly find yourself pulled in multiple directions, take a deep breath. When you rush, mistakes get made that ultimately take more time; when a block needs to be recut or a stain repeated.
- Remember what it was like to be new. New lab, new coworkers, new way of doing things and sometimes a new shift. It is overwhelming and anxiety provoking. Now imagine dealing with those things while learning a new skill set from scratch. Trainers should start at the beginning. Instead of simply telling the trainee "this is what we do". Tell him/her "this is what we do and why we do it". Try to avoid using histo "slang" (chatter, chuck). Don't assume the trainee knows what you are talking about. Remember that what you consider "common sense" probably wasn't until someone pointed it out to you. Sheepishly I admit that I worked over a year and half before someone told me that xylene and water don't mix.
- Put one person in charge of training. Try to choose someone who has been with the lab for at least several years. This person will know the routine and procedures that should be performed. It is important to learn a task "by the book". Once you get comfortable with it, you find little shortcuts. Coworkers should be available to answer questions. However, if you have questions about how something should be done, each tech will probably tell you something different. This can get totally confusing. There should also be a sign off list for new employee and trainer. All pertinent job tasks should be on this list. Ideally the tasks should be discussed and demonstrated by the trainer, then demonstrated by the trainee. The trainee would not be expected to perform tasks solo until both people have signed off, the trainer indicating proficiency and the trainee indicating he/she is comfortable performing the task.

- Ð
- Provide feedback. When learning tasks, it can be invaluable to the trainee to have regular updates on his/her performance. That way any habits can be corrected before becoming ingrained. It is also nice to hear about the tasks that one is doing well. Only hearing about what you do wrong does nothing to boost confidence. When you begin to feel like nothing you do is right, you begin to falter in performing the tasks you do know. This also goes for the trainee. Ask lots of questions and communicate. Tell your trainer when you don't understand something. Some things may even need to be explained multiple times, especially if not performed routinely.

Histology has proven to be both fun and challenging, and these are some of the things I've found helpful or wish someone had told me when I first started.

Membership Renewals are due June 30th! You should be receiving your renewal notices in the mail If you do not, please contact the membership secretary at: <u>NYSHSmembership@yahoo.com</u>

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| You should be receiving your NYSHS Nominees bio and ballots for this years election in the mail very soon. Please be sure to vote. |

An Inexpensive Solution to Histology Laboratory Chemical Spill Clean Up

By

Angela Fogg, HT ASCP Columbia Memorial Hospital

All of us have at one time or another spilled formalin or some of the other solutions we use every day in Histology.

Just recently, we had a small formalin spill. We used the laboratory product meant to trap and neutralize the formalin. The product contained the formalin only as long as the solution hit the dry material and then proceeded to overflow the powder after it became wet. Then it takes 15 minutes for it to neutralize the formalin. We use cat litter as a base absorbent for the gallons of formalin in storage. The decision to test "cat litter" for spill containment and clean up of other solutions was made. We tested it on solutions in our Histology lab. This may not be a revolutionary idea and someone out there may be using the "cat litter" already, but this article is purely to show the results we got for each of the solutions we use in our hospital. Hope it helps some of you. to Try it and save some money on Chemical Spill Clean Up.

We used 100 milliliters of solution to do the testing. We spilled the solution on the floor so that it would simulate an actual spill. Tests on all the solutions gave us immediate absorbency and containment to stop the solution from flowing. Below are the results of our testing.

| Solution | Fresh | Used | Clumping | Containment & Absorbency | Fumes/Odor Control |
|---------------------------------------|-------|------|------------------|-----------------------------|-----------------------|
| Alcoholic Formalin | x | | non-clumping | complete | None |
| Alcoholic Formalin | | × | somewhat clumped | complete | Slight |
| Formalin | x | | tight clumping | complete | None |
| Formalin | | x | somewhat clumped | complete | None |
| Alcohol | × | | non-clumping | complete | None |
| ClearRite III & Xylene | x | | non-clumping | complete | Slight to none |
| Cal-Ex(formic acid) decal solution | | x | tight clumping | complete | None |
| Cal-Ex(formic acid) decal solution | × | | tight clumping | complete | Slight |

Note: Only use litter that is the "Clumping" variety.

2011 NYSHS Albany Meeting Survey Results

Editorial Staff

This year, NYSHS annual meeting was held at the Desmond Hotel and Conference center in Albany, New York. The society offered a new one day meeting format that offered 6 CEU in one day. As part of the meeting evaluation, the society asked attendees to fill out a meeting satisfaction survey. The goal of the survey is to understand the factors that influence member's decision on whether to attend a meeting and what meeting features offer the most value to our members. The meeting was well attended with 98 attendees and 17 vendors. The survey return was 54% of attendees.

The first survey question asked attendees to rate, on a scale of 1-4 (4 being highest or most important) the factors that influenced their decision to attend a meeting. Figure 1, shows the percent distribution of responses for each category in question 1. Average response score indicated that convention location (average score 3.71), educational program (3.70) and continuing education (3.66) most influenced members decisions to attend. Financially, 75% of attendees received reimbursement for attending the meeting so it's not surprising that 62 % (3.35) of respondents felt that employer reimbursement was a "very" important in their decision to attend a meeting.

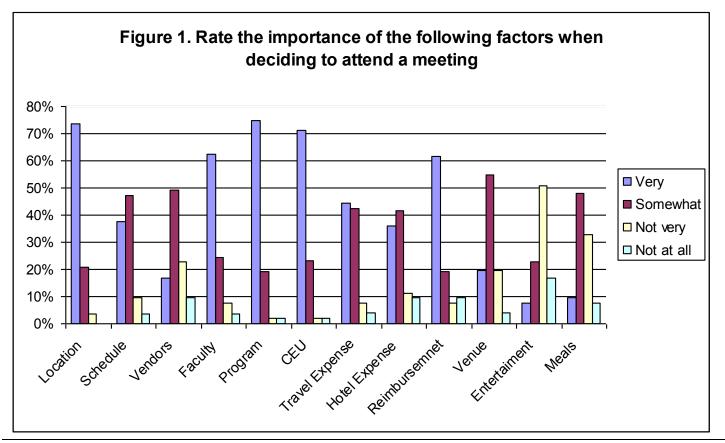
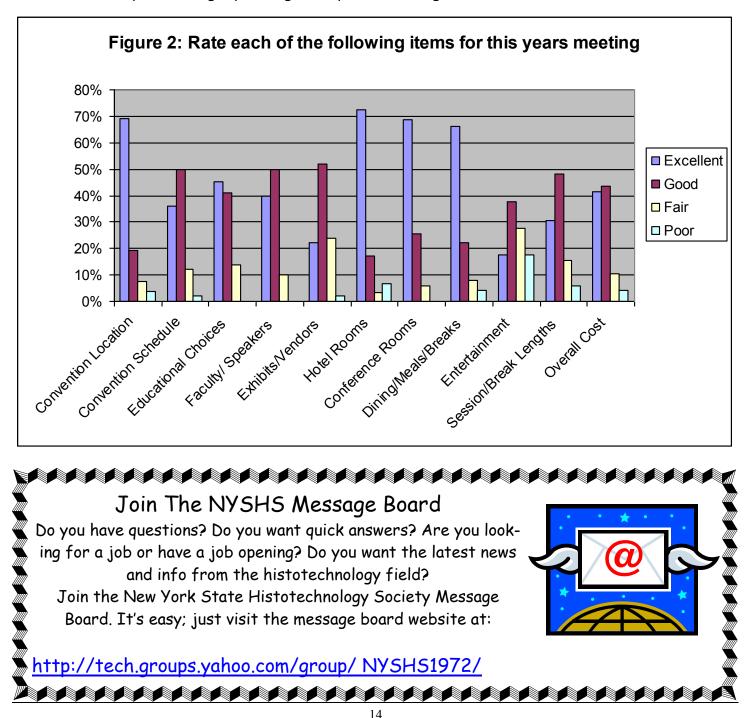


Figure 2, shows the percent distribution of responses for each category from question 5 asking participants to rate this years meeting features. Convention location was rated as "excellent" with an average score of 3.53. The new 1 day convention schedule was well received, with a score of 3.20, as were the educational choices and meeting faculty with scores 3.31 and 3.01 respectively. Interestingly, the hotel rooms were highly rated (score 3.55) but this data is skewed since just under half of the respondents did not stay at the hotel. Overall, attendees rated the cost of the meeting as good or excellent with a score 3.03 indicating that the meeting was worth the expenses and time associated with attending

We would like to thank everyone for answering the survey. We will be using the information from this survey as we begin planning next years meeting



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| | HistoTALK ANNOUNCER: Brenda Martin - www.BrenMarCommunications.com COMING UP ON THE NEXT SHOW - June 12, 2011 (10 pm Eastern) - David welcomes co-founder of IOP (In-Office Pathology) Bernie Ness to the show. Bernie does a "myth-buster" talk about the latest trend in healthcare, the in-office histology laboratory. A lot of great information is presented in this show! Get the scoop! |

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http://www.histotalk.com/Home.html



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