

Study examines medicare use for Mohs micrographic surgery and surgical excision for skin cancer

16 April 2012

An analysis of Medicare beneficiaries suggests that surgical treatment for nonmelanoma skin cancer (NMSC) increased substantially from 2001 through 2006, primarily due to a doubling in the rate of Mohs micrographic surgery procedures, according to a report published in the April issue of *Archives of Dermatology*.

More than 3 million NMSCs are diagnosed each year in the United States and the variety of treatment options include surgical excision and Mohs micrographic surgery (MMS), which examines 100 percent of the surgical margin during the procedure. Surgical excision is effective for most primary basal cell carcinomas but cure rates are higher with MMS in patients with recurrent, infiltrative and high-risk anatomical site cancers, such as on the face, the authors write in their study background. But the authors note there is debate about the efficacy of surgical treatment (MMS vs surgical excision) for primary NMSC and the cost-efficacy of MMS.

Kate V. Viola, M.D., M.H.S., of the [Albert Einstein College of Medicine](#), New York, and colleagues conducted a [retrospective analysis](#) of [Medicare beneficiaries](#) undergoing surgery (MMS vs surgical excision) to treat NMSC. A total of 26,931 patients with NMSC were surgically treated from 2001 through 2006 in the researchers' 5 percent sample of Medicare beneficiaries. Of the operations, 9,802 (36.4 percent) were MMS and 17,129 (63.6 percent) were surgical excisions.

During the study period, the rate of surgical excision increased slightly (1.8 vs 2.1 per 100 Medicare beneficiaries), while the rate of MMS doubled (0.75 vs 1.5 per 100 Medicare beneficiaries). Compared with surgical excision, MMS was more likely to be performed on [lesions](#) on the lip (60.1 percent vs 39.9 percent) and eyelid

(57.2 percent vs 42.8 percent). Atlanta had the highest proportion of patients with NMSC treated with MMS (45.1 percent). The authors note that a higher proportion of MMS was performed in younger patients.

"To our knowledge, this is the only study to examine the national patterns of use of MMS for NMSC over time. Patient age and lesion location were significantly associated with the type of [surgery](#) (MMS vs surgical excision), yet there were wide variations in regional MMS use and geographical disparity that warrant further investigation. Additional large, prospective studies are needed to further identify surgical treatment outcomes for NMSC," the authors conclude.

More information: *Arch Dermatol.* 2012;148[4]:473-477.

Provided by JAMA and Archives Journals

APA citation: Study examines medicare use for Mohs micrographic surgery and surgical excision for skin cancer (2012, April 16) retrieved 15 November 2019 from <https://medicalxpress.com/news/2012-04-medicare-mohs-micrographic-surgery-surgical.html>

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