

2001 to 2016 saw large increase in Mohs surgery for melanoma

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the odds of receiving Mohs surgery with immunohistochemistry increased (odds ratio, 1.13 per calendar year). For every period, there was considerable geographic variation, with more than threefold variation between the regions with highest and lowest use of Mohs surgery and Mohs surgery with immunohistochemistry.

"Despite stable guidelines and no randomized [clinical trial data](#) evaluating outcomes of comprehensive margin assessment surgery for melanoma, [surgical excision](#) practices for [melanoma](#) continue to evolve," the authors write.

One author disclosed financial ties to the [pharmaceutical industry](#).

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(HealthDay)—From 2001 to 2016, the use of Mohs surgery for melanoma increased more than threefold, according to a study published online Aug. 28 in *JAMA Dermatology*.

Michael P. Lee, from Eastern Virginia Medical School in Norfolk, and colleagues conducted a national cross-sectional analysis involving 79,108 patients undergoing surgical excision for melanoma from Jan. 1, 2001, through Dec. 31, 2016. The likelihood of a melanoma being treated with Mohs surgery was examined over time.

The researchers found that 75,047 patients were treated with conventional surgery and 4,061 were treated with Mohs surgery. Mohs surgery was used in 5.1 percent of all surgical cases and increased 304 percent from 2.06 to 7.9 percent from 2001 to 2016. In more recent calendar years, the odds of receiving Mohs surgery for melanoma increased significantly (odds ratio, 1.02 per calendar year). In 1,087 cases (26.8 percent), immunohistochemistry use was coded with Mohs surgery; more recently,

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