**Consistency Is Key to Securing High-Quality Mohs Photos**

*BY ALICIA AULT*

**Austin, Tex.** — Getting good, consistent pre- and postoperative photos of Mohs procedures is crucial to documenting the procedure and documenting those procedures and outcomes with colleagues. Dr. Juan-Carlos Martinez of the Mayo Clinic in Jacksonville, Fla., shared tips on getting the best pictures at the annual meeting of the American College of Mohs Surgery. “Mohs surgeons make a living out of striving for perfection,” he said, adding that “photographs can and should reflect those same qualities,” including being meticulous, thoughtful, and consistent.

Consistency, especially, is key. Ideally, the only difference between the preoperative and postoperative photos should be the surgical intervention, said Dr. Martinez.

The standard for photography is to have a dedicated studio, but this is an expensive undertaking. Although photographs might not turn out as well without such a studio, the advent of digital photography has simplified image acquisition and management, making it much easier to obtain high-quality, reproducible photographs, he said. There are some simple tools that can make this task easier: a felt-covered foam board for a background and a digital camera with at least 7 megapixels of resolution. The felt board can be purchased online or made from materials obtained at a local hardware store. The camera can be a digital single lens reflex (SLR) or a point-and-shoot model.

The same camera should always be used. It’s also important to always use flash to maintain consistent lighting.

To frame the photos and keep up the consistency, use anatomic landmarks. The patient should always be sitting upright, in front of the felt board, looking straight ahead. A neutral expression is best, since smiles are hard to reproduce on a consistent basis. Gently closed eyes can help avoid the distraction of inconsistent sideways glances, said Dr. Martinez.

Some cameras have a viewfinder grid, which allows better framing. Dr. Martinez uses a horizontal line across the pupils to ensure there is symmetric framing for the frontal, oblique, and base views. For an oblique view, he uses the same horizontal line across the pupils and another across the top of the nasal tip. This locks the head in the transverse and sagittal planes. For a lateral image, he employs a single horizontal line from the lateral canthus to the top of the auricular helix and a vertical line from the brow to the chin. The goal is to ensure that no aspect of the contralateral brow is in view.

The base view is preferred by professional photographers, said Dr. Martinez, noting that it’s nicknamed the “view of shame” because it will highlight the slightest tip or alar dimple. “There is broad consensus that surgeons should use this view,” he said, adding that “most patients survive at least 20 years beyond initial diagnosis.”

The Childhood Cancer Survivors Study enrolled 20,602 people who were initially diagnosed with cancer in 1970–1986 and had survived at least 5 years. Of these original participants, 3,305 had been lost to follow-up and 1,541 had died by the time of the 2003 follow-up survey, on which the new study is based. Another 2% reported no medical care during this time. The remaining patients were “predominantly seen by their primary care physician in their community,” he said.

Cancer survivors and their primary care physicians need to be more vigilant, Dr. Martinez said, because primary care physicians may have only a few childhood cancer survivors in their practice, but, he said, they should be made aware of these patients’ special requirements.

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Although high-risk for breast cancer were more compliant with recommendations, he added, even so, only 46.3% of 521 in this group had a mammogram performed during the 2 years before they were asked about screening.

Most of the 8,318 survivors surveyed in this phase of the National Cancer Institute–funded study were in the care of family physicians. About 12.5% had been seen at a cancer center or within a long-term follow-up program in the previous 2 years. Another 12% reported no medical care during this time. The remaining patients were “predominantly seen by their primary care physician in their community,” he said.

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