

# **BSDS Travelling Fellowship Report**

**Dr Emma Craythorne**

I was awarded the BSDS Travelling Fellowship in November 2013 which facilitated my week long visit to the Melanoma Unit at the University Hospital Clinic of Barcelona, Spain in January 2014.

Located alongside the beautiful buildings of the University of Barcelona Medical school, in the Hospital Clinic, the Melanoma unit is a truly outstanding facility. There are 7 clinic rooms, 2 confocal suites with dedicated confocal technicians, dermoscopic photography and even a handheld confocal microscope! There are dedicated surgical theatres in the main theatre section of the hospital, this is where ALL Mohs surgery, dermatological surgery, sentinel lymph node biopsy, electrochemotherapy are carried out by the dermatological surgeons.

The director of the clinic is Dr. Josep Malvehy, a world leader in dermoscopy and skin imaging techniques. The Mohs surgeon is Antoni Bennassar, he underwent his Mohs Fellowship training in Tel-Aviv and on return to the Melanoma unit in Barcelona undertook his PhD research in ex-vivo confocal microscopy and had published the largest study to date on the subject. Antoni's work has postulated that confocal microscopy, in its ex-vivo mode and with the use of fluorescence, may evolve into an alternative to classical histopathology and offer rapid surgical bedside pathology diagnosis in 3-5 minutes. In addition, the patient would have fewer injections, dressings and time to closure would be improved dramatically.

The learning aims from my week there were to:

- gain practical knowledge in the use of ex-vivo confocal microscopy for Mohs micrographic surgery from which to set up a large scale trial in the UK
- learn electrochemotherapy for skin tumours
- gain an insight into skin cancer surgery procedures under general anaesthetic

I stayed in a hotel near to University Hospital Clinic for the week, Antoni met me on my first evening and took me for welcome drinks and tapas in the nearby area. Each morning commenced at 7.30am to meet the Mohs patients of the day. Each patient had Mohs surgery carried out in the traditional manner but each stage was imaged using ex-vivo confocal microscopy. I was instructed in the key features of basal cell carcinoma on confocal microscopy and then we compared our findings with the traditional frozen horizontal sections. There was always a good long break for a 3 – course lunch(!) before the afternoon clinics of melanoma and skin imaging and theatre lists of electrochemotherapy for metastatic melanoma.

The only exception to the routine was on Day 3, I was in the dermatology surgery theatre list for the entire day. This is in the main theatre suites and the entire list is carried out under general anaesthetic, thus enabling, wide local excision of melanomas with sentinel lymph node biopsy or complex reconstructive cases where the patient has specifically requested general anaesthesia.

I cannot thank the BSDS enough for giving me the opportunity to spend time at the Unit, it has allowed me to gain a greater understanding of the technique. Since my visit I have secured funding, ethical and R&D approval to undertake a large study in collaboration with the Hospital Clinic to determine the true sensitivity and specificity of the technique for Mohs surgery and what this may mean for us in the future.