



*The Zitelli & Brodland
Fellowships for
Mohs Surgery and
Procedural Dermatology*



**American College
of Mohs Surgery**
*Fellowship trained skin cancer
and reconstructive surgeons*



Welcome

This pamphlet summarizes the important aspects of the two fellowship positions that we offer in Mohs Surgery and Procedural Dermatology. The fellowships are approved by the American College of Mohs Surgery (the College) as well as the Accreditation Council for Graduate Medical Education (ACGME) of the AMA. Successful completion of the fellowship qualifies you for membership in the College, in addition to accreditation by the ACGME. Below we discuss our philosophy of education, describe the didactic and hands-on experience during the fellowship, and summarize aspects of relocating and living in Pittsburgh. Because we have two offices and a large number of cases, we now train two fellows each year.

Each fellow is directed by both Dr. Zitelli and Dr. Brodland. Each fellow is matched to one office. The Zitelli fellowship is located at our Shadyside office at the University of Pittsburgh Medical Center – Shadyside Medical Building. Dr. Zitelli teaches three days a week (M,T,Th) and Dr. Brodland teaches the other two days of that week (W, F). The Brodland fellowship is located at our Jefferson office at Jefferson Regional Medical Center Physicians Office Building. Here the schedule is the opposite of Shadyside, with Dr. Brodland teaching three days (M,T,Th), and Dr. Zitelli teaching the other two days (W,F).

Our Doctors

JOHN A. ZITELLI, M.D. a native of Pittsburgh graduated Phi Beta Kappa from the University of Pittsburgh and graduated with highest honors from the University of Pittsburgh Medical School of Medicine. He received his Medicine and Dermatology training at the University of Pittsburgh Medical Center with board certification in both Dermatology and Facial Plastic and Reconstructive Surgery. In 1980, he completed his fellowship training in Mohs Micrographic Surgery under the direction of Dr. Frederic Mohs at the University of Wisconsin. He taught for 7 years at the University of Pittsburgh as Associate Professor of Dermatology and Interim Chairman of the Department. He has been in private practice since 1987 and continues to teach students and residents in Dermatology, Otolaryngology, Plastic Surgery of the University of Pittsburgh Medical School with appointments of Associate Professor of Clinical Dermatology and Otolaryngology.

Dr. Zitelli has authored over 100 articles and chapters on skin cancer surgery and reconstruction. He is recognized as a leader in his field. He has held leadership positions in most of the local, state and national dermatology organizations and served as president of the Pennsylvania Academy of Dermatology and the American College of Mohs Surgery. Some of his honors include the Distinguished Service Award of the American College of Mohs Micrographic Surgery Lifetime Achievement Award of the ASDS membership in the American Dermatological Association and the American Academy of Facial Plastic and Reconstructive Surgery.

DAVID G. BRODLAND, M.D. a native of Canton, South Dakota, received his medical degree at Southern Illinois University School of Medicine, graduating with honors. He received his resident training in Internal Medicine and Dermatology at the Mayo Clinic in Rochester, MN. In 1990 he completed his Mohs College approved fellowship training under the direction of Dr. Zitelli here in Pittsburgh. Prior to joining Dr. Zitelli in 1997, Dr. Brodland was on Faculty for 7 years at the Mayo Clinic in Rochester, MN where he was Associate Professor of Dermatology, Chair of Education, Director of Residency Program and Co-director of Dermatologic Surgery and the Mayo Cutaneous Laser Center. He continues his involvement in resident education as a clinical assistant professor with teaching appointments in Dermatology, Plastic Surgery, and Otolaryngology at the University of Pittsburgh.

Dr. Brodland has authored over 60 articles and chapters. He has performed over 10,000 laser and cosmetic procedures. He is active in leadership positions in many dermatology organizations nationally. He is past President of the American College of Mohs Micrographic Surgery and Cutaneous Oncology. Dr. Brodland has received many honors including the Skin Cancer Foundation Fellowship Award, Mayo Foundation Scholar, and the Teacher of the Year Award at the Mayo Clinic.

Our Staff

A significant part of your training will come from our experienced and excellent staff. They will help you learn coding, billing, staff management, histology & frozen section techniques, surgical assisting, and more. Our staff has very little turnover and are experts in their field. They understand teamwork and will always have your best interests in mind.



The Fellowship Program

Teaching Philosophy

We believe that if you want to learn, we love to teach. We believe in teaching you how to learn during fellowship and how to continue to learn after fellowship. Throughout most of pre-med, medical school, and residency, learning has emphasized reading, memorization, and trust that your teachers are correct in what they say. However, at this stage of learning after residency and fellowship, your education is so far advanced and specialized, that it is now your responsibility to collect the evidence, digest it, and reach your own conclusions. Reading only the abstracts and conclusions of journal articles is no longer good enough to become an expert in your field. Accepting the summaries from throw away journals as scientific proof is careless learning.

During your fellowship year, our teaching will emphasize evidence based learning. Together, we will review the advances in all related fields of medicine, study the evidence, weigh the evidence, and decide if the evidence is valid enough to influence how we practice our specialty. We will add to your fund of knowledge by recommending an extensive self directed reading schedule. We want you to question everything, and believe nothing without knowing the evidence to support or refute it. We will guide you, encourage you, challenge you and support you. With this process comes the discipline to learn now and to continue your education after fellowship.

The Teaching Plan

The daily schedule for the fellow is similar each day. Mohs surgery is done every day, beginning first thing each morning. Follow-up patients are seen during the later morning while second layers are taken, and some reconstructions are begun. After lunch, time is spent finishing Mohs and concentrating on reconstruction. Other minor surgeries and cosmetic procedures are also done in the afternoon.

The focus of teaching is on Mohs surgery and reconstruction. Our two programs perform 6000 Mohs cases each year, and each fellow will observe at least 2500 of those cases. We treat all types of cutaneous tumors including the more rare cases of melanoma, DFSP, Merkel cell tumors, extramammary Paget's disease, sebaceous carcinoma, AFX, and more. We have a special interest and expertise in treating melanoma, using MART-1 immunoperoxidase stains for margin examination. Patients are referred to our practice from all over the world for treatment of difficult cases.

The fellow's surgical experience is extensive. Hands-on training begins on the first day of fellowship. Besides observing the largest and most difficult cases, and participating in the management of rare and difficult tumors, the fellow personally performs approximately 1000 Mohs cases on their own, start to finish, including the reconstruction. By the end of the fellowship year, you will have seen almost every type

of cutaneous tumor, performed even the most difficult repairs including forehead flaps and you will have discussed and formulated an opinion on all aspects of cutaneous oncology.

Reconstruction is also a focus of your learning, including all types of facial reconstruction such as forehead flaps, nasal lining, cartilage grafting, ear reconstruction, interpolation flaps, full and split thickness grafts, and difficult lip repairs. We refer very little out of the office for reconstruction. We work with others specialties closely when a multidisciplinary approach is necessary, including oculoplastics, otolaryngology, and others.

The fellow's training also includes extensive frozen section histopathology training. This means learning to interpret slides at the triple-headed microscope with the directors everyday. The fellow interprets the frozen sections for each case, and commits to their interpretation on the map. Then the fellow and the director read the slide together. This helps pathology training significantly. The fellow will also learn to cut and stain Mohs slides with proficiency, so that they can start their own lab and teach their own laboratory technician. We have a large teaching collection of frozen section slides for review of rare and interesting pathology as well as a digital slide library. The fellowship training will qualify you to obtain a CLIA certificate for a high complexity laboratory, a requirement for billing for Mohs surgery.

Our fellowship also provides excellent background for cosmetic and dermatologic procedures. In addition to the exposure to the principles of esthetic repairs, direct experiences in various cosmetic procedures are also available. Botox, sclerotherapy, scar revisions, varicosclerosis, phlebectomy, resurfacing procedures, CO2 laser, pulsed dye laser, diode laser, and photodynamic therapy are taught and performed by the directors and their associates. Exposure to other cosmetic procedures can be arranged depending on the fellow's interest.

There is continuity of care. The fellow will see the appearance of their work at one week post-operative bandage changes, and 3 and 6 month follow-up visits. This continuity of care also gives you the opportunity to see complications and learn how to manage them.

The Didactic Schedule

The didactic schedule for the fellow is very important in order to complete your training and ensure that you are an expert in cutaneous oncology. There is an extensive reading schedule of books, chapters and papers to cover the core curriculum. This is largely self directed, but discussed as needed to unravel controversies, untruths, and answer questions. When studied properly, it is a very intellectually stimulating part of the training process.

A favorite part of the fellowship is Journal Club held one evening each month for the two fellows and two directors. The fellows screen journals outside of dermatology, such as surgical oncology, ENT, plastics, ophthalmology and chooses 5-8 appropriate articles each month. During Journal Club, we discuss not only methods, but also review for proper evidence, and compare results to our current knowledge, looking for anything that can improve our patient care. Journal Club is an important tool that teaches the fellow how to keep up with the literature after training, and also emphasizes how to evaluate the literature properly.

The fellows attend, at our expense, the ASDS and the Mohs College meeting each year. There is a weekly tumor board meeting at each Health Center, and the fellow attends when cutaneous oncology cases are presented. Monthly, the local Pittsburgh Academy of Dermatology meets for patient presentations and an invited lecturer of national stature. This exposure to current techniques and teaching in other institutions allows the fellow to compare his training and knowledge with his/her peers. Each year we have a special anatomy and advanced reconstruction session utilizing two fresh cadaver heads. During this session the Fellows dissect important anatomic structures and perform more rare and advanced reconstruction that they might not see regularly during their training.



Dr. Zitelli, Dr. Weinberger, and Dr. Merritt learning at the Cadaver Reconstruction Session.

We teach the Dermatology residents from the University of Pittsburgh, as well as Otolaryngology and Plastic surgery residents. Their rotation through our office is a valuable exposure to the knowledge and perspectives of other specialties and an enlightening experience for our fellows.

Practical training in office management is also a very important part of the fellowship experience. There is training in the entire management of the office, from employee management, to details on running the office. The fellow is present and active in monthly staff meetings and takes part in all staff matters to experience the entire spectrum of office management. Our offices are licensed Ambulatory Surgery Centers, and the fellow will also learn how to start up and run an accredited facility, learning the basics of state and federal regulations, and fire and safety regulations. There is training in billing, coding and insurance matters. We have extensive experience in coding and

reimbursement issues at all levels - local, state and federal, including private payers and Medicare. We will teach the fellow correct coding and how to fight battles and collect what is due them for their work. They learn the principles of the Resource Based Relative Value System (RBRVS), Current Procedural Terminology (CPT), and also the regulations required to maintain compliance for CLIA and HIPPA.

The didactic and clinical experience should prepare each fellow to start a practice, or enhance any private or university practice that they join. It will give you the confidence to enter the profession at any level that you may choose, and insure your success (see prior fellows' experience below).

WEEKLY SCHEDULE/SHADYSIDE

	MON.	TUES.	WED.	THURS.	FRI.
7:30-1:30	MOHS	MOHS	MOHS & PROC. DERM	MOHS	MOHS & PROC. DERM
1:30-4:00 Reconstructive & Cosmetic Surgery					
4:00-6:00	Case Discussion & Basic Science Review, Library Study & Research, Journal Club				
Preceptor	ZITELLI	ZITELLI	BRODLAND	ZITELLI	BRODLAND

There is a hospital tumor board attended by the fellow when cases are scheduled that pertain to cutaneous oncology. It is held monthly on Wednesday at noon.

WEEKLY SCHEDULE/JEFFERSON

	MON.	TUES.	WED.	THURS.	FRI.
7:30-1:30	MOHS & PROCEDURAL DERMATOLOGY	MOHS & PROCEDURAL DERMATOLOGY	MOHS	MOHS & PROCEDURAL DERMATOLOGY	MOHS
1:30-4:00 Reconstructive & Cosmetic Surgery					
4:00-6:00	Case Discussion & Basic Science Review, Library Study & Research, Journal Club				
Preceptor	BRODLAND	BRODLAND	ZITELLI	BRODLAND	ZITELLI

There is a hospital tumor board attended by the fellow when cases are scheduled that pertain to cutaneous oncology. It is held monthly on Wednesday at noon.

ZITELLI & BRODLAND
PROCEDURAL DERMATOLOGY FELLOWSHIP

DIDACTIC READING SCHEDULE
REVISED 2011

JULY: MOHS MICROGRAPHIC SURGERY PRINCIPLES

- A. History
- B. Surgical technique
- C. Indications
- D. Results
- E. Fixed tissue technique
- F. Other uses
- G. Surgical dermatopathology
- H. Suggested texts
 1. Chemosurgery: Microscopically controlled surgery for skin cancer, FE Mohs
 2. Mohs Micrographic Surgery, GR McHail
 3. Surgical Dermatopathology, Maloney
 4. Atlas of Skin Cancers Processed by Frozen Sections and Mohs Surgery, Snow
 5. Ch 48 in Roenigk's Dermatologic Surgery, Roenigk, Ratz, and Roenigk
 6. Articles provided

AUGUST: ANATOMY & RECONSTRUCTION

- A. Anatomy of the head and neck
- B. Relaxed skin tension lines and cosmetic units
- C. Physiology of the skin and soft tissues
- D. Reconstruction
- E. Suggested texts
 1. Chapter 147 "Flaps", (Brodlund & Pharis), in Bologna , 2nd Edition
 2. Surgical anatomy of the skin, Salache, Bernstein, Senkarik
 3. Anatomy, Larabee
 4. Surgery of Basal Cell Carcinoma of the Face, Marchac
 5. Facial Flaps, Biomechanics, and Regional Application, Dzubow
 6. Flaps and Grafts in Dermatologic Surgery, Tromovich, Stegman, and Glogau
 7. Local Flaps in Head and Neck Reconstruction, Jackson
 8. Atlas of Cutaneous Facial Flaps and Grafts, Moy
 9. Local Flaps and Facial Reconstruction, Baker & Swanson
 10. Ch 51-57, Roenigk's Dermatologic Surgery
 11. Articles provided

SEPTEMBER: WOUND HEALING

- A. Wound healing
- B. Wound dressings
- C. Scar revision

- D. Suggested reading
 - 1. Ch 10, 50 and 58 in Roenigk's Dermatologic Surgery
 - 2. Ch 26-28 in Baker
 - 3. Articles provided

OCTOBER: INTRODUCTION TO SURGERY & ADVANCED RECONSTRUCTION

- A. Anesthesia
- B. Surgical techniques
- C. Complications
- D. Infection control
- E. Suggested reading
 - 1. Chapter 147 "Flaps", (Broland & Pharis), in Bologna , 2nd Edition
 - 2. Ch 18-24 in Local Flaps and Faical Reconstruction, Baker & Swanson
 - 3. Aesthetic Reconstruction of the Nose, Burget & Menik
 - 4. Ch 1-9, 11-13 in Roenigk's Dermatologic Surgery
 - 5. Surgical Infectious Diseases, Howard
 - 6. Articles provided

NOVEMBER/DECEMBER: THERAPEUTICS

- A. Electrosurgery
- B. Cryosurgery
- C. Laser surgery
- D. Radiation therapy
- E. Instruments and suture materials
- F. Nail surgery
- G. Suggested reading
 - 1. Ch 19, 20, 31 in Roenigk's Dermatologic Surgery
 - 2. Cryosurgery, Zacarin
 - 3. Laser textbook
 - 4. Ch 21 in Cancer Principles and Practice of Oncology, DeVita, Lawrence, Rosenberg

JANUARY: LABORATORY TECHNIQUE & SKIN CANCER

- A. Cutting
- B. Staining
- C. Immunostaining
- D. Carcinogenesis and UV radiation
- E. BCC
- F. SCC
- G. Suggested reading
 - 1. Cancer Principles and Practice of Oncology, DeVita, Lawrence, Rosenberg
 - 2. Sun and the Epidemic of Melanoma, Myth on Myth, Ackerman
 - 3. Lab hands-on training

FEBRUARY: MELANOMA

- A. Mechanisms of metastasis
- B. Work up and evaluation
- C. Surgical margins
- D. Follow up
- E. Sentinel node mapping and biopsy
- F. Adjuvant treatment
- G. Suggested readings
 - 1. Cutaneous Melanoma edited by Charles Bach, 5th Edition
 - 2. Articles provided

MARCH: ADDITIONAL TUMORS

- A. Sebaceous carcinoma
- B. Extramammary Paget's Disease
- C. DFSP
- D. Soft-tissue sarcomas
- E. Suggested reading
 - 1. Soft tissue tumors, Enzinger & Weiss
 - 2. Ch 42 and 43 in Roenigk's Dermatologic Surgery
 - 3. EMPD chapter by Drs. Brodland and Meritt, manuscript provided
 - 4. Articles provided

APRIL: COSMETICS

- A. Botox
- B. Fillers and collagen
- C. Ambulatory phlebectomy
- D. Laser resurfacing
- E. Suggested reading
 - 1. Cosmetic surgery of the skin, Coleman, Hanke
 - 2. Body Contouring, The New Art of Liposculpture, Coleman & Narrins
 - 3. Varicose Veins & Telangiectasias or The Vein Book, Bergan
 - 4. Ch 58-82 in Roenigk's Dermatologic Surgery

MAY: PRACTICE MANAGEMENT

- A. Quality Assurance
- B. Risk Management
- C. Regulatory Issues (OSHA, CLIA, Bloodborne pathogens, Compliance programs)
- D. Suggested readings
 - 1. OSHA handbook
 - 2. CLIA handbook
 - 3. Federal Register on Bloodborne pathogens
 - 4. Federal Register on Compliance Plan Requirements

5. AAD book on Compliance Plans

JUNE: CODING AND CLASSIFICATION

- A. CPT Definitions and Coding
- B. The Federal Register
- C. RBRVS
- D. Suggested readings
 1. AMA CPT Manual
 2. Medicare RBRVS: The physicians guide, AMA
 3. Articles provided

Strengths

The strengths that this program offers relate to the volume and complexity of the Mohs cases and their reconstructions. You will learn about every cutaneous tumor, you will see every cutaneous tumor, and you will personally manage patients with most of them. You will leave your fellowship feeling comfortable excising difficult Mohs layers, and confident that you can reconstruct even the most difficult surgical defects. Your experience in cosmetic surgery and in the esthetics of reconstruction will enable you to deftly handle revisions and refinements when needed. You will have the experience to train your own staff, including clinical, laboratory and clerical employees. If you choose to build an Ambulatory Surgery Center, you will understand the rules and regulations required to start and manage such a facility.

The faculty for our programs is senior experienced faculty. You benefit by the years of surgical experience and benefit by exposure to two different senior surgeons. There is only one fellow at each location and daily teaching is intense and one on one. It is not diluted with students, residents or other fellows.

A strength that is often overlooked when evaluating fellowship programs is the longevity and knowledge of the clerical, laboratory and medical administrative staff. Our office experiences a low turnover of staff, which allows each staff member to become proficient and an expert in their area of work. From our nurses to the front office staff, they all provide the fellow with additional resources of information and training. They enjoy teaching too.

The fellowship location is a strength. Pittsburgh is a wonderful city in which to live and study. Besides having been voted as one of America's most livable cities, Pittsburgh is home to one of the top medical centers in the world.

The fellowship is the beginning of a lifelong relationship with the program and former and future fellows that train here. Historically, we have become a special family of Mohs surgeons that help each other with new problems, and continue to

academically grow together. From time to time, we gather at meetings for dinner, or join together at our own retreats for continued fellowship.

The Fellow's Duties

The fellow's primary duty is to learn and accomplish the goal of the educational program. This includes diligent reading of the didactic schedule, preparation for Journal Club, and studying about the daily problems faced in patient care. One original research project is required.

There is no "scut" work. Fellows do not dictate; they are not required to staff clinics to generate income for their salaries, and they have no weekend clinical duties or any call schedule. This is a purely educational fellowship.

Research Projects

Fellows are required to complete an original research project that is suitable for publication in a peer reviewed journal. Our fellows have published an impressive list of projects and have contributed to the fund of knowledge of our specialty. The majority of projects have impacted the way we treat patients and manage our practice. Some of these projects include:

- J. Sabetta** **The Incidence of Bacteremia during Skin Surgery.** This project documented that surgery on non-infected skin was associated with a very low incidence of bacteremia and established guidelines for antibiotic prophylaxis in dermatologic surgery.
- D. Wolff** **Surgical Margins for Basal Cell Carcinoma.** This project established the rule of 4mm margins for standard excision of well-defined basal cell carcinomas.
- D. Brodland** **Surgical Margins for Squamous Cell Carcinoma.** This established the guidelines for standard excision of squamous cell carcinoma.
- C. Brown** **Surgical Margins for Primary and Recurrent Melanomas, and Mohs Surgery for Melanoma.** These three papers not only added evidence for surgical margins for melanoma, but also documented that Mohs surgery is safe and effective, that recurrent (persistent) melanomas have a prognosis equal to primary melanomas rather than metastatic melanomas, and that 5mm margins are inadequate for melanoma in situ.
- T. Parker** **Surgical Margins for DFSP.** This article provides evidence for guidelines for excision.

- M. Huether** **Mohs Surgery for Spindle Cell Tumors of the Skin.** This article discusses the success of Mohs surgery compared to standard surgery for a variety of spindle cell tumors.
- Intra-incisional Clindamycin for Skin Surgery.** This method replaced intra-incisional nafcillin as our standard for antibiotic prophylaxis for skin surgery.
- R. Moy** **HPV-16 in Periungual Squamous Cell Carcinoma.** This study documented that HPV is a common cause of squamous cell carcinoma in this location.
- A. Hendi** **Mohs surgery for Extramammary Paget's Disease.** This study documented that EMPD is a difficult tumor to treat, even with Mohs, and stimulated the routine use of CK-7 staining in our practice, with dramatic results.
- Melanocyte Density in Normal Sun-exposed Skin.** This study defined what is normal in sun-exposed skin and helped to reduce the over-diagnosis of melanoma of surgical margins on the face.
- R. Griego** **Intra-incisional Prophylactic Antibiotics for Dermatologic Surgery.** This landmark article established the method of using intra-incisional antibiotics rather than oral antibiotics to reduce the incidence of wound infections after skin surgery.
- J. Cook** **Mohs Micrographic Surgery; A Cost Analysis.** This landmark article documented that Mohs surgery is cost effective, similar to office based excision without frozen section control, and less expensive than ASC or hospital excision.
- J. Boyer** **Local Control of Primary Merkel Cell Carcinoma.** This article suggests that if Merkel Cell carcinoma is completely removed by Mohs surgery with clear margins then there is no significant benefit to radiation therapy. However, if the Merkel cell carcinoma is excised by traditional methods that may leave positive margins, then radiation treatments locally may play an important role.
- G. Bricca** **Immunostaining Melanoma Frozen Sections: the 1 Hour Protocol.** In this article, Greg perfected the ability to perform quick and reliable Mart-I stains on frozen sections for treating melanoma. This dramatically improved our ability to treat melanoma.

- K. Johnson** **The Meaning of Microscopic Metastases of Melanoma.** This project summarizes the research that documents that not all microscopic deposits have the potential to develop into clinically harmful disease, and therefore raises the questions of how hard we search for microscopic metastatic disease and what we do about it.
- M. Murphy** **Errors in the Interpretation of Mohs Histopathology Sections over a One year fellowship.** This article documented in a definitive way that extensive proctor training is necessary in order to reduce errors in the reading and interpretation of Mohs histopathology sections and that nearly 15 hundred cases were required in order to reduce the level of errors to acceptable level further supporting the need for fellowship training for Mohs surgeons to ensure proficiency in this essential part of Mohs surgery.
- J. DeBloom** **The Invasive Growth Potential of Residual Melanoma and Melanoma in situ.** By comparing Breslow depths at the time of primary treatment and the time of marginal recurrence, this paper provided the first quantitative evidence of this invasive potential of inadequately treated melanoma in situ and invasive melanoma. These findings underscored the importance of complete local tumor removal at the time of primary treatment.
- L. Ravitiskiy** **Cost Comparison of Mohs Micrographic Surgery and Conventional Excision.** This momentous article confirms that Mohs micrographic surgery achieves better cure rate at lower costs than conventional excision. Thus, over the years Mohs surgery remained cost effective for a variety of cutaneous malignancies.
- T. Bramlette** **The Microanatomy and Clinical Outcomes of the Paramedian Forehead Flap.** This article documented that the paramedian forehead flap is a random pattern flap as opposed to axial artery flap. Additionally, the article suggests the pre-operative Doppler studies to establish the exact location of the supratrochlear artery may not be necessary to obtain equal clinical outcomes and flap survival.
- J. Kunishige** **Surgical Margins for Melanoma In Situ.** By reviewing the number of stages needed to treat over 1,000 cases of melanoma in situ with Mohs, this study determined the margins necessary to achieve 95% clearance. Thus, this article set a new gold standard for wide excision of melanoma in situ. It also showed less than 1% recurrence rates when using Mohs surgery for melanoma, supporting its use and efficacy.

- P. Sniezek** **Randomized controlled Comparison of Acetaminophen versus of NSAIDS Alone and in Combination with Acetaminophen Versus Prescription Narcotics for Pain Control Following Mohs Surgery and Reconstruction.** In this IRB approved, double-blinded placebo controlled study; Dr. Sniezek found that a combination of acetaminophen plus Ibuprofen was a safe and highly effective regimen for controlling post operative pain following Mohs surgery and reconstruction. This combination was statistically superior to acetaminophen and Tylenol #3 for pain control. Additionally, there were no increases in bleeding complications with the use of ibuprofen.
- C. Weinberger** **High risk cutaneous squamous cell carcinoma treated with Mohs surgery randomized to elective management of the draining lymph nodes vs. periodic clinical nodal observation.** This is a prospective, randomized collaborative study with the UPMC ENT department which is comparing two accepted standards of management regarding treatment of the clinically-negative neck for high risk SCC's: observation with treatment only upon detection of palpable nodal disease vs empiric treatment of the lymph node basin as per the standard ENT protocol. Through this study, which is likely to be completed in 10 years, we hope to obtain clinical information regarding survival outcomes.
- B. Merritt** **A Multi-Site Prospective Study of the Adverse Events and Complications Associated with Mohs Surgery for the Treatment of Skin Cancer.** This study involved 12 sites around the United States, with the goal of evaluating the safety of Mohs surgery.
- M. Campoli:** **A prospective multicenter cohort study of clinical characteristics of cutaneous squamous cell carcinoma and perineural invasion of squamous cell carcinoma.**
- S. Freeman** **Prognostic value of sentinel lymph node biopsy status in melanoma patients based on depth of the primary tumor. This meta-analysis is the largest of its kind and was designed to measure the actual prognostic value of sentinel lymph node biopsy in melanoma patients with tumors of various depths.**

Our Fellow's Destiny

One common question of prospective fellowship applicants is: Where have past fellows ended up? Private practice or academics? Our fellows have done both. The following is a list of former fellows and a brief synopsis of their career.

- 1.) **Julia Sabetta**: 1984 (Yale University), joined the faculty at the University of Connecticut, and after a few years left to begin a private practice in Greenwich, CT.
- 2.) **Dan Wolf**: 1985 (Albert Einstein College of Medicine) returned to the full time faculty of Albert Einstein after his fellowship for a few years. He is now in private practice in Florida.
- 3.) **Vince Hung**: 1986 (University of Southern California) completed residencies in Internal Medicine, Emergency Medicine, and Dermatology before fellowship. After fellowship he completed residencies in General and Plastic Surgery and a fellowship in hand surgery before joining the faculty at USC. Vince is now in private practice in Los Angeles.
- 4.) **Ron Moy**: 1987 (UCLA) was recruited from UCLA to join our faculty at the University of Pittsburgh, where he officially completed his fellowship in Mohs surgery. He remained on the faculty and then joined Dr. Zitelli in his first private practice. Ron later joined the full time faculty at UCLA, and now is in private practice in Los Angeles.
- 5.) **David Frankel**: 1988 (University of Chicago), worked for a short time in Los Angeles after fellowship before assuming the role of editor of the Lancet in North America.
- 6.) **David Brodland**: 1989 (Mayo Clinic-Rochester) returned to Mayo Clinic's full time faculty for 7 years before moving back to Pittsburgh as a partner in this practice, and co-director of these fellowships.
- 7.) **Michael Fazio**: 1990 (Thomas Jefferson University), joined Dr. Jack Sebben (of electrosurgery fame) after his fellowship. He now owns a private practice and is a fellowship director as well.
- 8.) **Christine Brown**: 1991 (University of Texas-Southwestern) joined an established dermatology practice in Dallas before starting her own private practice.
- 9.) **Robert Buzzell**: 1992 (St. Louis University) returned to Southern Illinois University to establish a dermatology residency and a Mohs fellowship program as well.

- 10.) **Timothy Parker:** 1993 (Medical College of Wisconsin) opened his own private practice in Kansas City immediately after fellowship.
- 11.) **Mark Baucom:** 1994 (Emory University) returned to Atlanta to start his own private practice.
- 12.) **Robert Griego:** 1995 (Baylor College of Medicine) bought an established Mohs practice in Phoenix where he remains in private practice.
- 13.) **Joel Cook:** 1996 (University of South Carolina) returned to the full time faculty at the Medical University of South Carolina and its Mohs surgery fellowship training program.
- 14.) **Mike Huether:** 1997 (Yale University) joined a dermatology practice in Tucson before starting his own private practice there.
- 15.) **Cary Dunn:** 1998 (Columbia University College of Physicians and Surgeons) established a private practice in Sarasota.
- 16.) **John Boyer:** 1999 (Uniformed Services University of Health Sciences) returned to the faculty at the Naval Hospital in Bethesda to complete his Naval obligations, and then he started his private practice in Hawaii.
- 17.) **David Pharis:** 2000 (Emory University) joined former fellow Mark Baucom in private practice in Atlanta.
- 18.) **Ryan O'Quinn:** 2001 (Vanderbilt University) started his own private practice in San Antonio.
- 19.) **Gregory Bricca:** 2002 (University of California – Davis) was hand picked by Mike Fazio to train in Mohs, and after his fellowship with us, he joined Mike's practice in Sacramento.
- 20.) **Ali Hendi:** 2003 (University of Miami) joined the full time faculty at Mayo Clinic in Jacksonville.
- 21.) **Karen Johnson:** 2004 (University of Colorado) worked a year of locum-tenens in Lancaster and with us while building her private practice with an ASC in Denver.
- 22.) **James DeBloom:** 2005 (University of Iowa) built a private practice in Greenville, SC. Did locum-tenens in Lancaster and with us while building his practice in South Carolina.

- 23.) **Michael Murphy:** 2006 (Ohio State College of Medicine), (former active duty Army). On the dermatology residency staff at Brooke Army Medical Center, completed his tour in Iraq. He is now in private practice in Indianapolis.
- 24.) **Larisa Ravitskiy:** 2007 (New York University School of Medicine) joined Ohio State University as Director of Mohs and Dermatologic Surgery Unit. She also continues to work with the Z&B group as well.
- 25.) **Tracy Bramlette:** 2007 (University of Connecticut School of Medicine), joined a general dermatology private practice group in San Francisco, California. She also continues to work with the Z&B group as well.
- 26.) **Joy Kunishige:** 2008 (University of Texas Health Science Center-Houston), serves as the Director of Surgery at Northwest Dermatology in Hoffman Estates, Illinois. She also continues to work with Z&B group as well.
- 27.) **Patrick Sniezek:** 2008 (University of Iowa), Former active duty Navy; on the Dermatology staff at National Naval Medical Center, Bethesda MD. He is now in private practice in Colorado Springs, CO.
- 28.) **Christine Weinberger:** 2009 (Dartmouth Medical School) will join the University of Vermont in September 2009.
- 29.) **Brad Merritt:** 2009 (University of North Carolina at Chapel Hill School of Medicine), returned to the University of North Carolina at Chapel Hill to become director of the Mohs Surgery division.
- 30.) **M. Campoli:** 2010 (SUNY Buffalo School of Medicine), serves as Director of Mohs Surgery at Fairview Medical Group in Minneapolis, Minnesota.
- 31.) **S. Freeman:** 2010 (University of South Alabama college of Medicine). Returning to Mobile, Alabama to start a private practice.

Life in Pittsburgh

Pittsburgh has been labeled one of America's Most Livable Cities, and for good reason. This year it was the most livable city in the United States and one of the top most livable in the world. The cost of living is low compared to cities of similar size. The city is very safe and offers many amenities including cultural events, professional sports, indoor and outdoor recreation, world class health care delivery, good schools, shopping, and ethnic diversity. It is no longer a dirty industrial city for steel making, but instead has transformed into a clean renaissance city known for technology and health care. The view of the city from Mt. Washington was voted the best view of any city in the country.

Most of all, Pittsburgh is known as a city friendly to all visitors. It is not uncommon for Pittsburghers to go out of their way to help strangers find their way, or to smile and welcome obvious visitors. Everyone feels welcome.

Like to eat? Ethnic fare can be a favorite – did you ever eat a Pierogie or Kielbasa? There’s something special about a salad that comes with sliced chicken or steak and topped with cheese and french fries. Or, did you ever eat a sandwich with fries and slaw right between the slices of bread? These are some of Pittsburgh’s favorites.

Neighborhoods

Most fellows have chosen to live near the medical center for convenience and for good choices in housing. Local neighborhoods of Shadyside and Squirrel Hill provide easy to rent, affordable units with easy access to all of Pittsburgh’s assets. The vibrant Southside area is another great neighborhood closer to the Jefferson Hospital. Suburbs north, south and east offer more room and outdoor space, and the commute is reasonable.

Schools and Day Care

Public schools in the Pittsburgh area are rated highly and offer everything parents want for their children. Day care is readily available in local neighborhoods and nearby the office, so that children are safe and secure.

Recreation

Pittsburgh offers recreational choices for everyone. The area has some of the most beautiful bike and hiking trails in the country. Converted from abandoned railways, the trails are groomed, flat and easily accessible in all areas of the region. There are more public golf courses per capita than most other cities. The mountains east of the city also offer hiking, mountain biking, world class white water rafting and kayaking, and scenic views. Other activities include auto racing, horse and dog racing, deck hockey, tennis, platform tennis, marathons, fishing, hunting, shooting, and more. No one can be bored in Pittsburgh.

Family Entertainment

Pittsburgh boasts numerous activities for young families. Carnegie Children’s Museum, the Museum of Natural History with its dinosaur collection, Carnegie Science Center and its interactive displays, amusements parks such as Kennywood Park, Idlewild Park and Sandcastle Water Park, the Aquarium, the Aviary, the Pittsburgh Zoo, Phipps

Conservatory with its lovely botanical gardens, Heinz Regional History Center, and Frank Lloyd Wright's famous Fallingwater.

Cultural Events

The city has the world class Pittsburgh Symphony, the Pittsburgh Ballet Theater, Pittsburgh Public Theater, the Civic Light Opera, and many other local theater opportunities. There are many museums such as the Carnegie Museum of Natural History, the Carnegie Museum of Art, and the Andy Warhol Museum, as well as many other smaller museums.

Sports

Pittsburgh is definitely a sports town. Six time Super Bowl Pittsburgh Steelers dominate local talk during football season. The Pittsburgh Pirates play in one of the most beautiful and fun baseball stadiums in the league, host to the 2006 All Star Game. There is also professional hockey with the exciting Sidney Crosby of the Pittsburgh Penguins, the recent Stanley Cup Champions. Professional soccer, Arena Football and nationally recognized golf venues are all part of the sports scene.

On the college level, The University of Pittsburgh provides good competition in football and basketball, usually in the Top 20 in football and in the NCAA playoffs in basketball, stimulating sports talk much of the year.

Transportation

Local public transportation is easy with the Port Authority bus and subway system within the city and to the suburbs. Train service, taxi services and even an incline transportation system to and from Mt. Washington are available. The Greater Pittsburgh Airport is one of the most modern airports with great air service to the rest of the world.

Worship

Pittsburgh is a very ethnic city from its European roots of steelworker immigrants to more recent Asian and Hispanic residents. The ethnic diversity stimulated by the Universities and technology revolution has added to Pittsburgh's melting pot reputation. Most, if not all, religions are represented within the city. The following link may help you find places of worship of interest to you: <http://relocate.upmc.com/worship.htm>.

Shopping

For spouses interested in shopping, or for fellows on their days off, Pittsburgh shopping has a lot to offer. Large department stores such as Saks Fifth Ave, Macy's, Nordstrom's, Tiffany, Louis Vuitton, Burberry, and many small boutiques can be found in the city and nearby malls. The downtown Strip District offers outlets, ethnic food stores, produce, nightclubs and restaurants. Other interesting shopping areas include the Waterworks Mall, the Waterfront Shops, Station Square Shops, South Side Works, and nearby Grove City Outlets.

For more information visit the University of Pittsburgh Medical Center website titled "Relocating to Pittsburgh" <http://relocate.upmc.com>.

Your Interview Day

Interviews must be scheduled separately for each of our two programs. Each program (Zitelli program and Brodland program) has its own match number and rank list. Most applicants interview at both locations on two separate but consecutive days. Interviews are scheduled Monday through Friday.

Your interview is by invitation, and can be arranged through our office. Paula Kulasa is the administrator in charge at the Shadyside and Jefferson/South Hills location. She can help you with lodging nearby, transportation choices, and information about taxi service, car rental, and shuttle services.

Plan to spend the entire day at each location to observe the typical day in the life of a fellow. We generally begin at 8 AM on Monday, Tuesday, and Thursday, and at 7:30 am on Wednesday and Friday, and you will see Mohs surgery and reconstruction. You will meet the current fellow and have a chance to share stories and ask questions. You will meet the staff, and get a chance to talk to them at lunch and throughout the day.

We usually end the day with a summary of the fellowship program, and a chance to talk and ask questions with Dr. Zitelli and Dr. Brodland depending on the site.

Bring a set of surgical scrubs to feel more comfortable. We will guide you throughout the day and hope to keep you feeling welcome. It is a no-stress interview.

Shadyside lodging choices include:

Courtyard By Marriott: (412) 683-3113. Located directly across from the office; 5308 Liberty Avenue (At Centre Avenue). It is the most convenient choice.

- \$109.00/night for patient or hospital rate
- \$17.88 Parking Fee

- \$10.95/per person Breakfast Buffet Available

Holiday Inn at University Center: (412) 682-6200: A short cab ride away; Bigelow Boulevard at Lytton Avenue, Oakland Area.

- \$109.00 and up for patient or hospital rate
- Approximately a 20 minute drive to Shadyside
- Parking in lot and garage-\$5.00 per night
- Shuttle Service to Shadyside

Wyndham Garden Hotel: (412) 683-2040; 3454 Forbes Avenue, Oakland Area.

- \$115.00 plus tax /Night for patient or hospital rate.
- Shuttle Service to Shadyside

Hampton Inn: (412) 681-1000; 3315 Hamlet Street, Oakland Area.

- \$99.00/Night for patient or hospital rate
- \$14.00 Parking Fee/Day
- Approximately 20 minute drive to Shadyside
- Shuttle Service to Shadyside

If you choose to stay in Shadyside, consider visiting shops and restaurants on Walnut Street.

South Hills lodging choices includes:

Hampton Inn: (412) 650-1000 1550 Lebanon Church Rd, Pittsburgh

- \$93.00/Night for patient or hospital rate
- Breakfast available
- Offers shuttle service after 7:30 a.m.; please inquire

Comfort Inn: (412) 653-6600 1340 Lebanon Church Rd, Pittsburgh

- \$63.00/night for patient or hospital rate
- Breakfast available
- No shuttle service; free parking

Marriott Spring Hills Suites: (412) 653-9800 100 Regis Ave, Pittsburgh

- \$104.00/night for patient or hospital rate
- Breakfast available
- Free parking
- Shuttle service may be available; please inquire

Holiday Inn Express: (412) 469-1900 3122 Lebanon Church Rd, Pittsburgh

- \$79.00/night for patient or hospital rate
- Free parking
- Breakfast available

If you choose to stay in the South Hills area, consider visiting shops and restaurants in the Southside area; Carson Street.

Transportation

Taxi service to and from the airport is readily available and usually costs \$55.00 and up.

Yellow Cab: 412-321-8100

Car rental is available at the airport and local numbers are:

Budget: (412) 472-5252

Alamo: (412) 472-5060

Avis: (412) 472-5200

Enterprise: (412) 472-3490

What to look for in a Fellowship Program

We feel that a good program should prepare you for any situation that awaits you after fellowship. You should be sure that the program you choose offers enough cases to allow you to see just about anything that you will see later in practice. Case load is important, including the number of cases that you will personally do as a fellow. Look at the size and complexity of cases done by the program to be sure that you see both large and small, easy and complex cases. Look for diversity in tumor types, including high risk basal cell and squamous cell carcinomas, DFSPs, atypical fibroxanthomas and other spindle cell tumors, melanomas, Merkel cell carcinomas, and Extramammary Paget's disease.

An important area to observe is the Mohs histology laboratory. One of the most significant problem areas in training is slide quality. Make sure that you will be taught to run a high quality lab, and how to cut good quality slides yourself. Make sure that you will be taught to become proficient in cutting. Look carefully at the day's slides, as you will likely produce quality similar to your training.

Evaluate your teachers. Are they academic? Do they practice evidence based medicine? Do they contribute to the fund of knowledge of Mohs surgery, and will they stimulate you to reach your highest potential?

Ask about your didactic teaching. Is there an organized program for learning? The best fellowships are more than just preceptorships.

Finally, make sure you will have exposure to the business side of medicine. This is your last chance to learn from others, how to manage employees, how to bill correctly and collect from insurance companies. Are you taught Medicare policies and AMA procedures? The business of medicine is most important to you once you enter practice whether it is private or academic.

Good Luck! We are always here to advise, interpret, and answer questions. You are the future, and we support you.

John A. Zitelli, MD
David G. Brodland, MD

DIRECTIONS TO SHADYSIDE MEDICAL BUILDING

(ADJACENT TO SHADYSIDE HOSPITAL)

5200 CENTRE AVENUE SUITE 303

PITTSBURGH, PA 15232

412-681-9400

FROM THE EAST: From I-376 (Parkway), take the Squirrel Hill exit. Follow the signs to Squirrel Hill. At the first light turn left onto Murray Avenue. Follow Murray Ave to the end and turn left onto Wilkins Ave. At the next light turn right onto S Negley. Follow S Negley down a long hill to Centre Ave. Turn left onto Centre Ave. Continue on Centre Ave. to the traffic light at Cypress St and make a left into the Medical Building driveway and the parking garage will then be on the right.

FROM THE WEST: From I-279/376 through Fort Pitt Tunnels; right towards Monroeville. Take the Forbes Ave/Oakland Exit. Continue on Forbes Ave for about 1.5 miles. Turn left onto Moorewood; at the 4th light turn right onto Centre Ave. Continue to the Cypress St intersection and turn right in the Medical Center Bldg Driveway, the parking garage will be on the right.

FROM THE NORTH: From I-279, take the Veterans Bridge exit, then follows signs toward Mellon Arena, get into the far left lane. Follow signs to Bigelow Blvd (380 East). At the 3rd traffic light continue straight onto Craig St. Follow Craig St to the 2nd light, make a left onto Centre Ave. Follow Centre to the Cypress St. intersection and turn right into the Medical Center Bldg Driveway and the parking garage will be on the right.

FROM RT 28: Take the Highland Park Bridge exit, cross the bridge and follow signs to Washington Blvd (Rt 8). At 1st intersection turn right onto Washington Blvd (this will eventually turn into Fifth Ave. after crossing over Penn Ave.) Follow Fifth Ave. to S. Aiken Ave. Turn right onto S. Aiken Ave. Continue straight and turn left onto Centre Ave. Continue straight on Centre Ave to the intersection of Cypress St. Turn left in the Medical Center Driveway and the parking garage will be on the right.

FROM THE SOUTH: Approaching the city via the Liberty Bridge. Follows signs to 579 North then to Bigelow Blvd (380 East). At the 3rd traffic light continue straight onto Craig St. Follow Craig St to 2nd light and then turn left onto Centre Ave. Continue on Centre to the Cypress St intersection and turn right into the Medical Center Driveway, the parking garage will be on the right.

DIRECTIONS TO SOUTH HILLS MEDICAL BUILDING

(ADJACENT TO JEFFERSON HOSPITAL)

575 COAL VALLEY ROAD, SUITE 360

CLAIRTON, PA 15025

412-466-9400

FROM THE EAST: Take I-376 (Parkway). Take the Blvd of the Allies exit. At the fork, take left lane to the Liberty Bridge and through the Liberty Tunnel. Stay in the right lane through the Liberty Tunnel. At the end of the tunnel, make a right to follow signs to Rt. 51 South. Follow Rt. 51 South approximately 10 miles. You will go past Century III Mall (approx. 1 mile) and make a left onto Coal Valley Road. Follow about ½ mile to the stop sign at the top of the hill. Turn right and follow signs for Patient/Visitor parking to the left.

FROM THE WEST: Take I-279 N to Rt. 51 South. Follow approximately 13 miles. You will go past Century III Mall (approx. 1 mile) and make a left onto Coal Valley Road. Follow about ½ mile to the stop sign at the top of the hill. Turn right and follow signs for Patient/Visitor parking to the left.

FROM THE NORTH: Take Rt. I-79 S to I-279 S. Follow 279 S to 579 across the Veterans Bridge. On the Veterans Bridge, take Liberty Bridge ramp. Go through the Liberty Tunnels staying in the right lane. At the end of the tunnel, make a right to follow signs to Rt. 51 S. Follow approximately 13 miles. You will go past Century III Mall (approx. 1 mile) and make a left onto Coal Valley Road. Follow about ½ mile to the stop sign at the top of the hill. Turn right and follow signs for Patient/Visitor parking to the left.

FROM THE SOUTH: Take Rt. 51 N. about 5 miles north of Regis Malady (Elizabeth) Bridge. Turn right onto Coal Valley Road. Follow about ½ mile to the stop sign at the top of the hill. Turn right and follow signs for Patient/Visitor parking to the left.

FROM THE SOUTHWEST: For communities that use the new PA Turnpike 43. Head north on PA Turnpike 43. Take exit 54 towards PA 51/Pittsburgh/Elizabeth. Turn right onto PA-51/Clairton Blvd. Turn right onto Coal Valley Road. Follow about ½ a mile to the stop sign at the top of the hill. Turn right and follow signs for Patient/Visitor parking to the left.

FROM ROUTE 28: Take the I-579 S. Exit towards the Liberty Bridge; merge onto 579 S. Take the exit on the **left** towards the Liberty Bridge and through the Liberty Tunnels. At the end of the tunnel, make a right and follow signs to Rt. 51 S. Follow approximately 13 miles. You will go past Century III Mall (approx. 1 mile) and make a left onto Coal Valley Road. Follow about ½ mile to the stop sign at the top of the hill. Turn right and follow signs for Patient/Visitor parking to the left.