

The main limitation of our study is the rarity of HCL, with few patients having experienced the event of interest. However, this is one of the largest cohorts of patients with HCL to date, and statistical studies have suggested that 5 or even fewer events per variable may be sufficient for analysis.⁵ These findings have potential to assist both hematologists and dermatologists in medication management for future patients with HCL.

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Camp Sun Safe: A community-level sun safety intervention



To the Editor: Skin cancer remains the most common cancer in the United States. Exposure to ultraviolet light radiation and sunburns are considered the strongest yet most preventable

environmental risk factors for skin cancer.^{1,2} The US Community Preventive Task Force considers community-wide interventions as effective ways to increase sunscreen use and reduce sunburns, using sunburn incidence as an “outcome of interest.”³ Given the importance of initiating photoprotection at an early age, we designed an intervention aimed to determine whether the education of camp counselors can change the behavior of young campers.

Three “sleep-away” camps in the Blue Ridge Mountains were chosen. Two camps received the educational intervention, camp A (all female) and camp B (all male). Camp C (both female and male) served as the control and did not receive intervention. All participants were employed counselors with direct contact to campers. All camps received packing lists distributed by the camp administration to families before the session.

A consent script was read aloud to counselors. The intervention included a true or false question and answer session, an overview of ultraviolet radiation–induced skin cancers, guidelines for sunscreen application with demonstration, benefits of protective clothing, encouragement that all breaks be in the shade, and a short role-playing activity with hypothetical camp scenarios that should prompt counselors to reapply sunscreen. We discussed risk factors for sunburns and skin cancer, and we encouraged counselors to identify campers with risk factors.

Surveys were adapted from a previously validated and published study conducted amongst lifeguards.⁴ All participants completed a preintervention survey. Camps A and B received intervention and immediately completed a postintervention survey. Camp C did not receive intervention. All camps completed a postintervention survey 4 weeks later.

Primary endpoints were to improve the counselors’ objective knowledge of sun safety and attitudes toward sun protection. Secondary endpoints were to improve counselors’ sun safe behaviors and decrease the incidence of camper sunburns during the camp session.

Most counselors were 18 to 21 years of age and were white. Seventy-eight percent had “very fair” or “fair” skin. All had at least a high school degree. There were 46 female and 30 male participants.

Knowledge test scores 4 weeks after intervention were increased significantly in both groups (Fig 1). Camp B increased from a median of 55 preintervention to 80 postintervention ($P < .01$). Camp A increased from a median of 60 to a median score of 100 ($P < .01$). Test scores also increased significantly

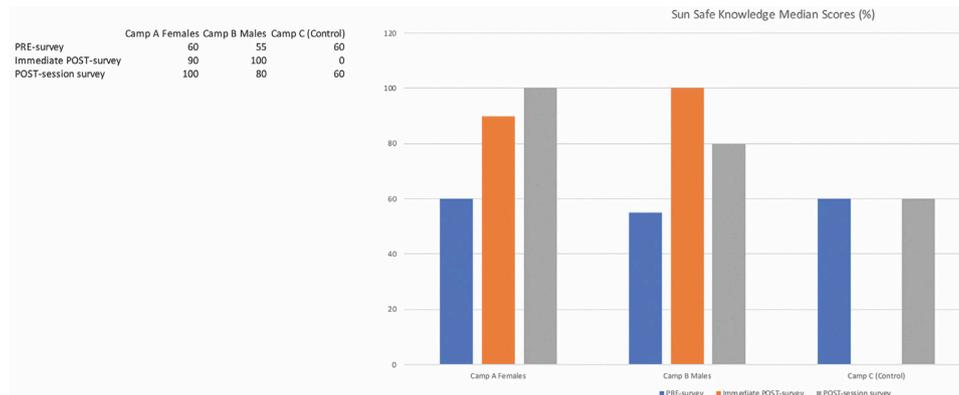


Fig 1. Median knowledge scores before intervention, immediately after intervention, and at the end of the summer.

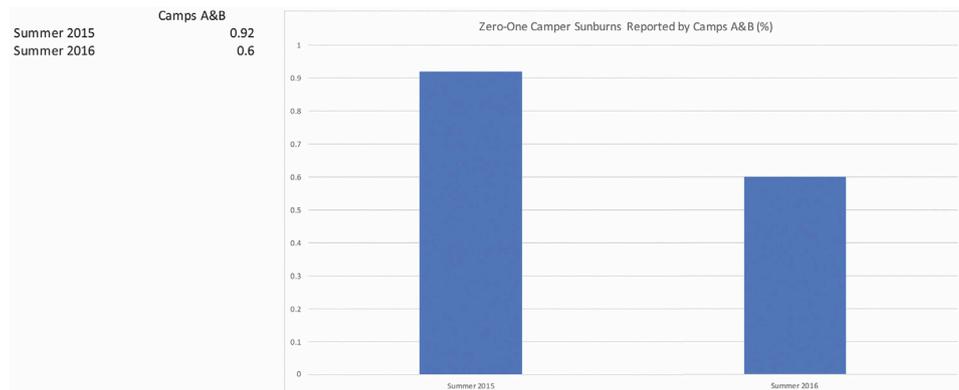


Fig 2. Reported sunburn incidence before intervention (summer 2015) and after intervention (summer 2016).

immediately after intervention for camps A and B ($P < .01$). There was no significant difference in preintervention scores (median 60) and postintervention scores (median 60) for the control group ($P < .21$). Most counselors at all 3 camps stated that they felt more attractive with a tan preintervention (83%, $n = 65$) and postintervention (89%, $n = 71$).

Reported counselor sunburns significantly decreased in the intervention groups, with 52% reporting no sunburns during the intervention summer compared with 19% the previous summer ($P < .01$). The control group also reported significantly fewer sunburns during the summer of this study ($P < .04$).

In the intervention groups, counselors reported significantly fewer sunburns in their campers. Ninety-two percent reported either 0 or 1 instance(s) of sunburn compared with 60% the previous summer ($P < .01$) (Fig 2). Counselors also reported a decrease in the rate of blistering sunburns in campers, with 25% reporting ≥ 1 during the previous summer compared with 9% during the intervention summer

($P < .03$). Counselors were significantly more likely to encourage their campers to wear sunscreen after the intervention, with 41% reporting that they encouraged their campers to wear sunscreen multiple times a day compared with 25% before the intervention ($P < .01$). Counselors also more frequently assisted their campers in applying sunscreen, with 90% of counselors reporting that they assisted with sunscreen application postintervention compared with 75% preintervention ($P < .01$).

To our knowledge, this is the first community-level intervention in a summer camp setting. Our intervention showed an increase in sun-related knowledge, effective change in behavior, and a decrease in camper sunburn incidence, but did not change attitudes toward attractiveness. We believe this brief, interactive, low-tech sun safe intervention is effective and an important part of camp counselor training. Additional studies may wish to evaluate the obstacles to changing attitudes and the needed frequency of sun safe trainings to establish a systematic routine for improved outcomes.

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Gabor-domain optical coherence tomography to aid in Mohs resection of basal cell carcinoma



To the Editor: Optical coherence tomography (OCT) has been used as a noninvasive imaging technique to guide initial tumor margin delineation before Mohs microscopic surgery.¹ In this study, we evaluated the ability of Gabor-domain optical coherence microscopy (GD-OCM) to assist Mohs surgeons in predicting and reducing the number of stages required for tumor clearance. GD-OCM is an advanced version of OCT that achieves invariant lateral and depth resolution of 2 μm throughout the imaged volume.² Unlike other commercial OCT systems (Table I),¹ GD-OCM provides cellular resolution in cross-sectional and en-face images, helping to delineate subclinical basal cell carcinomas. The ability of GD-OCM to guide diagnosis of non-melanoma skin cancers as a hand-held device has been previously validated with ex vivo samples.^{3,4}

Twenty-eight patients undergoing Mohs microscopic surgery for biopsy-proven basal cell carcinoma were enrolled. For each tumor, the surgeon drew a clinical margin to outline the first stage (Fig 1, A). An imaging scientist then placed steri-strips on the drawn margin orientations (at 3, 12, 9, and 6 o'clock) to serve as references for image collection. As anatomic location allowed, 6 images were collected along the 4 margin orientations

Table I. OCT systems comparison

System	Light source bandwidth	Imaging depth, mm	Lateral resolution, μm	Axial/vertical resolution, μm	Field of view, mm	Ascan rate, kHz	Contact	Handheld	FDA cleared
VivoSight OCT (Michelson Diagnostics, Orpington, UK)	1305 nm	<2	7.5	5	6 × 6	20	No	Yes	Yes
Callisto (Thorlabs, Newton, NJ)	930 nm	1.3	8	5.3	10 × 10	1.2	No	No	No
GD-OCM 4D.R0/R15 (LighTopTechWest, Henrietta, NY)	840 nm	1.6	2.85	2.6	1.5 × 1.5	81	Either	Yes	No
Light-CT Scanner (LLTech, Princeton, NJ)	700 nm	1	1.5	1	1.3 × 1.3	FF-OCT NA/en-face	Silicone oil	No	No

Adapted from Cheng et al.¹

FDA, Food and Drug Administration; FF-OCT, full-field optical coherence tomography; GD-OCM, Gabor-domain optical coherence microscopy; NA, not applicable; OCT, optical coherence tomography.