The detection and treatment of gynecologic malignancies are important objectives in gynecologic practice. Although a select group of physicians devote their full practice to the care of patients with gynecologic malignancies, the resident in obstetrics and gynecology should become familiar with the therapeutic principles underlying the treatment of these patients and, more important, the identification of patients who are at risk for, or who may already have, malignancies of the pelvic organs or breast.

Much of the improvement in the survival of women with gynecologic cancer can be attributed to more reliable screening techniques and an enhanced awareness of early symptoms on the part of both physicians and patients. Because the distinction between a precursor lesion and its malignant counterpart is often subtle, knowledge of both premalignant and malignant lesions of the reproductive tract is necessary. The treatment—whether surgical, radiologic, or chemotherapeutic—of a particular patient may or may not fall to the practicing general gynecologist, but he/she is expected to provide education, counseling, and follow-up for these patients. To do so, the resident physician must possess a basic understanding of the principles underlying radiation therapy, chemotherapy and terminal care.
Oncology Curriculum for the PGY I and II Resident

Sinai Hospital Of Baltimore Maryland
Department of Obstetrics and Gynecology

I. Educational Purpose
The PGY I and II Oncology rotation is intended to familiarize the resident with cognitive, surgical, attitudinal and interpersonal skills necessary for the management of gynecologic malignancies and their precursor lesions. Residents should become familiar with the therapeutic principles underlying the treatment of these patients including a basic understanding of radiation therapy, chemotherapy and terminal care. This rotation also focuses on the identification of patients who are at risk for, or who have existing pelvic malignancy.

II. Competencies, Goals and Objectives
By the completion of this rotation the PGY III resident should be able to:

1. Medical Knowledge
   - Discuss the clinical relevance of viral oncogenes
   - Discuss the inheritance pattern of pelvic/breast malignancies.
   - Correlate the embryology of gonadal migration with the pathogenesis of ovarian neoplasia.
   - Demonstrate competence in the anatomy of the ventral wall and pelvic viscera including vascular, lymphatic and neurologic components.
   - List the risk factors contributing to pelvic/breast malignancies.
   - Describe the impact of cancer and its therapies on the immune system.
   - Describe the role of viruses in the pathogenesis of gynecologic tumors.
   - Discuss breast cancer staging and the prognostic significance of histologic type, lymph node status, and hormone receptor status.
   - Describe the epidemiology of vulvar and vaginal intraepithelial neoplasia.
   - Describe the clinical manifestations and differential diagnosis of vulvar cancer.
   - Summarize the epidemiology of cervical intraepithelial neoplasia and cervical cancer.
   - Describe the clinical manifestations and differential diagnosis for invasive cervical cancer.
   - Discuss the FIGO staging for cervical cancer.
   - Discuss the management of endometrial hyperplasia based on histology, patient age, reproductive goals, and risk of malignancy.
   - Describe the epidemiology, clinical symptoms, and differential diagnosis for endometrial cancer.
   - Discuss the FIGO staging of endometrial cancer.
   - Describe the clinical manifestations of ovarian cancer.
   - Describe the histology and FIGO staging of ovarian carcinoma.
   - Describe the epidemiology and genetics of hydatidiform mole.
   - Outline the clinical manifestations of gestational trophoblastic disease and its diagnostic tools including BHGG, ultrasonography, chest x-ray, thyroid function.
• Distinguish a complete versus partial mole using histologic and cytogenic findings.
• Describe the general principles and potential complications of radiation therapy.
• Describe the mechanisms of action and potential complications of chemotherapy.
• Describe the basic principles of palliative care for the terminally ill patient.
• Discuss the medical, ethical, legal implications of a DO NOT RESUSITATE (DNR) order.

2. Patient Care (Clinical Skills)
• Evaluate a patient’s personal and family history and epidemiologic factors for the development of breast cancer.
• Demonstrate anatomic skills for the identification of pelvic landmarks such as the ureter, pelvic vasculature, and lymph nodes.
• Perform a focused history and physical in women with signs and symptoms of breast cancer.
• Perform and interpret the results of diagnostic procedures for VIN and VAIN.
• Perform appropriate biopsies to diagnose vulvar cancer.
• Elicit pertinent history in a woman with an abnormal pap smear.
• Treat CIN with modalities such as LEEP, cold knife conization.
• Obtain a targeted history in patients with abnormal bleeding including such risk factors as obesity, anovulation, PCOS, glucose intolerance, estrogen exposure, family history.
• Perform focused physical exams in women at risk for endometrial hyperplasia.
• Perform biopsies, hysteroscopy and D & C to diagnose endometrial cancer.
• Perform a targeted history and physical exam for the diagnosis of potential of ovarian cancer.

3. Patient Care (Management Skills)
• Describe and interpret for the patient the results of a breast cyst aspiration and fine needle biopsy of the breast.
• Coordinate cancer screening for a patient at risk for breast, gynecologic and GI malignancy.
• Establish appropriate follow up protocol for CIN, VIN and VAIN.
• Demonstrate competency in the post operative care of the high risk surgical patient including:
  o Hemodynamic evaluation and management
  o Fluid/electrolyte imbalance
  o Complex wound care
  o Respiratory care
  o Pain management
4. Practice Based Learning
   - Analyze and evaluate personal practice experience and implement strategies to improve the medical and emotional care of the cancer patient.
   - Appraise and assimilate evidence from scientific studies regarding the prevention, diagnosis and management of pelvic neoplasms and precancerous conditions.
   - Incorporate demographic information regarding his/her patient population into the management of breast/gynecologic neoplasms.
   - Use information technology to expand knowledge base in gynecologic oncology.
   - Apply knowledge of study designs and statistical methods to the appraisal of the therapeutic modalities for the treatment of gynecologic oncology patients.
   - Demonstrate receptiveness to instruction and formative feedback during oncologic surgical procedures and all clinical encounters.
   - Participate in tumor board review.

5. Communication/Interpersonal Skills
   - Counsel patients regarding breast cancer prevention strategies.
   - Counsel patients regarding breast cancer screens such as mammography.
   - Explain the patient appropriate diagnostic tests for evaluating a suspicious breast lesion.
   - Provide effective feedback to other physicians involved in the care of the gynecologic oncology patient.
   - Communicate effectively to patients regarding their neoplasms in language appropriate to their age, educational and socioeconomic background.
   - Provide effective consultations to other health care professionals regarding management of gynecologic oncology patients.
   - Maintain comprehensive legible records.
   - Sustain therapeutic and ethically sound relationships with patients, patient families and colleagues.

6. Professionalism
   - Conduct all interactions with the gynecologic oncology patient with honesty, sensitivity and compassion.
   - Provide patient-centered care that is tailored to the emotional needs of the oncology patient.
   - Demonstrate accountability to patients, society and the profession.
   - Promote ethical concepts of autonomy, beneficence, justice and non malfeasance in the provision or holding of care for the oncology patient.
   - Maintain strict confidentiality of information regarding the gynecologic oncology patient.
   - Obtain informed consent for gynecologic oncology procedures.
   - Discuss advanced directives for the oncologic and terminally ill patient.
7. Systems Based Practice
   • Arrange for appropriate referral to gynecologic oncologist for surgical and medical treatment of pelvic malignancy.
   • Arrange for appropriate referral to radiation oncologist and medical oncologist.
   • Order appropriate and cost effective tests for the diagnosis, evaluation, and management of breast/gynecologic neoplasms.
   • Review the importance of nutrition in the care of the gynecologic oncology patient.
   • Partner with health care managers and health care providers to coordinate care of the gynecologic oncology patient.
   • Review the common sources for liability claims in the management of the breast/gynecologic malignancy patient.

III. Teaching Methods and Rotation Structure
   • The PGY I Oncology rotation will be one months in duration.
   • The resident will review the curriculum prior to the first day of the rotation
   • The resident will participate in
     o all gynecologic oncology operative procedures
     o daily teaching rounds
     o evaluation of private outpatient gynecologic oncology patients
     o Gyn pathology review
     o Gyn Tumor Conference
   • Resident surgical experience will be progressive, gradual and commensurate with level of his/her experience and surgical skills.

IV. Types of Clinical Encounters
   • Residents will participate in the care of both private gynecologic oncology patients.
   • Residents will participate in the outpatient and inpatient settings in the surgical and non-surgical management of the gynecologic oncology patient.

V. Resident Supervision
   • The resident will be under the tutelage and supervision of Dr. Fouad Abbas, Division Director and Dr. Peter Zucker, Gynecological Oncologist.

VI. Reading List
   • Up to Date (available to all residents)
   • Practical Gynecologic Oncology; Barek and Hacker
   • Principles and Practice of Gynecologic Oncology; Hoskins, Perez, Young
   • Clinical Gynecologic Oncology; DiSais, Creaswan
   • Cancer Therapy and Biotherapy; Chabner, Lougo

VII. Method of Evaluation
   • Residents will also receive timely intraoperative formative feedback focused on honing surgical skills.
   • Cognitive assessment of the resident’s knowledge of gynecologic oncology will be evaluated by the gynecologic scores from the CREOG In
Residents will receive regular formative feedback during daily teaching rounds and all patient encounters with gynecologic oncology patients. At the completion of the rotation residents will receive a written evaluation in the competency format utilizing both formative and summative feedback. This evaluation will be completed and submitted by the Chief, Section of Gynecologic Oncology and will become a component of the residents permanent record.

**ONCOLOGY**

Arrive in-house as determined by Oncology chief.

- Round with Oncology team
- Round on all personal surgical patients (c/sections)
- Attend Oncology surgical cases as scheduled
- Attend Oncology Wed clinic if not in OR/rounding on patients
- Attend weekly continuity clinics as scheduled
- Assist with the management B6 floor calls on oncology patients
- Assist with the management of Oncology pager calls
- Assist with the management of office nursing calls, outpatient infusion center calls regarding chemotherapy patients
- Assist with Pre-Ops of surgical patients
- Attend Chairman’s rounds, Grand Rounds, Journal Club
- Attend Morning Report if available
- Assist with the preparation of Tumor Board
- Attend all scheduled lectures, Tumor Board
- Prepare Onc or other lectures as assigned
- Collect Onc pager from night float team no later than 6:30 a.m.
- Sign-out to night float team prior to leaving for the day
- Prepare Journal Club presentations as assigned
**Procedures**

The Table at the end of Unit 4, Gynecology, provides a detailed list of the gynecologic procedures with which the resident should be familiar. The following Table lists the additional procedures that are specific to gynecologic oncology and summarizes the level of technical proficiency that should be achieved by a graduating resident. The resident should either understand a procedure (including indications, contraindications, and principles) or be able to perform it independently. These distinctions are based on the premise that knowledge of a procedure is implicit in the ability to perform it.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Understand</th>
<th>Understand and Perform</th>
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<tbody>
<tr>
<td>Colectomy (partial or total)</td>
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<td>Colostomy</td>
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<td>Fistula repair</td>
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<td>Enterocutaneous</td>
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<td>Ureterovaginal</td>
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<tr>
<td>Hysterectomy</td>
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<td>Extrafascial (with or without bilateral</td>
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<td>salpingo-oophorectomy)</td>
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<td>Radical (with or without bilateral salpingo-oophorectomy)</td>
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<td>Lymph node biopsy/dissection</td>
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<td>Axillary</td>
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<td>Mastectomy</td>
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<td>Simple</td>
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<td>Radical</td>
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<td>Paracentesis</td>
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<tr>
<td>Pelvic exenteration with or without reconstruction</td>
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<td>Port placement, intraperitoneal</td>
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<tr>
<td>Radiation therapy</td>
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<td>Brachytherapy</td>
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<td>External beam</td>
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<td>Procedure</td>
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<tr>
<td>Interstitial</td>
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<td>Resection of large and small bowel</td>
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<td>Staging laparotomy</td>
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<td>Biopsy of pelvic lymph nodes</td>
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<td>Biopsy of peritoneal implants and cytologic washings</td>
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<td>of the peritoneal cavity</td>
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<td>Exploration of abdomen</td>
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<td>Infracolic omentectomy</td>
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<td>Suction evacuation of molar pregnancy</td>
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<td>Vaginal reconstruction</td>
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<td>Gracilis flap</td>
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<td>Martius flap</td>
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<td>Skin graft</td>
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<td>Transverse rectus abdominis</td>
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<td>myocutaneous flap</td>
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<td>Venous access device placement</td>
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<tr>
<td>Vulvectomy, radical</td>
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