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## Training in Gynaecological Oncology

# CURRICULUM and LOG BOOK

Approved by

**The European Board and College of Obstetrics and Gynaecology (EBCOG) and the European Society of Gynaecological Oncology (ESGO)**

TO BE COMPLETED AFTER EACH YEAR OF TRAINING AND SENT WITHIN THREE MONTHS THEREAFTER TO THE ASSESSMENT COMMITTEE (CERTIFICATION BOARD) ALONG WITH AN UP TO DATE CV OF THE TRAINEE

**Surname (in capitals), first name of trainee :**

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Dates of beginning and end of year of training:

...../...../..... (day/mo/yr) - ...../...../..... (day/mo/yr).

Name and address of department :

Year :

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Optional year :

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## CONTENT OF THE TRAINING PROGRAMME

### 1- Definition

The gynaecological oncologist is a specialist in Obstetrics and Gynaecology who in addition is able to:

- provide consultation on and comprehensive management of patients with gynaecological (and breast) cancer;
- manage the medical and /or surgical treatment of malignant diseases of the female genital tract and breast; which may involved relevant surgery of abdominal organs,
- practice gynaecological oncology in an institutional setting where all effective forms of cancer therapy are available. This includes comprehensive management of gynaecological cancer including screening, diagnostic, psycho-oncological care, therapeutic procedures and follow up.

The practice of Gynaecology Oncology excludes training and practice in another subspecialty.

### 2- Aim of training

To improve the care of patients with gynaecological malignancies in collaborations with other care providers.

### 3- Objectives of training

To train a subspecialist to be capable of:

- Consultation, practice and comprehensive care of women with gynaecological cancer
- interpretation of scientific data to improve knowledge and to apply these in clinical care , teaching, research and audit.
- co-ordinating and promoting collaboration in organising the service.
  - providing leadership in the development and in research within subspecialty.

#### 4- Organisation of training

- the number of subspecialists should be strictly controlled by the relevant national body in order to provide a sufficient expertise.
- training programme should be in a multidisciplinary accredited center and should be organised by an accredited subspecialist.
- center should use guidelines and protocols finalised by national professional bodies reviewed at regular intervals. These guidelines will define cases for which it is necessary to refer a patient to a subspecialist.
- A completed training in Gynaecological Oncology does not imply that a subspecialist cannot practice in the generalist field of Obstetrics and Gynaecology.

<sup>1</sup> Only in those countries where this is part of gynaecological practice. In EU gynaecologist are usually responsible for treating breast diseases except in Denmark, Finland, Ireland, the Netherlands, UK.

#### 5- Means of training

##### 5.1 Entry requirements:

- a recognised specialist qualification in Obstetrics & Gynaecology or have completed a minimum of five years in an approved training programme in OB/GYN.
- the availability of a recognised training post.

5.2 An adequately remunerated post in a recognised training programme is a basic condition. Each trainee must have an appointed tutor for guidance and advice.

5.3 The estimated number of training post(s) should reflect the national need for subspecialists in gynaecology oncology as well as the facilities and finances available for specialist training.

5.4 Trainees should participate in all relevant activities of the training unit such as the care of out-patients and in-patients, on call duties during both day and night, performing gynaecological oncology operations and participating in educational activities, including the teaching of other health professionals. Participation in audit and clinical or basic research is essential.

5.5 Arrangements for postgraduate training must be compatible with national employment legislation in relation to remuneration, hours of work and rights of employees in such matters as sick leave, maternal and paternal leave and compulsory military service.

##### 5.6 Duration of training

This should include **a minimum of two years** in an approved programme and should cover the following areas:

- Surgical training in a Gynaecological Oncology unit:
  - ◆ General surgical training
  - ◆ Training in surgery of the breast <sup>2</sup>
  - ◆ Colorectal Surgery

- Urology
- Radiotherapy
- Medical oncology
- Psycho-oncology
- Cytological diagnosis and pathology
- Tumour biology
- Cancer genetics
- Palliative Care
- Disease specific issues regarding:
  - ◆ Gestational Trophoblastic Disease
  - ◆ Ovarian and tubal Cancer
  - ◆ Uterine Cancer
  - ◆ Cervical Cancer
  - ◆ Vaginal Cancer
  - ◆ Vulval Cancer

5.7 Training should be structured throughout with clearly defined targets to be met after specified intervals. An educational plan should be drawn up in consultation with the trainee at the beginning of each attachment and progress should be monitored regularly by mean of the log book.

5.8 A trainee may spent some training time in another (1 or 2) center(s) recognised by ESGO|EBCOG or the national committee <sup>3</sup>.

<sup>2</sup> Only in those countries where this is part of gynaecological practice.<sup>3</sup> Only in those countries where the national accreditation and auditing system is recognised by ESGO|EBCOG.

## **6- Assessment of training**

6.1 In all European countries approval of training and trainers should be the responsibility of a national or regional authority which has the power to withdraw recognition if necessary.

In principle ESGO-EBCOG recognition as a Gynaecological Oncological centre follows EBCOG recognition for basic training in Obstetrics and Gynaecology.

6.2 Recognition of institutions as subspecialist training centres in gynaecological oncology should be based on approval by the ESGO Accreditation committee |EBCOG Hospital Recognition Committee using:

- Annual statistics
- Internal quality control and audit
- Organised teaching sessions
- Availability of:
  - Radiotherapy unit
  - Chemotherapy unit
  - Cyto pathology unit
  - Psycho oncological care
  - Multidisciplinary team regularly involved in the management of gynaecological cancer
- Fulfilment of defined criteria for minimum activity:
- 150 new invasive genital cancer cases per year for a first trainee, 100 more for a



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**TECHNICAL SKILLS:**

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**TASKS:**

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**DATE: NAME OF THE TUTOR:**

**SIGNATURES: TUTOR: ----- TRAINEE: -----**

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## **TARGETS FOR THE SECOND YEAR OF TRAINING**

Description by trainer and tutor of what is expected in terms of knowledge, technical skills and fulfilment of tasks at the end of this year of training

To be completed at the beginning of the year of training.

Year: 20..... - 20.....

**KNOWLEDGE:**

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**Choice of proper cancer treatment approach**  
**Ability to identify the high risk patient, initiate workup and liaise with anaesthetists and other members of a multidisciplinary team**

**Signature to confirm completion of the module:**

**Name of the trainer: Date:**

**Hospital:**

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## **MEDICAL PROCEDURES**

**Target Expected competence level**

Trainee ticks when achieved

**Trainer sign when competence level achieved**

1 2 3 4 5 Sign Date

Colposcopy +biopsy

Prescribing appropriate staging procedures

Prescribing hormone therapy

Indication to radiotherapy

Indication to brachytherapy

Indication to chemotherapy

Management of side effects

Prescribing appropriate follow up procedures

Clinical evaluation of the response to treatment

Counselling

**Signature to confirm completion of the module:**

**Name of the trainer: Date :**

**Hospital:**

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## **PSYCHO-ONCOLOGICAL CARE**

The trainee should document his/her involvement in palliative care:

- At least one visit to an hospice or ward for terminal care
- An evaluation and documentation of psycho-oncological care for at least 1 patient
- CME points in specifically palliative care, e.g. by watching on linelectures regarding psycho-oncological issues (prepared by IPOS and available through ESGO website) with receiving the certifications for these lectures

"Cancer: A Family Affair" by Lea Baider PhD

*Narrator:* Talia Zaider PhD

"Loss, Grief and Bereavement"

by David Kissane MD

*Narrator:* David Kissane MD

"Palliative Care for the Psycho-Oncologist"

by William Breitbart MD

*Narrator:* William Breitbart MD

"Ethical Implications of Psycho-Oncology"

by Antonella Surbone MD, PhD, FACP

*Narrator:* Antonella Surbone MD, PhD, FACP

"Psychosocial Interventions: Evidence and Methods for Supporting Cancer Patients"

by Maggie Watson PhD & Barry Bultz PhD

Narrators: Maggie Watson PhD and Barry Bultz PhD

"Communication and Interpersonal Skills in Cancer Care" by Walter F. Baile MD

*Narrator:* William Breitbart MD

"Anxiety and Adjustment Disorders in Cancer Patients" by Katalin Muszbek MD

*Narrator:* William Breitbart MD

"Distress Management in Cancer"

by Jimmie C. Holland MD

*Narrator:* Jimmie C. Holland MD

"Depression and Depressive Disorders in Cancer Patients"

by Luigi Grassi MD and Yosuke Uchitomi MD, PhD

*Narrator:* Paul Packer MD

"Psychosocial Assessment in Cancer Patients"

by Uwe Koch MD, PhD and Anja Mehnert PhD

*Narrator:* Sean Reed

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## Imaging

Target

### Expected competence level

Trainee ticks when achieved

Trainer sign when competence level achieved

1 2 3 4 5 Sign Date

### Interpret Abdominal US

Order and Interpret Vaginal and abdominal US

Order and Interpret CT scan, MRI

Order and Interpret RMI

Order and Interpret mammography

Order and Interpret pyelograms

Order and Interpret Scintigraphy/ PET scans

### Signature to confirm completion of the module:

**Name of the trainer: Date :**

**Hospital:**

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## SURGICAL PROCEDURES

### Target Expected competence level

Trainee ticks when achieved

### Trainer sign when competence level achieved

1 2 3 4 5 Sign Date

Hysteroscopy + biopsy

Diagnostic Laparoscopy

Laparoscopic pelvic lymphadenectomy

Total abdominal hysterectomy

Vaginal hysterectomy  
 Radical abdominal hysterectomy  
 Radical vaginal hysterectomy  
 Pelvic exenteration / Pelvectomy (ant , post , total) -  
 Urinary diversion after pelvic exenteration  
 Cytoreductive surgery in ovarian cancer  
 Lombo aortic lymphadenectomy  
 Intensive surgical staging for ovarian cancer  
 Second look laparotomy in ovarian cancer  
 Bowel resection, Colostomy, Ileostomy  
 Pelvic lymphadenectomy  
 Vulvectomy  
 Inguinal lymphadenectomy  
 Laparoscopic hysterectomy  
 Laparoscopic bilateral salpingo-oophorectomy  
 Total colpectomy\*  
 Breast tumorectomy\*  
 Axillary lymphadenectomy\*  
 Mastectomy\*  
 Breast reconstructive surgery\*

**Signature to confirm completion of the module:**

**Name of the trainer: Date:**

**Hospital:**

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\* Only in countries where breast surgery is an Integral part of training and practice of gynaecological oncology

## **NUMBER OF PROCEDURES AND TECHNICAL ACTS PERFORMED DURING THE TRAINING AS FIRST ASSISTANT**

### **PROCEDURES**

**Please fill the Log book in xcel provided. At the end of the year please print all relevant worksheets in the xcel file and sign and date and submit to ESGO as required.**

Date: Name and signature of trainee:

...../...../..... (day/mo/yr) .....  
 insufficient.

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## **NUMBER OF PROCEDURES AND TECHNICAL ACTS PERFORMED DURING THE TRAINING AS SURGEON**

**PROCEDURES YEAR 1 YEAR 2 YEAR 3 TOTAL**

**Please fill the Log book in xcel provided. At the end of the year please print all relevant worksheets in the xcel file and sign and date and submit to ESGO as required.**

...../...../..... (day/mo/yr) .....

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## **ASSESSMENT OF KNOWLEDGE, ATTITUDES AND FULFILLMENT OF TASKS**

Scoring system: A = Excellent

B = Sufficient

C = Weak

D = Unacceptable

E = Not applicable

Assessment of fulfilment of the targets defined on pages 3 - 9

### **Year 1 2 3**

INTEGRATED KNOWLEDGE REACHING OF APPROPRIATE DECISIONS; COLLECTION AND INTERPRETATION OF DATA MOTIVATION, SENSE OF DUTY, DISCIPLINE, PUNCTUALITY

TECHNICAL SKILLS

ORGANISATORY SKILLS

ADMINISTRATIVE TASKS (MEDICAL

FILES, CORRESPONDENCE, ETC.)

ETHICS

RELATIONS WITH PATIENTS

RELATIONS WITH MEDICAL AND OTHER

STAFF

ATTENDANCE AND ACTIVE

PARTICIPATION IN STAFF MEETINGS

SCIENTIFIC INTEREST

SCIENTIFIC ACTIVITY

Date: ...../...../..... (day/ mo / yr)

Signature of Trainee: Signature of Trainer:

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## **CUMULATIVE LIST OF SCIENTIFIC MEETINGS AND COURSES ATTENDED BY THE TRAINEE**

**(entire duration of training; to be up-dated yearly)<sup>4</sup>**

**EXAMPLE:** Joint Meeting of the South-East Gynaecological Society and the Flemish Society of Obstetrics and Gynaecology, Bruges, Belgium, 10.10.1999. Theme: "Ovarian cancer".

**The number is not limited**

- 1.
- 2.
- 3.
- 4.
- 5.

<sup>4</sup> Certificate of attendance as to be provided

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## **CUMULATIVE LIST OF PAPERS PRESENTED AT SCIENTIFIC MEETINGS**

**(entire duration of training; to be up-dated yearly)**

**(A MINIMUM OF 1 AS 1ST AUTHOR IS REQUIRED)<sup>5</sup>**

**EXAMPLE:** R. LEGAS: "T lymphocyte activity in advanced ovarian cancer» Ovarian cancer Symposium, Besançon, France, 17-18.06.2000.

**The number is not limited**

- 1.
- 2.
- 3.
- 4.
- 5.

<sup>5</sup> Abstracts as to be provided

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## **CUMULATIVE LIST OF PEER REVIEWED PUBLISHED PAPERS IN INTERNATIONAL JOURNALS**

**(entire duration of training; to be up-dated yearly)**

**(AT LEAST 1 AS 1ST AUTHOR IS REQUIRED)<sup>6</sup>**

**The number is not limited**

- 1.
- 2.
- 3.
- 4.
- 5.

<sup>6</sup> Published manuscript should be provided

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## **CUMULATIVE LIST OF PEER REVIEWED PUBLISHED PAPERS IN NATIONAL JOURNALS**

**(entire duration of training; to be up-dated yearly)**

**(AT LEAST 1 AS 1ST AUTHOR IS REQUIRED)<sup>7</sup>**

**The number is not limited**

- 1.
- 2.
- 3.
- 4.
- 5.

<sup>7</sup> Published manuscript should be provided

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## **SURGICAL REPORTS**

Each trainee will keep in a separate book copies of all reports pertaining to acts performed as first assistant, as surgeon or as supervisor.

Please see attached log book in xcel which needs to be maintained

## FELLOWSHIP PROGRAM CURRICULUM

### MINIMUM\* SURGICAL CURRICULUM:

|  |          |
|--|----------|
| Surgery of endometrial, ovarian and tubal cancer | 30 cases |
| Radical hysterectomy                             | 15 cases |
| Other pelvic malignancies                        | 5 cases  |
| Vulvectomy and groin dissection                  | 5 cases  |

\*these are the minimum number of cases a trainee should have done as the main surgeon by the completion of his/her training programme

### RESEARCH AND TEACHING:

- 1) Participation on research projects;
- 2) Publication of, at least, 3 papers in peer reviewed journals, where he/she must be the first author of at least 1 of them;
- 3) Elaboration of a thesis at the end of the fellowship;
- 4) Participation in pre/under-graduate (optional) and post-graduate teaching.

#### ENDOMETRIAL CANCER

##### Expected competence level

##### Trainee ticks when achieved

Trainer sign when competence level achieved

1 2 3 4 5 Sign Date

- Counsel patient about treatment options
- Management recurrent disease
- Follow up
- Histology, staging, classification

#### OVARIAN CANCER

##### Expected competence level

##### Trainee ticks when achieved

Trainer sign when competence level achieved

1 2 3 4 5 Sign Date

- Counsel patient about treatment options - medical and surgical
- Management recurrent disease
- Follow up
- Primary surgery, debulking
- Interval debulking surgery
- Histology, staging, classification
- Tumor markers

#### CERVICAL CANCER

##### Expected competence level

##### Trainee ticks when achieved

Trainer sign when competence level achieved

1 2 3 4 5 Sign Date

- Counsel patient about treatment options - medical and surgical
- Management recurrent disease
- Follow up
- Histology, staging, classification
- Staging procedure
- Colposcopy and screening
- Conization

## **VULVAL CANCER**

**Expected competence level**

**Trainee ticks when achieved**

Trainer sign when competence level achieved

1 2 3 4 5 Sign Date

- Counsel patient about treatment options
- Vulvectomy
- Lymphadenectomy
- Management recurrent disease
- Follow up
- Histology, staging, classification
- Complications - recognition and management

## **VAGINAL CANCER**

**Expected competence level**

**Trainee ticks when achieved**

Trainer sign when competence level achieved

1 2 3 4 5 Sign Date

- History, counselling regarding management options
- Vaginoscopy
- Histology, staging, classification
- Vaginectomy

## **MEDICAL ONCOLOGY**

**Expected competence level**

**Trainee ticks when achieved**

Trainer sign when competence level achieved

1 2 3 Sign Date

- Main chemotherapy drugs and regimens used in gynaecological oncology
- Dosage and administration
- Side effects - minimisation and recognition
- Recognition and management of complications
- Indications
- Participation in ward rounds
- Chemotherapy administration

## **RADIATION ONCOLOGY**

### **Expected competence level**

#### **Trainee ticks when achieved**

Trainer sign when competence level achieved

1 2 3 Sign Date

- Radiotherapy planning
- Radiotherapy administration
- Recognition and management of side effects and complications

## **CANCER GENETICS**

### **Expected competence level**

#### **Trainee ticks when achieved**

Trainer sign when competence level achieved

1 2 3 4 5 Sign Date

- Take history, draw pedigree or family tree
- Understanding of different cancer family syndromes in gynaecological oncology
- Risk assessment
- Screening
- Preventative surgery
- Hormonal therapy

## **COLORECTAL SURGERY**

### **Expected competence level**

#### **Trainee ticks when achieved**

Trainer sign when competence level achieved

1 2 3 4 5 Sign Date

- Stoma care and management
- Total parenteral nutrition
- Enteric fistula recognition and management
- Repair small bowel injury
- Small bowel resection and anastomosis
- Colostomy, ileostomy

### **Expected competence level**

#### **Trainee ticks when achieved**

Trainer sign when competence level achieved

1 2 3 Sign Date

- Large bowel anastomosis
- AP resection

## **UROLOGICAL SURGERY**

### **Trainee ticks when achieved**

Trainer sign when competence level achieved

1 2 3 4 5 Sign Date



Interpretation and ordering of urinary tract investigations

- Cystoscopy
- Ureteric catheterisation
- Repair bladder injury
- Identification and management of urinary tract injury
- Obstructive uropathy management

### **GESTATIONAL TROPHOBLASTIC DISEASE**

**Trainee ticks when achieved**

**Trainer sign when competence level achieved**

**1 2 3 4 5 Sign Date**

**Principles, investigations, treatment, follow up of**

- Partial mole
- Complete mole
- Choriocarcinoma

### **PALLIATIVE CARE**

**Trainee ticks when achieved**

**Trainer sign when competence level achieved**

**1 2 3 Sign Date**

- Counselling of patients and relatives
- Management of symptoms-
- pain relief
- nausea, vomiting
- obstruction
- psychosocial
- psychosexual
- nutrition