Goals and Objectives: Gynecologic Cancers Service
Department of Radiation Oncology

The gynecologic cancer service provides training in the diagnosis, management, treatment, and follow-up of gynecologic malignancies, including cervix cancer, endometrial cancer and sarcoma, vaginal and vulvar cancers, ovarian cancer, palliative treatment of metastatic disease, as well as the diagnosis and management of acute and long term complications of radiation therapy for gynecologic cancers. These clinical skills are acquired in the context of the multidisciplinary care of gynecologic cancer patients and require a knowledge base in the areas of pathology, radiology, gynecologic oncology (surgery, chemotherapy and hormonal therapy), cancer rehabilitation, pain management and palliative medicine.

I. Patient Care:

1. Diagnosis, work-up, management and treatment of post-operative endometrial and cervix cancers:
    a. Ability to utilize pathologic findings and CT, ultrasound or MRI findings in the treatment recommendations for post-operative gyn cancer
    b. Knowledge of the indications for surgery, chemotherapy and/or hormonal therapy in the treatment of gyn cancer, the current regimens or drugs being used and the mechanism of action of systemic agents
    c. Knowledge of the surgical work-up and techniques used for diagnosis, the different types of hysterectomy and their indications
    d. Proficiency in the use of both 2D and 3D CT-based simulation and planning for radiation therapy to the pelvis using AP-PA, 3-field, 4-field or 6-fields; ability to assess the appropriate field arrangements indicated; ability to assess dose distributions and to prescribe radiation dose for the treatment of the pelvis; ability to contour lymph node regions
    e. Proficiency in the set-up pelvic fields and in assessing weekly quality assurance portal films, and to make treatment adjustments as indicated
    f. Proficiency in the assessment and treatment of acute radiation toxicities
    g. Proficiency in the follow-up care of gyn cancer patients including the assessment and treatment of late radiation effects and appropriate follow-up studies, in particular the assessment and treatment of enteritis, proctitis, cystitis; Knowledge of the patterns of failure in gyn cancers
    h. Knowledge of specialized treatment techniques, including IMRT and intracavitary brachytherapy
    i. Knowledge of the indications for vaginal brachytherapy, ability to insert vaginal cylinders, perform simulations and planning, assess dosimetry plans and choose appropriate treatment parameters
2. Diagnosis, work-up, management and treatment of definitive cervix, vaginal, vulvar and endometrial cancers:
    In addition to the above listed proficiencies:
    a. Ability to perform intracavitary low dose rate or high dose rate tandem and ovoid/ring intracavitary implants; ability to prescribe dose, coordinated with external beam therapy and assess treatment plans; knowledge of the clinical and

physics literature pertaining to intracavitary brachytherapy.

b. Ability to perform interstitial Syed implants, assess treatment plans, prescribe dose and knowledge of the pertinent literature.

3. Diagnosis, work-up, management and treatment of metastatic gyn cancers:

a. Knowledge of systemic therapies for metastatic cervix, endometrial, ovarian and other gyn cancers and sarcomas

b. Ability to work-up metastases to bone, brain, lung and other sites

c. Proficiency in the treatment of metastases to bone, brain or CNS, including ability to design and set-up treatment fields, prescribe dose, evaluate dose plans, assess set-up and weekly quality assurance portals

d. Ability to manage acute toxicities of palliative radiation fields, such as steroid implementation and tapers for CNS disease, and to manage pain and fatigue

II. Medical Knowledge:

1. Knowledge of the pertinent peer-reviewed medical literature pertaining to the diagnosis and management of all stages of each type of gyn cancer, including major randomized clinical trials and important institutional series, in the following disciplines:

a. radiation therapy
b. surgical management
c. systemic therapy
d. palliation, pain management and rehabilitation
e. psychosocial issues
f. gynecologic cancer biology
g. epidemiology and genetics

2. Ability to apply this knowledge base acquired from the medical literature in the management of gyn cancer patients

3. Ability to critically review the medical literature as it pertains to gyn cancer management and apply new research findings to clinical practice

III. Practice-Based Learning and Improvement:

1. Proficiency in the quality assurance process in gyn cancer treatment including dosimetry, dose plan assessment and optimization, and portal film assessment

2. Ability to discuss and critique the pertinent medical literature in the conference series, including didactic conference, case conference, morbidity and mortality conference, journal club

3. Proficiency in the multidisciplinary care of gyn cancer patients in cooperation with colleagues in gynecologic oncology, surgery, pathology, diagnostic radiology, and in multidisciplinary conferences

IV. Interpersonal and Communication Skills:

1. Ability to clearly explain the rationale, procedures, potential side effects and follow-up care after radiation therapy for gyn cancer treatment to patients and families, colleagues, peers, and ancillary personnel (nurses, therapists, dosimetrists, physicists)

2. Ability to clearly discuss the disease process of each type of gyn cancer, treatment options and outcomes for the various stages to patients and families, peers and colleagues

3. Ability to assess and discuss patient's psychosocial or end of life issues

4. Ability to express empathy and caring in communications with patients and families

V. Professionalism:
1. Maintains a professional appearance that is neat, clean and appropriate in dress and demeanor
2. Demonstrates sensitivity to ethnic, social and psychological concerns of this female patient population
3. Demonstrates ethical principles in personal behavior and in interactions with patients and colleagues
4. Fulfills commitments to patients needs in a timely manner
5. Completes documentation in a thorough and timely manner
6. Attends to clinical responsibilities punctually and efficiently
7. Demonstrates a respectful demeanor towards patients and families, peers, colleagues and staff

VI. Systems-Based Practice:
1. Ability to coordinate appointments with other physicians, or schedule appropriate tests as indicated with an understanding of the patient's insurance issues and geographical preferences
2. Ability to assess psychosocial needs and to refer the patient to appropriate services for social, psychological or financial assistance
3. Ability to coordinate the patient's comprehensive cancer care and other medical needs during their radiation therapy
4. Proficiency with departmental and hospital-based computer data systems and medical records databases
5. Understanding of billing and codes associated with brachytherapy and external beam radiotherapy

Day to day Resident responsibilities:

1) Complete patient list and update on all patients. I will insert information or keep resident updated on new patients seen or interventions occurring when resident performing other duties
2) Review data provided for new consults by secretarial staff and direct acquisition of additional reports on the day prior to consultation.
3) Highest priority is placed on simulations and treatment planning for each service and evaluation and plan development of new patients. Follow-up and OTV are important, but simulations and new consults take precedence.
4) Resident is expected to see all OTVs if available (including early/late) and is responsible for making sure labs are obtained weekly or qow as necessary
5) Resident is responsible for returning phone calls for pts first; if they cannot address the issue, they should notify me.
6) Perform all simulations including central axis placement, contouring of normal tissues, CTV (iliac vessels, vagina, cervix/uterus, groins, as appropriate). Contours should be completed within 48 hours for my review
7) Resident should be able to review and identify an optimal plan for treatment delivery both for conventional planning and IMRT

8) Participate in weekly dosimetry meeting to review treatment plans.
9) For OR cases, the resident is responsible for making sure that appropriate paperwork is complete (health survey, history and physical, labs, preoperative testing/clearance) in conjunction with gyn onc the week prior to the OR case. On the day of the procedure, the resident should arrive early to make sure the patient has arrived to admissions/preoperative holding area and leave their pager number and mine with the gynonc team or holding nurse. They are responsible for bringing the appropriate equipment to the case as well as making sure that the

The above stated goals and objectives are to be reviewed by the resident prior to the start of the rotation.