



MAHATMA GANDHI UNIVERSITY
of
MEDICAL SCIENCES & TECHNOLOGY
JAIPUR

Syllabus

Fellowship in Gynae Oncology Surgery (One Year Program)

Edition 2020-21

Notice

1. Amendments made by the Board of Management of the University in Rules / Regulations of the Courses shall automatically apply.
2. The University reserves the right to make changes in the syllabus/books/ guidelines, fee structure or any other information at any time without prior notice. The decision of the University shall be binding on all.
3. The Jurisdiction of all court cases shall be Jaipur Bench of Hon'ble Rajasthan High Court only.

Syllabus

Fellowship in Gynae Oncology Surgery (.....)

(One Year Program)

Rules & Regulations

1. TITLE OF THE COURSE

The title of the course shall be “Fellowship in Gynae Oncology Surgery”.

2. DURATION OF COURSE/ TRAINING

The course shall be of one-year duration from the date of commencement of academic session.

3. ELIGIBILITY FOR ADMISSION:

MS /MD / DNB (Gynae), MCh. (Surgical oncology), DNB (Surgical oncology), MCh. Gynae Oncology

Other Eligibility Condition: The candidate should be registered with either the National Medical Commission (NMC) or Medical Council of the domicile State.

4. CRITERIA FOR ADMISSION

Selection for Fellowship Programme shall be done by an Admission Board of the University strictly on merit. It will consist of two-step process –Written Entrance Examination followed by Counseling / Personal Interview (PI).

5. RESERVATION POLICY

Reservation shall be applicable as per policy of the State Government of Rajasthan.

6. ENROLMENT AND REGISTRATION

Every candidate who is admitted to Fellowship Programme in Mahatma Gandhi Medical College & Hospital shall be required to get himself/herself enrolled and registered with the Mahatma Gandhi University of Medical Sciences & Technology (MGUMST) after paying the prescribed eligibility and enrolment fees.

The candidate shall have to submit an application to the MGUMST through Principal of College for the enrolment/eligibility along with the requisite original documents and the prescribed fees within two months of his/her admission or up to November 30 of the year of admission whichever is later without late fees. Then after, student will have to pay applicable late fees as per prevailing University Rules.

No candidate shall be allowed to appear in University examination without his/her enrolment with the University.

7. MIGRATION RULES

No student, once admitted to the course and enrolled by the University, will be permitted to migrate to any other Course/ University.

8. ATTENDANCE

Minimum 80% attendance is mandatory, both, for theory and practical classes. Student with deficient attendance will not be permitted to appear in University examination.

9. ELIGIBILITY TO APPEAR FOR UNIVERSITY EXAMINATION

1. **Logbook:** Every candidate shall maintain a logbook for recording his/her participation in the Training Program conducted in the department. The record will include academic activities as well as the presentations and procedures carried out by the candidate. The log book shall be verified and certified by the Department Head and Principal of College.
2. The candidate before commencement of the University theory paper examination shall—
 - a. attend at least one the Conference
 - b. present at least one paper and one poster in a conference.
 - c. publish at least one article in a journal.

10. CONDUCTION OF THE UNIVERSITY EXAMINATION:

University examination shall be conducted twice in a year; that is Main and Supplementary Examination.

Supplementary Examination -

There shall be a supplementary examination conducted by the University within 4-6 months of the Main Examination for those candidates who do not pass at the Main examination.

11. SCHEME OF EXAMINATION

The examination shall be held at the end of the Course. The examination shall consist of Theory and Clinical/Practical & Oral.

The examinations shall be organised on the basis of 'Marking system' to evaluate and to certify candidate's level of knowledge, skill and competence.

(1) **Theory:**

There shall be two theory papers of 3 hours duration and 100 marks each. The theory examination shall be held in advance before the Clinical and Practical examination, so that the answer books can be assessed and evaluated before the commencement of the Clinical / Practical & Oral examination.

Paper-I and Paper-II will be set by two different external examiners from outside of the state.

Each theory paper shall consist of –

2 Essays	2 x 20 =	40 Marks
10 Short Notes	10 x 6 =	60 Marks
Total		100 Marks

The external examiner, who is paper setter for Paper-I shall evaluate the answer books of Paper-I. The answer books of Paper-II shall be evaluated by the Head of the Department.

Nomenclature of Papers:

Paper-I Basics of Gynae Oncology (Anatomy, Radiology, Pathology, Staging)

Paper-II Gynae Tumor & Cancer Management and Recent Advances

(2) Clinical / Practical and Oral:

Clinical/Practical examination shall be conducted by one External and one Internal Examiner to test / aimed at assessing the knowledge and competence of the candidate for undertaking independent work as a specialist / teacher. Practical examination shall consist of carrying out special investigative techniques for Diagnosis and Therapy. Candidates shall also be examined in procedures in surgical disciplines. Oral examination may be comprehensive enough to test the candidate's overall knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty, which shall form a part of the examination..

One Long Case		70 Marks
Two Short Cases	2 x 40 =	80 Marks
Oral Examination		50 Marks
Total		200 Marks

12. RESULT:

For passing Fellowship Examination, a candidate will be required to obtain at least 40% marks in each theory paper, 50% marks in the aggregate of both the theory papers and 50% marks in the aggregate of Clinical / Practical and Oral examination separately. A candidate failing in any theory paper or in the aggregate of theory papers or Clinical / Practical & Oral examination shall have to repeat the whole Fellowship examination.

13. APPOINTMENT OF EXAMINER& PAPER SETTER

- a. All the examiners, paper setters, theory examination answer books evaluators, Internal and External Examiners for Practical examinations shall be appointed by the President of the University out of the panel submitted by the Head of the department through the Dean of the concerned Faculty
- b. Qualification of the Paper Setter/External Examiner:
P.G. in Broad Specialty (MD/MS/DNB) / Super specialty (DM/MCh) in the concerned subject with 5 years of PG Teaching experience.
- c. Qualification of the Internal Examiner:
P.G. in Broad Specialty (MD/MS/DNB) / Super specialty (DM/MCh) in the concerned subject with 3 years of PG Teaching experience.
- d. Paper setter can be an examiner

14. GRACE MARKS

No grace marks will be provided in Fellowship Program examinations

15. REVALUATION / SCRUTINY

No Revaluation shall be permitted in the Fellowship Programs examinations. However, the student can apply for scrutiny of the answer books as per University Rules.

CURRICULUM
FELLOWSHIP IN GYNAE ONCOLOGY SURGERY
(One Year Program)

GOALS

To acquire clinical and technical skills in management of female genital tract tumors and cancers

AIMS AND OBJECTIVES

To provide exposure to Gynae Oncology treatment especially surgeries and research

The training is aimed at transforming a general obstetrician gynaecologist & surgical oncologist into a fellow gynaecologic oncologist.

A candidate who successfully completes the course will be expected to have gained proficiency in the following:

- Understand the epidemiology of gynaecologic cancers and also the principles underlying screening, early detection and prevention.
- The candidate should acquire a high level of competency in colposcopy and related procedures in the management of pre-invasive and micro-invasive lesions of the female genital tract.
- Should be well versed in the natural history of gynecologic cancers and develop expertise in clinical assessment to define extent of disease at presentation and diagnosis of relapse.
- Acquire a sound knowledge of gross and microscopic pathology and cytology relevant to gynaecologic oncology.
- Acquire the necessary skillset and competence to safely perform radical surgery for gynaecologic cancers including the ability to prevent, recognize and manage any complications arising thereof.

Have a detailed knowledge of relevant imaging technologies, (indications and limitations) i.e. Ultrasound, CT, MRI and FDG-PET scans.

- Have a sound knowledge of the principles of peri-operative patient care.
- Have a sound knowledge of the principles of pain and symptom management, palliative care and end-of-life issues.
- Acquire an understanding of the principles of radiobiology and radiation physics. Be well informed in the principles and techniques of modern radiation treatments. The candidate must develop the skills necessary to recognize and treat the side-effects and complications of radiation treatment.
- Acquire knowledge of the clinical pharmacology of cancer chemotherapy and related treatment including targeted treatment modalities.

The candidate should develop skills in the recognition and management of toxic side effects and acquire the ability to administer chemotherapy in an independent capacity, if necessary.

- Acquire skill in the assessment of the effects of treatment and the care of complications. This includes skill in the assessment of patients after treatment and during follow-up.

- Understand cancer survivorship issues and the principles underlying the management of fertility issues in gynaecologic cancer patients.
- Develop skills in the planning, conduct, reporting and interpretation of clinical audit and research in gynaecologic oncology.
- Understand the psycho-sexual, socio-cultural and economic aspects of cancer management among women in the Indian setting.

Minimum required Spectrum of Diagnosis

This covers all premalignant, suspected malignant and malignant conditions in the female reproductive tract. The organ wise description is as follows:

Vulva

- Preinvasive / premalignant : Vulvar intraepithelial neoplasia (VIN I-III), Pagets disease
- Malignant : Carcinoma, sarcoma, melanoma and others.

Vagina

- Preinvasive : Vaginal intraepithelial neoplasia (VAIN I-III)
- Malignant : Carcinoma, sarcoma and others

Cervix

Preinvasive / premalignant : Squamous intra epithelial lesions (LSIL, HSIL), Adenocarcinoma in situ

Malignant : Carcinoma, sarcoma and others

Uterus

- Premalignant : Endometrial Hyperplasias
- Malignant : Endometrial carcinomas
- Uterine sarcomas /STUMP and others
- Fallopian Tube
- Premalignant and malignant tumours.

Ovary

- Borderline tumors
- Malignant tumors
- ❖ Epithelial
- ❖ Stromal
- ❖ Germ cell
- Trophoblastic tumors
- Gestational trophoblastic tumors including

- Persistent post molar disease
- Invasive mole
- Choriocarcinoma

Surgical Spectrum of Diagnosis:

Organ Category Procedure

Vulva

Minor

Vulval colposcopy and biopsy

Vulval excision biopsy

Wide / Radical local excision vulva

Major

Simple vulvectomy

Sentinel lymph node dissection

Radical

Radical / modified Radical vulvectomy, unilateral or bilateral

Open inguinal lymph node dissection

MAS inguinal lymph node dissection

Ultra-radical

Anterior pelvic exenteration

Posterior pelvic exenteration

Total pelvic exenteration

Organ Category Procedure

Vagina

Minor

Vaginal colposcopy and biopsy

Vaginal excision biopsy

Ablation of vaginal lesions with energy devices

Major

Partial vaginectomy

Total vaginectomy

Radical

Radical vaginectomy

Inguinal lymph node dissection, open or MAS

Pelvic lymph node dissection, open or MAS

Ultra-radical

Anterior pelvic exenteration

Posterior pelvic exenteration

Total pelvic exenteration

Organ Category Procedure

Cervix

Minor

Colposcopy and biopsy

Cervical polypectomy

Laser/cryo/thermos coagulation of cervix

Electrosurgical/knife conisation of cervix

Examination under anaesthetic

Cystoscopy and or proctoscopy

Major

Extra-fascial simple hysterectomy/Type I

Hysterectomy, +/- BSO, open or MAS

Trachelectomy open/MAS

Vaginal hysterectomy +/- BSO

Radical

Radical Hysterectomy/ type II / type III, open or

MAS

RH + Pelvic lymph node dissection, open or MAS

RH + PLND + Para-aortic lymph node sampling, open or MAS

Abdominal radical trachelectomy, open or MAS

Vaginal radical trachelectomy

Parametrectomy, open or MAS

Ultra-radical

Anterior pelvic exenteration

Posterior pelvic exenteration

Total pelvic exenteration

LEER procedure

Organ Category Procedure

Uterus / Endometrium

Minor

D&C/endometrial aspiration biopsy

Diagnostic hysteroscopy and biopsy

Hysteroscopy and simple polypectomy

Major

Hysteroscopic electro-surgical procedures

Extra-fascial simple hysterectomy/ Type I hysterectomy+/- BSO, open or MAS Radical

Radical Hysterectomy/ type II or type III

Hysterectomy, open or MAS

Hysterectomy + Pelvic lymph node dissection, open or MAS

Hysterectomy + PLND + PALN sampling, open or MAS

Hysterectomy + PLND + PALN dissection, open or MAS

Hysterectomy + PLND + PALND + omentectomy, open or MAS

Sentinel lymph node mapping and dissection

Ultra-radical

Staging surgery with bowel resection and anastomosis

Organ Category Procedure

Ovary / Fallopian tube / Peritoneum

Minor

Diagnostic laparoscopy and biopsy

Paracentesis

Chest tube insertion

USG guided truecut biopsy/ FNAC

Major

Risk reduction surgery for ovarian cancer

Bilateral salpingo-oophorectomy for the treatment of breast Ca

Hysteroscopic electro-surgical procedures

Extra-fascial simple hysterectomy +/- BSO, open or MAS

Salpingo-oophorectomy, unilateral or bilateral

Radical*

TAH BSO Omentectomy

TAH BSO Omentectomy + PLND

TAH BSO Omentectomy + PLND + PALN sampling

TAH BSO Omentectomy + PLND + PALN dissection

Open or MAS completion surgery

Fertility preserving complete staging surgery Ultraradical

TAH BSO Omentectomy +/- lymph node dissection with the addition any one or multiple procedures from the following list:

- Pelvic peritonectomy
- Parietal peritonectomy
- Diaphragm stripping
- Excision of involved diaphragm and repair
- Bowel resection and anastomosis
- Excision of lesser sac disease
- Lesser omentectomy
- Partial liver resection
- Glisson capsule excision
- Splenectomy
- HIPEC

*MAS : Minimal access surgery of laparoscopy / Robot assisted

E. Rotational Posting of trainees during the course of training

Area of Posting Tentative Period

Gynaecologic Oncology 7 days

Radiation Oncology

Medical Oncology

Gastrointestinal Surgical Oncology

Uro-oncology

Pain and Palliative Medicine 15 days

Surgical and Cyto - Pathology

COURSE OF STUDY

Paper-I Basics of Gynae Oncology (Anatomy, Radiology, Pathology, Staging)

Anatomy of female genital organs

Pathology of female genital organs tumor

Staging of female genital organ cancer

Radiology of female genital organ tumor

Screening and prevention of female genital organ cancer

Paper-II Gynae tumor and cancer Management & Recent Advances

Carcinoma of cervix

Carcinoma of vagina

Carcinoma of vulva

Endometrial carcinoma

Uterine Sarcoma

Gestational trophoblastic neoplasm

Ovarian cancer

ASSESSMENT

- Periodical internal assessment twice per year (6 monthly), both in theory and clinical should be made for every candidate.
- Internal assessment will be made on day to day work of the trainee.

POSTINGS IN VARIOUS UNITS

one month alternate posting in each department (gynae) + (Gynae Oncology)

TEACHING AND TRAINING METHOD

The fundamental components of the teaching programme should include:

1. Case presentations & discussion- once a week
2. Seminar – Once a week
3. Journal club- Once a week
4. Grand round presentation- once a week
5. Faculty lecture teaching- once a month
6. Clinical Audit-Once a Month
7. one gynae presentation & One original Article publication during their training period in a recognized conference.

The rounds should include bedside sessions, file rounds & documentation of case history and examination, progress notes, round discussions, investigations and management plan interesting and difficult case unit discussions.

The training program would focus on knowledge, skills and attitudes (behavior), all essential components of education. It is being divided into theoretical, clinical and practical in all aspects of the delivery of the rehabilitative care, including methodology of research and teaching.

Theoretical: The theoretical knowledge would be imparted to the candidates through discussions, journal clubs, symposia and seminars. The students are exposed to recent advances through discussions in journal clubs.

Symposia: Trainees would be required to present a based on the curriculum in a class of teachers and students. A free discussion would be encouraged in these symposia. The topics of the symposia would be given to the trainees with the dates for presentation.

Clinical: The trainee would be attached to a faculty member to be able to pick up methods of history taking, examination, prescription writing and management in rehabilitation practice.

Bedside: The trainee would work up cases, learn management of cases by discussion with faculty of the department.

Journal Clubs: This would be a weekly academic exercise. A list of suggested Journals is given towards the end of this document. The candidate would summarize and discuss the scientific article critically. A faculty member will suggest the article and moderate the discussion, with participation by other faculty members and resident doctors. The contributions made by the article in furtherance of the scientific knowledge and limitations, if any, will be highlighted.

Research: . He/ she would also be given exposure to partake in the research projects going on in the departments to learn their planning, methodology and execution so as to learn various aspects of research.

REFERENCE BOOK & JOURNALS---

- Practical Gynaecologic Oncology, Berekj & Hacker .W.F
- Gynecological oncology : Guide to Clinical Management, Blake Peter et.al
- Gynaecologic Oncology: Fundamental Principles & Clinical Practice, Coppelson. M
- New Development in Cervical Cancer Screening and Prevention, Franco. E & Monsonco. J
- Principles and Practice of Gynecologic Oncology, Hosking W.J et al.
- Ovarian Cancer : Controversies in Management, Gershenson .D.M & Mcguire.W.P
- Essentials of Gynaecologic Cancer, Lakiton.F et al
- Epithelial Cancer of the Ovary, Lawton. Frank. G. et.al
- Hand Book of Colposcopy, Luesely. D. et.al
- Cancer and Pre-Cancer Of The Cervix, Luesley.D.M & Barrass.R
- Gynaecologic Cancer Surgery, Morrow.C.P et.al
- Synopsis of Gynecologic Oncology , Morroki.C.P & Curtun.J.P

- Multimodality Therapy in Gynecologic Oncology, Sevin .B.U. et al
- Ovarian Cancer, Sharp.F. et.al
- Cancer of the Cervix, Shingleton H.M & Orr. J.W
- AJCC Cancer Staging Manual (American Joint Committee on Cancer)
- Cancer Principle And Practice Of Oncology, Devitha,V.T. et al
- Decision Making in Oncology Evidence Based Management, Djulbegovic B. and Sullivan.

LOG BOOK (FORMAT)



Sree Ram Cancer Institute

RIICO Industrial area, Sitapura, Jaipur – 302022

(Affiliated to Rajasthan Medical University, Rajasthan, Jaipur)

Name of the Department:

Name of the Student:

Academic Year:

Name and Designation of Guide:

Signature of the Student:

Contents		
Sl.No.	Academic Activities	Page No.
1.	Bedside clinics / Ward rounds	
2.	Clinical meeting / Practical demonstration	
3.	Subject Seminars	
4.	Journal clubs	
5.	Case Presentation	
6.	Conferences	
7.	Outdoor Patient	
8.	IPD Rounds	
9.	Minor Surgical Cases	
10.	Major Surgical Cases	
11.	Complications in case	

MODEL PAPER

Code

Gynae. Onco.-I

Fellowship in Gynae Oncology Surgery
Main -Examination Month, Year

Paper-I

Basics of Gynae Oncology
(Anatomy, Radiology, Pathology, Staging)

Time : Three Hours

Maximum Marks :100

Draw diagrams wherever necessary

Attempt All Questions

- Q.1 Elaborate on [2x20=40]
- i. Premalignant : Endometrial Hyperplasias & its management.
 - ii. Uterine sarcomas / STUPMS and others
- Q.2 Write Short Notes on (any ten) [10x6=60]
- i. Screening for cervical cancer
 - ii. Anatomy of pelvic organs
 - iii. Laparoscopic pelvic anatomy
 - iv. Anatomy of ureter & urinary bladder
 - v. Lymphatic drainage of ovary
 - vi. Glisson capsule anatomy and its relation with retroperitoneal lymph nodes
 - vii. Surgical and Cyto – Pathology female genital tract tumors
 - viii. Tumor markers for ovarian cancers
 - ix. Principles of radiotherapy in cervix cancers.
 - x. Reconstruction techniques vulvar resection
 - xi. Palliative management of advanced gynae cancer principles
 - xii. HPV - vaccine

MODEL PAPER

Code

Gynae. Onco.-II

Fellowship in Gynae Oncology Surgery Main - Examination Month, Year

Paper-II

Gynae Tumor & Cancer Management and Recent Advances

Time : Three Hours
Maximum Marks :100

Draw diagrams wherever necessary
Attempt All Questions

- Q.1 Elaborate on [2x20=40]
- i. Ovarian tumor pathology, classification, staging
 - ii. Pathogenesis of cervical cancer and its management
- Q.2 Write Short Notes on (any ten) [10x6=60]
- i. Electrosurgical / knife conisation of cervix
 - ii. Total pelvic exenteration
 - iii. How to manage urinary bladder injuries during radical hysterectomy
 - iv. Chemotherapy for ovarian cancer
 - v. Fertility preserving complete staging surgery
 - vi. Parietal peritonectomy
 - vii. Extra-fascial simple hysterectomy +/- BSO, open or MAS
 - viii. Splenectomy
 - ix. Bowel resection and anastomosis
 - x. HIPEC
 - xi. How to manage rectal injuries during Radical Hysterectomy
 - xii. How to manage ureteric injury lap Radical hysterectomy