School of Medicine
Department of Surgery

Division of Surgical Oncology

"Gold" Surgery

Resident Handbook

School Of Medicine

Department of Surgery
Division of Surgical Oncology

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Dear Resident:

I would like to take this opportunity to welcome you to the Surgical Oncology service at OHSU. Our aim is to provide the best possible surgical care for cancer patients from around the Pacific Northwest and to provide an unparalleled educational experience for residents rotating on the service.

I urge you to review the material in the enclosed manual carefully. You will find information on service policies, procedures and schedules. You will also find clinical guidelines for the care of service patients.

You will find that we care for a diverse spectrum of oncologic problems including patients with breast cancer, melanoma, sarcoma, gastrointestinal tumors and endocrine neoplasia. We have developed a series of educational goals and objectives that are tailored to each training level on our service. These goals and objectives are based on the ACGME competencies. Please review these goals and objectives carefully as they will form the basis of the evaluation process. Resident evaluations will occur in the context of the weekly service teaching conference.

Residents are an integral part of our service and we are delighted to have you. I encourage feedback so that we may continue to improve the experience for you.

Sincerely,

Kevin G. Billingsley, MD
Hedinger Associate Professor of Surgery
Chief, Division of Surgical Oncology

Arpana Naik, MD	Rodney Pommier, MD	John Vetto, MD, FACS
Assistant Prof. of Surgery	Professor of Surgery	Professor of Surgery
Medical Director	Director	Director Cutaneous
The Breast Center at OHSU	Breast Cancer Research	Oncology Program

“Gold” Surgery Rotation Syllabus
Surgical Oncology

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I. Orientation to “Gold: Service

Introduction

“Gold” Surgery encompasses the full gamut of perioperative and intraoperative care of the surgical oncology patients of the attending physicians.

Surgical Oncology is a highly collaborative, multidisciplinary area of surgery that provides the care of persons with cancer by focusing on the surgical extirpation of tumors in the context of current multimodality therapy. Accordingly, in each given case, the surgical oncologist evaluates tumor biology (and a knowledge of tumor natural history), patient performance status (a measure of their physiologic reserve and comorbidities), and patient preferences (including cultural, psychosocial, socioeconomic, and religious preferences) to develop an overall treatment plan and determine how an operation may fit into that plan.

If an operation is determined to be part of the plan, the surgical oncologist further determines the exact goal, extent, and timing of that procedure, especially as it relates to adjuvant, neoadjuvant, or palliative non-operative treatments planned (radiation therapy, chemotherapy, hormonal therapy, or immunotherapy). These considerations hold true for both therapeutic and palliative situations.

In order to effectively provide such service, the surgical oncologist must develop expertise in anatomy, physiology, the conduct of multiple surgical approaches and operations, and have a working understanding of medical oncology, radiation oncology, communication skills (including giving bad news), multidisciplinary treatment planning (including effective use of tumor boards), tumor staging, clinical trials, pain management, and palliative care.

Composition of "Gold" Surgery Service

The Gold Surgery Service is comprised of a chief resident (PGY 5), junior resident (PGY 2/3), and an intern (PGY 1). The service will also have various medical assistants and physician assistants assigned to the team. Residents are supervised by the faculty members assigned to the "Gold" surgery team.

Roles and Responsibilities

RESIDENTS

Residents are responsible for the day-to-day care of all "Gold" surgery patients under supervision of the faculty. Residents communicate directly with the individual immediately senior to them on all admissions, consultations, and significant changes in the conditions of all inpatients and outpatients. Monday through Friday, residents should communicate directly with the attending responsible for each patient. On weekends, problems are addressed with the on-call faculty member.

Interns

Interns are responsible for the care of the ward patients and are the first responders to urgent patient care needs. They are to apprise the junior and chief of changes to the condition of the patients. Interns are also responsible for signing out all patients on the service for whom they have responsibility to the intern cross-covering for that evening by 6:00 pm (Monday through Friday) and before noon on Saturdays and Sundays. They must also sign out to the physician's assistant or junior before leaving for home post-call. When leaving post-call, and white on home call, interns must appropriately set their pager to and "out-of hospital" or "forwarded" status.

Junior Residents

Junior residents are responsible for supervising the intern in caring for patients on the general surgery ward. Additionally, they assume the primary responsibility for the care of ICU patients, and any requests for consultations. Junior residents are also responsible for outpatient call when on call, during the weekends, or in the absence of the mid-level provider. While on home call, they are responsible for nursing calls on ward patients.

Chief Residents

Chief residents are responsible for the overall smooth running of the service and must serve as a role model for appropriate professional behavior, leadership, surgical knowledge, and patient care. While on home call, they are responsible for nursing calls on ward patients.

Surgical Oncology Division Locations

Office Location:	Mackenzie Hall, Rm. 3173
Clinic Location:	Center for Health & Healing (CHH) 7th Floor
	Nursing Phone 4-8574
	Clinic Reception / PAS 4-6379
	Clinic Fax 4-1211
Clinic Location:	Kohler Pavilion (KPV) 7th Floor Breast Clinic
	Nursing Phone 8-8464 or 8-8465
	Clinic Reception / PAS 8-8981
	Clinic Fax 8-8980

Most service-specific conferences are held in the Cancer Center Conference Room on the 14th Floor of the Hatfield Building, Conference Room D03.

Surgical Oncology Staffing

Attendings:	***4-5501 and 4-0582 (Breast Clinic)***
Kevin Billingsley, MD, Division Chief	page 15254
Arpana Naik, MD	page 12525
Rodney Pommier, MD	page 10429
John Vetto, MD	page 11893
Research Laboratory:	
SuEllen Pommier, PhD	4-5034
Patrick Muller	4-5335
Office:	***4-5501 and 4-0582 (Breast Clinic)***
Barbara McNamee (Division Manager)	4-3881 page 15279
Debra Robbins (Academic/Administrative)	4-2277
Claire McKenzie (OR Scheduling)	4-4885
Kelly Somerville (Managed Care)	4-7868
Sierra Romesberg (New Pt Appt. Management)	4-6920
Niki Cook (Student Office Assistant)	4-1934
Clinic	***4-8579***
Molly Kollas, RN	Office Phone 4-0665
	Page 14742
Pamela Russell, RN	Phone KPV 4-8464
	Phone CHH 4-8574
	Page 14935
Martha McInnes, RN	Office Phone 8-4544
	page 12160
	Phone KPV 8-8464 or 8-8465
Stacie Mishler (PAS / Receptionist)	Phone CHH 4-6379

Policies

Gold Surgery Division Policies

1. Residents are expected to conduct themselves with the highest levels of professionalism at all times. This includes elements of behavior, relations with patients and staff, as well as grooming and attire.
2. Attending Coverage
    a. The attending staff will cover their own patients Monday 7 am through Friday 5 pm.
    b. When an attending will be unavailable he or she will indicate a covering attending to the chief resident.
    c. Weekend coverage will be handled by a single division attending who is on call for the weekend. The surgical oncology office staff will keep the weekend call schedule. In rare cases, attendings from the general surgery service will cover the surgical oncology service.
3. The service will be run under the supervision of the chief resident who will have broad authority for clinical decision-making. The attending staff must be apprised in a timely fashion of all significant decisions and changes in patient status.
4. Residents will be expected to report to clinic and OR punctually.
5. All medical records including discharge summaries will be processed in a timely manner.
6. All dictated clinical notes will include carbon copies to the patient's referring physicians.
7. The chief resident will be responsible for maintaining a list of the service mortality and morbidity cases and submitting these on a regular basis for review and presentation.

Weekly Schedule

Monday
7:15-8:15 Grand Rounds
8:30-9:30 Resident Conference
7:30 - on OR (Vetto)
9:00 - on Pommier Clinic (CHH)
9:00 - on Naik Clinic (KPV)
5:00-6:00 M&M (8B60)

Tuesday
7:30-8:30 Liver Tumor Conference (alternating Tuesdays)
7:30 - on Billingsley (OR)
7:30 - on Naik (OR)
8:00-6:00 Vetto Clinic (CHH)
4:30-5:30 Med-Surg GI Conference (8B60)

Wednesday
8:30-on Billingsley Clinic (CHH)
11:30-12:30 Melanoma Tumor Board - HRC 14D03 (1st & 3rd Weds)
12:30-1:30 Sarcoma Tumor Board - HRC 14D03 (1st & 3rd Weds)
11:30-on OR (Pommier)
7:30-on Providence Hospital (Vetto)

Thursday
7:00-8:00 GI Tumor Board (14th HB Conf Rm)
8:30-9:30 Multidisciplinary Breast Conference (14th HB Conf Rm)
7:30-on OR (Billingsley)
8:00 – 9:00 Teaching Rounds
1:00 - 4:00 Breast Clinic CBCC (Naik)
8:00 - 5:30 Breast Clinic KPV (Pommier)
8:00 - noon Breast Clinic KPV (Vetto)
1:00 - 5:00 OR (Vetto)

Friday
7:30- 5pm OR Pommier
8: am – 12 pm Clinic CHH Bilinsgley
1 pm –5pm OR Vetto
7:30-12 pm OR Naik

Gold Service Educational Goals and Objectives

INTERN

Medical Knowledge

Goals

- Understand the indications for adjuvant chemotherapy for colon cancer
- Understand the indications for adjuvant chemoradiotherapy for rectal cancer
- Understand the initial workup of patients with diagnosed colon cancer
- Understand the blood supply and lymphatic drainage of the colon and rectum
- Understand the sequence of evaluation for patients with obstructive jaundice at the level of the ampulla and at the bifurcation of the bile duct
- Understand algorithm for the evaluation of a new breast mass
- Understand the classification of benign and malignant breast lesions
- Understand the role of various biopsy techniques (open, needle localization, stereotactic, core, FNA)
- Know the major prognostic factors and staging system for malignant cutaneous melanoma.
- Know the major prognostic factors and staging system for adult soft-tissue sarcoma.
- Understand the clinical syndromes associated with excess peptide production for gastrin, VIP, somatostatin, glucagons and insulin.

Objectives

- Describe the arterial and lymphatic anatomy of the colon and rectum
- Describe the AJCC staging scheme for colon and rectal cancer
- Explain the workup sequence for patients presenting with obstructive jaundice at the level of the ampulla versus common bile duct
- Describe the vascular anatomy of the stomach and pancreas
- Explain a rational approach to colorectal cancer screening for average risk individuals
- Describe the evaluative sequence (including pertinent elements of history and physical examination) for patients with a new palpable breast mass
- Describe the evaluative sequency (including pertinent elements of history and physical examination) for patients with a new mammographically detected breast mass.

- Describe the key clinical features associated with tumors producing excessive gastrin, insulin, glucagons, somatostatin, and VIP

Patient Care

Goals

- Understand the process of preoperative preparation for patients undergoing colorectal resection
- Understand the management of malignant bowel obstruction
- Understand the metabolic perturbations following liver resection
- Understand routine drain and catheter management
- Understand late radiation toxicity and effects on wound healing
- Understand fluid and electrolyte replacement in patients undergoing complex GI cancer surgery.
- Understand appropriate drain management following axillary dissection.

Objectives

- Describe methods of bowel preparation for colon and rectal resection
- Describe the management sequence for a patient with a malignant small bowel obstruction
- Describe the biochemical and metabolic alterations that occur following major liver resection
- Explain the role of percutaneous drains in the management of postoperative abscess and fluid collection
- Describe the biology of late radiation change to small bowel and soft tissue
- Describe a fluid replacement strategy for a patient with a pancreatic fistula, small bowel fistula
- Describe the appropriate management of the axillary drain following axillary dissection.
- Present a patient in Melanoma Conference. Correctly list the patient's major prognostic factors and staging during the presentation.
- Present a patient in Sarcoma Conference. Correctly list the patient's major prognostic factors and staging during the presentation.

Professionalism

Goals

- Learn to communicate clearly, effectively and compassionately with patients, family, team members and staff
- Understand the principles of efficient and accurate medical communication for sign outs and hand offs

- Learn to place patients reactions to illness within their larger social and cultural backgrounds
- Learn the principles of informed patient decision making
- Respect patient confidentiality

Objectives
- Demonstrate consistent, clear communication with patients and families
- Demonstrate composure and equanimity under stress
- Demonstrate a spirit of helpfulness
- Demonstrate the ability to carefully and thoughtfully describe operative procedures to patients.

Interpersonal and Communication Skills

Goals
- Work as effective team members
- Cultivate a culture of mutual respect with members of nursing and support staff
- Develop patterns of frequent and accurate communication with team members and attending staff
- Gain an appreciation for both verbal and non verbal communication from patients and staff

Objectives
- Demonstrate consistent respectful interactions with members of nursing and support staff
- Demonstrate consistent, accurate and timely communication with members of the surgical team
- Demonstrate sensitivity and thoughtfulness to patients concerns, and anxieties.

Practice-Based Learning

Goals
- Accept responsibility for all dimensions of routine patient management on the wards
- Apply knowledge of scientific data and best practices to the care of the surgical patient
- Facilitate learning of medical students and physician assistant students on the team.
- Use the OHSU library, databases on on-line resources to obtain up to date information and review recent advances in the care of the surgical patient.

Objectives

- Demonstrate a consistent pattern of responsible patient care and application of new knowledge to patient management
- Demonstrate teaching efforts with medical students and physician assistant students
- Demonstrate a command and facility with on line educational tools.

Systems-Based Practice

Goals
- Understand, review, and contribute to the refinement of clinical pathways
- Understand the cost implications of medical decision making
- Partner with health care management to facilitate resource efficient utilization of hospital resources

Objectives
- Describe in general terms the benefits of clinical pathway implementation
- Demonstrate consistency in working with healthcare management personnel in discharge planning

JUNIOR RESIDENT

Junior resident is also responsible for all intern goals and objectives.

Medical Knowledge

Goals
- Understand the process of patient selection for neoadjuvant versus adjuvant therapy for rectal cancer.
- Understand the genetic defects in HNPCC
- Understand the surgical decision making for patients with distal rectal cancer: APR versus sphincter preservation
- Understand the mechanisms of 5-FU, Irinotecan, and Oxalaplatin
- Understand the role of endoscopic ultrasound in staging pancreatic cancer
- Appreciate the differences between a D1 and a D2 lymphadenectomy for gastric carcinoma
- Understand patient selection for breast conservation versus mastectomy for invasive breast cancer and DCIS.
- Understand patient selection for adjuvant chemotherapy.
- Understand patient selection for adjuvant hormonal therapy.

Objectives

- Describe the clinical criteria for which neoadjuvant chemoradiation would be the optimal treatment for rectal cancer
- Describe the genetic defects involved in the pathogenesis of HNPCC
- Explain the mechanisms of action of 5-FU, Irinotecan, and Oxalaplatin.
- Describe the different lymph nodes that are resected for D1 and D2 lymphadenectomy for gastric cancer
- Describe Endoscopic ultrasound findings that indicate that a patient with pancreatic cancer is unresectable.
- Describe stage specific guidelines for adjuvant chemotherapy.
- Describe specific contraindications to breast conserving therapy.
- Describe clinical guidelines and pathologic criteria for adjuvant hormonal therapy.

Patient Care

Goals

- Understand the appropriate staging and initial management of patients with rectal cancer
- Understand the appropriate staging and initial management of patients with a pancreatic tumor.
- Understand the aims of adjuvant therapy for rectal cancer and colon cancer
- Understand the diagnosis and evaluation of patients with cystic pancreatic tumors
- Understand the principles of oncologically sound colon resection
- Understand the anatomic principles (including orientation of incision) for lumpectomy and breast biopsy.
- Understand the anatomy of the axilla.
- Understand the work-up and management of primary melanoma.
- Understand the work-up and management options for extremity, truncal, and retroperitoneal adult soft tissue sarcomas.
- Understand the general strategy for localization of neuroendocrine tumors of the pancreas.

Objectives

- Describe the appropriate staging and evaluation of patients with known rectal cancer
- Describe the role of endoscopic ultrasound in determing surgical therapy for rectal cancer
- Describe the sequence of evaluation for a patient with a periampullary neoplasm

- Indicate when direct cholangiography (ERCP, PTC) is appropriate for patients with suspected pancreatic or bile duct malignancy
- Describe the sequence of technical maneuvers for right and left hemicolectomy for carcinoma
- Describe the management of postoperative pancreatic fistula
- Describe the operative approach to breast biopsy (including open and needle localization).
- Describe the anatomic landmarks and general approach to axillary lymph node dissection.
- Present a patient in melanoma conference. During the presentation correctly outline the rationale for the work-up and treatment.
- List the pros and cons of PET scan, CTs scans, Brain MR and CT, and LDH levels in the work-up of melanoma.
- Present a patient in Sarcoma Conference. During the presentation correctly outline the rationale for the work-up and treatment.
- Describe the correct options and techniques for biopsying extremity, truncal, and retroperitoneal sarcomas.
- Describe an appropriate localization strategy for a patient with a suspected pancreatic neuroendocrine tumor.

Professionalism

Goals

- Learn to assume an increased role in team leadership
- Gain increasing comfort with managing the complex emotional and psychosocial needs of cancer patients

Objectives

- Demonstrate increasing leadership by assuming increased supervision of intern and medical students, while attending to their needs for education and guidance
- Demonstrate sensitivity and composure while discussing complex medical issues with anxious patients

Interpersonal and Communication Skills

Goals

- Understand appropriate indications for referral to other oncologic specialists
- Effectively communicate with nursing and support staff to facilitate patient care
- Gain familiarity with telephone based patient assessment

- Understand the importance of the goals of cancer therapy and the distinction between curative and palliative therapy

Objectives

- Demonstrate appropriate transfer of information to other oncologic specialists
- Demonstrate effective communication with nursing and support staff to facilitate patient care
- Demonstrate thoughtful and timely telephone based patient assessment
- Articulate the difference between curative and palliative therapy and be able to provide examples

Practice-Based Learning

Goals

- Practice regular reviews of outcomes
- Gain increasing understanding of the literature regarding the management of clinical problems in surgical oncology
- Practice regular review of technical issues surrounding breast procedures, biopsies, soft tissue excisions and lymph node dissections

Objectives

- Demonstrate a pattern of regular review of outcomes for all cases
- Demonstrate a familiarity with relevant literature regarding the management of clinical problems in surgical oncology
- Demonstrate a pattern of consistent evaluation and ongoing improvement of technical approach to surgical oncology procedures

Systems-Based Practice

Goals

- Learn to assist in the coordination of multidisciplinary cancer care
- Gain an understanding of the function of a multidisciplinary cancer clinic
- Gain an understanding of expense of cancer care at the population level
- Understand the role of nursing, social work and support groups in the care of the cancer patient

Objectives

- Describe the importance of coordination of care in multidisciplinary cancer treatment
- Describe the cost of treatment with targeted therapy for one month for a patient with metastatic colorectal cancer
- Describe appropriate indications for referral of a cancer patient to social work, or to a counselor or psychologist

CHIEF RESIDENT

Responsible for all Intern and Junior goals and objectives as well as the Chief specific goals.

Medical Knowledge

Goals

- Understand the advantages and disadvantages of preoperative versus postoperative chemoradiotherapy for rectal cancer
- Understand the indications and contraindications for a transanal resection for rectal cancer
- Understand the biology of KIT protooncogene and imatinib therapy for GIST
- Understand the anatomy of a D1 and D2 lymphadenectomy for gastric cancer
- Understand the importance of data from the GI Tumor Study Group in the decision-making regarding adjuvant therapy for resected pancreatic cancer.
- Understand segmental hepatic anatomy
- Understand the principles of inflow and outflow control in liver resection
- Understand the indications and contraindications to liver resection for colorectal liver metastases.
- Understand the indications for postmastectomy radiation.
- Understand the principles of sentinel node mapping, including definition of sentinel nodes and patient selection.
- Understand patient selection for neoadjuvant chemotherapy.
- Understand the difference between tamoxifen and aromatase inhibitors.
- Understand options for adjuvant/neo-adjuvant and palliative therapy of adult soft-tissue sarcomas.

Objectives

- Explain the advantages, disadvantages and principles of patient selection for neoadjuvant versus adjuvant therapy for rectal cancer
- List the indications and patient selection criteria for transanal excision for rectal cancer.
- Explain C-KIT biology
- Describe D1 and D2 lymph node stations
- Describe the results of the pivotal GI Tumor Study Group randomized trial of adjuvant therapy in resected pancreatic cancer.
- Describe the numbers and locations of the 8 hepatic segments.
- Describe several methods of inflow and outflow control for hepatectomy.
- Describe indications and contraindications for liver resection for hepatic colorectal metastases.
- Describe the steps of sentinel lymph node mapping and biopsy and describe risks of procedure.
- Describe appropriate stages and diagnoses that would be appropriate for referral for neoadjuvant chemotherapy for breast cancer.
- Describe the major types of postmastectomy breast reconstruction including advantages and limitations of each method.
- Describe the hormonal mechanism of tamoxifen versus aromatase inhibitors.
- Name the most active systemic agents used for sarcoma and state at least 1 side effect for each drug.

<u>Patient Care</u>

Goals

- Understand the operative sequence for standard and pylorus preserving pancreaticoduodenectomy.
- Understand the approach and anatomic specifics of autonomic nerve preserving mesorectal excision for rectal cancer
- Understand the operative approach to liver resection, including the importance of central venous pressure management
- Understand the principles of gastric resection for carcinoma
- Understand the principles of GIST surgery for primary and metastatic disease.
- Understand the principles of patient selection and operative approach for laparoscopic colectomy.
- Understand criteria for the identification of patients at high risk for breast cancer (ADH, LCIS, BRCA).
- Understand the operative approach, including contraindications for skin sparing mastectomy.
- Understand options for adjuvant and palliative therapy of melanoma
- Know the conduct of basic operations for node positive melanoma, including groin and axillary dissections.

- Know the conduct of basic operations for extremity, truncal, and retroperitoneal sarcomas.
- Understand the operative approach for a patient with a suspected gastrinoma.

Objectives

- Describe the operative sequence for standard and pylorus preserving pancreaticoduodenectomy.
- Demonstrate the hypogastric pelvic plexus and the plane of mesorectal dissection.
- Describe the operative approach to liver resection including right side versus left side resections.
- Describe the appropriate operative approach including lymph node dissection for tumors of the distal stomach, body, cardia, and GE junction.
- Describe the operative approach for GIST of the stomach, or small bowel.
- Describe the criteria for identification of patients at high risk for breast cancer.
- Describe the operative approach for skin sparing mastectomy.
- Describe the management of a patient with ADH, LCIS, or BRCA positive.
- Describe the indications for breast MRI.
- Tell the indications and side effects of adjuvant interferon. Briefly describe the dose-schedule.
- Describe at least 3 options for the treatment of metastatic melanoma.
- List or demonstrate the proper steps in a standard axillary dissection and inguinal/femoral lymph node dissection. Tell the indications and side effects for each operation.
- Tell the indications and side effects of adjuvant/neo-adjuvant treatment of extremity, truncal, and retroperitoneal adult soft tissue sarcomas.
- Describe the indications/contraindications for chemotherapy and surgery for the treatment of metastatic sarcoma.
- List or demonstrate the proper steps in a standard resection for extremity sarcoma.
- Describe the appropriate operative approach for a patient with a suspected, but non localized gastrinoma.

Professionalism

Goals

- Understand the role of the chief resident as team leader.

- Develop professional commitment to care for cancer patients on the Gold service.
- Foster respectful communication between patients, team members, students and staff

Objectives

- Demonstrate the leadership by example and by providing for the needs of other members of the surgical team.
- Demonstrate consistent and compassionate care for cancer patients on the Gold service.

Interpersonal and Communication Skills

Goals

- Develop an ability to communicate complex medical information to anxious patients.
- Develop effective team-building skills.
- Learn how to honestly and thoughtfully relay bad news to patients and families.
- Learn how to assess patients' knowledge of their disease process.

Objectives

- Demonstrate an ability to communicate complex medical information to anxious patients.
- Demonstrate effective team-building skills as evidenced by satisfaction of junior level residents and medical students.
- Be able to describe a general approach to delivery of bad news.
- Describe an interview technique which allows the examiner to gauge the patients' understanding of their disease.

Practice-Based Learning

Goals

- Gain experience with using a case based conference (Gold Teaching Conference) as an educational tool.
- Evaluate the literature to support or question surgical oncology practices.
- Review outcomes with the team to improve and enhance learning.

Objectives

- Demonstrate the ability to select cases and guide preparation to optimize the benefits from a case based conference.
- Demonstrate that relevant literature is used in making clinical decisions
- Demonstrate that outcomes are discussed and reviewed as a team.

Systems-Based Practice

Goals

- Understand the surgical oncologists role in coordinating multidisciplinary cancer care.
- Understand the importance of multidisciplinary decision making at the early stage of treatment.
- Understand the organization of a multidisciplinary clinic

Objectives

- Describe the surgical oncologist's role in coordinating multidisciplinary cancer care for patient a variety of complex malignancies.
- Describe the potential pitfalls that arise if appropriate multidisciplinary input is not obtained prior to treatment initiation.
- Describe the organization of a multidisciplinary clinic: for example, for breast cancer.

Evaluation Methods

1. **Oral Exams**

   Oral exams will be in the form of case presentations of patients with pertinent malignancies of the GI system, breast, sarcoma, melanoma and endocrine systems.

2. **Performance Ratings**

   Postoperative skills checklist for surgeries listed in "Objectives" section of this syllabus.

Reading List

All Reading Selections are from: Schwartz's Principles of Surgery, 8th edition

Required Reading for ALL Levels

a. Oncology Ch. 9: Pages 249-289
b. Colorectal Cancer Pages 1084-1097
c. Hepatic Neoplasms Pages 1165-1182
d. Gallbladder Cancer Pages 1213-1215
e. Bile Duct Cancer Pages 1215-1218
f. Pancreatic Neoplasms Pages 1274-1290
g. Soft Tissue Sarcoma (including GI Stromal Tumor) Pages 1329-1347
h. Gastric Carcinoma Pages 971-983
i. Melanoma Pages 440-445
j. Breast Cancer Pages 466- 496

Level Specific Reading from Schwartz

Intern

All above material, plus:

i. Oncology Chapter
ii. Colorectal Cancer
iii. Sarcoma
iv. Melanoma

Junior Resident

All Intern level material, plus:

v. Breast Cancer
vi. Gastric Carcinoma
vii. Pancreatic Carcinoma

Chief

All intern and junior material, plus:

viii. Hepatic neoplasms
ix. Gallbladder Cancer
x. Bile Duct Carcinoma

Appendices

A. Perioperative Care of the Liver Resection Patient
B. Standard Order
C. Practice Guidelines

Perioperative Care of the Liver Resection Patient (Kevin G. Billingsley, MD)

1. In the OR
   - Prep nipples to groin
   - Both arms out
   - Omni Retractor table mounts on rails up to the level of the arms
   - Don't let anesthesia give a lot of fluid (any) during induction
2. POD 0
   - Check CBC and INR q 6 hours, or as clinically indicated
   - Keep INR $\leq$ 1.8 for first 24 hours
   - Run LR or D5 LR for first 24 hours
   - Watch use of narcotics and benzodiazipines very closely – metabolism of these drugs will be markedly impaired if patient has had hemihepatectomy or greater
3. POD 1
   - Change Swan Ganz introducer to triple lumen CVP
   - Patient may transfer to ward if clinically stable
   - Follow CMP daily, phos daily
   - Check CBC, INR q 12 hours
   - D/C NGT if output < 100 cc/ 12 hours
   - If patient has JP drain, check drainage for bile, send drainage to check bile if it appears bilious
   - Change maintenance IVF to D5 $1/2^{ND}$ + 15 mM K phos/L
   - Sips of clears
4. POD 2
   - D/C Drain if non bilious, suture drain site if large volumes of ascitic fluid are draining through the site
   - Clear liquid diet as tolerated
   - Begin watching phos. Closely, may need to be checked q 12hours
   - Supplement with IV Na Phos or K phos as necessary
5. POD 3
   - Advance diet as tolerated
   - Phos. Supplement as necessary
   - Ambulate
   - Labs only q day
6. POD 4
   - Oral pain meds as tolerated
   - D/C epidural if tolerating oral pain meds
7. POD 5 – Discharge
   - Look for ongoing fluid retention, Begin diuretic as necessary (Lasix/Aldactone) Discharge planning

B Standard Order

C. Practice Guidelines

Other Recommended Resources