

Surgical Oncology Fellowship Curriculum

(In Accordance with the Policies of the Iranian Ministry of Health & Medical Education's Advisory Board)

Course Definition

Surgical oncology fellowship is a subdivision of the field of General Surgery. Therefore, some prerequisite courses should be passed by all of the participants to be qualified as board certified general surgeons.

Mission:

Upon completion of the course, all fellows are required to show competency in all surgical oncology procedures, as well as clinical and research activities.

Clinical Activities:

All fellows will participate in all relevant activities related to diagnosis and management of patients. Some are as follows:

- Collecting patients' full clinical history;
- Interpreting patients' clinical, para-clinical and imaging data (e.g. CT, MRI);
- Performing relevant diagnostic procedures (e.g. core biopsy, ultra-sonography, Doppler ultrasonography);
- Performing surgical oncology procedures (e.g. open, laparoscopic);

Research Activities:

All fellows are required to participate in all research programs and need to have at least one qualified paper published by the end of course.

Curriculum Structure

Section	Activities	Duration
Clinical Section	Attending to patient needs (admission and follow-up)	18 months (one day per week)
Surgical Ward	Visiting admitted patients before and after surgery, participating in daily rounds	18 months (every day)
Surgery Room	Participating in all open and laparoscope surgeries	24 months (3 days per week)
Research	Participating in scientific research programs and preparing at least one manuscript	3 months – (2 session during the whole course)

Surgical procedures (Open/Laparoscope)

All fellows are required to participate in at least 600 procedures, which should be a combination of the below list:

1. Head and Neck Surgery:

- Wide local excision and flap repair including local flap, pediculated and free flap reconstruction for malign tumor of head and neck;
- Resection of lip, tongue, gingival, floor of mouth, oral cavity tumor;
- Salivary gland tumor surgery including fascial nerve exploration and preservation;
- Resection of pharynx, hypopharynx, laryngeal tumor;
- Lymph node dissection (selective neck dissection, supraomohyoid, modified radical, radical neck dissection);
- Surgery of thyroid, parathyroid;
- Mediastinal tumor including thymic surgery, thoracic wall tumors;
- Thoracic surgery metastasectomy including wedge resection, lobectomy, chest wall resection and reconstruction.

2. Breast Surgery

- Radical mastectomy, modified radical mastectomy & breast conserving surgery;
- Oncoplastic surgery;
- Breast reconstruction (implant, fat injection, TRAM flap, Latissimus Dorsi flap);
- Axillary surgery (Sentinel node biopsy, Reverse arm mapping, selective node dissection, level one and two node dissection).

3. Gastrointestinal surgery

- Esophageal surgery (esophagectomy, enucleation of cyst or benign tumor, myotomy, fundoplication);
- Gastric surgery (partial and total gastrectomy including D2 lymphadenectomy);
- Small intestine (resection and anastomosis, bypass, variant type ileostomy);

- Colorectal surgery (partial and total colectomy, anterior resection, low and very low anterior resection, abdominoperineal surgery, coloanal surgery, pouch operation);
- Hepatobiliary surgery;
- Liver surgery (wedge resection, lobe resection, two-stage hepatectomy);
- Biliary tract surgery (resection and repair);
- Pancreatic surgery (benign and malign tumor: enucleation, distal pancreatectomy, whipple);
- Gynecologic oncology (radical cytoreduction, radical hysterectomy and lymph node dissection, pelvic exenteration);
- Urologic oncology (Radical nephrectomy, cystectomy, ureteral reimplantation);
- Retroperitoneal tumor surgery;
- Sarcoma operation (wide local resection and flap reconstruction);
- Skin tumors operation;
- Palliative surgery for pain control.