INFORMATION FOR STUDENTS

Guidelines to Success on the Surgical Oncology Rotation

Welcome to the Surgical Oncology service of the Department of Surgery here at Kansas University. Over the following weeks, you will find a rewarding experience filled with varied and interesting experiences focused upon the challenging care of Cancer patients.

In contrast to some other branches of surgical services, Surgical Oncology provides an opportunity to form longitudinal relationships with patients that you will observe during your time with our section. To place this concept into perspective, take the example of acute appendicitis. While this is most certainly a significant health event in the life of a patient, the condition arrives fairly quickly and is surgically treated with similar rapidity. In the realm of Surgical Oncology, take the example of a patient with esophageal cancer. Often the patient is mildly symptomatic for weeks to months prior to seeking medical attention. Once that point of contact is made, the surgeon is involved in that patient’s care for six to eight weeks of chemoradiation, a subsequent four to six weeks during which the patient undergoes a major operation and then recovers, and then many months to years of routine visits. In a sense, this approach to surgical care is more akin to experiences you may have had in your primary care rotations, albeit with one undisputable difference: the inerasable event of a surgical operation.

It is in this last concept that we as the faculty members take as our greatest moment in this lengthy process for our patients, but I assure you the relationships afforded by the scenario gives us equal gratification. Our hope is that you too may share in this unique and valuable opportunity.

To achieve this goal, there are several basic functions that will provide the framework for success on the rotation and expose you to many of the situations that can yield the reward mentioned in the previous paragraphs. In specific:

- Perform a History and Physical on all Admissions
- Scrub on assigned cases designated by your Chief Resident or Subordinate
  - Make sure you have prepared for the anatomy you will encounter – this is an absolute minimum
- Write daily progress notes
  - Ask for feedback on these notes from your residents
- Spend a minimum of one full day in clinic per week
  - Make sure to go to a different clinic as often as possible – each faculty member has a different area of specialty within Surgical Oncology
- Attend at least one Multidisciplinary Tumor Conference weekly
  - GI Tumor Conference – 4pm every other Tuesday in the Radiation Oncology department main conference room
  - General Multidisciplinary Tumor Conference – Every Friday at 730am in the 3rd Floor Sudler Conference Room

Finally, there are several resources available to you to help you gather learning material specific to Surgical Oncology. At the top of this list is always the Surgical Oncology faculty that you are working with on any given day – they have spent years of dedicated study in this field and are eager to share their knowledge with you. As for more sources, a short list follows:

- [www.cancer.gov](http://www.cancer.gov)
  - The website of the National Cancer Institute, of which your hospital is a specially designated center. It has a wealth of information on nearly all human malignancies and provides portals for health professionals. Though not to supplant your core reading provided by the Surgery Rotation syllabus, it can augment your learning on any given cancer subject with undisputable and concise evidence validated by the NCI.
- **www.surgonc-articles.com**
  - a website with free membership that provides a collection of the landmark articles on many common malignancies you will see on the rotation. Generally, only major, practice changing trials and other published works are provided here to serve as a “must know” list of Surgical Oncology related research.

- **The M.D. Anderson Manual of Surgical Oncology**
  - Though not a free resource, this is the ultimate adjunct to the student that wishes to gain a more comprehensive view of Surgical Oncology than other texts can provide. It is a conveniently sized pocket book that contains a wealth of information on all commonly encountered cancers as well as benign conditions that a Surgical Oncologist would typically encounter. Can also be purchased in Amazon.com Cloud Reader format for Smart Phones of all platforms. Chapters are well organized and cite the most recent supporting evidence to justify surgical interventions, and common operations are described as well.

### Common terms in Surgical Oncology

The following terms are very common on the Surgical Oncology service but may be unfamiliar to those of you not exposed to Cancer care before. Though by no means an exhaustive list of helpful terms, this should serve as a starting point to assist in the expansion of your knowledge base in the broad world of Oncology.

- **Staging**
  - An absolute necessity for all cancer patients. Allows appropriate treatments to be given and provides critical information on prognosis to the patient. It is based, with some variations, on the TNM system. Though you need not memorize all TNM strata for all cancers you encounter, you should have a general idea on what it is, how it applies to your patient’s diagnosis, and how it influences treatment approach.

- **Neoadjuvant Treatment**
  - The administration of chemotherapy and or radiation treatment upon the diagnosis of malignancy but before surgical management

- **Adjuvant Treatment**
  - The administration of chemotherapy and or radiation after surgical management of malignancy

- **“Multidisciplinary”**
  - Paramount to the current practice of Surgical Oncology. This term implies that the patient is not cared for by a single physician, but multiple individuals drawn from several backgrounds, each using their specific expertise to diagnose and treat the given cancer. This can range from a Medical Oncologist providing chemotherapy, a Radiation Oncologist providing radiation treatment, a Radiologist making a diagnosis from a study, a Surgeon providing the surgical resection of a tumor, or a Pathologist making a diagnosis from a provided biopsy or confirming pathologic stage from a resected specimen. In tumor conferences of the same name, all of these individuals gather and discuss a patient in extreme detail. All individuals present from the different services offer their opinions on the provided scenario, regardless if they are personally involved in the patient’s care or not. In this way, a broader range of experience and treatment approaches can be reached in a shorter time frame than if the patient had visited each individual physician in his or her office.

- **PET Scan**
  - A nuclear medicine scan that discloses the amount of metabolic activity in any given tissue. In general, neoplasms are hypermetabolic, therefore will stand out among all other tissues on these scans—allowing us to identify the primary tumor (site of origin of the cancer) as well as any possible metastatic site(s)
• R-0/1/2 Resection
  ▪ Signifies the completeness of removal of malignant cells in any given operation
  ▪ R0
    - All Macroscopic and Microscopic disease removed. The "gold-standard" desired goal of any cancer operation.
  ▪ R1
    - All Macroscopic disease removed, but Microscopic disease present on pathologic margins
  ▪ R2
    - Macroscopic disease knowingly left behind (therefore unquestionably Microscopically positive margins as well)

Final Comments – A word from the Surgical Oncology Section Student Liaison

As previously mentioned, your faculty members are unquestionably your most valuable resources for not only clinically oriented queries but also in advice and suggestions to ensure success on the rotation. In addition to these remarkable individuals I call colleagues, I have been identified as the faculty member that will serve as an organizational aide for our section. As such, I report directly to Dr. Chris Haller and can bring both comments of concern as well as praise to his awareness, thereby allowing us to continually improve and validate the student experience in Surgical Oncology. Should anything arise that you feel should be brought to our attention, please feel free to contact me at any time. Additionally, I will mention that I am always eager to talk to students potentially interested in a career in Surgical Oncology, as there are some helpful tips and recommendations I can provide to achieve that goal. I am looking forward to working with all of you and good luck!

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