Division of Gynecologic Oncology

Education Program for Fellows in Gynecologic Oncology

Faculty:

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Kelley Carrick, M.D., Associate Professor, Pathology
Adi Gazdar, M.D., Professor, Hamon Center For Therapeutic Oncology
Siobhan Kehoe, M.D., Assistant Professor, Gynecologic Oncology
W. Lee Kraus, PhD., Professor, Obstetrics & Gynecology
Jayanthi S. Lea, M.D., Assistant Professor, Gynecologic Oncology
David Scott Miller, M.D., Professor, Dallas Foundation Chair in Gynecologic Oncology
Debra Richardson, M.D., Assistant Professor, Gynecologic Oncology
Michael White, Ph.D., Professor, Cell Biology

A. Summary Description of Fellowship Program

This fellowship in gynecologic oncology is a four-year program designed to train obstetrician-gynecologists for productive careers in academic gynecologic oncology. It is sponsored by the Division of Gynecologic Oncology, Department of Obstetrics & Gynecology, University of Texas Southwestern Medical School, and is carried out at its main teaching facility, UT Southwestern Medical Center, and its affiliate institutions.

Two years and three months of the fellowship involve clinical training at UT Southwestern Medical Center (Parkland Memorial Hospital and University Hospitals–St. Paul/Zale Lipshy). The other 21 months are devoted to acquiring research skills in the Nancy B. and Jake L. Hamon Center for Therapeutic Oncology Research, including one month of Pathology and Radiation Therapy and two months of Surgical Critical Care.

Eligibility for this fellowship requires satisfactory completion of an A.C.G.M.E. or R.C.P.S.C. approved residency in Obstetrics & Gynecology, successful completion of the written examination of The American Board of Obstetrics and Gynecology, and eligibility for a license to practice medicine from the Texas State Board of Medical Examiners. Fellows accepted to the program must be licensed to practice medicine in the state of Texas prior to initiation of the fellowship.
1. Goals

The goal of this fellowship is the preparation of outstanding obstetrician-gynecologists for productive careers in academic gynecologic oncology. This goal requires that the fellows be provided with the clinical, instructional, and investigational foundation for such a pursuit. As is set forth in the "Guide to Learning in Gynecologic Oncology", training will be provided in the comprehensive screening, diagnosis, and treatment of cancers of the female genital tract and their complications. This includes radical pelvic and reconstructive surgery, chemotherapy, and radiation therapy. Particular emphasis is placed on surgical techniques, critical care, clinical trials, and investigational agents. This training is necessary for certifying the fellow as a sub-specialist in gynecologic oncology by the American Board of Obstetrics and Gynecology and the recognition of the fellow by patients and colleagues as a consultant in gynecologic oncology. The fellow will be actively involved in the didactic and clinical education of medical students and residents. Basic and clinical research experience will be provided to allow the fellow to design, develop, and obtain support for their own studies as well as direct the efforts of others. It is expected that gynecologic oncologists completing this fellowship would be excellent candidates for NIH or other society-supported career development awards.

The strengths of this fellowship program are both its research and clinical components. The research years provide dedicated time to acquiring investigational skills in a basic science laboratory. The fellow will learn the basics of hypothesis-driven research, grant preparation, peer review presentations, and publication skills. The fellow has limited clinical assignments and has protected time to devote to this research effort and the graduate course work required by the Board. The clinical aspect of the program provides the fellow with broad and thorough exposure to women with gynecologic malignancies and with the appropriate experience in the use of modern diagnostic and therapeutic methods. The strengths of the fellowship and its intent of academic preparation have been recognized by the NCI, the American Cancer Society and its Texas Division in the form of awarded Clinical Oncology Fellowships.

2. Education Program

Fellows in this program acquire experience in the comprehensive management of gynecologic cancer and its complications: radical operations performed on the reproductive organs, resection/anastomosis/bypass of the gastrointestinal and urinary tracts and other pelvic surgery techniques. Fellows also develop skills in dissection of inguinal, pelvic, periaortic lymph nodes, and gain experience with plastic reconstructive operations required for restoration of function in women treated for gynecologic malignancy. Fellows acquire experience with open laparotomy and minimally invasive surgical approaches, including robotic surgery, in the management of gynecologic malignancies. Fellows perform adjunctive procedures required in these patients such as cystoscopy, sigmoidoscopy, paracentesis, thoracentesis, and placement of central venous catheters. Experience in the placement and management of thoracic cavity drainage tubes is gained. The program faculty is privileged to perform these procedures and others described in the "Guide to Learning in Gynecologic Oncology". Fellows receive ongoing experience in
total parenteral nutrition and in the critical care of the gynecologic oncology patient with further concentrated exposure during a rotation in surgical critical care. Instruction in the diagnosis and management of disorders of the breast is included.

Fellows are instructed in the methods and techniques of radiation therapy and participate in the management of patients receiving all forms of these treatments. Fellows acquire an understanding of the principles of radiobiology and radiation physics during a rotation in radiation oncology. They participate as a member of the team that decides the course of treatment, plans radiotherapy, applies radioactive materials, and is responsible for the care of radiation therapy inpatients.

The program faculty is privileged to administer chemotherapy. Fellows acquire basic and clinical knowledge about the mechanism(s) of action, side effects, advantages, and disadvantages of agents used in cancer chemotherapy. They gain practical experience in the administration of such drugs and in the recognition and management of complications that may result from the use of such agents.

a. Organization of Inpatient and Outpatient Teaching

The facilities of UT Southwestern Medical Center include Parkland Memorial Hospital and University Hospitals–St. Paul/Zale Lipshy, and the Harold C. Simmons Comprehensive Cancer Center, which are all contiguous or adjacent to UT Southwestern Medical School. UT Southwestern Medical Center at Dallas is a multifaceted academic medical institution that is nationally recognized for excellence in educating physicians, biomedical scientists, and other health care professionals. It was founded in 1943 as the Southwestern Medical College. The medical center includes three degree-granting institutions: Southwestern Medical School, Southwestern Graduate School of Biomedical Sciences and Southwestern School of Health Professions. These three schools train approximately 3,250 medical, graduate and allied health students, residents, and postdoctoral fellows each year. In its efforts to bring the latest laboratory findings to the patient's bedside, UT Southwestern supports more than 2,000 research projects annually totaling more than $298 million.

The facilities encompass 5.5 million square feet in 20 buildings on 150 acres. UT Southwestern’s 2011 operating budget was nearly $1.79 billion, with 11,400 faculty and staff employed. UT Southwestern is under the leadership of President Daniel K. Podolsky, M.D., and governed by the nine-member Board of Regents of the UT System, appointed by the governor of Texas. UT Southwestern was ranked among the top five Medical Research Universities in America in a study ranking the research impact of federally funded universities in the United States. Its faculty includes four Nobel Laureates, 19 members of the National Academy of Sciences and 35 members of the Institute of Medicine.

The gynecologic oncology patient care aspects of the fellowship occur at Southwestern Medical Center (Parkland Memorial and University Hospitals–St.
The fellow participates in all inpatient and outpatient care of gynecologic oncology patients with faculty supervision.

b. Supervision in Ambulatory Unit and Operating Room

All new gynecologic cancer patients presenting to the Parkland Memorial Hospital Gynecologic Oncology Clinic will be seen by the fellow under supervision by the faculty for evaluation, staging, treatment as well as management of complications thereof. The fellow will be involved in the ambulatory evaluation of private patients seen by the UT Southwestern faculty at Simmons Cancer Center.

Every major case in the operating room which relates to gynecologic oncology requires faculty involvement for the purposes of supervision of patient management and teaching opportunity. Attending faculty are present for all cases in the operating rooms at all the hospitals and are almost always scrubbed for the purposes of supervision of patient management and teaching opportunity.

c. Conferences

Gynecologic Oncology fellows are encouraged to attend and actively participate in these relevant conferences:

i. Multi-Disciplinary Breast Conference (Tuesday 0715, NC3.222)

ii. Parkland Patient Care Conference: (Tuesday 0800, 4West) Multidisciplinary conference directed by the Fellow on service; attended by Nursing, Pharmacy, Social Work, Nutrition, Discharge Planning, Home Care, and Pastoral Care professionals, as well as the Gynecologic Oncology Faculty. Its purpose is to assess total care and meet the needs of patients.

iii. Reproductive Biology Fellows Conference (Tuesday 1200, J6.102)

iv. Introductory Oncology Fellows lectures (Tuesday 1600, Thursday 0730, July-September, NC8.212) Core lectures in chemotherapy and oncology emergencies.

v. Protocol and Chemotherapy Monitoring Conference: (Wednesday 0730, G6.200) All patients under active chemotherapy and/or chemo-radiation treatment are presented by the fellow for review and discussion by faculty. Monitoring of cooperative group, NCI, and industry protocol accrual, compliance, toxicity, and reporting are addressed.

vi. Gynecology Tumor Board: (Wednesday 0800 G6.200) New and recurrent gynecologic cancer cases are presented in a didactic fashion, led by the fellow
with participation of faculty and staff from gynecologic oncology, radiology, surgical pathology, radiation therapy, and related specialties as required. Cases are presented and staged by the resident. The fellow then discusses the critical issues of the case and proposes an evidence based treatment plan that is further discussed by the faculty.

vii. Gynecologic Oncology Grand Rounds: (Eight Wednesdays per year 1100, G6.200) presented to the Department of Obstetrics & Gynecology by gynecologic oncology fellows, faculty and visiting professors.

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<th>Topics 2012-13</th>
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<td>Endometrial hyperplasia</td>
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<td>Cervical Cancer</td>
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<td>Germ Cell Tumors</td>
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<td>Principles of Chemotherapy</td>
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viii. University lecture series (Wednesday 1600, NB2.102) Weekly lectures given by national or international visiting professors. Topics related to clinical and basic sciences, many of them relevant to the oncologist.

ix. Gynecologic Oncology Fellow lectures: (First Wednesday 1600, E6.102S). Core didactic lectures chiefly presented by the faculty to prepare fellows for their written and oral board examinations in gynecologic oncology.

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<tr>
<td>Ovarian Cancer Screening</td>
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<td>Chemotherapeutic Agents</td>
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<td>Surgical Anatomy</td>
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<td>Genetic Testing for Gynecologic Oncologists</td>
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<td>Endometrial Cancer Chemotherapy</td>
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<td>Ovarian Tumor Pathology</td>
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<td>Transfusions</td>
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<td>Ovarian Cancer Chemotherapy</td>
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x. Divisional Research Meeting. (Second Wednesday 1600, E6.102S) Reviews all basic and clinical research within the Division.
xi. Gynecologic Oncology Journal Club (Third Wednesday 1600, E6.102S) 
Current literature on topics in gynecologic oncology are presented and 
critically reviewed by the fellows and residents.

xii. Morbidity and Mortality Conference (last Wednesday 1600, E6.102S) Critical 
review by faculty, fellows and residents of complications (i.e. unplanned 
returns to surgery, ICU admissions, or patient deaths) for the preceding 
resident rotation.

xiii. Hamon Center for Therapeutic Oncology Research Weekly Seminar 
(Thursday 0900, NB8.118). Investigators working within the Hamon Center 
present data on their topic of basic research. Intermittent guest lecturers are 
also invited.

xiv. Hamon Center for Therapeutic Oncology Research Meeting (Thursday 1000, 
NB8.204). Investigators present their current research and recent data on a 
rotational basis.

xv. Simmons Cancer Center Combined Modality Treatment Conference (Friday 
0730, NC8.212) Cancer Center wide multidisciplinary treatment planning 
conference.

xvi. Daily lectures and Grand Rounds given by different departments of the 
Medical School; published in a monthly calendar of events.

xvii. Participation in Post Graduate Course in Obstetrics & Gynecology sponsored 
by Southwestern Medical School.

d. Seminars and Lectures

The program includes two University graduate-level courses:

i. Choose one from the following courses:

**Conceptual Biostatistics for the Clinical Investigator – DCS 5309**

This course explains fundamental statistical principles and focuses on 
explaining the appropriate scientific interpretation of statistical tests, rather 
than the mathematical calculation of the tests themselves. The course covers 
topics typically used in biomedical publications, including data description, 
summary statistics, p values and confidence intervals, contingency tables, 
sensitivity and specificity of laboratory tests, parametric and non-parametric 
tests, analysis of variance, correlation, regression, and statistical power, and 
sample size estimation. (3 credit hours)
Mathematical Biostatistics for the Clinical Investigator – DCS 5391
This course provides an overview of basic statistical methods applied to the medical and health sciences. Topics include: descriptive measures; one and two sample (independent and paired) confidence intervals and tests of hypothesis; one way analysis of variance followed by pairwise multiple comparison tests; regression and correlation, Chi-square methods; and relative risk and odds ratios. (3 credit hours)

Biostatistics for Clinical Sciences II – DCS 5302
This is a basic statistical methods course applied to the medical and health sciences. Topics include measurement issues, regression models, analysis of variance models (ANOVA), measures of association, categorical data analysis, survival analysis, and advanced topics (Meta Analysis and Bayesian approaches to design and analysis). (3 credit hours)

Epidemiology for the Clinical Investigator – DCS 5307
The course covers these topics: concepts of multivariate causality; criteria for establishing causality; risk; rates; incidence, prevalence and attack rates; incidence density; crude, specific, and adjusted rates; relative risk, odds ratio, case-fatality rate and attributable risk; sampling error, selection bias, information bias, definition bias, and confounding; statistical techniques to control for bias; variables; overview of statistical analysis; multiple comparisons correction; study designs to avoid bias: survey and sample selection, cross-sectional, cohort, and case-control; prospective vs. retrospective; attributes of cohort studies; design principles of case-control studies; types of control groups; strategies of matching in case-control studies; experiential introduction to statistical computing for different types of clinical epidemiology studies. (3 credit hours)

Clinical Research Design and Analysis – DCS 5301
Clinical Research Design & Analysis is designed to teach basic and intermediate level principles in research design, formulation of the research question, identifying primary and secondary hypotheses, types of experimental structures, use of control groups and pre-specified hypotheses, surrogate measurements, analysis of incomplete data, meaning of P values and confidence intervals, identification of bias, and flaws in study design. (3 credit hours)

Clinical Pharmacology & Drug Development – DCS 5203
In this course, students experience in-depth exposure to: pharmacokinetics; pharmacodynamics; drug absorption, distribution, and metabolism/elimination; drug-drug and drug-disease interactions; preclinical drug development (phase I, II, III and IV); proof-of-concept and dose-finding studies; post-marketing surveillance. (2 credit hours)
ii. Choose one from the following courses:

Genetic & Molecular Science for the Clinical Investigator – DCS 5109
Topics included in the course include: concepts and techniques in molecular biology and genetics; identification of genes and mutations; linkage analysis; molecular and cellular biomarkers; single nucleotide and restriction fragment length polymorphisms; microarray analysis and proteomics; pharmacogenomics; acquisition and storage of samples. (1 credit hours)

Cancer Biology I – BSCI 5152
This course will cover the underlying molecular and cellular biology involved in carcinogenesis, tumor growth, and metastasis. The implications of the biological findings on cancer prevention, diagnosis, and treatment will be covered. The goal is course is to provide the student with a solid background in general cancer biology. Upon completion of the class, students should have basic understanding of the mechanisms by which tumors gain and maintain a growth advantage as well as potential therapeutic targets. (1.5 credit hours)

Cancer Biology II – CAN 5162
The goal of this course is to provide students with knowledge of the latest concepts in cancer biology and cancer therapeutics and a general appreciation of the rapid advances made in this area of biomedicine. It also aims to arm beginning graduate students with a working understanding of different cutting-edge methods that are being used to answer key questions in cancer biology and therapeutics. (1.5 credit hours)

Fundamentals of Immunology: Spring I
This course consists of an integrated series of lectures designed to familiarize students with cellular, molecular, and biochemical aspects of the development of the immune system and the immune response. The course focuses on the development of the immune system and the function of its major components. (1.5 credit hours)

Cell and Molecular Immunology: Spring I
This course consists of an integrated series of lectures designed to familiarize students with cellular, molecular and biochemical aspects of the development of the immune system and the immune response. The first half of the course focuses on the immune system and the function of its major components. The second half focuses on how the various components are integrated during the response to infectious agents, how the system is naturally perturbed in diseases of autoimmunity and immunodeficiency, and how the system can be controlled therapeutically. (1.5 credit hours)
Clinical Immunology: Fall II
Clinical Immunology is an advanced immunology course in which fundamental immunology concepts are both reinforced and extended through the study of human diseases of the immune system. Diseases discussed in this course include immunodeficiencies, lymphoproliferative disorders, hypersensitivity, and autoimmunity (both systemic and organ specific). Discussion focuses on clinical presentations, mechanisms (including genetics), and the therapeutic approaches used to treat them. Didactic lectures on the basic concepts of tumor immunology, vaccine development, and transplantation are also included in this course. (1.5 credit hours)

e. Scientific Meetings

Fellows are encouraged and supported to attend, present before, and participate in scientific meetings. In recent years, UT Southwestern Gynecologic Oncology Fellows have attended and/or presented at the Society of Gynecologic Oncologists, the Society for Gynecologic Investigation, American Society of Clinical Oncology, American Association for Cancer Research, American College of Obstetricians and Gynecologists, Gynecologic Oncology Group, New England Association of Gynecologic Oncologists, Western Association of Gynecologic Oncologists and others (see A.4).

f. Research Activities

The fellow has limited clinical responsibilities (no more than 10%) during his/her research period and is expected to devote near full time effort toward learning the latest scientific techniques and interacting with other scientists. Each fellow is assigned a specific faculty mentor. The goal of this research training is to provide fellows with the scientific basis that will allow them to make significant and unique contributions to the body of knowledge in gynecologic oncology such that they should be able to collaborate with other colleagues obtain research funding, be independent investigators, and academic gynecologic oncologists.

i. Basic Science

The Laboratory of Gynecologic Oncology (NB8.222) has 500 square feet of space and an adjoining office for research activities. The lab is dedicated to the study of the molecular biology of gynecologic cancers under the guidance of division faculty. It is located within the Nancy B. and Jake L. Hamon Center for Therapeutic Oncology Research in the Simmons Biomedical Research Building on the North Campus. The laboratory is focused primarily on translational research, has the facilities for tissue culture, in vitro and in vivo tumor growth assays, and also houses the IRB approved gynecologic oncology tumor bank. This lab evaluates the biologic effects of chemotherapy, genetic therapy, and immunotherapy on gynecologic
malignancies. The fellow will be involved in some of the many laboratory research projects and encouraged to develop their own projects with faculty supervision that will typically serve as the basis for their thesis.

Several fellows have worked under the mentorship of Michael A. White, Ph.D., Professor of Cell Biology; Sherry Wigley Crow Cancer Research Endowed Chair in Honor of Robert Lewis Kirby, M.D. Dr. White is affiliated with the Simmons Comprehensive Cancer Center. The broad goal of his research is to contribute to uncovering the molecular nature of cell autonomous regulatory mechanisms permitting appropriate responses of human cells to their environment.


ii. Clinical Research

Fellows desiring a rigorous clinical research curriculum may pursue a Basic Certificate, Graduate Certificate, or Master’s Degree in Clinical Science through the UT Health Sciences Center–Dallas Campus Site within the medical complex. Trainees may successfully complete the program by completing the core and elective didactics curriculum, achieving commendable feedback from mentors, attending the clinical science lectures and workshops, and demonstrating effective completion of their respective clinical science projects. Dr. Miller and his academic faculty have detailed experience in the development of and participation in clinical protocols to study various aspects of gynecologic malignancies. Our program offers excellent mentorship in clinical trial design, protocol writing, and application for those fellows desiring an academic career. He provides mentoring for the transition from trial design to application.

The Division develops its own clinical protocols, conducts industry sponsored studies, and is a full member institution (037) of the Gynecologic Oncology Group (GOG).

g. Clinical Responsibilities During Research Years

Fellows have greater than 90% protected time of their twenty one months designated for research training. There are no assigned clinical duties during weekdays while on research years. Research takes priority over any clinical duty during the week and faculty acknowledge that fellow participation is optional. The frequency of assisting
the faculty for OR cases averages one case per month while on research time. Fellows
during their research time will be responsible for rounding and associated patient care
one weekend every month.

h. Off-Service Rotations

The fellow spends a two-month rotation in the Surgical Intensive Care Unit of
Parkland Memorial Hospital under the supervision of Herb Phelan, MD, Assistant
Professor of Surgery and Director of the S.I.C.U. The fellow is a full and active
participant in the service along with residents from anesthesia and general surgery,
and is involved in the care of all patients in the unit, including trauma, vascular,
surgical subspecialties, as well as gynecologic oncology. Additional experience is
gained in invasive monitoring, respirator management, and parenteral and enteral
nutrition. Prior to this rotation, the fellow will have been certified by the Advanced
Cardiac Life Support and Advanced Trauma Life Support courses.

Fellows spend a one-month rotation in the Department of Radiation Oncology, under
the supervision of Ramzi Abdulrahman, M.D., Assistant Professor of Radiation
Oncology where he/she is exposed to didactic sessions in radiation physics and
radiation biology. The fellow is involved in the treatment planning and administration
of external beam radiation therapy, intracavitary, interstitial and high dose rate
brachytherapy as well as radioisotopes in the management of neoplasms. The fellow
is a full and active participant in the service along with residents from radiation oncology, and is involved in the care of all gynecologic oncology patients receiving
radiation therapy and other cancer patients. In addition, he/she performs the
intracavitary applications and has the opportunity to examine patients during the
course of treatment.

The fellow may take paid in-house night call two times per month covering the
University Hospital-St. Paul or Parkland Labor & Delivery during the research years
of the program or other off-service rotations (except SICU). This opportunity is
totally optional and occasional fellows have elected not to participate.

i. Progressive Responsibility

The goal of this training program is directed towards clinical and academic excellence
that will produce independent academic gynecologic oncology consultants. This
requires a planned and progressive program of escalating responsibilities in all areas
of training. Close supervision and effective teaching in investigation, clinical activities
and teaching capacity will allow progressive development and confidence in analysis
of problems, surgical skills, and academic progression. The incorporation of one
fellow per year to the program, will allow the senior fellow to get progressively
involved in clinical and academic activities which require a higher degree of
responsibility. This culminates in the senior fellow serving as unofficial attending
(‘pretending’) for the final two months of the fellowship.
j. Educational Experiences in Clinical Pharmacology, Pathology

Fellows are able to attend a variety of didactic lectures pertaining to clinical pharmacology and sequelae of chemotherapy administration. The Parkland Patient Care Conference, Gynecologic Oncology Fellows Lecture series, Introductory Oncology Lecture series, Protocol and Chemotherapy Monitoring Conference and others listed in A.2.c. have relevant topics to strengthen the fellows’ knowledge base.

3. Responsibilities and Activities of Fellows

a. Teaching of Residents and Students

Residents from UT Southwestern Medical Center and Methodist Hospitals of Dallas rotate on the gynecologic oncology service at the second and third year levels. There are at least four residents participating in the care of patients with gynecologic malignancies at any given time. Senior UT Southwestern medical students or visiting externs may also spend a one-month elective in gynecologic oncology. The fellow will supervise the activities of the residents and students rotating through the service, and he/she will guide them in the evaluation and care of gynecologic oncology patients. The fellow will assist the residents in non-radical gynecologic procedures as assigned by the faculty. In this way, the fellow has an opportunity to develop his/her teaching skills. Residents, fellows, and faculty work collaboratively at all outpatient facilities, allowing for a reasonable distribution of labor and of teaching effort.

The fellow occasionally participates in the regularly scheduled junior medical student lectures in Obstetrics & Gynecology. Each fellow also presents at Departmental Grand Rounds at least once a year. In addition, he/she will have active participation in weekly lectures and journal clubs for residents. The fellow will organize, select cases, and supervise the resident participation of the weekly Tumor Board conference.

b. Benign Gynecology

Fellows and faculty are frequently requested at Parkland Memorial Hospital (approximately 2716 benign gynecology operations annually) or University Hospital – St. Paul as intra-operative consultants for complicated surgical procedures, inadvertent diagnoses of neoplastic diseases, or as consultants for postoperative intensive care or complications. Pre-operatively, fellows serve as primary consultants for the benign gynecology teams evaluating management plans for adnexal masses or other potentially malignant scenarios. Fellows determine which patients would be more appropriate for primary management by the gynecologic oncology service. Faculty coverage for other less suspicious cases is provided as a ‘standby’ service to the Department without fellow coverage. The fellow is not expected to be primarily involved in the management of uncomplicated patients with benign gynecologic diseases.
c. Obstetrics

Occasionally, the fellow will be emergently consulted with faculty supervision for an unanticipated obstetrical catastrophe (i.e. massive retroperitoneal hemorrhage, peripartum hemorrhage, ureteral transaction at the time of gravid hysterectomy), inadvertent cancer diagnosis, and difficult dissection or anticipated combined care patient (i.e. cervix cancer during pregnancy for cesarean-radical hysterectomy). More than 15,000 deliveries are performed at Parkland Memorial Hospital each year and this volume allows for a unique fellow experience in surgically managing obstetrical emergencies.

4. Presentations at Regional or National Meetings by Fellows (2006-2012)


Phelps SLB, Wingo SN, Schorge JO, Miller DS. What number of lymph nodes should be removed in early stage endometrial cancer? 2007 District VII Annual Meeting of the American College of Obstetricians and Gynecologists; 2007 Oct; Henderson, NV. George Schneider Award for Oral Presentation by a Junior Fellow.


a. Book Chapters


b. Peer Reviewed Articles


a. Book Chapters


b. Peer Reviewed Articles


O'Malley DM, Richardson DL, Rheame PS, Salani R, Eisenhauer EL, McCann GA, Fowler JM, Copeland LJ, Cohn DE, Backes FJ. Addition of bevacizumab to weekly paclitaxel significantly improves progression-free survival in heavily pretreated recurrent epithelial ovarian cancer. Gynecol Oncol. 2011 May 1;121(2):269-72.


7. Research Opportunity, Supervision, and Thesis Guidance

Academic productivity is viewed with the highest priority and incorporates a comprehensive, multilayered, and individualized approach to structure the correct environment.

Our Comprehensive Gynecologic Oncology Tissue and Blood Repository provide a rich resource for laboratory projects studying gynecologic cancers.

The Division of Gynecologic Oncology installed the SGO database in June 1993 to organize the fellows’ clinical experience and facilitate research opportunities. In the past 18 years (effective June 2011), 11,445 patients, 7241 tumors, 11,659 procedures and 13,039 admissions have been entered. Division faculty also facilitates clinical collaborations with colleagues at other institutions. Fellows learn the basics of identifying a clinically interesting research question, data retrieval and analysis, draft preparation, submission, manuscript revision, and ultimately publication. Clinical studies culminating in a thesis may be developed by close supervision between fellow and their choice of...
Division faculty reviews the fellows’ work during the monthly Division of Gynecologic Oncology Research meeting. Fellows’ research progress will also be formally reviewed at their semi-annual meetings with the Fellowship Program Director and documented for adherence to a sustainable thesis project. The number and variety of research presentations, publications and grants (see A.4. and 5) reflect the success of this comprehensive, multilayered, and individualized approach.
### 1. Block Diagram of Proposed Rotation for Each Month of Program

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<th>FELLOW</th>
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SWMC: SOUTHWESTERN MEDICAL CENTER  
RES: RESEARCH  
SICU: SURGICAL INTENSIVE CARE UNIT  
RADONC: RADIATION ONCOLOGY  
PATH: PATHOLOGY
2. **Block Diagram of Fellowship Schedule 2012-13**

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<th>2012-2013 FELLOW</th>
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<td>Nagel F3</td>
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<td>RES</td>
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<td>RES</td>
<td>SWMC</td>
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<td>Lin F2</td>
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<tr>
<td>Manders F1</td>
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</tbody>
</table>

SWMC = SOUTHWESTERN MEDICAL CENTER  
RES = RESEARCH
3. Block Diagram of Average Work Week on Clinical Gynecologic Oncology Rotation

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
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<tbody>
<tr>
<td>0700 PMH OR (start)</td>
<td>0730 Ward Rounds (4-west)</td>
<td>0730 Protocol and Chemotherapy Monitoring Conference (G6.200)</td>
<td>0700 PMH OR</td>
<td>0730 Ward Rounds (4-West)</td>
</tr>
<tr>
<td>---</td>
<td>0800 Parkland Patient Care Conference (4-West)</td>
<td>0800 Gynecologic Oncology Tumor Board (G6.200)</td>
<td>↓</td>
<td>0800 Parkland or University Hospital-St. Paul OR [variable]</td>
</tr>
<tr>
<td>↓</td>
<td>0830 Parkland Gynecologic Oncology Clinic (start) (4-W)</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
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<tr>
<td>↓</td>
<td>0900 Simmons Cancer Center Clinic (NB2)</td>
<td>↓</td>
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<tr>
<td>↓</td>
<td>1100 Dept OB/GYN Grand Rounds (G6.200)</td>
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<tr>
<td>↓</td>
<td>1200 Parkland Nurse Practitioner Chemotherapy Rounds (4-West)</td>
<td>↓</td>
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<tr>
<td>↓</td>
<td>1300 Ward Rounds (4-West)</td>
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<tr>
<td>↓</td>
<td>1600 Morbidity &amp; Mortality Conference; Journal Club; Division Research Mtg (E6.102); Gyn Oncology Fellows’ Lecture (G6.200) [Alternating]</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>1700 PMH OR (end)</td>
<td>1700 Parkland Gynecologic Oncology Clinic (end)</td>
<td>1700 Gyn Oncology Fellows Meeting (E6.102) [Monthly]</td>
<td>1700 PMH OR (end)</td>
<td>1700 Parkland and University Hospital-St. Paul OR (end)</td>
</tr>
</tbody>
</table>
C. Available Facilities and Space for Fellowship Training

1. Laboratory

The Division of Gynecologic Oncology has established a laboratory dedicated to the study of the molecular biology of gynecologic cancers under the guidance of our faculty. This divisional laboratory is located within the Nancy B. and Jake L. Hamon Center for Therapeutic Oncology Research in the Simmons Biomedical Research Building on the North Campus.

The Hamon Center for Therapeutic Oncology Research is located on the NB8 floor of the Simmons Biomedical Research Building on the North Campus at UTSW. The NB8 floor is a new (1994), state-of-the-art laboratory research facility of 30,000 gross and 18,000 square feet, which houses the Hamon Center for Therapeutic Oncology Research and the Moncrief Center for Cancer Genetics. The mission of the Hamon Center for Therapeutic Oncology Research is to develop and implement new ways to improve the prevention, early detection, diagnosis, prognostic assessment, and treatment of human cancer by performing interdisciplinary research that translates findings to and from the laboratory and the clinic. The research includes components of basic laboratory research, preclinical studies, clinical research including development of new therapeutics, molecular early detection of cancer, family genetic studies, chemoprevention, epidemiology (including genetic epidemiology), and related population studies. Current areas of research interest in the center include breast cancer, lung cancer, gynecologic malignancies, pediatric tumors, family cancer genetics, molecular early detection of cancer, microarray expression analysis of many genes in human cancers, testing of new drugs, tumor vaccines, gene therapy, identification of the role of dominant and recessive oncogenes and DNA repair genes, as well as autocrine/paracrine growth factors in the pathogenesis of human cancer. There are 12 Principal Investigators in the Center and over 90 research and/or administrative staff dedicated to the successful operations of the center. The Center is an integral component of a Lung Cancer SPORE and maintains national and international collaborative efforts for all tumor sites.

Dr. John Minna is the Director of these integrated Centers and Dr. Adi Gazdar is Deputy Director. The Hamon Center is completely equipped for modern molecular and cell biological research. The Laboratory of Gynecologic Oncology shares space within the Minna lab encompassing approximately 2000 square feet of completely equipped lab space collectively in addition to having access to the extensive core facilities including the Laser Capture microdissection instrument (Arcturus, PixCell) equipped with a 30 and 60 µm laser beam and associated high quality Olympus M081 microscope with objectives, a video camera, and Sony Monitor) and the leased nanochip technology targeted for use in single nucleotide polymorphism (SNP) analyses. In addition, there are shared core facilities in the Hamon Center for tissue culture, dark rooms, cold rooms, bacteriologic work and incubators, centrifuges, freezers, computers, two ABI 377 DNA sequencers/genotypes with associated computers and software (in a dedicated 300 sf room), multiple PCR machines, and a dishwashing/media preparation facility.
The DNA sequencing/genotyping facility in the Hamon Center is a shared resource co-directed by Dr. Minna and Dr. Stephen Johnston (NB10, Molecular Cardiology and Director of the Center for Biomedical Inventions at UTSW). The freezers, refrigerators and cold rooms supporting the present UTSW cancer and dysplasia banks are situated directly within the Hamon Center (NB8). Two large -80 degree freezers are exclusively for use by the Laboratory of Gynecologic Oncology. Currently there are ~70 personnel total working in the Hamon Center. The Laboratory of Gynecologic Oncology includes 1-2 full-time research assistants, 2 fellows performing bench research, daily on-site faculty supervision depending on the clinical schedule, and the Thursday weekly lab meeting.

There are shared facilities in the Cell Biology Department, including microscopy, imaging center, darkrooms, high speed and ultracentrifuges, scanning densitometer, phosphoimager, spectrophotometers, liquid scintillation and I125 counters, autoclaving and dishwashing facility. The center also has established collaborations (particularly through the Lung SPORE effort) in Bioinformatics with Dr. Skip Garner in the McDermott Center for Growth and Development and the Center for Biomedical Inventions. Animal facilities are housed in the Simmons Building NB3 floor which is a state-of-the-art fully accredited small animal care facility with immunodeprived mouse capability, a facility for transgenic mouse work, facilities for surgical procedures, and a gamma-irradiation source as part of the UTSW Animal Research Center. Specialized space includes: cage washing areas, autoclave areas, refrigerated food storage, bedding storage, diet kitchens, sterile surgical suites, radiology facilities, intensive care units, postoperative care rooms, necropsy rooms, and a diagnostic laboratory.

Other features of the Hamon Center include an extensive network of Ethernet-linked PCs and printers including those of the PIs and a large file server with internet and email access. These are all Ethernet/internet-linked to numerous data resources including that of the National Center Biologic Information (NCBI), National Library of Medicine, and GenBank with full DNA analysis capability. In addition, on the file server is DNASTar software for nucleic acid analysis. There are extensive image processing computers, software, and color printers that are configured for reproducing histologic sections. Dr. Garner also has several high-end Macintosh and PC-based computers linked together by Ethernet and a file server and web site (http://www.pompous.swmed.edu). In addition, he has on loan from Hewlett Packard, an Exemplar Super Computer. This computer quarterly gets complete downloads of GenBank and Dr. Garner’s lab has established a state-of-the-art web-based genomic sequence analysis program (PANORMA) as well as a polymorphic marker prediction program (POMPOUS).

There is an administrate core of personnel under the direction of Ms. Brenda Zielke to facilitate the grant and operative needs of PIs and research personnel. In addition to the broad selection of Journals available in the Hamon Center, there is also a modern library facility in the same building (NB2).
The Laboratory of Gynecologic Oncology occupies 500 square feet of reserved space within the Hamon Center. This lab is dedicated to the understanding of molecular genetics and biology of gynecologic malignancies. The lab is equipped with a number of power supplies and apparatuses for analysis of protein, RNA, and DNA, including isoelectric focusing/gels, minigels, dot blotting, electrophoretic transfer, and DNA sequencing. Experiments involving gene expression analysis have a luminometer, electroporator, and a PCR thermocycler readily available. Additionally, a speedvac system, UV/visible spectrophotometer, scintillation counter, and ultracentrifuge are available for use.

2. Outpatient

All outpatient areas are located on-campus and can be quickly and easily reached without driving.

a. Parkland Gynecology Clinic

This newly remodeled facility is used exclusively for seeing gynecologic patients. The Division of Gynecologic Oncology has 12 exam rooms available each Tuesday. The clinic is located on the 3rd floor directly beneath the outpatient chemotherapy infusion area on the 4th floor. Eighty to 100 patients are routinely scheduled and interpreter services are readily available in addition to chaperones, nurses, social services, and office staff.

b. Harold C. Simmons Comprehensive Cancer Center

This modern outpatient facility is housed on the second floor of the NC Building on the North Campus, which is contiguous to the state-of-the-art laboratories used for basic and translational research. The Simmons Cancer Center houses nine exam rooms and 17 individual chemotherapy infusion rooms. Gynecologic Oncology office hours currently include blocks of time on Monday through Thursday.

3. Inpatient

Parkland Memorial and UT Southwestern University Hospitals—St. Paul/Zale Lipshy are located on-campus and can be quickly and easily reached without driving.

a. Parkland Memorial Hospital

PMH is Dallas County’s only public hospital that ensures that health care is available to all Dallas County residents. It was founded in 1894. Parkland is operated by the Dallas County Hospital District, a tax-supported entity of the county of Dallas through Parkland Health and Hospital System. Parkland was the first and still remains the primary teaching hospital for UT Southwestern’s multifaceted educational programs. All of its physician services are provided under contract with UT Southwestern. Its facilities encompass 990 beds in 1.24 million square feet. The annual budget is $820
million and it employs 7,100. It is governed by the seven-member Dallas County Hospital District board of managers, appointed by the Dallas County Commissioners Court. It is under the leadership of Maurine Dickey, chairman of the board, and Dr. Ron J. Anderson, president and chief executive officer. In 2004, Parkland was named one of U.S. News & World Report’s best hospitals for the 11th consecutive year and recognized for its excellence in 11 categories: rheumatology, endocrinology, gynecology, urology, otolaryngology, geriatrics, kidney disease, neurology/neurosurgery, gastroenterology, orthopedics, and cardiology. In 2004, Parkland ranked #11 in the nation for gynecologic services. Parkland is renowned for its emergency, trauma and burn centers. Women’s Services delivers more than 16,000 babies annually, making it the nation’s largest single-site delivery facility. Parkland is the main provider of care to underserved minorities where 50% of patients are African American, 40% Hispanic and 10% White. All the effective forms of cancer therapy are available and the cancer program is approved by the American College of Surgeons Commission on Cancer. There is a dedicated gynecologic oncology ward (4-West) and clinic that provide comprehensive care for patients receiving surgery, chemotherapy, radiation therapy, pain control and palliative care under the guidance of the fellow and faculty.

b. UT Southwestern University Hospital–St. Paul

This was the first private hospital in Dallas founded in 1896 and was also the only Catholic hospital in North Texas. In 2000, the facilities and land were purchased by UT Southwestern, and the hospital was leased and operated by University Medical Center Inc. under combined management with Zale Lipshy. In 2005, University Hospitals–St. Paul/Zale Lipshy merged with UT Southwestern Medical Center. UT Southwestern specialists and physicians provide private practice care for its patients. University Hospital–St. Paul currently holds 293 beds (licensed for 550) in its 600,000 square feet. It employs 1,500 staff. The governance consists of the 10-member board of trustees appointed by University Medical Center Inc. St. Paul operates one of the most successful heart and lung transplant programs in the country, ranking number one in survival rates for heart transplants in Texas and consistently among the top 10 percent of programs in the country. More than 100 UT Southwestern faculty physicians and approximately 900 private–practice physicians in all major specialties are on staff. The 12 operating rooms all have state-of-the-art equipment. All the effective forms of cancer therapy are available. There is a tumor registry and the cancer program is approved by the American College of Surgeons Commission on Cancer. There is a oncology floor (3-South) to which the gynecologic oncology service admits.

c. UT Southwestern University Hospital–Zale Lipshy

This not-for-profit hospital was named in honor of the Zale and Lipshy families. In 1989, University Medical Center Inc. opened the hospital and began operating Zale Lipshy as the private referral hospital for patients of UT Southwestern physicians. Its facilities have 144 licensed and staffed beds in a total of 300,000 square feet. Zale
Lipshy has an annual budget of $100 million and employs 800 staff. It is governed by the 15-member board of trustees appointed by University Medical Center Inc. Its facilities, which accommodate patients from around the world, include 12 operating suites for specialized surgical care in neurological surgery, orthopedics, urology, gynecology, otorhinolaryngology, ophthalmology, general and oncologic surgery, oral and maxillofacial surgery, vascular surgery, plastic and reconstructive surgery, and breast services. All the effective forms of cancer therapy are available. There is a tumor registry and the cancer program is approved by the American College of Surgeons Commission on Cancer.

4. Office

Fellows have shared two private offices (E6.102) adjacent to the faculty offices on South Campus. Each office includes two desks—each with a desktop computer connected to the Ethernet. Bookshelves, file cabinets, one mini-refrigerator and a printer are also provided. The Laboratory of Gynecologic Oncology has a separate desk for each fellow with Ethernet access.

5. Conference

Several conference rooms are frequently utilized for fellow education. The three most commonly used rooms are described in detail:

a. G6.200

This conference room is part of the Department of OB/GYN and comfortably seats 50-75 people. There is a permanently housed projector connected to a desktop computer and a full-length screen at the front of the room. Weekly conferences within this room include the Protocol and Chemotherapy Monitoring Conference, Tumor Board and OB/GYN Grand Rounds. Monthly conferences include the Gynecologic Oncology Fellows’ lecture series.

b. E6.102S

There is a large table surrounded by 8-10 swivel chairs, a permanent white board, and a large projection screen. Monthly conferences within this room include the division of Gynecologic Oncology’s Research Meeting, M & M Conference, Journal Club, and Fellow lectures.

c. NB8.204

This 300 square feet room is on the North Campus within the Hamon Center for Therapeutic Oncology Research. Weekly conferences include the Laboratory of Gynecologic Oncology research meeting and the Hamon Center research meeting each Thursday.
D. Integration of Fellowship Program with Residency Program and Other Departments

1. UT Southwestern OB/GYN Residency Program

The Department of OB/GYN has a four-year approved program with 20 residents at each level of training. The residents rotate in the Division of Gynecologic Oncology and attend all teaching conferences. Residents perform the basic work-up of all admissions, follow patients daily, perform benign gynecologic surgical procedures, assist in radical pelvic surgery and actively participate in journal clubs, conferences and presentation of cases at Tumor Board.

Fellows are responsible for performing radical procedures, supervising the care of all patients with gynecologic neoplasms, guiding residents in the evaluation of new patients and performance of procedures. In addition, the fellows will assist residents in non-radical gynecologic oncology procedures and will be responsible for the planning and organization of Tumor Board.

All of the activities described above are under the supervision of a gynecologic oncology faculty member.

2. Relationship with Departments of Surgery, Urology, Medical Oncology and Radiotherapy

The relationship of the Division of Gynecologic Oncology with other departments at UT Southwestern Medical School is long-standing and optimal. We do not anticipate that these relationships will change in the future.

It is well understood by the Department of Surgery that intestinal surgical procedures, mediport catheter placement and other procedures as they relate to the treatment of gynecologic malignancies and their complications are performed by gynecologic oncologists. Consultation is available when considered necessary by the faculty. Patient care is greatly facilitated by having open communication in the event of the need for intra-operative consultation at Parkland Memorial Hospital or University Hospital–St. Paul.

It is well understood by the Department of Urology that urinary surgical procedures as they relate to the treatment of gynecologic malignancies and their complications are performed by gynecologic oncologists. Consultation is available when considered necessary by the faculty, but there is typically minimal overlap.

It is well understood by the Division of Medical Oncology that the management of chemotherapy for gynecologic oncology patients is the responsibility of the Division of Gynecologic Oncology, both at the Parkland Gynecologic Oncology Clinic and the Simmons Cancer Center. There is an open dialogue with medical oncology colleagues for facilitation of patient care when circumstances arise.

The Division of Gynecologic Oncology has a particularly close relationship with the Department of Radiation Oncology. Faculty and residents attend and actively participate in
the multidisciplinary Gynecologic Oncology Tumor Board Conference. Patients requiring
inpatient hospitalization for brachytherapy and/or radiation complications are admitted to
the gynecologic oncology service on 4-West at Parkland or 3-South at University Hospital-
St. Paul.

E. Previous and Current Fellows

1. Previous Fellows Trained:

   G.V. Raghavamiah, M.D., 1970 - 1971

   Duke J. Choi, M.D., 1971-72
       Private Practice, Dallas, TX (retired)

   Werner Wester-Ebbinghaus, M.D., 1975-76
       Women’s Health Specialists, Yuma, AZ

   John R. McCauley, M.D., 1976-77
       White County Physicians Services, Inc., Sparta, TN

   James E. Graham, M.D., 1978-80
       Private Practice, Flint, MI

   David Gal, M.D., 1979-83
       American University of Antigua, Professor and Clinical Chair of Obstetrics &
       Gynecology, New York, NY

   Wayne A. Christopherson, M.D., 1982-85
       University of Pittsburgh Women’s Health Oncology, Pittsburgh, PA

   Andrew Berchuck, M.D., 1984-85
       Director of the Duke Division of Gynecologic Oncology
       F. Bayard Carter Distinguished Professorship
       Duke Comprehensive Cancer Center, Durham, NC

   Diane A. Semer, M.D., 1989-92
       Physicians East, Greenville, NC

   Katherine Economos, M.D., 1990-93
       Associate Clinical Professor, Obstetrics & Gynecology
       Cornell University-Weill Medical College
       Director of Division of Gynecologic Oncology
       New York Methodist Hospital, New York, NY
Blumenthal Cancer Center, Charlotte, NC

Carolyn C. Muller, M.D., 1993-96
Director and Professor, Division of Gynecologic Oncology
University of New Mexico Health Sciences Center, Albuquerque, NM

Joseph Santoso, M.D., 1994-97
Director and Professor, Gynecologic Oncology Division
University of Tennessee, Memphis, TN

Vivian von Gruenigen, M.D., 1995-98
Chairman, Division of Obstetrics & Gynecology
Medical Director of Women’s Health Services
Summa Health System
Akron City Hospital, Akron, OH

John D. O’Boyle, MD, FACOG, FACS, CPE CAPT, MC, USN, 1996-99
Medical Director and Chief, Clinical Operations TRICARE Regional Office North
Associate Professor of Obstetrics & Gynecology
Uniformed Services University of the Health Sciences, Arlington, VA

Wei-Chien Michael Lin, M.D., 1997-2001
Women’s Cancer Center of Southern California, Sherman Oaks, CA

Jayanthi Sivasothy Lea, M.D., 2000-04
Assistant Professor of Obstetrics & Gynecology
University of Texas Southwestern Medical Center, Dallas, TX

Gautam Gorantla Rao, M.D., 2001-05
US Oncology-Tennesse, Nashville, TN

Richard David Drake, M.D., 2002-06
Assistant Professor of Obstetrics & Gynecology
Cleveland Clinic Foundation, Cleveland, OH

Lynne Marie Knowles, M.D., 2003-07
Texas Oncology, P.A., Austin, TX

Shawna L. Bull Phelps, M.D., 2004-08
Texas Oncology, P.A., Dallas, TX

Thomas P. Heffernan, M.D., 2005-09
North Texas Gynecologic Oncology, Dallas, TX
Shana L. Wingo, M.D., 2006-2010  
Arizona Oncology, Phoenix, AZ

Scott Christopher Purinton, M.D., Ph.D., 2007-11  
Assistant Professor of Obstetrics & Gynecology  
Savannah Gynecologic Oncology  
Mercer University School of Medicine, Savannah, GA

Todd Patrick Boren, M.D., 2008-12  
Assistant Professor of Obstetrics & Gynecology  
Erlanger Hospital  
University of Tennessee Medical Center, Chattanooga, TN

2. Current Fellows in the Program:

Christa Irene Nagel, M.D., 2010-14  
Miami University, Oxford, OH, B.A., 2001; The Ohio State University Medical Center, Columbus, OH, M.D., 2005; The Ohio State University Medical Center, 2009, Residency

Ken Yu Lin, M.D., PhD., 2011-15  
Stanford University, Stanford, CA, B.S., 1997; Johns Hopkins University School of Medicine, Baltimore, MD, PhD., 2005; Northwestern University Feinberg School of Medicine, Chicago, IL, M.D., 2007; Yale University School of Medicine, New Haven, CT, Residency

Dustin Blue Manders, M.D., 2012-16  
University of Oklahoma, Norman, OK, B.S., 2001; University of Texas Southwestern Medical School, Dallas, TX, M.D., 2006; University of Texas Southwestern Medical Center, Residency, 2010

F. Other Physician Trainees Assigned to the Gynecologic Oncology Service

Six months of each academic year there is one 2nd year OB/GYN resident from Methodist Hospitals of Dallas (affiliated residency) who rotates in the Division of Gynecologic Oncology (role already described). There are no other physician trainees that might interfere with the planned training program of a fellow.

G. Anticipated Changes in the Program, Faculty, or Patient Referral

During these tumultuous and uncertain times in medicine, the only thing that can be surely anticipated is change. The division has anticipated change and the fellowship is prepared to flex to accommodate it.

The monthly meeting between all four fellows and the Program Director is an open exchange to identify and address weaknesses in the program and has resulted in numerous mutually
beneficial changes over the past few years. This dialogue will undoubtedly continue to improve the program.

The private patient referral base of Drs. Miller, Lea, Kehoe and Richardson has greatly expanded in the past few years at the Simmons Cancer Center and University Hospital–St. Paul. UT Southwestern Medical Center has made the growth of the Simmons Cancer Center a high priority and is providing financial and marketing resources to facilitate this goal. The expansion of the private patient referral base has been an unexpected but fortuitous event for the fellowship program. The volume and complexity of the surgical experience has been broadened for each of the fellows, and this has been universally recognized as a positive change.

The main patient base for the fellowship has historically been Parkland Memorial Hospital. Parkland is operated by the Dallas County Hospital District that has taxing authority through Dallas County property taxes. Parkland is dedicated to providing care to all residents of Dallas County regardless of ability to pay. The other private hospitals of Dallas have shown little interest in caring for these patients. Most patients are referred to the Division because they have no insurance. With the widening gap between rich and poor, more people unable to obtain insurance, and no universal health care on the horizon, we anticipate this patient base will remain stable or increase since it has been remarkably consistent over the past few decades. In the unlikely event that the patient base might receive some sort of coverage and seek care elsewhere, the Division can flex and comfortably accommodate them in our "private" facilities.

H. Our Program’s Methods for Evaluating a Fellow’s Progress

Fellows are frequently given informal feedback from the Fellowship Program Director regarding their progress toward accomplishing the terminal objectives described in the "Guide to Learning in Gynecologic Oncology" of The Division of Gynecologic Oncology of the American Board of Obstetrics and Gynecology. Every six months each fellow is evaluated by the faculty. These evaluations become part of the fellow’s permanent file and may be viewed directly by the fellow on-line. These evaluations are then used to facilitate discussion between the fellow and the Fellowship Program Director during the semi-annual performance review. Feedback is provided and academic career guidance is facilitated in this review. Minutes from these meetings are documented, shown to the fellow, and placed in their permanent file.

Fellow’s appointments are for one year and are renewed at the mutual consent of the Program Director, faculty, and the fellow. Other requirements include successful completion of the Advanced Cardiac Life Support and Advanced Trauma Life Support courses and the two required post-graduate courses. Prior to completing the fellowship, the fellow must have submitted for publication research projects suitable for use as a thesis for their gynecologic oncology board examination.