DEPARTMENT OF OBSTETRICS & GYNECOLOGY
DIVISION OF GYNECOLOGIC ONCOLOGY

EDUCATION PROGRAM
FOR FELLOWS IN GYNECOLOGIC ONCOLOGY

FACULTY:

Steven G. Bernstein, M.D., Clinical Professor
Kelley Carrick, M.D., Associate Professor, Pathology
Diego Castrillon, M.D., Assistant Professor, Pathology
Siobhan Kehoe, M.D., Assistant Professor, Gynecologic Oncology
Jayanthi S. Lea, M.D., Assistant Professor, Gynecologic Oncology
Samuel Lifshitz, M.D., Clinical Professor
David Scott Miller, M.D., Professor, Dallas Foundation Chair in Gynecologic Oncology
Alan K. Munoz, M.D., Clinical Associate Professor
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 and 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 of the fellowship involve clinical training at UT Southwestern Medical Center (Parkland Memorial and University Hospitals-St. Paul/Zale Lipshy). The other two years 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 and 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 that 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 and 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 has 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 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 on radiation oncology. They participate as a member of the team that decides the course of treatment, plans radiotherapy, applies radioactive materials and are 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

Facilities utilized for fellow education include UT Southwestern Medical Center and Medical City-Dallas Hospital. The facilities of UT Southwestern Medical Center include Parkland Memorial Hospital and University Hospital-St. Paul/Zale Lipsky, 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 Allied Health Sciences School]. 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. The fiscal year 2010 UT Southwestern budget is $1.6 billion and 7,100 faculty and staff are currently employed. UT Southwestern is under the leadership of the president, Dr. Daniel Podolsky, and governed by the nine-member Board of Regents of the UT System who are appointed by the governor of Texas. UT Southwestern was ranked among the top five institutions in America from 1995 to 1999 in a study ranking the research impact of federally funded universities in the United States. Its faculty includes four Nobel Laureates, 15 members of the National Academy of Sciences and 17 members of the Institute of Medicine.

The gynecologic oncology patient care aspects of the fellowship occur at Southwestern Medical Center (Parkland Memorial and University Hospital-St. Paul/Zale Lipsky; and Simmons Cancer Center) is under the supervision of David Scott Miller, M.D., Jayanthi Lea, M.D., Siobhan Kehoe, M.D. and Debra Richardson, M.D. The fellow participates in all inpatient and outpatient care of gynecologic oncology patients with faculty supervision.

The outpatient and inpatient private practices of Drs. Samuel Lifshitz, Steven Bernstein, and Alan Munoz are located at The Presbyterian Hospital of Dallas and Medical City-Dallas Hospital. The Presbyterian Gynecologic Oncology practice is in the Margot Perot Women's and Children's Hospital where a 2,200 square foot facility is available with four examining rooms as well as a facility for outpatient chemotherapy. The Medical City outpatient unit is similarly equipped. The operating rooms and inpatient units at both facilities are state-of-the-art and
available for fellow education in gynecologic oncology. The fellows have in past years, participated in the inpatient and outpatient diagnosis, evaluation, and treatment of private patients at these ‘off-site’ institutions.

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 and be responsible for Presbyterian Hospital and Medical City patients during surgery and/or hospitalization.

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 and attended by nursing, pharmacy, social work, nutrition, discharge planning, home care, pastoral care, and gynecologic oncology faculty that deals with the total care of the gynecologic oncology patient.

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 is 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 and Gynecology by gynecologic oncology fellows, faculty and visiting professors.

Topics 2010-11  Endometrial hyperplasia
Sarcoma of Gynecologic Origin
Premalignant Cervical Neoplasia
Gestational Trophoblastic Neoplasia
Sex Cord Stromal Tumors
Vulvar Cancer
Endometrial Cancer
Cervical Cancer
Germ Cell Tumors
Principles of Chemotherapy

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, E6.102). Core didactic lectures chiefly presented by the faculty to prepare fellows for their written and oral board examinations in gynecologic oncology.

Topics 2010-11  Ovarian Cancer Screening
Chemotherapeutic Agents
Surgical Anatomy
Genetic Testing for Gynecologic Oncologists
Endometrial Cancer Chemotherapy
Ovarian Tumor Pathology
Vulva Cancer
Cervical, Endometrial Pathology
Upper Abdominal Surgery
Transfusions
Ovarian Cancer Chemotherapy

x. Divisional Research Meeting. (Second Wednesday 1600 E6.102 Conference Room) Reviews all basic and clinical research within the Division.

xi. Gynecologic Oncology Journal Club (Third Wednesday 1600, E6.102 Conference Room) 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 E6.102 Conference Room) 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.

xvii. Daily lectures and grand rounds given by different Departments of the Medical School, published in a monthly calendar of events.

xviii. Participation in Post Graduate Course in Obstetrics and Gynecology sponsored by Southwestern Medical School.

d. Seminars and lectures

The program includes two university graduate-level courses:

i. **Biostatistics for Clinical Sciences I – DCS 5391/5491**
   Summary statistics; probability theory; random variables and distribution functions; point and interval estimation; sampling an measurement; statistical power and samples size; parametric and nonparametric approaches for the analysis of categorical and continuous data; simple linear regression an survival analysis (3 credits).

ii. and at least one of the following:

   **Biostatistics for Clinical Sciences II – DCS 5302**
   Linear and logistic regression and models (control of confounding and predictive models); categorical data analysis (binomial and Poisson distributions; analysis of paired categorical data, nonparametric methods for ordinal data); survival analysis (Kaplan-Meier curves, hazard functions, censoring, log-rank tests and generalized Wilcoxon tests, Cox regression model) (3 credits).

Observational Studies – DCS 5303
   Cohort studies (assembly and follow-up, exposure measurement, outcome ascertainment, confounders, multivariate statistics). Case-control studies (selection of controls, sources of bias, analysis); cross-sectional studies, case-series and exposed-subject designs; strengths and limitations of databases; how to gain access and retrieve data; how to define outcomes (3 credits).

Epidemiological Concepts and Principles I – DCS 5307
   Population sampling; measures of disease frequency and association; standardized rates/estimates; age, cohort and period analysis; validity and reliability; selection,
measurement and confounding biases; sensitivity, specificity and predictive value; risk ratios, odds ratios and number needed to treat; receiver operator curves and diagnostic test performance (3 credits).

**Conceptual Biostatistics – DCS 5309**

Conceptual approach to statistical analysis of biomedical data. The 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 semester hours).

**Gene Transcription – DCS 5102**

This course expands on the fundamental concepts studied in the first-year Core Course, emphasizing experimental strategies, reading of primary literature, critical evaluation of data, and student discussion. The topics will change to keep current with advances in the field. Topics that may be covered include the nucleoprotein complex of the core transcriptional promoter, regulation of the core promoter by upstream elements, transcription factors, transcriptional modulation, cell-specific transcription, and the transcriptional regulation of development (1.5 credits).

**Tumor Immunobiology – DCS 5172**

This course will be a survey of a number of concepts relevant to the biology of cancer and tumor immunology. The individual topics will include chemical carcinogenesis, promoters of tumors after induction with viruses or chemicals, tumor metastasis, tumor dormancy and how the different arms of the immune system affect tumor development and respond to tumors. It will also include various approaches to immunotherapy and vaccination against tumors (1.5 semester hours).

**Therapeutic Radiological Physics – DCS 5386**

The basic principles of high-energy photon, electron, neutron, and proton interactions with tissues and biological systems are introduced in this course. The course reviews the instrumentation applied to the discipline of radiation oncology and includes measurements and computations.

**Viruses in Human Cancer – DCS 5388**

This course offers an introduction to viruses associated with human cancer. Cellular and molecular mechanisms of tumor induction and malignant progression are discussed, including the role of oncogenes and tumor suppressor genes in viral carcinogenesis. Current literature is reviewed in student-led discussions. (3 semester 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

Twenty one months of the fellowship are devoted to acquiring academically productive research skills. One of the unique aspects of this fellowship program is that during this period of time the fellow has limited clinical responsibilities (no more than 10%) 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.


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 for 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 1 case per month while on research time. Fellows during their research time will be responsible for rounding and associated patient care 1 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 2 times per month covering the University Hospital-St. Paul or Parkland Labor & Delivery during the two research years of the program or
other off-service rotations (except SICU). This opportunity is entirely 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 in:

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 three 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, 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 and 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 (ie, massive retroperitoneal hemorrhage, peripartum hemorrhage, ureteral transaction at the time of gravid hysterectomy), inadvertent cancer diagnosis, difficult dissection or anticipated combined care patient (ie, 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 (2005-2010)


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. Henderson, NV. George Schneider Award.


King L, Wingo S, Heffernan TP, Schorge JO. Intraperitoneal chemotherapy in stage II ovarian cancer: how many patients receive this “standard of care” treatment? Poster presentation at American College of Surgeons North Texas Chapter meeting, March 2009.


Purinton, S.C., D.S. Miller and M.A. White. Utilization of RNA-Mediated Interference-Based Functional Genomics to Enhance Chemoresponsiveness in Ovarian Cancer. Society of


a. Book Chapters


b. Peer-review articles


Oh JH, Gao J, Nandi A, Gurnani P, Knowles L, Schorge J. Diagnosis of early relapse in...


Boren TP, Miller DS. Should all patients with serous and clear cell endometrial carcinoma receive adjuvant chemotherapy? Women’s Health 6(6):789-95, November 2010.

6. Articles by program faculty published in peer-review journals (2005-2010)


Lu KH, Schorge JO, Rodabaugh KJ, Daniels MS, Sun CC, Soliman PT, White KG, Luthra R, Gershenson Dm, Broadus RR. Prospective determination of prevalence of Lynch syndrome in


Bakkum-Gomez JN, Richardson DL, Seamon LG, Aletti GD, Powless CA, Keeney GL, O’Malley DM, Cliby WA. Is there a high-risk subgroup of stage I ovarian cancer most likely to benefit from 6 vs. 3 cycles of adjuvant chemotherapy? Submitted to Int J Gynecol Oncol January 2010.


Bakkum-Gomez JN, Richardson DL, Seamon LG, Aletti GD, Powless CA, Keeney GL, O’Malley DM, Cliby WA. Is there a high-risk subgroup of stage I ovarian cancer most likely to benefit from 6 vs. 3 cycles of adjuvant chemotherapy? In press Int J Gynecol Oncol June 2010.


Boren TP, Miller DS. Should all patients with serous and clear cell endometrial carcinoma receive adjuvant chemotherapy? Women’s Health 6(6):789-95, November 2010.


7. Research opportunity, supervision and thesis guidance

The division faculty is privileged to provide ample opportunities for research success to fellows in the program. This 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 provides 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 17 years (effective May 2010), 11,853 patients, 6706 tumors, 11,039 procedures and 12,269 admissions have been entered. Division faculty also facilitate 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 faculty to provide guidance.

Division faculty review 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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SWMC = SOUTHWESTERN MEDICAL CENTER
PMH.PRETEND = SOUTHWESTERN MEDICAL CENTER/PRE-ATTENDING
RADONC = RADIATION ONCOLOGY
PATH = PATHOLOGY
RES = RESEARCH
SICU = SURGICAL INTENSIVE CARE UNIT
2. Block diagram of fellowship schedule 2010-11

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RES = RESEARCH
SICU = SURGICAL INTENSIVE CARE UNIT
### 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>
</thead>
<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) (PMH 3rd floor)</td>
<td>↓</td>
<td>↓</td>
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<tr>
<td>↓</td>
<td>↓</td>
<td>0900 Simmons Cancer Center Clinic (NB2)</td>
<td>↓</td>
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<tr>
<td>↓</td>
<td>↓</td>
<td>1100 Dept OB/GYN Grand Rounds (G6.200)</td>
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<tr>
<td>↓</td>
<td>↓</td>
<td>1200 Parkland Nurse Practitioner Chemotherapy Rounds (4-West)</td>
<td>↓</td>
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<tr>
<td>↓</td>
<td>↓</td>
<td>1300 Ward Rounds (4-West)</td>
<td>↓</td>
<td>↓</td>
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<tr>
<td>↓</td>
<td>↓</td>
<td>1600 Morbidity &amp; Mortality Conference; Journal Club; Division Research Mtg (E6.102); Gyn Oncology Fellows’ Lecture (E6.102) [Alternating]</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 sf housing 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 biologic research. The Laboratory of Gynecologic Oncology shares space within the Minna lab encompassing approximately 2000 sf 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 videocamera, 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/genotypers 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 Dept. including microscopy, imaging center, darkrooms, high speed and ultracentrifuges, scanning densitometer, phosphoimager, spectrophotometers, liquid scintillation and 125 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](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.

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. These mechanisms are ultimately responsible for initiating correct developmental and adaptive changes in cell behavior. Aberrant regulation of these mechanisms results in pathological changes that are responsible for initiating a wide variety of human diseases including cancer. His focus has been on the contribution of Ras-family small GTPases to the regulation of proliferation, differentiation, and oncogenic transformation. His work has shown that these proteins act as key nodes in signal transduction networks, integrating extracellular and intracellular cues to the activation of appropriate machinery driving the response of cells to those cues. His laboratory is defining the composition, organization, and regulation of the Ras GTPase signaling network. They are using this information to establish paradigms describing the nature of signal-mediated information flow and connectivity to cell biological responses. With respect to human disease, they are translating their observations into a molecular understanding of the establishment of a minimal tumorigenic platform in general, and into defining the critical contribution of Ras oncogenes to initiation and maintenance of human cancer in particular.

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 9 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 Hospital-St. Paul/Zale Lipsy 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
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 it 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, orthopaedics, urology, gynecology, otorhinolaryngology, ophthalmology, general and oncological 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.

d. Presbyterian Hospital of Dallas

This is an 897 bed non-profit hospital operated by Texas Health Resources with a long-standing affiliation with UT Southwestern Medical School that participates in the teaching of obstetrics and gynecology residents at the senior level. It has a comprehensive multi-disciplinary cancer center. There are more than 1,200 physicians on the medical staff. Presbyterian Hospital offers a full range of care including services for cancer, cardiovascular problems, neuroscience needs, orthopedics, senior care and women's services. The activities of the cancer center include weekly tumor board conferences and bi-monthly gynecologic oncology tumor boards. 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.
e. Medical City-Dallas Hospital

This 598 bed facility was founded in 1974 and is affiliated with Southwestern Medical School. Senior obstetrics and gynecology residents rotate at this location. There are 1,250 physicians on the medical staff practicing 95 specialties. A broad range of sophisticated cancer therapies 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 share two private offices (E6.102) adjacent to the faculty offices on South Campus. Each offices 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. J6.102 Conference Room

There is a large table surrounded by 15-20 swivel chairs. Stationary padded seats surround the back walls for additional seating(maximum 80 people). The front wall has a permanent white Board and the podium is Monthly conferences within this room include the Gynecologic Oncology Division Research meeting, M & M Conference and Journal Club.

c. NB8.204

This 300 sf 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 is 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 the Tumor Board.

Off-service fellows participate in an ongoing pelvic anatomy and dissection course facilitated by faculty members in the Division of Urogynecology to enhance our resident surgical educational curricula. This course, which takes place in the Department of Anatomy at the UT Southwestern School of Medicine, is structured with testing and hands-on fresh-cadaver anatomical instruction of the pelvic organs. Fellows participate in the didactic lectures and pelvic dissections. Formalization of the surgical curricula in a computer-based instructional format has recently been funded through the Association of Professors in Gynecology and Obstetrics and the Council on Resident Education in Obstetrics and Gynecology (APGO-CREOG).

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 an 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. Raghauamiah, 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 and Gynecology
  Medical Director of Women’s Health Services
  Summa Health System
  Akron City Hospital, Akron, OH

John D. O’Boyle, M.D., 1996-99
  Lieutenant Commander Medical Corp., Director of Gynecologic Oncology
  Department of Obstetrics and Gynecology, Naval Medical Center
  Portsmouth, VA
  Associate Professor, USUHSC

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
  Blumenthal Cancer Center, Division of Gynecologic Oncology
  Carolina’s Medical Center, Charlotte, NC

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

Richard David Drake, M.D., 2002-06
  Assistant Professor of Obstetrics & Gynecology
  Cleveland Clinic Foundation, Cleveland, OH
2. Current fellows in the program:

Scott Christopher Purinton, M.D., Ph.D., 2007-11  
Furman University, Greenville, SC, B.S., 1993; University of Florida, Ph.D. 1999;  
University of Miami, M.D., 2003; Johns Hopkins Hospital, Residency, 2007

Todd Patrick Boren, M.D., 2008-12  
Texas A&M University, College Station, TX, B.S. 1998; Louisiana State University School of Medicine, New Orleans, LA, M.D., 2002; Bayfront Medical Center, St. Petersburg, FL, 2006, Residency; H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL, 2008, Post-Doctoral Research Fellowship

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

F. Other physician trainees assigned to the gynecologic oncology service

Six months each academic year there is one 2\textsuperscript{nd} 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 6 months each fellow is evaluated by the faculty using the E*Value Evaluation System (example enclosed). These evaluations become part of the fellows’ permanent file and may be viewed directly be 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.