

**Division of Gynecologic Oncology  
Education Program for  
Fellows in Gynecologic Oncology**

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**Summary Description of Fellowship Program**

Our Gynecologic Oncology Fellowship Program is a four-year training program designed to train obstetrician gynecologist for productive careers in academic gynecology 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 affiliated institutions.

Eligibility for this fellowship requires satisfactory completion of an ACGME or RCPSC approved residency in Obstetrics & Gynecology, successful completion of the written examination of The American Board of Obstetrics & 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.

**Overall Educational Goals**

This Fellowship in Gynecologic Oncology at UT Southwestern Medical Center is designed to train obstetrician-gynecologists for productive careers in gynecologic oncology. The goal of this fellowship is the preparation of outstanding Obstetrician-Gynecologist 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. Emphasis is placed on surgical techniques, critical care, clinical trials, and investigational agents. Fellows participate in the care of over 400 new gynecologic oncology patients every year. The fellows are responsible for all

preoperative and postoperative patient care and perform operations under the direction of an attending surgeon.

Fellows are instructed in the methods and techniques of radiation therapy and participate in the management of patients receiving all forms of these treatments. The 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 decide the course of treatment and are responsible for the care of radiation therapy inpatients.

The Fellows attend rounds, conferences, lectures, and seminars. 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 Gynecologic Oncology fellow to design, develop, and obtain support for their own studies as well as direct the efforts of others.

### **Overall Educational Objectives**

- a. Learn the basics of hypothesis-driven research, grant preparation, peer review presentations, and publication skills.
- b. Acquire knowledge and understanding in cancer biology, immunology, genetics, and statistical analysis during research years in a Basic Science focused laboratory setting, graduate level courses, and conferences.
- c. Acquire experience in the comprehensive management of gynecologic cancer and its complications, including management of fluids, electrolytes, anticoagulation, nutrition, and critical care.
- d. Acquire experience and skill in the diagnosis, staging and comprehensive management of gynecologic cancers.
- e. Acquire experience and skill in surgical management, including:
  - 1) Radical operations on the reproductive organs, resection/anastomosis/bypass of the gastrointestinal and urinary tracts and other pelvic surgery techniques.
  - 2) Dissection of inguinal, pelvic, para-aortic lymph nodes, and gain experience with plastic reconstructive operations required for restoration of function in women treated for gynecologic malignancy.
  - 3) Open laparotomy and minimally invasive surgical approaches, including robotic surgery, in the management of gynecologic malignancies.
  - 4) Adjunctive procedures required in these patients such as cystoscopy, sigmoidoscopy, paracentesis, thoracentesis, and placement and management of thoracic cavity drainage tubes are also gained.
- f. 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.

- g. Acquire and understanding in the pathologic diagnosis of premalignant and malignant conditions of the female genital tract.
- h. Acquire clinical experience and skill in the interpretation of the radiologic tests.
- i. Receive instruction in the diagnosis and management of disorders of the breast.
- j. Receive experience and skill in the methods and techniques of radiation therapy and will participate in the management of patients receiving all forms of these treatments. Fellows will also 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, plan radiotherapy, applies radioactive materials, and is responsible for the care of radiation therapy inpatients.
- k. 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.
- l. Acquire experience in palliative care and management of the dying patient.

## **Program Structure**

This Fellowship is structured as a four-year training program. It includes 3 accredited years during which time fellows will complete all ACGME program requirements for Gynecologic Oncology training which will enable the fellow to be eligible to site for the ABOG board certification. There is also a required 4<sup>th</sup> and non-accredited year that will enable each fellow to pursue additional research training and clinical training in gynecologic oncology. The surgical and clinical training that is needed to be a comprehensive Gynecologic Oncologist is significantly more expansive when compared to the basic training received by residents who have completed training in obstetrics & gynecology. The Gynecologic Oncologist is required to have an in-depth knowledge of complex pelvic and abdominal anatomy and procedures. The advances in basic sciences and new therapies requires extensive understanding of basic science, translational science, statistics and trial design, components that are not emphasized in OBGYN residency. The Gynecologic Oncology fellowship program at UT Southwestern is designed to train for 4 years to ensure that all fellows receive the most comprehensive training.

The 1<sup>st</sup> year of fellowship training is considered an ACGME accredited year of training and consists entirely of clinical rotations. Three months are divided into rotations in Surgical Intensive Care (1 month), Pathology (2 weeks), Genetics (2 weeks), and Radiation Oncology (1 month). The following 9 months consists of Gynecologic Oncology service at two different sites: Clements University Hospital and Parkland Hospital.

The 2<sup>nd</sup> year of fellowship training is a non-accredited year and consists of 3 months of Gynecologic Oncology service and 9 months of basic science research without any clinical care responsibilities. Fellows are also expected to participate in clinical research during this year of training.

The 3<sup>rd</sup> and 4<sup>th</sup> year of fellowship training are ACGME accredited years of training. The 3<sup>rd</sup> year is focused on research without any clinical responsibilities. Fellows are required to complete their basic science research in preparation for thesis presentation. Clinical research may also be accomplished if

the fellow is meeting expectations with his/her basic science research. The 4<sup>th</sup> year is entirely comprised of clinical training on the Gynecologic Oncology service at two different sites: Clements University Hospital and Parkland Hospital.

### **Ambulatory Experience**

All new gynecologic cancer patients presenting to the Parkland Hospital Gynecologic Oncology Clinic will be seen by the fellow with supervision. The fellow participates in patient evaluation, staging, treatment and management of complications thereof. Fellows attend outpatient clinic at Parkland Hospital Gynecologic Oncology clinic for 1 full day, per week. The fellow will also be involved in the ambulatory evaluation of private patients seen by the UT Southwestern faculty at Simmons Comprehensive Cancer Center for 1 full day, per week. The fellow is given the opportunity to be exposed to new gynecologic oncology patients, patients requiring chemotherapy, radiation therapy, treatment complication as well as patients being seen for cancer surveillance.

#### **i. Organization of Inpatient and Outpatient Teaching**

The facilities of UT Southwestern Medical Center include Parkland Memorial Hospital, Clements and Zale Lipshy University Hospitals, and the Harold C. Simmons Cancer Center, which are all contiguous or adjacent to UT Southwestern Medical School, UT Southwestern Medical Center at Dallas, 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 has four degree-granting institutions: UT Southwestern Medical School, UT Southwestern Graduate School of Biomedical Sciences, UT Southwestern School of Health Professions, and UT Southwestern School of Public Health.

- The schools train nearly 3,700 medical, graduate, and health profession students, residents, and postdoctoral fellows each year.
- Ongoing support from federal agencies, such as the National Institutes of Health, along with foundations, individuals, and corporations, provides almost \$554.4 million per year to fund faculty research.
- Faculty and residents provide care to more than 117,000 hospitalized patients, almost 360,000 emergency room cases, and oversee approximately 3 million outpatient visits annually.
- UT Southwestern has approximately 18,800 employees and an operating budget of \$4.1 billion.

#### **ii. 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 of the faculty for evaluation, staging, treatment, as well we 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 hospitals and are almost always scrubbed for the purposes of supervision of patient management and teaching opportunity.

## **Didactics and Conferences**

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

- I. Protocol and Chemotherapy Monitoring Conference: (Alternating on Wednesday's, 0730). All patients under active chemotherapy and/or chemo-radiation treatment are presented by the fellow for review and discussion with faculty.
- II. Surgery Planning Conference: (Alternating Wednesday's, 0900). All patients who are candidates for surgery are presented by the fellow for review, discussion, and treatment planning with faculty.
- III. Gynecology Tumor Board: (Wednesday, 0800). 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 Oncology, and related specialties as required. Cases are presented by the resident and members of pathology and radiology teams. The fellow then discusses the critical issues of the case and proposes an evidence-based treatment plan that is further discussed by the faculty.
- IV. Gynecologic Oncology Core Curriculum Lectures: (1<sup>st</sup> Wednesday, 1600). Core didactic lectures chiefly presented by the faculty to prepare fellows for their written and oral board examinations in gynecologic oncology.
- V. Gynecologic Oncology Pathology Lecture Series: (4<sup>th</sup> Wednesday of the month, 1500). This is a pathology core conference where fellows learn the didactics and nuances pertaining to gynecologic oncology pathology.
- VI. Oncology Board Review Conference: (every Thursday, 0730). This conference is a Cancer Center wide multidisciplinary conference that highlights complex cases and pathologies.
- VII. Introductory Oncology Fellows Lectures: (Tuesday, 1600; Thursday, 0730, July-September). Core lectures in chemotherapy and oncology emergencies.
- VIII. Morbidity and Mortality Conference (4<sup>th</sup> Wednesday, 1600). Critical review by faculty, fellows, and residents of complications (i.e., unplanned returns to surgery, ICU admissions, or patient deaths) for the preceding resident block rotation.
- IX. Obstetrics and Gynecology Department Grand Rounds: (weekly Wednesday's, 0700). Obstetrics, Gynecology, and subspecialty topics are presented to the Department of Obstetrics & Gynecology by faculty and visiting professors.
- X. Gynecologic Oncology Journal Club: (3<sup>rd</sup> Wednesday, 1600). Current literature on topics in gynecologic oncology are presented and critically reviewed by the fellows and residents.
- XI. Division Research Meeting: (2<sup>nd</sup> Wednesday, 1600). The faculty members, fellows, research coordinators, and the entire research team review all basic and clinical research within the

Division. Monitoring of cooperative group, NCI, and industry protocol accrual, compliance, toxicity, and reporting are addressed.

- XII. Parkland Patient Care Conference: (Tuesday, 0800). 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 Gynecologic Oncology Faculty. Its purpose is to assess total care and meet the needs of patients.

## **Graduate Level Courses – Basic Certificate in Clinical Science**

The Basic Certificate in Clinical Science requires 15 credit hours to complete the program. The Graduate Certificate in Clinical Science program offers courses on research design, biostatistics, and research implementation.

[The Graduate Certificate in Clinical Science: UT Southwestern, Dallas, Texas](#)

- **Required Courses (9 hours required):**

**Biostatistics I – CTM 5309 (2<sup>nd</sup> Year, Fall Semester, 3 hours):**

Traditional, mathematical approach to statistical analysis of biomedical data. Topics include data description, summary statistics, elements of probability, distribution of random variables including applications of the binomial and normal distributions, estimation and confidence intervals, hypothesis testing, analysis of variance, correlation and regression and contingency tables, Additional topics include statistical power, sample size, and study design.

**Introduction to Principles & Methods of Clinical & Translational Research – CTM 5301 (3<sup>rd</sup> Year, Fall Semester, 3 hours):**

This class presents basic and intermediate level principles in research design; formulation of the research question; identifying primary and secondary 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.

**Responsible Conduct of Research – CTM 5107 (3<sup>rd</sup> Year, Fall Semester, 1 hour):**

Regulatory requirements of clinical research (IRB, GCP, HIPAA, and investigational filings), ensuring patient safety, interactions with government and industry, contract negotiations, successful strategies, and tactics.

**Ethics in Clinical Science: Advanced Topics in Research Ethics & Scientific Integrity – CTM 5105 (Offered in odd numbered years only Spring Semester, 1 hour):**

This course is a systematic examination of the ethical concepts and standards of responsible conduct of research in biomedical science and clinical investigation. Its aim is to provide postdoctoral trainees and junior faculty in biomedical clinical research a framework in which to recognize, examine, resolve, and prevent ethical questions and conflicts in their professional work and prepare them for independent research and mentoring of others.

**Socratic Seminar/TSF – CTM 5120 (3<sup>rd</sup> Year, Spring, 1 hour):**

This seminar provides an open community-based opportunity for early-career clinical investigators to improve their skills in clinical research design and analysis and in the presentation of research plans and data. Participants will achieve this goal by mastering key aspects of the thinking process of clinical research in a lighthearted, but critically analytical

environment. Expert panel members will ask the presenter general and specific questions about all aspects of the research proposal and provide lively critiques of the substance and style of the research proposals.

### **Research Practicum (3-6 hours required):**

#### **Practica: Directed Research – CTM 5097 (3<sup>rd</sup> Year, Spring, 3 hours):**

Directed Research offers academic credit for research and writing efforts guided by the trainee's scientific mentor(s) and program leadership.

- Deliverables typically include a research project, publishable manuscript, and extramural grant application (see program requirements at the time of matriculation/orientation).
- Deliverables are reviewed by the CTM Education & Education Oversight Committee (EOC).
- Matriculated students are enrolled in these credits throughout the program with a minimum of 8 credits/maximum of 15 credits awarded for the required deliverables.

### **Elective Courses (0-3 hours required):**

#### **Biostatistics II – CTM 5302 (3<sup>rd</sup> Year, Spring Semester, 3 hours):**

Biostatistics for Clinical Sciences II, this course is a continuation of the basic statistical methods courses applied to the medical and health sciences and is strongly encouraged for all program students. Topics include regression models, analysis of variance models (ANOVA), measures of association, logistic regression, survival analysis, categorical data analysis, and special topics (measurement, meta-analysis, Bayesian analyses, and propensity analysis methods). Techniques for selecting appropriate sample sizes and power are discussed. Many of the statistical analyses will be illustrated with computer output. Journal articles may be incorporated in the lecture sequence to illustrate statistical and design principles.

***Pre-requisite: CTM 5309 or Instructor consent.***

#### **Practical Clinical Tran Research Proposal – CTM 5209 (3<sup>rd</sup> Year, Spring Semester, 2 hours):**

Practical Clinical & Translational Research Proposal Development, this course is the practical application of the concepts taught in introduction to Principles & Methods of Clinical & Translational Research. We will apply our understanding of team science, foundations of clinical and translational research and clinical research design and analysis to the creation of a written research proposal, an oral presentation, and elevator talk. At the end of the semester, students will have a workable draft of all three of these key elements that they may develop further into proposals for funding or an IRB protocol. This course incorporates a blended classroom which entails online video lectures, assigned reading, and in class discussion sections in which students will evaluate each other's written proposals. At the end of the semester, students will present their research proposal for oral feedback from peers as well as faculty.

***Pre-requisite: CTM 5301 and CTM 5106 or instructor consent.***

#### **Epidemiology for the Clinical Investigator-CTM 5307 (3<sup>rd</sup> Year, Spring Semester, 3 hours):**

The first half of the semester comprises lectures covering the following principles of epidemiology: 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, 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; propensity scores for controlling selection bias; experiential introduction to statistical computing for different types of clinical epidemiology studies. New this year will be a concluding lecture on multi-omics epidemiology for diagnostic test and new drug development.

The second half is an epidemiologic computing laboratory where participants learn how to operate the SAS statistical software and use it to analyze data from real clinical epidemiologic studies. This is the best way to learn basic biostatistics and how to recognize and control sampling error, selection bias, information bias and confounding with cross-tables, multivariable logistic and linear regression, propensity scores, and more.

**Grant Writing and Funding Strategies-CTM 5106 (3<sup>rd</sup> Year, Spring Semester 1 Hour):**

100% Online Course. This course will review the different types of federal grant mechanisms as well as grants or contracts from research foundations, advocacy organizations and industry. How to write a persuasive, well-reasoned application will be the focus of the course including the budget, resources and environment, preliminary data, and the research plan.

**Essentials of Management & Leadership-CTM 5208 (3<sup>rd</sup> Year, Spring Semester 2 Hours):**

This course is a structured review and discussion of the basics of management and leadership theory and practice. Topics include project management and budgeting, information systems, leadership style, effective interviewing and hiring techniques, conflict resolution, and the basics of organizational culture. Predominant theories and research, as well as shared experiences of the instructor and the group, are discussed to enhance each participant's effectiveness as a manager and leader. Several hours are spent throughout the course understanding and analyzing federal and state health policy (current and proposed) and the implications for the independent researcher. The curriculum combines assigned readings, didactic lectures, active group discussion, a mid-term project, and a final examination.

## **Research**

Fellows have greater than 90% protected time during their research rotations. The research rotations are incorporated into the program during the 2<sup>nd</sup> and 3<sup>rd</sup> year of 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 acknowledges that fellow participation in clinical activity is optional. Fellows will be responsible for sharing call coverage during the weekends.

The goal of research training is to provide fellows with sufficient scientific basis to 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. Basic Science research experience is available for fellows in the Cecil H. and Ida Green Center for Reproductive Biology Science under the mentorship of Dr. W. Lee Kraus. Our Comprehensive Gynecologic Oncology Tissue and Blood Repository provide a rich resource for laboratory projects studying gynecologic cancers. The Kraus Lab is interested in the basic mechanisms of nuclear signaling and gene regulation by small molecules. Fellows are encouraged and supported to attend, present before, and participate in scientific meetings. A thesis project is discussed and planned with the guidance of Dr. Kraus, lab members and the program director. All fellows present their thesis during the last month of the fellowship to the entire Division of Gynecologic Oncology, lab members, thesis committee and Dr. Catherine Spong, the Chair of the Department of Obstetrics and Gynecology.



## A. **The curriculum of clinical research development**

The Division of Gynecologic Oncology installed the SGO database in June 1993 to organize the fellows' clinical experience and facilitate research opportunities. Division faculty 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.

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

### 1) **IRB Training**

The UT Southwestern IRB office staff provides education and training on the ethical and regulatory standards for human subject protection. IRB policy requires all study team members (including offsite collaborators) listed on a UT Southwestern IRB protocol application to complete training before conducting research involving human subjects. Successful completion of training is required prior to granting final approval of a new protocol. Human Subject Protection (HSP), Good Clinical Practice (GCP) and HIPAA Research are required for all research personnel listed on the study.

### 2) **Grant Writing**

To support researchers in navigating an often-complex system, the RGC provides training sessions that cover necessary topics including:

- (ii) Grants 101
- (iii) National Institute of Health (NIH) forms and guidelines for submitting grants
- (iv) Good clinical practice
- (v) Electronic Research Grant Organizer (ERGO), a Web-based system that allows forms and/or grants to be submitted electronically through institutional processes

Grant writing courses are periodically offered through the Graduate School of Biomedical Sciences. Grant writing is mentored by the PI. Mentoring of fellows in the laboratory has resulted in fellows participating in T32 institutional training grants, receiving ACOG/3M Pharmaceuticals Research Award (2002, 2006, 2007), ACOG-Ortho-McNeil Awards (1999, 2004), an American Cancer Society Institutional Research Grant (2003), Reproductive Scientist Development Program Scholars (1996, 2004), AACR sponsored Young Investigator Award (2007) and numerous presentations and publications in recent years.

### 3) **Statistical Analysis**

Fellows are required to take at least one course in Statistical Analysis during research training years. The goal of taking the course is to acquire an understanding of the fundamental statistical principles, interpretation of statistical tests and basic statistical methods. The fellows have access to statistical program through the UT Southwestern Medical Center Library. All faculty are well versed in basic statistical analysis and can provide membership to fellows. Complex statistical analysis is done in collaboration with the Division of Biostatistics.

4) **Study Design**

Study designs are initiated by the faculty who has the primary idea, and are further developed during lab meetings, individual meetings with the fellows, and Divisional monthly research meetings, which all faculty and fellows attend.

5) **Manuscript Preparation**

Manuscript preparation is taught by the faculty and tailored based on the fellow's previous academic experience.

**B. 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 Oncology, the Society of 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 Oncologist and others.

**C. Thesis Presentation/Defense**

The fellow prepares the thesis presentation and reviews it with mentoring faculty and PI. All fellows present their thesis during the last winter/spring of the fellows final and 4<sup>th</sup> year of training. The entire Division of Gynecologic Oncology, the fellows lab mentor, including Dr. Kraus, and Dr. Catherine Spong, the Chair of the Department of Ob-Gyn.

**D. Off-Service Rotations**

The fellow spends one month in the Surgical Intensive Care Unit at Parkland Memorial Hospital. 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.

Fellows spend a one-month rotation in the Department of Radiation Oncology, under the supervision of Kevin Albuquerque, M.D., Associate 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 will spend 2 weeks with the Department of Pathology faculty during which time the fellows acquire an understanding in the pathologic diagnosis of premalignant and malignant conditions of the female genital tract. Fellows are involved in the process of gross and frozen sectioning of gynecologic benign and malignant organs. They acquire an

understanding of the histopathologic diagnosis of gynecologic conditions and malignancies. Fellows also participate in a monthly pathology lecture series that is formatted for the gynecologic oncology fellowship program.

The fellow also spends 2 weeks with members of the Cancer genetics program at the Simmons Comprehensive Cancer Center. The fellow works with the Genetics team to learn cancer risk assessments, hereditary syndromes and appropriate counseling of patients and their families.

#### **E. 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.

#### **Requirements for promotion to next level of training and graduation from Fellowship**

1. Fellows should make progress towards the clinical competencies as specified in the educational objectives for each PGY year of training.
2. Fellows should demonstrate academic productivity throughout the duration of the fellowship program.
3. Fellows should be in good professional and behavioral standing.

#### **F. Responsibilities and Activities of Fellows**

##### **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 outpatients' 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.

### **Benign Gynecology**

Fellows and faculty are frequently requested at Parkland Memorial Hospital (approximately 2716 benign gynecology operations annually) or Clements University Hospital 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.

### **Obstetrics**

Occasionally, the fellow will be emergently consulted with faculty supervision for an unanticipated obstetrical catastrophe (i.e., massive retroperitoneal hemorrhage, peripartum hemorrhage, ureteral transection at the time of gravid 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.

### **Lectures and presentations**

Each fellow presents at Departmental Grand Rounds at least once a year. The fellow will organize, select cases, and supervise the resident participation of the weekly Tumor Board conference. Weekly tumor board presentations are given by the fellow to residents, faculty, and staff. In addition, he/she will have active participation in non-formal lectures and monthly journal clubs for residents. The fellow occasionally participates in the regularly scheduled junior medical student lectures in Obstetrics & Gynecology. Fellows regularly present their research at regional and national meetings.

### **Call**

There are two clinical fellows on the Gynecologic Oncology service at any given time. The clinical fellows take at-home call during the week. **All** fellows share in weekend call, which starts on Friday at 5 pm and ends Monday at 7 am. Call hours are included in the 80-hour work week when the fellow returns to the hospital to evaluate/manage a patient.

### **Moonlighting**

Fellows are not required to engage in moonlighting. Moonlighting, in general, is discouraged for Gynecologic Oncology fellows because the fellow's primary responsibility is the acquisition of knowledge, attitudes, and skills associated with the specialty. Permission for moonlighting maybe granted only to fellows during his or her research months if it does not interfere with the ability of the fellow to achieve the goals and objectives of the fellowship educational program. Any fellow

that is granted permission to engage in moonlighting will have the time spent in moonlighting counted towards the 80-hour maximum weekly hour limit.

### **Tracking and Work Hours Documentation**

Work hours are documented by each Fellow in MedHub. The hours are tracked and monitored by the Fellowship Program Coordinator and Program Director. Work hour violations and circumstances when there is less than minimum time off between duty periods are tracked by the program and then forwarded to the Program Director. All work hour violations are tracked, and if needed, individual interventions or rotation schedule modification are recommended.

### **Policy regarding Leave for Fellows**

#### [Fellowship Leave Policy \(abog.org\)](#)

**Yearly leave:** The total of such vacation and leaves for any reason — including, but not limited to, vacation, medical, parenting, caregiver, or personal leave — may not exceed 12 weeks in any single year of fellowship. If the maximum weeks of leave per fellowship year are exceeded, the fellowship must be extended for a duration of time equal to that which the fellow was absent in excess of 12 weeks in the F1, F2, or F3.

**Total leave:** In addition to the yearly leave limits, a fellow must not take a total of more than:

- 20 weeks (five months) of leave over three years during training.

If this limit is exceeded, the fellowship must be extended for a duration of time equal to that which the fellow was absent in excess of 16 or 20 weeks. Such extensions of training must have an educational plan outlined for the continued training with specific educational and clinical experience goals and objectives to be achieved.

Unaccrued personal time may not be used to reduce the actual time spent in a fellowship, nor to “make up” for time lost due to medical or other leave. Time missed for educational conferences does not count toward the leave thresholds.

### **UT Southwestern GME Leave Policies**

[Policies: Graduate Medical Education - UT Southwestern, Dallas, Texas](#)

#### **G. Presentations at Regional or National Meetings by Fellows (2015-2022)**

**Lin KY**, Hechanova M, Richardson Debra, Kho, KA. Risk of Occult Uterine Sarcoma in Women Undergoing Hysterectomy for Benign Indications. 2015 ACOG Annual Clinical and Scientific Meeting, May 2, 2015, San Francisco, CA.

**Manders DB**, Albuquerque KV, Richardson DL, Kehoe SM, Miller DS, Lea JS. Emphasis on Systemic Therapy for Women with Pelvic Bone Involvement at Time of Diagnosis of Cervical Cancer. Poster Presentation. Western Association of Gynecologic Oncologists Annual Meeting, Santa Rosa, CA, June 10-13, 2015.

**Conrad LB**, Miller D, Kehoe S, Richardson D, Lea J. Defining optimal management of midline vulvar cancers. Oral Presentation. Western Association of Gynecologic Oncology Annual Meeting, Santa Rosa, California, June 10-13, 2015.

**Palavalli-Parsons LH**, Manders DB, Richardson DL, Kehoe DM, Carlson M, Miller DS, Lea JS. Anti-Angiogenic Treatment of Cervical Cancer Significantly Decreases New Target Lesions. Poster Presentation. Western Association of Gynecologic Oncologists Annual Meeting, Santa Rosa, CA, June 10-13, 2015.

**Palavalli Parsons LH**, Miller D, Richardson D, Kehoe S, Carlson M, Lea J. Anti-Angiogenic Treatment of Cervical Cancer: Significant Tumor Regression with Severe Toxicity. Society of Gynecologic Oncology Annual Meeting on Women's Cancer, San Diego, California, March 19-22, 2016.

**Conrad LB**, Nandu T, Gibson BA, Lea JS, Kraus WL. Identification of distinct ADP-ribosylation patterns in ovarian cancer: a novel biomarker for therapy response. Featured Poster Presentation. Society for Gynecologic Oncology Annual Meeting, San Diego, California, March 19-22, 2016.

**Khulpateea BR**, Boac BM, Xiong Y, Apte SM, Wenham RM, Shahzad MM, Wolf JK, Munroe DG, Chon HS. Inbound referral patterns for ovarian cancer patients at a National Comprehensive Cancer Center (NCCN) institution. SGO 47<sup>th</sup> Annual Meeting, March 19-22, 2016, San Diego, CA. Abstract #6338.

Boac BM, Xiong Y, Marchion DC, Abbasi F, **Khulpateea BR**, McClung EC, Berry AL, Apte SM, Wenham RM, Lancaster JM, and Magliocco AM. Micro-RNAs associated with ovarian cancer in-vitro cisplatin-resistance regulate epithelial-mesenchymal transition. SGO 47<sup>th</sup> Annual Meeting, March 19-22, 2016, San Diego, CA. Abstract #6354.

McClung EC, Marchion DC, Abbasi F, Xiong Y, Boac BM, Robertson SE, Bush SH, **Khulpateea BR**, Lancaster JM, Magliocco AM. TGF/Wnt signaling: a metastasis signature for poor-prognosis ovarian cancer. SGO 47<sup>th</sup> Annual Meeting, March 19-22, 2016, San Diego, CA. Featured Poster, Abstract #6574.

**Conrad LB**, Nandu T, Gibson BA, Lea JS, Kraus WL. Identification of distinct ADP-ribosylation patterns and gene expression in ovarian cancer: relationship to clinical outcomes. The PARP Family and ADP-ribosylation, Cold Spring Harbor, New York, April 13-16, 2016.

**Conrad LB**, Awdeh H, Acosta-Torres S, Conrad SA, Bailey AA, Lea JS. Impact of Preoperative Sarcopenia and Malnutrition on Outcomes in Advanced Ovarian Cancer. Poster Presentation. American College of Obstetrics & Gynecology Annual Clinical and Scientific Meeting, Washington D.C., May 14-17, 2016.

**Conrad LB**, Awdeh H, Acosta-Torres, S, Conrad SA, Bailey AA, Lea JS. Defining sarcopenia in advanced ovarian cancer patients. American College of Obstetrics & Gynecology Annual Clinical and Scientific Meeting, Washington D.C., May 14-17, 2016.

**Conrad LB**, Awdeh H, Bailey AA, Miller DS, Lea JS. Core muscle index is prognostic of survival in advanced ovarian cancer. Oral presentation. Western Association of Gynecologic Oncology Annual Meeting, Sedona, AZ, June 8-11, 2016.

**Liu CS**, Roane B, Crim A, Moore K, Richardson D. The Role of Surgery in the Management of Stage IVB Endometrial Cancer. Poster presented. Western Association of Gynecologic Oncologists Annual Meeting, Sedona, AZ, June 8-11, 2016.

Vandersluis A, Wade K, Ding K, Backes F, Cosgrove C, El Naggar A, Richardson D, **Liu C**, et al. A Multi-Institutional Analysis of Surgery and Chemotherapy for Stage IVB Uterine Carcinosarcoma. Poster presented Jan 26-28, 2017, at the Society of Gynecologic Oncology Annual Winter Meeting, Denver, CO.

Sims TT, **Palavalli Parsons LH**, Kehoe S, Richardson D, Miller D, Lea J, Carlson M. Close Incision Negative Pressure Therapy Should be Considered for Obese Patients Undergoing Laparotomy for Gynecologic Malignancies. Texas American College of Surgeons—Stronger Together Joint 2017 Annual Meeting, Austin, Texas, February 23-25, 2017

**Palavalli-Parsons L**, Conrad LB, Lea JS, Kraus WL. Characterization of PARP-7 in ovarian cancer cells. Society of Gynecologic Oncology 2017 Annual Meeting on Women's Cancer, National Harbor, MD, March 12-15, 2017

**Palavalli Parsons LH**, Pedersen R, Richardson DL, Kho KA. Risk of Occult Endometrial Cancer during Hysterectomy for Benign Indications. ACOG 2017 Annual Clinical and Scientific Meeting. San Diego, California, May 6-9, 2017.

Sims TT, **Palavalli Parsons LH**, Kehoe S, Richardson D, Miller D, Lea J, Carlson M. Considering Closed Incision Negative Pressure Therapy for Obese Patients with Gynecologic Malignancies. ACOG 2017 Annual Clinical and Scientific Meeting. San Diego, California, May 6-9, 2017.

**Liu C**, Sims T, Kehoe S. Risk-Reducing Salpingo-Oophorectomy for BRCA carriers: is there a benefit to combination procedures with breast surgery? Poster presented May 6-9, 2017, at the American College of Obstetricians and Gynecologists Annual Clinical Meeting, San Diego, CA.

**Palavalli Parsons LH**, Lin KY, Miller D, Richardson D, Carlson M, Kehoe S, Lea J. Family History of Cancer Shows Improved Survival in Uterine Papillary Serous Carcinoma. Western Association of Gynecologic Oncology 2017 Annual Meeting, Rancho Mirage, California, June 14-17, 2017.

**Conrad LB**, Schmidt S, Bailey AA, Carlson M, Kehoe S, Richardson D, Miller DS, Lea JS. Advanced Ovarian Cancer Patients with Sarcopenia Benefit from Neoadjuvant Chemotherapy. Western Association of Gynecologic Oncology Annual Meeting, Rancho Mirage, CA, June 14-17, 2017

**Liu C**, **Spirtos A**, **Lea J**. Correlations Between Stage and Survival When Comparing the International Federation of Gynecology and Obstetrics to the American Joint Committee on Cancer Staging Systems for Locally Advanced Cervical Cancer. Poster presented June 14-17, 2017, at the Western Association of Gynecologic Oncologists Annual Meeting, Rancho Mirage, CA.

**Palavalli Parsons LH**, Pedersen R, Richardson DL, Kho KA. Risk of Occult Endometrial Cancer during Hysterectomy for Benign Indications. 46th AAGL Global Congress on MIGS. National Harbor, Maryland, November 12-16, 2017.

**J. Parker**, K. Lin, D.S. Miller, J. Lea. 319: Screening for Lynch Syndrome in a medically underserved population. SGO 49th Annual Meeting on Women's Cancer, March 24-27, 2018, New Orleans, LA. Poster Session.

**Palavalli Parsons LH**, Gibson BA, Lea JS, Kraus WL. PARP 7 has a significant role in overall survival of patients with ovarian cancer. Society of Gynecologic Oncology 2018 Annual Meeting on Women's Cancer, New Orleans, Louisiana, March 24-27, 2018.

**Liu CS, Spirtos A**, Goa S, **Khulpateea BR**, Ahn C, Miller, DS, Lea JS. AJCC versus FIGO staging of cervical cancer to predict disease severity. SGO 49th Annual Meeting on Women's Cancer, March 24-27, 2018, New Orleans LA. Abstract # 10186.

**Liu CS**, Gadad S, Malladi V, Nandu T, Lea J, Kraus W.L. Discovery, and characterization of long non-coding RNA-derived peptides in ovarian cancer. Texas Forum for Reproductive Sciences, April 5-6, 2018, Houston, TX. Poster Presentation.

**Liu CS, Spirtos A**, Gao A, **Khulpateea BR**, Ahn C, Miller DS, Lea JS. Predictors of Survival and Early Recurrence in Locally Advanced Cervical Cancer. Oral research presentation at the OncLive National Fellows Forum in Gynecologic Oncology, Miami, FL, April 26-28, 2018.

**Palavalli Parsons LH**, Pitt T, **Spirtos A**, **Lea JS**. Management of female-to-male transgender patients with hereditary gynecologic cancer syndromes. ACOG 2018 Annual Clinical and Scientific Meeting. Austin, Texas, April 27-30, 2018.

**Liu CS**, Gadad S, Malladi V, Nandu T, Lea J, Kraus W.L. Discovery, and characterization of long non-coding RNA-derived peptides in ovarian cancer. Regulatory and non-coding RNAs Meeting, Cold Spring Harbor Laboratory. Cold Spring Harbor, NY, May 16, 2018.

**Palavalli Parsons LH**, Pierce SR, Paola GA, Lea JS. Family history of cancer reveals improved survival uterine serous carcinoma in a multi-institutional retrospective review. Western Association of Gynecologic Oncology 2018 Annual Meeting, Park City, Utah, June 13-16, 2018.

**J. Parker**, K. Lin, D.S. Miller, J. Lea. Screening type II endometrial cancer patients for genetic mutations in an underserved population. 2018 WAGO Annual Meeting, Park City, UT, June 13-16, 2018.

**Liu C.**, Carlson M. Impact of Initiating a Robotics Program on Surgical Education at a County Teaching Hospital. 47th AAGL Global Congress on Minimally Invasive Gynecology, Las Vegas, NV. Abstract #: 2607. Nov. 11-15, 2018.



**Kremer, K.**, Lee, J., Carlson, M., LoCoco, S., Miller, D., Lea, J. Survey of practice patterns regarding the use of MIS for the treatment of Ovarian Cancer. Winter SGO 24th Annual Meeting. Lake Tahoe, CA. January 17-19, 2019.

**Liu CS**, Gadad S, Malladi V, Nandu T, Lea J, Kraus WL. Discovery and Characterization of Long Non-Coding RNA-Derived Peptides in Ovarian Cancer. SGO 50th Annual Meeting on Women's Cancer, Honolulu, HI, March 16-19, 2019.

**Parker JE**, Miller DS, Carlson MJ, Lee J, LoCoco S, Lea JS. Society of Gynecologic Oncology Survey: Current Practice patterns in the treatment of advanced stage endometrial cancer. WAGO 48th Annual Meeting, Huntington Beach, CA, June 12-15, 2019.

**Khulpateea BR**, Logan KD, Miller DS, Lea JS. Single agent pemetrexed in platinum resistant, recurrent ovarian cancer. WAGO 48th Annual Meeting, Huntington Beach, CA. Abstract #: 1. June 12-15, 2019.

**Khulpateea BR**, Challa S, Chen H, Nandu T, Lea JS, Kraus WL. Protein mono-ADP-Ribosylation in high grade serous ovarian cancer. WAGO 49<sup>th</sup> Annual Meeting virtual oral presentation, June 11-13, 2020.

**Parker JE**, Chen H, Lea JS, Nam Y. Methyltransferase-like 14 is associated with decreased progression free survival in advanced stage endometrioid endometrial cancer. Society of Gynecologic Oncology Annual Meeting, Toronto, CA, March 28-31, 2020.

**Parker JE, Holloway SV**, Lea JS. Association between elapsed time after initial diagnosis and outcomes in patients diagnosed with early stage cervical cancer at a safety net hospital. Western Association of Gynecologic Oncology Annual Meeting, virtual oral presentation, June 11-13, 2020.

**Parker J, Holloway SB**, Lea J. "Association between elapsed time after initial diagnosis and outcomes in patients diagnosed with early-stage cervical cancer at a safety net hospital". Poster presentation. WAGO annual meeting. Jun 2020.

**Holloway SB**. "Critical Care in Obstetrics and Gynecology". Oral presentation. Trauma and General Surgery Grand Rounds, Parkland Hospital System. Oct 2020.

**Parker JE**, Chen H, Lea JS, Kraus WL. Nucleolar localization of the RNA helicase DDX21 is associated with decreased survival in advanced stage endometrioid endometrial cancer. Society of Gynecologic Oncology Annual Meeting, Virtual, March 19-25, 2021.

**Kremer, K.**, Lee, J., Carlson, M., LoCoco, S., Miller, D., Lea, J. "Prognostic factors associated with overall survival in presumed early stage, high grade serous ovarian cancer: an analysis of the SEER cancer database." Poster Presentation. Society of Gynecologic Oncology 2021 Annual Meeting. Virtual Meeting. March 19-25, 2021.

Brann, R., **Kremer, K.**, Carlson, M., LoCoco, S., Lea, J, Miller, D., Lee, J. "Outcomes of ovarian cancer patients treated with platinum or non-platinum based chemotherapy after PARP inhibitor maintenance." Poster Presentation. American Society of Clinical Oncology 2021 Annual Meeting. Virtual Meeting. June 4-8, 2021.

**Kremer, K.**, Lee, J., Carlson, M., Lea, J. “Trends in gestational trophoblastic neoplasia for the years 2000-2016: an analysis of the SEER cancer database.” Virtual Poster Presentation. Western Association of Gynecologic Oncologists 2021 Annual Meeting. Virtual Meeting. June 17-19, 2021.

Tintle SJ, Chang R, **Spirtos A**, Zheng W. Endometriosis-Associated Primary Peritoneal Mullerian Adenosarcoma. Poster Presentation. 2021 Texas Society of Pathologists Annual Virtual Meeting; 2021 January 30.

Mercadel A, **Spirtos A**, LoCoco S, Carlson M, Lea J, Miller DS, Lee J. Risk factors associated with 30- day postoperative complications following contemporary pelvic exenterations for gynecologic cancers. Oral Presentation. 2021 Society of Gynecologic Oncology Annual Meeting on Women’s Cancer; 2021 March 19-25; Virtual.

**Spirtos A**, Mercadel A, Lea, J. Treatment patterns and survival outcomes of recurrent adult- type granulosa cell tumors. Poster Presentation. 2021 Society of Gynecologic Oncology Annual Meeting on Women’s Cancer; 2021 March 19-25; Virtual.

**Spirtos A**, LoCoco S, Carlson M, Lea J, Miller, DS, Lee J. Risk factors associated with 30- day postoperative complications following contemporary vulvectomies with inguinofemoral lymphadenectomies for gynecologic cancers. Featured Poster Presentation. 2021 Western Association of Gynecologic Oncologists Annual Meeting; 2021 June 16-18; Virtual.

Mercadel, A, Saripella, M, **Holloway, SB**, Lea, J. “Risk Factors for Catheter-Associated Urinary Tract Infections Following Radical Hysterectomy for Cervical Cancer”. Poster presentation at 2021 Society of Gynecologic Oncology Annual Meeting on Women’s Cancer; 2021 March 19-25; Virtual.

Werner, B., **Holloway, S.B.**, **Kremer, K.**, LoCoco, S., Carlson, M., Miller, D., Lea, J. “Obesity as a post-operative risk factor for women undergoing open radical hysterectomy.” Oral Presentation UT Southwestern Ob/Gyn Research Symposium. Dallas, TX. May 25, 2022.

**Kremer, K.**, Lea, J., Kraus, W.L. “The PARP-1-DDX21-ribosome biogenesis axis is an alternative pathway targeted by PARP inhibitors in ovarian cancer.” Oral Presentation. UT Southwestern Ob/Gyn Research Symposium. Dallas, TX. May 25, 2022.

Werner, B., **Holloway, S. B.**, **Kremer, K.**, LoCoco, S., Carlson, M., Miller, D., Lea, J. “Obesity as a post-operative risk factor for women undergoing open radical hysterectomy.” Oral Presentation. Western Association of Gynecologic Oncologists Annual Meeting. Coeur d’Alene, ID. June 16-19, 2022

**Kremer, K.**, Lea, J., Kraus, W.L. “The PARP-1-DDX21-ribosome biogenesis axis is an alternative pathway targeted by PARP inhibitors in ovarian cancer.” Oral Presentation. Western Association of Gynecologic Oncologists Annual Meeting. Coeur d’Alene, ID. June 16-19, 2022.

**Spirtos A**, Werner B, Barth J, Parnell T, Street A, LoCoco S, Carlson M, Miller DS,

Lea J. Pre-operative Patient Characteristics Predict Outpatient Opioid Use. Oral Presentation. Western Association of Gynecologic Oncologists Annual Meeting; 2022 March 16-19; Coeur d' Alene, Idaho.

**Holloway SB**, Mercadel A, Carlson M, LoCoco S, Miller DS, Lea JS. "Para-aortic nodal metastasis or isolated recurrence absent after radical hysterectomy for stage IA-IIA cervical carcinoma". Oral presentation. Resident and Fellow Research Symposium 2022.

**Holloway SB**, Kansagra S, Miller DS, Lea J. "Pembrolizumab in Pretreated Advanced, Metastatic Cervical, Vulvar, Vaginal Carcinoma – a Real World Experience". Oral presentation. Resident and Fellow Research Symposium 2022.

Werner, B., **Holloway, S.B.**, **Kremer, K.**, LoCoco, S., Carlson, M., Miller, D., Lea, J. "Obesity as a post-operative risk factor for women undergoing open radical hysterectomy. "Oral Presentation UT Southwestern Ob/Gyn Research Symposium. Dallas, TX. May 25, 2022.

**Holloway SB**. "Premalignant and Malignant Neoplasms in Gynecology". Oral presentation. Physician Assistant Core Didactics Series, UT Southwestern Medical Center. June 2022.

#### H. Publications Involving Fellows (2015-2022)

##### i. Book Chapters

**Lea JS, Lin KY.** Cervical cancer. *Obstet Gynecol Clin North Am.* 2012 Jun;39(2):233-53.

##### ii. Peer Reviewed Articles

**Lin KY, Miller DS,** Bailey AA, Andrews SJ, Kehoe SM, Richardson DL, Lea JS. Ovarian Involvement in Endometrioid Adenocarcinoma of Uterus. *Gynecol Oncol.* 2015.

**Conrad LB,** Ramirez PT, Burke W, Naumann RW, Ring KL, Munsell MF, Frumovitz M. Role of minimally invasive surgery in gynecologic oncology: an updated survey of members of the Society of Gynecologic Oncology. *International Journal of Gynecologic Cancer.* 2015 July; 25(6): 1121-7. PMID: 25860841

Ring KL, Ramirez PT, **Conrad LB,** Burke W, Naumann RW, Munsell MF, Frumovitz R. Make new friends but keep the old: minimally invasive surgery training in gynecologic oncology fellowship programs. *International Journal of Gynecologic Cancer.* 2015 Jul;25(6):1115-20. PMID: 26067857

**Conrad LB,** Groome LJ, Black DR. Management of persistent postpartum hemorrhage caused by inner myometrial lacerations. *Obstetrics & Gynecology.* 2015 Aug; 126(2):266-9. PMID: 25923024

**Conrad LB.** In Reply: Management of Persistent Postpartum Hemorrhage Caused by Inner Myometrial Lacerations. *Obstetrics & Gynecology.* 2015 Dec; 126(6): 1307-08. PMID: 26595565.

Friel G, **Liu CS**, Kolomeyevskaya et al. Aspirin and Acetaminophen Use and the Risk of Cervical Cancer. *J Low Genit Tract Dis*. 2015 Jul;19(3): 189-93

**Manders DB**, Morón A, McIntire D, Miller DS, Richardson DL, Kehoe SM, Albuquerque KV, Lea JS. Locally Advanced Cervical Cancer: Outcomes with Variable Adherence to Treatment. *Am J Clin Oncol*. [In Press]. 2016 June 2.

**Conrad LB**, Conrad SA, Miller DS, Richardson DL, Kehoe S, Lea JS. Factors influencing primary treatment of midline vulvar cancers. *Gynecol Oncol*. 142(1):133-8, 2016 Jul.

**Conrad LB**, Nandu T, Gibson BA, Lea JS, Kraus WL. Identification of distinct patterns ADP-ribosylation and gene expression in ovarian cancer: relationship to clinical outcomes (manuscript in progress).

Gibson BA, **Conrad LB**, Kraus WL. ADP-ribosylation detection reagents as diagnostic tools (manuscript in progress).

**Conrad LB**, Awdeh H, Bailey AA, Miller DS, Lea J. Change in core muscle index is prognostic of survival in advanced ovarian cancer (manuscript in progress).

**Conrad LB**, Awdeh H, Acosta-Torres S, Bailey AA, Miller DS, Lea J. Pre-operative hypoalbuminemia and sarcopenia: marker of inflammation and predictor of survival in advanced ovarian cancer (manuscript in progress).

**Liu C**, Roane B, Crim A, Gillen J, Ding K, Moore K, Richardson D. The Role of Surgery in the Management of Stage IVB Endometrial Cancer. *Gynecologic Oncology*. 2016 Oct; 143:210.

Crim A, Gillen J, **Liu C**, Roane B, Ding K, Richardson D, Moore K. Prognostic Importance of Progression Free Survival Interval in Patients with IVB Endometrial Cancer Treated with Platinum-Based Therapy. *Gynecologic Oncology*. 2016 Oct; 143:210

Koh WJ, Greer BE, Abu-Rustum NR, Campos SM, Cho KR, Chon HS, Chu C, Cohn D, Crispens MA, Dizon DS, Dorigo O, Eifel PJ, Fisher CM, Frederick P, Gaffney DK, Han E, Higgins S, Huh WK, Lurain JR 3rd, Mariani A, Mutch D, **Nagel C**, Nekhlyudov L, Fader AN, Remmenga SW, Reynolds RK, Tillmanns T, Ueda S, Valea FA, Wyse E, Yashar CM, McMillian N, Scavone J. Vulvar Cancer, Version 1.2017, NCCN Clinical Practice Guidelines in Oncology. *J Natl Compr Canc Netw*. 2017 Jan;15(1):92-120. PMID: 28040721

Bedell S, **Manders D**, Kehoe S, Lea J, Miller D, Richardson D, Carlson M. The opinions and practices of providers toward the sexual issues of cervical cancer patients undergoing treatment. *Gynecol Oncol*. 144(3):586-591, 2017 Mar.

Brasky TM, Felix AS, Cohn DE, McMeekin DS, Mutch DG, Creasman WT, Thaker PH, Walker JL, Moore RG, Lele SB, Guntupalli SR, Downs LS, **Nagel CI**, Boggess JF, Pearl ML, Ioffe OB, Park KJ, Ali S, Brinton LA. Nonsteroidal Anti-inflammatory Drugs and Endometrial Carcinoma Mortality and Recurrence. *J Natl Cancer Inst*. 2017 Mar 1;109(3):1-10. PMID: 28376204.

Cohn DE, Sill MW, Walker JL, O'Malley D, **Nagel CI**, Rutledge TL, Bradley W, Richardson DL, Moxley KM, Aghajanian C. Randomized phase IIB evaluation of weekly paclitaxel versus weekly paclitaxel with oncolytic reovirus (Reolysin®) in recurrent ovarian, tubal, or peritoneal cancer: An NRG Oncology/Gynecologic Oncology Group study. *Gynecol Oncol*. 2017 Sep;146(3):477-483. Epub 2017 Jul 27. PMID: 28756871.

**Palavalli Parsons LH**, Roane B, Manders DB, Richardson DL, Kehoe SM, Carlson M, Miller DS, Lea JS. Hypoalbuminemia is a Predictive Factor for Fistula Formation in Recurrent Cervical Cancer. *Am J Clin Oncol*. 2017 Aug 16. [Epub ahead of print]

Koh WJ, Abu-Rustum NR, Bean S, Bradley K, Campos SM, Cho KR, Chon HS, Chu C, Cohn D, Crispens MA, Damast S, Dorigo O, Eifel PJ, Fisher CM, Frederick P, Gaffney DK, George S, Han E, Higgins S, Huh WK, Lurain JR 3rd, Mariani A, Mutch D, **Nagel C**, Nekhlyudov L, Fader AN, Remmenga SW, Reynolds RK, Tillmanns T, Ueda S, Wyse E, Yashar CM, McMillian NR, Scavone JL. Uterine Neoplasms, Version 1.2018, NCCN Clinical Practice Guidelines in Oncology. *J Natl Compr Canc Netw*. 2018 Feb;16(2):170-199. PMID: 29439178.

Fredman E, Traughber B, Podder T, Colussi V, Zheng Y, Russo S, Herrmann K, Paspulati R, Waggoner S, Zanotti K, **Nagel C**, Nakayama J, Machtay M, Ellis R. 3T multiparametric MRI-guided high-dose-rate combined intracavitary and interstitial adaptive brachytherapy for the treatment of cervical cancer with a novel split-ring applicator. *Brachytherapy*. 2018 Mar - Apr;17(2):334-344. Epub 2017 Oct 31. PMID: 29097137.

Felix AS, Brasky TM, Cohn DE, Mutch DG, Creasman WT, Thaker PH, Walker JL, Moore RG, Lele SB, Guntupalli SR, Downs LS, **Nagel C**, Boggess JF, Pearl ML, Ioffe OB, Deng W, Miller DS, Brinton LA. Endometrial carcinoma recurrence according to race and ethnicity: An NRG Oncology/Gynecologic Oncology Group 210 Study. *Int J Cancer*. 2018 Mar 15;142(6):1102-1115. Epub 2017 Nov 6. PMID: 29063589

**Parsons LHP**, Pedersen R, Richardson DL, Kho KA. The prevalence of occult endometrial cancer in women undergoing hysterectomy for benign indications. *Eur J Obstet Gynecol Reprod Biol*. 2018 Apr; 223:108-112. Epub 2018 Feb 21.

**Manders DB**, Kehoe SM, Miller DS, Lea JS, Richardson DL. Third-line Salvage Chemotherapy for Recurrent Carcinoma of the Cervix is Associated with Minimal Response Rate and High Toxicity. *Am J Clin Oncol*. 2018 Aug;41(8):797-801. doi: 10.1097/COC.0000000000000372. PMID: 28225444.

**Palavalli Parsons LH**, Roane B, Manders DB, Richardson DL, Kehoe SM, Carlson M, Miller DS, Lea JS. Hypoalbuminemia is a Predictive Factor for Fistula Formation in Recurrent Cervical Cancer. *Am J Clin Oncol*. 2018 Oct;41(10):933-937. doi: 10.1097/COC.0000000000000403. PMID: 28817390.

**Parker JE**, Mauer MA, Zheng W, Miller DS, Lea JS. Lynch syndrome identification in patients with type I and type II endometrial cancers: should universal screening be used for all histologic subtypes? *Curr Womens Health Rev*. 2021; 17:1-0.

**Parker JE**, Miller DS, Lee J, Carlson M, LoCoco S, Lea JS. Current practice patterns in nodal evaluation and adjuvant treatment of advanced stage endometrioid endometrial cancer: An SGO

survey. *Gynecol Oncol Rep.* 2020 Aug 7; 34:100620. doi: 10.1016/j.gore.2020.100620. PMID: 32939389.

**Kremer KM**, Lee J, Carlson MJ, LoCoco SJ, Miller DS, Lea JS. Practice patterns using minimally invasive surgery for the treatment of ovarian cancer: A survey of physician members of the Society of Gynecologic Oncologists. *Gynecol Oncol Rep.* 2020 Aug 3; 33:100617. doi: 10.1016/j.gore.2020.100617. PMID: 32793791.

Rivera-Colon G, Chen H, Niu S, Lucas E, **Holloway SB**, Carrick K, Gwin K, Lea J, Zheng W. “Cervical Adenocarcinoma: Histopathologic Features from Biopsies to Predict Tumor Behavior”. *Am J Surg Pathol.* 2020; 44(2): 247-254. doi: 10.1097/PAS.0000000000001379.

**Holloway SB**, Colon GR, Zheng W, Lea JS. “Tumor Necrotic Debris and High Nuclear Grade: Newly Identified High-risk Factors for Early-stage Endocervical Adenocarcinoma”. *Am J Clin Oncol.* 2021; 44(4): 162-168. doi: 10.1097/COC.0000000000000798.

**Walker CA**, Poulik J, D'Mello RJ. Anti-NMDA receptor encephalitis in an adolescent with a cryptic ovarian teratoma. *BMJ Case Rep.* 2021 Jul 6;14(7): e236340.

**Walker C**, Nguyen T-M, Jessel S, Alvero AB, Silasi D-A, Rutherford T, Draghici S, Mor G. Automated Assay of a Four-Protein Biomarker Panel for Improved Detection of Ovarian Cancer. *Cancers.* 2021; 13(2):325.

Kelly R, Contos G, **Walker C**, Ayoola-Adeola M, Seongho K, Winer I. Hysteroscopic morcellation in endometrial cancer diagnosis: Increased Risk? *Journal of Minimally Invasive Gynecology.* 2021. Feb 8; S1553-4650(21)00084-4.

Arabi A, Ayoola-Adeola M, Nguyen H, Brar H, **Walker C**. Pulmonary metastasis as a primary manifestation of gestational choriocarcinoma in a third trimester pregnancy. *Gynecologic Oncology Reports.* 2021

Wang Y, Chang R, Luo R-Z, Yu J, Zhang X, Yang X, Quddus MR, LI L, Yang W, Liu A, Jiang Q, Zhao R, Zhu H, Zhou F, Wang Y, Sheng X, Liu L-L, Wen Y-L, Banet N, Sung CJ, Qi Y, Bi R, Li M, Wang Y, Li J, Lin W, Wang Y, Rivera G, Chen H, **Holloway SB**, Fadare O, Liu J, Wang J, Lea JS, Kong B, Zheng W. “Tumoral Morphologic Features From Cervical Biopsies That Are Predictive of a Negligible Risk for Nodal Metastasis and Tumor Recurrence in Usual-type Cervical Adenocarcinomas: A Multi-institutional Study”. *Am J Surg Pathol.* 2022; 46(5): 713-724. doi: 10.1097/PAS.0000000000001833.

Purandare N, Kramer KJ, Minchella P, Ottum S, **Walker C**, Rausch J, Chao CR, Grossman LI, Aras S, Recanati MA. Intraperitoneal Triamcinolone Reduces Postoperative Adhesions, possibly through Alteration of Mitochondrial Function. *J Clin Med.* 2022 Jan 7;11(2):301.

Corey L, **Walker C**, Corey A, Konel J, Khalil A, Jang H, Kim S, Gogoi R. Does origin of article impact citation metrics in *Gynecologic Oncology*? *Gynecol Oncol Rep.* 2022 Mar 11; 40:100958.

Gonullu DC, Huang XM, Robinson LG, **Walker CA**, Ayoola-Adeola M, Jameson R, Yim D, Awonuga A. Tubal factor infertility and its impact on reproductive freedom of African American women. *Am J Obstet Gynecol*. 2022 Mar;226(3):379-383.

## I. **Publications Involving Program Faculty (2015-2022)**

### ii. **Peer Reviewed Articles**

Hwang L, Bailey A, **Lea J**, Albuquerque K. Para-aortic nodal metastases in cervical cancer: a blind spot in the International Federation of Gynecology and Obstetrics staging system: current diagnosis and management. *Future Oncol*. 2015 Jan;11(2):309-22.

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A. Block Diagram of Rotation for Each Month of Program

FELLOW	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE
PY 4	PHHS	PHHS	UTSW	UTSW	PHHS	PHHS	UTSW	UTSW	PHHS	PHHS	UTSW	UTSW
PY 3	RES	RES	RES	RES	RES	RES	RES	RES	RES	RES	RES	RES
PY 2 (Non-ACGME)	RES	RES	RES	PHHS	UTSW	UTSW	RES	RES	RES	RES	RES	RES
PY 1	UTSW	UTSW	PHHS	SICU	PATH/GEN	RADONC	PHHS	PHHS	UTSW	UTSW	PHHS	PHHS

GEN: GENETICS  
 PATH: PATHOLOGY  
 RADONC: RADIATION ONCOLOGY  
 SICU: SURGICAL INTENSIVE CARE UNIT

B. Block Diagram of Average Work Week on a Clinical Gynecologic Oncology Rotation

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
0730 Parkland OR		0700-0800 OBGYN Department Grand Rounds Conference	0700 Parkland OR	
	0730 Ward Rounds Parkland, 8 <sup>TH</sup> Floor	0730 Protocol & Chemotherapy Monitoring Conference, D1.602		0730 Ward Rounds Parkland, 8 <sup>th</sup> Floor
	0800 Parkland Patient Care Conference, 8 <sup>th</sup> Floor	0800-0900 Gynecologic Oncology Tumor Board Conference, Teams		0800 Parkland or Clements University Hospital OR [variable]
	0830 WISH Gynecologic Oncology Clinic, Parkland, 3 <sup>rd</sup> Floor	0900-0930 Pre-Op Conference Chemotherapy Conference		0830 WISH Gynecologic Oncology Clinic, Parkland, 3 <sup>rd</sup> Floor
		0930 Simmons Cancer Center Clinic, North Campus 3		
		1200 Parkland Nurse Practitioner Chemotherapy Rounds, Parkland, 8 <sup>th</sup> Floor		
		1300 Ward Rounds, Parkland, 8 <sup>th</sup> Floor		
		1500-1600 Clinic & PATH Lecture [Alternating] 3		
		1700-1800 Morbidity & Mortality Conference Journal Club Conference Division Research Meeting Core Curriculum Conference		
1700 Parkland OR	1700 Parkland Gynecologic Oncology Clinic	1700 Gynecologic Oncology Fellows Meeting G6.208, Monthly	1700 Parkland OR	1700 Parkland & Clements University Hospital OR

## B. Available Facilities and Space for Fellowship Training

### i. Laboratory

The Cecil H. and Ida Green Center for Reproductive Biology Sciences is directed by Dr. Lee Kraus. The physical location of the facilities is the entire 7th floor of the Henry S. Moss (J) Building on the South Campus which has been renovated into a state-of-the-art research facility with over 10,000 square feet of usable laboratory space.

The IRB approved gynecologic oncology tumor bank is housed within the Cecil H. and Ida Green Center for Reproductive Biology Sciences.

The research faculty members of the Green Center are addressing fundamental and applied questions related to reproductive biology in a broad sense, including oocyte maturation, fertilization, development, pregnancy, parturition, stem cells, endocrinology, and oncology, as well as aspects of metabolism, inflammation, and immunity that relate to female reproductive biology.

Research: Mechanisms of nuclear signaling and gene regulation by small molecules and the relationship of these signaling pathways to human diseases. Our focus is on two distinct, but probably related, nuclear signaling pathways controlled by estrogens and NAD.

The focus of the research in the Green Center is on nuclear regulation but includes other aspects of cellular regulation as well. Key research areas include:

- Chromatin structure and gene regulation
- Epigenetics
- Nuclear endpoints of cellular signaling pathways
- Genome organization and evolution
- DNA replication and repair

### ii. Outpatient

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

#### a. **Parkland Gynecology Clinic**

The Gynecology Specialty Clinic and Gynecology Infusion Services are located on the 2nd floor of the Women and Infants Specialty (WISH) Clinic in Parkland Memorial Hospital. This new facility is dedicated exclusively to gynecologic patients. The Division of Gynecologic Oncology has 12 exam rooms available each Tuesday. 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 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 exams rooms and 17



individual chemotherapy infusion rooms. Gynecologic Oncology office hours currently include blocks of time on Monday through Thursday.

iii. **Inpatient**

Parkland Memorial Hospital and UT Southwestern's William P. Clements Jr. University Hospital are located on-campus and can be quickly and easily reached without driving.

a. **Parkland Memorial Hospital (PMH)**

Parkland Memorial Hospital is Dallas County's only public hospital that ensures that health care is available to all Dallas County residents. Parkland was the first and remains the primary teaching hospital for UT Southwestern's multifaceted educational programs. All its physician services are provided under contract with UT Southwestern. Parkland is governed by the seven-member Dallas County Hospital District board of managers, appointed by the Dallas County Commissioners Court.

On August 20, 2015, Dallas County opened its new 2.5 million-square-foot hospital located in a park-like campus on the northeast corner of Harry Hines Boulevard and Medical District Drive. The hospital has 862 single-patient rooms with an abundance of natural light. Each zone-designed room includes a vision panel that looks into the hallway visually "connecting" the patient with caregivers. With patient safety and best patient outcomes in mind, every aspect of the hospital's operation is controlled by a system of integrated digital technology. The new hospital has been designed to enable adaptation to future medical needs and facilitate the training requirements for medical students, residents, and fellows. It has a level-III neonatal intensive care unit with 96 individual rooms, 24 surgical suites, 2 endoscopy suites, and 83 adult intensive care rooms. A library named in honor of former chairman, Jack A. Pritchard, M.D., offers a quiet place for trainees to relax and study.

Across Medical Center Drive from the hospital, the Simmons Ambulatory Surgery Center offers state-of-the-art technology for ambulatory surgical cases.

b. **UT Southwestern William P. Clements Jr. University Hospital**

The 12-floor William P. Clements Jr. University Hospital opened December 6, 2014. It replaced the 51-year-old University Hospital-St. Paul. The hospital has 460 single-patient rooms in its 1.3-million square feet. Clements University Hospital offers practices in cardiology, emergency medicine, general internal medicine and subspecialties, general surgery, vascular surgery, oncologic surgery as well as hematologic malignancies, obstetrics and gynecology, and orthopedics. It also houses all the solid organ transplant programs, as well as a Level III neonatal intensive care unit operated in collaboration with Children's Medical Center Dallas.

The 24 surgical suites all have state-of-the-art equipment and video conferencing for communication with pathologists and other care givers during surgery. 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 an oncology floor (11-North) to which the gynecologic oncology service admits.

iii. **Office**

Fellows share private offices (G6.212) adjacent to the faculty offices on South Campus. Including a desktop computer, included with internet access. The Laboratory of Gynecologic Oncology has a separate desk also for each fellow with internet access.

v. **Conference Rooms**

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

a. **D1.602**

The Jones Memorial Junior Lecture Hall is located on South Campus; it is fully equipped with audio & visual equipment and comfortably seats 225 people. Weekly conferences within this room include the Protocol and Chemotherapy Monitoring Conference, Tumor Board, and OB/GYN Grand Rounds, unless meeting is virtual.

b. **G6.208 & G6.242**

There is a table surrounded by 8 swivel chairs. Monthly conferences within these rooms include the division of Gynecologic Oncology's Research Meeting, M&M Conference, Journal Club, and Fellow lectures, unless meeting is virtual.

c. **NB8.204**

This 300 square foot 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 unless meeting is virtual.

C. Integration of Fellowship Program with Residency Program and Other Departments

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

i. **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 Clements University Hospital.

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 11-North at Clements University Hospital.

**D. Alumni and Current Fellows**

a. **Alumni Fellows:**

G.V. Raghauamiah, M.D., 1970-71

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

Werner Wester-Ebbinghaus, M.D., 1975-76  
Yuma Regional Medical Center, Yuma, AZ

John R. McCauley, M.D., 1976-77

James E. Graham, M.D., 1978-80  
Retired, MI

David Gal, M.D., 1979-83

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

David L. Tait, M.D., 1991-94  
Associate Director  
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  
Regional Chief Medical Officer  
Professor NEOMED  
Division of Gynecologic Oncology  
University Hospitals, Cleveland, OH

John D. O'Boyle, MD, FACOG, FACS, CPE CAPT, MC, USN, 1996-99  
Staff Gynecologic Oncologist  
Department of Obstetrics and Gynecology  
Providence St. Peter Hospital, Olympia, WA

Wei-Chien Michael Lin, M.D., 1997-2001  
Associate Clinical Professor and Staff Surgeon  
City of Hope, Mission Hills and Santa Clarita, CA

Jayanthi Sivasothy Lea, M.D., FACOG, FACS, 2000-04  
Professor of Obstetrics and Gynecology  
Director, Gynecologic Oncology Fellowship Program  
Chief, Gynecologic Oncology Division  
University of Texas Southwestern Medical Center, Dallas, TX

Gautam Gorantla Rao, M.D., 2001-05  
Assistant Professor of Obstetrics & Gynecology  
University of Maryland Marlene and Stewart Greenebaum  
Comprehensive Cancer Center, Baltimore, MD

Richard David Drake, M.D., 2002-06  
Texas Oncology, Houston, TX

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

Shawna L. Bull Phelps, M.D., 2004-08  
Affiliate of 21<sup>st</sup> Century Oncology  
Division Radiation Therapy Associates of Western North Carolina  
New Horizons Women's Cancer Care, Asheville, NC

Thomas P. Heffernan, M.D., 2005-09  
North Texas Gynecologic Oncology, Dallas, TX

Shana L. Wingo, M.D., 2006-10  
Arizona Oncology, Phoenix, AZ

Scott Christopher Purinton, M.D., Ph.D., FACOG, FACS, 2007-11  
Division of Gynecologic Oncology  
St. Luke's University Health Network  
St. Luke's Cancer Center Associates, Bethlehem, PA

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

Christa Irene Nagel, M.D., 2010-14  
Assistant Professor of Obstetrics and Gynecology  
University Hospitals Case Medical Center, Cleveland, Ohio

Ken Yu Lin, M.D., Ph.D., 2011-15  
Assistant Professor/Staff Physician of Obstetrics and Gynecology  
NYC Health and Hospital  
Jacobi Medical Center, New York, NY

Dustin Blue Manders, M.D., 2012-16  
Texas Oncology, Dallas, TX

Lesley Brianne Conrad, M.D., 2013-17  
Assistant Professor of Obstetrics and Gynecology  
Emory University Hospital, Atlanta, GA

Lavanya Hari Pallavalli Parsons, M.D. 2014-18  
Assistant Professor of Obstetrics and Gynecology  
McGovern Medical School at UTHealth  
UT Health Science Center at Houston, Houston, TX

Cici S. Liu, M.D., 2015-19  
Assistant Professor of Gynecologic Oncology  
University of Rochester, Rochester, NY

Beman R. Khulpateea, M.D., 2016-20  
Staff Physician in Obstetrics and Gynecology  
Mercy Medical Center, Baltimore, MD

Jessica E. Parker, M.D., 2017-21  
Assistant Professor of Gynecologic Oncology  
Indiana University, Bloomington, IN

Kevin M. Kremer, M.D., M.P.H., 2018-22  
University of Iowa, Iowa City, IA, B.S., 2009  
University of Iowa, Iowa City, IA, M.D., M.P.H., 2014  
University of Missouri, Columbia, MO, OB/GYN Residency, 2018

**b. Current Fellows:**

Alexandra N. Spirtos, M.D., 2019-23  
University of Chicago, Chicago, IL, B.A., 2011  
Keck School of Medicine of USC, Los Angeles, CA, M.D., 2015  
UT Southwestern Medical Center, Dallas, TX, OB/GYN Residency, 2019

Steven B. Holloway, M.D., 2020-24  
University of Texas at Austin, Austin, TX, B.S., 2012  
McGovern Medical School at UT Health Science Center, Houston, TX, M.D., 2016  
UT Southwestern Medical Center, Dallas, TX, OB/GYN Residency, 2020

Christopher A. Walker, M.D., 2021-25  
The University of Georgia, Athens, GA, B.S., 2012  
Medical College of Georgia at Augusta University, Augusta, GA, M.D., 2017  
Wayne State University School of Medicine/Detroit Medical Center, Detroit, MI,  
OB/GYN Residency, 2021

William S. Vintzileos, M.D., 2022-26  
New York University, College of Arts & Sciences, New York, NY, B.A. 2014  
The George Washington University School of Medicine & Health Science,  
Washington, DC, M.D. 2018  
NYU Langone Hospital – NYU Long Island School of Medicine, Mineola,  
NY, OB/GYN Residency, 2022

## **E. Other Physician Trainees Assigned to the Gynecologic Oncology Service**

Six months of each academic year there is one 2<sup>nd</sup> 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.

## **F. 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 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, and LoCoco, is a significant part of clinical experience for the fellows. The continued 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.

A large 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 provides 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.

## **G. Our Program's Methods for Evaluating a Fellow's Progress**

### **i. Fellow Semi-Annual Evaluations**

Fellow semi-annual evaluations are done through MedHub. The evaluations assess for fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. All faculty perform individual fellow evaluations every 2 months. The fellows meet with the Program Director for formal semi-annual evaluations at which time all faculty evaluations are reviewed in addition to overall progress of knowledge, skills, research, and professional growth. This meeting also allows fellows to discuss any individual concerns about their training, interpersonal relationships, and professional growth.

### **ii. Fellow Final Evaluation**

A final fellow evaluation is performed at time of the exit interview. The evaluation

reflects the final assessment of the fellow's ability in patient care, medical knowledge, communication skills, professionalism, practiced based learning and improvement, systems-based practice and completion of surgical procedure list. The evaluation reflects the ability of the fellow to practice completely and independently.

### **iii. Fellow Thesis Defense**

Each fellow completes a thesis during their fellowship training. A thesis topic and mentor are decided upon during the first year of fellowship. The thesis is completed, and manuscript written by the 4<sup>th</sup> year of fellowship. The fellow defends his/her thesis during the last month on fellowship to the entire Division of Gynecologic Oncology, the research mentor, and other collaborators. The Fellows Research and Thesis Defense Summary form designed by the American Board of Obstetrics and Gynecology is used by the Program Director, research mentor and other faculty members of the Division to evaluate the thesis.

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.