

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

**Faculty:**

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Matthew Carlson, M.D., Assistant Professor, Gynecologic Oncology  
Kelley Carrick, M.D., Associate Professor, Pathology  
Siobhan Kehoe, M.D., Assistant Professor, Gynecologic Oncology  
W. Lee Kraus, Ph.D., Professor, Obstetrics & Gynecology  
Jayanthi S. Lea, M.D., Associate Professor, Gynecologic Oncology  
David Scott Miller, M.D., Professor, Dallas Foundation Chair in Gynecologic Oncology  
Debra Richardson, M.D., Assistant Professor, Gynecologic Oncology  
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**A. Summary Description of Fellowship Program**

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

Two years and two months of the fellowship involve clinical training at UT Southwestern Medical Center (Parkland Memorial Hospital and Clements and Zale Lipshy University Hospitals). The other 22 months are devoted to acquiring research skills in the Cecil H. and Ida Green Center for Reproductive Biology, including one month of Radiation Oncology and one month of Surgical Critical Care and one month of Pathology and Cancer Genetics.

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

fellowship.

i. Goals

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

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

ii. Education Program

Fellows in this program acquire experience in the comprehensive management of gynecologic cancer and its complications: radical operations performed on the reproductive organs, resection/anastomosis/bypass of the gastrointestinal and urinary tracts and other pelvic surgery techniques. Fellows also develop skills in dissection of inguinal, pelvic, periaortic lymph nodes, and gain experience with plastic reconstructive operations required for restoration of function in women treated for gynecologic malignancy. Fellows acquire experience with open laparotomy and minimally invasive surgical approaches, including robotic surgery, in the management of gynecologic malignancies. Fellows perform adjunctive procedures required in these patients such as

cystoscopy, sigmoidoscopy, paracentesis, thoracentesis, and placement of central venous catheters. Experience in the placement and management of thoracic cavity drainage tubes is gained. The program faculty is privileged to perform these procedures and others described in the "Guide to Learning in Gynecologic Oncology". Fellows receive ongoing experience in total parenteral nutrition and in the critical care of the gynecologic oncology patient with further concentrated exposure during a rotation in surgical critical care. Instruction in the diagnosis and management of disorders of the breast is included.

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

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

iii. 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 is a multifaceted academic medical institution that is nationally recognized for excellence in educating physicians, biomedical scientists, and other health care professionals. It was founded in 1943 as the Southwestern Medical College. The medical center includes three degree-granting institutions: [Southwestern Medical School](#), [Southwestern Graduate School of Biomedical Sciences](#) and [Southwestern School of Health Professions](#). These three schools train approximately 3,250 medical, graduate and allied health students, residents, and postdoctoral fellows each year. In its efforts to bring the latest laboratory findings to the patient's bedside, UT Southwestern supports more than 2,000 research projects annually totaling more than \$298 million.

The facilities encompass 5.5 million square feet in 20 buildings on 150 acres. UT Southwestern's 2011 operating budget was nearly \$1.79 billion, with 11,400 faculty and staff employed. UT Southwestern is under the leadership of President Daniel K. Podolsky, M.D., and governed by the nine-member Board of Regents of the UT System, appointed by the governor of Texas. UT Southwestern was ranked among the top five Medical Research Universities in America in a study ranking the research impact of

federally funded universities in the United States. Its faculty includes four Nobel Laureates, 19 members of the National Academy of Sciences and 35 members of the Institute of Medicine.

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

iv. Supervision in Ambulatory Unit and Operating Room

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

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

B. Conferences

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

- i. Multi-Disciplinary Breast Conference (Tuesday 0715, NC3.222)
- ii. Parkland Patient Care Conference: (Tuesday 0800, 4West) Multidisciplinary conference directed by the Fellow on service; attended by Nursing, Pharmacy, Social Work, Nutrition, Discharge Planning, Home Care, and Pastoral Care professionals, as well as the Gynecologic Oncology Faculty. Its purpose is to assess total care and meet the needs of patients.
- iii. Reproductive Biology Fellows Conference (Tuesday 1200, J6.102)
- iv. Introductory Oncology Fellows lectures (Tuesday 1600, Thursday 0730, July-September, NC8.212) Core lectures in chemotherapy and oncology emergencies.
- v. Protocol and Chemotherapy Monitoring Conference: (Wednesday 0730, G6.200) All

- patients under active chemotherapy and/or chemo-radiation treatment are presented by the fellow for review and discussion by faculty. Monitoring of cooperative group, NCI, and industry protocol accrual, compliance, toxicity, and reporting are addressed.
- vi. Gynecology Tumor Board: (Wednesday 0800 G6.200) New and recurrent gynecologic cancer cases are presented in a didactic fashion, led by the fellow with participation of faculty and staff from gynecologic oncology, radiology, surgical pathology, radiation therapy, and related specialties as required. Cases are presented and staged by the resident. The fellow then discusses the critical issues of the case and proposes an evidence based treatment plan that is further discussed by the faculty.
  - vii. Gynecologic Oncology Grand Rounds: (Eight Wednesdays per year 1100, G6.200) presented to the Department of Obstetrics & Gynecology by gynecologic oncology fellows, faculty and visiting professors.
  - viii. University lecture series (Wednesday 1600, NB2.102) Weekly lectures given
    - a. by national or international visiting professors. Topics related to clinical and
    - b. basic sciences, many of them relevant to the oncologist.
  - ix. Gynecologic Oncology Fellow lectures: (First Wednesday 1600, E6.102S). Core didactic lectures chiefly presented by the faculty to prepare fellows for their written and oral board examinations in gynecologic oncology.

**Topics 2015-16**

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, E6.102S) Reviews all basic and clinical research within the Division.
- xi. Gynecologic Oncology Journal Club (Third Wednesday 1600, E6.102S) Current literature on topics in gynecologic oncology are presented and critically reviewed by the fellows and residents.

- xii. Morbidity and Mortality Conference (last Wednesday 1600, E6.102S) Critical review by faculty, fellows and residents of complications (i.e. unplanned returns to surgery, ICU admissions, or patient deaths) for the preceding resident rotation.
- xiii. Hamon Center for Therapeutic Oncology Research Weekly Seminar (Thursday 0900, NB8.118). Investigators working within the Hamon Center present data on their topic of basic research. Intermittent guest lecturers are also invited.
- xiv. Hamon Center for Therapeutic Oncology Research Meeting (Thursday 1000, NB8.204). Investigators present their current research and recent data on a rotational basis.
- xv. Simmons Cancer Center Combined Modality Treatment Conference (Friday 0730, NC8.212) Cancer Center wide multidisciplinary treatment planning conference.
- xvi. Daily lectures and Grand Rounds given by different departments of the Medical School; published in a monthly calendar of events.
- xvii. Participation in Post Graduate Course in Obstetrics & Gynecology sponsored by Southwestern Medical School.

#### C. Graduate Level Courses

The fellow is required to take and pass one Biostatistics course during the second year of fellowship. A passing grade is documented via a transcript from the University Registrar.

The fellow may audit or take for credit an additional course from the options given below, during the 2<sup>nd</sup> or 3<sup>rd</sup> year of fellowship. However a second course is not mandatory.

##### i. Courses:

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

This course explains fundamental statistical principles and focuses on explaining the appropriate scientific interpretation of statistical tests, rather than the mathematical calculation of the tests themselves. The course covers topics typically used in biomedical publications, including data description, summary statistics, p values and confidence intervals, contingency tables, sensitivity and specificity of laboratory tests, parametric and non-parametric tests, analysis of variance, correlation, regression, and statistical power, and sample size estimation. (3 credit hours)

##### Mathematical Biostatistics for the Clinical Investigator – DCS 5391

This course provides an overview of basic statistical methods applied to the medical and health sciences. Topics include: descriptive measures; one and two sample (independent and paired) confidence intervals and tests of hypothesis; one way analysis of variance followed by pairwise multiple comparison tests; regression and correlation, Chi-square

methods; and relative risk and odds ratios. (3 credit hours)

Biostatistics for Clinical Sciences II – DCS 5302

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

Epidemiology for the Clinical Investigator – DCS 5307

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

Clinical Research Design and Analysis – DCS 5301

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

Clinical Pharmacology & Drug Development – DCS 5203

In this course, students experience in-depth exposure to: pharmacokinetics; pharmacodynamics; drug absorption, distribution, and metabolism/ elimination; drug-drug and drug-disease interactions; preclinical drug development (phase I, II, III and IV); proof-of-concept and dose-finding studies; post-marketing surveillance. (2 credit hours)

Genetic & Molecular Science for the Clinical Investigator – DCS 5109

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

### Cancer Biology I – BSCI 5152

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

### Cancer Biology II – CAN 5162

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

### Fundamentals of Immunology: Spring I

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

### Cell and Molecular Immunology: Spring I

This course consists of an integrated series of lectures designed to familiarize students with cellular, molecular and biochemical aspects of the development of the immune system and the immune response. The first half of the course focuses on the immune system and the function of its major components. The second half focuses on how the various components are integrated during the response to infectious agents, how the system is naturally perturbed in diseases of autoimmunity and immunodeficiency, and how the system can be controlled therapeutically. (1.5 credit hours)

### Clinical Immunology: Fall II

Clinical Immunology is an advanced immunology course in which fundamental immunology concepts are both reinforced and extended through the study of human diseases of the immune system. Diseases discussed in this course include immunodeficiencies, lymphoproliferative disorders, hypersensitivity, and autoimmunity (both systemic and organ specific). Discussion focuses on clinical presentations, mechanisms (including genetics), and the therapeutic approaches used to treat them. Didactic lectures on the basic concepts of tumor immunology, vaccine development, and transplantation are also included in this course. (1.5 credit hours)



#### D. 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).

#### E. Research

Fellows have greater than 90% protected time of their twenty-one months designated for research training. The research months 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 acknowledge that fellow participation in clinical activity is optional. The frequency of assisting the faculty for OR cases averages 1-2 cases per month while on research time. Fellows during their research time will be responsible for sharing call coverage during the weekends.

The goal of 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.

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

The Division of Gynecologic Oncology installed the SGO database in June 1993 to organize the fellows' clinical experience and facilitate research opportunities. In the past 18 years (effective June 2011), 11,445 patients, 7241 tumors, 11,659 procedures and 13,039 admissions have been entered. Division faculty also facilitates clinical collaborations with colleagues at other institutions. Fellows learn the basics of identifying a clinically interesting research question, data retrieval and analysis, draft preparation, submission, manuscript revision, and ultimately publication. Clinical studies culminating in a thesis may be developed by close supervision between fellow and their choice of faculty to provide guidance.

##### i. Research Mentorship

Fellows are involved in both clinical and basic science research and are mentored by Faculty from the Division of Gynecologic Oncology and/or the faculty listed below:

W. Lee Kraus, Ph.D., Professor of Obstetrics and Gynecology; Chief of the Division of Basic Reproductive Biology Research, Director of the Cecil H. and Ida Green Center for Reproductive Biology Sciences, and has a secondary appointment as Professor in the Department of Pharmacology. Dr. Kraus also holds the Cecil H. and Ida Green Distinguished Chair in Reproductive Biology Sciences. The Kraus Lab is interested in the basic mechanisms of nuclear signaling and gene regulation by small molecules and how these signaling pathways relate to human physiology (e.g., reproduction, metabolism, cellular differentiation and development) and disease states (cancers, inflammation, stress). His lab has focused their efforts on two distinct, but likely related, nuclear signaling pathways: one controlled by estrogens—a class of steroid hormones—and another controlled NAD —a metabolic cofactor whose signaling actions in the nucleus are only just beginning to be understood.

Ann Word, M.D., Professor of Obstetrics and Gynecology, Mary Dees McDermott Hicks Chair in Medical Science and a member of the Divisions of Reproductive Endocrinology and Infertility, Female Pelvic Medicine and Reconstructive Surgery, and Basic Reproductive Biology Research. She is also a member of the Cecil H. and Ida Green Center for Reproductive Biology Sciences. Dr. Word is board certified in obstetrics and gynecology and in reproductive endocrinology and infertility. Her research focuses on molecular and cellular mechanisms of extracellular matrix remodeling of the female reproductive tract

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. Dr. White has mentored several fellows from the Division of Gynecologic Oncology in research pertaining to microRNA expression in ovarian and endometrial cancers and characterization of chemotherapy response based on microRNA profiling.

Adi Gazdar, Ph.D., Professor of Pathology; Deputy Head, Hamon Center for Therapeutic Oncology Research is a holder of the W. Ray Wallace Distinguished Chair in Molecular Pathology Research. Dr. Gazdar's research interest is in cancer genomics and pathogenesis, specifically. He has a long standing history of working with the Division of Gynecologic Oncology, elucidating mechanisms of pathogenesis in cervical and ovarian cancer and establishing fresh cell lines from tumor specimens.

Fellows are introduced to one or the entire faculty to discuss research interest, topics, tour of the lab and given published research reports from the labs and other preliminary reading material. This is generally done during the second half of the 1<sup>st</sup> clinical year of fellowship. The fellow chooses the lab he/she wants to work in with the help of the Program Director. Similarly, for clinical research, topics are discussed

with and mentored by the clinical faculty. The Division of Gynecologic Oncology has monthly Divisional research meetings, where fellow research progress is individually reviewed and new topics of interest are introduced by faculty.

ii. The curriculum of research development

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 the 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 Institutes 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 his/her research 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 mentorship 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 fellow, 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.

F. Thesis presentation/defense

The fellow prepares his/her thesis presentation and reviews it with mentoring faculty and PI. All fellows present their thesis during the last month of the fellowship to the entire Division of Gynecologic Oncology, his/her lab mentor, including Drs. Kraus, Word, Gazdar and Dr. Steven Bloom, the Chair of the Department of Ob-Gyn.

G. 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 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 may take paid in-house night call two times per month covering the Clements University Hospital or Parkland Labor & Delivery during the 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.

#### H. 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.

#### I. 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.

#### J. 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 outpatient facilities, allowing for a reasonable distribution of labor and of teaching effort.

The fellow occasionally participates in the regularly scheduled junior medical student lectures

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

### 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), inadvertent cancer diagnosis, and difficult dissection or anticipated combined care patient (i.e. cervix cancer during pregnancy for cesarean-radical hysterectomy). More than 15,000 deliveries are performed at Parkland Memorial Hospital each year and this volume allows for a unique fellow experience in surgically managing obstetrical emergencies.

### 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 5pm and ends on Monday at 7am. 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, as long as 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.

Moonlighting for fellows is internal within the Department of Obstetrics & Gynecology at UT Southwestern, in the setting of Labor and Delivery, Women's Intermediate Care Center at Parkland Memorial Hospital, or night call for Ob/Gyn coverage at Clements University Hospital.

## Tracking and documentation of the fellows' time

Duty hours are documented by each fellow in Medhub. The hours are tracked and monitored by the fellowship coordinator and Program Director. Duty hour violations and circumstances when there is less than minimum time off between duty periods are tracked by this program and forwarded to the Program Director. All duty hour violations are tracked, and, if needed, individual resident interventions or rotation schedule modification is recommended.

## Policy regarding leave for fellows

- i. Vacation time  
Two weeks of vacation time is provided. Vacation time does not accumulate from year to year, and unused days are not available for cash out.
- ii. Sick leave  
Ten days of sick leave is provided. Sick leave does not accumulate from year to year, and unused days are not available for cash out.
- iii. Maternity/paternity leave is not provided. The fellows may use PTO/sick leave and/or family leave.

The total of leaves and vacations may not exceed 8 weeks in any of the first three years or six weeks during the fourth year of fellowship, or a total of 20 weeks over the entire four years of fellowship. If any of these maximums are exceeded, the fellowship must be extended for the duration of time the individual was absent in excess of the maximum.

K. Presentations at Regional or National Meetings by Fellows (2006-2016)

Bull SL, Schorge JO, Garner EI, Walsh C, Gehrig PA. Fertility-sparing surgery in 102 women with cervical adenocarcinoma in situ [abstract]. In: Proceedings of the 37<sup>th</sup> Annual Meeting on Women's Cancer of the Society of Gynecologic Oncologists; 2006 Mar 22-26; Palm Springs, CA: Gynecol Oncol; 2006. Vol 101(1) Supp. Abstract nr 215.

Heffernan TP, Kalahasti G, Muneer S, Castro-Rivera E, Schorge JO, Miller DS, Brekken R, Lea JS. Loss of secreted protein rich and acidic in cysteine (SPARC) may predict cervical carcinogenesis and modulate resistance to cytotoxic chemotherapy [abstract]. In: Proceedings of the 37<sup>th</sup> Annual Meeting on Women's Cancer of the Society of Gynecologic Oncologists; 2006 Mar 22-26; Palm Springs, CA: Gynecol Oncol; 2006. Vol 101(1) Supp. Abstract nr 266.

Bull SL, Schorge JO, Garner EI, Walsh C, Gehrig PA. Fertility-sparing surgery in 102 women with cervical adenocarcinoma in situ. Poster presentation. In: Proceedings of the 37<sup>th</sup> Annual Meeting on Women's Cancer of the Society of Gynecologic Oncologists; 2006 Mar 22-26; Palm Springs, CA: Gynecol Oncol; 2006. Vol 101(1) Supp. Abstract nr 215.

Heffernan TP, Kalahasti G, Muneer S, Castro-Rivera E, Schorge JO, Miller DS, Brekken R, Lea JS. Loss of secreted protein rich and acidic in cysteine (SPARC) may predict cervical carcinogenesis and modulate resistance to cytotoxic chemotherapy. Poster presentation. In: Proceedings of the 37<sup>th</sup> Annual Meeting on Women's Cancer of the Society of Gynecologic Oncologists; 2006 Mar 22-26; Palm Springs, CA: Gynecol Oncol; 2006. Vol 101(1) Supp. Poster nr 266.

Bull SL, Garner EI, Walsh C, Gehrig PA, Schorge JO. Is it worth the risk to preserve fertility in cervical adenocarcinoma in situ? [abstract] In: Proceedings of the 35<sup>th</sup> Annual Meeting of the Western Association of Gynecologic Oncologists; 2006 May 31-Jun 3; Lake Tahoe, CA.

Bull SL, Castro-Rivera E, Miller DS, Brekken RA, Lea JS. Modulation of SPARC as a novel therapeutic option for platinum-resistant ovarian cancer cell lines [abstract] In: Proceedings of the 35<sup>th</sup> Annual Meeting of the Western Association of Gynecologic Oncologists; 2006 May 31-Jun 3; Lake Tahoe, CA.

Bull SL, Schorge JO, Peyton MJ, Xiang L, Miller DS, Minna JD, Lea JS. Implications of HER family inhibition in targeted therapy of ovarian cancer [abstract]. In: Proceedings of the 2006 Annual Meeting of the American Society of Clinical Oncology; 2006 Jun 2-6; Atlanta, GA: J Clin Oncol; 2006. Vol 24, No 18S (June 20 Supplement). Abstract nr 13120.

Bull SL, Carbon JG, Miller AF, Miller DS, Brekken RA, Lea JS. SPARC modulation decreases tumor growth and confers chemosensitivity in platinum-resistant ovarian Cancer. Poster presentation. In: Proceedings of the 38<sup>th</sup> Annual Meeting on Women's Cancer of the Society of Gynecologic Oncologists; 2007 Mar 3-7; San Diego, CA: Gynecol



Oncol; 2007. Vol 104(3) Supp. Poster nr 165.

Wingo SN, Elmore RG, Miller DS, Raheela A, Lea JS. An immunohistochemical evaluation of vascular endothelial growth factor, urokinase-type plasminogen activator, and microvessel density in normal, preinvasive, and invasive lesions of the cervix. Poster presentation. In: Proceedings of the 38<sup>th</sup> Annual Meeting on Women's Cancer of the Society of Gynecologic Oncologists; 2007 Mar 3-7; San Diego, CA Gynecol Oncol; 2007. Vol 104(3) Supp. Poster nr 206.

Wingo SN, Elmore RG, Miller DS, Raheela A, Lea JS. An immunohistochemical evaluation of vascular endothelial growth factor, urokinase-type plasminogen activator, and microvessel density in normal, preinvasive, and invasive lesions of the cervix. Poster presentation. In: Proceedings of the 2<sup>nd</sup> Annual Scientific Retreat of the Harold C. Simmons Comprehensive Cancer Center; 2007 Apr; Dallas, TX.

Heffernan TP, Kalahasti G, Muneer S, Castro-Rivera E, Schorge JO, Miller DS, Brekken R, Lea JS. Secreted protein rich and acidic in cysteine (SPARC) as a predictor of cervical carcinogenesis and regulator of cervical cancer growth [abstract]. In: Proceedings of the 36<sup>th</sup> Annual Meeting of the Western Association of Gynecologic Oncology; 2007 Jun 6-8; Sunriver, OR.

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

Contreras CM, Gurumurthy S, Haynie JM, Shirley L, Akbay E, Wingo SN, Schorge JO, Broaddus RR, Wong KK, Bardeesy N, Catrillon DH. Loss of Lkb1 provokes highly invasive endometrial adenocarcinomas. Poster presentation. In: Proceedings of the 3<sup>rd</sup> Annual Scientific Retreat of the Harold C. Simmons Comprehensive Cancer Center; 2008 Mar; Dallas, TX.

Contreras CM, Gurumurthy S, Haynie JM, Shirley L, Akbay E, Wingo SN, Schorge JO, Broaddus RR, Wong KK, Bardeesy N, Catrillon DH. Loss of Lkb1 provokes highly invasive endometrial adenocarcinomas. Poster presentation. In: Proceedings of the 99<sup>th</sup> Annual Meeting of the American Association for Cancer Research; 2008 Apr 12-16; San Diego, CA. Abstract nr 4549.

Lacour RA, Westin SN, Daniels MS, Meyer LA, Coubey VC, Blank SV, MacDonald, HR, Roman LR, Estes JM, Barnes M, Teoh D, Powell BA, Wingo SN, Schorge JO, Brooks R, Mutch D, Babb S, Sun CC, Urbauer DL, Ramirez PT, Bodurka DC, Gershenson DM, Lu KH. Do BRCA mutations confer a survival advantage in all cases of advanced-stage ovarian cancer? [abstract] In: Proceedings of the 37<sup>th</sup> Annual Meeting of the Western Association of Gynecologic Oncologists; 2008 Jun 11-14; Sonoma, CA.

Schorge JO, Drake RD, Wingo SN, Purinton SC, Xie Y. Gene expression profiling to predict early relapse in ovarian cancer: a strategy for personalizing therapy? [abstract] In: Proceedings of the Meeting of the New England Association of Gynecologic Oncologists; 2008 Jun 13-15.

Schorge JO, Wingo SN, Bhore R, Heffernan TP, Lea JS. Secondary cytoreductive surgery for recurrent platinum sensitive ovarian cancer [abstract] In: Proceedings of the Meeting of the New England Association of Gynecologic Oncologists; 2008 Jun 13-15.

Heffernan TP, Arnold SA, Rivera L, Carbon J, Brekken RA, Miller DS, Lea JS. Forced SPARC overexpression results in increased tumor size and decreased necrosis in a murine human cervical cancer model [abstract]. In: Proceedings of the 40<sup>th</sup> Annual Meeting of the Society of Gynecologic Oncologists; 2009 Feb 5-9; Houston, TX: Gynecol Oncol; 2009. Vol 112(2) Supp. Abstract nr 87.

Boren TP, Wingo SN, Contreras CM, Akbay EA, Schidler MJ, Schorge JO, Miller DS, Castrillon DH. LKB1 promoter methylation status in cervical and endometrial cancers [abstract]. In: Proceedings of the 40<sup>th</sup> Annual Meeting of the Society of Gynecologic Oncologists; 2009 Feb 5-9; Houston, TX: Gynecol Oncol; 2009. Vol 112(2) Supp. Abstract nr 92.

Schorge JO, Drake RD, Xiao G, Wingo SN, Xie Y. Gene expression profiling to predict early relapse in ovarian cancer [abstract]. In: Proceedings of the 40<sup>th</sup> Annual Meeting of the Society of Gynecologic Oncologists; 2009 Feb 5-9; Houston, TX: Gynecol Oncol; 2009. Vol 112(2) Supp. Abstract nr 210.

King L, Wingo SN, Heffernan TP, Schorge JO. Intraperitoneal chemotherapy in stage II ovarian cancer: how many patients receive this “standard of care” treatment? Poster presentation. In: Proceedings of the North Chapter Meeting of the American College of Surgeons; 2009 Mar.

Diaz ES, Wingo SN, Schlumbrecht MP, Miller DS. Outcomes of uterine sarcoma in a population of indigent women [abstract]. In: Proceedings of the 38<sup>th</sup> Annual Meeting of the Western Association of Gynecologic Oncologists; 2009 Jun 24-27; Vancouver, BC, Canada.

Boren TP, Richardson DL, Kehoe SM, Miller DS. The correlation of cone biopsy with findings at radical hysterectomy and the need for adjuvant radiation therapy [abstract]. In: Proceedings of the 2010 Annual Meeting of the American Society of Clinical Oncology; 2010 Jun 4-8; Chicago, IL: J Clin Oncol; Vol 28, No 15S (May 20 Supplement). Abstract nr 5122.

Boren TP, Nelson DB, Richardson DL, Reisch J, Miller DS. The incidence of lymph node metastasis associated with cervical involvement in endometrioid endometrial cancers

[abstract]. In: Proceedings of the 39<sup>th</sup> Annual Meeting of the Western Association of Gynecologic Oncologists; 2010 Jun 9-12; Santa Barbara, CA.

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Nelson DB, Boren TP, Andrews SE, Wingo SN, Purinton SC, Kehoe SM, Richardson DL, Miller DS. Endometrial stromal sarcomas: analysis of treatment outcomes with an emphasis on low-grade endometrial stromal sarcomas treated with adjuvant progesterone therapy [abstract]. In: Proceedings of the 39<sup>th</sup> Annual Meeting of the Western Association of Gynecologic Oncologists; 2010 Jun 9-12; Santa Barbara, CA.

Andrews SE, Boren TP, Nelson DB, Wingo SN, Purinton SC, Miller DS. Prognostic significance of endometrioid endometrial adenocarcinoma involving foci of adenomyosis in early stage endometrial cancers [abstract]. In: Proceedings of the 39<sup>th</sup> Annual Meeting of the Western Association of Gynecologic Oncologists; 2010 Jun 9-12; Santa Barbara, CA.

Garcia-Soto AE, Wingo SN, Nelson DB, Boren TP, Miller DS. Comprehensive surgical staging is needed for thorough evaluation of apparent early-stage epithelial ovarian carcinoma [abstract]. In: Proceedings of the 41<sup>st</sup> Annual Meeting of the Society of Gynecologic Oncologists; 2010 Mar 14-17; San Francisco, CA: Gynecol Oncol; 2010. Vol 116(3) Supp. Abstract nr. 325.

Purinton SC, Miller DS, White M. Use of RNA-mediated interference-based functional genomics to enhance chemoresponsiveness in ovarian cancer [abstract]. In: Proceedings of the 41<sup>st</sup> Annual Meeting of the Society of Gynecologic Oncologists; 2010 Mar 14-17; San Francisco, CA: Gynecol Oncol; 2010. Vol 116(3) Supp. Abstract nr. 399.

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Elwell K, Nagel C, Lea J, Richardson D, Miller D, Kehoe S. Effect of BMI on progesterone therapy for endometrial cancer [abstract]. In: Proceedings of the Forty-third Annual Meeting of the Society of Gynecologic Oncology; 2012 Mar 24-27; Austin, TX. p. 163. Abstract nr 401.

Thomas S, Nagel CI, Richardson DL, Kehoe SM, Miller DS, Lea J. Incidence of adnexal metastasis requiring surgical intervention in women with advanced cervical [abstract]. In: Proceedings of the Forty-first Annual Meeting of the Western Association of Gynecologic Oncologists; 2012 Jun 27-30; Huntington Beach, CA.

Bevan C, Nagel CI, Boren TP, Miller DS, Kehoe SM, Richardson DL, Albuquerque K, Lea J. Stage IIIC1 versus IIIC2 endometrial adenocarcinoma of the uterus: analysis of recurrence and patterns of toxicity [abstract]. In: Proceedings of the Forty-first Annual Meeting of the Western Association of Gynecologic Oncologists; 2012 Jun 27-30; Huntington Beach, CA.

Nagel CI, Moron A, Elwell KE, Kehoe SM, Lea J, Miller DS, Richardson DL. Survival outcomes after recurrence in endometrioid compared to papillary serous/clear cell carcinoma of the uterus [abstract]. In: Proceedings of the Forty-first Annual Meeting of the Western Association of Gynecologic Oncologists; 2012 Jun 27-30; Huntington Beach, CA.

Nagel CI, Street J, Kehoe SM, Richardson DL, Miller DS, Lea J. Clinical course of ovarian cancer after two salvage regimens [abstract]. In: Proceedings of the Forty-first Annual Meeting of the Western Association of Gynecologic Oncologists; 2012 Jun 27-30; Huntington Beach, CA.

**Nagel C**, Davidson B, Elwell K, Bevan C, Kehoe S, Richardson D, Lea J, Miller D. #189 Assessment of the Accuracy of Preoperative and Intraoperative Endometrial Pathology in Uterine Carcinoma. [abstract] In: Proceedings of Society of Gynecologic Oncologists 44<sup>th</sup> Annual Meeting on Women's Cancer. Los Angeles, California March 2013. Gynecol Oncol 130:e1-e169, 2013.

**Nagel C**, Davidson B, Elwell K, Bevan C, Kehoe S, Richardson D, Lea J, Miller D. #190 Can Preoperative Factors Predict the Need for Postoperative Radiation in Patients with Endometrioid Adenocarcinoma of the Uterus? . [abstract] In: Proceedings of Society of Gynecologic Oncologists 44<sup>th</sup> Annual Meeting on Women's Cancer. Los Angeles, California March 2013. Gynecol Oncol 130:e1-e169, 2013.

**Manders DB**, Nagel CI, Conrad LB, Lin KY, Richardson DL, Kehoe SM, Miller DS, Lea JS. Total Laparoscopic Radical Hysterectomy in the Obese Patient. Poster Presentation. American Brachytherapy Society 2014 GYN School, Chicago, IL, July 12-14, 2014.

**Manders DB**, Miller DS, Richardson DL, Kehoe SM, Lea JS. Cervical Cancer – Distant Failure After Treatment of Para-Aortic Lymph Node Metastases. Oral Presentation. Western Association of Gynecologic Oncologists Annual Meeting, Truckee, CA, June 25-28, 2014.

**Manders DB**, Word RA, Lea JS. Differential Expression of Fibulin Proteins and Matrix Metalloproteinase 9 Enzyme Activity in Benign and Malignant Ovarian Tissue. Oral Presentation. Western Association of Gynecologic Oncologists Annual Meeting, Truckee, CA, June 25-28, 2014.

**Manders DB**, Paulsen A, Richardson DL, Kehoe, SM, Miller DS, Lea JS. Factors Associated With Clinical Trial Screening Failures in Gynecologic Oncology. Poster Presentation. Society of Gynecologic Oncology Annual Meeting, Tampa, FL, March 22-25, 2014.

Moron A, **Manders DB**, Nagel CI, Miller DS, Richardson DL, Kehoe SM, Albuquerque K, Lea JS. [Outcomes of locally advanced cervical cancer in an underserved indigent US population.](#) Poster Presentation. Society of Gynecologic Oncology Annual Meeting, Los Angeles, CA, March 9-12, 2013.

**KL Lin MD**, S Srivastava BS, DS Miller MD, SM Kehoe MD, DL Richardson MD, JS Lea MD. Adnexal Involvement in Clinical Stage I Endometrial Cancer American College of Surgeon (ACS) North Texas Chapter Annual Meeting, February 21-22, 2014, Dallas TX.

**Ken Y. Lin**, Shrikanth Gadad, Jayanthi S. Lea, W. Lee Kraus. Characterization of the Effects of Poly (ADP-Ribose) Polymerase-1 Inhibition on Transcription in Cervical Cancer. Cold Spring Harbor Meeting on the PARP Family & Friends: Gene Regulation and Beyond, April 9-12, 2014, Cold Spring Harbor, NY.

**Ken Y. Lin**, Jayanthi S. Lea, W. Lee Kraus. Bromodomain Inhibitor JQ1 as a Potential Therapeutic Agent for Squamous Cell Carcinoma of Cervix. American Brachytherapy Society Gynecologic Cancers Symposium / GYN School, July 12-14, 2014, Chicago, IL.

**Lin KY**, Bryant S, Miller DS, Richardson DL, Kehoe SM, Lea JS. Outcomes of Phenotypic Females with Dysgerminoma and 46, XY Karyotype. Western Association of Gynecologic Oncologists Annual Meeting, June 26 – 29, 2013, Seattle, WA.

**Lin KY**, Kehoe SM, Richardson DL, Miller DS, Lea JS. Ovarian Metastasis in Endometrial Adenocarcinoma of Uterus. Western Association of Gynecologic Oncologists Annual Meeting, June 25-28, 2014, Truckee, CA.

**Conrad LB**, Miller, DS, Kehoe S, Richardson R, and Lea JS, "Factors Influencing Primary Treatment in Advanced Vulvar Cancer" American Brachytherapy Society 2014 Meeting, Chicago, Illinois July 13-14, 2014

**Liu CS**, Friel G, Kolomeyevskaya N, Lele S, Odunsi K, Moysich K. Aspirin and

Acetaminophen Decrease the Risk of Cervical Cancer in Long-Term Users. Poster presented. Society of Gynecologic Oncology 45th Annual Meeting on Women's Cancer, Tampa, FL, March 22-25, 2014

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.

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

#### L. Publications Involving Fellows (2014-2015)

##### i. Book Chapters

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

##### ii. Peer Reviewed Articles

Salani R, Nagel CI, Drennen E, Bristow RE. [Recurrence patterns and surveillance for patients with early stage endometrial cancer](#). Gynecol Oncol. 2011 Nov;123(2):205-7.

Backes FJ, Nagel CI, Bussewitz E, Donner J, Hade E, Salani R. [The impact of body weight on ovarian cancer outcomes](#). Int J Gynecol Cancer. 2011 Dec;21(9):1601-5.

Nagel CI, Backes FJ, Hade EM, Cohn DE, Eisenhauer EL, O'Malley DM, Fowler JM, Copeland LJ, Salani R. [Effect of chemotherapy delays and dose reductions on progression free and overall survival in the treatment of epithelial ovarian cancer](#). Gynecol Oncol. 2012 Feb;124(2):221-4.

Boren TP, Carrick K, Kehoe SM, Lea J, Miller DS, Richardson DL. [Correlation of cone biopsy with findings at radical hysterectomy and use of adjuvant radiation therapy](#). Gynecol Oncol. 2012 Mar;124(3):508-11.

Garcia-Soto AE, Boren T, Wingo SN, Heffernen T, Miller DS. [Is comprehensive surgical staging needed for thorough evaluation of early-stage ovarian carcinoma?](#) Am J Obstet Gynecol. 2012 Mar;206(3):242.

Boren T, Lea J, Kehoe S, Miller DS, Richardson D. [Lymph node metastasis in endometrioid adenocarcinomas of the uterine corpus with occult cervical involvement](#). Gynecol Oncol. 2012 Jun 16. [Epub ahead of print]

Davidson B, Nagel C, Kehoe SM, Richardson DL, Miller DS, Lea JS. Outcomes of Treatment of Gestational Trophoblastic Neoplasia in a Primarily Indigent, Urban Population. The Journal of Reproductive Medicine. Accepted for publication October 2013

Shields B, Pecot C, Potts M, Nagel C, Purinton S, Wang Y, Ivan C, Kim H, Borkowski R, Khan S, Rodriguez-Aguayo C, Lopez-Berestein G, Lea J, Gazdar A, Baggerly K, Sood A, White M. microRNA Induction of Fatal Differentiation Programs is a Common Vulnerability in Ovarian Cancer. Accepted with revisions; Proceedings of the National Academy of Sciences of the United States of America (PNAS) March 2014.

Lin KY, Bryant S, Miller DS, Kehoe SM, Richardson DL, Lea JS. Malignant ovarian germ cell tumor - role of surgical staging and gonadal dysgenesis. Gynecol Oncol. 2014 Jul;134(1):84-9

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Nagel CI, Denson WN, Richardson DL, Kehoe SM, Miller DS, Lea J. Survival outcomes of clinical trials in patients with recurrent cervical cancer. *Clinical Ovarian and Other Gynecologic Cancer*. DOI: <http://dx.doi.org/10.1016/j.cogc.2014.06.004>

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

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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

#### M. Publications Involving Program Faculty (2011-2015)

##### Peer Reviewed Articles

Thomas KJ, McCoy MK, Blackinton J, Beilina A, van der Brug M, Sandebring A, Miller D, Maric D, Cedazo-Minguez A, Cookson MR. [DJ-1 acts in parallel to the PINK1/parkin pathway to control mitochondrial function and autophagy](#). *Hum Mol Genet*. 2011 Jan 1;20(1):40-50.

Osborne RJ, Filiaci V, Schink JC, Mannel RS, Alvarez Secord A, Kelley JL, Provencher D, Miller DS, Covens AL, Lage JM. [Phase III trial of weekly methotrexate or pulsed](#)



[daunomycin for low-risk gestational trophoblastic neoplasia: a gynecologic oncology group study.](#) J Clin Oncol. 2011 Mar 1;29(7):825-31.

Tait DL, Blessing JA, Hoffman JS, Moore KN, Spirtos NM, Lachance JA, Rotmensch J, Miller DS. [A phase II study of gemcitabine \(gemzar, LY188011\) in the treatment of recurrent or persistent endometrial carcinoma: a gynecologic oncology group study.](#) Gynecol Oncol. 2011 Apr;121(1):118-21.

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

Miller DS, Finnie J, Bowden TR, Scholz AC, Oh S, Kok T, Burrell CJ, Trinidad L, Boyle DB, Li P. [Preclinical efficacy studies of influenza A haemagglutinin precursor cleavage loop peptides as a potential vaccine.](#) J Gen Virol. 2011 May;92(Pt 5):1152-61.

Kehoe SM, Miller DS. [The role of lymphadenectomy in endometrial cancer.](#) Clin Obstet Gynecol. Clin Obstet Gynecol. 2011 Jun;54(2):235-44.

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Hallac RR, Ding Y, Yuan Q, McColl RW, Lea J, Sims RD, Weatherall PT, Mason RP. [Oxygenation in Cervical Cancer and Normal Uterine Cervix assessed using BOLD MRI at 3 T.](#) NMR Biomed. 2012 May 23. doi: 10.1002/nbm.2804. [Epub ahead of print]

Boren T, Lea J, Kehoe S, Miller DS, Richardson D. [Lymph node metastasis in endometrioid adenocarcinomas of the uterine corpus with occult cervical involvement.](#) Gynecol Oncol. 2012 Jun 16. [Epub ahead of print]

Shields B, Pecot C, Potts M, Nagel C, Purinton S, Wang Y, Ivan C, Kim H, Borkowski R, Khan S, Rodriguez-Aguayo C, Lopez-Berestein G, **Lea J**, Gazdar A, Baggerly K, Sood A, White M. microRNA Induction of Fatal Differentiation Programs is a Common Vulnerability in Ovarian Cancer. Accepted with revisions; Proceedings of the National Academy of Sciences of the United States of America (PNAS) March 2014.

Lin KY, Bryant S, Miller DS, Kehoe SM, Richardson DL, **Lea JS**. Malignant ovarian germ cell tumor - role of surgical staging and gonadal dysgenesis. *Gynecol Oncol*. 2014 Jul;134(1):84-9

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A. Block Diagram of Proposed Rotation for Each Month of Program

<b>FELLOW</b>	<b>JULY</b>	<b>AUG</b>	<b>SEPT</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUNE</b>
<b>YEAR 4</b>	UTSW	UTSW	UTSW	UTSW	UTSW	UTSW	UTSW	UTSW	UTSW	UTSW	UTSW	UTSW
<b>YEAR 3</b>	RES	RES	RES	RES	RES	RES	RES	RES	RES	SICU	PATH/GEN	RADONC
<b>YEAR 2</b>	UTSW	UTSW	RES	RES	RES	RES	RES	RES	RES	RES	RES	RES
<b>YEAR 1</b>	UTSW	UTSW	UTSW	UTSW	UTSW	UTSW	UTSW	UTSW	UTSW	UTSW	UTSW	UTSW

UTSW: SOUTHWESTERN MEDICAL CENTER

RES: RESEARCH

SICU: SURGICAL INTENSIVE CARE UNIT

RADONC: RADIATION ONCOLOGY

PATH: PATHOLOGY

Block Diagram of Average Work Week on Clinical Gynecologic Oncology Rotation

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
0700 PMH OR (start)		0700-0800 Grand Rounds Conf.	0700 PMH OR	---
---	0730 Ward Rounds (4-west)	0730 Protocol and Chemotherapy Monitoring Conference (D1.602)	↓	0730 Ward Rounds (4- West)
↓	0800 Parkland Patient Care Conference (4-West)	0800-0900 Gynecologic Oncology Tumor Board (D1.602)	↓	0800 Parkland or Clements University Hospital OR [variable]
↓	0830 Parkland Gynecologic Oncology Clinic (start) (PMH 3 <sup>rd</sup> floor)	0900-0930 Pre-Op Conf./Chemo Conference	↓	↓
↓	↓	0930 Simmons Cancer Center Clinic (NB2)	↓	↓
↓	↓	↓	↓	↓
↓	↓	1100 Dept OB/GYN Grand Rounds (G6.200)	↓	↓
↓	↓	1200 Parkland Nurse Practitioner Chemotherapy Rounds (4-West)	↓	↓
↓	↓	1300 Ward Rounds (4-West)	↓	↓
	↓	1600 Morbidity & Mortality Conference; Journal Club; Division Research Mtg (E6.102); Gyn Oncology Fellows' Lecture (G6.200) [Alternating]	↓	↓
1700 PMH OR (end)	1700 Parkland Gynecologic Oncology Clinic (end)	1700 Gyn Oncology Fellows Meeting (E6.102) [Monthly]	1700 PMH OR (end)	1700 Parkland and Clements University Hospital OR (end)

## C. 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 exam 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 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. 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 orthopaedics. It also houses all of 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.

iv. Office

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

v. Conference Rooms

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.

c. E6.102S

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

d. 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.

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

ii. 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.

#### E. Previous and Current Fellows

##### i. Previous Fellows Trained:

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  
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  
Professor and Clinical Chair of Obstetrics and Gynecology  
American University of Antigua, 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

David L. Tait, M.D., 1991-94

Blumenthal Cancer Center, Charlotte, NC

Carolyn C. Muller, M.D., 1993-96

Director and Professor, Division of Gynecologic Oncology  
University of New Mexico Health Sciences Center, Albuquerque, NM

Joseph Santoso, M.D., 1994-97

Director and Professor, Gynecologic Oncology Division  
University of Tennessee, Memphis, TN

Vivian von Gruenigen, M.D., 1995-98

Chairman, Division of Obstetrics & Gynecology  
Medical Director of Women's Health Services  
Summa Health System  
Akron City Hospital, Akron, OH

John D. O'Boyle, MD, FACOG, FACS, CPE CAPT, MC, USN, 1996-99

Medical Director and Chief, Clinical Operations TRICARE Regional Office North  
Associate Professor of Obstetrics & Gynecology  
Uniformed Services University of the Health Sciences, Arlington, VA

Wei-Chien Michael Lin, M.D., 1997-2001

Women's Cancer Center of Southern California, Sherman Oaks, CA

Jayanthi Sivasothy Lea, M.D., 2000-04

Associate Professor of Obstetrics and Gynecology  
Director, Gynecologic Oncology Fellowship Program  
University of Texas Southwestern Medical Center, Dallas, TX

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

Lynne Marie Knowles, M.D., 2003-07

Texas Oncology, P.A., Austin, TX

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

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

Shana L. Wingo, M.D., 2006-2010  
Arizona Oncology, Phoenix, AZ

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

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

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  
Instructor of Obstetrics and Gynecology  
University of Texas Southwestern Medical Center, Dallas, TX

ii. Current Fellows in the Program:

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

Lesley B. Conrad, M.D., 2013-2017  
Agnes Scott College, Decatur, GA, B.A., 2004  
Louisiana State University School of Medicine, Shreveport, LA, M.D. 2009  
LSU Health Sciences Center, Shreveport, LA, residency, 2013

Lavanya Hari Pallavalli Parsons., 2014-2018  
University of Missouri – Columbia, Columbia, MO, B.S., 2005  
University of Missouri – Columbia School of Medicine, Columbia, MO, M.D., 2010  
Baylor College of Medicine, Houston, TX, OBGYN Residency, 2014

Cici S. Liu, M.D., 2015-2019

Northwestern University, Evanston, IL, B.S., 2006

Northwestern University Feinberg School of Medicine, Chicago, IL, M.D., 2010

Roswell Park Cancer Institute, Buffalo, NY, Residency, 2013

F. 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.

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 Clements University Hospital. 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

##### 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 6 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.

##### I. 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.

##### J. 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.