



EUROPEAN BOARD AND COLLEGE OF OBSTETRICIANS AND
GYNAECOLOGISTS (EBCOG) and
EUROPEAN SOCIETY OF GYNAECOLOGICAL ONCOLOGY
(ESGO)

***SUBSPECIALIST TRAINING PROGRAMME
IN
GYNAECOLOGICAL ONCOLOGY***

Some 50% of cancers that affect women are located in the breast or in the genital organs. Gynaecological and breast cancer treatment is inter-disciplinary and requires a good surgical training as well as knowledge about radiotherapy, chemotherapy, hormone therapy, immunotherapy, and genetics.

EBCOG and ESGO notes with approval the development of subspecialty practices in a number of countries, in particular the USA and certain European countries and considers that Gynaecological Oncology should be recognised as a subspecialty, in Europe.

In several European countries, breast cancer is not treated by gynaecological oncologists. In these countries, Fellows do not have to include this component in their training programmes, but it is recommended that they become familiar with the principles and practice of the management of breast diseases.

Educational objectives and requirements for training in these subspecialist areas have been defined in conjunction with acknowledged experts from the European Society of Gynaecological Oncology and are defined in the syllabus (Annexe I). The role of such a subspecialist is complementary to, and not in competition with, that of a specialist in Obstetrics and Gynaecology.

Training in subspecialist in gynaecological oncology

1. Definition

The gynaecological oncologist is a specialist in Obstetrics and Gynaecology but in addition, is able to:

- provide consultation on, and the comprehensive management of patients with, gynaecological or breast cancer;
- manage the medical and /or surgical treatment of malignant diseases of the female genital tract and breast ⁽¹⁾ which may involve relevant surgery of abdominal organs;
- practise gynaecological oncology in an institutional setting where all effective forms of cancer therapy are available. This includes comprehensive management of gynaecological cancer including screening, diagnostic, therapeutic procedures and follow up.

⁽¹⁾ Only in those countries where this is part of gynaecological practice. In the EU, gynaecologist usually take charge of breast diseases except in Denmark, Finland, Ireland, Netherlands and the UK.
The practice of gynaecology oncology excludes the subspecialist from training and practice in another subspecialty.

2. The aim of the training

To improve the care of patients with gynaecological malignancies, in collaboration with others care providers.

3. The objectives of the training

To train a subspecialist to be capable of:

- improving knowledge, practice, teaching, research and auditing;
- co-ordinating and promoting collaboration in organising the service;
- providing leadership in development and research within the subspecialty.

4. The organisation of training

- The number of training posts should be strictly regulated by the relevant national body in order to provide sufficient expertise.
- Training programme should be based in a multidisciplinary centre of Obstetrics and Gynaecology and should be organised by a subspecialist or an accredited subspecialist⁽²⁾.
- Centres should use guidelines and protocols which are finalised by national professional bodies and are reviewed at regular intervals. These guidelines will define the cases in which it is necessary to refer a patient to a subspecialist.
- Training as a subspecialist in gynaecological oncology does not imply that a subspecialist cannot practice in the generalist field of Obstetrics and Gynaecology.
- For ESGO-EBCOG recognition, training should take place in an ESGO-EBCOG accredited centre

⁽²⁾ Initially there will be a transitional period when accreditation for training will be given by the national appointing authority or if not by a professional or scientific body to a Specialist in Obstetrics and Gynaecology with proven scientific and clinical expertise in Gynaecology Oncology. Subsequently, only individuals with training in the subspecialty should hold such a position.

5. The means of training

5.1 Entry requirements:

- a recognised specialist qualification in Obstetrics and Gynaecology or have completed a minimum of five years in an approved training programme in Obstetrics and Gynaecology;
- the availability of a recognised training post.

5.2 An adequately remunerated post in a recognised training programme is a basic condition. Each trainee must be allocated a tutor to provide guidance and advice.

5.3 For each country, the estimated number of training posts should reflect the national need for subspecialists in gynaecological oncology, as well as the facilities and finances available for training.

5.4 Trainees should participate in all relevant activities of the training unit such as the care of out-patients and in-patients, on call duties during both day and night, performing gynaecological oncology operations and participating in educational activities, including the teaching of other health professionals. Participation in audit and clinical or basic research is essential.

5.5 Arrangements for postgraduate training must be compatible with national employment and teaching legislation in relation to remuneration, hours of work and rights of employees in such matters as sick leave, maternal and paternal leave and compulsory military service.

5.6 The duration of subspecialty training should include **a minimum of two years** in an approved programme and should cover the clinical and research aspects of the following areas:

- Surgical training in a gynaecological oncology unit;
- General surgical training;
- Training in surgery of the breast⁽³⁾ ;
- Urology;
- Radiotherapy;
- Medical oncology;
- Cytological diagnosis and pathology;
- Psycho-oncology;
- Tumour biology.

⁽³⁾ Only in those countries where this is part of gynaecological practice.

5.7 Training should be structured throughout with clearly defined targets to be met after specified intervals. An educational plan should be drawn up in consultation with the trainee at the beginning of each attachment and progress should be monitored regularly, by mean of the Log book.

5.8 A trainee may spend some training time in another (1 or 2) centre(s) recognised by ESGO-EBCOG. For ESGO-EBCOG recognition, such centre should also be EBCOG accredited for basic training in gynaecology and obstetrics.

6. Assessment of training

6.1 In all European countries, approval of training and trainers should be the responsibility of a national or regional authority which has the power to withdraw recognition, if necessary. Centres in countries where no national approval of subspecialist training exists may apply for ESGO-EBCOG accreditation.

6.2 Approval of institutions as training centres should be based on:

- annual statistics;
- internal quality control and audit;
- organised teaching sessions;
- the availability of:
 - Radiotherapy unit;
 - Chemotherapy unit;
 - Cyto pathology unit;
 - Multidisciplinary team regularly involved in the management of gynaecological cancer;
- fulfilment of defined criteria for minimum activity:
 - 150 new invasive genital cancer cases per year for a first trainee, 100 more for a second etc. would be the minimum number necessary to provide quality care, fellowship training and research;
 - additionally, a minimum of 60 new cases of breast cancer are required in countries where breast cancers are treated by the gynaecological oncologist.

6.3 Assessment of the trainee should be carried out by a national or federal committee of experts and should take into consideration:

- participation in Gynaecological Oncology courses, particularly those recognised by ESGO in agreement with EBCOG
- completion of a log book of clinical experience in Gynaecological Oncology;
- peer review publications in a nationally recognised journal.

6.4 A representative from ESGO in agreement with the EBCOG Postgraduate Training and Assessment Working Party may be an observer on the national assessment committee.

6.5 ESGO in agreement with EBCOG is willing to organise an evaluation visit to a subspecialist unit, if requested.

Annexe I.

Syllabus

1. Definitions:

- Knowledge: basic understanding of all topics commonly used in the clinical practice of gynaecological oncology.
- Detailed knowledge: an understanding of important aspects of topics which may be more comprehensively understood by a specialist in an other discipline, such as a geneticist.
Comprehensive knowledge: a complete understanding of topics which are important in the clinical practice of gynaecological oncology.

2. Basic sciences

2.1 Anatomy

- Comprehensive knowledge of the regional anatomy of the pelvis, abdomen, thorax, breast, thigh, endocrine glands, particularly in relation to surgical procedures undertaken by the gynaecological oncologist.
- Detailed knowledge of the gross anatomy and histology of relevant bones, joints, muscles, blood vessels, lymphatics and nerve supply.
- Comprehensive knowledge of the histology of the pelvic organs and breast.
- Knowledge of cell structure.

2.2 Oncology

- Comprehensive knowledge of carcinogenesis, invasion and metastasis.
- Detailed knowledge of cellular and molecular biology.

2.3 Genetics

- Detailed knowledge of cancer genetics included inherited risk factors.

2.4 Pathology

- Detailed knowledge of the cytology and histology of gynaecological and breast cancers and pre-cancer states.

2.5 Statistics and epidemiology

- Detailed knowledge of statistical analysis and the collection of data in gynaecological oncology.
- Detailed knowledge of setting up and interpreting clinical trials.
- Detailed knowledge of environmental factors in relation to gynaecological oncology.

2.6 Microbiology

- Comprehensive knowledge of the role of infective agents in carcinogenesis.

2.7 Biochemistry

- Detailed knowledge of nutrition in relation to gynaecological oncology.

2.8 Biophysics

- Knowledge of the physical principles and biological effects underlying imaging and therapeutic techniques involving heat, light, sound and electromagnetism.

2.9 Immunology

- Knowledge of immune mechanisms involved in host defence in cancer.

2.10 Pharmacology

- Comprehensive knowledge of the properties, pharmacodynamics, actions, interactions and hazards of pharmacological agents which are used in gynaecological oncology.

3. Clinical sciences

3.1 Gynaecological Oncology

- Comprehensive knowledge of epidemiology, aetiology, prevention, screening, diagnostic techniques, prognostic factors and staging of gynaecological tumours and their management including primary and secondary prevention.

3.2 Breast cancer

- Comprehensive knowledge of epidemiology, aetiology, prevention, screening, diagnostic techniques, prognostic factors and staging of breast cancer and its management including primary and secondary prevention.

3.3 Imaging

- Detailed knowledge of all imaging techniques including computer assisted tomography, ultrasound, magnetic resonance imaging (MRI) used in gynaecological oncology including indications and interpretation.

3.4 Surgical management

- Comprehensive knowledge and skill in all surgical procedures used in gynaecological oncology including breast surgery^(4,5).
- Detailed knowledge and skill in all reconstructive surgical procedures, including the breast, used in gynaecological oncology.
- Comprehensive knowledge of the complications of surgery in gynaecological oncology and of post-operative care.
- Knowledge of the applications, techniques and complications of anaesthesia and intensive care and expertise in the practice of adult resuscitation.
- Comprehensive knowledge and experience in preoperative assessment and preparation for surgery.

⁽⁴⁾ Only in those countries where this is part of gynaecological practice.

⁽⁵⁾ Minimal surgical procedures to be performed by the fellow:

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|--|----------|
| ○ Surgery of endometrial, ovarian and tubal cancer | 30 cases |
| ○ Radical hysterectomy | 15 cases |
| ○ Other pelvic malignancies | 5 cases |
| ○ Vulvectomy and groin dissection | 5 cases |

Non surgical management

- Detailed knowledge and experience in the use in gynaecological oncology of chemotherapy, hormonotherapy, radiotherapy, immunotherapy and genetherapy.
- Detailed knowledge of the causes and management (including surgical) of chronic pelvic pain.

3.5 Psychology

- Comprehensive knowledge and experience of the psychological management of patients treated for a gynaecological or breast cancer. -Detailed knowledge of the principles and management of sexual dysfunction of patients treated for a gynaecological or breast cancer.

3.6 Palliative and Terminal care

- Comprehensive knowledge and experience in palliative care and the management of terminal care of patients treated for a gynaecological or breast cancer.