

APPLICATION FORM FOR FELLOWSHIP

Name of Institution: McGill University

Location: Jewish General Hospital

Type of Fellowship: Advanced Minimally Invasive Training in Hepato-Pancreatico-Biliary (HPB) Surgery

Program Information: Please see the appended description

Name of the Fellowship Program Director: Dr. Tsafir Vanounou

Names of the Teaching Faculty

(1) Dr. Tsafir Vanounou

o Roles:

- Program director
- Clinical director of HPB program at JGH
- Research mentor
- Expert in open, laparoscopic and robotic HPB surgery

o Summary of clinical practice:

Dr. Vanounou's clinical practice is focused completely on malignant disease. He is fellowship trained in surgical oncology and Hepatobiliary surgery. He established the laparoscopic and robotic HPB program at the Jewish General Hospital. His administrative duties span several surgical and hospital committees at both the departmental and hospital levels. He also has established a strong research team at the JGH which continues to be highly productive. His research focus is on the evaluating the cost-effectiveness and value of surgical therapies and interventions.

o Major Strengths

Dr. Vanounou's major strength is his strong focus on and skill in minimally invasive surgery and especially HPB. He is a strong leader and has established the JGH as a forerunner in minimally invasive HPB surgery in Canada and abroad.

(2) Dr. Jean-Sébastien Pelletier

o Roles

- Co-program director
- Clinical educator
- Research mentor

o Summary of clinical practice

Dr. Pelletier's clinical practice is in malignant and benign HPB surgery, as well as general surgery. He has a strong interest in minimally invasive HPB surgery. He also has administrative roles in the Jewish General Hospital as the quality officer in General Surgery, organizes the upper GI tumour boards and is responsible for the General Surgery Grand Rounds for the hospital. He also participates in multiple research projects and meets with his research team regularly.

o Major Strengths

Dr. Pelletier is a strong clinical surgeon with a varied surgical practice. As he was trained at the foremost center for minimally invasive HPB surgery, UPMC in Pittsburgh, he has a strong interest and is well trained in these techniques. He is a strong communicator and has a background in various different types of research projects and topics.

Academic Facilities

o Outline facilities for clinical and academic pursuit

The Jewish General Hospital is a state of the art tertiary care center in Montreal Canada. Our operating rooms have been upgraded and we have regular access to the surgical robot, one of which is equipped with a secondary training console. We will be able to train our fellow on this console using a validated curriculum that includes console training, robotic virtual reality simulation, as well as a dry lab where the fellow will train on model organs.

o Library access, materials relevant to fellowship training

The fellow will have access to the McGill online library, which will allow him to access the entire compendium of McGill's subscribed materials. We will also give our fellow access to Blumgart's surgical HPB textbook, the foremost authority on HPB surgery.

o Multimedia learning materials available

We have videos of our most common MIS procedures prepared for training purposes.

o Availability of a skills lab if applicable

As noted above, the robotic training console includes a virtual reality simulation-training program, and we will organize a dry lab with model organs. As needed, McGill University also has a surgical training center where our fellow can practice his or her laparoscopic skills, as needed.

Fellow Duties and Responsibilities

The fellow must adhere to the general competencies as outlined by the CanMeds

proficiencies, which include:

- Compassionate patient care, appropriate and effective for the treatment of the specific disease process.
- Must be able to independently develop and execute patient care plans.
- Demonstrate manual dexterity appropriate for their training level.
- Show knowledge about established and evolving issues within their field and apply to patient care (implementing evidence-based practice).
- Practice –based learning and self-evaluation and critique personal practice outcomes.
- Demonstrate effective interpersonal and communication skills with regards to health professionals, counseling of patients and families and effective documentation of practice activities in medical records.
- Demonstrate professionalism, as shown by a commitment to carry out professional responsibilities, adhere to ethical principles, and show sensitivity towards a diverse patient population in addition to the roles defined by CanMeds.
- Practice high-quality, cost-effective patient care.
- Demonstrate knowledge of risk-benefit analysis.
- Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

o Call responsibilities to cover service

The fellow is responsible to be on call for the service every second or third weekend. Call responsibilities will include: rounding on our inpatients, emergency and floor consults as well as operative assistance as needed. There will always be an HPB surgeon on call to assist the fellow as needed.

o Include whether the fellow is the senior supervisor of residents

The fellow's responsibilities will include the supervision of General Surgery residents on our service, which will include floor management, review of consults and surgical supervision.

o Outline whether there are fixed rotations at various institutions

The fellow will spend ten months of the year as the MIS-HPB fellow at the Jewish General Hospital. The other two months will be spent completing research projects as well as participating in off-service rotations such as medical oncology, radiation oncology, interventional radiology or gastroenterology. The

goal is to ensure that there is no overlap between the MIS HPB fellow and the surgical oncology fellow.

o Outpatient clinic responsibilities need to be outlined

The fellow will attend one outpatient clinic a week with one of the two attending surgeons every Wednesday.

o Outline role of the fellow towards residents on service

The fellow is responsible for the supervision of General Surgery residents on our service, which will include floor management, review of consults and surgical supervision. He will also be responsible for orienting the new residents, giving them didactic and/or interactive lectures no less than bi-weekly and allowing them to progressively perform greater parts of the surgical procedures, appropriate to their knowledge and technical skill.

o Teaching responsibilities towards residents

In addition to informal daily teaching and mentoring of residents, the fellow will also be responsible for orienting the new residents, giving them didactic and/or interactive lectures no less than bi-weekly.

o Outline participation in academic activities involving the residents: seminars, outcome assessment (morbidity and mortality rounds etc)

The fellow is expected to be present for all surgical grand rounds on Thursday mornings, surgical teaching rounds as well as morbidity and mortality rounds every Thursday afternoon if he or she is available.

o Describe any support staff available to the fellow: program coordinator, nurse clinician, secretarial

The HPB program has a clinical assistant who will also serve as the program coordinator, as well as a research assistant.

o Proposed meetings to be attended by the fellow

We propose that the fellow attend the Canadian Association of General Surgeons meeting in September, as well as the Americas Hepatico-Pancreatico-Biliary Surgery meeting in March. The fellow may attend more meetings as long as it is requested no later than 4 weeks in advance.

o Research productivity and publications expected by the Fellow

It is expected that our fellow publish no less than one article in a peer-reviewed journal and to present at in at least one national or international meeting.

Formal evaluation of the fellow will take place every three months throughout the year, and a written final evaluation will be written at the end of the year.

The fellow will be required to complete a formal evaluation the attending surgeons at least once throughout the year.

Curriculum

o Intended case load

The intended case load is for at least 60 HPB cases, of which at least 30 are performed minimally invasively.

o Intended Percentage of varieties of cases

30% Pancreas
30% Hepatic and biliary
30% Surgical oncology
10% General Surgery

o Regular reading materials provided (if any)

The fellow will be provided Blumgart's surgical HPB textbook, the foremost authority on HPB surgery. The fellow and the attending surgeons will establish a regular reading schedule of this textbook. Every two weeks, the previous chapter will be discussed with at least one of the attending surgeons.

o Conference weekly schedules

Wednesday 4:00PM to 5:00PM – Upper Gastrointestinal, HPB and Colon Tumour Boards
Thursday 7:30AM to 8:30AM - Surgical Grand rounds or Journal Club
Thursday 4:30PM to 6:00PM - General surgery service rounds, morbidity and mortality rounds and evaluations

The fellow is expected to present the HPB patients that he is familiar with at the upper gastrointestinal tumour boards every week. He is expected to present Surgical Grand Rounds at least twice during the academic year. He is also expected to present or to supervise the residents in the presentation of the relevant morbidity and mortality rounds.

Advanced Minimally Invasive Training in Hepato-Pancreatico-Biliary (HPB) Surgery Fellowship Program

Program Information:

- Number of fellowship positions requested: 1
- Academic affiliation: McGill University
- Name of hospitals involved in training:

Jewish General Hospital - 100 % of the fellow's time will be spent at this institution

- Background

The Jewish General Hospital is a McGill University affiliated tertiary care hospital. Our HPB service is comprised of two HPB surgeons, an administrative assistant, a research assistant and a team of student and resident researchers. We specialize in minimally invasive HPB surgery, including advanced laparoscopic and robotic techniques. We have a strong publication history, have presented at numerous national and international meetings and are both members of the Americas Hepatico-Pancreatico-Biliary Association.

- Research activity

We have an interest in clinical research, with current focuses in surgical technique, enhanced recovery after surgery, health-related quality of life as well as cost and value analyses.

- Publications

1. **Pelletier JS**, McKee BA, Paton-Gay D, Widder S. *A Retrospective Review of All Terrain Vehicle Accidents in Alberta*. Canadian Journal of Surgery, 2012.
2. **Pelletier JS**, Gill RS, Bigam D. *Combined Hepatic and Inferior Vena Cava Resection for Colorectal Cancer*. Surgery: Current Research, 2012.
3. Gill RS, **Pelletier JS**, LaBossiere J, Bigam D, Cheung PY. *Therapeutic strategies to protect the immature newborn myocardium during resuscitation following asphyxia*. Canadian J of Physiology and Pharmacology, 2012.
4. **Pelletier JS**, Gill RS, LaBossiere J, Bigam D, Cheung PY. *Novel approach to improve cardiac recovery after asphyxia in newborns*. Recent Research Developments in Physiology (Book chapter), 2012
5. **Pelletier JS**, de Gara CJ, Porter G, Ghosh S, Schiller D. *Retrospective Review of Rectal Cancer Surgery in Northern Alberta*, Canadian Journal of Surgery, 2013

6. **Pelletier JS**, Gill RS, Shi X, Birch D, Karmali S. *Robotic-Assisted Hepatic Resection: A Systematic Review of Mortality and Morbidity*. The International Journal of Medical Robotics and Computer Assisted Surgery, 2013
7. **Pelletier JS**, LaBossiere J, Dicken B, Gill RS, Sergi C, Tahbaz N, Bigam D, Cheung PY. *Low-Dose Vasopressin Improves Cardiac Function in Newborn Piglets with Acute Hypoxia-Reoxygenation*. Shock, 2013
8. Gazala S, **Pelletier JS**, Storie D, Johnson J, Kutsogiannias J, Bedard E. *A Systematic Review and Meta-Analysis to Assess Patient-Reported Outcomes after Lung Cancer Surgery* The Scientific World Journal, 2013
9. LaBossiere J, **Pelletier JS**, Bigam D, Schulz R, Cheung PY. *Post-resuscitation Administration of Doxycycline Preserves Cardiac Contractile Function in Hypoxia-Reoxygenation Injury of Newborn Piglets*, Critical Care Medicine, 2014
10. **Pelletier JS**, Geller DA. *Minimally Invasive Techniques and Outcomes in Hepatic Resection*, McGraw-Hill's Textbook of Surgical Oncology (Book Chapter), 2014 (In Press)
11. **Pelletier JS**, LaBossiere J, Dicken B, Bigam D, Cheung PY. *Cardiac Effects of Vasopressin*, The Journal of Cardiovascular Pharmacology, 2014
12. **Pelletier JS**, Geller DA. *Surgical Treatment of Hepatobiliary Malignancies and Liver Transplantation*, Gastrointestinal Malignancies: New Innovative Diagnostics and Treatment. (Book Chapter), 2015
13. LaBossiere J, **Pelletier JS**, Thiesen A, Schulz R, Bigam D, Cheung PY. *Doxycycline Attenuates Renal Injury in a Swine Model of Neonatal Hypoxia-Reoxygenation*, Shock, 2015
14. **Pelletier JS**, Gill RS, Gazala S, Karmali S. *A Systematic Review And Meta-Analysis Of Open Vs. Laparoscopic Resection Of Gastric Gastrointestinal Stromal Tumors*. Journal of Clinical Medical Research, 2015
15. Switzer NJ, Merani S, Skubleny D, **Pelletier JS**, Gill RS, Kanji R, Shi X, Birch DW, Gara C, Sharma AM, Karmali S. *Quality of follow-up: a systematic review of bariatric surgery research*, Annals of Surgery, 2015 (In Press)
16. Trabulsi N, **Pelletier JS**, Abraham C, Vanounou T. *Preoperative Diagnostic Angiogram and Endovascular Aortic Stent Placement for Appleby Resection Candidates: A Novel Surgical Technique in the Management of Locally Advanced Pancreatic Cancer*. HPB Surgery, 2015
17. **Vanounou T**, Garfinkle R. *Evaluation of Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy for Peritoneal Carcinomatosis of Colorectal Origin in the Era of Value-Based Medicine*. Ann Surg Oncol. 2016 Mar 8.

18. Levy J, Tahiri M MD, **Vanounou T**, MD, MBA, Maimon G, PhD, Bergman S, MD MSc. Diagnostic Laparoscopy with Ultrasound Still Has a Role in the Staging of Pancreatic Cancer: A Systematic Review of the Literature. *HPB Surgery* 2016(1):1-8.
19. Trabulsi N, Pelletier J.S, Abraham C, **Vanounou T**. Preoperative Diagnostic Angiogram and Endovascular Aortic Stent Placement for Appleby Resection Candidates: A Novel Surgical Technique in the Management of Locally Advanced Pancreatic Cancer. *HPB Surg.* 2015; 2015: 523273. Published online 2015 September 28.
20. *Levy J, Garfinkle R, Camlioglu E, MD, **Vanounou T**, MD MBA. Conventional transarterial chemoembolization for unresectable liver malignancies: A single-institution experience and review of the literature. Manuscript submitted to HPB.
21. Piedimonte S, Wang Y, Bergman S, **Vanounou T**. Experience with Robotic Pancreatic Surgery in a Canadian Institution. *Can J Surg.* 2014 August; 57(4): 263-270.
22. *Wang Y, Piedimonte S, MSc, Bergman S, MD, MSc, **Vanounou T**, MD, MBA. Minimally invasive versus open liver resection: a comparative study of short-term outcomes. Manuscript submitted to HPB.
23. *Wang Y, Bergman S, Piedimonte S, **Vanounou T**. Bridging the gap between open and minimally invasive pancreaticoduodenectomy: the hybrid approach. *Can J Surg.* 2014 Aug;57(4):263-70.
24. **Vanounou T**, Steel J, Tsung A, Nguyen KT, Likumahuma S, Geller DA, Gamblin TC. Overall Survival, Health-related Quality of Life, and Cost-effectiveness of Transarterial Chemoembolization or Selective Internal Radiation Therapy with Yttrium-90 Microspheres in Unresectable Hepatocellular Carcinoma. Manuscript submitted to HPB.
25. Skamene S, Niazi T, Kopek N, **Vanounou T**, Vuong T. Resectability After Concurrent Gemcitabine-Based Chemoradiation Therapy for Patients With Locally-Advanced Pancreas Cancer. *Int J of Radiation Oncology.* Oct 2013.
26. Magge D, Tsung A, **Vanounou T**, Marsh JW, Gamblin TC, Geller DA. Laparoscopic Cholecystectomy Injury: The Case of the Missing Duct. Manuscript submitted to *Surgical Endoscopy.*
27. **Vanounou T**, Groeschl RT, Geller DA, Marsh JW, Gamblin TC. Economic model of observation versus immediate resection of hepatic adenomas. *J Surg Oncol.* 2012 Sep 15;106(4):491-7.
28. **Vanounou T**, Steel J, Marsh JW, Geller DA, Gamblin TG. Comparing the Clinical and Economic Impact of Laparoscopic Versus Open Liver Resection. *Ann Surg Oncol.* 2010 Apr;17(4):998-1009.
29. Nguyen KT, Steel J, **Vanounou T**, Tsung A, Marsh JW, Geller DA, Gamblin TC. Initial Presentation, Treatment Approaches, and Management of Hilar and Peripheral Cholangiocarcinoma: Is a Node-Positive Status or Potential Margin-

Positive Result a Contraindication to Resection? *Ann Surg Oncol.* 2009 Dec;16(12):3308-15.

30. Holloway SE, Gamblin TC, Heckman J, **Vanounou T**, Geller DA. Outcome of Laparoscopic Hepatic Cyst Resection in 48 Patients. *J Surgical Research* Feb 2008.
31. Pratt W, Steinbrook RA, Maithel S, **Vanounou T**, Callery MP, Vollmer CM. Epidural Analgesia for Pancreatoduodenectomy: A Critical Appraisal. *J Gastrointest Surg.* 2008 Jul;12(7):1207-20.
32. **Vanounou T**, Pratt W, Callery MP, Vollmer CM. Selective Administration of Prophylactic Octreotide During Pancreatoduodenectomy: A Clinical and Cost-benefit Analysis in Low- and High-Risk Glands. *J Am Coll Surg.* 2007 Oct;205(4):546-57.
33. Vollmer, CM, Wande Pratt, **Vanounou T**, Maithel S, Fischer JE, Callery MP. Quality Assessment in High-Acuity Surgery: Volume and Mortality are Not Enough. *Arch Surg* 2007 Apr;142(4):371-80.
34. Pratt W, Maithel S, **Vanounou T**, Huang Z, Callery MP, Vollmer CM. Clinical and Economic Validation of the International Study Group of Pancreatic Fistula (ISGPF) classification scheme. *Ann Surg* 2007 Mar;245(3):443-51.
35. **Vanounou T**, Pratt W, Fischer JE, Vollmer CM, Callery MP. Deviation-Based Cost Modeling (DBCM): A New Model to Evaluate the Clinical and Economic Impact of Clinical Pathways. *J Am Coll Surg.* 2007 Apr;204(4):570-9.
36. Pratt W, Maithel S, **Vanounou T**, Huang Z, Callery MP, Vollmer CM. Postoperative Pancreatic Fistulas Are Not Equivalent After Proximal, Distal, and Central Pancreatectomy. *J Gastrointest Surg.* 2006 Nov;10(9):1264-78; discussion 1278-9.
37. D'Agata ID, **Vanounou T**, Seidman E. Mesalamine in pediatric Inflammatory Bowel Disease: A 10-year experience. *Inflammatory Bowel Diseases* 1996;2:229-235.
38. Chartrand LJ, Agulnik J, **Vanounou T**, Russo PA, Baehler P, Seidman EG. Effectiveness of antigliadin antibodies as a screening test for celiac disease in children. *Can Med Assoc J* 1997;157:527-533.
39. Dionne S, D'Agata ID, Hiscott J, **Vanounou T**, Seidman EG. Colonic explant production of IL-1 and its receptor antagonist is imbalanced in inflammatory bowel disease. *Clin Exp Immunol* 1998;112:435-442.

- Mission

Our mission is to train our fellow in the clinical management of hepatic, pancreatic and biliary disorders, both benign and malignant. The training will have a specific focus in advanced laparoscopic and robotic techniques.

- Outline how intended fellowship will enhance residency training

This fellowship program will enhance residency training, as one of the prospective fellow's responsibilities will include orienting the new residents, giving them didactic and or interactive lectures no less than bi-weekly and allowing them to progressively perform greater parts of the procedures, appropriate to their knowledge and technical skill. This will be a great advantage for the residents and we expect that they will appreciate the fellow's presence. We will ask all of the rotating senior residents feedback concerning our fellow's performance, and also if they are satisfied with their role on the team.