

McGill Dermatopathology Fellowship

Program directors : Dr.May Chergui (Glen, MUHC) & Dr. Margaret Redpath (JGH)

Number of available positions : 2 (one at each site)

Type of Fellowship : Clinical fellowship

Fellowship length : 1 year

Eligibility : The candidates must have satisfactorily completed pathology residency training as well as passed either the Royal College of Physicians and Surgeons of Canada examination or equivalent examination from another country

Funding : Candidates must secure funding in order to apply for this Fellowship

NAMES OF THE TEACHING FACULTY :

Dr.Oluyomi Ajise (Hematopathologist / Soft tissue pathologist)

Dr.David Haegert (Hematopathologist)

Dr.Badia Issa-Chergui

Dr.Sungmi Jung (Dermatopathologist & Soft tissue pathologist)

Dr. Chelsea Maedler (Pediatric Pathologist)

Dr. René Michel (Hematopathologist)

Dr. V. Nguyen (Pediatric Pathologist)

Dr.Alan Spatz (Dermatopathologist)

Dr. Kevin Watters (Dermatopathologist)

Background:

This fellowship is designed to increase the competence level of pathology graduates with dermatopathology specimens. It also allows for a better understanding of clinical dermatology, to more adequately report dermatopathology specimens through enhanced clinicopathologic correlation.

Dermatopathology represents one of the subspecialties with the highest volume, therefore ease with this type of specimen is beneficial for candidates who will practice as a general pathologists. However, this fellowship will also serve a candidate with a more academic career objective, because of the variety of cases exposed to and the possibility for research.

Objectives:

The objectives are detailed as follows according to the Competency-by-Design framework of competencies:

Specimen Grossing

Understand the pros and cons of different biopsy techniques (punch, shave, incisional, excisional)

Recognize the different techniques for grossing large and small specimens and the advantages and disadvantages of each for interpretation and laboratory work load

Understand the rationale for special processing of punch biopsies for alopecia versus punch biopsies for other purposes

Understand the appropriate way to gross sentinel lymph nodes

Frozen Section Preparation/Interpretation

Understand the different surgical procedures that may require frozen section assessment and how specimen margins may be submitted by the surgeon

Understand the process of Mohs surgery and how margins are assessed and the specimen is submitted

Recognize the limitations of frozen section margin assessment and technical issues that may be encountered

Determine how best to sample margins from a specimen

Appropriately interpret the frozen section and be able to communicate the diagnosis and any relevant additional information to the surgeon

Correlate frozen section material with permanent sections, and demonstrate an ability to resolve and handle frozen section discrepancies

Microscopic Interpretation

Diagnose (with ancillary immunohistochemistry as appropriate) common neoplastic conditions, including basal cell carcinoma and squamous cell carcinoma

Diagnose (with ancillary immunohistochemistry as appropriate) melanoma

Perform appropriate work-up for challenging lesions such as spindle cell lesions, pigmented lesions, poorly differentiated tumors and cutaneous metastases

Recognize inflammatory patterns (spongiotic, psoriasiform, perivascular inflammation, interface, granulomatous, panniculitis, etc.) and have an approach to further characterizing them

Correctly diagnose common inflammatory conditions including, but not limited to, psoriasis, lichen simplex chronicus/prurigo nodule, patterns favouring drug reaction including AGEP and fixed drug reaction, dermal hypersensitivity reaction, erythema multiforme/toxic epidermal necrolysis, lichen planus, neutrophilic dermatoses

Identify and report incidental findings in excisional specimens including effects from prior treatments/interventions

Understand how margins have been sampled from the excisional specimen and provide appropriate information to the clinician

Diagnose (with ancillary immunohistochemistry and molecular testing as appropriate) lymphoproliferative disorders

Correctly interpret ancillary studies such as special stains and immunohistochemistry

Recognize artifacts in small biopsies such as hemorrhage, pinch artifact, displacement of epidermis, contamination

Explain the value of deeper sections and know indications for ordering them.

Understand issues involving orientation of small specimens and be able to suggest a means to correct sub-optimal sectioning

Correlate findings with results of prior biopsies/excisional specimens, and identify any discrepancies which may arise

Resolve any discrepancies between prior biopsies/excisions and current specimens.

Clinical/Pathological Correlation

Interpret the clinical history provided on the requisition and understand the clinical appearance based upon the differential diagnosis provided

Understand the importance of clinical information in Dermatopathology and explain how histologically similar entities may have different clinical appearances and vice versa

Explain the importance of clear communication between the Dermatologist and Pathologist in order to obtain the most appropriate diagnosis

Understand the implications of a diagnosis on clinical management of a patient for inflammatory and conditions

Understand the implications of a diagnosis on clinical management of a patient for neoplastic conditions

Immunofluorescence Interpretation

Explain the situations in which a biopsy for immunofluorescence would be appropriate and know that Michel's medium is required

Explain the technique of direct immunofluorescence and which antigens are being targeted in different disease states

Interpret direct immunofluorescence slides and understand the artifacts that may be encountered

Describe the immunofluorescence staining patterns of immunobullous and vasculitic disorders and their corresponding histologic findings

Reporting and Communication

Accurately stage and report squamous cell carcinoma, Merkel cell carcinoma, melanoma and sentinel lymph node biopsies using AJCC criteria

Generate clear, accurate and complete reports that effectively communicate results and treatment implications to the patient's health care team

Demonstrate willingness and ability to discuss issues related to challenges encountered during interpretation

Explain which critical results require immediate communication to the treating physician

Openly accept feedback from clinicians regarding differential diagnoses rendered, report content and clarity of reporting

Appropriately utilize terminology of Dermatology and Dermatopathology

Collaborate with dermatologists, surgeons, medical and radiation oncologists in multidisciplinary conferences and other tumour boards to optimize patient care

Be able to select the appropriate material for clinical trials and molecular testing, and understand that these requests must be handled expeditiously.

Expected workload throughout the year:

- Report a total minimum of 4500 routine cases which represents approximately 20 cases / day.
- Report a total of 450 atypical melanocytic lesions or melanomas, which represents approximately 2 cases / day.
- Report a total of 225 inflammatory, which represents approximately 1 case / day.
- Report a total of 45 cases with immunofluorescence, which represents approximately 1 case / week.
- Report a total of 45 adnexal tumors, which represents approximately 1 case / week.
- Report a total of 25 cutaneous lymphomas, which represents approximately 1 case / 2 weeks.
- Report a total minimum of 24 alopecia cases, which represents approximately 2 cases / month.
- Gross and/or report wide local excisions with sentinel lymph node biopsies for melanoma or Merkel cell carcinoma, which represents approximately 2 cases / week.
- Gross and/or report non-melanoma cases (cysts, pilonidal cysts/sinuses, ellipses for non-melanoma skin cancers, etc), which represents approximately 2 cases / week.

Additional tasks and responsibilities :

- Attendance to Dermatology Academic Half Days, every Thursday morning, is highly recommended

- Prepare, participate and present at least 75% of Cutaneous Tumor Boards, which occur every Wednesday at 4:30pm.
- Teach at least 50% of the Thursday morning slide seminars to dermatology and pathology residents
- Prepare, participate and present at least 75% of Dermatology Clinico-Pathologic rounds, which occur during Thursday morning Dermatology Academic Half Days
- Participate in one quality improvement project which will help the flow and efficiency of the dermatopathology service, and/or a research project
- Do daily triaging of cases at specimen receiving
- Answer Pathology Assistant and Laboratory Technician questions
- Contribute in building and organizing the dermatopathology digital slide collection
- Answer calls and perform intra-operative consultations for dermatopathology cases (which includes biobanking for melanoma) with the option of covering general frozen sections

To monitor the fellow's workload and activities, and compensate for deficiencies in certain types of cases, the fellow will maintain a logbook and provide a list of cases to the program director quarterly (at the end of every block of 3 periods).

The fellow will also have the following options :

- Review (longitudinally) all pediatric dermatopathology cases with Drs. C. Maedler and V. Nguyen
- Complete a 1 or 2 period rotation in soft tissue pathology
- Complete a 1 or 2 period rotation in hematopathology
- Participate in Moh's clinics at either the Jewish General Hospital, or at the Carey & Wang dermatology Center
- Complete a 1 period "consultation" rotation, where the fellow only sees more complex consultation cases, and if possible, with particular attention to consultations from the Institution where the fellow will eventually have a position
- Complete 1 or 2 period rotations at the Jewish General Hospital or Glen Hospital

Evaluation

- The fellow will be given daily feedback.
- The fellow will be formally evaluated regularly (at minimum once every period) using the Competency-By-Design format below :
 - *Entrustability rating scale anchors*
 - 1.“I had to do” - requires complete guidance
 - 2.“I had to talk them through” - able to perform but requires repeated direction
 - 3.“I needed to prompt” - some independence but intermittent prompting required
 - 4.“I needed to be there just in case” - independent for most things but requires assistance for nuances
 - 5.“I did not need to be there” - complete independence
- The fellow will also get a periodic ITER/CanMEDS format-evaluation.