

McGill Gynecologic Pathology Fellowship

Program director : Dr. Basile Tessier-Cloutier (Glen, MUHC)

Number of available positions : 1

Type of Fellowship : Clinical fellowship

Fellowship length : 2 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. Tuyet Nhung Ton Nu (Gynecologic and Perinatal Pathologist)

Dr. Lara Richer (Gynecologic and Breast Pathologist)

Dr. Manon Auger (Cytopathologist)

Dr. V. Nguyen (Pediatric and Perinatal Pathologist)

Background:

This fellowship is designed to increase the competence level of pathology graduates with gynecologic specimens. It also allows for a better understanding of molecular gynecologic pathology, to more adequately report gynecologic pathology specimens through enhanced molecular and pathologic correlation. Teaching and translational research will also represent a significant component of the fellowship.

Gynecologic pathology 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, experience teaching residents, and exposure to 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 (pipelle, curettage, excisions)

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 biopsies to exclude organisms 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 debulking surgery and how margins are assessed and the specimen is submitted

Recognize the limitations of frozen section tumor subtyping and 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) benign and reactive processes from the gynecologic tract

Diagnose (with ancillary immunohistochemistry as appropriate) benign and malignant gynecologic neoplasms

Perform appropriate work-up for challenging lesions such as epithelioid, spindle, and undifferentiated tumors

Recognize neoplastic patterns and their association with molecular phenotypes

Correctly diagnose common benign conditions including, but not limited to, irregular secretory endometrium, stromal breakdown, chronic endometritis, salpingitis, ovarian stromal hyperplasia and hyperthecosis, cervicitis, lichen sclerosus, and lichen simplex chronicus

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) neoplastic squamous disorders of the vulva

Correctly interpret ancillary studies such as special stains and immunohistochemistry

Recognize artifacts in small biopsies such as hemorrhage, pinch artifact, displacement of epithelium, 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 gynecologic pathology and explain how histologically similar entities may have different clinical presentation and vice versa

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

Understand the implications of a diagnosis on clinical management of a patient for benign/reactive conditions

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

Reporting and Communication

Accurately stage and report gynecologic malignancies and sentinel lymph node biopsies using CAP 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 Gynecologic Oncology

Collaborate with General Gynecologists, Gynecologic Oncologists, 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.

There will be increased responsibility between the first and second year. This includes interactions with outside pathologists and clinician, presenting tumor boards, and independently designing research projects. There will be an emphasis on providing an adequate transition to faculty practice in the second year while the first year will be focussed on providing a solid knowledge basis.

Expected workload throughout the two years:

- Report a total minimum of 3000 routines cases
- Report a minimum of 500 benign gynecologic neoplasms
 - Report a minimum of 200 benign tubo-ovarian neoplasms
 - Report a minimum of 200 benign uterine neoplasms
 - Report a minimum of 100 benign vulvar and vaginal neoplasms
- Report a minimum of 500 malignant gynecologic neoplasms
 - Report a minimum of 200 malignant tubo-ovarian neoplasms
 - Report a minimum of 200 malignant uterine neoplasms
 - Report a minimum of 100 malignant vulvar and vaginal neoplasms
- Gross and/or report a minimum of 50 resection specimen with sentinel lymph node
- Gross and/or report a minimum of 50 resection specimen without sentinel lymph nodes

Additional tasks and responsibilities :

- Dedicate an average of two days per week to translational research projects and tumor tissue biobanking
 - Commitment to supporting at least one new or ongoing research project is a strongly encouraged during the time of the fellowship. It will not be formally evaluated, but the expectation is to complete at least one project and one presentation (poster or platform) at a medical conference over the course of the fellowship.
 - The Gynecologic tumor biobanking support will consist of reviewing the weekly operating room schedule and flagging cases for biobanking based on the clinicopathologic history.
- Prepare, participate and present at least 75% of Gynecologic Oncology Tumor Boards, which occur every Friday at 7:30pm
- Prepare, participate and present at least 75% of Endometriosis Multidisciplinary Boards, which occur every month (time TBD)
- Teach at least 25% of the Gynecologic resident teaching sessions and slide seminars

- Participate in one quality improvement project which will help the flow and efficiency of the Gynecologic Pathology service
- Do daily triaging of cases on the operating room list
- Answer Pathology Assistant and Laboratory Technician questions
- Contribute in building and organizing the gynecologic pathology digital slide collection
- Answer calls and perform intra-operative consultations for gynecologic pathology cases 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 :

- Complete a 1-2 period rotation in perinatal pathology
- Complete a 1 period rotation in cytology
- Complete a 1 period "consultation" rotation, where the fellow only sees more complex consultation cases, and if possible, with particular attention to the type of consultations typically seen in the Institution where the fellow will eventually have a position

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 at a minimum every three periods.