APPLICATION GUIDELINES FOR THE MCGILL ADVANCED THORACIC AND UPPER GASTROINTESTINAL SURGICAL ONCOLOGY FELLOWSHIP

Name of Institution: McGill University Health Centre
Location: The Montreal General Hospital
Type of Fellowship: 1-year Fellowship

Candidates:
Candidates considered for this program must have completed General Surgery, Thoracic Surgery, or Surgical Oncology Training at an accredited program and wish to become academic leaders in Thoracic and Upper G.I. Cancer Surgery.

Fellowship Information:

- **Number of fellowship positions requested:**
  1 per year

- **Background:**
  The McGill Division of Thoracic and Upper G.I. Surgery perform approximately 350 lung resections, 70 esophagectomies, and 50 gastrectomies annually. This Division has been privileged to develop an internationally recognized expertise in Thoracic and Upper G.I. Surgery. The division is first and foremost an academic surgical unit, with half of the attending surgeons holding PhDs and all trainees involved in research with approximately 15-20 publications annually.

- **Mission:**
  The mission of the fellowship training is to provide the necessary experience in complex thoracic and upper G.I. cancers, and allow the candidate to practice at a consultant level upon completion of the fellowship.

- **Description:**

This fellowship is designed for the aspiring academic surgeon interested in obtaining advanced exposure to the treatment of complex thoracic and upper G.I. cancers. The exposure will include the comprehensive management of patients with lung, mediastinal, and esophageal/gastric malignancies including diagnosis and investigation, adjuvant and neo-adjuvant therapy planning, interventional endoscopy, minimally invasive and open surgery, and palliation of end-stage disease. At the completion of the 1-year advanced fellowship, the successful trainee will be well suited for an independent practice in Thoracic and Upper G.I. cancer surgery. Although there are operating room activities almost every day, it is expected that the trainee spends at least one day in clinic, and reserve one academic day every week.

- **Curriculum:**

The curriculum as follows can be adapted to the interests of the individual trainee to increase either lung/mediastinal or Upper GI surgery. The proposed rotational schedule is as follows:

6-months Lung and Mediastinal Oncology Surgery
Procedures:

- Interventional bronchoscopy – EBUS, rigid and flexible debridement/stenting of central airway tumors
- Wedge lung resection – VATS and open
- Anatomic lung resection (segmentectomy, lobectomy, pneumonectomy) – VATS and open
- Mediastinal tumor resection – VATS and open

4-months Upper G.I. Surgery
Procedures:

- Endoscopic resection – endoscopic submucosal dissection
- Endoscopic mucosal resection
- Endoscopic palliation – esophageal stenting
- Gastrectomy – laparoscopic and open
- Esophagectomy – laparoscopic and open
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1-month Medical Oncology and Radiation Oncology

1-month Research

- **Research Activity:**

The candidate will be required to participate in clinical or translational research during his/her 1-year fellowship. It is expected that the trainee will present at least once at an international and/or national meeting, and publish at least one manuscript. To aid in this endeavour, the division has two full time clinical research coordinators and maintains several prospectively entered databases in Thoracic Oncology.

Thoracic and Upper G.I. Surgery Faculty:

Dr. Jonathan Spicer [Fellowship Director]
Dr. Lorenzo Ferri [Division Head]
Dr. David Mulder

Dr. Christian Sirois
Dr. Carmen Mueller

Academic Facilities:

The fellow will have access to the same facilities for clinical and academic pursuits as do the residents as well as the thoracic database. There is a clinical research coordinator with whom the fellow will be heavily involved to assist with ongoing academic projects.

Academic Responsibilities:

From an educational standpoint, the fellow will be expected to prepare and facilitate tumor board rounds for the disease site on which he/she is rotating on a weekly basis. In addition, the fellow will be responsible for coordinating educational activities at our Friday divisional service rounds. The topics will span the breadth of thoracic surgical oncology and will be focused on areas of controversy in the field. In addition, areas of interest as dictate by our active "interesting patient" caseload will be explored. Mortality and morbidity rounds will remain the purview of the Chief Resident rotation on our service.

Furthermore, the fellow will be responsible for coordinating weekly teaching rounds independently with the resident house staff. The topics here will again be generated by case based problems arising from within the patient caseload and areas that are considered to be areas in need of improvement for the residents rotating on the service. The thoracic oncology fellow may be called upon to assist with Academic Half-Day teaching on occasion.

Finally, the fellow will be responsible for coordinating a monthly thoracic oncology journal club. The article to be discussed will be chosen in consultation with the fellowship director and will be chosen to reflect the fellow's specific interests and the areas of focus on which they are rotating.

Fellow Duties/Responsibilities and protection of resident caseloads:

The fellow will share responsibilities with the senior and/or chief resident of the service with regards to on-call. The fellow will be directly supervised by the attending surgeon and will not be the senior supervisor of the senior or chief resident. In this respect, the senior and/or chief resident will continue to be primarily responsible for the conduct of daily rounds and will review patients directly with the appropriate faculty members. The fellow's responsibility is to act as a mentor and consultant to the senior/chief resident and will still be expected to round on a daily basis to assist the house staff team.

The operative responsibilities will be focused on thoracic and upper G.I. cancer surgery. While the fellow is welcome to scrub on benign cases, the priority for these cases will be given to residents to continue to assure a high volume of primary surgeon cases for rotating residents. The objective is for senior/chief residents to achieve competency in all surgical aspects of benign thoracic and upper G.I. cases by the completion of their rotation. They, of course, will be heavily involved in all malignant cases as well in conjunction with the fellow. Junior residents are expected to learn a wide-array of procedural skills including but not limited to endoscopy (upper gastro-intestinal and airway), endoscopic procedures (percutaneous endoscopic gastrostomy, stent placement, endobronchial ultrasound, large airway dilation and ablative techniques) thoracentesis, pleurex-catheter placement, thoracostomy tube placement (open and Seldinger techniques), fine-needle aspiration cytology, bed-side thoracic ultrasound-guided diagnosis and therapeutic procedures, arterial gas monitoring and central-line placement. The fellow is

expected to be a resource for the house-staff team in terms of supervising and teaching such procedures. The junior residents are also expected from an operative standpoint to open and close thoracotomy and laparotomy incisions and they may be given certain aspects of major cases depending on ability and case-progression (such procedures could include but are not limited to feeding jejunostomy, pyloromyotomy/pyloroplasty, pleurectomy and blebectomy, VATS lung biopsy, rib fixation, etc.)