

**2022 Bulletin for  
Subspecialty Certification  
in  
*Gynecologic Oncology***



**Due to COVID-19, modifications have been made to  
the information contained in this Bulletin.**

**This Bulletin, issued in March of 2021, represents the official statement of the requirements for subspecialty certification in Gynecologic Oncology (GYN ONC) for the 2022 examinations.**

Revised February 24, 2022

## GENDER LANGUAGE DISCLAIMER

The American Board of Obstetrics and Gynecology (ABOG) recognizes that patients have diverse gender identities and is striving to use gender-inclusive language in its publications, literature, and other printed and digital materials. In some instances, ABOG uses the word “woman” (and the pronouns “she” and “her”) to describe patients or individuals whose sex assigned at birth was female, whether they identify as female, male, or non-binary. As gender language continues to evolve in the scientific and medical communities, ABOG will periodically reassess this usage and will make appropriate adjustments as necessary. When describing or referencing study populations used in research, ABOG will use the gender terminology reported by the study investigators.

## IMPORTANT INFORMATION FOR ALL CANDIDATES

1. The American Board of Obstetrics and Gynecology understands that during the COVID-19 pandemic it may be difficult for candidates to complete the tasks related to the application process for the 2022 Gynecologic Oncology Certifying Examination. Normally, the application fee is not refundable. If a candidate is unable to take the Certifying Examination due to reasons associated with COVID-19, all fees for the Certifying Examination can either be applied to the 2023 examination or refunded. Also, the application deadline has been extended by one month to allow candidates more time to complete the application process.
2. Beginning in calendar year 2020, all physicians who have completed an ABOG or ACGME fellowship in Gynecologic Oncology must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician will no longer be eligible to apply for either the Qualifying or Certifying Subspecialty Examination unless an additional 6 months of subspecialty supervised practice is completed. Physicians who have completed subspecialty training in calendar year 2014 must be subspecialty certified by 2022 or will be required to complete an additional 6 months of supervised practice before regaining eligibility to apply for certification.
3. The submission process for the thesis and thesis affidavit for the Certifying Examination has changed. Candidates will no longer submit paper copies. All theses will be submitted in PDF format and uploaded in the candidate’s ABOG Portal.
4. Fellows may take up to 12 weeks off each of the fellowship years. The total time off may not exceed 20 weeks over the three years. Please see the ABOG Fellowship Leave Policy at <https://www.abog.org/about-abog/policies/fellowship-leave-policy> for details.
5. All fees must be paid by credit card through the ABOG website ([www.abog.org](http://www.abog.org)) and are payable in US Dollars only.
6. Subspecialty certification is time-limited. Each subspecialty Diplomate must enter the subspecialty Maintenance of Certification (MOC) program in January following successful certification and must also successfully complete each year’s MOC assignments to maintain certification.
7. Candidates should be familiar with the material in the “Policies” section found under “About ABOG” on the ABOG website.
8. The process of certification in GYN ONC is voluntary. ABOG will not contact potential candidates. Each potential candidate for subspecialty certification is responsible for

completing the application online at [www.abog.org](http://www.abog.org), for submitting all materials to ABOG at the time they are requested and meeting all deadlines. ABOG will make the final decision concerning the applicant's eligibility for admission to the examination. Candidates must meet the requirements published in the GYN ONC Subspecialty Bulletin for the year in which they are to take an examination.

## TABLE OF CONTENTS

GENDER LANGUAGE DISCLAIMER	2
IMPORTANT INFORMATION FOR ALL CANDIDATES	2
THE DIVISION OF GYNECOLOGIC ONCOLOGY (GYN ONC)	6
QUALIFYING (WRITTEN) EXAMINATION	6
2022 Qualifying Examination Application Process	6
2022 Qualifying Examination Deadlines and Fees	7
Qualifying Examination: Deadlines	7
Qualifying Examination: Fees	7
2022 Qualifying Examination Requirements	7
Blueprint for the Qualifying Examination	10
Administration of the Qualifying Examination	11
Test Security	12
Re-Application	12
Applicants Ruled Not Admissible	12
Limitation of Eligibility	13
Results of the Examination	13
CERTIFYING (ORAL) EXAMINATION	14
2022 Certifying Examination Application Process	14
2022 Certifying Examination Deadlines and Fees	15
Certifying Examination: Deadlines	15
Certifying Examination: Application Fees	16
Certifying Examination: Examination Fees	16
Application Deadline and Fee	16
Examination Deadline and Fee	16
Thesis Deadline	16
Case List Deadline	16
2022 Certifying Examination Requirements	17
Blueprint for the Certifying Examination	18
Administration of the Certifying Examination	19
Test Security	20
Applicants Ruled Not Admissible	22
Re-Application	22
Limitations	22
Case Lists	22
Case List Entry	22
Case List Submission	23
Case List Preparation	23
Case List Content	24
Certifying Examination Appeals	24

Results of the Examination	25
LENGTH OF CERTIFICATION	25
APPENDIX A: ABOG DIVISION OF GYNECOLOGIC ONCOLOGY	26
APPENDIX B: CANDIDATE DISABILITY	27
Qualifying Examination	27
Certifying Examination	28
APPENDIX C: LACTATION ACCOMMODATIONS	29
Qualifying Examination	29
Certifying Examination	29
APPENDIX D: THESIS	30
Preparation Instructions	30
Thesis Defense	32
APPENDIX E: GYNECOLOGIC ONCOLOGY QUALIFYING AND CERTIFYING EXAMINATION TOPICS	33
APPENDIX F: DE-IDENTIFICATION OF CASE LISTS	38
APPENDIX G: APPROVED ABBREVIATIONS	39

## THE DIVISION OF GYNECOLOGIC ONCOLOGY (GYN ONC)

The members of the Division of Gynecologic Oncology are listed in [Appendix A](#).

### QUALIFYING (WRITTEN) EXAMINATION

#### 2022 Qualifying Examination Application Process

1. Applications will be accepted online at [www.abog.org](http://www.abog.org) beginning September 17, 2021. Late fees will apply for applications received after October 18, 2021. The final day applications will be accepted is December 17, 2021.
2. The total fee (application and examination) must be paid by credit card through the ABOG website at the time of application. If an applicant is found to be ineligible to take the examination, the examination portion of the fee will be refunded. The application portion of the fee is not refundable.
3. The applicant must supply ABOG with an email address as part of the application process and notify ABOG of any change in this email address.
4. Following submission of the online application form and payment of the appropriate fee, the candidate's application will be considered in accordance with the requirements in effect for that year (see below). The candidate will be notified of admissibility to the Qualifying Examination.
5. After the approval email from ABOG is received, the candidate must contact Pearson VUE to obtain a seat for the examination. Candidates are urged to obtain a seat as soon as possible after notification of eligibility to avoid long-distance travel to a site with an available seat. On April 26, 2022, the ABOG reserved seats held at the Pearson VUE centers will be released. After that date it will be harder for candidates to reserve a seat at their preferred site. Seats in individual cities are limited, and are assigned on a first-come, first-served basis. ABOG will not refund any portion of the test fee if a candidate is not able to reserve a seat at their preferred testing center.
6. If special accommodations are needed for a disability, those requests must be received no later than the close of the application period. (See [Appendix B](#) for more information about accommodations for disabilities.)
7. Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than December 17, 2021, and schedule at a Pearson VUE Testing Center by the same date. Pearson VUE Centers have limited lactation facilities which are scheduled on a first-come, first-served basis. **If a candidate requests extra time for lactation, they will have to schedule their testing site through the Pearson VUE accommodations department after contacting ABOG. If no seat is available at the closest center, and they have requested extra time, they will have to travel to an available location to sit for the examination.** (See [Appendix C](#) for more information on lactation accommodations.)
8. The Qualifying Examination will be given on July 25, 2022.

## 2022 Qualifying Examination Deadlines and Fees

The following table lists the deadlines and fees for the Qualifying Examination. Deadlines cannot be extended. All applications and fees must be submitted prior to midnight Central time on their due date. The system will prevent submission once the deadline has passed. If you fail to submit by the deadline, please email the Exam Department at [Exams@abog.org](mailto:Exams@abog.org).

After approval, if the candidate experiences an event that prevents sitting for the examination, the Board should be notified immediately. If the review committee agrees that the request is due to circumstances beyond the control of the candidate, the examination portion of the fee (\$870) may be refunded. However, the application fee is not refundable. The candidate may request to have the fees applied towards the Qualifying Examination the following year. If there is a change in the fee, the candidate will be responsible for the difference.

### Qualifying Examination: Deadlines

September 17, 2021	Applications available online
October 18, 2021	Last day to apply without late fee penalty
December 17, 2021	Final deadline
September 2021 to February 2022	Candidates will be notified of approval to take the examination and to make a Pearson VUE Testing Center reservation
April 26, 2022	Last day to reserve seat at Pearson VUE prior to seat block release
July 25, 2022	Qualifying Examination at testing centers

### Qualifying Examination: Fees

September 17, 2021 to October 18, 2021	\$2045
October 19, 2021 to November 18, 2021	\$2045 + \$320 late fee = \$2365
November 19, 2021 to December 17, 2021	\$2045 + \$815 late fee = \$2860

## 2022 Qualifying Examination Requirements

Each of the following is a requirement for a candidate in Gynecologic Oncology to sit for the subspecialty Qualifying Examination. The candidate must meet all of the requirements in effect during the year for which admission to the Qualifying Examination is requested.

Some programs offer an additional unaccredited year of fellowship in research or clinical electives as a four-year fellowship. All ACGME and ABOG educational requirements and experiences must be completed within the three ACGME-accredited years. The ABOG requirements only apply to the 36 months of accredited fellowship training.

1. **Specialty Qualifying Examination** A candidate may not apply for the GYN ONC Qualifying Examination unless they have previously passed the Specialty Qualifying Examination for Certification in Obstetrics and Gynecology.
2. **Length of Training** The candidate must have been registered with ABOG and have completed a minimum of 32 of 36 months of training and will have completed training in an ACGME-accredited fellowship program in GYN ONC no later than September 30 of the same year the Qualifying Examination is taken. Additionally, the candidate must have completed and presented their thesis to their Program Director and division before the completion of their fellowship. If a candidate's situation changes, and they do not successfully complete their fellowship and their thesis presentation by September 30, they will not be eligible to take the Qualifying Examination in that year. Any candidate who takes the Qualifying Exam without successfully completing fellowship and completing and presenting their thesis by September 30 of the year of the examination will have their results voided and they will not receive a refund.
3. **Allocation of Time** The duration of training is a minimum of 36 months, and rotations must be in a minimum of one-month blocks. A program must ensure the training for each fellow is allocated as follows:
  - a. 24 months of clinical training
  - b. 12 months of protected research
    - i. Conduct research leading to a thesis that meets ABOG certification requirements ([Appendix D](#)).
    - ii. Research time must be scheduled in blocks of not less than one-month duration, and while in a research block, no more than 10% (4 hours) of the fellow's time in any week may be spent in clinical duties.
    - iii. Completed written thesis and presented work before Gynecologic Oncology Division and Program Director by completion of fellowship.
  - c. Fellows may participate in non-subspecialty clinical activity or practice up to 10% of a work week (Monday-Friday) or ½ day (4 hours) per work week averaged over a 4-week period during all rotations.
    - i. These allowances do not apply to moonlighting, weekends, or call.
    - ii. Fellows may not be assigned to weeks, months or blocks of clinical assignments or rotations to meet this allowance.
    - iii. Fellows may not be assigned to night float rotations to meet this allowance.
    - iv. Fellows may not aggregate this allowance to complete training early or make up extensions in training for any reason.
4. **Curriculum** A fellow must be instructed in the following clinical areas: General, Colorectal, Vascular, and Urologic Surgery as well as Medical Oncology and Radiotherapy.



Fellows must receive experience in the management of gynecologic cancer and its complications to include minimally invasive approaches.

Fellows must be provided formal instruction in the methods and techniques of radiation therapy as well as a full understanding of the principles of radiobiology and radiation physics.

Fellows must be provided the opportunity to acquire basic and clinical knowledge of the indications for chemotherapy as well as practical experience in the administration of chemotherapeutic drugs and care of complications.

Fellows must receive palliative and critical care experience.

The facility must have an active tumor registry.

5. **Leaves of Absence** Leaves of absence and vacation may be granted at the discretion of the Program Director consistent with local institutional policy and applicable laws. The number of days that equals a “week” is a local issue that is determined by the institution and Program Director, not ABOG. Vacation weeks may be taken as part of approved leave or in addition to approved leave.

Yearly leave: The total of vacation and leaves for any reason—including, but not limited to, vacation, medical, maternity or paternal, caregiver, or personal leave—may not exceed 12 weeks in any of the years of fellowship. If the maximum weeks of leave per academic year are exceeded, the fellowship must be extended for the duration of time the individual was absent in excess of 12 weeks in any fellowship year.

Total leave: In addition to the yearly leave limits, a fellow must not take a total of more than 20 weeks (five months) of leave over the three years of fellowship.

If this limit is exceeded, the fellowship must be extended for at least the duration of time that the individual was absent in excess of 20 weeks. Such extensions of training must have an educational plan outlined for the continued training with specific educational and clinical experience goals and objectives to be achieved. This educational plan must include a description of what training was missed, how the missed training is being attained, and a block diagram that covers the entire length of training. This plan must be submitted to ABOG for approval at [fellowship@abog.org](mailto:fellowship@abog.org).

Unaccrued personal time may not be used to reduce the actual time spent in a fellowship, nor to “make up” for time lost due to medical or other leave. Time missed for educational conferences does not count toward the leave thresholds.

Regardless of the amount of leave taken, fellows must complete the 24 months of Clinical Experience as outlined in section 3 above. For more information on leave please review the ABOG Fellowship Leave Policy at <https://www.abog.org/about-abog/policies/fellowship-leave-policy>.

*Examples:*

*A fellow takes six weeks of leave in F1 and F2, and eight weeks in F3. This is a total of 20 weeks. There is no required extension of the fellowship.*

*A fellow takes 12 weeks of leave in F1, 4 weeks in F2, 12 weeks in F3. This is a total of 28 weeks. The fellowship must be extended by at least eight weeks with an educational plan submitted and approved by ABOG.*

6. ***Moral and Ethical Behavior*** The candidate must have demonstrated good moral and ethical behavior in the practice of medicine, and in interactions with peers, other medical personnel, and patients. A felony conviction, even if unrelated to the practice of medicine, will be considered evidence of failure to meet this standard.
7. ***Falsification of Information*** Falsification of any information or failure to disclose any adverse action will result in a deferral of a candidate's eligibility to sit for the Qualifying Examination for a period of at least 3 years. If the candidate is allowed to sit for the examination at the end of the deferral period, the candidate must meet all requirements in effect at that time.
8. ***Completion and Presentation of Thesis*** The candidate must have completed and presented their thesis to their Program Director and division by the final date of their fellowship. If their fellowship is extended, the candidate will have until the extended final date of their fellowship to complete and present their thesis. A candidate's fellowship that is extended beyond September 30th of the year of the Qualifying Examination is not eligible to take the Qualifying Examination in that year.

## Blueprint for the Qualifying Examination

The content of the Qualifying Examination will be based on the blueprint for Gynecologic Oncology. The major categories and subcategories are shown below including the percentages of the categories. For a full list of topic areas, see [Appendix E](#). The questions will be in a multiple-choice, one best answer format.

Consultation and Pre/Perioperative Assessment (10%)

Intraoperative Management (10%)

Postoperative Management (10%)

Non-Surgical Management and Treatment (15%)

Understanding the Pharmacology, Mechanism of Action, and Toxicities Associated with Non-Surgical Management

Applying Knowledge of Non-Surgical Management to Patient Care

Genetics and Genomics (10%)

Survivorship and Surveillance (5%)

Supportive and End-of-Life Care (5%)

Diagnostic and Surgical Procedures (10%)

Surgical Procedures

Diagnostic Procedures

Application of Basic Science to Patient Care (15%)

Core Competencies and Cross Content (10%)

Ethics and Professionalism

Patient Safety

Interpersonal and Communication Skills  
Systems-based Practice  
Practice-based Learning and Improvement  
Evidence-based Medicine

## Administration of the Qualifying Examination

The Qualifying Examination is scheduled to last approximately 3 hours and 45 minutes. Candidates who finish before the full time has elapsed may leave early, but if they do so, may not return. Candidates will receive information after registering on the [Pearson VUE Testing Center](#) website concerning the location of their examination, as well as the time they must arrive.

Each candidate must present 2 forms of identification to be admitted to the examination. One document must include both a photograph of the candidate and the candidate's signature. The second document must include the candidate's signature. If a candidate has had a name change between application and the day of the exam, they must bring a copy of an official document that verifies the name change. Examples could include, but are not limited to a marriage certificate, divorce decree, or a court-ordered name change.

Candidates may not take any electronic devices into the examination area and must also submit to a screening process that may include any or all of the following: fingerprinting, palm vein scanning, wand or walkthrough scanning for metallic objects, or any other screening that may be in place at the Pearson VUE center. A candidate who refuses to submit to any screening procedure will not be allowed to sit for the examination, and no portion of the fee will be refunded.

Candidates are not allowed to access recording devices, cellular phones, paging devices, smart watches, other electronic communication and/or recording devices, and writing instruments during the Qualifying Examination. If such a device is discovered on the candidate's person at any time during the examination, or if the candidate accesses any such device for any reason, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit.

There is no scheduled break during the examination. Candidates may take unscheduled breaks to use the restroom facilities. Unscheduled breaks should not exceed 10 minutes in length. During such breaks, a candidate may not talk with any other individual or access any electronic device. Candidates are not allowed to leave the testing center for any reason before completing the test. If a candidate violates any of these regulations, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit.

Candidates with documented disabilities should review [Appendix B](#) and must call the ABOG office before making a reservation at Pearson VUE for information on how to schedule a test site.

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than December 17, 2021, and schedule at a Pearson VUE Testing Center by the same date. Pearson VUE Centers have limited lactation facilities which are scheduled on a first-come, first-served basis. **If a candidate requests extra time for lactation, they will have to schedule their testing site through the Pearson VUE accommodations department after contacting ABOG. If no seat is available at the closest center, and they have requested extra time, they will have to travel to an available location**

**to sit for the examination.** (See [Appendix C](#) for more information on lactation accommodations.)

## Test Security

At the time of application for the Qualifying Examination, each candidate will be required to agree to the following. No candidate will be allowed to sit for the Qualifying Examination unless they agree to these terms:

1. I understand that all ABOG test materials are copyrighted and that it is illegal to disclose the content of the examination in whole or in part to any individual, organization, or business. Furthermore, I understand that if I provide the information to any such entity, I may be prosecuted under the US Copyright laws.
2. I understand that if I divulge the content of the Qualifying Examination in whole or in part to any individual, organization, or business, my test result, if any, will be negated and I will not be allowed to re-apply for the Qualifying Examination for a minimum of three (3) years.
3. I understand that I may not record any portion of the Qualifying Examination by any means in whole or in part, and a violation will be treated as outlined in numbers 1 and 2 above.
4. I understand that I may not memorize or attempt to memorize any portion of the Qualifying Examination for the purpose of transmitting such material to any individual, organization, or business.
5. I agree that de-identified results of my examination may be used for research purposes by ABOG.
6. I agree that the results of my examination will be given to my Fellowship Program Director.

Additional information about test integrity and security can be found in the “Policies” section under “About ABOG” on the ABOG website.

## Re-Application

A candidate who postpones or fails the Qualifying Examination must complete a new online application to be considered for the next scheduled Qualifying Examination. Each new application must be accompanied by a new application fee.

## Applicants Ruled Not Admissible

If a decision is made by ABOG that a candidate has not met the requirements for admission to the Qualifying Examination, the candidate may appeal the decision by writing to the ABOG Associate Executive Director of Examinations. Such appeals will be forwarded to the appropriate ABOG Committee for reconsideration. If the appeal is successful, no late fees will apply. If the successful decision occurs after the date of the Qualifying Examination, the candidate will be scheduled for the next available Qualifying Examination in the subspecialty, and no additional application fee will apply. However, the examination portion of the fee (\$870) must be paid before the deadline.

If the candidate's appeal is not successful or the candidate does not appeal the inadmissibility decision, the candidate may reapply by submitting a new application, paying the appropriate fee, and meeting the requirements applicable at the time of the re-application. Documentation that the cause for the initial disapproval has been cleared must be submitted with the application.

## Limitation of Eligibility

Beginning in calendar year 2020, all physicians who have completed an ABOG or ACGME accredited fellowship in Gynecologic Oncology must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician no longer will be eligible to apply for either the Qualifying or Certifying Subspecialty Examination unless an additional 6 months of supervised practice is completed (see policy on Regaining Eligibility for Subspecialty Certification at [www.abog.org/about-abog/policies/regaining-subspecialty-certification-eligibility](http://www.abog.org/about-abog/policies/regaining-subspecialty-certification-eligibility)).

This means that physicians who have completed subspecialty training in calendar year 2014 must be subspecialty certified by 2022 or will be required to complete 6 months of supervised practice before regaining eligibility to apply for certification.

If a physician fails to achieve subspecialty certification within 8 years of completion of an accredited Gynecologic Oncology fellowship program and successfully completes an additional 6 months of supervised practice, they must achieve subspecialty certification within 4 years of the completion of the additional supervised practice. If a physician is unable to achieve certification within 4 years, they must complete a full three-year ACGME-approved fellowship in Gynecologic Oncology in order to be eligible for certification.

## Results of the Examination

The results of the Qualifying Examination will be reported online to each candidate by October 28, 2022. In order to release a result, ABOG must receive the Fellowship Training Affidavit verifying completion of training completed by the current Program Director. Additionally, if ABOG does not receive notification of fellowship completion from the Program Director by January 1, 2023, the results of the examination will be voided.

ABOG will provide the candidate their scaled test score in addition to the result of "pass" or "fail." Each candidate, regardless of whether they pass or fail, will be provided with the percent scored in each of the major topic areas. The cut-point for passing the Qualifying Examination is determined each year after psychometric evaluation of the results.

As part of the application process, the applicant will be required to irrevocably agree that the results of the applicant's examination may be made available to the Program Director(s) of any fellowship program(s) in which the applicant may have participated or in which the applicant is currently involved, and/or the American Council of Graduate Medical Education (ACGME) for any and all purposes. The candidate will also be given the opportunity to release their scaled score on the examination to their current program director. Furthermore, the applicant will be required to release and agree to indemnify and hold the ABOG and its officers, directors, and employees harmless of and from any and all claims the applicant may have with regard to the effect or impact upon the applicant of the release of the applicant's examination results to the applicant's Program Director or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

Furthermore, the applicant will be required to release and agree to indemnify and hold ABOG and its officers, directors, and employees harmless of and from any and all claims the applicant may have with regard to the effect or impact upon the applicant of the release of the applicant's examination results to the applicant's Program Director(s) or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

Candidates will have 14 days to request a rescore of their examination. Requests submitted after 5:00 pm CST on November 11, 2022, will not be granted. Candidates who wish to request a rescore must email [exams@abog.org](mailto:exams@abog.org) to request the task be added to their ABOG portal. Rescores are subject to a \$250 fee. There is no record of a discrepancy ever being detected, and ABOG encourages candidates to consider this before submitting a rescore request and paying the fee. ABOG utilizes many quality control procedures to ensure exams are scored accurately.

Rescores are limited to verifying that the scored responses were made by the candidate and that the process correctly transformed the candidate's responses into a scaled score. The rescore is not a review of exam content, reconsideration of a correct response, reconsideration of the passing standard, or consideration of the acceptability of testing conditions.

A passing grade on the Qualifying Examination does not ensure a candidate's admissibility to the Certifying Examination.

## **CERTIFYING (ORAL) EXAMINATION**

### **2022 Certifying Examination Application Process**

1. Applications will be accepted online at [www.abog.org](http://www.abog.org) beginning May 3, 2021. Late fees will apply for applications received after July 6, 2021.
2. The final day applications will be accepted is July 30, 2021.
3. The application fee must be paid by credit card through the ABOG website at the time of application. The application fee is not refundable.
4. The applicant must supply an email address as part of the application process. It is the candidate's responsibility to notify ABOG of any change in this address as the approval (or not) to sit for the examination will be sent to the applicant at the email address provided.
5. During the application process, a completed Verification of Hospital Privileges Form will be required. This form must be printed from the candidate's ABOG Portal and must be signed and uploaded using the task on the candidate's ABOG Portal dashboard.
6. Following submission of the online application form, payment of the appropriate fee, and receipt of the Verification of Hospital Privileges Form, the candidate's application will be considered in accordance with the requirements in effect for that year.
7. If the candidate's application is approved, an email will be sent with instructions for submitting the case lists and thesis. The examination fee must be paid at this time. The case lists will not be accepted unless the examination fee is paid in full by credit card on the ABOG website by the deadline.
8. If full payment of the examination fee has not been received by September 30, 2021, for the 2022 examination, the candidate will not be scheduled, and no fees will be refunded.



9. Once all materials have been received by ABOG and the appropriate fees paid, the candidate will receive an Examination Date Notification posted on the candidate's ABOG Portal at least one month prior to the date of the examination. This form will indicate the date of the candidate's examination, the time and place to report, and hotel information.
10. Candidates may begin case list collection by logging in to their ABOG Portal and clicking on Case List Entry. The Case List Entry system will be available by February 1, 2021.
11. Each year ABOG notifies the American College of Obstetricians and Gynecologists (ACOG), the Society of Gynecologic Oncology (SGO), the American Board of Medical Specialties (ABMS), the American Medical Association (AMA) and the American Journal of Obstetrics and Gynecology of the names and addresses of the Diplomates who have been certified in the course of that year. ABOG also provides de-identified data to fellowship programs and to the ACGME about fellowship program pass rates to be used as a criterion to evaluate the effectiveness of program training. ABOG, ACOG, AMA, SGO, and ABMS, on request, also make this information available to the public, including, but not limited to, hospitals, agencies of government, insurers, and lay persons. ABOG may use the results of certification examinations for research purposes and may publish the results of the research.
12. As a condition for acceptance as a candidate for certification as a Diplomate in the Gynecologic Oncology subspecialty, each candidate, at the time of the Certifying Examination, is required to sign an irrevocable waiver authorizing the dissemination of the candidate's certification status without limitation or condition.
13. The Certifying Examination will be given April 4-7, 2022.

## 2022 Certifying Examination Deadlines and Fees

The following table lists the deadlines and fees for the Certifying Examination. Deadlines cannot be extended. Case lists, thesis and all fees must be submitted prior to midnight Central time on their due date. The system will prevent submission once the deadline has passed. If you fail to submit by the deadline, please email the Exam Department at [Exams@abog.org](mailto:Exams@abog.org).

### Certifying Examination: Deadlines

May 3, 2021	Applications available online
July 30, 2021	No applications accepted after this date
September 2021	Candidates will be notified to submit case lists, thesis, and a photograph and to pay the examination fee
September 30, 2021	Last day for receipt of thesis, photograph, and examination fee
February 1, 2022	Last day for receipt of case lists
April 4-7, 2022	Certifying Exam

### Certifying Examination: Application Fees

May 3, 2021 to July 6, 2021	\$1180
July 7, 2021 to July 19, 2021	\$1180 + \$310 late fee = \$1490
July 20, 2021 to July 30, 2021	\$1180 + \$780 late fee = \$1960

### Certifying Examination: Examination Fees

September 30, 2021	\$1310
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### Application Deadline and Fee

The final deadline to complete the online application and pay the applicable fee is July 30, 2021. Application fees are non-refundable.

### Examination Deadline and Fee

If the candidate's application is accepted, a notice of acceptance will be emailed to the candidate in September 2021. The email will explain the process of submitting the thesis and case lists. The examination fee must be paid on or before September 30, 2021. If the candidate must withdraw from the examination due to a medical or other documented emergency, a portion of the examination fee may be refunded. The candidate may request to have the fees applied towards the Certifying Examination the following year. If there is a change in the fee, the candidate will be responsible for the difference.

### Thesis Deadline

The final deadline for uploading a PDF copy of the thesis in the candidate's ABOG Portal is September 30, 2021. The file should be saved as a PDF with the following naming convention: ABOG ID #-last name-GO-thesis. The 2022 Thesis Affidavit Form should be saved as a PDF with the following naming convention: ABOG ID #-last name-GO-TA. Both items should be uploaded in the candidate's ABOG Portal under the assigned certification tasks. Candidates must submit a thesis that adheres to the requirements listed in [Appendix D](#).

Candidates who have previously submitted a thesis and were unsuccessful in passing the examination must upload a PDF copy of the thesis using the naming convention above. Candidates may submit a previously submitted thesis or another work that was completed during fellowship. However, thesis requirements change frequently. The thesis must fulfill the requirements for the year of the exam. Prior acceptance of a thesis does not assure re-acceptance. The thesis affidavit for a previously submitted thesis does not need to be resubmitted.

### Case List Deadline

The final deadline for receipt of the case lists is February 1, 2022. Case lists must be submitted electronically using the forms available on each candidate's ABOG Portal. Candidates must submit the case lists in the proper format and include the appropriate number of cases.



## 2022 Certifying Examination Requirements

Each candidate must meet the following requirements:

1. **Must be a Diplomate** of ABOG and hold an Active Certificate in Obstetrics and Gynecology.
2. **Must have passed** the Gynecologic Oncology Qualifying Examination on their most recent attempt. The one exception to this rule is that candidates who will lose their certification eligibility in 2022 may apply for the Certifying Examination prior to the release of the Qualifying Examination results.
3. **Have successfully completed** a minimum of 36 months of training in an ABOG- or ACGME-accredited Gynecologic Oncology fellowship program.
4. **Hold an unrestricted license to practice medicine** in all states or territories of the United States or Canada in which the candidate holds a medical license. Licenses that have been revoked, suspended or are on probation, or are subject to conditions of any type are considered to be restricted.
5. **Have full and unrestricted privileges to practice in Gynecologic Oncology.** While full, unrestricted privileges to perform all Gynecologic Oncology procedures are preferred, at a minimum, these privileges must allow the candidate to perform an in-hospital consultation on patients who have been admitted. The latest date a candidate can have privileges in effect is June 18, 2021, which would include the allowed 24 weeks of leave time. If a candidate's privileges begin June 18, 2021, they cannot miss any additional time during the case collection period. If a candidate holds hospital privileges in more than one hospital, they can give up privileges voluntarily as long as they still hold unrestricted hospital privileges in another hospital. Privileges that are resigned or dropped in lieu of an investigation or adverse action are not considered to be given up voluntarily and must be reported. The candidate's privileges must remain in effect at the time of the Certifying Examination and may not be suspended or revoked, and the candidate must not be under investigation for patient care issues.
6. **Be of good moral and ethical character** and have shown appropriate professionalism in all interactions with patients, peers, and other medical personnel. A felony conviction, even if unrelated to the practice of medicine, will be considered evidence of failure to meet this standard.
7. **Have not resigned hospital privileges or membership in any medical organization** (e.g., ACOG) while under investigation. If the candidate is under investigation or on probation, the application will not be approved. The candidate must re-apply and pay a new application fee once the probation and/or restrictions have been resolved. However, resolution of these matters does not guarantee that the candidate's application will be approved.
8. **Have had an independent practice as a subspecialist** in Gynecologic Oncology in a center or centers providing or having ready access to the essential diagnostic and therapeutic facilities for the practice of Gynecologic Oncology, and to retain such practice until the date of the candidate's examination. During the year of practice from January 1 through December 31, 2021, no more than 24 weeks of leave is allowed for any reason (this includes medical leave, maternity leave, vacation, not starting practice by January 1, etc.) Educational conferences do not count toward the 24 weeks of leave. Practice may include locum tenens work.

9. [Submit electronic case lists](#) that document a practice that demonstrates sufficient depth and breadth of practice in the subspecialty of Gynecologic Oncology to permit the evaluation of the candidate's ability to function in the subspecialty. The case lists must be appropriately de-identified. (See [Appendix F](#).)
10. [Submit a thesis](#) that meets the minimal standards of the Division of Gynecologic Oncology. Each submitted thesis will be reviewed for acceptability. Prior publication in a peer-reviewed journal does not guarantee acceptance. (See [Appendix D](#) for information about thesis content.)
11. [Have not failed to disclose any adverse action](#). If a non-disclosed falsification or adverse action is identified by ABOG, it will result in a deferral of a candidate's eligibility to sit for the Certifying Examination for a period of at least 3 years. If the candidate is allowed to sit for the examination at the end of the deferral period, the candidate must meet all requirements in effect at that time.
12. [A candidate who practices outside of the United States, its territories, or Canada](#) must submit with the application a letter(s) from a senior responsible officer in the hospital(s) where the candidate practices, verifying the candidate's responsibility for independent, unsupervised care of patients.

## Blueprint for the Certifying Examination

The content of the Certifying Examination will be based on the blueprint for Gynecologic Oncology. The major categories and subcategories are shown below including the percentages of the categories. For a full list of topic areas, see [Appendix E](#).

Consultation and Pre/Perioperative Assessment (10%)

Intraoperative Management (10%)

Postoperative Management (10%)

Non-Surgical Management and Treatment (15%)

Understanding the Pharmacology, Mechanism of Action, and Toxicities Associated with Non-Surgical Management

Applying Knowledge of Non-Surgical Management to Patient Care

Genetics and Genomics (10%)

Survivorship and Surveillance (5%)

Supportive and End-of-Life Care (5%)

Diagnostic and Surgical Procedures (10%)

Surgical Procedures

Diagnostic Procedures

Application of Basic Science to Patient Care (15%)

Core Competencies and Cross Content (10%)

Ethics and Professionalism

Patient Safety

Interpersonal and Communication Skills

Systems-based Practice

Practice-based Learning and Improvement

Evidence-based Medicine

In the Certifying Examination, evaluation of the candidate will include questions related to principles of biostatistics, clinical trial and/or basic science study design, and hypothetical cases. It will also include review of the submitted case lists, discussion of structured cases and surgical techniques. It may include interpretation of operative, radiologic, and computer-generated images and videos, and simulations (gross and microscopic pathology, imaging studies, intraoperative photographs, etc.) The candidate should demonstrate the capability of managing complex problems relating to Gynecologic Oncology. The candidate should have the scientific methodologic training to advance knowledge in this subspecialty and to be able to interpret and evaluate new concepts and their supporting data.

## Administration of the Certifying Examination

Due to COVID-19, the 2022 Certifying Examination will be administered virtually. Additional details and requirements are outlined in the [Candidate Manual](#). The candidates for the examination will be informed of the time of the registration process when they receive information concerning their assigned examination date. All times provided in this information are in Central Daylight Time (CDT). Candidates who are late for registration may not be allowed to sit for the examination. Each candidate will remain in an assigned Zoom room for the three hours of the examination and the 15-minute break between each hour, for a total exam time of three hours and thirty minutes. The candidate will be informed of the names of the six examiners who will conduct their examination. If the candidate believes that one or more examiners would be unable to provide them with a fair test, this will be discussed with an ABOG executive physician. If the decision is made that a conflict exists, an alternate examiner will be provided.

The Certifying Examination is three hours in length equally divided into the following areas:

- Structured cases and ovarian, peritoneal, and fallopian tube cancer (include chemotherapy cases) case list
- Structured cases and uterine malignancies: endometrial cancer, sarcoma, GTD, other case list
- Structured cases and cervical, vulvar, and vaginal cancer and radiation therapy case list

Candidates may not take any electronic devices into the examination. This includes, but is not limited to, cellular phones and all devices that can record, including smart watches and similar devices. If a candidate is found to have an electronic device during the examination, the test will be halted immediately, and the candidate will receive no grade for the examination. In addition, all fees will be forfeit.

Candidates with documented disabilities should review [Appendix B](#), and notification of the need for special testing circumstances must be submitted in writing to ABOG by a candidate at the time of the application. This deadline is necessary in order to allow the Board to request the required documentation, to review the records and to verify the disability, if necessary.

All examinations will be conducted in English and will be administered by two examiners per section. Each examiner will grade the candidate on all the topics covered within each section. The final grade will be determined analytically following the examination and will be released no later than six weeks following the examination. Each candidate must bring an unmarked copy of each section of their case list to the examination. Candidates will not be allowed to access digital copies of the case list during the examination.

At the end of the examination, the candidates will complete the checkout process in their assigned Zoom room before being allowed to exit the exam.

## Test Security

On the day of the Certifying Examination, each candidate must sign the following terms of agreement. If a candidate refuses to sign the agreement, they will not be allowed to take the Certifying Examination.

1. I agree and understand that all of the test materials used in ABOG examinations are copyrighted intellectual property of ABOG and will, at all times, remain confidential.
2. I agree and understand that I may not provide any information before, during, or after the examination concerning the content of the examination including, but not limited to, test items and cases, to anyone, for any reason, including, but not limited to, (i) anyone who is scheduled to take the examination or may be eligible to take the examination, (ii) any formal or informal test preparation group, service, or company, or (iii) any person representing a company or other entity that provides courses, practice tests or other study material for the examination.
3. I agree and understand that I may not reproduce, transmit, publish, disclose, and/or distribute any examination materials by any means, including memorization, recording, internet, or other methods that would allow any other individual, company, or organization to recreate, in whole or in part, any test questions or material.
4. I agree and understand that during any ABOG examination, I will not have in my possession any notes, papers, study materials, formulas, pens, pencils, cellular telephones, photographic equipment, recording devices, or other similar contraband. I will not have any type of electronic device that could provide information that could be used to answer questions on the examination. I further agree that if I am discovered to have any such device in my possession during the examination, the test will be halted immediately, and I will not receive a grade for the examination.
5. I agree and understand that if anyone observes any action of mine that may be interpreted as violating or potentially violating test administration rules, the test will be halted immediately, and I will receive no grade for the examination.
6. I agree and understand that if I violate any part of this agreement, (i) my test results will be canceled, (ii) I may be subject to further sanctions and/or legal action, and (iii) I will not be allowed to re-apply for the examination for a minimum of three years.
7. I agree and understand that if ABOG discovers I have violated any terms or conditions of this agreement after I have been awarded Diplomate status, such status will be revoked.
8. I agree and understand that, if requested by ABOG, I will fully participate in the investigation of any suspected violation of the terms and conditions of this agreement by any candidate.

9. I attest that since the date of my application and to the day of my examination, I have had no (i) limitation or suspension of hospital privileges, (ii) substance abuse offenses, or (iii) suspension, revocation or restriction placed on my license to practice medicine in any state or country.
10. I agree and understand ABOG is authorized to make my name and business address available on request to the public including, but not limited to, hospitals, insurers, agencies of government, specialty societies, laypersons, my Program Director(s), and/or the Accreditation Council of Graduate Medical Education (ACGME).
11. I agree and understand that de-identified results of my examination may be used for research purposes by ABOG or other parties requesting the same.
12. I agree and understand that my results may be released to my Program Director(s) by name.
13. I agree and understand that, if I am certified as a Diplomate, ABOG is authorized to provide my professional personal identifiable information to other entities for a proper purpose. Some of these professional medical organizations include Obstetrics & Gynecology, The American Journal of Obstetrics and Gynecology, the American Board of Medical Specialties (ABMS), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Society for Reproductive Medicine (ASRM), American Urogynecologic Society (AUGS), Society for Gynecologic Oncology (SGO), Society for Maternal-Fetal Medicine (SMFM), and the Society for Family Planning (SFP).
14. I agree and understand that I may not appeal the results of the examination based on the format of the examination, the sufficiency or accuracy of the answers to examination questions, the scoring of the examination, or the cut score used to determine the passing grade for the examination.
15. I agree to indemnify, defend, and hold ABOG harmless against any losses, liabilities, damages, claims, and expenses (including attorneys' fees and court costs) arising out of any claims or suits, whatever their nature and however arising, in whole or in part, which may be brought or made against ABOG in connection with: (i) any claims which are caused, directly or indirectly by any negligent act, omission, illegal or willful misconduct by me; (ii) my misuse of a certification; or (iii) my use or misuse of ABOG's proprietary and/or confidential information.
16. Under no circumstances will ABOG be liable for any consequential, special, incidental, exemplary, or indirect damages arising from or relating to this agreement, even if ABOG has been advised of the possibility of such damages.
17. The failure to enforce or the waiver by ABOG of a default or breach of this agreement shall not be considered a waiver of any subsequent default or breach.
18. This agreement is governed by the laws of the State of Texas. The exclusive jurisdiction of any suit arising out of, relating to, or in any way connected with this agreement shall be in the state or federal courts, as applicable, located in Dallas, Texas.
19. Provisions that survive termination or expiration of this agreement include those pertaining to limitation of liability, indemnification, nondisclosure, and others that by their nature are intended to survive.

## Applicants Ruled Not Admissible

If a decision is made by ABOG that a candidate has not met the requirements for admission to the Certifying Examination, the candidate may appeal the decision by writing to the ABOG Associate Executive Director of Examinations. Such appeals will be forwarded to the appropriate ABOG Committee for reconsideration. If the appeal is successful, no late fees will apply. If the successful decision occurs after the date of the Certifying Examination, the candidate will be scheduled for the next available Certifying Examination in the subspecialty and no additional application fee will apply. However, the examination fee must be paid before the deadline.

If the candidate's appeal is not successful, or the candidate does not appeal the inadmissibility decision, the candidate may reapply by submitting a new application, paying the application fee, and meeting the requirements applicable at the time of the re-application. Documentation that the cause for the initial disapproval has been cleared must be submitted with the application.

## Re-Application

A candidate who fails the Certifying Examination must complete a new online application and pay a new application fee. Following notification of approval to retake the Certifying Examination, the candidate must submit new case lists, thesis and pay the examination fee on or before the established deadlines. Candidates may submit a previously submitted thesis or another work that was completed during fellowship.

## Limitations

The duration of Active Candidate status is limited.

Beginning in calendar year 2020, all physicians who have completed an ABOG or ACGME fellowship in Gynecologic Oncology must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician is no longer be eligible to apply for either the Qualifying or Certifying Subspecialty Examination unless an additional 6 months of supervised practice is completed. Physicians who have completed subspecialty training in the calendar year 2014 must be subspecialty certified by 2022 or will be required to complete an additional 6 months of supervised practice before regaining eligibility to apply for certification. See policy on Regaining Eligibility for Subspecialty Certification found [here](#).

## Case Lists

### Case List Entry

All information for the case lists for the 2022 GYN ONC Certifying Examination must be entered online. To enter a case, a candidate must access their ABOG Portal and click on Case List Entry. The Case List Entry system will become available to candidates by February 1. The entry process is simple, and common abbreviations are acceptable (see [Appendix G](#)). If a problem is encountered, there is a frequently asked questions (FAQ) button where most questions will be answered. However, if the problem is not resolved, the candidate should call the ABOG Exam Department or email [Exams@abog.org](mailto:Exams@abog.org).

The case list information can be entered through any device with an internet connection, including smartphones, laptops, tablets, and desktop computers.

Candidates will be asked to enter patient-identifying information in the Case List Entry System (i.e., Hospital, Patient Initial and Patient ID fields). This patient identification will only be used on the patient lists for verification by hospital medical records staff. The electronic copy of the case list that is submitted to ABOG will be electronically de-identified and will not contain the patient-identifying information. The case description fields in the Case List Entry System should not contain any patient identifying information.

## Case List Submission

The candidate must submit their case list to ABOG electronically. The candidate must enter their cases and upload their case list affidavit(s) using the Case List Entry system located on their ABOG Portal. All hospitalized patients with invasive and borderline malignancies that are primarily cared for by the candidate in all hospitals and surgical centers between January 1 and December 31, 2021, must be listed. During the 12 months of case collection, no more than 24 weeks away from clinical practice is allowed.

Any case list that fails to provide the required information, includes an insufficient number of patients, is inadequately or incompletely prepared, is not appropriately de-identified, or fails to provide sufficient breadth and depth of clinical problems may disqualify the candidate from admission to the Certifying Examination. The candidate is personally responsible for the proper preparation, de-identified accuracy, and completeness of their case list.

The completeness and accuracy of all submitted case lists are subject to audit by ABOG. All audits will be conducted in accordance with the provisions of the HIPAA Privacy Rule. Permission to conduct on-site audits will be required of each candidate prior to final approval to take the Certifying Examination.

Falsification of information in the case list may result in ineligibility to apply for the Certifying Examination for a minimum of three years. The candidate must then meet all requirements in effect at the end of the deferred period. If the falsification is discovered after the candidate has successfully completed the Certifying Examination, the results of the test will be voided, and the candidate's certification will be revoked.

## Case List Preparation

The case lists must include all hospitalizations for patients with invasive and borderline gynecologic malignancies for which the candidate had primary responsibility. Patients with non-invasive diagnoses, including those who had surgical procedures to "rule out" a malignancy should not be listed.

### **The candidate must:**

1. Submit the case lists electronically by the published deadline.
2. Use the online Case List Entry that can be found on their ABOG Portal. The use of any other form or format is not allowed. A paper case list is not acceptable.
3. Collect cases between January 1 and December 31, 2021. If enough cases cannot be collected in a one-year period of time, the collection of cases can be extended to 18 months or 2 years. However, it may not include cases collected during fellowship.



4. Not include any case previously used on a prior case list for a Specialty or Subspecialty Certifying Examination.
5. Have the case lists certified by the appropriate personnel of the institution(s) in which the care was given.
6. De-identify the case lists in accordance with the requirements of Section 164.514(a)(b) and (b)(2)(i)&(ii) of the Final Privacy Rule. (See [Appendix F.](#))
7. Use standard English language nomenclature. The list of acceptable abbreviations can be found in [Appendix G.](#)
8. **List the patient only once.** If the patient is admitted more than once you should provide information regarding the additional admissions in the appropriate boxes. (If a patient has several admissions or is seen in the outpatient setting and subsequently becomes a surgical patient, that patient may only be listed once.)

### Case List Content

The listed patients must be only those for whom the candidate has had personal responsibility for the management and care during the indicated period of hospitalization. The lists may not include those women seen only in consultation or for administrative reasons only. For example, if the patient had surgery or a radium application, the candidate must have performed a major part of the procedure in order for the patient to be included in the case list.

A preoperative diagnosis should be recorded for each surgical procedure. For patients having several hospital admissions during the time period of the report, the patient should be listed only once with each hospitalization listed in chronological sequence. For non-surgical conditions, the admission diagnosis should be recorded. In cases without tissue for histological diagnosis, the final clinical diagnosis should be listed.

The case lists must have sufficient numbers as well sufficient breadth and depth of clinical difficulty to demonstrate that the candidate is practicing the full spectrum of Gynecologic Oncology. Cases listed must be entered into one of the three categories listed below. In total, a minimum of 50 patients with invasive or borderline cancer must be listed, regardless of category. The lists must include patients having radical surgical procedures, insertions of radioactive isotopes, and chemotherapy. For patients with cancer, both grade and stage must be listed.

Case lists will be separated into the following categories:

1. Ovarian, peritoneal, and fallopian tube cancer (include chemotherapy cases)
2. Uterine malignancies: endometrial cancer, sarcoma, GTD, other
3. Cervical, vulvar, and vaginal cancer and radiation therapy

All submitted case lists are subject to audit by ABOG to ensure completeness and accuracy.

## Certifying Examination Appeals

At the completion of the Certifying Examination, if a candidate believes the examination has not been conducted in a fair and unprejudiced manner, a second examination may be requested. The request must be made within 24 hours of the completion of the examination. To do so, a candidate must telephone the Board office (214-871-1619).



If the request is granted:

1. No final grade will be assigned, and all grades will be discarded;
2. A second examination will be provided approximately one year later at the next regularly scheduled annual Gynecologic Oncology Certifying Examinations at no additional charge;
3. The candidate must prepare new case lists in accordance with the requirements listed in the *Bulletin* for the year in which the appeal test occurs;
4. The repeat examination will be conducted by a different team of examiners, who will not be informed that this examination is being conducted as a result of an appeal;
5. Neither the questions nor the candidate's answers on the first examination will be known to or taken into account by the second group of examiners; and,
6. The decision of the examiners conducting the second examination will be used by the Board to record the final results of the candidate's Certifying Examination.

Appeals based on the composition of the Certifying Examination team will not be considered if the candidate was informed before the start of the examination of the identity of each member of the team and did not object to the participation of any member in time for an acceptable substitute to be provided.

Appeals based on the content of the examination, the sufficiency or accuracy of the answers given, or the final grade will not be considered.

## Results of the Examination

The results of the Certifying Examination will be reported online to each candidate no later than May 20, 2022.

As part of the application process the applicant will be required to irrevocably agree that the results of the applicant's examination may be made available to the Program Director(s) of any fellowship program(s) in which the applicant may have participated or in which the applicant is currently involved, and/or the American Council of Graduate Medical Education (ACGME) for any and all purposes. Furthermore, the applicant will be required to release and agree to indemnify and hold ABOG and its officers, directors, and employees harmless of and from any and all claims the applicant may have with regard to the effect or impact upon the applicant of the release of the applicant's examination results to the applicant's Program Director(s) or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

## LENGTH OF CERTIFICATION

All certificates issued by ABOG after 2008 are time-limited. The certification of a Diplomate who successfully passes the Gynecologic Oncology Certifying Examination in April 2022 will expire on December 31, 2023, unless all of the 2023 MOC assignments have been successfully completed. Applications for the 2023 MOC process will be available online beginning in January 2023.

## APPENDIX A: ABOG DIVISION OF GYNECOLOGIC ONCOLOGY

Steven Plaxe, MD, **Division Chair**      University of California San Diego School of Medicine

Stephanie Blank, MD                              Icahn School of Medicine at Mount Sinai

William Cliby, MD                                Mayo Clinic Alix School of Medicine

Marcela del Carmen, MD, MPH              Harvard Medical School

Michael Frumovitz, MD, MPH                University of Texas MD Anderson Cancer Center

Paola Gehrig, MD                                University of North Carolina School of Medicine

## **APPENDIX B: CANDIDATE DISABILITY**

The American Board of Obstetrics & Gynecology, Inc. (ABOG) provides reasonable accommodations in accordance with The Americans with Disabilities Act (ADA) as amended by the ADA Amendments Act of 2013 (ADAAA) (collectively the ADA) and, therefore, will provide or allow the use of necessary auxiliary aids, services, or testing conditions that do not fundamentally alter the measurement of the skills or knowledge the Board assessment program and examination is intended to test. Candidates must indicate through the examination application if special testing accommodations under the ADA are needed.

The ADA defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, standing, seeing, hearing, eating, sleeping, speaking, breathing, learning, reading, concentrating, thinking, communicating, or working.

The purpose of accommodations is to provide equal access to ABOG examinations for all individuals. Accommodations offset the identified functional limitation so that the impact of impairment is minimized by means of an auxiliary aid or an adjustment to the testing procedure. Functional limitation refers to the aspects of a disability that interfere with an individual's ability to function in some capacity on a regular and continuing basis.

Accommodations for the Qualifying and Certifying Examination will only be considered with appropriate documentation. ABOG shall not exclude any candidate from the Qualifying or Certifying Examination solely because of a disability if ABOG is provided with notice of the disability in time to permit ABOG to make such adjustments in the examination as are reasonably necessary to accommodate the disability.

### **Qualifying Examination**

For the Qualifying Examination, the candidate must provide sufficient documentation no later than the close of the application period to permit ABOG to verify the existence, nature, and extent of the disability. The documentation must specify the requirements or accommodations determined to be necessary to overcome or compensate for the disability. In addition, the candidate must supply any additional information ABOG may subsequently request in a timely manner.

If any of the requirements or accommodations cannot reasonably be provided, ABOG will notify the candidate and will indicate those alternative accommodations which ABOG determines to be appropriate in consideration of the disability claimed and documented, and the integrity of the examination. If the candidate fails to notify ABOG of a disability during the application period and fails to achieve a passing grade, that candidate may not appeal the results of the examination but shall be entitled to sit for the next regularly scheduled examination but must pay a new application and examination fee.

If a candidate claims that their examination results were adversely affected by illness, injury, or other temporary physical impairment at the time of the examination, that candidate may not appeal the results of the examination. However, if the candidate provides sufficient evidence of such illness, injury, or impairment, they shall be entitled to sit for the next regularly scheduled examination but must pay a new application and examination fee.

## **Certifying Examination**

For the Certifying Examination, notification of the need for special testing circumstances must be submitted in writing to ABOG by a candidate at the time of application. This deadline is necessary in order to allow ABOG time to request the required documentation, to review the records and to verify the disability, if necessary.

The purpose of documentation is to validate that an applicant for test accommodations is a disabled individual as defined by the ADA and to provide guidance in determining effective accommodations. Comprehensive information by a qualified professional is necessary to allow ABOG to understand the nature and extent of the applicant's disability and the resulting functional impairment that limits access to its examinations. It is essential that an applicant's documentation provides a clear explanation of the functional impairment and a rationale for the requested accommodation.

No candidate shall be offered an accommodation that would compromise the ABOG examination's ability to test accurately the skills and knowledge it purports to measure, and no auxiliary aid or service will be provided which will fundamentally alter the examination or will result in an undue burden to ABOG.

## **APPENDIX C: LACTATION ACCOMMODATIONS**

### **Qualifying Examination**

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than December 17, 2021, and schedule at a Pearson VUE Testing Center by the same date. Most Pearson VUE Testing Centers have only one room available for breast pumping, so candidates are encouraged to make their reservations as soon as they receive approval for the test as these rooms will be assigned on a first-come, first-served basis. If a candidate requests extra time for lactation, they must schedule their testing site through the Pearson VUE accommodations department after contacting ABOG. If no seat is available at the closest center, and they have requested extra time, they will have to travel to an available location to sit for the examination. As Pearson VUE testing centers have limited lactation facilities, ABOG cannot guarantee that the candidate will be able to schedule at their preferred testing center.

### **Certifying Examination**

Candidates who are lactating will be given an opportunity to use a pump prior to their examination. Please notify the ABOG office as soon as you know you will need the lactation time. Candidates will be given time to lactate between registration and the start of the examination. If a candidate has failed to request a lactation accommodation, but needs to lactate prior to starting their examination, they should inform the proctor as soon as the registration process begins. The proctor will inform ABOG, and the candidate will be given time to lactate as soon as the registration is complete.

## APPENDIX D: THESIS

A thesis is required by all subspecialties and must be submitted by the date listed in the bulletin and according to the guidelines for preparation listed below. The Division will review the thesis and decide concerning acceptability. Prior publication of a thesis by a refereed journal does not guarantee acceptance of the thesis for the Certifying Examination. It is not necessary for the thesis to have been published.

A copy of the completed 2022 Thesis Affidavit Form in PDF format must be uploaded on the candidate's ABOG Portal. Please see the [Thesis Deadline](#) section for further submission instructions.

### Preparation Instructions

1. **Format:** The format of the thesis must comply by the instructions for authors for a major peer-reviewed journal in a field related to the subspecialty except as noted below. The name of the journal must be identified on the cover page of the manuscript. Theses that are not in the proper journal format will not be accepted.

The cover page of the thesis should only show the:

- a. thesis title,
- b. name of the candidate,
- c. hypothesis (or purpose for research not testing a hypothesis), and
- d. name of the journal format.

The thesis must be type-written in double-spaced 12-point type and include page numbers and line numbers.

Electronic copies or reprints of published manuscripts are not acceptable.

Some journals require a "Summary" in addition to the "Discussion" section.

2. **Hypothesis or Purpose:** The thesis must clearly state the hypothesis to be tested in the form of a simple declarative sentence. The hypothesis must be included on the cover page and in the body of the paper, not just in the Abstract.

Whenever possible, the hypothesis should include a statement such as, "Our hypothesis is that XXX is significantly different from YYY." It may be useful to follow PICOT criteria (population, intervention [for intervention studies], comparison group, outcome of interest, and time) in composing the hypothesis. Conversely, the null hypothesis may be stated.

If the research does not involve hypothesis testing, the thesis must clearly state a purpose in the form of a simple declarative sentence. The purpose statement should convey the goal or overall aim of inquiry. The purpose must be included on the cover page and in the body of document, not just in the Abstract.

3. **De-Identification and Authorship:** The candidate must remove all wording in all areas of the thesis that would allow an examiner to be able to identify the institution where the study was performed and any co-authors.

The cover page should only list the title of the thesis, the candidate's name (without any co-authors), the hypothesis or purpose, and the name of the journal format.

Acknowledgements are not allowed.

4. Subject matter: The subject matter must clearly relate to the area of the subspecialty and be important to the field.
5. Research: The thesis must be based on clinical or laboratory research performed during the fellowship period. A review of work performed by others is not acceptable.
6. IRB Approval: All research involving humans and animals must be reviewed and approved by the human or animal institutional review boards (IRBs) of the sponsoring institution. If the research is exempt from IRB approval, a statement from the IRB to that effect must be included with the thesis.
7. Unacceptable Papers: The following are not acceptable for a fellow's thesis:
  - a. Book chapters
  - b. Case reports
  - c. Case series
8. Potentially Acceptable Theses: Any thesis submitted must be the product of a significantly thoughtful and robust research effort and will be reviewed by the subspecialty division for acceptability. Reports of the results of treatment of patients from a practice or department are not acceptable as these are considered to be a case series.

The research must be important to the field of the subspecialty. The following types of research conducted during a fellowship may qualify as an acceptable thesis for examination for certification:

- a. Laboratory, Translational, and Animal research.
- b. Randomized Controlled Trial: The study must adhere to the CONSORT standards.
- c. Meta-Analysis and Systematic Review: The report must adhere to the PRISMA or MOOSE guidelines.
- d. Cost-Effective Analysis: The report must conform to the recommendations of the Second Panel on Cost-Effectiveness in Health and Medicine for reporting CEA results.
- e. Case-Control Study: The study must conform to the STROBE guidelines for observational studies
- f. Cohort Study: The research may involve primary or secondary data analyses. The study must conform to the STROBE guidelines for observational studies.
- g. Survey Research: The candidate must have developed the questionnaire or used a previously validated questionnaire, and there should be a 50% return and completion of the questionnaire. The thesis must conform to the STROBE guidelines for observational studies or the CHERRIEs guidelines for Web-based surveys.
- h. Epidemiology Research: The study must conform to the STROBE guidelines for Epidemiological Studies.
- i. Mechanistic Trials: The study must meet the NIH definition for a clinical trial.
- j. Modeling and Simulation-based Research: A prediction model thesis must follow the TRIPOD statement. An SBR thesis must adhere to the SBR extensions to the CONSORT and STROBE statements.
- k. Quality Improvement: The thesis must adhere to the SQUIRE 2.0 guidelines.

- I. Qualitative Research: The thesis must adhere to the COREQ or SRQR guidelines.
- m. Artificial Intelligence and Machine Learning Research: The thesis must adhere to the SPIRIT-AI Extension or the CONSORT-AI Extension statements.
- n. Implementation Science: The thesis must conform to the StaRI guidelines.

## **Thesis Defense**

No candidate will defend their thesis during the 2022 Certifying Examination. Candidates will answer questions on evidence-based medicine and statistics as part of their examination.



## **APPENDIX E: GYNECOLOGIC ONCOLOGY QUALIFYING AND CERTIFYING EXAMINATION TOPICS**

1. Consultation and Pre/Perioperative Assessment
  - a. Obtain a history including pertinent oncologic history to generate a differential diagnosis and obtain and interpret laboratory evaluations, imaging studies, and other diagnostics
  - b. Determine if surgical or non-surgical intervention is indicated
  - c. Complete a preoperative surgical fitness assessment through the identification of relevant medical comorbidities and clinical findings; and complete preoperative medical consultation to optimize patient outcome
  - d. Determine the indicated surgical intervention and approach
  - e. Identify alternatives to surgery and counsel patient about risks, benefits, and alternative interventions
  - f. Identify and counsel patient regarding fertility-sparing options
  - g. Use prophylaxis and preventive measures to reduce perioperative morbidity
2. Intraoperative Management
  - a. Apply knowledge of anatomy and physiology required for surgery
  - b. Apply knowledge of operative instruments
  - c. Apply knowledge of the indications for surgical staging and perform the appropriate surgical intervention
  - d. Perform the appropriate surgical intervention
  - e. Surgically manage gynecologic malignancies
  - f. Surgically manage complex nonmalignant conditions
  - g. Surgically manage gestational trophoblastic disease (GTD)
  - h. Surgically manage abnormal placentation
  - i. Perform intraoperative surgical consultation
  - j. Identify and manage intraoperative complications
  - k. Revise operative plan based on intraoperative findings and patient condition
3. Postoperative Management
  - a. Implement strategies to reduce postoperative complications
  - b. Evaluate, identify, and manage surgical postoperative complications
  - c. Evaluate, identify, and manage medical postoperative complications
  - d. Apply postoperative strategies, including nutritional requirements and the use of supplements, pain management, and IV fluids
  - e. Identify and manage the critically ill postoperative patient (e.g., hemodynamic monitoring, ventilatory support)

- f. Communicate operative findings, results and complications with patient and family
  - g. Coordinate postoperative transition of care
4. Non-Surgical Management and Treatment
- a. Understanding the Pharmacology, Mechanism of Action, and Toxicities Associated with Non-Surgical Management
    - i. Chemotherapy
    - ii. Endocrine therapy
    - iii. Immunotherapy
    - iv. Molecularly-targeted therapy
    - v. Identify, counsel, and manage acute and delayed radiation-related toxicities
  - b. Applying Knowledge of Non-Surgical Management to Patient Care
    - i. Apply knowledge of indications, contraindications, and goals of treatment for primary gynecologic cancers and their precursors in order to establish a timeline for initiation and completion of non-surgical therapy
    - ii. Apply knowledge of indications, contraindications, and goals of treatment for recurrent gynecologic cancers and their precursors in order to establish a timeline for initiation and completion of non-surgical therapy
    - iii. Incorporate prognosis in treatment discussions with patient
    - iv. Apply knowledge of radiation therapy in the treatment of gynecologic cancers
    - v. Identify indications for treatment using brachytherapy devices
    - vi. Counsel patients on gynecologic cancer clinical trial availability, eligibility, and participation
    - vii. Manage or co-manage oncologic emergencies related to cancer progression or therapies
    - viii. Coordinate postoperative care of GTD and choriocarcinoma
5. Genetics and Genomics
- a. Counsel patients and perform comprehensive family history after identifying relevant genetic risk factors and indications for genetic testing.
  - b. Identify the indications for genetic testing and counseling
  - c. Apply knowledge of hereditary cancer syndromes to patient care
  - d. Collaborate with specialists in genetics to manage patient care
  - e. Counsel patient on prognosis and treatment based on genetic testing results
  - f. Counsel patient regarding indications for risk-reducing interventions
  - g. Counsel patient on treatment options based on molecular testing results
6. Survivorship and Surveillance
- a. Manage long-term effects of surgical and medical cancer treatment

- b. Develop and implement an evidence-based surveillance plan for gynecologic cancer patient, including collaborations with other disciplines
  - c. Collaborate with other disciplines to provide survivorship and surveillance care
  - d. Perform evaluation for suspected disease recurrence
7. Supportive and End-of-Life Care
- a. Counsel patient on advanced care planning
  - b. Implement multi-disciplinary palliative care in management of gynecologic cancer patient
  - c. Counsel patient and family regarding timing and role of hospice and end of life care
  - d. Manage cancer-related symptoms such as pain, anorexia, fatigue, nausea, etc.
  - e. Counsel patient on the role of palliative procedures and interventions
  - f. Incorporate nutritional assessment and intervention in supportive and end-of-life patient care
8. Diagnostic and Surgical Procedures
- a. Surgical Procedures
    - i. Simple vaginal hysterectomy
    - ii. Total hysterectomy plus or minus BSO
    - iii. Modified radical or radical abdominal hysterectomy
    - iv. Laparoscopic hysterectomy, laparoscopic-assisted vaginal hysterectomy, and robotic abdominal hysterectomy
    - v. Modified radical or radical laparoscopic hysterectomy and radical robotic abdominal hysterectomy
    - vi. Radical cytoreduction
    - vii. Lymphadenectomy and sentinel lymph node mapping (e.g., inguinal, femoral, pelvic, para-aortic area)
    - viii. Simple and radical vaginectomy
      - ix. Vulvectomy (e.g., skinning, simple, partial, radical)
      - x. Pelvic exenteration (e.g., anterior, posterior, total)
      - xi. Omentectomy
      - xii. Placement of feeding jejunostomy/gastrostomy
      - xiii. Resection and re-anastomosis of small bowel
      - xiv. Bypass procedures of small and large bowel
      - xv. Mucous fistula formation of small and large bowel
      - xvi. Ileostomy and colostomy
      - xvii. Repair of fistula, vesicovaginal fistula with primary closure, and vesicovaginal fistula with secondary closure using interposition of autologous tissue(s)

- xviii. Resection and re-anastomosis of large bowel, including low anterior resection and re-anastomosis
- xix. Splenectomy
- xx. Liver biopsy
- xxi. Diaphragmatic resection
- xxii. Partial and total cystectomy
- xxiii. Ureteroneocystostomy, including bladder flap or psoas fixation
- xxiv. Ureteral surgery
- xxv. Urinary tract conduit (e.g., ileum, colon)
- xxvi. Incision and drainage of abdominal or perineal abscess
- xxvii. Neovagina (e.g., split thickness skin graft, pedicle graft, myocutaneous graft)
- xxviii. Pelvic floor reconstruction (e.g., omental pedicle graft, transposition of myocutaneous grafts)
- xxix. Insertion of intracavity and interstitial radiation application
- xxx. Laser ablation
- xxxi. Dilation and curettage for GTD

b. Diagnostic Procedures

- i. Cystoscopy
- ii. Laparoscopy
- iii. Colposcopy and cone/LEEP excision
- iv. Sigmoidoscopy

9. Application of Basic Science to Patient Care

- a. Cancer genetics
- b. Biologic properties of cancer cells and molecular processes involved in carcinogenesis and aging on cancer biology and cancer genetics
- c. Gynecologic cancer disease burden and risk factors
- d. The role of histopathology and special testing (e.g., immunohistochemistry, molecular studies)
- e. Pharmacogenomics, pharmacodynamics, and mechanism of action of relevant agents
- f. Fundamentals of radiobiology and radiation physics
- g. Immunology in the prevention, diagnosis, and treatment of gynecologic cancers

10. Core Competencies and Cross Content

- a. Ethics and Professionalism
  - i. Systematically engage in practice review to identify health disparities

- ii. When engaged in shared clinical decision making, incorporate patient, family, and cultural considerations in making treatment recommendations
  - iii. When providing care for patients, consider psychological, sexual, and social implications of various treatment options
- b. Patient Safety
- i. Systematically analyze the practice for safety improvements (e.g., root cause analysis)
  - ii. Systematically engage in practice reviews for safety improvements (e.g., root cause analysis)
  - iii. Incorporate the standard use of procedural briefings, “time outs”, and debriefings in clinical practice
  - iv. Participate in the review of sentinel events, reportable events, and near misses
  - v. Implement universal protocols (e.g., bundles, checklists) to help ensure patient safety
- c. Interpersonal and Communication Skills
- i. Communicate to patient and family regarding adverse outcomes and medical errors
  - ii. Demonstrate sensitivity and responsiveness when communicating with a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - iii. Provide comprehensive information when referring patients to other professionals
- d. Systems-based Practice
- i. Incorporate considerations of cost awareness and risk-benefit analysis in patient care
  - ii. Provide care with multidisciplinary teams to promote patient safety and optimize patient outcomes
- e. Practice-based Learning and Improvement
- i. Design or participate in practice or hospital quality improvement activities
- f. Evidence-based Medicine
- i. Incorporate evidence-based practices and national guidelines to improve practice patterns and outcomes
  - ii. Implement evidence-based protocols to enhance recovery after surgery (ERAS)

## APPENDIX F: DE-IDENTIFICATION OF CASE LISTS

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Secretary of the DHHS issued a Final Privacy Rule (HIPAA Privacy Rule) governing the terms and conditions by which health care providers can make available individually identifiable health information. The HIPAA Privacy Rule permits the release of patient information if the information does not permit the patient to be individually identified. Therefore, candidates must exclude from the case lists submitted to the Board such information as could permit the identification of an individual patient.

The HIPAA Privacy Rule specifically enumerates the categories of information which must be removed from patient case lists in order for such case lists to be de-identified and thereby become available for submission to the Board.

Section 164.514(b) provides that a physician/candidate may determine that health information is not individually identifiable health information only if the following identifiers are removed:

1. Names
2. Geographic subdivisions smaller than a state
3. Date of birth, admission date, discharge date, date of death; and all ages over 89 except that such ages and elements may be aggregated into a single category of age 90 or older
4. Telephone numbers, fax numbers, email addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate and/or license numbers
5. Biometric identifiers, including finger and voice prints
6. Full face photographic images and any comparable images
7. Any other unique identifying number, characteristic, or codes

**The submission of any patient information in the case description fields of the Case Lists is strictly prohibited and can result in disapproval for the Certifying Examination.** The de-identification of patient case lists does not allow the omission of any cases involving patients under the candidate's care which are otherwise required to be reported. Any effort to use the HIPAA rule to avoid listing patients will disqualify the candidate from the examination and additional disciplinary action as appropriate. The completeness of the candidate's case lists is subject to audit by the Board.

## APPENDIX G: APPROVED ABBREVIATIONS

AB	Abortion
AIDS	Acquired immunodeficiency syndrome
AMA	Advanced maternal age
A&P	Anterior and posterior colporrhaphy repair
AMH	Antimullerian hormone
AROM	Artificial rupture of membranes
ASCUS	Atypical cells of undetermined significance
BSO	Bilateral salpingo-oophorectomy
BTL	Bilateral tubal ligation
BMI	Body mass index
cm	Centimeter
CIN	Cervical intraepithelial neoplasia
CD	Cesarean delivery
CHTN	Chronic hypertension
CBC	Complete blood count
CT	Computerized tomography
DVT	Deep vein thrombosis
DHEAS	Dehydroepiandrosterone sulfate
DM	Diabetes mellitus
D&C	Dilatation and curettage
D&E	Dilatation and evacuation
DEXA	Dual-energy x-ray absorptiometry
EKG/ECG	Electrocardiogram
ECC	Endocervical curettage
EBL	Estimated blood loss
EFW	Estimated fetal weight
EGA	Estimated gestational age
E2	Estradiol
FGR	Fetal growth restriction
FHR	Fetal heart rate
FSH	Follicle-stimulating hormone
GDM	Gestational diabetes mellitus

GH	Gestational hypertension
GBS	Group B strep
gm	Gram
Hgb	Hemoglobin
HbA1c	Hemoglobin A1c
HSV	Herpes simplex virus
HRT	Hormone replacement therapy
HCG	Human chorionic gonadotropin
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
HTN	Hypertension
HSG	Hysterosalpingogram
IM	Intramuscular
IUD	Intrauterine device
IUFD	Intrauterine fetal death
IUGR	Intrauterine growth restriction
IUP	Intrauterine pregnancy
IV	Intravenous
kg	Kilogram
LAVH	Laparoscopic-assisted vaginal hysterectomy
LGA	Large for gestational age
LMP	Last menstrual period
LFT	Liver function test
LEEP	Loop electrosurgical excision procedure
LH	Luteinizing hormone or laparoscopic hysterectomy
Mg	Magnesium sulfate
MRI	Magnetic resonance imaging
mL	Milliliter
MIS	Minimally invasive surgery
NST	Non-stress test
OA	Occiput Anterior – may be preceded by R (right) or L (left)
OP	Occiput Posterior
OT	Occiput Transverse



PAP	Papanicolaou smear
Plt	Platelet
PCOS	Polycystic ovarian syndrome
PP	Postpartum
PPH	Postpartum hemorrhage
PROM	Premature rupture of membranes
PTL	Preterm labor
PPROM	Preterm premature rupture of membranes
STD/STI	Sexually transmitted disease/infection
SGA	Small for gestational age
SAB	Spontaneous abortion
SROM	Spontaneous rupture of membranes
SVD	Spontaneous vaginal delivery
SUI	Stress urinary incontinence
S/D (ratio)	Systolic/diastolic ratio
TSH	Thyroid-stimulating hormone
Toco	Tocodynamometer
TAH	Total abdominal hysterectomy
TLH	Total laparoscopic hysterectomy
TVH	Total vaginal hysterectomy
TOLAC	Trial of labor after cesarean
T1DM	Type I diabetes mellitus
T2DM	Type II diabetes mellitus
US	Ultrasonography
VBAC	Vaginal birth after cesarean delivery