

Gynecologic Oncology Certifying Exam Blueprint and Topics

The content for 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.

Consultation and Pre/Perioperative Assessment (10%)

- Obtain a history including pertinent oncologic history to generate a differential diagnosis and obtain and interpret laboratory evaluations, imaging studies, and other diagnostics
- Determine if surgical or non-surgical intervention is indicated
- 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
- Determine the indicated surgical intervention and approach
- Identify alternatives to surgery and counsel patient about risks, benefits, and alternative interventions
- Identify and counsel patient regarding fertility-sparing options
- Use prophylaxis and preventative measures to reduce perioperative morbidity

Intraoperative Management (10%)

- Apply knowledge of anatomy and physiology required for surgery
- Apply knowledge of operative instruments
- Apply knowledge of the indications for surgical staging and perform the appropriate surgical intervention
- Perform the appropriate surgical intervention
- Surgically manage gynecologic malignancies
- Surgically manage complex nonmalignant conditions
- Surgically manage gestational trophoblastic disease (GTD)
- Surgically manage abdominal placentation
- Perform intraoperative surgical consultation
- Identify and manage intraoperative complications
- Revise operative plan based on intraoperative findings and patient condition

Postoperative Management (10%)

- Implement strategies to reduce postoperative complications
- Evaluate, identify, and manage surgical postoperative complications
- Evaluate, identify, and manage medical postoperative complications
- Apply postoperative strategies, including nutritional requirements and the use of supplements, pain management, and IV fluids
- Identify and manage the critically ill postoperative patient (e.g. hemodynamic monitoring, ventilatory support)
- Communicate operative findings, results, and complications with patient and family
- Coordinate postoperative transition of care

Non-Surgical Management and Treatment (15%)

- Understanding the Pharmacology, Mechanism of Action, and Toxicities Associated with Non-Surgical Management
 - Chemotherapy
 - Endocrine therapy
 - Immunotherapy
 - Molecularly-targeted therapy
 - Identify, counsel, and manage acute and delayed radiation-related toxicities
- Applying Knowledge of Non-Surgical Management to Patient Care
 - 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
 - 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
 - Incorporate prognosis in treatment discussions with patient
 - Apply knowledge of radiation therapy in the treatment of gynecologic cancers
 - Identify indications for treatment using brachytherapy devices
 - Counsel patients on gynecologic cancer clinical trial availability, eligibility, and participation
 - Manage or co-manage oncologic emergencies related to cancer progression or therapies
 - Coordinate postoperative care of GTD and choriocarcinoma

Genetics and Genomics (10%)

- Counsel patients and perform comprehensive family history after identifying relevant genetic risk factors and indications for genetic testing
- Identify the indications for genetic testing and counseling
- Apply knowledge of hereditary cancer syndromes to patient care
- Collaborate with specialists in genetics to manage patient care
- Counsel patient on prognosis and treatment based on genetic testing results
- Counsel patient regarding indications for risk-reducing interventions
- Counsel patient on treatment options based on molecular testing results

Survivorship and Surveillance (5%)

- Manage long-term effects of surgical and medical cancer treatment
- Develop and implement an evidence-based surveillance plan for gynecologic cancer patient, including collaborations with other disciplines
- Collaborate with other disciplines to provide survivorship and surveillance care
- Perform evaluation for suspected disease recurrence

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

- Counsel patient on advanced care planning
- Implement multi-disciplinary palliative care in management of gynecologic cancer patient

- Counsel patient and family regarding timing and role of hospice and end of life care
- Manage cancer-related symptoms such as pain, anorexia, fatigue, nausea, etc.
- Counsel patient on the role of palliative procedures and interventions
- Incorporate nutritional assessment and intervention in support and end-of-life patient care

Diagnostic and Surgical Procedures (10%)

- Surgical Procedures
 - Simple vaginal hysterectomy
 - Total hysterectomy plus or minus BSO
 - Modified radical or radical abdominal hysterectomy
 - Laparoscopic hysterectomy, laparoscopic-assisted vaginal hysterectomy, and robotic abdominal hysterectomy
 - Modified radical or radical laparoscopic hysterectomy and radical robotic abdominal hysterectomy
 - Radical cytoreduction
 - Lymphadenectomy and sentinel lymph node mapping (e.g. inguinal, femoral, pelvic, para-aortic area)
 - Simple and radical vaginectomy
 - Vulvectomy (e.g. skinning, simple, partial, radical)
 - Pelvic exenteration (e.g. anterior, posterior, total)
 - Omentectomy
 - Placement of feeding jejunostomy/gastrostomy
 - Resection and re-anastomosis of small bowel
 - Bypass procedures of small and large bowel
 - Mucous fistula formation of small and large bowel
 - Ileostomy and colostomy
 - Repair of fistula, vesicovaginal fistula with primary closure, and vesicovaginal fistula with secondary closure using interposition of autologous tissue(s)
 - Resection and re-anastomosis of large bowel, including low anterior resection and re-anastomosis
 - Splenectomy
 - Liver biopsy
 - Diaphragmatic resection
 - Partial and total cystectomy
 - Ureteroneocystostomy, including bladder flap or psoas fixation
 - Ureteral surgery
 - Urinary tract conduit (e.g. ileum, colon)
 - Incision and drainage of abdominal or perineal abscess
 - Neovagina (e.g. split thickness skin graft, pedicle graft, myocutaneous graft)
 - Pelvic floor reconstruction (e.g. omental pedicle graft, transposition of myocutaneous grafts)
 - Insertion of intracavity and interstitial radiation application
 - Laser ablation
 - Dilation and curettage for GTD

- Diagnostic Procedures
 - Cystoscopy
 - Laparoscopy
 - Colposcopy and cone/LEEP excision
 - Sigmoidoscopy

Application of Basic Science to Patient Care (15%)

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

Core Competencies and Cross Content (10%)

- Ethics and Professionalism
 - Systematically engage in practice review to identify health disparities
 - When engaged in shared clinical decision making, incorporate patient, family, and cultural considerations in making treatment recommendations
 - When providing care for patients, consider psychological, sexual, and social implications
- Patient Safety
 - Systematically analyze the practice for safety improvements (e.g. root cause analysis)
 - Systematically engage in practice reviews for safety improvements (e.g. root case analysis)
 - Incorporate the standard use of procedural briefings, “time outs”, and debriefings in clinical practice
 - Participate in the review of sentinel events, reportable events, and near misses
 - Implement universal protocols (e.g. bundles, checklists) to help ensure patient safety
- Interpersonal and Communication Skills
 - Communicate to patient and family regarding adverse outcomes and medical errors
 - 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
 - Provide comprehensive information when referring patients to other professionals
- Systems-Based Practice
 - Incorporate considerations of cost awareness and risk-benefit analysis in patient care
 - Provide care with multidisciplinary teams to promote patient safety and optimize patient outcomes
- Practice-Based Learning and Improvement
 - Design or participate in practice or hospital quality improvement activities
- Evidence-Based Medicine
 - Incorporate evidence-based practices and national guidelines to improve practice patterns and outcomes

- Implement evidence-based protocols to enhance recovery after surgery (ERAS)

In the Certifying Examination, evaluation of the candidate will include critical review and discussion of the thesis, questions related to principles of biostatistics and 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 manage 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.