GOALS AND OBJECTIVES
GYNECOLOGIC PATHOLOGY

LEVEL: PGY2, PGY3, PGY5

- A number of these rotations are introductory in nature, as they are major subspecialties, and are followed by two more blocks in PGY-3, during which knowledge is extended and fortified.

- As described above, the staff pathologist is expected to provide an appropriate volume of cases for review based on the PGY-2 resident’s level of training in these areas with the understanding that greater responsibility and workload will be taken on in PGY-3.

- Additionally, while PGY-2 residents are expected to be present at all interdisciplinary rounds in these major subspecialties, they are not expected to present cases while a more senior resident is on service.

- Furthermore, staff pathologists are required to be present at all interdisciplinary rounds during which a resident is presenting, particularly for PGY2.

- During the PGY-3 year, while completing the 2-block rotations in the major areas of subspecialty, the resident is expected to prepare for and present cases at all interdisciplinary rounds, and, with staff pathologist supervision and guidance, answer questions and take part in discussion during said rounds.

- Furthermore, the PGY-3 resident is expected to complete any end-of-rotation presentations required for the major subspecialty rotations during this year.

- The PGY-5 year is one of senior leadership and the resident should be able to assume responsibility for organizing the service and supervising junior residents and students. The resident should have mastery of the information contained in standard texts and be prompt in using the literature to solve specific problems. The resident will be responsible for presentations at conferences and for teaching junior residents and students on a routine basis. The PGY 5 should begin to have an understanding of the role of the practitioner in an
integrated health care delivery system and to be aware of the issues in health care management facing patients and physicians.

**MEDICAL EXPERT**

- Demonstrate a working knowledge of the anatomy, histology and embryology of the female genitourinary tract including ovary, fallopian tube, uterus, cervix, urinary bladder, urethra, vulva, placenta.

- Demonstrate skill in the gross dissection of common large resection specimens from the female reproductive tract including hysterectomy, oophorectomy, vulvar resection, with particular attention to staging information.

- Demonstrate proficiency in interpretation of common biopsy specimens including cervix and endometrium (including cervical intraepithelial neoplasia, glandular lesions, endometrial metaplasias, hyperplasia, carcinomas, inflammatory/infectious diseases).

- Acquire proficiency in the morphologic diagnosis, immunohistochemical work-up and staging of the spectrum of ovarian tumors (germ cell, surface-epithelial-stromal, sex-cord-stromal and others).

- Acquire proficiency in the morphologic diagnosis, immunohistochemical work-up and staging of the spectrum of gestational trophoblastic disease and related lesions.

- Acquire proficiency in the morphologic diagnosis, immunohistochemical work-up and staging of the spectrum of uterine stromal tumors.

- Acquire proficiency in the morphologic diagnosis, immunohistochemical work-up and staging of the spectrum of surface-peritoneal lesions.

- Acquire proficiency to prepare well-organized, comprehensive reports that convey the appropriate staging and prognostic information in common gynecologic oncology specimens including ovary, fallopian tube, uterus, cervix, vulva.

**COMMUNICATOR/COLLABORATOR**

- Demonstrate the ability to function at a junior staff pathologist level at gynecologic tumor rounds including previewing cases to be presented, appropriately choosing histology slides to present, and presenting the pertinent pathological features effectively.

- Demonstrate the ability to teach aspects of gynecologic pathology at teaching sessions including gross rounds, gynecologic pathology seminars and other teaching sessions.
• Gain an understanding of the clinical aspects of gynecologic disease particularly the management of ovarian, endometrial, cervical and vulvar cancer, and stromal uterine tumors.

**MANAGER**

• Understand the importance of quality control and quality assurance measures for immunohistochemical markers used in the diagnosis of gynecological lesions including preanalytical, analytical and postanalytical variables.

• Understand the value of proficiency testing for immunohistochemistry.

**HEALTH ADVOCATE/PROFESSIONAL**

• Understand the implication of a diagnosis of cervical cancer and gestational and trophoblastic disease.

• Understand the physical and emotional difficulties related to aggressive ovarian cancer treatment.

• Know when to appropriately consult an expert in gynecologic pathology.

**SCHOLAR**

• Consider conducting a case report, case series or more in-depth project on gynecologic pathology material.

• Review the pertinent recent literature regarding advances in ovarian, fallopian tube, uterine, cervical, urinary bladder, urethral, vulvar and placental pathology including the molecular pathogenesis of these malignancies.
ROTATION ACTIVITIES

1. CLINICAL ACTIVITIES

The resident will meet with the subspecialty group director and go over this document and the overall aspects of the rotation on the first day of the rotation.

GROSSING:

- At least two cases per week.

- The resident should gross the following specimen types:
  - PGY2 level: Three simple hysterectomies (not oncologic)
  - Three cervical cone or LEEP
  - Three oophorectomies / salpingectomies (without uterus)
  - PGY3-5 level: Three simple hysterectomies (oncologic) per rotation
  - One radical hysterectomy per rotation
  - One vulvectomy or vaginectomy per rotation
  - One pelvic exenteration (if possible)

- Resident will complete a “grossing log” (see table at the end). The resident will review the slides of the case that he/she grossed and review it with the attending pathologist assigned to the case. The attending will review the gross description and sign the log sheet.

2. CONFERENCES:

PGY2 level: Resident is expected to attend but not present at interdisciplinary rounds (on Wednesdays at 9:15 am) and the consensus conference (on Tuesdays at 11 am).

PGY 3-4: Resident is expected to attend interdisciplinary and consensus conferences and present the cases. This implies reviewing the cases with the pathologist in charge beforehand and organizing the presentation in the appropriate format.

3. Presentation at the end of the rotation (PGY-3 only): The resident will choose a topic of interest. The presentation can be case based if the resident had an interesting or challenging case during the rotation that can serve as a starting point. The presentation should include review of the recent literature about the topic and cite specific references.

4. Review standard reference material and current literature.

5. Review slide teaching sets.

6. Involvement in a research project in gynepathology is encouraged but not mandatory
7. Slide quiz test at the end of rotation.

8. This rotation is evaluated by input from all staff that have covered the gynecologic pathology service during resident rotation. The resident’s progress is discussed with him/her at least once during 2 months rotation.

REFERENCES


3. Blaustein’s. (Fifth edition) Blaustein’s Pathology of the female genital tract.


5. Gynecologic Pathology Marisa R. Wucei Esther Olivia. A volume in the series of foundation in diagnostic pathology 2009


Table. Grossing log

Resident _____
Rotation _____ Dates ______

<table>
<thead>
<tr>
<th>DATE</th>
<th>CASE NUMBER</th>
<th>CASE TYPE</th>
<th>CASE REVIEWED BY (PATHOLOGIST NAME AND SIGNATURE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total hysterectomy</td>
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<tr>
<td></td>
<td></td>
<td>Radical hysterectomy</td>
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<td></td>
<td></td>
<td>Cervical cone</td>
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<td></td>
<td></td>
<td>Radical vulvectomy</td>
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<tr>
<td></td>
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<td>Ovarian cystectomy</td>
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</tbody>
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