



## **Period of Training and Log Book**

The timeline to complete the practical program is 2 years that can be distributed as needed and agreed by the participants and the Institutions.

The candidates must keep a logbook signed off by their trainer of the operations they have attended as an assistant or operations they have carried out, supervised or unsupervised, and also of the clinics they have attended and the multidisciplinary meetings they have attended.

The trainee must complete all the following requirements in a time manner agreed with the host Institution. 70% of the time will be in the Breast Surgical Oncology rotation and the other 30% to accomplish with the rest of rotations.

## **LOG BOOK**

### **MODULE 1: DIAGNOSTIC: RADIOLOGY/PATHOLOGY**

#### **RADIOLOGY**

- 8 screening cases
- 20 diagnostic mammograms
- 10 breast MRIs
- Breast ultrasound: 15 (hands on) or 30 (observation only)
- Percutaneous Procedures: 30 including Fine needle aspiration, Cyst aspiration, Percutaneous core needle sampling, palpation or image guided, Seroma aspiration with/without drain placement, Percutaneous abscess drainage with/without drain placement

#### **PATHOLOGY**

- 8 cancer case sign outs
- 8 frozen or intraoperative evaluations
- 8 benign and/or high risk lesions

## **MODULE 2: SURGERY**

- Participate in preoperative clinics including oncoplastic/reconstructive clinics
- Participate in breast cancer –specific operating lists
- Participate in breast oncoplastic and reconstructive operating lists
- Participate in postoperative clinics (assessing wound healing, primary aesthetic outcome and recovery from surgery, is further surgery required, or follow-up etc.)

### *LOG BOOK*

- Attend at least 20 regular, at least weekly, pre- and post-surgical multidisciplinary case management meetings
- Attend at least 70 outpatient clinics during a regular 1-2 year work on a surgical unit with at least 150 primary breast cancer cases a year, according to the local organization practice, including:
  - A. Diagnostic, preoperative and postoperative clinics
  - B. Clinics with the radiation/medical/ clinical oncologist at which the decisions on adjuvant and neoadjuvant therapy are made.
  - C. Follow-up clinics at which the side-effects of surgery and radiation can be assessed
  - D. Clinics at which the management of women with advanced disease (both locally advanced and metastatic) takes place
  - E. Genetic/family historic clinics, in which women at risk are advised
  - F. Clinics at with oncoplastic and reconstructive counselling and planning are made
- Personally perform during the last two years or assisted during one's entire career surgical procedures as follows
  - A: Assisted at (during one's entire career)
    - at least 10 operations on benign or borderline lesions
    - at least 20 axillary lymph node surgeries, including both full axillary dissections and sentinel lymph node biopsies
    - at least 20 breast conserving cancer operations including at least 5 observed or assisted oncoplastic level I - II breast remodelling procedures

- at least 20 mastectomies, including at least 10 NAC- or skin-sparing mastectomies - observed or assisted at 10 immediate and delayed total breast reconstructions using both implants and autologous tissue.

B: Personally performed during the last two recent years

- at least 40 operations on benign or borderline lesions
- at least 100 full axillary lymph node dissections or sentinel node biopsies, including
  - at least 30 full ALND
  - at least 30 SNB
- at least 100 breast cancer operations during the two last recent years, including:
  - at least 40 breast conserving surgeries, including at least 5 oncoplastic level I - II breast remodeling procedures
  - at least 40 mastectomies, including at least 10 NAC- or skin-sparing mastectomies

### **MODULE 3. MEDICAL ONCOLOGY**

#### *LOG BOOK*

- New breast cancer / recurrent disease consultations
- 15 Follow up visits
- 15 Secondary effects that affect surgery

### **MODULE 4. RADIATION ONCOLOGY**

#### *LOG BOOK*

- 15 new breast cancer consultations
- 10 partial breast irradiation (braquitherapy and or intraoperative RDT)
- 15 f/u visits and/or physics reviews

### **MODULE 5. RESEARCH**

It is recommended that the trainee attends a Good Clinical Practice (GCP) course and obtain a certificate.

Included in these rotations, trainee should be involved and aware of the research program

- Protection of Human Subjects

- Inclusion of diverse study populations
- Basic Statistical Analysis
- Institutional Review Board process and application
- Database management, Retrospective Reviews
- Defining Hypothesis and Study Aims
- Evaluation of Study Design
- Assessment of Clinical Trial, Defining levels of Evidence/meta-analysis
- Selection of primary and secondary endpoints
- Defining study populations, sample size, power
- Basic Survival Analysis
- Assessment of Health Related QOL
- Fundamentals of Health Outcomes Studies

## **MODULE 6. COMMUNICATION SKILLS**

- Communication with and education of the non-medical community
- Communication and interaction with patients
- Communication and interaction with cancer support groups
- Communication with and education of non-oncologic physicians
- Understand disparities in screening, diagnosis, and treatment of cancer

## **7.OPTIONAL MODULE**

- Autologous tissue transfer
- Esthetic breast surgery
  - a. Free flap for breast reconstruction:
    - o DIEP
    - o Gluteal
    - o TUG
- Cosmetic breast
- Implant placement
- Reduction mammoplasty benign

## **ADDITIONAL TRAINING: REQUIEREMENTS INCLUDE:**

- Attend one international breast cancer meeting/conference
- Attend 2 international course

A list of Courses and Breast Cancer Meetings is displayed on the BRESO website, Education menu.