## **National Board of Examinations**

## New Delhi

Dated: 13-02-2019

# NOTICE

# Introduction of DNB GYNAECOLOGIC ONCOLOGY Programme

Attention: All Hospitals/Institutes/Medical Colleges desirous of seeking accreditation with NBE

NBE grants accreditation to institutions/hospitals in public and private sector all over the country for the purpose of training of candidates in various specialties and disciplines of modern medicine.

- Considering the emerging need to increase the pool of competent and skilled specialists and sub specialists so as to cater to the healthcare needs of the society and community at large, National Board of Examinations administers DNB Super Specialty Programme in 30 disciplines.
- 3. NBE invites *online* applications from eligible departments / institutions for a 3-year Post-Doctoral DNB Programme in **Gynaecologic Oncology**. Interested institutions/hospitals/medical colleges which fulfill the criteria as laid down for this programme by NBE can apply for fresh accreditation.
- 4. Details of the minimum accreditation criteria are available on NBE website <u>www.natboard.edu.in</u> under quick link "Accreditation Online".
- 5. Indicative Outline and requirements specific to aforesaid programme are as under:

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	Gynaecologic Oncology is a relatively new super specialty in India. This specialty is exclusively devoted to the management of women with cancers arising in their reproductive organs. Doctors with postgraduate qualifications in Obstetrics and Gynaecology receive additional training to practice as gynaecologic oncologists.
	Super specialty training and a degree in Gynaecologic Oncology has recently been made available in only a few university affiliated oncology centres in India in the form of the MCh degree. As gynaecologic cancers are the leading cause of death among women who suffer from cancer in India, there is an enormous need for more appropriately trained doctors in this super specialty based on the burden of gynaecological cancers in the country in order to offer the specialized management to these women.
	The training is aimed at transforming a general obstetrician gynaecologist into a super- specialist gynaecologic oncologist. A candidate who successfully completes the course will be expected to have gained proficiency in the following:
	<ul> <li>Understand the epidemiology of gynaecologic cancers and also the principles underlying screening, early detection and prevention.</li> <li>The candidate should acquire a high level of competency in colposcopy and related procedures in the management of pre-invasive and micro-invasive</li> </ul>
Aims &	<ul> <li>lesions of the female genital tract.</li> <li>Should be well versed in the natural history of gynecologic cancers and develop expertise in clinical assessment to define extent of disease at presentation and diagnosis of relapse.</li> <li>Be familiar with principles of management of diseases of the breast.</li> </ul>
Objectives of the Programme	<ul> <li>Acquire a sound knowledge of gross and microscopic pathology and cytology relevant to gynaecologic oncology. The candidate should be capable of interpreting the details of cytology, histology and immunohistochemistry reports and use this effectively in making decisions regarding planning treatment.</li> </ul>
	<ul> <li>Acquire the necessary skillset and competence to safely perform radical surgery for gynaecologic cancers including the ability to prevent, recognize and manage any complications arising thereof.</li> </ul>
	<ul> <li>Understand the surgical principles and have the skills necessary to perform appropriate surgical procedures on the GI and urinary tract as and when required in the management of gynaecologic cancer and its complications.</li> <li>Be able to perform the following invasive diagnostic procedures i.e. cystoscopy, thoracic and abdominal paracentesis, and placement and care of the central</li> </ul>
	<ul> <li>Ines.</li> <li>Have a detailed knowledge of relevant imaging technologies, (indications and limitations) i.e. Ultrasound, CT, MRI and FDG-PET scans.</li> </ul>
	<ul> <li>Have a sound knowledge of the principles of peri-operative patient care.</li> <li>Have a sound knowledge of the principles of pain and symptom management, palliative care and end-of-life issues.</li> </ul>
	<ul> <li>Acquire an understanding of the principles of radiobiology and radiation physics. Be well informed in the principles and techniques of modern radiation treatments. The candidate must develop the skills necessary to recognize and treat the side-effects and complications of radiation treatment.</li> </ul>
	• Acquire sound knowledge of the clinical pharmacology of cancer chemotherapy and related treatment including targeted treatment modalities. The candidate should develop the skills necessary for the appropriate selection of patients for

	<ul> <li>chemotherapy and the practical use of the available chemotherapeutic options used in the management of gynaecologic cancer patients. The candidate should develop skills in the recognition and management of toxic side effects and acquire the ability to administer chemotherapy in an independent capacity, if necessary.</li> <li>Acquire skill in the assessment of the effects of treatment and the care of complications. This includes skill in the assessment of patients after treatment and during follow-up.</li> <li>Understand cancer survivorship issues and the principles underlying the management of fertility issues in gynaecologic cancer patients.</li> <li>Develop skills in the planning, conduct, reporting and interpretation of clinical audit and research in gynaecologic oncology.</li> <li>Understand the psycho-sexual, socio-cultural and economic aspects of cancer management among women in the Indian setting.</li> </ul>
Nature of the Programme	Post-Doctoral DNB Super Specialty programme
Nomenclature of the Programme	DNB in Gynaecologic Oncology
Programme duration	3 years
Minimum Accreditation Criteria	<ul> <li>A. The applicant hospital: Extant NBE norms shall be applicable for total beds in the applicant hospital. All categories of hospitals as per extant norms shall be eligible to seek accreditation with NBE provided that there is a dedicated "Gynaecologic Oncology" division in the applicant hospital with minimum provisions as detailed below. The applicant hospital should preferably have an in-house Medical Oncology, Radiation Oncology, Surgical &amp; Cyto-Pathology and Radiology set up. However, adequate provisions made under a documented Memorandum of Understanding with another recognized centre shall also suffice the requirement for the same.</li> <li>B. The applicant department The applicant department should have dedicated 15 beds for Gynaecologic Oncology.</li> <li>C. Faculty The applicant department should have at least 02 full time consultants. One of them should be a <i>Senior Consultant</i> who qualifies as a PG Teacher also as per extant NBE norms whereas the other consultant may be a <i>Junior Consultant</i> as defined below.</li> </ul>

	a. Senior Consultant: Qualification & Experience
	Should have a minimum of 8 years of exclusive experience in the area of Gynaecologic Oncology after qualifying MD / MS/ DNB or equivalent in the specialty of Obstetrics & Gynaecology, OR Should have a minimum of 5 years of experience after qualifying MCh or equivalent in the specialty of Gynaecologic Oncology. Exclusive experience in the area of Gynaecologic Oncology should be supported with work experience certificates.
	<ul> <li>Junior Consultant: Qualification &amp; Experience</li> <li>Should have a minimum of 5 years of Post PG experience of which at least 3 years should be exclusively in the area of Gynaecologic Oncology after qualifying MD / MS/ DNB or equivalent in the specialty of Obstetrics &amp; Gynaecology, OR</li> <li>Should have a minimum of 2 years of experience after qualifying MCh or equivalent in the specialty of Gynaecologic Oncology. Exclusive experience in the area of Gynaecologic Oncology should be supported with work experience certificates.</li> </ul>
	<b>C. PG Teacher:</b> One of the minimum 2 consultants in the department should be a <i>Senior Consultant</i> who qualifies as a PG Teacher also as per extant NBE norms.
	d. Senior Residents O1 Senior Resident is <i>desirable</i> in the department. He/She must possess recognized Degree/Diploma qualification in the specialty of Obstetrics & Gynaecology. The degree/diploma should not have been awarded more than 60 months earlier from the date of filing the application. Sr. Residents with diploma qualification must possess minimum of 2 years of Post diploma experience in the specialty concerned. Those possessing MCh (Gynaecology Oncology) qualification shall qualify to be considered as senior residents in the department till they become eligible to qualify as Junior Consultants i.e. upto 2 year post MCh.
D. Patie	Sr. Residents pursuing any academic programme in the department (DNB Super Specialty/DM/MCh/Fellowship/any other) after qualifying PG Degree qualification shall be considered as Academic Sr. Resident. Those who are not pursuing any such academic programme shall be considered as Non-Academic Senior Residents.

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	The minimum required patient load for the programme as under:
	a. IPD
	The applicant department of Gynaecologic Oncology should have a
	minimum of 300 IPD admissions. Cases admitted with
	Gynaecologic Oncology diagnosis in another allied department
	shall also be considered
	b. OPD
	The applicant department of Gynaecologic Oncology should have a
	minimum of 700 OPD registrations. Follow-up visits shall also be
	considered
	c. Major and Minor Surgical Procedures
	Department of Gynaecologic Oncology should perform at least 100
	radical surgeries a year.
	d. Minimum required Spectrum of Diagnosis
	This covers all premalignant, suspected malignant and malignant
	conditions in the female reproductive tract. The organ wise description
	is as follows:
	Vulva
	<ul> <li>Preinvasive / premalignant : Vulvar intraepithelial neoplasia</li> </ul>
	(VIN I-III), Pagets disease
	<ul> <li>Malignant : Carcinoma, sarcoma, melanoma and others.</li> </ul>
	Vagina
	<ul> <li>Preinvasive : Vaginal intraepithelial neoplasia (VAIN I-III)</li> </ul>
	<ul> <li>Malignant : Carcinoma, sarcoma and others</li> </ul>
	Cervix
	<ul> <li>Preinvasive / premalignant : Squamous intra epithelial lesions</li> </ul>
	(LSIL, HSIL), Adenocarcinoma in situ
	<ul> <li>Malignant : Carcinoma, sarcoma and others</li> </ul>
	Uterus
	Premalignant : Endometrial Hyperplasias
	Malignant : Endometrial carcinomas
	<ul> <li>Uterine sarcomas /STUMP and others</li> </ul>
	<ul> <li>Fallopian Tube</li> </ul>
	<ul> <li>Premalignant and malignant tumours.</li> </ul>
	Ovary
	Borderline tumors
	Malignant tumors
	o Epithelial
	o Stromal
	o Germ cell
	Trophoblastic tumors
	•
	Gestational trophoblastic tumors including     Parsistant post molar disease
	Persistant post molar disease     Invasiva mola
	o Invasive mole
	o Choriocarcinoma

	Breast • Cancer S Lump. extrum of Diagno	Screening, FNAC / Trucut Biopsy/ Excision Bre
Organ	Category	Procedure
ergun		Vulval colposcopy and biopsy
	Minor	Vulval excision biopsy
		Wide / Radical local excision vulva
	Major	Simple vulvectomy
		Sentinel lymph node dissection
Vulva	Radical	Radical / modified Radical vulvectomy, unilateral or bilateral
		Open inguinal lymph node dissection
		MAS inguinal lymph node dissection
		Anterior pelvic exenteration
	Ultra-radical	Posterior pelvic exenteration
		Total pelvic exenteration
Organ	Category	Procedure
Organ		Vaginal colposcopy and biopsy
	Minor	Vaginal excision biopsy
		Ablation of vaginal lesions with energy devices
		Partial vaginectomy
	Major	Total vaginectomy
Vagina		Radical vaginectomy
vuginu	Radical	Inguinal lymph node dissection, open or MAS
		Pelvic lymph node dissection, open or MAS
		Anterior pelvic exenteration
	Ultra-radical	Posterior pelvic exenteration
		Total pelvic exenteration
Organ	Category	Procedure
		Colposcopy and biopsy
		Cervical polypectomy
	Minor	Laser/cryo/thermos coagulation of cervix
		Electrosurgical/knife conisation of cervix Examination under anaesthetic
		Cystoscopy and or proctoscopy Extra-fascial simple hysterectomy/Type I
Cervix		Hysterectomy, +/- BSO, open or MAS
Cervix	Major	Trachelectomy open/MAS
		Vaginal hysterectomy +/- BSO
		Radical Hysterectomy/ type II / type III, open or MAS
	Radical	RH + Pelvic lymph node dissection, open or MAS
		RH + PLND + Para-aortic lymph node sampling,
		open or MAS

		Abdeminal redical treabelectory concerns MAC
		Abdominal radical trachelectomy, open or MAS
		Vaginal radical trachelectomy Parametrectomy, open or MAS
. –		
		Anterior pelvic exenteration
	Ultra-radical	Posterior pelvic exenteration
		Total pelvic exenteration
		LEER procedure
Organ	Category	Procedure
		D&C/endometrial aspiration biopsy
	Minor	Diagnostic hysteroscopy and biopsy
		Hysteroscopy and simple polypectomy
		Hysteroscopic electro-surgical procedures
	Major	Extra-fascial simple hysterectomy/ Type I
		hysterectomy+/- BSO, open or MAS
		Radical Hysterectomy/ type II or type III Hysterectomy, open or MAS
1140-00-0-1		
Uterus/		Hysterectomy + Pelvic lymph node dissection,
Endometriu		open or MAS
m		Hysterectomy + PLND + PALN sampling, open
	Radical	or MAS
		Hysterectomy + PLND + PALN dissection, open
		or MAS
		Hysterectomy + PLND + PALND +
		omentectomy, open or MAS
		Sentinel lymph node mapping and dissection
	Ultra-	Sentinel lymph node mapping and dissectionStaging surgery with bowel resection and
	Ultra- radical	
		Staging surgery with bowel resection and
Organ		Staging surgery with bowel resection and anastomosis  Procedure
Organ	radical	Staging surgery with bowel resection and anastomosis Procedure Diagnostic laparoscopy and biopsy
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Organ	radical	Staging surgery with bowel resection and anastomosis Procedure Diagnostic laparoscopy and biopsy
Organ	radical Category	Staging surgery with bowel resection and anastomosis         Procedure         Diagnostic laparoscopy and biopsy         Paracentesis
Organ	radical Category	Staging surgery with bowel resection and anastomosis         Procedure         Diagnostic laparoscopy and biopsy         Paracentesis         Chest tube insertion
Organ	radical Category	Staging surgery with bowel resection and anastomosis  Procedure Diagnostic laparoscopy and biopsy Paracentesis Chest tube insertion USG guided truecut biopsy/ FNAC
	radical Category	Staging surgery with bowel resection and anastomosisProcedureDiagnostic laparoscopy and biopsyParacentesisChest tube insertionUSG guided truecut biopsy/ FNACRisk reduction surgery for ovarian cancer
Ovary/	radical Category Minor	Staging surgery with bowel resection and anastomosisProcedureDiagnostic laparoscopy and biopsyParacentesisChest tube insertionUSG guided truecut biopsy/ FNACRisk reduction surgery for ovarian cancerBilateral salpingo-oophorectomy for the treatment of breast Ca
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Ultra- radical	Fertility preserving complete staging surgery         TAH BSO Omentectomy +/- lymph node         dissection with the addition any one or multiple         procedures from the following list:         • Pelvic peritonectomy         • Parietal peritonectomy         • Diaphragm stripping         • Excision of involved diaphragm and         repair         • Bowel resection and anastomosis         • Excision of lesser sac disease
	<ul> <li>Excision of involved diaphragm and repair</li> <li>Bowel resection and anastomosis</li> </ul>
	<ul> <li>Splenectomy</li> <li>HIPEC</li> </ul>

\*MAS : Minimal access surgery of laparoscopy / Robot assisted

### E. Rotational Posting of trainees during the course of training

Area of Posting	Tentative Period
Gynaecologic Oncology	2.5 Years
Radiation Oncology	1 month
Medical Oncology	1 month
Gastrointestinal Surgical Oncology	1 month
Uro-oncology	1 month
Pain and Palliative Medicine	1 month
Surgical and Cyto - Pathology	1 month

### F. Interdepartmental Interactions/Ancillary facilities required, if any

The hospital should have provisions for a Tumour Board. Apart from the division of Gynaecologic Oncology, following specialists should be available either on full time or visiting basis to provide necessary supportive care to the Gynaecologic Oncology patients in the hospital and requisite training to DNB trainees:

- 1. Radiation Oncologist
- 2. Medical Oncologist
- 3. Radiologist
- 4. Pathologist

### G. Research Work/Thesis

DNB trainees shall be required to write a thesis and submit the same to NBE for assessment as per NBE guidelines.

	H. Training record The record of training shall be required to be maintained as a Log book prescribed by NBE.
Entry and Exit Criteria for Candidates	Candidates in possession of recognized MD/MS/DNB Obstetrics and Gynaecology qualification shall be eligible for this DNB course. Entrance and Exit examination shall be as per applicable NBE norms for DNB Super Specialty courses.

- 6. For details of minimum accreditation criteria, application process and cut-off date to submit applications for year 2019, please refer to the 2019 Information Bulletin for seeking accreditation with NBE available on NBE website under quick link: https://accr.natboard.edu.in/online\_user/frontpage.php
- 7. For Any further clarification/assistance, please write to NBE at e-mail ID <u>accr@natboard.edu.in</u>

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