

Medical Oncology Howard University Hospital

Overview and Rationale

Medical oncology is the diagnosis and management of benign and malignant neoplasms. The general internist should have a wide range of competencies in the evaluation and management of neoplastic disease. He or she must be able to 1) identify patients at risk for malignancy and counsel them regarding risk reduction and screening; 2) investigate clinical syndromes suggestive of underlying malignancy; 3) undertake the palliative care of patients with common solid and hematologic tumors; 4) identify neoplasms with a potential for cure and direct affected patients to the appropriate centers or providers; and 5) participate in the difficult decisions regarding all aspects of management, including diagnostic evaluation and screening, treatment and palliative care. In addition, the general internist must be familiar with the administration, side effects and drug interactions of therapeutic agents commonly used for the treatment of malignant disease. Whether a generalist assumes full responsibility for any or all of these functions will depend on the clinical setting of his or her practice. The general internist should seek subspecialty consultation early in the care of patients with malignant disease who may be candidates for aggressive treatment with curative intent.

Goals:

- 1) Develop the knowledge, skills and attitude to effectively assess and manage the patient with oncological disorders.

Objectives: At the end of the rotation residents should be able to;

- 1) demonstrate knowledge of the clinical presentations of common oncological disorders
- 2) interpret common diagnostic test used in oncological diseases
- 3) demonstrate knowledge of indications and complications of chemotherapeutic interventions
- 4) demonstrate competence in end of life counseling.

Rotation Description and Lines of Responsibility

This is a four week inpatient rotation at Howard University Hospital. The attending physician is responsible for all clinical, academic and administrative activities during the rotation. Patients are admitted to the service from the emergency room or on an elective basis. The R1 resident is responsible for the initial assessment and evaluation of the patient and the completion of the admission database. The R1 resident is responsible for the day to day activities involving the care of the patient, such as order writing and daily progress note entries. The R2/R3 resident directly supervises the R1 resident and ensures that the plan of care established by the attending physician is in effect. The R2/R3 residents are responsible for reviewing all new admissions to the oncology unit and the completion of a resident's admission note. The R2/R3 is also responsible for a resident's progress note entry at least once weekly.

Fellows in oncology supervise the clinical care provided by all residents on the service. Fellows report directly to the attending physician and ensure that the plan of care initiated

by the attending physician is in full effect. The fellow is responsible for the supervision of all procedures done by the residents.

Teaching Methods

Teaching rounds are conducted on a daily basis and involve bedside presentations and demonstrations that are patient based. Teaching rounds are facilitated by the attending physician

Core lectures are given throughout the academic year and residents are required to attend.

Didactic sessions are done on a daily basis and are facilitated by the attending physician. The topics are researched and presented by the residents. These topics include the following topics:

- Advance planning and management of end-of-life issues
- Breast cancer (pre- and postmenopausal)
- Dermatologic
 - Actinic keratosis (see also Dermatology)
 - Basal cell carcinoma (see also Dermatology)
 - Melanoma (see also Dermatology)
 - Squamous cell carcinoma (see also Dermatology)
- Gastrointestinal
 - Cancer of the anus
 - Cancer of the colon, rectum
 - Cancer of the esophagus
 - Cancer of the gallbladder, bile ducts
 - Cancer of the pancreas
 - Cancer of the stomach
 - Hepatoma
- Metastatic disease to various sites
- Genitourinary
 - Cervical dysplasia and cancer
 - Endometrial cancer
 - Kidney cancer
 - Ovarian cancer
 - Prostate cancer
 - Testicular cancer
 - Ureter, bladder cancer
- Head and neck
 - Cancer of the head, neck
 - Cancer of the parathyroid
 - Cancer of the thyroid
- Hematologic malignancies and lymphoma
 - Chronic lymphocytic leukemia

- Hodgkin's and non-Hodgkin's lymphomas
- Leukemia, acute
- Multiple myeloma
- Myelodysplastic syndrome
- Management of pain, emesis, and nutrition
- Neurologic
 - CNS lymphoma
 - Metastatic disease to the CNS
 - Primary brain tumors
- Nutrition in malignancy
- Oncologic emergencies
 - Depressed CNS function due to brain malignancy
 - Hypercalcemia
 - Pericardial tamponade
 - Renal failure due to ureteral obstruction
 - Spinal cord compression
 - Tumor lysis syndrome
- Pulmonary
 - Bronchial carcinoid
 - Cancer of the lung
 - Mediastinal tumors
 - Pleural malignancy
- Superior vena cava syndrome

Journal Club: Residents participate in journal club on a weekly basis.

Tumor Board Conference: Residents participate in this monthly multi-discipline conference

Procedure Skills

- Bone marrow aspiration and biopsy (optional)
- Fine needle aspiration of thyroid and breast (optional)
- Intrathecal chemotherapy (optional)

Primary Interpretation of Tests

None specific to the discipline

100

Ordering and Understanding Tests

- Biopsy
- Bone marrow cytogenetics, immunophenotyping
- Cytology and pathology
- Diagnostic and interventional radiology
- DNA content and molecular markers of tumor tissue
- Estrogen and progesterone receptors
- Fiberoptic examinations
- Imaging studies, including computed tomography and magnetic resonance imaging

nuclear studies

- Serologic markers for tumors
- Ultrasound

Evaluation Methods

Residents are evaluated by the attending physician at the end of the rotation in a summative fashion. A global rating form is used by the attending physician to give direct face to face feedback.

Faculty are evaluated by residents in an anonymous fashion. A global rating form is completed by the residents and submitted to the program director's office/

The rotation is evaluated by the residents using a global rating form which is submitted to the program director's office

Reading List