

## Surgical oncology

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Surgical oncology may be the best subspecialty in surgery because it allows for expertise in a great variety of types of cases, which include liver resections, Whipple operations, extensive bowel resections, large soft-tissue resections for sarcomas, and treatment of breast cancer and melanoma. Surgical oncology training also is a good entry point for surgeons who want to treat only breast cancer.

Not only is the surgery technically challenging in surgical oncology, but it also can be an extremely rewarding field because one can help patients stricken with a fatal disease and their appreciation lasts forever. However, this field is difficult when patients cannot be helped or have recurrences after surgery. As sad as that aspect is, one can help these patients through this difficult time and gain satisfaction through that experience.

### Training Requirements

The definition of a surgical oncologist by the Society of Surgical Oncology (SSO) is “a well-qualified surgeon who has obtained additional training and experience in the multidisciplinary approach to the prevention, diagnosis, treatment, and rehabilitation of cancer patients, and devotes a major portion of his or her professional practice to these activities and cancer research” ([www.surgonc.org](http://www.surgonc.org)). They go on to say that “a training program in surgical oncology should prepare its graduates to interact with other oncologic disciplines and to provide a leadership role in the surgical, medical, and lay communities in matters pertaining to cancer.”

They further define a fellowship as a minimum of 2 years of continuous education and training after completion of a general surgery residency. At least 12 months of the fellowship must be devoted to training in clinical surgical oncology. Fourteen SSO-approved training programs are available for surgical oncology, as follows: University of Chicago, City of Hope Medical Center, University of Illinois, University of Texas/MD Anderson Cancer Center, Fox Chase Cancer Center, Memorial Sloan Kettering Cancer Center, Ohio State University, Roswell Park Cancer Insti-

tute, John Wayne Cancer Institute, University of Miami, Johns Hopkins Medical Institute, Roger Williams Medical Center, H. Lee Moffitt Cancer Center, and University of Pittsburgh.

Currently, surgical oncology has no boards. However, because there are recognized fellowships in surgical oncology and those fellowships usually require a standardized test and provide a certificate, more and more surgeons can now say they have completed an accredited fellowship, which means it is accredited by the SSO. Also, some fellowships are not accredited by the SSO but still lead to surgeons being recognized as surgical oncologists. One of them, at the surgery branch of the National Cancer Institute, is a 2- to 3-year fellowship (mainly research but also clinical) that can be done in the middle or at the end of residency. This program is geared toward surgeons interested in academic surgery and laboratory research.

Admission to these 14 programs is acquired through the SSO Matching Program. Information regarding this and the 14 participating programs can be accessed on the SSO web site ([www.surgonc.org](http://www.surgonc.org)). The application process should begin a year before the anticipated date of entry to the fellowship.

To be accepted into these programs, it helps to have done research in a surgical oncologic or cancer-related field during residency. If a person is considering surgical oncology, they might do well to take a year or 2 of research in their residency to increase their chances of getting into a good program.

### Grant Funding and Research Fellowships

The SSO only sponsors 1 research fellowship, the “James Ewing Oncology Fellowship of Basic Research.” This fellowship is for a resident, fellow, or junior faculty member. It is an award of \$30,000 toward 1 year of research.

Two awards are available through the American Society of Clinical Oncology (ASCO), and 40 others are available through other foundations. These can all be accessed on the ASCO web site ([www.asco.org](http://www.asco.org)).

### Residents

Most academic programs have a department or division of surgical oncology, and residents can do research in those

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departments. If not there, cancer research in another department at their academic institution should be available. Residents can do cancer-related research outside the department of surgery. Residents also can apply to do 1 or 2 years of research at a program other than their own, including the National Cancer Institute program at the surgery branch.

### **Membership in Societies**

Membership in the SSO would be important for young faculty because it is the only society specifically for surgical oncologists. However, membership in ASCO also can be important because it is a large society that attempts to include members from all cancer-related disciplines. Many good connections can be made at ASCO, and their meetings tend to be much better attended and more comprehensive so membership in both societies is a good idea.

It is important for young faculty to get involved with one of their institution's research bases (ie, one of the cooperative groups with which their institution is affiliated). These include the following: Eastern Cooperative Oncology Group (ECOG), Southwest Oncology Group (SWOG), Can-

cer and Leukemia Group B (CALBG), North Central Cancer Treatment Group (NCCTG), National Surgical Adjuvant Breast and Bowel Project (NSABP), and American College of Surgeon Oncology Group (ACOS-OG). These groups are all doing extensive clinical research, and a young surgical oncologist can get a start by having an idea adopted by one of these groups. They also are good places to network.

### **Mentors**

Try to find a surgical oncologist in your program or in a program near you. Get to know that person and see if they can help mentor you. For the women, there are more women going into surgical oncology and a few women in the higher ranks of the profession. Many belong to the Association of Women Surgeons and can be reached at some of their functions. Most are willing to volunteer advice and act as mentors to a certain degree; these would include Eva Singletary, Helena Chang, Monica Morrow, Mary Rippon, Valerie Rusch, and myself, to name a few.