

**THE TAMILNADU Dr.M.G.R. MEDICAL UNIVERSITY,
No.69, Anna Salai, Guindy, Chennai – 600 032.**

**D.M/ M.Ch
SUPER SPECIALTY DEGREE COURSE**



SYLLABUS AND CURRICULUM

2021-2022

M.Ch - GYNAECOLOGICAL ONCOLOGY

TNMGRMU

THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI.
Syllabus - M.Ch. Gynaecological Oncology

1.AIMS & OBJECTIVES

The syllabus for M.Ch., (Gynaecological Oncology) Course should comprehensively cover all the subjects in gynaecological oncology surgery during 3 years of study period. This course aims to produce competent specialists who recognize the health needs of India and carry out their professional obligations in an ethical and competent manner. The student who undergoes the course should have an exposure to all the facets of gynaecological oncology including radiation therapy and chemotherapy.

2.THEORY SYLLABUS

I. General Principles:-

- a. History of Gynaecologic Oncology Surgery and its broad scope at the present time.
- b. Anatomy and Physiology of the female reproductive system.
- c. Care of wounds, dressing, and general surgical techniques
- d. Wound healing.
- e. Hospital infections.
- f. Suture materials.
- g. Surgical instruments.
- h. Principles of chemotherapy
- i. Principles of radiation therapy
- j. Principles of genetics and general approach to the management of hereditary gynaecological cancers.
- k. Flaps: Fasciocutaneous, muscle, musculocutaneous flaps used in radical procedures such as exenteration or radical vulvectomy
- l. Local anaesthesia, regional anaesthesia, general anaesthesia.
- m. Endoscopy including laparoscopy and robotic surgery.
- n. Hormonal therapy
- o. Principles of immunotherapy
- p. Essentials of Molecular Biology: carcinogenesis, cell cycle, apoptosis, angiogenesis, genomics
- q. Cancer diagnosis: tumour markers, ultrasound, CT scan, PET scan, FNAC, histopathology

II. Epidemiology : Occurrence and distribution of gynaecologic cancers, aetiological associations, protective factors, risk factors, time trends, research methods

Skills to be attained:

- a. Critical review of the literature

- b Design of a research project
- c Grant / IRB application
- d Data management, descriptive statistics, measures of association & effect and, survival analysis
- e Interpretation and presentation of results

III. Surgical anatomy: Pelvic and abdominal anatomy, applied anatomy

Skills to be attained:

- a cadaver dissection
- b animal dissection

IV. Genetics: Chromosomal and gene mutations associated with neoplasia, chromosomal abnormalities and oncogenes and, familial cancers

Skills to be attained:

- a Describe carcinogenesis
- b Describe the genetic changes associated with genital tract neoplasms
- c Explain the familial aspects of gynaecological cancers and offer genetic counselling to patients

V. Preventive oncology: Screening for preinvasive disease and gynaecologic cancers especially cancer cervix, down staging, HPV vaccines, lifestyle changes, treatment of endometrial hyperplasia, risk reducing surgery

Skills to be attained:

- a Discuss and plan screening programmes
- b Interpret results of Pap smears and HPV DNA testing
- c Colposcopy and directed biopsies
- d Pipelle biopsies
- e Transvaginal ultrasound scanning
- f Use of hormones

VI. Diagnostic techniques: Comprehensive gynaecological history and examination, establishing the diagnosis and extent of disease, evaluation of co-existing disease, evaluate response to treatment, clinical / surgical staging

Skills to be attained:

- a Comprehensive medical history taking and clinical examination including per vaginal and per rectal examinations
- b Select diagnostic tests to establish a diagnosis
- c Evaluate co-morbidities and performance status

- d Establish extent of disease and stage it by the current FIGO classification
- e Perform, VIA, Pap smear, Vulval, vaginal, cervical and endometrial biopsies
- f Perform, colposcopy, sigmoidoproctoscopy, hysteroscopy, laparoscopy, paracentesis, percutaneous/endoscopic/open biopsies
- g Read plain x-rays, ultrasound scans, PET/CT scans, MRI images
- h Explain and interpret assays of tumour markers such as CA125, beta hCG, AFP, CEA, inhibin and monoclonal antibodies
- i Describe and interpret liver function, renal function pulmonary function, cardiovascular function tests and blood coagulation tests.

VII. Pathology: Genesis of malignant tumours, biological behaviour of premalignant and invasive tumours, gross and microscopic features, clinicopathological correlation, prognostic factors

Skills to be attained:

- a Should be able to identify by gross and microscopic examination benign and malignant neoplasms of the vulva, vagina, cervix, uterus, tubes, ovaries, peritoneum and trophoblast
- b Describe the natural history, routes of spread and prognosis of gynaecological cancers
- c Describe immunohistochemistry and molecular markers of gynaecological cancers

VIII. Pathophysiology: Fluid, electrolyte and acid-base status in health and disease relative to gynaecologic malignancies. Physiology and pathophysiology of pulmonary, renal, endocrine and GI systems such that the candidate is able to manage critically ill patients with multiorgan involvement.

Skills to be attained:

- a Describe the physiology and pathophysiology of pre-operative and post-operative patients
- b State the normal laboratory parameters of the various organ systems and correct deficits or excess
- c Describe the changes associated with intestinal resection, intestinal obstruction, radiation, chemotherapy and the cancer itself

IX. Microbiology: Bacterial, fungal and viral infections in relation to gynaecologic malignancies; their diagnosis and management.

Skills to be attained:

- a Interpret gram stain results
- b Order specific tests for various infective processes
- c Proper specimen collection for culture as well as molecular tests

X. Tumour immunology: The immune system and its responses, host-tumour interactions, tumour markers, applied immunology such as host resistance, effects of radiation and chemotherapy on immune responses, immunosuppression in relation to carcinogenesis and immunological enhancement.

Skills to be attained:

- a Describe the basis of humoral and cellular immunity
- b Explain the effects of nutrition, drugs and radiation on the immune response
- c Explain the principles of immunological enhancement and tolerance

XI. Pharmacology: Principles of drug absorption, distribution, metabolism, excretion, mechanisms of action and effect modifiers. Pharmacology of drugs used for common medical conditions such as diabetes, hypertension, epilepsy, depression and thyroid disorders. Pharmacokinetics of anaesthetic agents, antimicrobials, antiemetics, analgesics, haematinics and anticoagulants. Pharmacology of total parenteral nutrition and wound healing.

Skills to be attained:

- a Describe the pharmacokinetics and pharmacodynamics of commonly used drugs
- b Prescribe TPN, antimicrobial agents, analgesics, antiemetics, sedatives and anticoagulants.
- c Recognise adverse effects of commonly used drugs

XII. Chemotherapy: Kinetics of cancer cell growth, cell cycle, Drugs used in tumour chemotherapy, treatment of specific tumours, principles of combination chemotherapy, neoadjuvant and adjuvant therapy, side-effects and toxicity, drug trials and supportive therapy.

Skills to be attained:

- a Identify appropriate chemotherapeutic regimens for gynecological cancers, dose dense regimens, intraperitoneal chemotherapy
- b Calculate doses of chemotherapeutic agents
- c Prescribe premedications to alleviate side effects
- d Prescribe supportive measures and manage complications of chemotherapy
- e Describe salvage therapies and targeted therapies

XIII. Therapeutic principles: Pretreatment evaluation, preoperative preparation, choice of treatment modality, postoperative management and adjuvant therapy for neoplastic conditions of the vulva, vagina, cervix, uterus, fallopian tubes, ovaries and trophoblast. Management of intraoperative and postoperative complications such as shock, thrombosis, sepsis, coagulopathy, transfusion reactions, injury to adjacent structures, respiratory and cardiac problems.

Skills to be attained:

- a Counsel patient about treatment options
- b Evaluate for co-morbidities, presence of metastases
- c Correct fluid and electrolyte imbalances
- d Treat pre-invasive disease
- e Treat invasive disease with primary surgery or chemotherapy
- f Advise on adjuvant treatments
- g Manage intraoperative and postoperative complications

XIV. Surgical procedures: The candidate should know the rationale, indications, complications and operative steps of cone biopsy, cryotherapy, LLETZ, hysterectomy, radical hysterectomy, trachelectomy, debulking of ovarian malignancy with peritoneal stripping and total omentectomy, pelvic and para-aortic lymphadenectomy, vaginectomy, vulvectomy, inguinofemoral lymphadenectomy, pelvic exenteration, intestinal resection, ileostomy, colostomy, urinary diversion and continence surgery, ureteric anastomosis, vulvovaginal reconstruction, control of intraoperative haemorrhage and placement of long lines and chest drains. Endoscopy in gynaecological cancers; fertility sparing surgery for gynaecological cancers.

Surgical procedures that candidate should be able to perform independently:

- a Cone biopsy, LLETZ
- b Hysterectomy: abdominal, vaginal, laparoscopic and radical
- c Debulking of ovarian cancer
- d Pelvic lymphadenectomy
- e Para-aortic lymphadenectomy
- f Vaginectomy
- g Radical vulvectomy / wide local excision
- h Inguinofemoral lymphadenectomy
- i Pelvic exenteration
- j Ileostomy
- k Colostomy
- l Bladder repair, Partial and total cystectomy
- m Diaphragm stripping
- n Omental pedicle graft

Surgical procedures that candidate should have assisted in

- a Splenectomy
- b Diaphragm resection and repair
- c Ileal / colonic urinary conduit
- d Bowel resection and anastomosis
- e Ureteroneocystostomy
- f Vulval and vaginal reconstruction

XV. Radiation therapy: Radiation effects on cell metabolism and growth, radiation sensitivity, radiation physics, radiation planning, recovery from radiation effects, radiosensitisers, chemoradiation, teletherapy, brachytherapy, interstitial therapy, radiation protection and clinical radiotherapy.

Skills to be attained:

- a Should be able to discuss the place of radiation therapy and treatment planning in malignancies of the cervix, vagina, vulva, uterus.
- b Should be able to place vaginal moulds and intrauterine tandems

XVI. Pain relief and palliation: Pain ladder, narcotic and non-narcotic analgesia, neural blocks, sedatives and anxiolytics, relief of nausea and vomiting, gastrointestinal alimentation, community support and hospice care.

- a Should be able to offer pain relief due to surgery or progressive cancer
- b Should be able to offer supportive care for anxiety, nausea/vomiting
- c Should be able to coordinate care with community health workers, hospice and religious leaders for end of life care

XVII. Psychosexual care: Body image, self-esteem, depression, psychosexual rehabilitation, quality of life issues, care of the 'survivor'

Skills to be attained:

- a Manage quality of life issues
- b Offer psychosocial support

XVIII. Community oncology: Preventive oncology: cancer screening, early detection, HPV vaccines, determinants of health seeking behaviour, financial implications, compliance, operations research, health policy.

Skills to be attained:

- a. Home visit
- b. Health education
- c. Screening

XIX. Research: Research methodology - both basic science and clinical. The project should have a clear hypothesis, comprehensive literature review, study design, reproducible and valid methodology, results with tabular and graphic presentation of findings, appropriate statistical analysis, valid conclusions and summary.

Skills to be attained:

- a At least one abstract at a scientific meeting in the specialty

- b At least one publication in a scientific journal

XX. Ethics: Informed consent, Principles of medical ethics, risk management and medicolegal aspects of practice.

XXI. Teaching and training: The candidate would be expected to teach nursing students, allied health students, undergraduates and postgraduates doing Diploma or Masters degree. Administrative experience to allow development of skills for the provision and organization of clinical services.

Bioethics

1. Respect human life and the dignity of every individual
2. Uphold ethical principles of beneficence, autonomy, justice and non-maleficence
3. Treat the sick and injured with competence, compassion and without prejudice.
4. Protect the privacy and confidentiality of those for whom we care and breach that confidence only when the life of the patient or that of others are at stake.
5. Work freely with colleagues to discover, develop, and promote advances in medicine and public health that ameliorate suffering and contribute to human well being
6. Educate the public about present and future threats to the health of humanity
7. Advocate for social, economic, educational and political changes that ameliorate suffering and contribute to human well being.
8. Teach and mentor those who follow us, for they are the future of our caring profession.

3. CLINICAL TRAINING

The students will be clinically trained in parent department during the 3 years course. Clinical rotations will consist of the following:

I year:

- 1 week Anatomy
- 2 weeks Pathology
- 2 weeks ICU
- 2 weeks Palliative care
- 1 week Radiology

II year:

- 2 weeks Medical Oncology
- 2 weeks Radiation Oncology
- 3 weeks Surgical Oncology
- 3 weeks Elective

ie., Postings for 3 weeks at other MCI Recognised centres for M.Ch. (Gynaec Oncology) to learn advanced techniques if need be.

III year: 3 weeks Surgical Gastroenterology
3 weeks Urology

Curriculum consists of the following modules:

- 1) General assessment of a cancer patient:
 - History taking
 - Clinical examination
 - Investigations
 - Interpretation and communication of results
 - Ordering of further / special investigations
 - Communicating clinical plan to patient and relatives
 - Liaising with other specialties
- 2) Perioperative Care:
 - Plan appropriate surgery, Discussion at MDT meetings
 - Identify anaesthetic & surgical risks
 - Informed consent, Discuss risks & benefits
 - Prepare patient for surgery
 - Manage complications
 - Fluid & electrolytes, Nutrition & TPN
 - Prophylaxis for VTE, Infection, GI ulcer
 - Audits of morbidity & Mortality
- 3) General Surgical skills:
 - Anatomical knowledge
 - Surgical techniques
 - Personal audit
 - Diagnosis & Management of Cancers of the vulva, vagina, cervix, endometrium, myometrium, ovary, tubes, peritoneum and trophoblast
- 4) Cancer of the vulva:
 - Anatomy of vulva, femoral triangle, vagina & lower abdomen
 - Epidemiology & aetiology of vulval cancers
 - Histopathology of vulval cancer
 - Patterns of spread
 - Staging of vulval cancer
 - Investigations, Diagnosis & Treatment of vulval cancer
 - Sentinel node biopsy
 - Flaps for wound closure
 - Management of complications such as wound breakdown, lymphocysts, lymphedema and neuralgia

- Management of psychosexual issues
 - Management of cancer recurrence
- 5) Cancer of the vagina:
- Anatomy of the vagina
 - Carcinoma, Sarcoma and metastatic lesions
 - Differentiate malignant from benign lesions
 - VAIN and its management
 - Staging of vaginal cancer
 - Partial & Radical vaginectomy
 - Psychosexual morbidity
 - Radiation therapy for vaginal cancers
- 6) Cancer of the cervix:
- Detailed anatomy of the pelvis
 - Epidemiology & aetiology of cervical cancer
 - CIN & its management
 - Role of HPV
 - Diagnosis of cervical cancer
 - Pathology of cervical cancer
 - Staging of cervical cancer
 - Management of all stages: Surgery, Radiation, Chemotherapy
 - Role of laparoscopy
 - Short and Long term complications of treatment
 - Fertility sparing treatments
 - Patterns of recurrence & management
 - Psychosexual issues
 - Prevention of cervical cancer: primary & secondary
- 7) Cancers of the Uterus:
- Aetiology
 - Histological types
 - Pre-operative assessment
 - Staging of endometrial cancer, sarcomas
 - Sentinel node biopsy
 - Surgery for uterine cancers: need for lymphadenectomy, laparoscopy
 - Adjuvant therapy: Radiation, Chemotherapy & Hormones
 - Management of recurrence
- 8) Gestational Trophoblastic Neoplasia
- Aetiology
 - Histopathology, Classification

- Investigations, clinical use of serum hCG
- Prognostic scoring
- Management of low risk GTN
- Management of high risk GTN
- Role of surgery and radiation
- Follow up of patients after molar pregnancy & GTN
- 9) Ovarian cancer:
 - Aetiology; Risk & protective factors
 - Histopathology: epithelial, germ cell & stromal tumours
 - Pre-operative evaluation: Imaging, Tumour markers
 - Treatment of ovarian cancers
 - Adjuvant & neoadjuvant chemotherapy for ovarian cancers
 - Role of laparoscopy in assessment & management
 - Primary & Interval debulking
 - Fertility sparing surgery
 - Management of complications: Bowel obstruction, anastamotic leak
 - Intravenous & Intraperitoneal chemotherapy; HIPEC
 - Management of recurrence: Secondary debulking, Second line chemotherapy
- 10) Medical Oncology:
 - Cell biology: cell kinetics, log kill hypothesis, Cycle & phase specificity
 - Classes of chemotherapeutic agents, mechanism of action
 - Pharmacology of drugs used in gynaecological cancers
 - Dose calculation and scheduling
 - Risks & Benefits of single agent and combination chemotherapy
 - Evaluation of response
 - Clinical trials
 - Targetted agents
 - Dose dense regimens
 - Metronomic chemotherapy
 - Consolidation and maintenance chemotherapy
- 11) Radiation Oncology:
 - Radiation effects
 - Recovery and Repair of tissues
 - Selection and Planning for radiotherapy
 - Types of radiation therapy
 - Sensitivity of different tissues
 - Potentiation, Sensitization, Modifying factors
 - Radiation units, isodose curves, Fractionation
 - CT planning & Dosimetry
 - Types of sources, fields, orthovoltage & supravoltage

- Chemoradiation
 - Complications of radiation therapy
- 12) Radiology:
- Principles of imaging modalities
 - Role of imaging in gynaecologic cancers
 - Role of interventional radiology: guided biopsy, stents, caval filters, embolisation
 - Ultrasound, CT scan, MRI scan, PET scan
- 13) Palliative care:
- Care of terminally ill patients
 - How to break bad news
 - Causes & patterns of pain
 - Pain management
 - Pathophysiology of nausea & vomiting
 - Treatment of nausea & vomiting
 - Management of anxiety & depression
 - Counselling for patient and family
 - Pathophysiology of edema
 - Treatment of edema & lymphedema
 - Knowledge of the community
 - Roles of nurses, general practitioners, cancer support groups, family
 - Spiritual care
- 14) Urology:
- Anatomy & physiology of kidney, ureter, bladder & urethra
 - Effects of gynaecologic cancers on the urinary tract
 - Urinary obstructions & fistulae
 - Effects of surgery & radiation on the urinary tract
 - Management of injuries to the urinary tract
 - Ileal conduits
- 15) Colorectal surgery:
- Anatomy & physiology of GI tract
 - Pathophysiology of intestinal function
 - Principles of bowel handling, resection & repair
 - Ileostomy & colostomy
 - Use of radiology in GI disorders
 - Pre-operative bowel preparation
 - Techniques of resection and anastomosis
 - Abdominoperineal resection
 - Perform appendicectomy, repair of bowel injury, bowel resection

- Post-operative management after GI surgery
- 16) Plastic Surgery:
- Physiology of wound healing
 - Surgical site infections
 - Wound dehiscence, Burst abdomen
 - Management of incisional hernia, mesh repair
 - Rotational flaps, advancement flaps, myocutaneous flaps
- 17) Genetics in Gynaecological oncology:
- Diagnose & investigate a patient with a genetic predisposition to gynaecological cancers
 - Understanding familial cancer syndromes: BRCA & Lynch
 - Screening patients at high risk
 - Prophylactic surgery
 - Understanding the complexities of counselling and subsequent management
- 18) Generic:
- Communication, team work, leadership skills
 - Concerns, priorities & expectations of patients
 - Bereavement process
 - Roles & responsibilities of team members, improving team work
 - Qualities & behaviours of leaders
 - Doctor–patient relationship
 - Legal issues: death certification, mental illness, living wills, advance directives
 - Learning principles, needs & styles
 - Principles of evaluation
 - Research designs
 - Data management & Statistical analysis
 - Guidelines, Evidence based practice
 - Risk management, Reporting of near-misses, litigation & claims management

During II year, students are encouraged to undergo special postings for learning new advanced techniques / Procedure / Skills in institutions of higher repute where the requisite facilities are available without affecting the duties of the parent department.

4. SKILL TRAINING

The student must have acquired certain surgical skills in a structured manner

during the three year period of his course. These skills will be achieved by either assisting at the surgery or performing the surgery under the supervision of the teacher.

I year

Should have assisted at the following surgeries	Should have performed the following surgeries
Radical Vulvectomy Radical Hysterectomy Staging laparotomy for endometrial & ovarian cancer Pelvic & Para-aortic lymphadenectomy Sentinel lymph node biopsy	Vulval, Vaginal, Cervical & Endometrial biopsy Colposcopy, LLETZ, Conisation Salpingo-oophorectomy Hysterectomy Laparoscopy

II year

Should have assisted at the following surgeries	Should have performed the following surgeries
Inguinofemoral lymphadenectomy Pelvic & Para-aortic lymphadenectomy Primary debulking for ovarian cancer	Radical vulvectomy Radical hysterectomy Staging laparotomy for endometrial cancer Laparoscopic salpingo-oophorectomy Interval debulking for ovarian cancer

III year

Should have assisted at the following surgeries	Should have performed the following surgeries
Diaphragm stripping & resection Splenectomy Ureteroneocystostomy, Boari flap Anterior exenteration, Ileal conduit Posterior exenteration Vulvar & Vaginal reconstruction	Pelvic & Paraaortic lymphadenectomy Inguinofemoral lymphadenectomy Ileostomy Colostomy Bowel resection & anastomosis Laparoscopic hysterectomy

5. TEACHING METHODOLOGY

1. Planning session with entire Faculty and students – once in a week
2. OP clinics – 2 days/week

3. Ward rounds - 2 days/week
4. Cancer screening clinic - once/week
5. Per-operative teaching sessions - 2 days/week
6. Video teaching session - once in a week
7. Journal reading - once in a week
8. Symposium - once in a week
9. Guest lecture - once in 3 months

6. RESEARCH WORK

The candidate is introduced to the field of research in gynaecologic oncology both, at clinical and laboratory level.

The candidate will be trained in the ability to

- Frame a research question.
- Plan a study to answer the question.
- Collect the relevant information and evaluate appropriately the collected data to draw a conclusion.

The candidate should become conversant with the reporting of these results as a research paper, in journals and as a presentation in conferences.

The activities would consist of:

Planning and organizing relevant studies to be submitted as a Research paper at the end of the course.

Students should compulsorily attend Research Methodology workshop conducted by the University within first six months of M.Ch Course.

7. LOG BOOK:

The Postgraduate student of a Postgraduate Degree Course in Super specialties shall maintain Log Book of the work carried out by them and the training programme undergone during the period of training including details of surgical operations assisted or done independently.

The Log Book shall be checked and assessed by the faculty members imparting the training.

Periodical evaluation of Log Book to be done by the Head of the Department as per 52nd SAB.

The Evaluation of the candidates in both theory and practical aspects will help the candidate in the improvement of his/her knowledge skills & attitude.

8. COMPETENCY ASSESSMENT:

Overall:

1. Communication / Commitment / Contribution / Compassion towards patients and Innovation	-	10 Marks
2. Implementation of Newly learnt techniques	-	10 Marks
3. Documentation of case sheets / discharge Summary / Review	-	10 Marks
4. Number of cases presented in Clinical Meetings/ Journal Clubs / Seminars / Papers presented in Conference.	-	10 Marks
5. No. Of Medals/ Certificates won in the conference / Quiz competitions and other academic meetings with details.	-	10 Marks

Total 50 Marks

Assessment	I	- February	-	First Year
	II	- August	-	First Year
	III	- February	-	Second Year
	IV	- August	-	Second Year
	V	- February	-	Third Year
	VI	- May	-	Third Year

VIVA INCLUDING COMPETENCY ASSESSMENT – 100 Marks (50+50)

9. THEORY EXAMINATION

- Paper I - Basic Sciences & Recent Advances in Gynaecologic Oncology
 Paper II - Radiation and Medical Oncology in gynaecologic cancers
 Paper III - Preventive oncology and Epidemiology
 Paper IV - Clinical Gynaecologic Oncology & Operative surgery

Each paper will contain:

1. Essay questions (2) - 2 X 15 = 30 Marks
 2. Short Notes (10) - 10 X 7 = 70 Marks

Total 100 Marks

10. CLINICAL EXAMINATION:

Particulars[as per 53 rd SAB]	Time for candidate to examine the cases	Time for examiners to question the candidates	Maximum Marks
Long Case	1 Case x 60 Minutes	60 Minutes	100
Short Case	2 Cases x 15 Minutes	30 Minutes	100
Ward Rounds	3 Patients x 10 Minutes	30 Minutes	100
OSCE	5 Stations x 3 Minutes	15 Minutes	50
Viva Voce		15 Minutes	100
Log Book			50
			500

As per Medical Council of India Post Graduate Medical Education Regulations 2000 (amended upto 10th August 2016) clause **13.9. A Postgraduate student of a Postgraduate degree Course in broad specialties / Super Specialties would be required to present one poster presentation, to read one paper at a National / State conference and, to present one research paper which should be published / accepted for publication / sent for publication during the period of his Postgraduate studies so as to make him eligible to appear at the Postgraduate Degree Examination.**

Apart from Poster/Oral paper presentation in National/State conferences, the Research paper published by the candidate in the University Journal of Medical Sciences will be considered as equivalent to the Research Paper as mentioned in 13.9. clause. Case Reports can also be published in University Journal of Medical Sciences but case reports will not be considered as Research Paper.

The candidate can also present Research Paper as per Clause 13.9 of Post Graduate Education Regulation 2000, and if the article sent for publication by the candidate as primary author or corresponding author which has not yet been published/accepted for publication, the candidate should submit a letter from the HOD, stating that the article sent for publication is of publishable merit and the

proof of the Research Article submitted to the Journal for publication should be sent to the university forwarded through the HOD [as per 53rd SAB]

The student can submit articles for the University journal anytime from the time of registration till 6 months prior to theory examination.

11. OSCE: 5 stations

1. Pathology specimen
2. Surgical Instrument
3. Radiological image (CT or MRI)
4. Interpretation of lab values
5. Clinical scenario

12. REFERENCE BOOKS

1. Berek and Hacker's Gynecologic Oncology, Berek & Hacker, LWW, 6th Ed, 2014
2. Clinical Gynecologic Oncology, DiSaia, Creaseman, Mannel, McMeekin & Mutch, Elsevier, 9th Ed, 2017
3. Principles and Practice of Gynecologic Oncology, Chi, Berchuck, Dizon & Yashar, LWW, 7th Ed. 2017
4. Atlas of Gynecologic Oncology, Smith, Del Priore, Coleman & Monaghan, Informa Healthcare, 3rd Ed, 2011
5. Atlas of Pelvic Anatomy and Gynecologic Surgery, Baggish & Karram, Elsevier, 4th ed, 2015.

****Note:** The editions are as applicable and the latest editions shall be the part of the syllabi.

13. JOURNALS

1. Indian Journal Gynaecologic Oncology
2. Indian Journal Surgical Oncology
3. Journal of Gynecologic Surgery
4. International Journal Gynecologic Cancer
5. Gynecologic Oncology
6. Journal of Gynecologic Oncology
7. Indian Journal of Cancer
