



COURSE SPECIFICATION

Faculty of Medicine- Mansoura University

(A) Administrative information

| | |
|---|--|
| (1) Programme offering the course. | Postgraduate degree MD of Obstetrics and Gynecology GYN 621 GO |
| (2) Department offering the course. | Obstetrics and Gynecology |
| (3) Department responsible for teaching the course. | Obstetrics and Gynecology |
| (4) Part of the programme. | Second part |
| (5) Date of approval by the Department's council | 24/8/2016 |
| (6) Date of last approval of programme specification by Faculty council | |
| (7) Course title. | Gyn oncology |
| (8) Course code. | GYN 621 GO |
| (9) Total teaching hours. | 30 hours |
| (10) Credit hours | 2 |

(B) Professional information

(1) Course Aims:

The broad aims of the course are to gynecological oncology knowledge to prepare a skilled Gynecologist enabled in training and research in the area of gynecological oncology and advanced therapeutic modalities. The candidate should acquire the scientific knowledge and skills that enables them to engage in medical education and scientific medical research.

(2) Intended Learning Outcomes (ILOs):

On successful completion of the program, the candidate will be able to:

A- Knowledge and Understanding

- A.1-** Know and understand epidemiology, etiology, diagnosis, prevention, screening, management, prognosis, complications and anatomic considerations of premalignant and malignant lesions of the Vulva, vagina, cervix, uterus, tubes and ovaries.
- A.2-** Describe update FIGO classifications of each peculiar tumor
- A.3-** list indications, limitations and how to interpret with investigations and screening techniques e.g. cytology, colposcopy, GIT endoscopy, imaging and minor procedure.
- A.4-** Recognize the basic values of researches regarding palliative treatment, terminal treatment and how to relive symptoms.
- A.5-** Understand indications, techniques, complications, and outcome of different therapies (oncologic surgery, radiotherapy, chemotherapy).
- A.6-** Describe in details the development of current management modalities for different tumors.
- A.7-** Aware of the areas of research in the field of gynecologic oncology leading to development of new diagnostic procedures and innovative therapies.

B- Intellectual skills

- B.1-** Analyze symptoms/signs and correlate them to the basic knowledge he had acquired and reconstruct a differential diagnosis for all complaints.
- B.2-** Design an appropriate diagnostic plan for evaluation of all complaints taking into consideration the nature of the clinical situation and the risks, benefits and costs to the patient.
- B.3-** Counsel about proper screening e.g. cervical cytology.
- B.4-** Observe and proper training for common methods used for early cancer detection e.g. colposcopy.
- B.5-** Recognize, counsel and plane initial management for pre-invasive conditions.
- B.6-** Prepare and set up treatment plans for malignant and invasive conditions taking into account the cultural and individual needs.
- B.7-** Acquire the ability to develop new and innovative solutions to different problems.
- B.8-** Acquire advanced experience in one of the basics fields related to reproductive endocrinology (chosen by the candidate).

(4) Curriculum structure and contents:

4.a- Duration of the programme (in years or months): 30 month

(3) Course content.

| Subjects | Lectures |
|--|-----------------|
| Vulva: | |
| ▪ Preclinical phase of invasive carcinoma - Paget's disease | 1h |
| ▪ Basal cell carcinoma | 1h |
| ▪ Squamous cell carcinoma | 1h |
| ▪ Malignant melanoma | 1h |
| ▪ Sarcoma | 1h |
| Cervix: | |
| ▪ Human papillomavirus screening - Preclinical phase of invasive squamous cell carcinoma | 1h |
| ▪ Adenocarcinoma in situ | 1h |
| ▪ Squamous cell carcinoma | 1h |
| ▪ Adenocarcinoma | 1h |
| ▪ Sarcoma | 1h |
| ▪ Metastatic tumours | 1h |
| Uterus: | |
| ▪ Intraendometrial adenocarcinoma | 1h |
| ▪ Adenocarcinoma | 1h |
| ▪ Adenosquamous carcinoma | 1h |
| ▪ Sarcoma | 1h |
| ▪ Leiomyosarcoma | 1h |
| ▪ Haemangiopericytomata | 1h |
| ▪ Trophoblastic disease. hydatiform mole (complete, partial, invasive) | 1h |
| Ovary: | |
| ▪ Epithelial Tumours | 1h |

| | |
|---|----|
| ▪ Germ Cell Tumours | 1h |
| ▪ Sex Chord Stromal Tumours | 1h |
| ▪ Gonadoblastoma | 1h |
| ▪ Mesonephroma | 1h |
| ▪ Metastatic carcinoma | 1h |
| Palliative and terminal care | |
| ▪ Relief of symptoms - Pharmacological - Alternative Therapies | 1h |
| ▪ Community support roles: <ul style="list-style-type: none"> ▪ General practitioner ▪ District nurse ▪ Family ▪ Religion ▪ Community services | 1h |
| Indications, techniques, complications, and outcomes of: | |
| ○ Cytology: <ul style="list-style-type: none"> ▪ Cervical ▪ Other (endometrial, vaginal, peritoneal) | 1h |
| ○ Colposcopy: <ul style="list-style-type: none"> ▪ Cervix ▪ Vaginal ▪ Vulva | 1h |
| ○ Minor procedures: <ul style="list-style-type: none"> ▪ Directed cervical biopsy ▪ Cone biopsy of cervix ▪ Endocervical curettage | 1h |
| • Diagnostic Imaging: <ul style="list-style-type: none"> ○ Radiogriased tomography (head, body) ○ Ultrasonography <ul style="list-style-type: none"> ▪ Pelvis ▪ Abdomen ▪ Retroperitoneal masses ▪ Peripheral vascular thrombosis ○ Magnetic resonance imaging: <ul style="list-style-type: none"> ▪ Pelvis ▪ Abdomen ▪ Other | 1h |

| Course Title/Code | Programme ILOs | | | | | | | | | | | | | | | |
|--|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | A1 | A2 | A3 | A4 | A5 | A6 | A7 | B1 | B2 | B3 | B4 | B5 | B6 | B7 | B8 | |
| ▪ | | | | | | | | | | | | | | | | |
| ▪ Preclinical phase of invasive carcinoma - Paget's disease | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Basal cell carcinoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Squamous cell carcinoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Malignant melanoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Sarcoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Human papillomavirus screening - Preclinical phase of invasive squamous cell carcinoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Adenocarcinoma in situ | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Squamous cell carcinoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Adenocarcinoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Sarcoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Metastatic tumours | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Intraendometrial adenocarcinoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Adenocarcinoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Adenosquamous carcinoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Sarcoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Leiomyosarcoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Haemangiopericytomata | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Trophoblastic disease. hydatiform mole (complete, partial, invasive) | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Epithelial Tumours | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Germ Cell Tumours | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Sex Chord Stromal Tumours | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Gonadoblastoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Mesonephroma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Metastatic carcinoma | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Relief of symptoms - Pharmacological - Alternative Therapies | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| ▪ Community support roles: | | | | | | | | | | | x | | | | | |
| ▪ General practitioner - District nurse - Family - Religion - Community services | | | | | | | | | | | | | | | | |
| o Cytology: | | | | | | | | | | | x | | | | | |
| ▪ Cervical - Other (endometrial, vaginal, peritoneal) | | | | | | | | | | | | | | | | |
| o Colposcopy: | | | | | | | | | | | | x | | | | |
| ▪ Cervix - Vaginal - Vulva | | | | | | | | | | | | | | | | |
| o Minor procedures: | | | | | | | | | | | | | | | | |
| ▪ Directed cervical biopsy - Cone biopsy of cervix - Endocervical curettage | | | x | | | | | | | | x | x | x | x | | |
| • Diagnostic Imaging: | | | | | | | | | | | | | | | | |
| o Radiograised tomography (head, body) | | | | | | | | | | | | | | | | |
| o Ultrasonography: | | | | | | | | | | | | | | | | |
| o Pelvis - Abdomen - Retroperitoneal masses - Peripheral vascular thrombosis | | | | | | | | | | | | | | | | |
| o Magnetic resonance imaging: | | | | | | | | | | | | | | | | |
| ▪ Pelvis Abdomen - Other | | | | | | | | | | | | | | | | |

(4) Teaching methods:

- **4.1: Lectures**
- **4.2: Seminars**
- **4.3: Outpatient clinics**
- **4.4: Inpatient discussions**
- **4.5: Operative theater**
- **4.6: Specialized clinics**

(5) Assessment methods:

Log book :

Written exam : 50 marks including 20% MCQ (40 written – 10 MCQ)

(6) References of the course:

- 6.1-** Gynecology by Staff Members (book of the Department)
- 6.2-** William's manual of Gynecology
- 6.3-** Te Lined's Operative Gynecology
- 6.4-** Progress in Obstetrics & Gynecology series
- 6.5-** Recent advances in Obstetrics & Gynecology series
- 6.6-** Year book of RCOG series

Course coordinator:

Dr. Rafik Barakat

Dr. Sara Abdel Aziz

Head of the department:

Prof. Nasser Allakany

Date : 8/2016