

Case Log Instructions: Gynecologic Oncology Review Committees for Obstetrics and Gynecology

BACKGROUND

The ACGME Case Log System helps assess the breadth and depth of the clinical experience provided to fellows by a gynecologic oncology fellowship. It is the responsibility of the fellows to enter their case data accurately and in a timely manner, and the responsibility of the program director to ensure fellows' Case Logs are accurate. While graduate Case Log data is reviewed on an annual basis, the Review Committee has not yet established a required minimum number of procedures and therapies fellows must perform. The Review Committee will establish required minimums once the Case Log data is deemed sufficiently robust to set empirically derived minima.

Email questions to Review Committee staff: OBGYN-RC@acgme.org.

GUIDELINES

- The following are tracked for gynecologic oncology:
 - Procedures
 - Hysterectomy
 - Hysterectomy-radical
 - Simple trachelectomy
 - Radical trachelectomy
 - Exenteration
 - Conduit
 - Brachytherapy
 - Lymphadenectomy
 - Lymphatic mapping/sentinel node biopsy
 - Debulking procedures (primary debulking BSO/omentectomy, interval debulking BSO/ omentectomy, splenectomy, diaphragmatic stripping/resection)
 - Intestinal surgery (bowel resection/anastomosis, ostomy/NOS)
 - Simple vulvectomy
 - Radical vulvectomy
 - Inguinal node dissection
 - Urological procedures (bladder fistula repair, ureteral neocystostomy)
 - Therapies
 - Chemotherapy
 - Targeted therapeutic
 - Chemotherapy/targeted therapeutic
 - Chemoradiation
- For some procedures, fellows' choice of surgical procedure includes how the procedure was performed (i.e., abdominal, laparoscopic, robotic, or vaginal).

- For each procedure or therapy entered, fellows must identify a disease type, including:
 - Benign disease
 - Cervical cancer
 - Gestational trophoblastic neoplasia (GTN)
 - Non-gynecologic cancer
 - Ovarian cancer
 - Pre-invasive cancer
 - Uterine cancer
 - Vulva-vaginal cancer

COMMON QUESTIONS

Do fellows log cases differently than when they were obstetrics and gynecology residents?

Yes. The Case Log System for obstetrics and gynecology is based on CPT codes. To ease the burden of logging, the Case Log System for gynecologic oncology instead asks fellows to identify the disease category (e.g., cervical cancer) and type of medical and/or surgical management.

How do fellows log cases?

Two types of information are needed: disease category and intervention (e.g., specific procedure or chemotherapy). To log:

- Add general case information at the top of the log
- Add the disease category
 - Under Area: Select “Disease Category”
 - Under Type: Select the disease (e.g., cervical cancer, vulva-vaginal cancer)
 - Click “Search”
 - Click “Add”
 - Note: Fellows will see a blue row “Code added to this Case” and the blue “Selected Codes” button will indicate “1”
- Add the medical management or surgical procedure
 - Under Area: Select “Medical Management or Surgical Procedure”
 - Under Type: Select the specific medical management or procedure; there are several ways to do this:
 - Select “All” > “Search” > “Add”
 - Narrow the category under “Type” by choosing the type of medical management or procedure
 - Click “Search” > “Add”
 - Note: Fellows will see a blue row “Code added to this Case” and the blue “Selected Codes” button will indicate “2”
 - Repeat for additional medical management or surgical procedure(s)
- To view or remove selected codes, click the blue “Selected Codes” button
- Once all codes have been added, click the green “Submit” button

Can fellows log procedures that are not being tracked in the Case Log System?

Yes, though not required by the ACGME, fellows may wish to use the system to track other procedures for their own purposes. Fellows should follow the instructions above and choose “Other (non-tracked procedure).” Specific information about the procedure(s) can be entered by pressing “+ Add Comments” and entering the procedure(s).

How do fellows create a report for procedures that are not tracked in the Case Log System?

Use the **Case Detail Report** because it includes comments. See above for instructions on logging non-tracked procedures.

How do fellows get an ID and password to access the Case Log System?

Fellows will have an ID and password assigned and emailed to them when their information is first entered into the Accreditation Data System (ADS) by the program director or coordinator. Fellows will be required to change their passwords the first time they log into the system.

Can attending physicians not included in the program's Faculty Roster in ADS be included in the Attending list?

Yes. Program directors and coordinators can add an attending physician to the Case Log System: **Manage > Attendings > Add**. Only a name and email address are needed. The Case Log System will verify whether the attending is already in the database.

Can the program director and coordinator access the Case Log System?

Yes. Program directors and coordinators can access the system in a "view only" mode. Go to **Case Log System > Cases > Entry (View Only)**. Information can be entered but not saved.

Can two fellows choose the role "Surgeon" for the same case?

No. Two fellows can log the same case, but they must choose different roles (e.g., "Assistant" and "Surgeon" or "Surgeon" and "Teaching Assistant").

The Review Committee recognizes that exenteration, conduit, and bilateral inguinal femoral lymphadenectomy are rare cases. If two fellows participate in one of these procedures, one fellow should log the case as "Assistant" and the other as "Surgeon." Correctly logging these cases will help the Review Committee establish appropriate minimums. The Review Committee may determine that for rare cases, credit will be given for both the "Assistant" and "Surgeon" roles. For information regarding the establishment of minimums, see the last question.

If a fellow performs a complex procedure that by its nature includes several other procedures, should the fellow only enter the complex procedure into the Case Log System?

In general, a complex procedure such as exenteration or debulking includes many simple parts (e.g., hysterectomy, oophorectomy, omentectomy) that are inseparable from the procedure and should not be separately counted. Specifically, hysterectomy/radical hysterectomy should not be logged if done as part of an exenteration or debulking. There are other specialized procedures that are fundamental to gynecologic oncology training that should be separately logged even when done as part of an exenteration or debulking. These include bowel resections, ostomy, splenectomy, diaphragmatic procedures, and conduits.

How should fellows record an exenteration?

Fellows should record the portion of exenteration they perform—anterior, posterior, or total. Posterior exenteration is typically reserved for surgical resection cervical or endometrial cancer. In contrast, if during a debulking, radical en bloc resection of uterus/ovaries with rectosigmoid colon is performed, it should not be counted as a "posterior exenteration." In the context of a debulking, it should be logged as both "debulking" and the intestinal surgery subcategory "rectal or rectosigmoid resection."

Should fellows log debulking if the case is limited to staging?

No. Fellows should only log debulking if they performed a debulking. If a case is limited to staging, fellows would enter hysterectomy, paraaortic lymphadenectomy, and pelvic lymphadenectomy procedures.

Should fellows log bilateral lymphadenectomies as one procedure or two procedures?

It depends on whether guidelines indicate that the lymphadenectomy should be performed bilaterally. Lymphadenectomies that are generally performed bilaterally should be recorded as one procedure (e.g., pelvic lymphadenectomy and para-aortic lymphadenectomy) recognizing that they will not always be done bilaterally (i.e., unilateral non-mapping after sentinel lymph node biopsy). If a unilateral lymphadenectomy is the typical practice (e.g., vulvar cancer and inguinal nodes), a bilateral case should be logged as two procedures.

How do fellows log the administration of chemotherapeutic drugs, radiation, and targeted therapeutics?

There are four options available in the Case Log System for therapies: chemotherapy, chemoradiation, chemotherapy/targeted therapeutic, and targeted therapeutic. Logging medical management indicates participation in decision making. Fellows are only required to log administration of a specific therapy once for each patient.

Do fellows need to log a “Resident Role” for the administration of chemotherapeutic drugs, radiation, and targeted therapeutics?

Yes. The system requires a role be chosen. Fellows should choose “Surgeon.”

If a fellow administers chemotherapy, chemoradiation, chemotherapy/targeted therapeutic, or targeted therapeutic to an individual patient several times, how many times does the fellow need to enter the same therapy given to the patient in the Case Log System?

The Committee is tracking unique therapies for a given patient, not number of cycles. Fellows should only log administration of a specific therapy once for each patient even if it includes multiple cycles. In contrast, if the regimen changes, a new therapy should be logged. For example, a fellow who administers chemotherapy to the same patient three times would log chemotherapy for that patient once. If, at a later date, the fellow administers a targeted therapeutic twice to the same patient, the fellow would log targeted therapeutic for that patient once.

If a patient has a recurrence of cancer and requires a new treatment regimen, should the fellow log the new therapy in the Case Log System?

If a patient has a recurrence of cancer and requires a new treatment regimen, the fellow should treat this patient like a new patient and log each new therapy once.

What therapies should be logged as a targeted therapeutic?

Antiangiogenics, poly adenosine diphosphate ribose polymerase (PARP) inhibitors, immunooncology agents, hormonal agents, and other pathway-specific therapies should be logged as targeted therapeutic. When chemotherapy and targeted therapies are used together this should be logged as chemotherapy/targeted therapeutic.

Can a program receive a citation based on Case Log data?

The Review Committee will not issue a citation regarding the number of fellows' procedural and medical management experiences until minimums are established, although an area for improvement (AFI) may be given. However, if a program's Case Log data indicate fellows are not consistently and/or accurately logging their experiences, the Committee may issue a citation or AFI regarding program director oversight of fellows' Case Logs.

When will the Case Log data be used to determine procedural and therapy minimums?

The Review Committee began using Case Log data to determine Case Log minimums during the 2017-2018 academic year. The Review Committee will establish procedural and therapy minimums once the Case Log data is deemed sufficiently robust to set empirically derived minimums. This will be no earlier than 2022. Programs will be informed when the minimums are established.