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 are 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 minima once the Case Log data are deemed sufficiently robust to set empirically derived minima.

Email questions to Review Committee Executive Director Kathleen Quinn-Leering, PhD: kquinn@acgme.org.

GUIDELINES

- The following are tracked for gynecologic oncology:
    - Procedures
        - Hysterectomy
        - Trachelectomy
        - Exenteration
        - Conduit
        - Brachytherapy
        - Lymphadenectomy
        - Lymphatic mapping/sentinel node biopsy
        - Debulking procedures
        - Intestinal surgery (bowel resection/anastomosis, ostomy)
        - Vulvectomy
        - Urological procedures (bladder fistula repair, ureteral neocystostomy)
    - Therapies
        - Chemotherapy cycles
        - Targeted therapeutic cycles
        - Chemotherapy/targeted therapeutic cycles

COMMON QUESTIONS

How can fellows obtain 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.

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 type of medical or surgical management (e.g., chemotherapy, radical hysterectomy). Additionally, chemotherapy and targeted therapeutic cycles can be "batch entered."

How do fellows log cases in the Case Log System for gynecologic oncology?
To log a case:

- Add case information at the top of the log
    - Optional: Indicate disease site/category using the drop-down menu
- Add surgical procedure or therapy
    - Under Area: Select "Surgical Procedure" or "Chemotherapy/Therapeutics"
    - Under Type: Select the specific procedure or therapy
    - Click "Search" > "Add"
        - Chemotherapy/therapeutics cases can be "batch entered" (see below)
- To view or remove selected items, click the blue "Selected Codes" button on the right navigation pane
- Click the green "Submit" button

Are fellows required to identify a disease site/category for each case entered?
Disease category is optional. Programs or fellows that would like this information recorded in the Case Log can do so using the drop-down list at the top of the log.

How do fellows log the administration of chemotherapeutic drugs and targeted therapeutics?
Fellows may "batch enter" the number of chemotherapy and/or targeted therapeutic **cycles** they have administered over a given time period. Logging a chemotherapy or targeted therapeutic cycle indicates participation in decision making.

To batch enter cycles, fellows enter the required information at the top of the log (e.g., Case ID, Attending) for **one** patient to whom they recently gave chemotherapy and/or a targeted therapeutic. The top of the log must be completed to submit the entry. Fellows then choose the type of therapy (e.g., chemotherapy) and enter the total number of cycles for the chosen therapy they administered to **all** patients over a given time period. The maximum number for one entry is 50. It is recommended fellows enter the Case Date of the most recent therapy administration to facilitate tracking entries.

What role should fellows choose when logging the administration of chemotherapeutic drugs and targeted therapeutics?
Fellows should choose the “Surgeon” role. The system requires a role be chosen to submit the case.

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**, which includes comment field entries. See above for instructions on logging non-tracked procedures.

Can two fellows choose the role “Surgeon” for the same surgical 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 minima. 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 minima, 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 of 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 should 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. If a unilateral lymphadenectomy is the typical practice (e.g., vulvar cancer and inguinal nodes), a bilateral case should be logged as two procedures.

When will Case Log required minimum numbers be established?
The Review Committee began using Case Log data to determine Case Log minimum numbers during the 2017-2018 academic year. The Review Committee will establish minima once the Case Log data are deemed sufficiently robust to set empirically derived minima. This will be no earlier than 2023. Programs will be informed when the minima are established.