Report of the Surgical Oncology Division

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Meeting of the UEMS Section and European Board of Surgery Copenhagen, May 2017

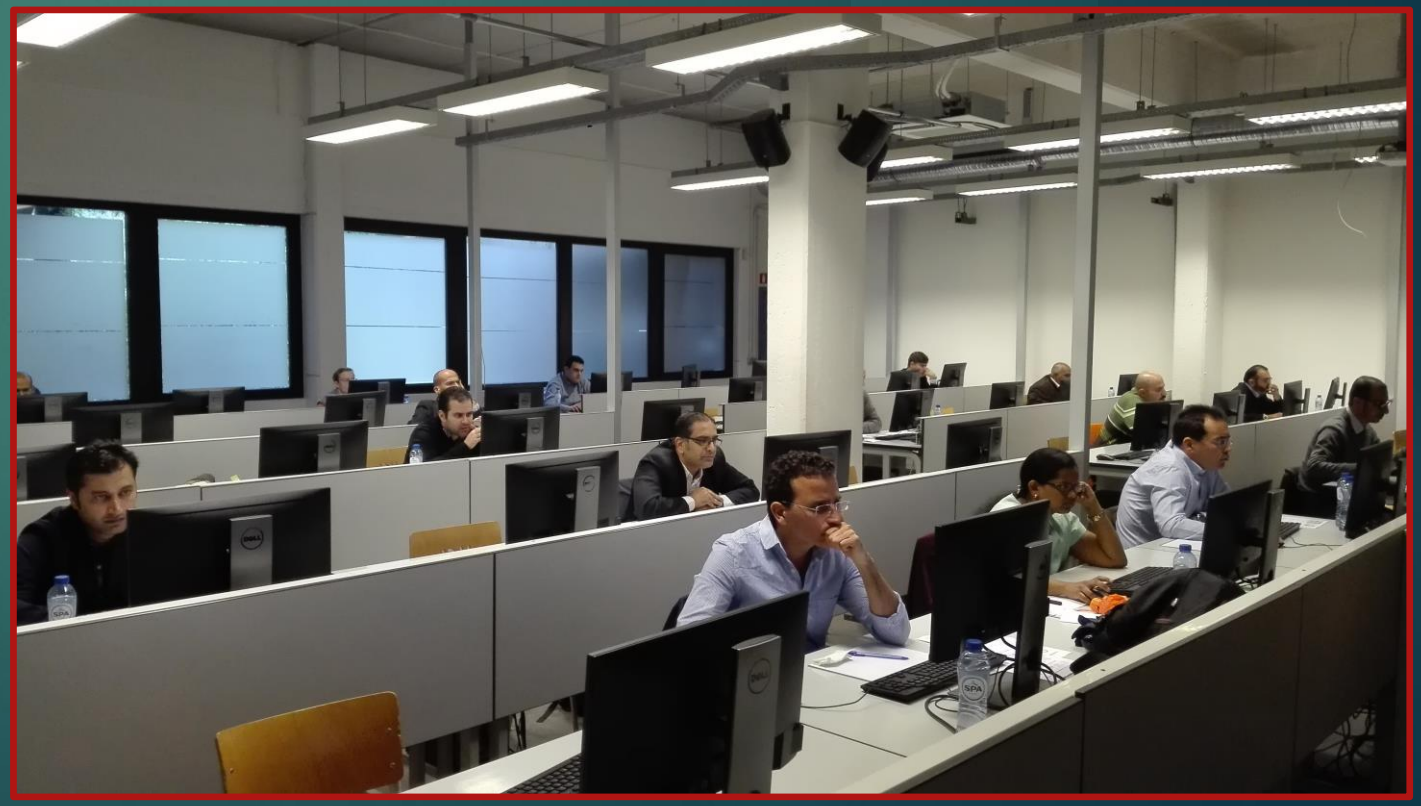
The 2017 EBSQ examination in Surgical Oncology took place in Brussels on 6th and 7th September.

- 24 applicants (incl. 3 retakers)
- All eligible and accepted
- 1 last minute withdrawal
- 23 candidates examined (20 candidates only written part)

India	4
Pakistan	3
Saudi Arabia	3
Jordan	2
Egypt	2
Switzerland	2
Estonia	1
France	1
Portugal	1
Italy	1
Greece	1
UK	1
Croatia	1
Iraq	1

Written paper: question Review (part 1 of 3)

- 60 questions focused on general oncology knowledge, clinical cases and testing application of knowledge and critical thinking.
- Pass mark set by Anghoff referencing
- None excluded from analysis



Academic viva (part 2 of 3)

- Papers allocated based on their declared 2 subject preferences
- 1 hour to read both papers and then a 30 minute academic viva
- Focus on critical thinking, trial design and methodology plus evidence based practice

Clinical viva (part 3 of 3)

- Evaluates clinical management skills, decision making and clinical knowledge of current best European practice

- 10 pre prepared cases covering all major cancer sites

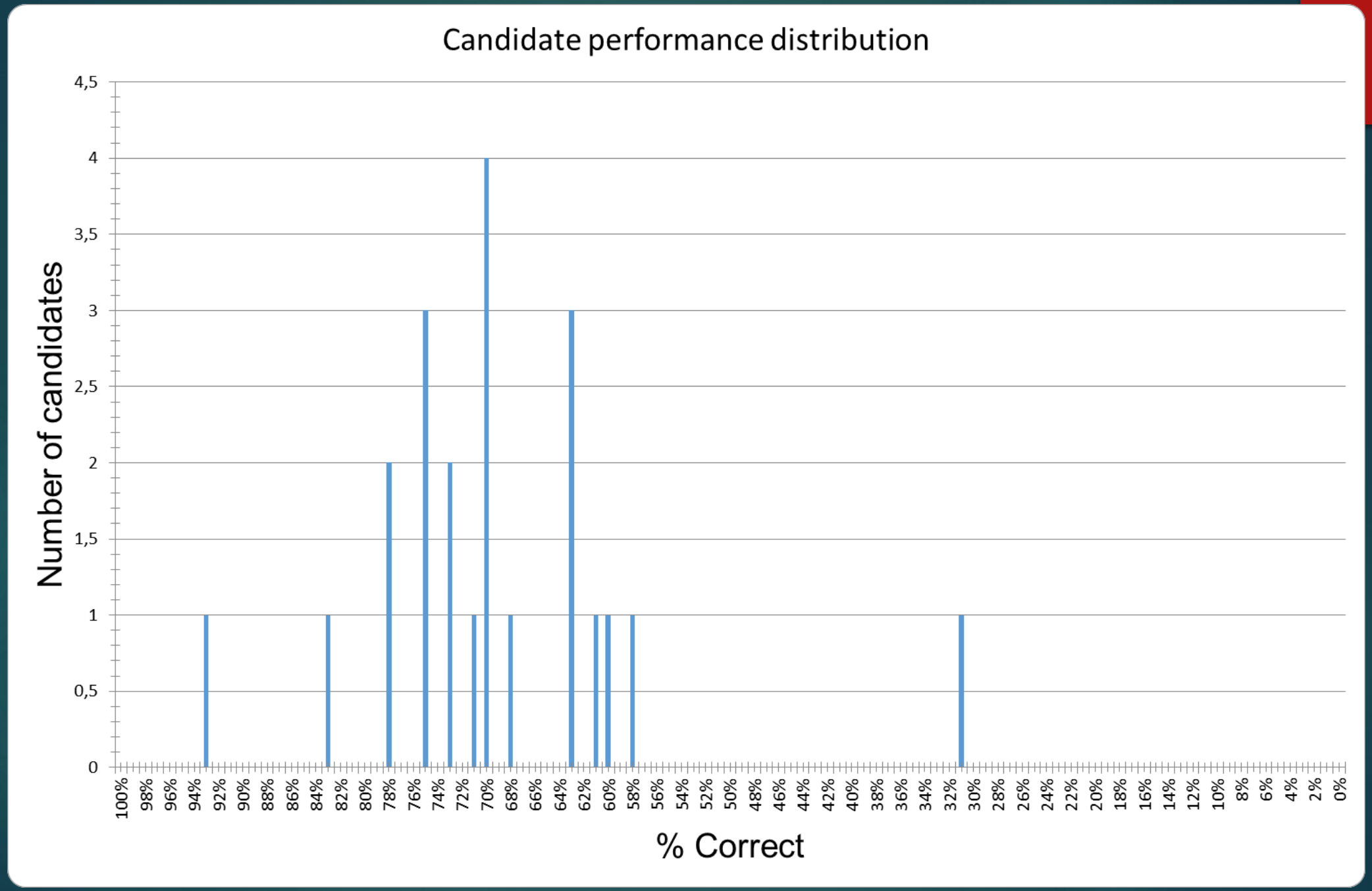
- Each candidate discusses 2 case scenarios themed around their specialist subject (HPB, Upper GI, Colorectal, Breast…)

Outcome

- 3/23 candidates failed. Pass rate 87%
  - 3 poor score on oral
    - 2/3 poor score on academic
    - 1/3 poor score on clinical

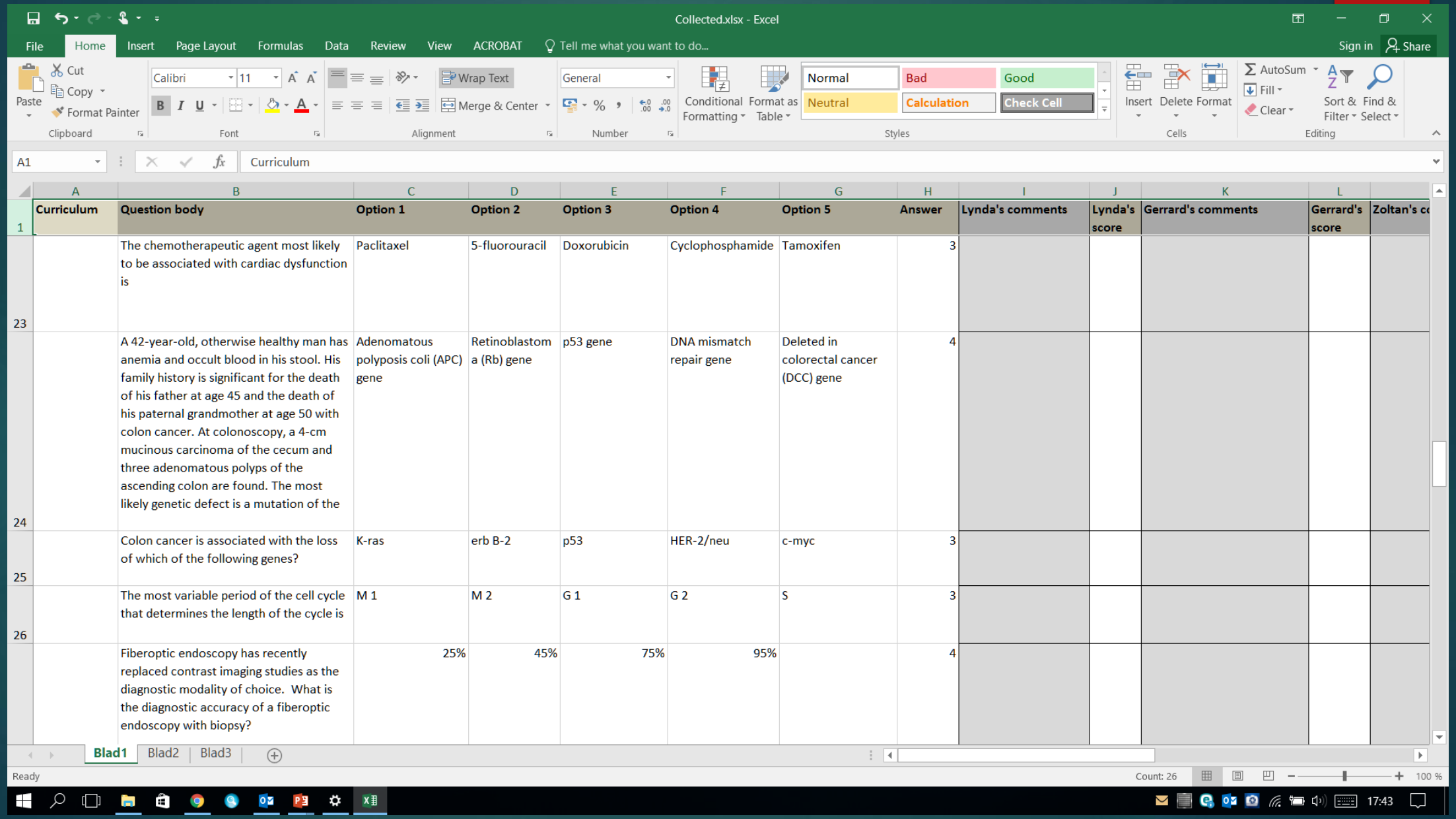
- 3 prize winners: all given free registration at the next ESSO congress in Budapest, 2018 where they will be awarded a gold or silver medal at the General Assembly.

- 1st prize: Jain Deepak Kumar (India)
- 2nd prize: Sasi Walid (UK)
- 3rd prize: Badri Rafal (Jordan)


Candidate performance distribution
Number of candidates
4,5
4
3,5
3
2,5
2
1,5
1
0,5
0
100%
98%
96%
94%
92%
90%
88%
86%
84%
82%
80%
78%
76%
74%
72%
70%
68%
66%
64%
62%
60%
58%
56%
54%
52%
50%
48%
46%
44%
42%
40%
38%
36%
34%
32%
30%
28%
26%
24%
22%
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
% Correct

	Question performance			
2		Question	Average	Question type
3	1	A 37 year old female presents with a 3 month history of a swelling ir	77,27%	Multiple choice
4	2	If limited peritoneal carcinomatosis is incidentally found during lap	77,27%	Multiple choice
5	3	A fit 47 year old woman presents with a large mass in her left retrop	81,82%	Multiple choice
6	4	A 47-year-old female patient presents following inadvertent resecti	90,91%	Multiple choice
7	5	A patient with suspicion of pancreatic cancer was taken to surgery ar	100,00%	Multiple choice
8	6	A previously fit 38 year old lady presents with a unifocal 4cm triple n	72,73%	Multiple choice
9	7	Which one of the following is an absolute contraindication for adjuv	31,82%	Multiple choice
10	8	A fit 25 year old female presents with a 7cm tender mass within her	59,09%	Multiple choice
11	9	A 61 year old male with a history of melanoma resected 4 years ago	63,64%	Multiple choice
12	10	A previously fit 68 year old lady presents with pain in the left thigh.	45,45%	Multiple choice
13	11	Which of the following statements about short course pelvic radioth	68,18%	Multiple choice
14	12	What is the ideal next step in the axillary management of a 58 year c	36,36%	Multiple choice
15	13	Which one of the following statements about Breast implant associa	45,45%	Multiple choice
16	14	Which one of the following is NOT a risk factor for lymphoedema of	68,18%	Multiple choice
17	15	Which one of the following adverse effects is NOT linked to use of a	50,00%	Multiple choice
18	16	A patient with a tumour of unknown primary has the following imur	72,73%	Multiple choice
19	17	The correct definition of progression-free survival (PFS) is:	18,18%	Multiple choice
20	18	What is the 5-year survival rate for patients who undergo curative h	81,82%	Multiple choice
21	19	All of the following statements regarding prophylactic bilateral salp	45,45%	Multiple choice
22	20	The best way to determine the need for operation in a patient with	90,91%	Multiple choice
23	21	Fiberoptic endoscopy for colorectal cancer has replaced contrast ima	90,91%	Multiple choice
24	22	The virus associated with nasopharyngeal carcinoma and Burkitt`s ly	90,91%	Multiple choice
25	23	What are suspicious characteristics of a pigmented lesion that raise	100,00%	Multiple choice
26	24	In a patient with a melanoma of the anterior leg, 1.30 mm thick, the	4,55%	Multiple choice
27	25	A 40-year-old man is admitted to the hospital after vomiting blood.	86,36%	Multiple choice
28	26	After pancreatic surgery, which are among the most feared complica	90,91%	Multiple choice
29	27	Which of the following is NOT a cancer hallmark?	90,91%	Multiple choice

Using online Excel tables



	A	B	C	D	E	F	G	H	I	J	K	L	
1	Curriculum	Question body	Option 1	Option 2	Option 3	Option 4	Option 5	Answer	Lynda's comments	Lynda's score	Gerrard's comments	Gerrard's score	Zoltan's c
23		The chemotherapeutic agent most likely to be associated with cardiac dysfunction is	Paclitaxel	5-fluorouracil	Doxorubicin	Cyclophosphamide	Tamoxifen	3					
24		A 42-year-old, otherwise healthy man has anemia and occult blood in his stool. His family history is significant for the death of his father at age 45 and the death of his paternal grandmother at age 50 with colon cancer. At colonoscopy, a 4-cm mucinous carcinoma of the cecum and three adenomatous polyps of the ascending colon are found. The most likely genetic defect is a mutation of the	Adenomatous polyposis coli (APC) gene	Retinoblastoma (Rb) gene	p53 gene	DNA mismatch repair gene	Deleted in colorectal cancer (DCC) gene	4					
25		Colon cancer is associated with the loss of which of the following genes?	K-ras	erb B-2	p53	HER-2/neu	c-myc	3					
26		The most variable period of the cell cycle that determines the length of the cycle is	M 1	M 2	G 1	G 2	S	3					
		Fiberoptic endoscopy has recently replaced contrast imaging studies as the diagnostic modality of choice. What is the diagnostic accuracy of a fiberoptic endoscopy with biopsy?	25%	45%	75%	95%		4					

2018 Exam

- Next oral exam: Brussels, Autumn 2017
- The written part of the exam will take place on different location(s) several months before the oral part of the exam
  - Europe
  - Egypt
  - India
- Only successful candidates would be invited to the oral exam in Brussels
- This would help to reduce the costs both for the exam board and for the candidates and increase the number of candidates

Current system allows only non-split exam

EBSQ Examination

EBSQ Examinations

Date	Place	Application deadline	Application	Honorary diploma
23.09.2016 - 24.09.2016	Brussels, Belgium	31.05.2016		

EBSQ Application

EBSQ Examinations in Surgical Oncology

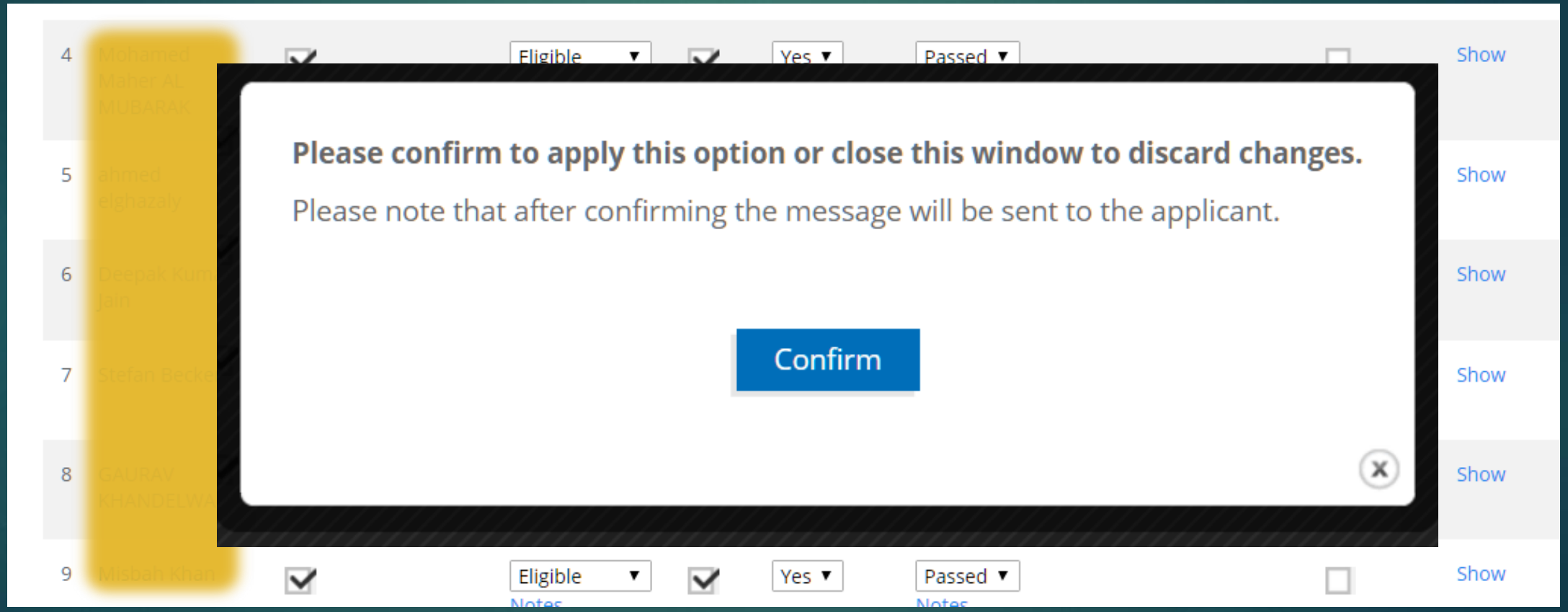
Application Form, Logbook and Instructions how to apply for EBSQ Surgical Oncology	Download
Application form (Word, PDF)	

Suggestions for changes in the on-line application system

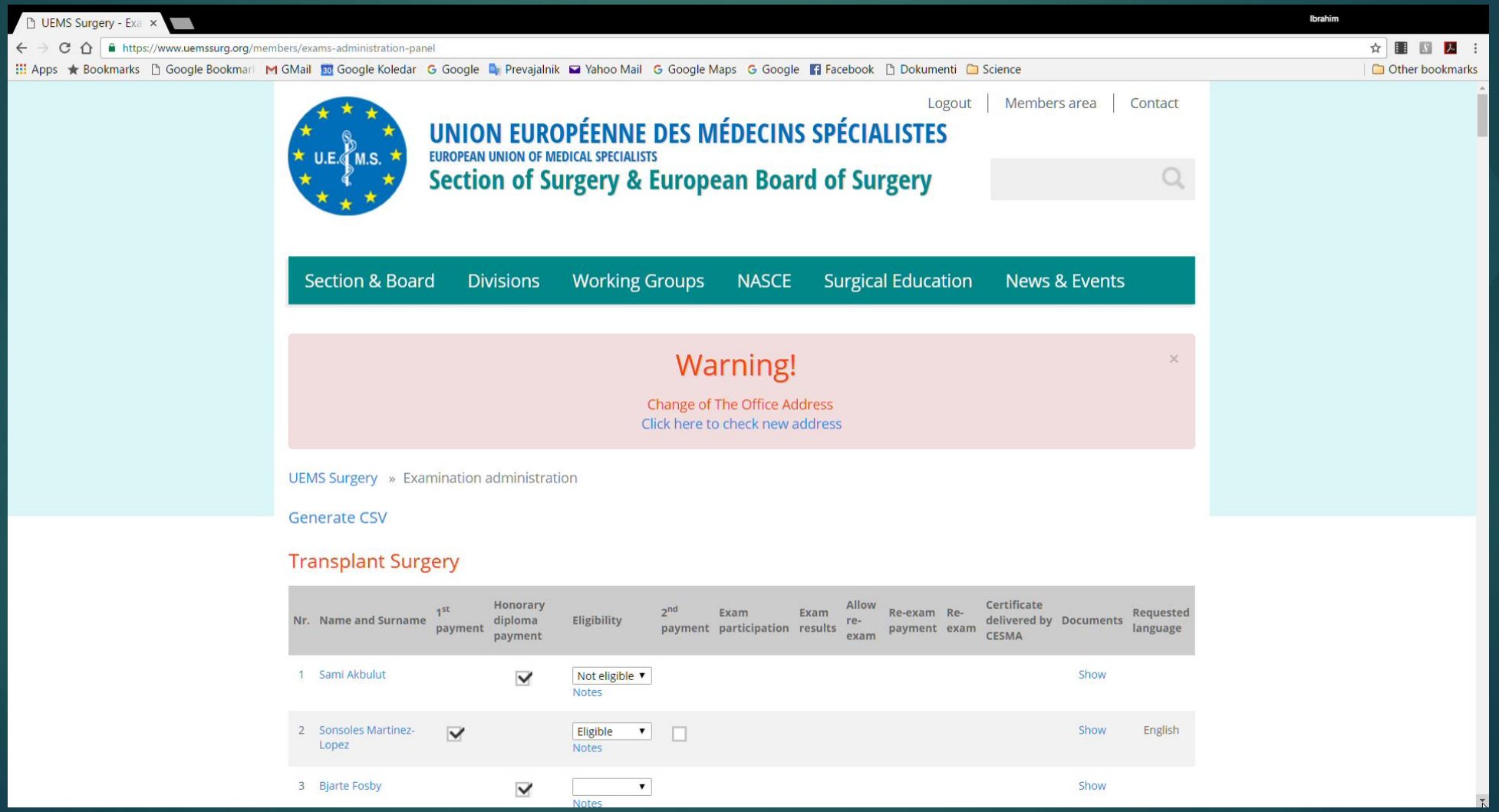
- Currently, system does not allow setting-up the split exam at different time and different locations

- To consider the website application (e-portfolio) upgrading to enable the additional functionality.
  - An option (check box or similar) for splitting the exam should be offered
  - Divisions which want to implement splitting of the exam confirm split exam option and enter additional locations and dates
  - If option for splitting the exam is not selected, everything remains the same

Automated emailing is not always useful



Archiving of old data would be useful



Thank you for your attention