

---

# Interdisciplinary Breast Surgical Oncology Fellowship Program Requirements

For Approved Training Programs

*This document, in addition to the Breast Surgical Oncology Fellowship Policies and Procedures and Breast Surgical Oncology Fellowship Curriculum and Minimum Training Requirements (2019 version) provide the overall governance to the Breast Surgical Oncology Fellowship Programs.*

*If there are any questions about this or any other governing document, please contact [fellowship@surgonc.org](mailto:fellowship@surgonc.org)*

## INTERDISCIPLINARY BREAST SURGICAL ONCOLOGY FELLOWSHIP PROGRAM REQUIREMENTS

At the completion of their Breast Surgical Oncology Fellowship training, the fellow should be able to apply an integrated interdisciplinary approach to the management of benign and malignant breast diseases in a compassionate manner.

### Program Requirements

The Breast Surgical Oncology Fellowship consists of a minimum of one year of education and training following successful completion of a residency program leading to board eligibility. The training must include formal rotations or time equivalent experiences on surgical and nonsurgical breast services. A portion of the program must be devoted to clinical or laboratory research. Scholarly activity must be pursued.

1. There should be adequate opportunity to interact with clinicians, Advanced Practice Providers (APPs) and therapists in companion breast specialties, primarily medical oncology, radiation oncology, radiology, and plastic and reconstructive surgery and rehabilitation in order to gain experience in these areas. These experiences should be obtained by formal rotations or time equivalent experiences on subspecialty services, as well as participation in structured multidisciplinary conferences, attendance of subspecialty tumor clinics, or inclusion of subspecialty patients on a single breast service.
  - a. A minimum of 2 months of breast surgery as a formal rotation or time equivalent
  - b. A minimum 1 month of medical oncology, radiation oncology, radiology and plastic and reconstructive surgery as a formal rotation or time equivalent.
  - c. A minimum of 2 weeks or time equivalent on pathology as a formal rotation.
  - d. Sufficient time on formal rotation or time equivalent on genetics, psycho-oncology and rehabilitative medicine, including lymphedema therapy to achieve case minimums and documented requirements.
  - e. If block time is not used for these required rotations, the program must be able to document in detail – through case logs and multidisciplinary team attendance records – and be able to demonstrate how the time requirement is met.
2. While the fellows can technically meet the radiology experience through observation, a hands-on experience with breast ultrasound is undoubtedly more educational for the fellows. Programs should strive to offer an opportunity for fellows to gain hands-on experience with breast ultrasound, including biopsies.
3. Goals and objectives must be developed for each rotation and/or time equivalent experience. **These should be specific for each discipline and unique to the institution.** An example objective for breast imaging is located in Appendix A.
4. Initial outpatient assessment, preoperative decision-making, perioperative management, and patient follow-up are essential to the training experience. The fellow should be formally integrated into each service as much as possible, not just as an

observer. To the greatest extent possible, fellows should participate in the preoperative evaluation, assessment, treatment, planning, and postoperative ambulatory care of patients in whose surgery they participate. As a guide, fellows should see preoperative and postoperative ambulatory patients at least one full day out of five, or its equivalent.

5. Clinical experience alone is insufficient education in breast fellowship training. Fellows must participate in regularly scheduled didactic programs facilitated by local faculty, such as conferences, lectures, debate series, journal clubs, and multidisciplinary case conferences. Fellows should also be provided the opportunity to attend outside educational courses such as American Society of Breast Surgeons (ASBrS) Fellows Didactic Series, the SSO Fellows Institute, ASBrS Fellows Course and SSO Fellows Course at their annual meetings or other comprehensive, multidisciplinary CME meetings.
  - a. Didactic lectures should be at least monthly and follow a cyclical schedule that covers the core concepts in breast disease and breast surgery as per the breast curriculum and training requirements.
  - b. A core reading list must accompany this schedule.
  - c. These lectures should be facilitated by the core faculty of the program.
  - d. The cyclical schedule (including date and assigned faculty) and reading list should be determined at the beginning of the academic year. (A sample didactic schedule is located in Appendix B.)
  - e. A minimum of 70% attendance is required. Attendance should be documented and available for review at the time of a site visit.
  - f. The ASBrS Webinar Didactic Series can be an integral component of the curriculum when used in tandem with didactic lectures and discussions led by local specialty experts of covered topics.
6. Furthermore, both clinical research and scholarly activity by the fellows are an important facet of fellowship training. Experience regarding study design, collection of data, analysis, manuscript publication, and participation in clinical trials is applicable regardless of choice of final practice setting. While there is currently no specific requirement for the number of publications for completion of the fellowship, the program should actively support the fellows to identify a project that can result in an abstract that can be presented at a national meeting and ultimately, a published manuscript in the course of the year. If the program director is not actively involved in peer reviewed research, the program can identify another member of the faculty to provide mentorship. Scholarly activity of the fellows will be evaluated at time of site visit.
7. Outreach dedicated to reducing the burden of cancer is an important facet of breast care programs, including community-based screening and educational programs on prevention. It is the expectation that the fellow should participate in at least one outreach event during the fellowship year.

8. The breast fellowship program must not conflict with the regular residency programs at any participating institution. The breast fellows' clinical responsibilities must be in accordance with the guidelines of governing residency review bodies. In institutions with Accreditation Council for Graduate Medical Education-approved training programs, a fellow cannot be responsible for the same patients or for the same service as the chief resident. In other systems, the fellows' experience should not be diluted by, nor should it diminish, the experience of residents in their final year of training. Rather, a breast surgical oncology fellowship program should complement an institution's residency program by developing a focus of excellence in the management of patients with benign and malignant breast disease, which can be observed, experienced, and participated in by all residents and the attending staff.
9. The fellowship sponsoring institution must be accredited by the responsible national organization overseeing healthcare quality issues (Joint Commission on Accreditation of Healthcare Organizations or equivalent). All residency training programs related to the breast surgical oncology fellowship (i.e. medicine, radiation oncology, pathology etc.) of the sponsoring institution (if applicable) must be fully accredited by the appropriate national governing body charged with oversight of training programs.
10. The fellowship sponsoring institution should provide documentation of a stable source of funding and organizational structure to support the fellowship. This includes having administrative staff personnel to help run the fellowship and provide support to the program as well as the fellow.
11. The institution must provide an appropriate educational environment, ensuring appropriate trainee supervision and responsibility to deliver quality care. The fellow should be integrated into each service and not just an observer. Patient support services, work hours, and on-call schedules should be reasonable and allow fellows to participate in scholarly activities such as local, regional, and national meetings. Access to a major library and on-site electronic literature retrieval capabilities are required.
12. The program director and associate program director should be board certified, and a member of both the SSO and the ASBrS (specific qualifications of the program director and associate are listed in a separate document). The core faculty should demonstrate evidence of current scholarly activity in breast diseases as evidenced by participation in basic science research; clinical research protocols; involvement in a substantial manner in cooperative trials organizations; or presentations at local, regional, or national meetings. As a senior leader and role model, the program director is expected to be an expert in the specific field of the program, and is expected to be actively engaged in the practice of surgery at the clinical site where the program is located.

In order to be prepared to function as a new program director, an individual should already

have a comprehensive understanding of and ability in educational and evaluation methods, active experience in managing and administering a complex organization/environment, and leadership and communication skills. The Training Committee recommends that individuals appointed as new program directors should have served for at least five years as a faculty or full-time clinical staff member, and when possible, have at least two years of experience at the institution at which he or she is being appointed as program director and have served in a leadership capacity for at least one year or prior experience as a program director in a program in good standing.

13. Program leadership, in aggregate, must be provided with support equal to a dedicated minimum of 10 percent FTE for administration of the program. This may be time spent by the program director only or divided among the program director and one or more associate (or assistant) program directors.
14. To allow for breadth of experience, a minimum of 2 surgeons as core faculty are required, with no more than 75% of trainee core breast surgery cases coming from a single surgeon's practice.
15. The Society recognizes that advanced practice providers (APPs, e.g., nurse practitioners and physician assistants) play important roles in the multidisciplinary care of the breast patient. It is acceptable for an APP to provide direct fellow supervision as part of a clinical rotation (i.e., benign or high-risk breast clinic), provided there is still oversight by a physician. If there is no specific physician providing oversight for that clinic, the responsibility will be under the Program Director. All APPs who participate in the clinical education of breast surgical oncology fellows should be included in the core faculty list and participate in the evaluation process of the fellow. In addition, other clinical experiences such as rehabilitation/lymphedema, psycho-oncology, and community outreach may be supervised by an APP with physician oversight.
16. There should be a formal evaluation process for the fellows. Each fellow's progress during the program must be formally evaluated in writing and feedback provided to the fellow at least semi-annually by the program director. This evaluation should include review of case logs. The fellow should be advised of any deficiencies in time to address problems prior to completion of the fellowship.
17. Fellows must be given the opportunity to evaluate the program overall, as well as all rotations, conferences, and faculty. These evaluations must be obtained anonymously or in a manner as confidential as possible such as in aggregate with resident evaluations.
18. The program director should regularly assess the post-training clinical and research activities of past fellows to determine whether the goals of the training programs are being achieved, namely, the production of effective academic and community-based breast specialists. At the time of the site visit, the program director should be prepared to provide evidence of ways in which the program has tracked and utilized

---

these outcomes for self-improvement for a minimum, if possible, of over the past five years.

19. If a program does not successfully match all fellowship positions for 2 consecutive years and wishes to continue to participate in the match, the program should perform a self-assessment and develop a strategic plan to make improvements. This report should be provided to the Training Committee by October 1 after the second unsuccessful match in order to participate in the upcoming match. Examples of self-assessment include review of fellow exit surveys, surveys of previous applicants, etc.

Revised & Approved January 2019

Revised & Approved March 2020

Revised & Approved May 2023

---

## Appendix A—Sample Goals and Objectives

The educational objectives outlined under Breast Imaging, Breast Surgery, Community Service and Outreach, Genetics, Medical Oncology, Pathology, Plastic and Reconstructive Surgery, Psycho-Oncology, Radiation Oncology, and Research are considered important goals and should form the core educational experiences for an interdisciplinary breast cancer fellowship program. Goals and objectives must be developed for each rotation and/or time equivalent experience. **These should be specific for each discipline and unique to the institution.**

The following is provided as an example. Achievement of each of the objectives will vary depending on the fellow's area of pre-fellowship training.

### Sample Objectives

Breast Imaging. At the completion of the training period, the fellow should be able to:

1. Understand the techniques of diagnostic mammography, including the BI-RADS nomenclature, recommendations for additional views, and identify mammographic characteristics of benign and malignant disease.
2. Demonstrate experience in the performance of breast sonography and distinguish normal breast sonographic anatomy, sonographic characteristics of simple cysts, complex cysts, well-circumscribed probably benign mass, and solid mass of suspicious nature.
3. Demonstrate experience in selecting image-guided breast intervention procedures, including but not limited to, ductograms, image-guided (i.e., ultrasound, stereotactic, MRI and others) fine needle aspiration, and core biopsies.
4. Discuss the evolving breast imaging technologies.
5. Evaluate the present indications for and possible future applications of MRI in the management of malignant and benign breast disease.
6. Select, recommend, and interpret the techniques of breast lymphoscintigraphy.
7. Discuss the complexities, advantages and disadvantages of breast screening trials in women at different age groups.

## Appendix B

### **Guidelines for What Your Program Should Provide to the BSO Training Committee for a Didactic Curriculum**

1. Please refer to the sample format included with these guidelines.
2. Please demonstrate that your program's curriculum:
  - a. is laid out prospectively for the year,
  - b. demonstrates clear expectations of what will be covered and format,
  - c. documents all necessary topics are covered,
  - d. links them to the set curriculum standards, and
  - e. can be readily reproducible year to year to ensure every fellow receives a consistent learning experience.
3. All sessions do not have to be the same educational format.
4. Topics should be specific and consistent from year to year.
5. Your program's didactic curriculum should be separate from recurring conferences like multidisciplinary meetings, tumor board, grand rounds etc.
6. The material covered can be the same or can be different formats—i.e. if the curriculum is based off a book, journal articles, or BESAP, each entry can be recurring in terms of format
7. Dates of the activities as well as the names of faculty are required. If you do not include specific dates and faculty names, the BSO Training Committee may likely reject your report. *(As a reminder, documentation demonstrating attendance for didactic sessions on specific dates of delivery by specific faculty is part of the required materials for a site visit.)*
8. If the material covered includes assigned readings, the reading list must also be provided.
9. You can use either Excel or Word to display the data.
10. If you have any questions, please send them to [fellowship@surgonc.org](mailto:fellowship@surgonc.org)

**Please refer to the example on the following page.**

**Breast Surgical Oncology Fellowship Didactic Curriculum Format -- Example XXX**  
**Breast Oncology Fellowship Didactic Curriculum**  
**Tuesdays at 4pm**  
**Conference Room A**

Date	Topic	Education format	Material covered	Faculty	Meets which Breast Surgical Oncology Fellowship curriculum focus? (Please refer to <i>Breast Surgical Oncology Fellowship Curriculum and Minimum Training Requirements (2019)</i> on SSO website.)
9/1/year	Controversies in Screening Mammography	Case based format	Assigned readings (see Example 1 below)	Smith	Breast imaging BROAD
9/8/year	DCIS: surgical options, margins	Didactic review	Kuerer chapter X	Jones	Malignant breast disease broad: DCIS
9/15/year	Basic Radiation principles	Oral Q&A	BESAP module: radiation	Martin	Radiation Oncology BRPAD: principles and indications
9/22/year	Ultrasound use	Hands on simulation		Crane	Essential Common Procedures

**Example 1**

**Assigned readings for *Controversies in Screening Mammography***

1) 52yo asymptomatic woman with no significant family history presents for evaluation for routine mammogram screening.

Screening – Mammography trials

- Periodic Screening for Breast Cancer. The Health Insurance Plan Project and Its Sequelae, 1963-86. Shapiro, S.
- Swedish Two-county trial – Reduction in Mortality from breast cancer after mass screening with mammography: Randomized trials from the Breast Cancer working group of the Swedish National Board of Health and Welfare. Tabar L, et al. Lancet 1985
- Canadian Trial/ 25yr follow-up trial - Twenty five year follow-up for breast cancer incidence and mortality of the Canadian National Breast Screening Study: randomized screening trial; Miller, A . BMJ 2014 – What are issues with this trial?
- DMIST Trial - Diagnostic Performance of Digital versus Film Mammography for Breast-Cancer Screening. Etta D. Pisano, M.D. NE