SSO
SOCIETY OF SURGICAL ONCOLOGY
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THE AMERICAN SOCIETY OF Breast Surgeons

I. BREAST SURGICAL ONCOLOGY FELLOWS MINIMUM TRAINING REQUIREMENTS

II. INTERDISCIPLINARY BREAST SURGICAL ONCOLOGY FELLOWSHIP PROGRAM REQUIREMENTS

III. BREAST SURGICAL ONCOLOGY FELLOWSHIP PROGRAM POLICIES

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SECTION I: BREAST SURGICAL ONCOLOGY FELLOWS MINIMUM TRAINING REQUIREMENTS

PROCEDURAL AND NON-OPERATIVE REQUIREMENTS

Fellows should log all cases, not just the minimum requirements. The purpose of logging all cases is two-fold. If a program wishes to increase their complement, they will have the data to support this request. Second, the breast fellowship curriculum is updated every three years and reflects the changes in practice. Part of the changes include evaluating numbers of cases in different categories which are then subsequently adjusted if needed.

Operations/Procedures

BREAST PROCEDURES

Breast ultrasound – **30** (**15** minimum hands on patients)

Percutaneous Procedures – **13**

- Fine needle aspiration
- Cyst aspiration
- Percutaneous core needle sampling, palpation or image guided
- Seroma aspiration with/without drain placement
- Percutaneous abscess drainage with/without drain placement

Major ductal exploration and excision for nipple discharge – **1**

Partial mastectomy or diagnostic excisional biopsy – **50**
(**15** partial mastectomy and **15** excisional biopsy)

- Palpation guided
- Image guided
- Oncoplastic partial mastectomy

Mastectomy – **40** spread over all categories

- Total mastectomy
- Skin-sparing mastectomy
- Nipple/areolar sparing mastectomy (**10** nipple-sparing required)

*note modified radical mastectomy should be separately coded as mastectomy and axillary lymph node dissection

Axillary sentinel node biopsy – **50**
*please document if targeted axillary dissection (TAD) and if after neoadjuvant chemotherapy

Level 1, 2 completion axillary node dissection – **10**

Oncoplastic procedures- **5**

- Level 1 or level 2

Procedures performed on cadavers, mastotrainers and phantoms cannot be included to meet the requirements
<u>Please refer to **SECTION IV: APPENDIX OF EDUCATIONAL ELEMENTS** for common procedures and complex procedures</u>

Common procedures are frequently performed operations, procedures, or endeavors for a breast surgeon; specific procedure competency is required by end of training and should be attainable primarily by case volume or active participation in the activity/endeavor.

Complex procedures are uncommon operations, procedures, or endeavors for a breast surgeon in practice and not typically done in significant numbers by trainees; specific procedure competency recommended by end of training but cannot be attained by case volume or participation in the activity/endeavor alone.

NON-OPERATIVE EXPOSURE

Genetics/ Risk Assessment Patients

- **5** patients with risk assessment
- **3** observed pre-test and **3** post-test consultations for genetics

Medical oncology

- **15** new breast cancer / recurrent disease consultations
- **15** follow-up visits

Radiation oncology

- **15** new breast cancer consultations
- **5** new breast cancer or recurrent breast cancer simulations
- **15** f/u visits and/or physics reviews
  *must be at least one lumpectomy and one mastectomy for the entire category of radiation oncology

Management of local regional recurrences (can be seen in surgical oncology, radiation oncology, or medical oncology)- **3**
*please document if in breast, post-mastectomy, or nodal recurrence

Pathology

- **8** cancer case sign-outs
- **8** benign and/or high-risk lesions

Plastic Surgery

- **8** reconstructive cases (**2** cases must be autologous reconstruction and **2** cases must be implant based, these must be separate from oncoplastic cases)
- **15** clinic visits (at least 8 new consultations)

Consultation Services

- **3** observed psychosocial consultations
- **3** observed physical therapy/lymphedema/ rehabilitation consultations (at least one lymphedema)

Imaging

- **8** screening cases
- **8** breast ultrasound and/or nodal ultrasound

- **8** diagnostic mammograms
- **8** breast MRIs

SECTION II: 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 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. The goal for the fellowship is to have the fellows understand the decision making of each specialty, as ultimately, the fellows need to understand how to discuss the recommendations of the medical oncologist, radiation oncologist or plastic and reconstructive surgeon, for example, with their patients. Thus, adequate time must be spent in each subspecialty to gain a comprehensive understanding of their role in the care of the breast patient.

   These experiences should be obtained by formal rotations 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. For programs using longitudinal experiences versus sequential weeks, documentation must be provided of how they have calculated out their time-equivalency.
   a. A minimum of 24 weeks of breast surgery (including clinic at least once a week).
   b. A minimum of:
      4 weeks (20 days) of medical oncology,
      3 weeks (15 days) of radiation oncology,
      4 weeks (20 days) of breast imaging
      3 weeks (15 days) of plastic and reconstructive surgery
      1 week (5 days) on pathology as a formal rotation or time equivalent.

   c. A minimum of:
      3 observed pre-pretest and **3** post-test consultations for genetics
      3 observed psychosocial consultations
      3 observed physical therapy/lymphedema/ rehabilitation consultations (at least one

lymphedema)
These requirements do not have to be formal rotations.

d. A minimum of 2 community outreach events.

e. A minimum of 5 days of a clinical research training course or clinical research training time. Five days of clinical research training is defined as a formal curriculum on a local or national level. Examples of opportunities include CITI training, an IRB class, a statistics course, etc... In addition to these formal classes or courses, this time can also include time with a research mentor to develop research projects, analyze data, manuscript preparation, etc. This requirement cannot be met solely with individual research meetings.

f. 2 weeks of "flex time": These two weeks can be used based on the needs/interests of the fellow for opportunities for multidisciplinary electives (i.e.: reproductive endocrinology or lactation), filling surgical gaps (i.e.: mediport insertion), medical leave, or vacation.

Some programs may elect to do rotations more longitudinally rather than in consecutive days or week-long blocks. For those programs who prefer this approach, in order to confirm that the fellow is meeting requirements, it is important to clearly document the time spent on each rotation. When documenting, a day is defined as 8 hours, a week is 5 workdays. Attendance at multidisciplinary conferences is not a substitute for clinic.

2. While the fellows can gain radiology experience through observation, a hands-on experience with breast ultrasound is a required educational experience for the fellows. Programs are required to offer opportunities 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 while on breast surgical rotation.

5. Clinical experience alone is insufficient education in breast fellowship training. Fellows must participate in educational activities such as 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 Skills Course as well as the 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 and may include an abstract, a peer-reviewed manuscript, work on design of a clinical trial or a presentation at a local, regional or national meeting.

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 two outreach events during the fellowship year and be involved in the planning of these events when possible.

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 Breast Surgical Oncology Training Committee 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. Fellows should log all cases including those beyond the minimum requirements. Capturing this data is critical to guide future training requirements and accurate reflection of the fellows' education and of the program.

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, 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.

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

Breast Surgical Oncology 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 Breast Surgical Oncology (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

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 4:00pm, Conference Room A

Date	**Topic**	**Education format**	**Material covered**	**Faculty**	**Meets which Breast Surgical Oncology curriculum focus**? (Please refer to *Breast Surgical Oncology Fellowship Curriculum and Minimum Training Requirements (2024) 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. N

SECTION III: BREAST SURGICAL ONCOLOGY FELLOWSHIP PROGRAM POLICIES

This section contains the following policies.

- Late and Incomplete Documentation Policy
- Breast Fellowship Match Program Violation of Binding Commitment
- Breast Fellowship Program Director and Associate Director Requirements
- Guidelines for Enacting Probation Policy: Breast Surgical Oncology (BSO) Training Committee and Program Responsibilities and Options
- Appeal of Adverse Actions
- Case Logging and Exit Survey
- Policy on Granting Retroactive Breast Surgical Oncology Certificates & Changing Fellowship Complement
- Site Visits and Site Visitors Policy
- Delayed Fellow Start Date

Late and Incomplete Documentation Policy

Program Fees

An annual program fee is assessed to all approved Breast Surgical Oncology Fellowship programs on a per-program basis. The annual -program fee is invoiced in June of each year. All invoices are emailed to the attention of the program director indicated in the records.

Late/Incomplete Documentation Fee

Programs are required to submit all completed program documentation for Plans of Action, Progress Reports, or any other documents requested by the BSO Training Committee by the identified deadlines. All documentation must be emailed on or before the identified documentation submission due date. A fee of 10% of the annual program fee will be assessed for late/incomplete program documentation submissions.

Failure to complete and provide Site Visit Documents (including the PID, supporting documents, and final agenda) by the identified deadline may result in site visit cancellation.

Site Visit Cancellation Fee

site visits. The cancellation fee can be waived at the discretion of the BSO Training Committee. A site visit cancellation fee of $1,000 will be assessed for cancelled scheduled site visits. The cancellation fee can be waived at the discretion of the BSO Training Committee.

Approved March 2020

Breast Fellowship Match Program Violation of Binding Commitment

Background: The Breast Surgical Oncology Fellowship Match application requires all applicants to acknowledge that all Match commitments are binding and that the ranking of applicants by program director and the ranking of programs by an applicant establishes a binding commitment to offer or to accept an appointment if a match results. This policy intends to outline the process the leadership and BSO Training Committee will follow if a violation of the binding commitment acknowledged in the Breast Surgical Oncology Fellowship Match application occurs on behalf of a participating program and/or applicant.

Policy:

I. Breast Surgical Oncology Fellowship Match applicants can submit a written request for a waiver of the binding match commitment to the BSO Training Committee prior to the Match being conducted and the results being announced.

II. If the BSO Training Committee receives information that an applicant has applied for, discussed, interviewed for, or accepted a concurrent year position in another program before receiving a waiver from the BSO Training Committee, the BSO Training Committee will initiate an investigation to determine whether the applicant or program has violated the terms of the Match application. If the BSO Training Committee investigation determines that an applicant has violated the binding commitment policy within the Breast Surgical Oncology Fellowship Match application, they can withdraw the applicant from the Match as well as submit a final report of the investigation to:

   a. The Match Applicant's Residency Program
   b. The Federation of State Medical Boards (if applicable)
   c. The Canadian Licensing Board (if applicable)
   d. The American Board of Surgery (ABS)
   e. The American Board of Medical Specialties (ABMS)
   f. The American Society of Breast Surgeons (ASBrS)
   g. The American College of Surgeons (ACS)
   h. The American Osteopathic Association (AOA)
   i. All Approved Breast Surgical Oncology Fellowship Programs

   In addition, the Match applicant is to be prohibited from:

   j. Becoming a society member for a period five (5) years following the determination of the violation; if applicant is a current society member the applicant's membership will be suspended for a period of (1) year from the date it was determined that the applicant committed a violation.
   k. Participating in future Breast Surgical Oncology Fellowship Matches following the determination of the violation.

Breast Surgical Oncology Fellowship Programs must accept the applicant(s) who matched with to the program through the Breast Surgical Oncology match program. If a program wants to accept an applicant outside of the match, they may accept the applicant for an unaccredited fellowship position.

III. Once a program has committed to participating in the Breast Surgical Oncology Fellowship Match, the program must complete the Match for that cycle.

IV. Breast Surgical Oncology Fellowship Programs must accept the applicant(s) who match to the program through the Breast Surgical Oncology match program. If a program wants to accept an applicant outside of the match, they may accept the applicant for an unaccredited fellowship position.

V. If a program wishes to withdraw from the Match and not accept any applicants for accredited positions for that academic year, the Program Director is required to submit a written request for withdrawal from the Match to the BSO Training Committee prior to the Match ranking list submission date, the Match being conducted, and the results being announced. This letter should outline the rationale for withdrawal and its anticipated duration. The BSO Training Committee will review the request to determine whether the withdrawal is necessary, is in the best interest of the education and training of the Breast Fellows and will be approved.

  a. Depending upon the circumstances of the request, the BSO Training Committee may, at its discretion, schedule an off-cycle site visit of the program.
  b. If a program withdraws from the Match without a formal request to the BSO Training Committee or without approval by the BSO Training Committee, this will be considered a **violation of the Match**.

VI. If a program requests a delayed fellow start date and this is not approved by the BSO Training Committee, then the program will be considered in **violation of the Match**.

VII. If the BSO Training Committee receives information that a Breast Surgical Oncology Fellowship Program committed to participating in the Match, has interviewed applicants outside of the Match, and accepted an applicant for an accredited position, the BSO Training Committee will initiate an investigation to determine whether the program has violated the terms of the Match application. If the BSO Training Committee investigation determines that a Breast Surgical Oncology Fellowship Program has **violated the binding commitment policy within the Breast Surgical Oncology Fellowship Match application**, they can withdraw the Program from the Match.

VIII. For Programs which are determined to be in violation of the Match, the BSO Training Committee may,

a. Prohibit the Program from participating in the Breast Surgical Oncology Fellowship Match for a period of three (3) years.
b. Upon conclusion of the three (3) years require the Program to undergo the BSO Training Committee Site Visit process prior to inclusion in future Matches.

A record of the Program's violation will be posted on the SSO's website and include information regarding the length of an imposed sanction(s) for the violation.

Approved March 2020

Breast Fellowship Program Director & Associate Director Requirements

Program Director Requirements

The Breast Surgical Oncology Fellowship must have a single program director with authority and accountability for the operation of the training program. The program director must be a surgeon qualified to supervise and educate trainees and must meet requirements similar to those for ACGME-accredited surgical training programs.

All changes in the program director must be submitted to and approved by the BSO Training Committee no later than 30 days after appointment on institution letterhead by the current Program Director or senior member of the department.

Consideration should be given to the new program director's administrative time and experience. The BSO 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. Exceptions can be made at the discretion of the BSO Training Committee.

The current program director should continue in their position for a length of time adequate to maintain continuity of leadership and program stability.

Although there is no specific requirement for length of service as Program Director, frequent changes in Program Director will be looked at closely by the BSO Training Committee and may trigger a mandatory site visit to assure continuity of educational programs. A minimum requirement of three years tenure as Program Director is recommended to ensure stability and commitment to the educational program.

It is also critical that the Program Director demonstrate sufficient time in independent practice and leadership experience before assuming the Program Director role. Leading a program requires knowledge and skills that begin in residency and subsequently further develop in independent practice. The time period from completion of residency until assuming the role of program director allows the individual to cultivate leadership abilities while becoming professionally established. The five-year period is intended for the individual's professional maturation. In certain circumstances, the program and Sponsoring Institution may propose, and the BSO Training Committee may accept a candidate for program director who fulfills these goals but does not meet the five-year minimum.

Scholarly activity is imperative for fellows in order to understand the nuances of interpreting published medical literature and applying clinical data. To that end, it becomes imperative for fellows to understand the process of performing clinical research and learn this from program directors, faculty, and mentors. As such, scholarly activity should be demonstrated each year by the program director; examples include:

1. Publications in peer reviewed journals or presentations at national meetings

2. Institutional primary investigator of a cooperative national trial
3. Participation in national committees outside of the program director committee (i.e., ACS, ASBrS and SSO committees)
4. Involvement in developing national curriculum (e.g., Breast SCORE)

Scholarly activity must be demonstrated within the previous two years at the time a request for approval of an individual comes to the BSO Training Committee as well as at the time of a site visit.

Although exceptions may be made at the discretion of the BSO Training Committee, qualifications of the program director must include

1. 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.
2. Specialty expertise in breast surgery (such as formal training in an accredited breast surgery/surgical oncology fellowship or extensive practice in the field of breast surgery) and documented educational and administrative experience acceptable to the BSO Training Committee. The BSO Training Committee may request specific documentation.
3. Current board certification in the specialty by the American Board of Surgery or other subspecialty qualifications acceptable to the BSO Training Committee.
4. Current medical licensure and medical staff appointment at the primary institution of the Breast Surgical Oncology Fellowship program.
5. Current membership with the Society of Surgical Oncology and the American Society of Breast Surgeons and participation on the Breast Program Directors Subcommittee.

The program director must administer and maintain an educational environment conducive to educating the breast surgery fellows in all areas described by the Program Information Database (PID).

The program director must:

1. Prepare and submit all information required and requested by the BSO Training Committee
2. Be familiar with and oversee compliance with the policies of the BSO Training Committee
3. Notify the BSO Training Committee in writing if:
    a. changes in program leadership occur (including changes in program director)
    b. requesting an increase in fellow complement
    c. making major changes to the program structure or length of training
    d. voluntarily withdrawing the fellowship from certification
    e. voluntarily withdrawing the program from the Breast

Surgical Oncology Fellowship Match
    f. requesting changes in the program that would have a significant impact, including financial, on the program or institution.
4. Develop and implement lines of authority specifying expected reporting relationships for fellows and faculty members to maximize quality care and patient safety.
5. Establish and maintain an environment of inquiry and scholarship with active research opportunities for the breast fellows.
6. Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program, including fellows' participation in conferences and other educational activities, and oversight of implementation of the fellowship curriculum.
7. Approve a local director at each participating site who is accountable for fellow education.
8. Monitor fellow supervision and education at all participating sites.
9. Organize and supervise fellows' interaction with general surgery residents at the educational, research, administrative, and patient care levels.

Associate Program Director Requirements

The **Associate Program Director** (APD) role is envisioned to be a training ground for the role of Program Director (PD) and to provide continuity to the program should the PD be unable to fulfill the role. Therefore, the individual chosen as APD should work towards the goal of meeting the criteria of Program Director. In the event that the PD is no longer able to serve in this position and the APD fails to meet criteria for a PD, it is the responsibility of the program to appoint another senior faculty member as interim PD (approved by the BSO Training Committee) until a qualified PD can be identified. A non- qualifying APD may serve as the interim PD with the approval of the BSO Training Committee but must be able to fulfill the PD criteria within two years of the appointment to interim PD, otherwise a new PD must be appointed unless an exception is granted by the BSO Training Committee. Use of a non-qualifying APD for longer than one year will trigger a program review and/or site visit unless waived by the BSO Training Committee. Failure to identify an acceptable PD in a timely fashion to the BSO Training Committee may result in the suspension of the program from the upcoming match cycles until an acceptable PD is identified and may result in program probation, suspension, or termination.

While APDs are not required to be pre-approved by the BSO Training Committee, the committee must be notified 30 days after appointment or in the next report to the BSO Training Committee, whichever is sooner. In addition, it is expected that all APDs meet the specialty expertise, licensure, and society membership requirements of the PD while serving as APD. In addition, the APD should be at least one year out from their terminal fellowship/specialty training. The BSO Training Committee reserves the right to reject an APD who is substantially non-compliant with these criteria.

Notification Requirements

To notify the BSO Training Committee regarding a change in either Program Director or Associate Program Director, your program must submit a letter on institutional letterhead outlining the change in Program Director or Associate Program Director within 30 days of appointment or at the next report to the BSO Training Committee, whichever is sooner. Contact information and their Curriculum Vitae (CV) must be included.

The BSO Training Committee will review your change in Program Director or Associate Program Director at their quarterly meetings and a decision letter (in the case of program director changes) or notification letter (in the case of associate program director changes) will be issued to the program after BSO Training Committee review.

For all Program Director changes, a Progress Report will be due one year after the change. Associate Program Director changes do not trigger a Progress Report.

Breast Surgical Oncology Fellowship Program Directors and Associate Program Directors are not permitted to serve on the BSO Training Committee.

Approved March 2020

Revised September 2022

Revised May 2023

Guidelines for Enacting Probation Policy:

BSO Training Committee and Program Responsibilities and Options

BSO Training Committee:

1. Include comprehensive list of deficiencies to program when probation notice given.
2. Include "Enacting Probation" Policy in documents given to Program.
3. Include copy of appeals policy
4. Notify trainees and interview candidates that the Program was placed on probation.

Program:

1. Acknowledge in writing receipt of probation letter.
2. Options once notified of probation status.
    a. Accept probation.
    b. Appeal (see policy attached, notify Chair of BSO Training Committee in writing within 30 days of notification)
    c. Withdraw
3. Probation term
    a. Probation is for a minimum of 1 year.
    b. Probation is for a maximum of 2 years.
4. Documentation needed throughout probation period.
    a. Initial plan of action is due in 90 days.
    b. Progress reports due every 6 months for as long as probation status continues.
        i. Progress report(s) must demonstrate sufficient improvements to the approval of the BSO Training Committee.
    c. Site visit
        i. A minimum of six months will pass between the time a Program is placed on probationary status and the subsequent site visit to assess durability of instituted changes. The earliest a program can come off probation is one year following the initial notice.
5. Possible outcomes of subsequent site visit
    a. Closure (current fellow will still receive certificate)
    b. Continue probation (may still participate in the Match); site visit again in one year (program is responsible for additional site visit fees)
    c. Suspension (may not participate in the Match); site visit again in one year (program is responsible for additional site visit fees)
    d. Approval for 2 years
6. Program closure
    a. Multiple episodes of probation may be grounds for program closure.
    b. More than two consecutive episodes of probation will trigger program closure.
7. If a closed program desires to start a breast fellowship in the future,

the program will be expected to apply through the established processes as a new program submitting a new PID.

Approved March 2020

Appeal of Adverse Actions

1. If the BSO Training Committee takes an adverse action against a Program, the Program may request a hearing before an appeals panel. If a written request for such a hearing is not received by the Chair of the BSO Training Committee within 30 days following receipt of the Letter of Notification, the action of the BSO Training Committee will be deemed final and not subject to further appeal.

    a. If a hearing is requested, a panel shall be appointed according to the following procedures: The Program shall receive a copy of the list of potential appeals panel members from the **BSO Training Committee** and shall have an opportunity to delete a maximum of one- third of the names from the list of potential appeals panel members. Within 15 days of receipt of the list, the program shall submit its revised list to the Chair of the BSO Training Committee. Although all committee members are expected to behave in an unbiased manner, in order to ensure that a potential conflict of interest is minimized, any committee member who was involved in the site visit prompting the probationary status, who trained at the program in question, or trained at the same program (within five years) with the program director of the program in question, or who is practicing in the same referral area as the program in question, will automatically be disqualified independent of the program's deletion requests.

    b. A seven-member appeals panel will be constituted by the BSO Training Committee from among the remaining names on the list. The **panel must include the Vice- Chair of the BSO Training Committee, who will serve as Chair of the Appeals Panel, Vice President of the Society of Surgical Oncology, and the President-elect of the American Society of Breast Surgeons**. If any of these individuals will not be available in a timely fashion or are deemed ineligible due to a conflict of interest as detailed above in section 1.a, the Vice President of the Society of Surgical Oncology will be substituted with the President-elect of the Society of Surgical Oncology and/or the Vice-Chair of the BSO Training Committee may be substituted for the Chair of the BSO Training Committee. The President-elect of the American Society of Breast Surgeons can also be substituted with the Chair of the Board of the American Society of Breast Surgeons. The other four members will be chosen by the Chair of the BSO Training Committee from the revised list of potential panel members.

2. When a hearing is requested, the following policies and procedures shall apply:
   a. When a Program requests a hearing before an appeals panel, the Program holds the accreditation status determined by the BSO Training Committee with the term under appeal affixed to the status. For example, if the BSO Training Committee determines probationary status for a Program, and the Program appeals the decision, the status of the Program shall be "probation, under appeal." This accreditation status shall remain in effect until a final determination on the accreditation status of the Program is made.

      Nonetheless, at this time fellows and any candidates (applicants who have been invited to interview with the sponsoring institution) must be informed in writing as to the confirmed adverse action taken by the BSO Training Committee on the accreditation status. A copy of the written notice must be sent to the Chair of the BSO Training Committee within 50 days of receipt of the B S O Training Committee's Letter of Notification.

   b. Hearings conducted in conformity with these procedures shall be held via videoconference or in space agreed upon by all parties within two months of the BSO Training Committee's receipt of the appeals letter.

   c. The documents comprising the program file, the record of the BSO Training Committee's action, together with oral and written presentations by the appealing Program, shall be the basis for the recommendations of the appeals panel.

   d. The appeals panel shall review the written record and receive written copies of the presentations at least ten days prior to the appeals meeting.

   e. Proceedings before an appeals panel are not of an adversary nature as typical in a court of law, but rather they provide an administrative mechanism for peer review of an accreditation decision about an educational Program.

   f. The Program may not amend the statistical or narrative descriptions on which the decision of the BSO Training Committee was based in preparing for an appeal hearing. The file is considered "frozen" at that time with respect to the addition of any information not previously presented to the BSO Training Committee. The appeals procedures limit the appeals panel's jurisdiction to clarification of information at the time when the adverse action was confirmed by the BSO Training Committee. Information about the Program subsequent to that time may not be considered in the appeal. Furthermore, the appeals panel shall

not consider any changes in the Program or descriptions of the Program that were not in the record at the time when the BSO Training Committee reviewed the Program and confirmed the adverse action.

g. Presentations shall be limited to clarifications of the record and to arguments which address compliance by the Program with the published standards for accreditation and the review of the Program according to the administrative procedures which govern accreditation of Programs. Presentations may include written and oral elements. The appellant may make an oral presentation to the appeals panel, but this presentation shall be limited to one hour.

h. The appellant shall communicate with the appeals panel only at the hearing or in writing through the Chair of the BSO Training Committee.

i. The Program may submit additional written material within 15 days after the hearing. The intention to submit such material must be made known to the appeals panel at the hearing.

j. The appeals panel shall make recommendations to the President of the SSO and the President of ASBrS as to whether substantial, credible, and relevant evidence exists to support the action taken by the BSO Training Committee in the matter that is under appeal. The appeals panel will make recommendations as to whether there has been substantial compliance with the administrative procedures which govern the process of accreditation of the fellowship programs. The burden of proof shall lie with the appealing Program.

k. The appeals panel shall submit its recommendation to the SSO and ASBrS Presidents within 20 days after receipt of additional written material or 20 days after the end of the hearing, whichever is later. The Presidents or Executive Committee of both societies shall act on the appeal at its next regularly scheduled meeting.

l. The decision of the SSO and ASBrS Presidents or Executive Committees in this matter shall be final. There is no provision for further appeal.

m. The Chair of the BSO Training Committee shall, within fifteen (15) days following the final Executive Committee decision, notify the Program under appeal of the decision of the BSO Training Committee.

n. If the decision for probation is upheld, the process of removal from probation will begin with the submission of a plan of action to the BSO Training Committee

addressing major concerns from the prior site visit (see Enacting Probation policy).

o. If the decision for probation is overturned, the probationary status will be removed immediately and accreditation status returned; however, accreditation will not be granted for more than 2 years and annual progress reports will be required <u>at a minimum</u> during that time.

p. The appellant is fully responsible for the Appeal Fee of $5,000.

3. Under exceptional circumstances, Programs can go from an approved status to unapproved status by immediate withdrawal of their accreditation by unanimous vote of the BSO Training Committee. This decision would be in direct response to an egregious action by the training Program. When this occurs, Programs wishing to appeal such a decision would be subject to the same appeals process as detailed above.

Approved March 2020

Case Logging and Exit Survey

The BSO Training Committee is committed to ensuring that, upon completion of their fellowship, all fellows in an approved breast surgical oncology fellowship programs are able to apply an integrated, interdisciplinary approach to the management of patients with benign and malignant breast diseases in a compassionate manner.

It is critical that all fellows are appropriately logging their operative cases and non- operative experiences. This is the only way in which the BSO Training Committee can objectively determine if the requirements are being met.

Fellows will also be given the opportunity to evaluate their program at the completion of their fellowship. This survey will allow fellows to provide honest feedback about their experience throughout their fellowship and will be emailed directly to the fellows. Data collected from the survey will not be routinely shared with programs but will be used in the BSO Training Committee's effort to continuously improve the fellowship experience. Survey data will be kept anonymous.

Prior to the issuance of the Certificate of Completion, the following must be submitted to the BSO Training Committee by each fellow no later than August 15 of each year:

- Breast Oncology (SSB) Minimum Report from ACGME Case Log System (Please use Excel [.xls] format)
- Signed letter from program director attesting that minimum training requirements were met.
- Completion of breast fellows survey

SSO staff will facilitate the distribution of the survey and collection of required documents. Failure to submit this required information or if the fellow's case logs are deficient may jeopardize your fellow's ability to receive a certificate at the completion of their fellowship. All certificates will be mailed directly to the fellow in September.

Approved March 2020

Policy on Granting Retroactive Certificates & Changing Fellowship Complement

Background: The BSO Training Committee is committed to ensuring that any changes in fellowship complement enhance the educational environment of the training program. To that end, the B SO Training Committee has instituted the following procedures for requests for changes in fellowship complement.

Any request for an increase in the number of approved fellowship positions shall use the form available on the SSO's website, be signed by the Program Director, and be submitted to the BSO Training Committee. In the form, the Program Director must articulate the rationale for the complement increase, including how the complement increase will confer an educational benefit to current and future fellows. The Program Director must also provide revised schedules for clinical rotations and didactic activities based on the increase in fellow complement. A complement increase should not be requested for the purposes of case coverage or to increase manpower for service needs. If approved, the program will be required to provide the BSO Training Committee with a progress report in one year. Please note that requests for complement increases based solely on the service needs of the program will not be viewed favorably.

Policy:

1. Breast Surgical Oncology Fellowships may not award more certificates than the number of approved Breast Surgical Oncology fellowship positions within the program.
    A. Candidates who matriculate into an approved breast surgical oncology fellowship program either 1) outside of the matching process or 2) into a non- approved position at a breast fellowship will NOT be eligible to receive a certificate at the completion of their year of training. Candidates must participate in the Breast Match to matriculate into an approved breast surgical oncology fellowship spot.
    B. If an approved breast surgical oncology fellowship program does not fill all of its approved breast surgical oncology fellowship positions in the Match, then it may fill this vacancy after the Match and that fellow will be eligible to receive a certificate if the Program Director informs the BSO Training Committee that they have taken this fellow into one of their unfilled approved positions.
2. In order to request an increase in fellowship complement, the Program Director must make the request in writing to the BSO Training Committee at least three (3) weeks prior to the October meeting (at the time of the annual

Clinical Congress of the American College of Surgeons) in the same year that the match takes place. Any request for an increase of complement is limited to one (1) fellow. Requests may be considered at the March meeting at the time of the SSO Annual Cancer Symposium but will not be enacted until the subsequent academic year's Match.

1. It should be noted that requests for increases in complement must include documentation of:

    a) Historical case volumes to support an additional fellow.

    b) Evidence of an organized educational curriculum and the educational rationale in support of the additional fellow position.

    c) Detailed schedule that demonstrates how the additional fellow would integrate into the yearly schedule within the context of the other fellows and trainees.

2. If an increase in complement is granted, it will go into effect for the Match following the approval in complement increase.

3. A request for a decrease in the number of approved fellowship positions per year shall be in the form of a letter from the Program Director to the BSO Training Committee, outlining the rationale for the complement decrease and its anticipated duration. Depending upon the circumstances of the request, the BSO Training Committee may, at its discretion, schedule an off-cycle site visit of the program.

4. Certificates of completion of training in an approved breast surgical oncology fellowship approved training program will be granted for fellows who match into an approved training program, who are recommended by their Program Director at the completion of training, who submit an acceptable case log demonstrating that all requirements are met and have completed the Fellows Exit Survey.

    For circumstances where an approved breast surgical oncology fellow must extend their fellowship due to family, medical, or personal issues or if they are in re- mediation, this policy does not apply. These circumstances, however, should be communicated directly to the BSO Training Committee in writing, detailing the circumstances, potential trainee overlap and timing of training completion.

Approved March 2020

Site Visits and Site Visitors Policy

Site Visit and Visitors

The BSO Training Committee is committed to ensuring that each site visit is conducted in a professional, unbiased manner. The site visit team is typically comprised of one to three (1-3) BSO Training Committee representatives. The goal is to verify the information in the Program Information Database (PID) and to clarify any missing or unclear information by seeking to achieve consensus across all participants and other sources of information. A fee of $2,000 is required with PID submission.

To ensure that each site visit is unbiased, site visitors are unable to conduct a site visit at an institution where they have previously been trained or have worked. SSO staff will facilitate to eliminate any additional potential conflicts. If a program has a concern with an assigned site visitor, please contact SSO staff.

Site Visit Report

The site visit report is developed by the site visitors and is presented at the next upcoming BSO Training Committee meeting. The BSO Training Committee meets quarterly. Each site visit report, and subsequent Training Committee discussion, is confidential and will only be viewed by the BSO Training Committee and staff. A program may request their site visitor report, however, confidential comments from the site visitors to the BSO Training Committee will be redacted. The final designation (approval, probation, or other designations) will be shared between the SSO, the BSO Training Committee, and the ASBrS, as a sponsoring organization to the Breast Surgical Oncology Fellowship.

Approved March 2020

Delayed Fellow Start Date

1. After an approved breast surgical oncology fellowship program receives their match for the subsequent year, the approved breast surgical oncology fellowship program must ensure that the fellow starts their fellowship on August 1, the first day of their academic year.
   a. If a fellow cannot start on August 1, the breast fellowship program must contact the BSO Training Committee to alert them of a delayed start within 90 days of the match.
   b. In this circumstance the program must submit a letter on letterhead detailing the rationale of the delayed start, the new start and end date for the fellow, and provide a rotation schedule to the BSO Training Committee for approval. All information can be emailed to fellowship@surgonc.org.
   c. If the request for a delayed fellow start date is not approved by the BSO Training Committee, then the program would be subject to the terms and conditions of the "Breast Fellowship Program Match, Withdrawal, and Violations Policy."
2. If a fellow cannot start their fellowship due to an extended delay, the fellow can be released from their binding match agreement with BSO Training Committee approval. If the fellow would like to participate in a Breast Surgical Oncology Fellowship in a subsequent year, they must rematch through a new match cycle and submit a new application.

Approved March 2020

SECTION IV: APPENDIX OF EDUCATIONAL ELEMENTS

The Breast Surgical Oncology (BSO) Training Committee recognizes that every fellowship experience differs from institution to institution. However, to maintain consistency in training and in an effort to standardize training across experiences, the Training Committee has provided educational elements the fellow should be exposed to as well as minimum requirements and guidelines for each fellowship in this document.

Common procedures are frequently performed operations, procedures, or endeavors for a breast surgeon; specific procedure competency is **required** by end of training and should be attainable primarily by case volume or active participation in the activity/endeavor.

Complex procedures are uncommon operations, procedures, or endeavors for a breast surgeon in practice and not typically done in significant numbers by trainees; specific procedure competency **recommended** by end of training but cannot be attained by case volume or participation in the activity/endeavor alone.

EDUCATIONAL ELEMENTS

I. BENIGN BREAST DISEASE

Breast Diseases/Conditions

Breast pain
Breast mass
Cyst
Fibroadenoma
Phyllodes tumors
Diabetic mastopathy
Fat necrosis
Galactocele
Mondor's disease
Nipple discharge
Intraductal papilloma
Duct ectasia
Breast infections
Lactational mastitis
Non-lactational mastitis
Subareolar abscess
Granulomatous mastitis
High risk lesions

- Flat epithelial atypia
- Columnar cell change with atypia

- Atypical lobular hyperplasia
- Atypical ductal hyperplasia
- Lobular carcinoma in situ- classic and pleomorphic subtypes

Radial scar
Family history
Childhood radiation
Mantle radiation for lymphoma
Genetic predisposition (BRCA, TP53, ATM, CHEK2 etc.)
Role for and utility of chemoprevention
Peripartum issues surrounding physiologic breast changes, breast feeding and breast health

II. MALIGNANT BREAST DISEASE

Breast Disease/Conditions
Lobular carcinoma in situ- pleomorphic
Paget's disease of the nipple
Ductal carcinoma in situ
Invasive ductal carcinoma
Invasive lobular carcinoma
Invasive mammary carcinoma
Locally advanced breast carcinoma

- Operable
- Non-operable

Inflammatory breast carcinoma
Less Common Subtypes:

- Tubular carcinoma
- Mucinous carcinoma
- Adenoid cystic carcinoma
- Apocrine carcinoma
- Medullary carcinoma
- Metaplastic breast cancer

Malignant Phyllodes
Sarcoma (primary and secondary)
Pregnancy associated/lactation associated breast carcinoma
Occult primary breast carcinoma with axillary metastasis
Male breast cancer
Hereditary breast cancer:

- Family history positive with negative germline testing
- Genetic predisposition (BRCA, TP53, ATM, CHEK2 etc..)
- Appropriate ordering of genetic germline mutation testing

Hormone receptor status:

- ER/PR positive
- Her2 positive

- Triple negative

Recurrent Breast CA

- S/P mastectomy
- In breast recurrence s/p partial mastectomy
- Axillary recurrence
- Regional nodal recurrence

Metastatic disease to the breast

- Lymphoma
- Melanoma

Metastatic breast cancer to other sites

Operations/Procedures

COMMON

Breast ultrasound
Cyst aspiration
FNA
Percutaneous core needle sampling
Skin punch biopsy
Diagnostic excisional biopsy, with/without localization
Central/Major/Terminal duct exploration and excision
Partial mastectomy, with/without image-guided localization (wire/seed/ultrasound/ other localization device)
Oncoplastic partial mastectomy
Mastectomy:

- Total mastectomy including aesthetic flat closure
- Skin-sparing
- Nipple/areolar sparing

Axillary sentinel node dissection

- Blue dye
- Nuclear injection
- Both
- Other types of tracers for lymphatic mapping (MagTrace, indocyanine green)
- Targeted axillary dissection (TAD)

Axillary lymph node dissection
Percutaneous core needle sampling

- Ultrasound guided

COMPLEX

Level 3 node dissection
Chest wall resection
Axillary reverse mapping
Lymphovenous Bypass
Nerve preservation during nipple-sparing mastectomy for neurotization
Robotic nipple-sparing mastectomy
Internal mammary node sentinel node biopsy

Intralesional injection of steroid for IGM
Stereotactic core biopsy
MRI biopsy

III. BREAST IMAGING

Breast cancer screening/ diagnostic modalities

- Mammogram
- 3-D Mammogram (tomosynthesis)
- Ultrasound
- MRI

BIRADS classification
Breast cancer screening recommendations
Imaging work-up of a breast abnormality
Concordance assessment
Indications and contraindications for stereotactic biopsy/ ultrasound guided biopsy/ MRI guided biopsy
Knowledge of advanced breast imaging indications
Abbreviated MRI
Molecular breast imaging (MBI)
Contrast enhanced digital mammography (CEDM)
Automated breast ultrasound (ABUS)

IV. PLASTIC AND RECONSTRUCTIVE SURGERY

Diseases/Conditions

Partial mastectomy breast defects
Post-mastectomy defects
Breast asymmetry after breast conservation
Chest wall defects following resection of locally advanced breast cancer

Operations/Procedures

COMMON

Level 1 Oncoplastic closure of partial mastectomy defects: <20% breast tissue removed (local tissue rearrangement, crescent mastopexy, doughnut mastopexy
Level 2 Oncoplastic closure of partial mastectomy defects: 20-50% of breast tissue removed (circumvertical mastopexy design, reduction mammaplasty)

COMPLEX

Tissue expander placement
Permanent silicone implant placement
Pedicle flaps for breast reconstruction:

- Latissimus dorsi
- TRAM

Free flap for breast reconstruction:

- DIEP
- Gluteal
- TUG
- PAP

Mastopexy for symmetry
Fat grafting and lipofilling
Neurotization
Lympho-venous bypass
Gender affirming top surgery
Breast reduction

V. MEDICAL ONCOLOGY

Systemic therapy principles and mechanisms of action
Management of common complications of chemotherapeutic administration
Use of gene signatures to direct systemic treatment recommendations
Management of hormone receptor positive breast cancers

- Early stage
- Late stage

Management of hormone receptor negative breast cancers

- Early stage
- Late stage

Management of Her2 neu positive breast cancers

- Early stage
- Late stage

Indications for neoadjuvant systemic therapy
Systemic treatment for the de novo stage 4 patient
Indications for surgery in Stage IV patients

VI. PSYCHO-ONCOLOGY & PALLIATIVE CARE

Psycho-oncology includes the supportive care and management of depressive and anxiety symptoms that frequently occur in the setting of chronic complications or living with active disease for a protracted period of time. A single lecture on psycho-oncology does not satisfy this requirement.

Palliative care includes symptom treatment, hospice and end of life care and discussions, as well as management of cancer-related pain, nutrition, exercise and weight management options.

The fellow should be exposed to end of life discussion and transitions of care to hospice. This may be an integrated experience and a rotation on a palliative care service is not required. It must be documented how the fellow obtains this experience.

Program directors and administrators are directed to the FAQ section of the SSO website for additional information.

VII. RADIATION ONCOLOGY

Radiation biology principles
Radiation indications
Breast conservation:

- Whole breast radiation
- Partial breast radiation

Post-mastectomy radiation
Regional nodal radiation
Use of genomic signatures to guide radiation decisions
Management of common radiation complications
Partial breast radiation:

- Interstitial brachytherapy
- Balloon brachytherapy
- External beam partial breast

Radiation therapy for metastatic disease:

- Regional
- Distant
- Treatment
- Palliation

Radiation simulation/planning
Indications for omission of radiation

VIII. SURGICAL MANAGEMENT/COUNSELING FOR GENETIC SYNDROMES

Diseases/Conditions

Family history
BRCA 1
BRCA 2
P53 mutations (Li Fraumeni)
Cowden's syndrome/PTEN
CHEK2
Knowledge of other panels

IX. PALLIATIVE INTENT SURGERY

Diseases/Conditions

Asymptomatic Stage 4 breast cancer
Symptomatic Stage 4 breast cancer

- Resectable breast/node disease
- Unresectable breast/node disease

Chest wall involvement

Skin involvement

Operations/Procedures

COMPLEX
Palliative mastectomy

X. CLINICAL AND BASIC RESEARCH

Protection of Human Subjects
Inclusion of diverse study populations
Basic Statistical Analysis
Institutional Review Board process and application
Database management, Retrospective Reviews
Defining Hypothesis and Study Aims
Evaluation of Study Design
Assessment of Clinical Trial, Defining levels of Evidence/meta-analysis
Selection of primary and secondary endpoints
Defining study populations, sample size, power
Basic Survival Analysis
Assessment of Health Related QOL
Fundamentals of Health Outcomes Studies

Application

COMMON
Participation in a journal club – clinical or science
Retrospective review study of a database or case study
Writing, submission and presentation of a cancer-related abstract
Manuscript preparation, writing and submission
Identification and Recruitment of patients to a clinical trial

COMPLEX
Participation in a cooperative trial group meeting
Writing a grant – clinical or scientific
Writing an IRB application

XI. COMMUNITY OUTREACH AND LEADERSHIP

Communication with and education of the non-medical community

- Cancer screening
- Cancer prevention
- Cancer diagnosis
- Cancer treatment

Communication and interaction with cancer support groups

- Breast disease

Communication with and education of non-oncologic physicians
- Cancer screening
- Cancer prevention
- Cancer diagnosis
- Cancer treatment

Communication and interaction with non-oncologic surgeons
- Clinical trials
- Multidisciplinary conferences

Describe disparities in screening, diagnosis, and treatment of cancer
Presentation skills
- Slide presentation
- Public speaking skills
- Panel discussion skills

Effective preparation of educational materials
- For general public
- For patients
- For families of patients
- For fellows, residents, students
- Computer/web-based
- Print material

Role within non-profit organizations such as American Cancer Society, Komen, etc.

COMPLEX

Understanding of and possible effective preparation of outreach or screening grants
Effective presentation at community outreach

Application

COMMON

Attend and participate in cancer-support groups

Conference participation with general surgery and subspecialty colleagues
Lecture/talk to other fellows, residents, medical students
Outreach examples
- Lecture/talk to non-oncologic physicians
- Participation in American Cancer Society, Komen or similar screening and outreach events
- Prepare outreach/screening material
- Prepare outreach/screening grant

XII. PATHOLOGY

Breast cancer margin assessment: lumpectomy and mastectomy
Nodal evaluation
- Sentinel lymph node

- Nodal dissection specimen

Pathologic Analysis
Frozen section, routine staining, immunohistochemistry
Pathologic staging of tumors
Cytologic analysis
Intraoperative evaluation (frozen sectioning and touch prep of margins, nodes)
Sentinel node processing and analysis
Handling and pathologic assessment of regional lymphadenectomy specimen
Molecular testing/genomics
Receptors

XIII. CANCER REHABILITATION

Preoperative assessment of disability
Preoperative assessment of impact on activities of daily life
Postoperative/treatment evaluation and management of disability
Postoperative/treatment evaluation and management of impact on activities of daily life
Postoperative/treatment evaluation and intervention for

- Home
- Place of work
- Family/support network

Lymphedema management

- Preoperative assessment
- Postoperative monitoring and treatment

Operations/Procedures

COMMON

Physical therapy
Occupational therapy
Lymphedema prevention and treatment

XIV. OTHER

Coding and billing of breast diseases and procedures