

Date: June 26, 2025

To: Breast Surgical Oncology Fellowship Program Directors

RE: Updated Breast Fellowship Training Requirements

Dear Breast Fellowship Program Directors,

On behalf of the Breast Surgical Oncology Fellowship Training Committee and the Breast Fellow Curriculum Task Force, we would like to thank you for your thoughtful and constructive feedback on the proposed curriculum changes. We share the collective goal of ensuring that our breast surgical oncology fellows receive an educational experience that prepares them for independent practice—whether in academic or private settings—during their fellowship year.

We believe the proposed curriculum reflects the evolving landscape of breast surgery and has been carefully designed to provide a comprehensive and well-rounded educational foundation, while allowing flexibility for program-specific adaptation. In response to the valuable feedback received, we have made the following updates and clarifications to the curriculum:

1. Comprehensive Case Logging:

Fellows should log all cases—not only those that meet the minimum requirements. This serves two important purposes: (1) Programs seeking to increase their fellow complement will have the necessary data to support their request; and (2) the curriculum is reviewed and updated every three years, with case volume data informing necessary revisions to case requirements.

2. Rotation Time vs. Case Requirements:

While fellows may meet minimum case requirements early in a rotation, the full duration of the rotation remains essential. Extended time in clinic fosters the development of critical non-technical skills such as practice management, multidisciplinary coordination, and patient communication—skills that are distinct from, and not replaceable by, operative experience.

3. Clinical Research Training:

The five-day clinical research training requirement refers to participation in a formal curriculum at the local or national level. Examples include CITI certification, IRB training, statistics courses, or similar programs. In addition, time spent with a research mentor developing a project, analyzing data, or

preparing a manuscript may count toward this requirement. However, individual research meetings alone are insufficient.

4. Longitudinal Rotations:

For programs using longitudinal rotation formats (as opposed to consecutive-day or week-long blocks), accurate documentation is essential. Time spent on each rotation must be clearly recorded, with a “day” defined as 8 hours and a “week” as 5 workdays. Please note that attendance at multidisciplinary conferences does not substitute for clinical time.

5. Partial Mastectomies and Excisional Biopsies:

Fellows are required to log a minimum of 15 partial mastectomies for cancer and 15 excisional biopsies for benign disease. This distinction ensures adequate experience in the surgical management of benign breast conditions, which is essential for comprehensive training.

6. Local Regional Recurrences (LRRs):

LRRs will be reclassified to the non-operative section and no longer require longitudinal tracking from diagnosis through treatment. These cases are inherently multidisciplinary and may be fulfilled through evaluation in surgical oncology, radiation oncology, or medical oncology clinics.

7. Rotation Time Adjustments and Flexibility:

The required rotation durations for Plastic Surgery and Radiation Oncology will each be reduced from 4 weeks to 3 weeks. This change creates two weeks of “flex time” for fellows, which programs may use to accommodate fellow interests (e.g., electives such as reproductive endocrinology or lactation consultation), address surgical training gaps (e.g., mediport placement), or allocate for vacation.

8. Nipple-Sparing Mastectomy Requirement:

Recognizing its relevance to contemporary practice, nipple-sparing mastectomy will remain a requirement. However, as this is a new requirement, the initial minimum has been adjusted to 10 cases (reduced from 15), with the expectation that the number may increase in future curriculum reviews.

9. Frozen Section Logging Requirement Removed:

The requirement to log one frozen section has been removed. Appropriate use of frozen section should be guided by discussions between the pathologist and surgeon, based on individual case circumstances.

10. Graduate Tracking:

Programs will continue to be responsible for tracking the academic activities of their graduates, which remains a key metric for evaluating program effectiveness.

Implementation Timeline:

These updated curriculum requirements will take effect for the **Academic Year 2026–2027**, beginning **August 1, 2026**. Programs are welcome to implement changes earlier; however, these changes will not be considered mandatory until the effective date.

- **Site Visits Prior to August 2026:**
Will be evaluated based on the current (2019) curriculum requirements. If a program scheduled for a 2026 site visit has already adopted aspects of the updated curriculum, this should be communicated to the site visitors.
- **Site Visits On or After August 1, 2026:**
Programs will be expected to have fully implemented the new curriculum and training requirements, as these will be the standard from that date forward.

We appreciate your continued commitment to advancing the education of breast surgical oncology fellows and your collaboration in shaping a curriculum that reflects both excellence and the realities of clinical practice.

Sincerely,

The Breast Surgical Oncology Fellowship Training Committee

The Breast Fellow Curriculum Task Force