



IGCS



**INTERNATIONAL
GYNECOLOGIC
CANCER SOCIETY**

Preinvasive Disease Program

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TABLE OF CONTENTS

<i>Introduction.....</i>	<i>2</i>
<i>Aims and objectives.....</i>	<i>2</i>
<i>Summary of the program</i>	<i>2</i>
<i>Who is the training program for?</i>	<i>3</i>
<i>Phase 1: Basic Theory</i>	<i>3</i>
<i>Phase 2: Advanced Theory.....</i>	<i>5</i>
<i>Assessment to qualify for Phase 3</i>	<i>6</i>
<i>Phase 3: Practical and skill in colposcopy and treatment of preinvasive cervical disease</i>	<i>6</i>
<i>Certificate of completion</i>	<i>7</i>
<i>Phase 4: Continuing clinical practice (Project ECHO)</i>	<i>7</i>
<i>Appendix 1: Workflow of training program</i>	<i>8</i>
<i>Appendix 2: Phase 3 Logbook</i>	<i>9</i>

INTRODUCTION

The IGCS Global Curriculum for Gynecologic Oncology Training was created to provide gynecologic oncology fellowship training in regions of the world where formal programs did not already exist. The design of the Global Curriculum is modular and flexible to allow programs to customize the training to meet the clinical needs on the ground at their individual sites. Once the IGCS Global Curriculum for Gynecologic Oncology Training was established, it was evident that training in Preinvasive Disease, especially preinvasive cervical disease was greatly needed in the fellowship training sites and other low and middle-income countries (LMICs).

This IGCS Preinvasive Disease Training Program was designed to provide the framework for basic training in preinvasive disease of the female lower genital tract. It is a learning opportunity to complement the fellows' and IGCS members' knowledge and skills in cervical cancer prevention.

This module can also be used as a stand-alone training module for IGCS sites where resources can support screening and preinvasive disease management.

AIMS AND OBJECTIVES

- To equip IGCS Fellows and other healthcare providers with evidence-based practice skill sets to screen, diagnose, and treat preinvasive disease of the lower genital tract, with a focus on preinvasive cervical disease.
- To support healthcare workers and Fellows to build knowledge and confidence in the screening, diagnosis and treatment of preinvasive disease, especially preinvasive cervical disease.
- To update knowledge and skills in providers who are already screening, diagnosing and treating preinvasive cervical disease with a goal to improve local capacity.

SUMMARY OF THE PROGRAM

There are 4 sequential phases in the training program.

- Phase 1: Basic Theory
- Phase 2: Advanced Theory
- Phase 3: Practical/competence assessment and Certificate of Completion
- Phase 4: Introduction and guidance with local ECHO meetings (Provisional)

Phase 1 and Phase 2 are online modules. These two phases make up the *theoretical part* of the training program.

Upon completion of Phase 1 and Phase 2, the candidate will receive a certificate and if they want to advance will need to complete an assessment to determine whether he/she is qualified to continue into Phase 3 (*Practical component*).

Candidates who successfully complete Phase 3 of the training program, will receive a certificate of completion. They will be given the opportunity of establishing a Project ECHO program for their country or local medical community with guidance from IGCS Preinvasive Disease Training program committee. They can also partner with other sites to build their own Project ECHO Program.

WHO IS THE TRAINING PROGRAM FOR?

The training program is designed to meet the needs of two main groups of healthcare providers.

Group 1 (Education Group): Healthcare providers who only desire to update their knowledge in preinvasive disease without the need or desire to update their practical skills. *This group will have the option of only completing Phase 1 and Phase 2 of the training program.*

Group 2 (Certification of Completion Group): Healthcare providers who desire to update their knowledge in preinvasive disease and also obtain practical skills in screening, diagnosis and treatment of preinvasive disease. *This group will be completing the entire training program, i.e. Phase 1, 2 and 3 with the option of doing Phase 4 as well.*

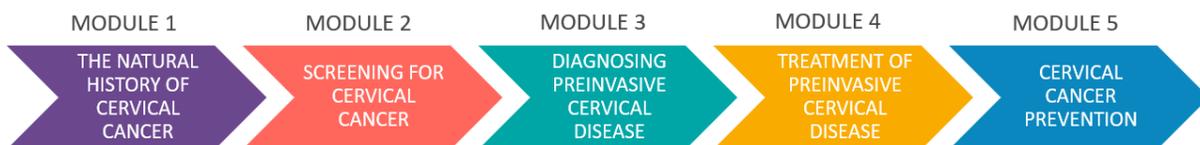
PHASE 1: BASIC THEORY

Phase 1 establishes a firm didactic foundation from which trainees can do advanced learning into the topical domains in Phase 2. Each phase (1 and 2) will consist of:

- 5 e-learning modules
- A pre- and post-test for each module will help to objectively quantify learning and improvement in each learner's knowledge about the subject matter of each module. Trainees will need to achieve a minimum passing score to progress on to the next module

Introduction to the basics of human papillomavirus (HPV), cervical cancer pathophysiology, the significance of preinvasive disease in cervical cancer, and the importance of screening and prevention.

Phase 1 Basic Training Workflow



Module 1: The Natural History of Cervical Cancer

- Basic anatomy of the normal cervix including squamous columnar junction and transformation zone development and importance
- Understanding HPV
- Persistent HPV infection and the mechanism of cervical cancer development

Module 2: Screening for Cervical Cancer

- Global importance of cervical cancer screening
- Mode of screening and evidence: visual inspection with acetic acid (VIA), Cytology, HPV testing
- How to do a cervical exam including practical tips on challenging exams including:

- postmenopausal patients, anxious patients, obese patients
- Understanding and interpretation of cervical cancer screening results
- Case-based discussion:
 - Counseling patients on abnormal cervical cancer screening results
 - Initial management of abnormal cervical cancer screening results

Module 3: Diagnosing Preinvasive Cervical Disease

- Introduction to the colposcope
 - Various colposcopy devices: colposcope, videoscope, mobile colposcope
 - How to best use the colposcope for diagnosis and treatment
- Basic colposcopy procedure
- Colposcopic features of a normal cervix as well as preinvasive disease of the cervix
- Documentation of colposcopy findings and diagnosis
 - The International Federation of Cervical Pathology and Colposcopy (IFCPC) terminology
- Histological diagnosis:
 - How to perform a cervical punch biopsy and endocervical curettage
- Interpretation of histological diagnosis or preinvasive cervical disease
 - Lower Anogenital Squamous Terminology (LAST) terminology/ World Health Organization (WHO) recommendation
 - Cervical intraepithelial neoplasia (CIN) terminology
- Case-based discussion:
 - Colposcopy cases with pictures
 - Counseling patients on preinvasive cervical diagnosis

Module 4: Treatment of preinvasive cervical disease

- Screen & Treat vs. triage with colposcopy and biopsy prior to treatment
- Different types of treatment:
 - Ablation: cryotherapy, thermal ablation
 - Excision: Loop Electrosurgical Excision Procedure (LEEP)/ Large Loop Excision of the transformation Zone (LLETZ), cold-knife cone (CKC) biopsy
- Important considerations prior to offering treatment
 - Eligibility/patient selection
 - Risk of treatment: operative, post and future risks including implication to fertility and pregnancy
- Counseling and consenting patients for treatment
- Case-based discussion

Module 5: Cervical cancer prevention

- What is the HPV vaccine? including types of vaccine
- Current evidence on HPV vaccination in cervical cancer prevention
 - Intended group (HPV naïve population)
 - Other group (Sexually active, previous HPV infection, older women, men)
- How to counsel patients prior to giving the HPV vaccine
- Case-based discussion and FAQ

PHASE 2: ADVANCED THEORY

Phase 2 is similar to Phase 1 but will involve advanced learning into the topical domains as outlined in each of the 5 modules.

Phase 2 consists of several short didactic lectures (~30 minutes) by world-renowned experts in HPV and preinvasive disease. It will consist of similar workflow to Phase 1, as described below:

- 5 e-learning modules
- A pre- and post-test for each module will help to objectively quantify learning and improvement in each learner's knowledge about the subject matter of each module. Trainees will need to achieve a minimum passing score to progress on to the next module. They will be given the opportunity to retake the module if they do not achieve a passing score.

Lectures and speakers in Phase 2 are listed below and will be updated periodically:

Module 1: The natural history of cervical cancer	
Lecture 1: Epidemiology of HPV and burden in the real world	Dr. Ellen Baker
Lecture 2: Molecular basis of HPV infection	Dr. Suzanne Garland
Lecture 3: Cytology/histopathology of cervical preinvasive disease and cancer	Dr. Gustavo Focchi
Module 2: Screening for cervical cancer	
Lecture 1: What is new in the WHO guidelines for screening and treatment of cervical pre-cancer lesions?	Dr. Katina Robison
Lecture 2: Contemporary terminology in cervical cancer screening	Dr. Joseph Ng
Lecture 3: 2016 ASCO resourced-stratified guidelines for secondary prevention	Dr. Jose Jeronimo
Lecture 4: Self-sample HPV testing to increase participation in cervical cancer screening	Dr. Jane Montealegre
Module 3: Diagnosing preinvasive cervical disease	
Lecture 1: 2011 IFCCP Colposcopy terminology	Dr. James Bentley
Lecture 2: Colposcopy 101 - An overview of Colposcopy technique and the normal and abnormal transformation zone.	Dr. Alan Waxman
Lecture 3: Colposcopy and glandular abnormalities	Dr. E.J. Mayeaux Jr
Lecture 4: Colposcopy in pregnancy	Dr. Alan Waxman
Lecture 5: Colposcopy case base discussions	Dr. Ida Ismail-Pratt Dr. Mila Pontremoli Salcedo
Module 4: Treatment of preinvasive cervical disease	
Lecture 1: General principles of treatment	Dr. Mila Pontremoli Salcedo
Lecture 2: Treatment of preinvasive cervical disease: Ablation techniques	Dr. Rachel Masch
Lecture 3: Treatment of preinvasive cervical disease: Excision methods	Dr. James Bentley
Lecture 4: Difficult situations in colposcopy	Dr. Joseph Ng
Module 5: Beyond cervical cancer screening	
Lecture 1: Real world outcomes of HPV vaccination	Dr. Julia Brotherton
Lecture 2: Review of head and neck cancer: Diagnosis, treatment and function and the epidemic of HPV-related oropharynx cancer	Dr. Erich Sturgis

Lecture 3: Project ECHO: Extension for Community Healthcare Outcomes	Dr. Ellen Baker/Ms. Melissa Lopez Varon
Lecture 4: Benign vulval lesions	Dr. Andrea Milbourne
Lecture 5: Diagnosis and management of VIN and VAIN	Dr. Margaret Cruickshank
Lecture 6: HPV-related preinvasive cervical disease and cancer in women living with HIV	Dr. Elizabeth Chiao
Lecture 7: Treatment of invasive cervical cancer	Dr. Kathleen Schmeler

ASSESSMENT TO QUALIFY FOR PHASE 3

Candidates who wish to proceed to Phase 3 and obtain the IGCS certificate of completion for Preinvasive disease training program, will need to undergo an online assessment and site assessment.

As Phase 3 is a practical and skills module, the online assessment is to determine the candidates needs when embarking Phase 3 modules. This is to ensure each candidates training is not only standardized but individualized to their needs and the needs of their working environment and sites.

PHASE 3: PRACTICAL AND SKILL IN COLPOSCOPY AND TREATMENT OF PREINVASIVE CERVICAL DISEASE

This is a competency-based practical and skills phase.

The requirements to enter Phase 3 are:

1. Successful completion of Phase 1 and Phase 2 within two years of advancing to Phase 3.
2. Complete an online Phase 3 qualifying assessment and site assessment.

Upon obtaining both requirements stated above, each candidate will need to present a dedicated and skilled IGCS certified or approved mentor for Phase 3. The mentor is responsible to:

- Guide and train the candidate to be safe and competent in treatment of preinvasive cervical disease according to IGCS standards on site
- Ensure completion of the IGCS colposcopy logbook
- Assess the technical competency of the candidate as per IGCS requirements/standards on site.

Phase 3 will focus on:

- 1. Skill acquisition:**
 - a. Colposcopy skills
 - b. Treatment of preinvasive cervical disease
- 2. Clinical application of theory learned on-site**
 - a. Clinical management of patients with abnormal cervical screening results and preinvasive cervical disease
 - b. Patient counselling in cervical cancer prevention and management of preinvasive cervical disease

Criteria to complete Phase 3:

1. Completion of Phase 3 logbook.
2. IGCS approved Mentor endorses candidate and completes assessment on technical competency in treatment/management of preinvasive cervical disease
3. Candidate will attend an IGCS Preinvasive workshop or IGCS approved Preinvasive course within 2 years of entering Phase 3 of the training program.

Technical competency in a clinical setting will be defined by the resources at each individual site and the current standard of care (i.e. cytology vs. HPV testing vs. VIA for screening; colposcopy with biopsy if available; and treatment with ablation and/or LLETZ/LEEP).

CERTIFICATE OF COMPLETION

The criteria for obtaining the IGCS Preinvasive disease Program Certificate of Completion is successfully completing:

1. Successfully complete Phase 1 and Phase 2 by passing all post module multiple choice question (MCQ) tests.
2. Phase 3 logbook reviewed and approved by IGCS-approved mentor.
3. IGCS Mentor approves candidate's technical competency as per IGCS standards.
4. Attending an IGCS Preinvasive workshop or IGCS approved Preinvasive course within the 2 years of completing Phase 1 and Phase 2.

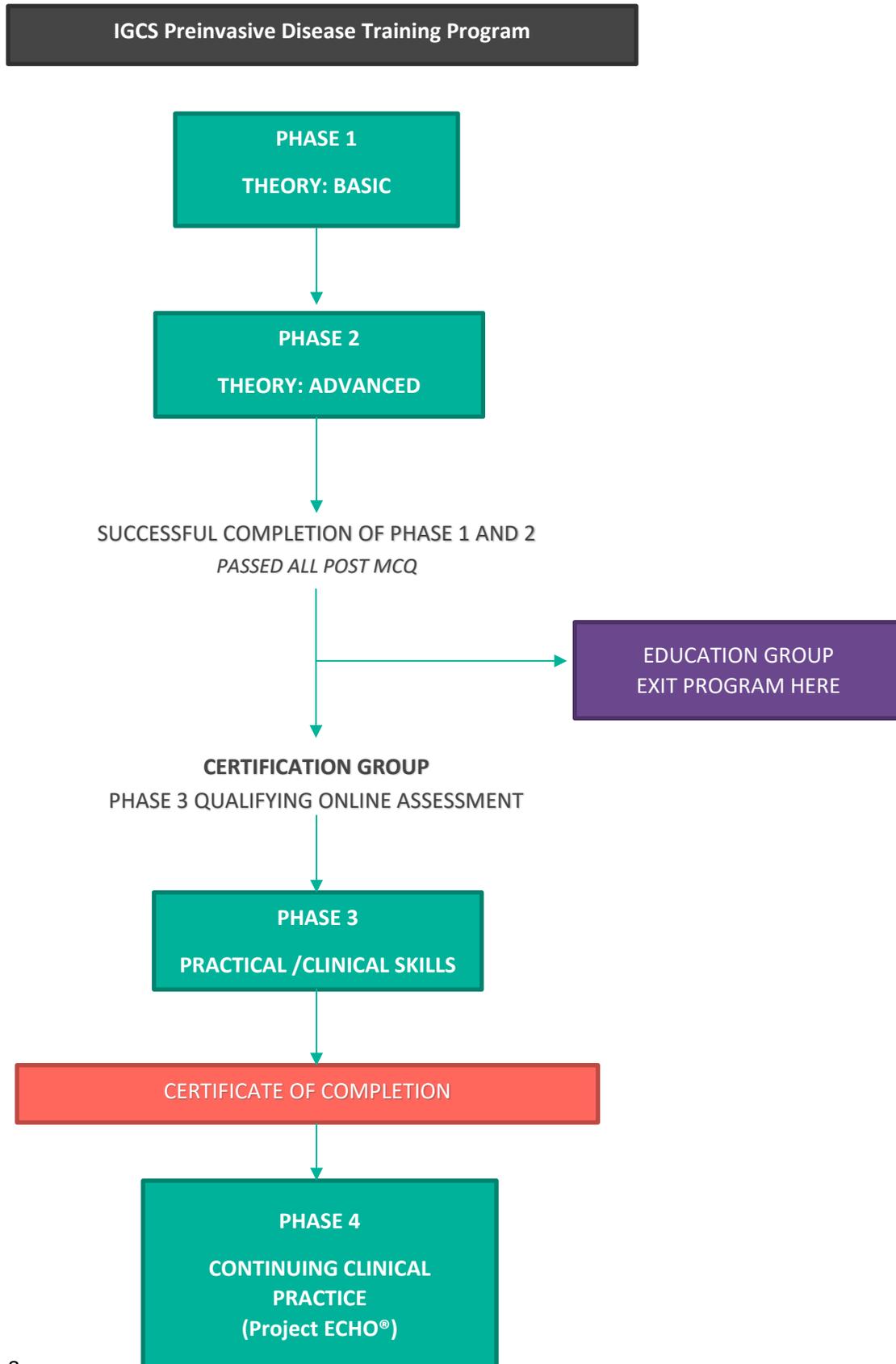
PHASE 4: CONTINUING CLINICAL PRACTICE (PROJECT ECHO)

All candidates who have successfully obtained the certificate of completion are invited to establish their own Project ECHO program for their local community/area, with support of IGCS.

Phase 4 will include:

1. Invitation to attend established relevant Project ECHO meetings
2. Training to be a Project ECHO facilitator
3. Six months guidance and support by the IGCS preinvasive disease faculty on running their own Project ECHO meeting

APPENDIX 1: WORKFLOW OF TRAINING PROGRAM



APPENDIX 2: PHASE 3 LOGBOOK

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