

**Training Course Certificate to show expertise in the medical profession.  
Head and Neck Surgery.**

**Rajavithi Hospital**

**1. Name of course**

Fellowship Training in Head and Neck Surgical Oncology.

**2. Certification**

Certificate of Fellowship in Head and Neck Surgical Oncology

**3. Responsible**

Department of Otolaryngology Rajavithi hospital

**4. Rationale for applying for the course .**

Head and neck cancer is a major public health problem in Thailand and overall of the world. The annual incidence of head and neck cancers worldwide is more than 550,000 cases with around 300,000 deaths each year. Early stage cancers have a very favorable prognosis with high cure rates with less complex surgery, but for late stage (more than two third of the patients) may need the complex surgery for definite treatment. In Thailand, statistics from the National Cancer Institute in the year 2004-2006, the incidence of head and neck cancer / overall cancer in women are 11,302 / 150,768. Men found a rate of 14,823 / 145,788.

In Rajavithi hospital. The tertiary care hospital, head and neck cancer patients occupy bed in a ward of Otolaryngology up to 70 percent. Most patients who come for treatment, often be stage III-IV, which requires a multidisciplinary treatment, surgery /radiotherapy/ chemotherapy. For the early stage may be treated with radiotherapy or surgery. /Almost all patients often have to be take care for diagnosis, preparation of oral, nutrition preoperatively then They must be followed by survived, recurrence of the disease and complication of the operation post operatively, which require specialist with knowledge and expertise that covers all aspects of the surgery, chemotherapy, radiotherapy and knowledge of treatment and management skills to handle patient care.

Current knowledge of head and neck cancer increased significantly and continuously. New knowledge of the diagnosis, treatment, new type of chemotherapy that works well with patients , as well as co- treatment with radiotherapy . And in patients who have a recurrence of the disease. It also offers new knowledge in palliative care.

Nowadays, physicians caring for these cancer patients have to work very hard to serve, since most patients were referred to Rajavithi hospital which can operate in these patients. While the reare few hospitals that can operate these patients. Patients have been delayed freated and must travel during treatment period cause suffering to the patient and family, often the reason for the lack of patients continuing treatment, these patients died or have low survival rateeven if the high chance of survival. Therefore it is necessary to have further training specialists, head and neck surgical oncology.

Center of Otolaryngology Rajavithi hospital have enough doctor who can operate these patients, enough patient number and have plenty of potential in training in this specialist field.

## **5. Training Schedule**

Training will begin on 1st June.

## **6. Staff**

### **6.1 Properties of teacher training providers.**

1. Diplomas in head and neck surgical oncology or fellowship Sub-board in head and neck surgical oncology local or international.
2. Certification in otolaryngology local or international program and at least 5 years experience in head and neck surgery.
3. A member of the Royal collage of Otolaryngologyand at least 5 years experience in head and neck surgery.
4. Other medical sub-specialized which authorization / certification from other relate medical council, including Facial plastic surgery, Medical oncology , Radiotherapy , Diagnostic radiology, Nuclear medicine or other medical certification which authorization from Royal collage of Otolaryngology.
5. Dentists whom authorized / certification oral surgery from Royal Thailand Dental council.
6. Audiologist or Speech pathologist whom earned a master or PhD in the field of communication disorders in the majors of audiology or speech and language pathology from the institute that Civil Service Commission was certified.

## **7. The number of trainees.**

Two trainees per year.

## **8. Who can attend the training in head and neck surgical oncology.**

- A. Board or certified in Otolaryngology.
- B. Last year training in Otolaryngology residency training program or last year internship program or practitioners in the field of otolaryngology in 5<sup>th</sup> year to be eligible for the diploma exam or authorization of the case in the field of otolaryngology (and need to get the certification or authorization specialists).
- C. Board or certified in general surgery.

## **9. The duration of the training.**

1 year

## **10. objective**

Trainee must have a positive attitude, knowledge and ability to care for patients with head and neck cancer. The following topics.

- Biology and Pathophysiology of cancer, invade and spreading.
- Epidemiology for consulting and recommendations about preventing in head and neck cancer
- Diagnosis and follow the diagnostic procedure.
- Evaluate the patient prior to treatment .
- Prepare the patient before beginning treatment
- Treatment planning by combining interdisciplinary with radiation oncologist, dentist, dietitian and social worker.
- Surgery and complication solve in microvascular surgery, radical surgery and reconstructive surgery.
- Speech restoration and swallowing rehabilitation after treatment.
- Fundamentals of radiation therapy and complication management for patients whom undergoing radiotherapy.
- Follow-up treatment and search for recurrence of the disease.
- Caring for patients whom do not respond to treatment.
- Palliative treatment.
- Assistance, advice and educate with other otolaryngology, general practitioner and public health personnel properly.
- Patient care, holistic approach, with the economics of public health theory.

## 11. Brief content of training, the training course will be covered below.

### 11.1 Diagnostic techniques and staging

Trainees must have sufficient knowledge about diagnostic technique and staging of disease.

### 11.2 patients evaluation and prepare prior to treatment.

Trainees must have adequate knowledge about the evaluation and treatment of patients on the relate side- general performance status, oral and dental care as well as nutrition and psychological support of the family.

Trainees must plan the treatment with other relate physicians and medical personal with the information obtained from the evaluation of the patient so that the patient can choose the appropriate treatment.

### 11.3 Pathology

Trainees must have the ability to identify abnormal lesions, pre-cancerous and cancerous with gross and histopathological view. Trainees should understand the pathogenesis of cancer, clinical behavior and prognosis. And Trainees must know about fundamental of pathology

Technique – Frozensection, histochemical staining, immounohistochemical staining.

### 11.4 Anatomy, Physiology and Pathophysiology

Trainees must understand about anatomy, physiology and pathology which relate with head and neck cancer.

### 11.5 Carcinogenesis, invasion, metastasis

Trainees must understand about carcinogenesis – family related cancer, virus, smoking, drinking, environment related.

### 11.6 Surgery and complication

Trainees must be trained for head and neck surgery for primary tumor from conservation to radical surgery and combined with reconstructive surgery in local, pedical and microvascular free flap. And also with complication management.

### 11.7 Radiotherapy

Trainees must know the basic treatment and planning of radiotherapy for head and neck oncology.

### 11.8 Caring for patients whom do not respond to treatment and palliative aim.

Trainees can take of patient with residual, recurrence or end stage with surgery, chemotherapy, supportive medication base on best supportive care.

### 11.9 Moral

Trainees must treat patient, relative, other medical personal with the ethics mercy, proper communication skill.

## 12. Course content

Trainees must learned about the contents below.

*12.1 General clinical evaluation of Head and Neck patient*

*12.2 prognostic factor in Head and Neck cancer*

*12.3 Special Diagnostic investigation consideration*

*12.4 General surgical principle*

*12.5 General microsurgical principle*

*12.6 General knowledge of Reconstruction*

*12.7 Principle of Radiotherapy*

*12.8 Principle of Supportive care, nutrition ,psychosocial support*

*12.9 Principle of speech, voice, swallowing Rehabilitation*

*12.10 Principle of complication treatment*

### 12.1

Curriculum and learning experience .

Trainees are required to care for patients with head and neck cancer at the ward and OPD with the unit in the morning. History taking, physical examination, diagnostic endoscope, Head and Neck ultrasound, tissue biopsy, complete staging, care of patient, rehabilitation.

Tumor conference with other otolaryngology and radiotherapy.

Other related conference.

Assist or perform head and neck surgery at least 2 days per week.

Attend in tumor clinic at least 2 days per week.

The trainees will be assigned to participate in teaching medical students, internship, visiting personal and otolaryngology resident.

List of assist and self perform procedure

1. Excision mass in Head and Neck Region
2. Thyroidectomy
3. Parotidectomy
4. Maxilectomy
5. Composit Operation
6. Larygectomy
7. Neck Dissection
8. Reconstruction
  - 8.1 Local Flap
  - 8.2 Regional Flap
    - 8.2.1 Pectoris Major
    - 8.2.2 Deltpectoral

8.2.3Forehead

8.2.4Supraclavicular

8.2.5Tongue

8.2.6Facial Artery Mucosal

8.3 Free Flap

8.3.1Radial Forarm

8.3.2Fibular

8.3.3Antero-lateral Thight

8.3.4Iliac

8.3.5Rectus-Abdominis

8.3.6Scapular

Evaluation

Evaluation by Otolaryngology staff