

Society of Urologic Oncology  
Urologic Oncology Fellowship Program  
Two Woodfield Lake  
1100 E. Woodfield Road, Suite #350  
Schaumburg, IL 60173

### INSTRUCTIONS

Before completing the attached form, please review the Program Requirements (P.R.) For Urologic Oncology Fellowship in the SUO Program Guidelines effective May 1, 2000 before you begin this application.

**APPLICATION FOR A NEW PROGRAM:** Please mail one copy of the completed documents, including appendices, along with the \$3,000 application fee to the SUO Executive Office at the above address. Please note that your application will not be considered complete and eligible for review until the application fee is received.

**SIGNATURES:** The program director is personally responsible for the content of the completed form and surgical list. By signing, the program director attests to the accuracy of the information being submitted. Program Information Forms will not be considered complete without the appropriate signatures.

**REFERENCES:** This form references the specific section of the Urologic Oncology Fellowship Program Guidelines from which information is requested. The program director should refer to these specific areas to assure that the appended information/narrative addresses the requested area of the Guidelines. The information submitted should be complete and concise. Do not include reprints, brochures, catalogs or lengthy CV's. Forms should not be stapled, bound, or include divider tabs, etc. Please submit the documents loose and banded. No revision to the form is permitted. The pagination of the completed form must be retained. If more space is required to respond to an item, insert additional pages as necessary labeling them, for example, as page 2a, 2b, etc.

#### DEFINITION OF TERMS:

Urologic Oncology Fellow operative experience form (section two of these forms):

The one-year written tally of surgical experience performed by the urologic oncology fellow during the twelve-month program. The data must be submitted in the form provided by the SUO. If this is an application for a new program, you probably have no urologic oncology fellow(s) and you will not be able to submit data. If this is an existing program applying for accreditation for the first time, submit a written tally for the fellow(s) for the previous academic year.

Urologic oncology operative experience form for institutions:

This form is the one-year written tally of all surgery available for education of the urologic oncology fellow. All institutions where the urologic oncology fellow receives clinical education must be included. Usually, though, there is one institution only for these programs.

Please read carefully the instructions provided to ensure that the correct dates and signatures are provided. Forms must be typed. All copies must be legible.

**SUO Urologic Oncology Fellowship Program Application**

**PROGRAM INFORMATION FORM FOR UROLOGIC ONCOLOGY FELLOWSHIP**

Date of Application: \_\_\_\_\_

**TITLE OF PROGRAM:** \_\_\_\_\_

(For accredited programs use first line of program listing in the *Graduate Medical Education Directory*.)

<b>CURRENT PROGRAM STATUS:</b> (check one)		
New Program	Existing Program	Renewal
<b>LENGTH OF PROGRAM:</b> Two Years		

<b>PROGRAM DIRECTOR INFORMATION</b>		Full-time: _____	Part-time: _____	Voluntary: _____
<b>NAME AND TITLE:</b>				
<b>MAILING ADDRESS:</b>				
<b>PHONE:</b>			<b>FAX:</b>	
Signature of the director of the program attests to the completeness and accuracy of the information provided on this form.				
Signature of Program Director			Date	

Complete the following information for each institution that participates in the program. If more than one institution participates, attach duplicate pages numbered as page 1a. NOTE: the interinstitutional agreements with all participating institutions must be available for review at the time of the site visit.

<b>SPONSORING INSTITUTION (#1)</b>	<b>JCAHO APPROVED:</b> _____ YES _____ NO
<b>Institution Name:</b>	
<b>Address:</b>	
Name of Chief Executive Officer:	
Phone:	FAX:
Months Urologic Oncology Fellow on Service: _____ months	
Medical School Affiliation, if Any:	

<b>PARTICIPATING INSTITUTION (#2)</b>		<b>JCAHO APPROVED:</b> ___ YES    ___ NO
Institution Name:		
Address:		
Local Training Director:	Phone:	
Full-time: ___	Part-time: ___	Voluntary: ___
Months Urologic Oncology Fellow on Service: ___ Months		
Distance between institutions 2 & 1:            (miles)		

<b>THE UROLOGIC ONCOLOGY FELLOWSHIP PROGRAM MUST BE ASSOCIATED WITH AN ACGME-ACCREDITED UROLOGY PROGRAM OR AN NCI DESIGNATED CANCER CENTER. PROVIDE THE FOLLOWING INFORMATION FOR THE UROLOGY PROGRAM.</b>		
Title of Program:		
Current Accreditation Status: Application ___    Provisional ___    Full Accreditation ___    Probation ___		
Length of Program:		
Program Director:		
Title:	Phone:	
Full-time: ___	Part-time: ___	Voluntary: ___
Mailing Address:		

**APPENDIX 1:      Attach as Appendix 1 a letter confirming the Urology Programs accreditation status.**

### STATISTICAL INFORMATION

Provide statistical information for each institution(s) listed on page 1 of this form. The institutions should have a minimum of 100 major urologic oncology surgical procedures per year.

HOSPITAL STATISTICS		Sponsoring Institution	Institution #2	Institution #3	Institution #4	Total
Number of Urologic Oncology Cases	Yearly					
	Major					
	Minor					
Number of Urologic Oncology Out-Patient Visits Yearly						

**RESEARCH****NAME OF INSTITUTION:**

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Please answer each of the following questions and insert required additional pages as 4a, 4b, etc. If more than one institution is involved in the program and research is conducted in these institutions, please duplicate this page and supply the information for each. Type the name of the institution at the top of this page.

Are laboratories for research available for Urologic Oncology: Yes\_\_\_ No\_\_\_.

If yes:

1. Describe briefly the research space and important special research facilities in use. Do not list all the items of equipment.
2. List of the intramural major research programs (not more than 10) being conducted by urologic oncology faculty members and indicate in which ones the urologic oncology fellow(s) participate(s).
3. List of the extramural major research programs (not more than 5) being conducted by urologic oncology faculty members and indicate in which ones the urologic oncology fellow(s) participate(s).
4. List representative publications of the past three years by members of the active teaching urologic oncology faculty and by the urologic oncology fellow(s) up to a maximum of 15 publications for the whole group. Those listed should reflect the interests and activities of the faculty. Underline the names of all urologic oncology fellows to assure that the Committee can identify the extent of fellow's involvement. DO NOT INCLUDE REPRINTS.

### UROLOGIC ONCOLOGY TEACHING FACULTY

Complete for each institution participating in the program. Note: FULL TIME is defined as drawing a full-time salary from the parent institution. Answer "Yes" or "No" to this question. (Duplicate this page for more than 2 institutions)

<b>A. SPONSORING INSTITUTION:</b>	
1. Name of Urologic Oncology Program Director:	Full-time: Yes/No
2. Approximate hours per week devoted to the educational program:	
3. Describe briefly the mode of appointment, period of service, and nature and extent of the participation of the Chief of Service in the Urologic Oncology Fellowship Program.	

<b>B. PARTICIPATING INSTITUTION #2:</b>	
1. Name of person responsible for urologic oncology fellowship education:	Full-time: Yes/No
2. Approximate hours per week devoted to the educational program:	
3. Describe briefly the mode of appointment, period of service, and nature and extent of the participation of the Chief of Service in the Urologic Oncology Fellowship Program.	



**UROLOGIC ONCOLOGY FACULTY**

Describe in 2 or 3 sentences the responsibilities of the seven most important faculty members in the urologic oncology program:

1.

2.

3.

4.

5.

6.

7.



**LIST OF Urologic Oncology Fellows**

List all urologic oncology fellows currently appointed in the urologic oncology fellowship program. If there are none appointed currently, give the dates of the most recent appointment(if any).

If this is an application for a new program, enter "Not Applicable" and attach as page 8a, a narrative description of the criteria for the urologic oncology fellow's appointment, list the number of positions that will be available.

NAME	MEDICAL SCHOOL/DATE OF GRADUATION	DESCRIPTION OF UROLOGY EDUCATION PRIOR TO UROLOGIC ONCOLOGY APPOINTMENT*

**UROLOGIC ONCOLOGY GRADUATES**

List all urologic oncology fellows who have completed the program in the last five (5) years:

Name	Medical School and Date of Graduation	Urologic Residency Program and Date of Graduation	Urologic Oncology Fellowship and Date of Graduation	Current position And title

**BLOCK DIAGRAM OF UROLOGIC ONCOLOGY****FELLOW CLINICAL YEAR**

Complete the block diagram below by outlining the typical urologic oncology fellow assignments in your program. Supply this information for UROLOGIC ONCOLOGY CLINICAL EXPERIENCE ONLY. For a typical month indicate the type of experience: e.g., surgery, outpatient experience, research, clinic responsibility etc. and supply the name of the institution(s) used for each experience.

MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6

MONTH 7	MONTH 8	MONTH 9	MONTH 10	MONTH 11	MONTH 12

## THE EDUCATIONAL PROGRAM

Answer each of the following questions and insert extra pages as needed and labeled 11a, 11b, 11c, etc.

1. Present a clear narrative description of the urologic oncology fellowship educational program: include a description of the areas of education, the fellow's clinical responsibilities (include answers to a-j), and the length of each assignment. In addition, clearly stated goals and objectives must be developed for each educational subject, each clinical assignment for the twelve-month program. These must be supplied in this form and supplied to the faculty and urologic oncology fellows.
  - a. Clinical assignments, context, objectives, and duties and responsibilities for services.
  - b. Implementation of progressive and graded patient care responsibility.
  - c. Familiarity with all state-of-the-art imaging modalities.
  - d. Knowledge and the ability to apply the critical principles of medical oncology, radiation oncology, and uropathology.
  - e. Ability to perform complex tumor resections with a clear understanding of the benefits and the technical limitations of surgical procedures.
  - f. Extensive knowledge of and technical experience in urinary tract diversion and reconstruction.
  - g. Knowledge of the biologic potential of urologic malignancies.
  - h. Comprehension of and facility with scientific methodology, study design, biostatistics, clinical trials, and data analysis.
  - i. Ability to manage academic or tertiary referral practice, participate in continuing medical education.
  - j. Skills for self-education and collaboration in translational research.
2. Clearly describe the policies and procedures regarding duty and call hours. Is the program director responsible for the assignment of reasonable duty hours? If not, explain. Does each urologic oncology fellow spend one full day out of seven free of hospital duties? If not, explain. Is call scheduled more often than every third night? If yes, explain. Are call rooms available for each fellow on night duty? If not, explain. Who/how is backup support provided as needed?
3. Describe the program's policy regarding the urologic oncology fellow's supervision. How does the program director ensure proper supervision?

**UROLOGIC ONCOLOGY OUTPATIENT EXPERIENCE**

Supply the following information for the Urologic Oncology Outpatient Department (OPD). If the OPD from more than one institution is used, duplicate this page and supply the information for the other institution(s) also.

<b>Name of Institution:</b>
<b>Name of Urologic Oncology Fellow's Clinic Supervisor:</b>

**NARRATIVE DESCRIPTION OF OUTPATIENT DEPARTMENT:**

Provide a description of the educational experience to include the goals and objectives for urologic oncology education while assigned to the OPD and attach as page 12a.

1. What is the general organization of the outpatient department?
2. How does the urologic oncology fellow participate in the outpatient department?
3. Describe specifically how the urologic oncology fellow is supervised on this service.
4. How is patient follow-up experience accomplished?
5. Describe the facilities for radiologic, cystoscopic, ultrasonographic, and other special studies in the outpatient department.

**CONFERENCES**

A. List the regular conferences and rounds and other subjects having value in basic and clinical urology. Identify the institution by using the corresponding number as it appears on pages 1 and 2. For each conference indicate whether attendance is: O = Optional, R = required, L = locally (for only residents assigned to that institution), or G = Generally (for all urologic oncology fellows within the program). Under "Frequency" identify how often the conference is offered. Under, "Conference Leader" identify the person(s) by title.

CONFERENCE	INSTITUTION (#1 or #2, ETC)	R or O	L or G	FREQUENCY	CONFERENCE LEADER

B. Insert as page 14a the list of topics of scheduled conferences, list of guest speakers, or similar material pertinent to the organization of the conferences. Sufficient topic information must be submitted to ensure that the scope of the specialty is covered during the twelve-month program.

C. Insert as page 14b a brief discussion of the role of key conferences in fellow education, the general organization and structure of the conferences, and the responsibility of the faculty for the preparation and presentation of material in the conferences.

D. Insert as page 14c a brief discussion of the responsibility of the urologic oncology fellows in teaching.

## EVALUATION

The urologic oncology fellowship program must have an ongoing assessment of fellow performance, faculty performance, patient care, and program objectives. Describe the program policies and procedures for assuring ongoing evaluation and insert additional information as pages 15a, 15b, etc.

1. Describe the policy and procedures used for the semiannual evaluation of the urologic oncology fellows. A copy of the blank evaluation form should be submitted.
2. Describe the policy and procedures used in the final written evaluation of the urologic oncology fellow when he/she completes the program.
3. Describe the policy and procedures used by the program and the faculty to evaluate systematically the quality of the curriculum and the extent to which the educational goals and objectives have been met. What changes or modifications have been made to the program based upon the faculty's evaluations?
4. Indicate how confidential and written evaluations of the urologic oncology fellows are used in program and faculty evaluations. (Because of the size of these programs, you will need to be somewhat inventive to accomplish this goal. For example, please see your GME Department staff for ideas; consider doing these evaluations along with the urology program.)

**UROLOGIC ONCOLOGY OPERATIVE EXPERIENCE**

Please include the departmental case volume numbers over the past 1-3 years for the following:

- Prostatectomy (robotic/open)
- Cystectomy (robotic/open)
- Partial/radical nephrectomy (MIS/open)
- RPLND for testes cancer
- Penile cancer cases (total)

CASE	YEAR:		YEAR:		YEAR:	
	ROBOTIC/MIS	TOTAL	ROBOTIC/MIS	TOTAL	ROBOTIC/MIS	TOTAL
Prostatectomy						
Cystectomy						
Partial Nephrectomy						
Radical Nephrectomy						
RPLND for Testes Cancer						
Penile Cancer						

Please note the form below is included for reference. The case logs below will be collected after the completion of each fellow’s fellowship.

Supply the surgical data for the FULL UROLOGIC ONCOLOGY YEAR. Combined surgical statistics from ALL institutions in which the Fellow served during this time are to be included in this one form and not broken down into separate institutions.

Date of One-Year Period Covered: \_\_\_\_\_

<b>COMPUTER CODES:</b>						
<b>ICD-9-CM: International Classification of Disease</b>			<b>CPT-4: Current Procedural Terminology</b>			
<b>ICD-9-CM</b>	<b>CPT-4</b>	<b>PROCEDURE</b>	<b>SURGEON</b>		<b>ASSISTANT</b>	
			<b>Open</b>	<b>Robotic/ Laparoscopic</b>	<b>Open</b>	<b>Robotic/ Laparoscopic</b>
		<b>LYMPHATIC</b>				
40.53	38770	Lymphadenectomy, pelvic				
40.54	38760	Lymphadenectomy, inguinal				
40.54	38765	Lymphadenectomy, ileoinguinal				
40.52	38780	Lymphadenectomy, retro peritoneal				
40.11	38500	Lymph node biopsy				
		<b>TOTAL LYMPHATIC</b>				
		<b>ABDOMEN</b>				
54.40	49200	Excision, retro peritoneal tumor/cyst				
54.11	49000	Exploratory laparotomy				
54.64	49900	Closure of evisceration				
		<b>TOTAL ABDOMEN</b>				
		<b>ADRENAL</b>				
7.22	60540	Adrenalectomy, unilateral				
7.30	60550	Adrenalectomy, bilateral				
		<b>TOTAL ADRENAL</b>				
		<b>KIDNEY</b>				
55.24	50205	Renal biopsy, open				
55.50	50230	Nephrectomy, radical				
55.40	50240	Nephrectomy, partial				
55.51	50234/ 50236	Nephroureterectomy				



55.40	50240	Heminephrourecterectomy				
55.23	50200	Biopsy, needle				
		<b>TOTAL KIDNEY</b>				
<b>COMPUTER CODES:</b>						
<b>ICD-9-CM: International Classification of Disease</b>			<b>CPT-4: Current Procedural Terminology</b>			
ICD-9-CM	CPT-4	PROCEDURE	SURGEON		ASSISTANT	
			Open	Robotic/ Laparoscopic	Open	Robotic/ Laparoscopic
		<b>URETER</b>				
36.31	52335	Ureteroscopy				
56.33	52338	Ureteroscopy with biopsy or fulguration				
56.42	50660	Ureterectomy (separate procedure)				
59.01	50715	Ureterolysis				
56.41	50760	Ureteroureterostomy				
56.75	50770	Transureteroureterostomy				
56.74	50780	Ureteroneocystostomy, unilateral				
56.74	50781	Ureteroneocystostomy, bilateral				
56.74	50785	Ureteroneocystostomy, with bladder flap				
56.71	50810	Ureterosigmoidostomy				
56.51	50821	Ileal conduit, separate procedure				
56.61	50816	Sigmoid conduit, separate procedure				
56.71	10825	Continent urinary diversion, separate procedure				
56.89	10840	Replacement of ureter with bowel				
		<b>TOTAL URETER</b>				
		<b>BLADDER</b>				
57.51	51500	Excision urachal cyst or tumor				
57.60	51550	Partial cystectomy				
57.60 + 56.74	51565	Partial cystectomy, with ureteroneocystostomy				
57.79	51570	Simple cystectomy				
57.79 + 56.71	51580	Simple cystectomy with ureterosigmoidostomy				

57.79 + 56.51	51590	Simple cystectomy with ileal conduit				
57.79 + 56.51	51595	Radical cystectomy with ileal conduit				
<b><u>COMPUTER CODES:</u></b>						
<b>ICD-9-CM: International Classification of Disease</b>			<b>CPT-4: Current Procedural Terminology</b>			
ICD-9-CM	CPT-4	PROCEDURE	SURGEON		ASSISTANT	
			Open	Robotic/ Laparoscopic	Open	Robotic/ Laparoscopic
		<b>BLADDER (continued)</b>				
57.71 + 56.71	51585	Radical cystectomy with ureterosigmoidostomy				
57.71 + 56.71	51596	Radical cystectomy with continent diversion				
57.71 + 56.71	51596	Radical cystectomy with continent diversion				
57.71 + 56.61	51597	Pelvic exenteration with urinary diversion				
57.84	51900	Repair of vesicovaginal fistula (abdl)				
57.84	57320	Repair of vesicovaginal fistula (vgnal)				
57.83	44660	Repair enterovesical fistula				
57.88	51960	Enterocystoplasty				
		<b>TOTAL BLADDER</b>				
		<b>PROSTATE</b>				
60.5	55810/1 2/15	Prostatectomy, perineal, radical				
60.5	55840/4 2/45	Prostatectomy, retropubic, radical				
60.0	55859	Percutaneous insertion of radioactive materials				
60.11	55700	Needle biopsy				
		<b>TOTAL PROSTATE</b>				

<b>COMPUTER CODES:</b>							
<b>ICD-9-CM: International Classification of Disease</b>			<b>CPT-4: Current Procedural Terminology</b>				
<b>ICD-9-CM</b>	<b>CPT-4</b>	<b>PROCEDURE</b>	<b>SURGEON</b>		<b>ASSISTANT</b>		
			<b>Open</b>	<b>Robotic/ Laparoscopic</b>	<b>Open</b>	<b>Robotic/ Laparoscopic</b>	
		<b>URETHRA</b>					
58.30	53215	Urethrectomy, separate procedure					
	53440	Prosthesis for incontinence					
58.43	57310	Closure, urethro-vaginal fistula					
58.43	45820	Closure, urethro-rectal fistula					
58.23	53200	Biopsy of urethra					
		<b>TOTAL URETHRA</b>					
		<b>PENIS</b>					
64.30	54120	Amputation, partial					
64.30	54125	Amputation, complete					
64.30 + 40.54	54130	Amputation plus ileoinguinal (inguinofemoral) lymphadenectomy					
	50544	Revascularization (microsurgery)					
64.00	54161	Circumcision					
		<b>TOTAL PENIS</b>					
		<b>TESTIS</b>					
62.41	54530	Orchiectomy, inguinal (radical)					
62.12	54505	Biopsy, testis					
62.23	54510	Excision lesion of testis					
62.30 62.41	54520 54521	Orchiectomy, simple, unilateral or bilateral					
		<b>TOTAL TESTIS</b>					
63.99	55899	Other (EPI)					
		<b>TOTAL EPIDIDYMIS &amp; SPERMATIC CORD</b>					

## SECTION 3 OF FORMS

**SUO COMMITTEE FOR UROLOGY  
UROLOGIC ONCOLOGY OPERATIVE EXPERIENCE FOR INSTITUTIONS**

<b>COMPUTER CODES:</b>							
<b>ICD-9-CM: International Classification of Disease</b>			<b>CPT-4: Current Procedural Terminology</b>				
<b>ICD-9-CM</b>	<b>CPT-4</b>	<b>PROCEDURE</b>	<b>SURGEON</b>		<b>ASSISTANT</b>		
			<b>Open</b>	<b>Robotic/ Laparoscopic</b>	<b>Open</b>	<b>Robotic/ Laparoscopic</b>	
		<b>SCROTUM</b>					
61.30	55150	Excision, partial					
61.30	55150	Excision, complete					
		<b>TOTAL SCROTUM</b>					
		<b>ENDOSCOPY</b>					
57.49	52240	Cystoscopy w/ laser bladder tumor					
57.33	52204	Cystoscopy plus cup biopsy, bladder					
57.32 + 58.30	52224	Cystoscopy and fulguration					
57.49	52234	Cystoscopy, TUR bladder tumor (less than 2 cm)					
58.30	52235	Cystoscopy, TUR bladder tumor (greater than 2 cm)					
		<b>TOTAL ENDOSCOPY</b>					