



ASO Author Reflections: Complex General Surgical Oncology Fellowships: What Are Programs Looking For?

Michael M. Wach, MD¹, Elizabeth G. Grubbs, MD², Michael D'Angelica, MD³, and Jonathan M. Hernandez, MD¹

¹Surgical Oncology Program, National Cancer Institute, National Institutes of Health, Bethesda, MD; ²MD Anderson Cancer Center, Houston, TX; ³Memorial Sloan Kettering Cancer Center, New York, NY

PAST

Complex General Surgical Oncology (CGSO) is among the most competitive fellowships available to general surgery residents with 63% of applicants going unmatched.¹ Despite burgeoning interest and a growing applicant pool, surgical educators and applicants alike have had limited objective data to gauge competitiveness or set milestones in preparation for the application process. To provide insight, we previously explored the applicant pool using the Electronic Residency Application System (ERAS).¹ In our analysis, we were able to define the characteristics of the applicant population and identify factors associated with matriculation. Specifically, matriculants averaged ten publications and tended to publish in higher impact journals. We were, however, careful to caution the readership against overinterpretation of the data given the inherent limitations of the study. In particular, we were unable to examine the specific impact of letters of recommendation, personal statements, and the interview process, in addition to several other objective metrics, including ABSITE scores and first author publications.

PRESENT

In our current study, we sought to circumvent the limitations of our prior work and impart further transparency to the fellowship match with a survey of the CGSO program directors.² Nearly all eligible CGSO program directors participated, and the majority identified standard metrics an applicant should possess in order to be granted an interview. Although there was significant variability, threshold quantities for first authorship publications (mean 2.3) and publications of any authorship (mean 4.4) were identified, and many programs (45%) preferred an applicant's average ABSITE score to be above the 50th percentile. During the interview, programs placed the most value on perceived ability to work as part of a team and strong interpersonal interactions and communication skills. Indeed, these identified traits map well to the ACGME Core Competencies, and perhaps future consideration should be given into obtaining associated milestones results from applicants.³ Finally, for inclusion on the rank list, programs felt that applicant interview performance, research accomplishments, and letters of recommendation were most critical.

FUTURE

It is readily apparent that CGSO programs preferentially match some of the most academically productive candidates, but do these selections align with the realities of the present-day surgical oncologist? To produce the publication records observed, dedicated research time away from surgical residency is virtually required. However, recent survey data have found that the majority of graduating CGSO fellows find employment that emphasizes clinical commitments and time in the operating room over time spent in the lab or on clinical research. Furthermore,

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J. M. Hernandez, MD
e-mail: jonathan.hernandez@nih.gov

graduates tend to practice in a variety of disease areas rather than disease subspecialization.⁴ This begs the question of whether vigorous publication benchmarks and a focused research background should be a prerequisite. Training in the basic/translational sciences, and more recently outcomes, has irrefutable benefits for the aspiring surgical oncologist including intimate knowledge of cancer biology, therapeutic mechanisms, application of the scientific method to clinical problems, and design of clinical trials. It also gives applicants a chance to set themselves apart based on their work ethic. However, a greater diversity in accepting applicants of different career aspirations and backgrounds may benefit CGSO in the future. Working with the Society of Surgical Oncology (SSO) to characterize the evolving role of the surgical oncologist may assist in this diversification and in forming what CGSO fellowships should aspire to going forward.

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