

EDITORIAL

## American Board of Surgery Certificate in Complex General Surgical Oncology: A Reality

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The American Board of Medical Specialties (ABMS) unanimously approved the application for a subspecialty certificate in Complex General Surgical Oncology at their meeting in Chicago on March 22, 2011. The Assembly ratified this vote on the following day. The 2011 presidential address to the Society of Surgical Oncology chronicled the events that led to the decision of the American Board of Surgery (ABS) to send an application to the ABMS for a new certificate recognizing special training in surgical oncology.<sup>1</sup> It is now appropriate to review the events that occurred between the submission of this application and its approval, examine the implications of this certificate, and evaluate the meaning of this milestone for the discipline of surgical oncology.

Upon receiving the application for a certificate of subspecialty in “Advanced Surgical Oncology,” the ABMS forwarded it to the American Council of Graduate Medical Education (ACGME), which delegated accreditation of future training programs in surgical oncology to the Residency Review Committee for Surgery (RRC-S). The application was also forwarded to the Committee on Certification, Subcertification, and Recertification (COCERT), which formally discussed the document at its meeting on February 3, 2010. COCERT returned the application to the ABS, objecting to the name of the specialty and requesting a detailed surgical oncology curriculum. In addition, COCERT added letters from the American Board of Orthopedic Surgery (ABOS) and the American Board of Radiology (ABR) expressing concerns about the new certificate.

In order to better understand the concerns of the ABOS and the ABR, the ABS requested to meet with their

respective representatives. The ABOS accepted the request for a meeting, which took place in Chicago on July 22, 2010. Initial concerns over potential overlap of clinical practice in bone tumors were quickly addressed with data demonstrating that surgical treatment of bone tumors is not part of the scope of practice of recertifying surgical oncologists. More time was spent on the name of the specialty. After a productive discussion, it seemed that concerns around the name could be addressed by adding the term “General” to the name of the proposed specialty. It was felt that the addition of “General” to the original name of “Advanced Surgical Oncology” would differentiate the scope of practice of the General Surgical Oncologist from the scope of practice of other surgical oncologic specialists.

Yet, this change did not suffice to address each concern around the name of the new certificate. In a letter sent to the ABMS on January 26, 2010, the ABR expressed opposition to the term “advanced” in that, according to the authors of the letter, it implied that “the other cancer disciplines of Medical Oncology, Radiation Oncology, and Interventional Radiology must render a lower level of care, since their names lack the word ‘advanced’.” The terminology of “Advanced Surgical Oncology” was adopted by the ABS to reflect the surgical oncology training imparting “advanced” cognitive, research, and practice skills to the trainees and differentiating them from the General Surgeon with an oncology practice. In view of the concerns expressed by the ABR, the Executive Council of the ABS decided to change the name of our subspecialty certificate from “Advanced General Surgical Oncology” to “Complex General Surgical Oncology” at a meeting in October 2011. It was felt that this name would be equally appropriate to recognize the advanced nature of the training in surgical oncology vis-à-vis the training in general surgery, yet it would alleviate the concerns expressed by the ABR.

Simultaneously with these events, a detailed curriculum for the proposed training in surgical oncology was created. This curriculum addressed multidisciplinary care, patients counseling, surgical management of oncologic disorders, educational content in nonsurgical cancer treatment modalities, the treatment of rare and unusual tumors, community outreach, and clinical outcome research.

With the concerns regarding the name of the new specialty addressed and the curriculum crafted in greater detail, the ABS sent a new application to COCERT along with a detailed cover letter on December 15, 2011. On February 9, 2011, COCERT reviewed the application and opined in favor of the proposal by recommending approval by the ABMS Board of Directors at the March 22, 2011 meeting.

The RRC in Surgery, with representation from the Society of Surgical Oncology, is now in the process of developing program requirements and application material. The Executive Council has appointed Dr. Russell Berman, Chair of the Training Committee, to represent the SSO. In addition, with the approval obtained on March 22, the Surgical Oncology Advisory Board (SOAC) has become the Surgical Oncology Board (SOB). The SOB will develop an exam aimed at assessing judgment and decision making of candidates who have completed an ACGME-approved Surgical Oncology Training Program. Successful passage of the exam will be required to achieve subspecialty certification in Complex General Surgical Oncology. All certificates will be time-limited, and all diplomates holding such certificates will need to comply with an ABMS-approved MOC program to maintain such certification.

This certificate represents the only new certificate offered by the American Board of Surgery since 1984. Certification in Complex General Surgical Oncology will speak to the diplomate's successful completion of a rigorous ACGME-approved curriculum to achieve knowledge of multidisciplinary care and patients counseling, competence in the surgical management of oncologic disorders

and in the treatment of rare and unusual tumors, and appreciation of and desire to conduct community outreach and clinical outcome research. In the not too distant future, board-certified surgeons in Complex General Surgical Oncology will be called to lead Divisions of Surgical Oncology in Cancer Centers and Academic Medical Centers, will actively participate in tumor boards, will offer community outreach programs to increase awareness and prevention of cancer, and will play an important role in improving our current understanding of cancer diagnosis and treatment through clinical outcome research. In recognition that as much as 95% of cancer care in the United States is delivered by General Surgeons, diplomates in Complex General Surgical Oncology will likely be called to handle the more challenging, rare, unusual, or recurrent tumors. In the end, care for the cancer patient will benefit.

In addition, the new certificate in Complex General Surgical Oncology offers advantages to the discipline of General Surgery and the House of Surgery. At a time when training in many medical subspecialties is recognized with board certification, the formal recognition of the new certificate in Complex General Surgical Oncology may help attract and reclaim medical students to the discipline of surgery. Furthermore, the new certificate in Complex General Surgical Oncology balances the already existing certificates in other oncologic disciplines and acknowledges Surgery as an important component in the treatment of cancer.

Recognizing the discipline of Surgical Oncology with the new certificate in Complex General Surgical Oncology was the right thing for our patients and for Surgery. In the end, this is a historical moment.

## REFERENCE

1. Michelassi F. 2010 SSO presidential address: subspecialty certificate in advanced surgical oncology. *Ann Surg Oncol.* 2010;17:3094-103.