March 14, 2017 AHD Objectives

Colon Cancer:

- 1. Describe the difference between the **clinical** TNM staging and the **patholologic** TNM staging. Describe the work up included in a clinical staging evaluation.
- 2. Describe the findings other than Dukes and TNM classifications that are related to prognosis.
- 3. Describe the high risk stage II patient who benefits from adjuvant chemotherapy treatment.
- 4. Make a table of colon cancer stages 0 to stage 4 and list describe the optimal treatment option(s) for each stage, including side effects of treatment.

Esophageal Cancer:

- 1. Compare the epidemiology and risk factors for squamous cell and adenocarcinoma of the esophagus.
- 2. Describe the appropriate staging for patients with a diagnosis of esophageal cancer.
- 3. Make a table of stage 0-stage 4 esophageal cancer and its treatment and expected survival rates.
- 4. Describe some of the palliative treatments for unresectable esophageal cancer.

Breast Cancer Treatment:

- 1. Regarding TNM stage 0 breast cancer:
 - a. Compare the diagnosis of lobular carcinoma in situ with ductal carcinoma in situ in terms of prognosis and management.
- 2. Regarding TNM stages 1 and 2 breast cancer:
 - a. Describe the qualifications for breast conserving surgery and radiation versus radical mastectomy
 - b. Know the sensitivity and specificity of sentinel lymph node biopsy vs. axillary lymph node dissection to evaluate regional lymph node status
 - c. Know the benefits to whole breast radiation following breast conserving surgery
 - d. Know the indications for adjuvant traditional chemotherapy, endocrine therapy, and tissue-targeted therapies.
- 3. Regarding TNM stage 3 breast cancer:
 - a. Know the estimated 5 year survival rate,
 - b. Know the recommendations for induction chemotherapies (including endocrine and tissue targeted), surgery, and radiation therapies.
- 4. Regarding TNM stage 4 breast cancer:
 - a. Know the estimated 5 year survival rate
 - b. Know the recommendations for chemotherapies, endocrine therapies, bisphosphonates, and tissue-targeted therapies.