PATHOLOGIC STAGING OF GYNECOLOGICAL CANCERS:
AN INTERACTIVE VISUAL RESOURCE FOR SURGEONS

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DEDICATION

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by

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The goal of this thesis was to create a useful teaching and review tool for staging procedures, specifically made for medical students, residents, fellows and practitioners in the field of general gynecology and gynecological oncology. The thesis question to be answered was "Can an interactive, visual guide for surgical staging procedures of gynecological cancers be created to aid in the teaching of this process?" I created one interactive program for endometrial cancer as a model in response to this question. The program contains text, animations, and surgical video. It was created to supplement textbooks already in use. Evaluation questions showed an increase in learning as well as a positive reaction to the program. The interactive guide could be useful for studying or reviewing surgical staging of endometrial cancer.

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Endometrial Cancer – A common gynecological cancer affecting the uterus

Lymphadenectomy – Removal of lymph nodes

Omentectomy, Partial Omentectomy – Removal of the omentum

Peritoneal Biopsies – Tissue samples taken from the peritoneum in high-risk cases of endometrial cancer

Peritoneal Washings – Samples taken by introducing a saline solution and collecting it

Staging – A system of classification used to determine the extent of disease

Surgical Staging – The process of obtaining information about the spread of a cancer by surgically removing tissue

CHAPTER ONE
Introduction

Thesis Research Problem

Surgical staging of gynecological cancers is an important part of staging the disease. Proper and adequate surgical staging leads to correct prognoses and treatment. No compiled interactive teaching tool exists which visually guides the surgeon through the steps of surgical staging. Can an interactive, visual guide for surgical staging procedures of gynecological cancers be created to aid in the teaching of this process?

Goal

The goal of this thesis was to create a useful teaching and review tool for cancer-staging procedures, specifically made for medical students, residents, fellows and practitioners in the field of general gynecology and gynecological oncology.

Objectives

In order to achieve this goal, I sought to fulfill several objectives. The first objective was to meet with Dr. Schorge to discuss the International Federation of Gynecology and Obstetrics (FIGO) staging criteria, and go over possible content for the program. The next objective was to conduct a preliminary survey and brainstorming session with the target audience. Another objective was to design the interactive interface for the program. The next objective was to create the content of the program, by planning and producing the video recording of a staging surgery, storyboarding and producing animations, and assembling the text. A further objective was to incorporate all these

elements into the user interface and test its functionality. The final objective was to evaluate the program by administering a questionnaire to test both learning and personal response. This questionnaire would evaluate the program as a helpful learning tool to see if it could be used in a Gynecology department and if future presentations should be made for other cancer sites.

This thesis project consists of a complete presentation on one gynecological cancer, endometrial (uterine) cancer.

I worked on this project with Dr. John Schorge, an Associate Professor and Fellowship Director for the Gynecologic Oncology Division in the Department of Obstetrics and Gynecology at UT Southwestern. He was my content expert because of his experience with surgical staging procedures and teaching.

The importance of surgical staging to a gynecologist

What is surgical staging?

Staging refers to a system of classification used to determine the extent of disease in cases of cancer. It is an important device essential for clear communication of disease progression and for determining proper treatment. Staging must be consistent, meaningful, and practical. In the field of gynecological oncology, the International Federation of Gynecology and Obstetrics (FIGO) has developed a good working system which has evolved over the past 50 years. Using text and tables in a handbook entitled

Staging Classifications and Clinical Practice Guidelines of Gyneacologic Cancers, FIGO presents the system in detail for use in each type of gynecological cancer. (Benedet 207-312)

One component of the process is the surgical staging procedure. The term "surgical staging" refers to the process of obtaining information about the spread of a cancer by surgically removing tissue. For endometrial cancer, this means taking peritoneal washings, lymph nodes, and in high-risk cases, omental and peritoneal biopsies in addition to the hysterectomy and bilateral salpingo-oopherectomy. Type I endometriod adenocarcinomas are most frequently encountered and require only washings, pelvic lymphadenectomy, and paraaortic lymphadenectomy. Type II Uterine papillary serous carcinoma and Type II clear cell carcinoma require extended staging in addition, which includes the omental and peritoneal biopsies. (Schorge, "Overview")

Surgical staging is important in prognosis and treatment

These tissue biopsies provide very important insights into where the cancer is spreading or is not spreading. (Schorge, "Overview") This allows the gynecologic oncologist to fully understand the situation, and make informed decisions about treatment following the surgery. Chemotherapy or radiation may be required if the cancer has metastasized. Proper surgical staging is essential for proper prognosis and it can save lives. It is possible that lymph node removal can also provide therapeutic benefits, if gross or microscopic disease is removed before it moves on. (Chan 1823)

Surgical staging is best taught in the operating room

Surgical staging is taught by demonstration in the operating room, where junior doctors can observe lymph nodes and other tissues being removed at teaching hospitals throughout America. A better grasp of the procedure is acquired by actually performing the surgeries.

Video is a helpful learning tool (Pinsky, 805-10) and may be a good supplement to actual experience. Video can be used to present information in many different ways, but surgical footage is probably the most helpful type of video for strengthening surgical skills.

The lack of materials for teaching surgical staging

The surgical staging procedure is specific and purposeful; however, I found no compiled step-by-step visual reference in my review of literature. Aside from limited surgical observation and experience, a visual picture of the surgical staging procedure must be pieced together from various operations in surgical atlases. Images are not available in an ordered, complete set and surgical staging is not always emphasized during the learning experience. In my literature review I found textbook images grouped by procedure, though procedures were not normally grouped together into surgical staging sets for each type of cancer.

Textbooks are inadequate

Textbooks are a readily available resource a surgeon can refer to for information on most surgeries. However, texts describe the staging procedures separately and not as a whole.

For example, pelvic lymphadenectomy is normally dealt with as a stand-alone procedure and is not stressed as an important part of staging that should be done in all cases of uterine cancer.

Unavailability of surgical video

Surgical video is a valuable tool for teaching complicated procedures. There were not any surgical videos depicting pelvic or paraaortic lymphadenectomy that I found in my literature review.

Surgical experience

Probably the best way to learn lymphadenectomy along with the other staging procedures is through actual exposure in the operating room; however, good experience may not be available until late in training. Many opportunities to observe the surgery could be fruitless because the lymph nodes are so hard to view from a few feet away, and are deep in the pocket of the incision. The attending surgeon and those assisting have the best view and observation of what is going on, and others will have a more limited experience.

Significance of the project

Surgical staging is essential and is the best way to define disease progression, treatment, and prognosis; despite this, many cases are not staged or are inadequately staged surgically. (Kirby, 46) The removal of lymph nodes during staging not only identifies subclinical metastases to allow for better treatment; it may itself provide therapeutic

advantages, increasing the chance of survival. While these surgical staging steps are common procedures for experienced gynecological oncologists, they are not common for the students, residents, fellows and general OB/GYN practitioners who also have to deal with gynecological cancers in the operating room. (Hoekstra, 897-901) These procedures should be clearly taught and reviewed. An explanatory guide that includes demonstration is needed to aid in teaching surgical staging procedure.

Who the program will help

This multimedia program will help medical students, residents, and fellows in the field of gynecologic oncology. General gynecologists can benefit from the knowledge as well, although they do not normally perform surgical staging. This program is not designed to help patients understand their disease or the surgical staging procedure; however, if the surgeon has a greater awareness of the benefits of surgical staging, he or she may be able to pass that information on to the patients who are dealing with endometrial cancer.

What the project will accomplish

The teaching materials included in the interactive program will allow these surgeons to be better prepared for surgical staging procedures. It will also reinforce the concept that surgical staging needs to be done in all cases of endometrial cancer. This may result in more lymph nodes removed, more complete staging overall, less bleeding and fewer complications due to inexperience, and improved outcomes. More complete staging could lead to saved lives because of more appropriate prognoses and follow-up therapies.

Scope of the project

The scope of this project was limited to the surgical staging of one type of gynecological cancer, endometrial cancer. This project consists of one hour of surgical video, five minutes of animation, text, and images. These elements were broken into segments and had to be small enough to be placed within a user interface built in Adobe Flash. All the material needed to fit onto a single DVD-ROM disk and play on both Mac and PC platforms.

Flash Player is the free software required to run the program.

Evaluation

The product was delivered to the University of Texas Southwestern Medical Center Department of Obstetrics and Gynecology, where residents and fellows had the opportunity to view the interactive program. They participated in a pre-test, post-test, and evaluation questionnaire.

This document will chronicle the process of answering my thesis question, “Can an interactive, visual guide for surgical staging procedures of gynecological cancers be created to aid in the teaching of this process?” with a review of literature, methodology, evaluation results and conclusion.

CHAPTER TWO
Review of the Literature

Introduction

The purpose of my literature review was threefold: to find available references on the subject of surgical staging of endometrial cancer and other gynecological cancers; to find literature about the need for staging and current ideas and practices; and to find literature about methods of teaching surgical technique.

What references are available?

Before planning the project, I sought out the information currently used by surgeons in learning endometrial cancer staging and preparing for surgery. It was important to understand what was effective, what could be improved, and what was lacking. I was especially interested to find out if interactivity or video was available for endometrial cancer surgical staging. In a pre-project survey of Gynecology residents and fellows, respondents said they used textbooks the most and named these specific works: Te Linde's, Operative Gynecology (Te Linde) and Berek & Novak's Gynecology (Berek). They also said they learned surgical staging from lectures and presentations.

Textbooks

Operative Gynecology by Richard Te Linde, Lippincott Williams & Wilkins

This text was first published in 1946. It has been updated and added to many times, with the tenth edition due out in 2008. Although the book is a classic gynecologic surgery reference, the ninth edition features new chapters on gynecologic oncology. Te Linde's

ninth edition includes 1,200 illustrations and a wealth of information. Some of the residents I came into contact with considered this to be the best text available on gynecologic surgery. Online customer reviews echoed this sentiment. I found the illustrations to be helpful.

Berek & Novak's Gynecology by Jonathan S Berek (Editor), Lippincott Williams & Wilkins

This text was first published in 1940, and is now in its fourteenth edition. About a fifth of this large textbook is devoted to gynecological oncology. This book is also very popular and is considered a reliable resource. The text is clinical in nature. Information seems to be well-organized and illustrations and photos are plentiful and appear to be helpful when used together with the writing.

These two texts are examples of important resources for the surgeon. They offer a basic understanding of both the overall procedure and the steps involved. Illustrations are for the most part simplified and clear, and the text provides additional information as it relates to these steps. These books form a good guide or instruction manual. They should be useful as a first step in learning surgical staging.

Limitations of Textbooks

Textbooks in general are lacking in these areas: 1) the ability to impart experience, and 2) the ability to convey 3-D spatial information (especially important to pelvic lymphadenectomy). Obviously experience is normally gained in the operating room, but this can be hard to achieve in these particular surgeries.

Textbook illustrations cannot describe the experience

The illustrations available in surgical textbooks may not teach lymphadenectomy completely because they are two-dimensional still images. The drawings may be skillfully rendered, clear, and accurate, but they cannot describe the experience, which is so essential in these procedures.

One reason for this is the nature of lymph tissue, which consists of nodes and channels surrounded by an adipose "fatty pad." If the lymph nodes are drawn as individual bean-shaped structures, the surgeon will get an accurate idea of where they are but will not be prepared for surgery – he or she will see nothing like individual bean shapes in surgery. If the nodes are drawn as they truly exist, inside the fat pad, the nodes cannot be seen.

It is hard to convey surgical technique in these drawings, although the anatomical structures and boundaries shown can be quite helpful. As a medical illustrator for Williams Gynecology (Schorge), I have drawn both pelvic and paraaortic lyphadenectomies (Figure 2-1). I experienced these limitations as the artist, and I also had a difficult time reducing the surgeries down to the four or five steps required by the publisher.

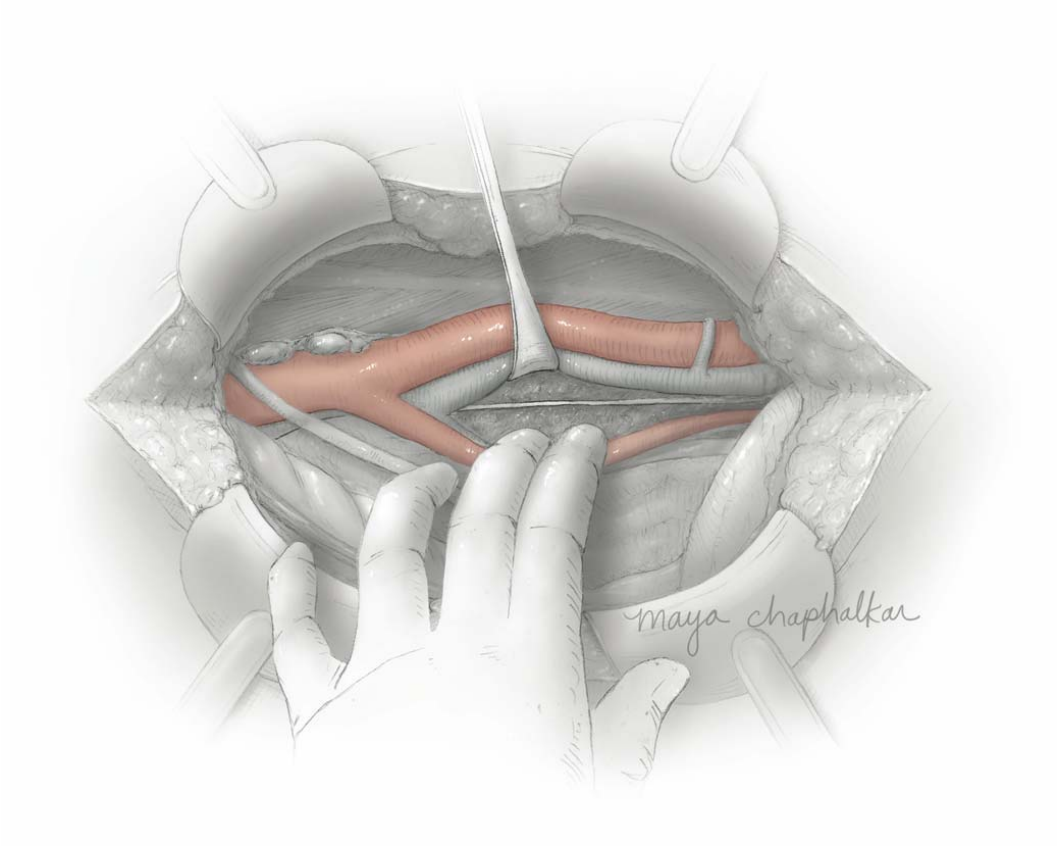

Figure 2-1. Pelvic Lymphadenectomy. Final artwork for one surgical step. Maya Chaphalkar, Williams' Gynecology.

Textbook illustrations do not make reference to three dimensions

The three-dimensional nature of lymph nodes within fatty tissue and relativity to their anatomic surroundings is also a consideration when learning surgical staging. Pelvic nodes are located in relation to the common iliac, external iliac, and internal iliac arteries. As shown above, surgical illustrations often show the pelvis from an anterior-posterior view in which these arteries appear to be on the same coronal plane. If the viewer cannot see the internal iliac artery diving down towards the back of the pelvis, it is impossible to

fully appreciate the location of the lymph nodes in three-dimensional space. The pelvic nodes tilt downwards and lie with the arteries against the wall of the pelvic bowl. Live surgery or surgical video allows the viewer to clearly see this three-dimensional arrangement, while textbooks do not.

Textbooks also do not always emphasize when and why to perform surgical staging. They may not clearly state that endometrial cancer needs complete surgical staging in **every case**. This was not always the accepted practice.

Other publications

FIGO Guide: "Staging classifications and clinical practice guidelines of gynaecologic cancers." International Journal of Gynecology and Obstetrics by Benedet, J.L, et al. Elsevier, 2000.

This guide created in 2000 by FIGO, The International Federation of Gynecology and Obstetrics, offers guidelines for surgical staging. In this document, endometrial cancer staging criteria and information is outlined in brief paragraph form, and in a table. No visual guide accompanies the criteria, but here the information is grouped by the staging of each different caner. This publication is an important guide for gynecologic oncologists.

Video

Video can be a more effective way to get closer to the experience of observing or participating in a surgery. After searching libraries, the internet and bookstores, and asking gynecologists and gynecologic oncologists, I was unable to find any published video reference for my particular surgeries.

Interest in video was high, however, from the survey responses. Respondents indicated that they used video for other surgeries, that they watched them multiple times, and that they would like to have access to video for these procedures.

I looked for videos of others surgeries and found many resources. I watched 40 different surgical videos and took notes about what I liked and what did not work well. There were some specific qualities that seemed to work, and which I felt led to a successful video. One such quality is narration. I found narration to be very helpful, especially when it was given by the surgeon doing the procedure instead of a separate educator. I appreciated clear descriptions of the surgical steps and also explanations of why certain steps were being done. Another valuable quality I found was clear labeling. Adding a structure's name, and sometimes even a graphic, can help clarify a confusing area of the surgical field. Superior video quality was another thing I found to be helpful, so the viewer may see exactly what was happening. The success of video in general, due to informative narration, and clear labeling, and quality surgical footage, was something I noted for the future production of the video portion of this project.

I looked for other forms of training materials as well. I did not find any interactive resources on the surgical staging procedures for endometrial cancer.

Articles About Staging

This portion of the literature review aimed to explore the current "state of affairs" of surgical staging of endometrial cancer. Was staging already being adequately performed? Were there new ideas in the field that should be addressed in a teaching resource? I found a wealth of information in recent issues of medical journals (Barnes, Chan, Eisenkop, Hoekstra, Kirby, Lason, Orr). These articles talked about surgical staging being such an important procedure, which is yet inadequately performed or sometimes not performed. I read arguments supporting what Dr. Schorge had stated when we had the idea for this thesis, and they seemed to back up the need for my project.

Teaching Surgical Techniques

While I did not find any writing specifically about how to teach gynecologic oncologists to perform surgical staging of endometrial cancer, I did find literature about teaching and learning surgical technique generally. Surgeons and teaching hospitals are exploring new and different ways to teach, and are beginning to study the effectiveness of different methods. L.E. Pinsky discusses surgical video as a teaching resource in the article "A picture is worth a thousand words: practical use of videotape in teaching." in the Journal of General Internal Medicine. Video was found to be a helpful learning tool. Pinsky says "Visual images in combination with verbal instruction have been shown to significantly

increase recall and retention." This statement supported my plan of using narrated video in my presentation.

Interactive learning tools were studied at the Department of Cardiothoracic Surgery at The Albert Einstein College of Medicine in New York City and found to be as effective as or more effective than traditional resources. An interactive CD-ROM for teaching thoracic surgery was developed and then studied. There was an increase in examination performance and self-evaluation. Some people preferred a more user-directed approach as well. The conclusion of the study was that "The implementation of the TS PRC [Thoracic Surgery Prerequisite Curriculum] has been exciting and successful. Future multidisciplinary curricular progress will hopefully continue to build upon this e-learning strategy." (Gold, 507.)

Conclusion

The literature review revealed that much quality reference is available on surgical staging procedures for endometrial cancer. However, no video references or interactive references were found, though video and interactive modules have shown promise when used for other surgeries. (Pinsky, Gold.) Textbooks did not group the staging procedures into a visual reference; instead the procedures needed for staging one cancer could be found piecemeal. Overall concepts and the order of steps was often learned in lectures and in the operating room to supplement these texts.

I found that a compiled visual guide was in fact needed, and that it should contain video and animations in addition to some text. This resource is not intended to replace the use of surgical textbooks, but to complement them. It places more emphasis on surgical staging and should be a visual companion to the FIGO staging charts.

CHAPTER THREE
Methodology

Planning the Project

Purpose of the Interactive Program

The goal of this thesis was to create a useful teaching and review tool for staging procedures, specifically made for medical students, residents, fellows and practitioners in the field of general gynecology and gynecological oncology. Objectives to fulfill were to plan the project including research and a pre-project survey, to create the components of the project, create an interface and incorporated those components, and finally to evaluate the success of the program. Before producing an interactive program, I needed to clarify the purpose of the program itself. Would it attempt to teach the overall concepts and order of surgical staging, or focus on surgical technique? After consultation with Dr. Schorge, I concluded that both needed to be addressed. Much of the project would explain the surgical procedures in detail – the "how-to". The project would also refer back to an underlying theme of context and concepts – the "when and why".

Pre-Project Survey

Before beginning work on the design of the project, I needed information about how this topic might be effectively taught. I wanted the input of the target audience - residents, fellows and general OB/GYN practitioners, along with gynecologic oncologists (the experts in surgical staging) concerning how they learned surgical staging and what could

be improved in that learning process. I collected information in two ways: by developing and distributing a questionnaire and by meeting with some gyn-onc fellows for brainstorming and discussion.

Following is a copy of the questionnaire. Correct answers are marked with an asterisk.

Instructions:
Please click the square that corresponds to your answer. Additional comments may be added after each question or statement. Save the word document and send as an attachment to John.Schorge@UTSouthwestern.edu by **JUNE 6, 2007**.

1. Which describes you?

A. 2☐ Gynecologic Oncologist (fellows included here)
B. 5☐ OB/GYN Generalist
C. 0☐ Fellow
D. 8☐ Resident
E. 0☐ Other
Comments: "GYN CORE"

2. Approximately how many uterine cancer staging surgeries have you directly participated in?

A. 3☐ 0
B. 2☐ 1-2
C. 3☐ 3-5
D. 4☐ 6-15
E. 3☐ >15
Comments: "none as a faculty member. >15 as a resident" -responded 0
">15 when I was a resident; 0 at PMH" -responded 0
"since completing residency in 1987" -responded 0

3. Approximately how many uterine cancer staging surgeries have you indirectly observed?

A. 2☐ 0
B. 4☐ 1-2
C. 3☐ 3-5

D. 4☐ 6-15
E. 2☐ >15
Comments: "1-2 as a faculty member, >15 as a resident" -responded 1-2
">15 when I was a resident; 0 at PMH" -responded 0
"since completing residency in 1987" -responded 1-2

4. How were you prepared before you observed a uterine cancer staging surgery? Check all that apply. Please name any specific resources you recall using.

A. 14☐ Textbooks
B. 1☐ Video
C. 8☐ Lecture/Presentation
D. 0☐ CD-ROM or Website
E. 2☐ Other
Comments: "this applies to residency; N/A at PMH"

Te Linde's, Hoskin's, Copeland Gynecology, OB/GYN at a Glance, Berek & Hacker, Novek's Gynecology, ABOG ONCOLOGY PRECIS

5. You feel that you got enough experience with surgical staging during your training.

A. 2☐ Strongly Agree (only gyn-onc)
B. 8☐ Agree
C. 2☐ Neutral
D. 2☐ Disagree
E. 0☐ Strongly Disagree
Comments:

6. You feel that you are comfortable and familiar with the overall concept of surgical staging.

A. 6☐ Strongly Agree
B. 6☐ Agree
C. 1☐ Neutral
D. 2☐ Disagree
E. 0☐ Strongly Disagree
Comments:

7. You feel comfortable performing a peritoneal wash.

A. 9☐ Strongly Agree
B. 6☐ Agree
C. 0☐ Neutral

D. 0☐ Disagree
E. 0☐ Strongly Disagree
Comments:

8. You feel comfortable deciding which lymph nodes to remove.

A. 2☐ Strongly Agree (only gyn-onc)
B. 3☐ Agree
C. 6☐ Neutral
D. 2☐ Disagree
E. 2☐ Strongly Disagree
Comments:

9. You feel comfortable removing lymph nodes.

A. 2☐ Strongly Agree (only gyn-onc)
B. 0☐ Agree
C. 1☐ Neutral
D. 9☐ Disagree
E. 3☐ Strongly Disagree
Comments:

10. You feel comfortable with how to adequately explore the abdomen.

A. 5☐ Strongly Agree
B. 8☐ Agree
C. 1☐ Neutral
D. 0☐ Disagree
E. 1☐ Strongly Disagree
Comments:

11. You feel comfortable removing a portion of the omentum.

A. 4☐ Strongly Agree
B. 7☐ Agree
C. 1☐ Neutral
D. 2☐ Disagree
E. 1☐ Strongly Disagree
Comments:

12. You feel comfortable performing peritoneal staging biopsies.

A. 3☐ Strongly Agree
B. 8☐ Agree

C. 1☐ Neutral
D. 3☐ Disagree
E. 0☐ Strongly Disagree
Comments:

Pre-test questions
Please note: this pre-test will be used along with the post-test to evaluate the project ONLY. We will not be evaluating you personally. Your name is only used to match up pre- and post-tests.

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

13. Grade 1 - superficial (<50% myometrial invasion)

A. 10☐ Peritoneal Wash
B. 2☐ Wash, Pelvic Nodes
C.* 3☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. 0☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. 0☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 2 - deep (>50% myometrial invasion)

A. 0☐ Peritoneal Wash
B. 1☐ Wash, Pelvic Nodes
C.* 12☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. 1☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. 1☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. 0☐ Peritoneal Wash
B. 0☐ Wash, Pelvic Nodes
C.* 10☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. 2☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. 3☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. 0☐ Peritoneal Wash
B. 0☐ Wash, Pelvic Nodes

C.* 10☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. 2☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. 3☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

17. Grade 3 - uterine pap serous carcinoma

A. 0☐ Peritoneal Wash
B. 0☐ Wash, Pelvic Nodes
C. 3☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. 2☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E.* 10☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

18. When preop biopsy shows complex endometrial hyperplasia, what is the probability of finding invasive endometrial cancer that would necessitate surgical staging?

A. 3☐ <5%
B. 6☐ 6-15%
C. 4☐ 16-40%
D.* 2☐ 41-50%
E. 0☐ >50%

19. What is your main criterion for deciding when to perform paraaortic node dissection?

A. 2☐ Histologic grade on preop biopsy (two double answers; one didn't respond)
B. 1☐ Histologic grade on intraop frozen section
C. 1☐ Depth of invasion on intraop frozen section
D. 9☐ B and C
E.* 3☐ All endometrial cancer patients should have paraaortic node dissection

20. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered “sufficient” for staging?

A. 0☐ 0 (one didn't respond)
B. 1☐ 1-3
C.* 8☐ 4-10
D. 0☐ 11-20
E. 5☐ As many as possible

21. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered “sufficient” for staging?

A. 0☐ 0 (one didn't respond)
B.* 6☐ 1-3
C. 3☐ 4-10
D. 0☐ 11-20
E. 5☐ As many as possible

Additional questions

22. Is there anything specific you would like to see in an interactive program that teaches surgical staging?

"cases"
" That there are 2 schools of thought regarding endometrial staging. Some stage all and some stage regarding various histopathologic criteria. Both are acceptable. There is not one "right" way to do it."
"review of open and laparoscopic anatomy"
"lymph drainage patterns for endometrial CA. Relevent anatomy regarding pelvic and paraaortic node dissection.."
"Correlation with patient examples. As a resident i had to go through a stack of path reports each week and assign stages. This was the quickest way to make it stick beyond straight memorization."
"anatomy of vessels and nerves pertinent with lymph node dissection"
"landmarks used for identification of nodes"
"Color Photos showing pathology (intraoperative)"
"Video"

23. Which choices help you the most when learning about overall concepts? Check all that apply.

A. 11☐ Text
B. 11☐ Illustration
C. 5☐ Animation
D. 3☐ Photography
E. 2☐ Video

24. Which choices help you the most when learning how to perform a surgical step? Check all that apply.

A. 8☐ Text
B. 9☐ Illustration

C. 5☐ Animation
D. 4☐ Photography
E. 10☐ Video

Additional comments: "using model simulation"

The questionnaire consisted of twelve questions about background information and level of comfort and experience with various aspects of the surgery, nine didactic questions, and four questions about opinions on learning and media choices . The didactic questions were written by Dr. Schorge specifically to test knowledge of surgical staging of endometrial cancer.

Results suggested that surgeons become more comfortable and familiar with surgical staging as they gain experience (as expected). However, the results are troubling when we see that the only people comfortable removing lymph nodes (question 9) in this initial group are the gynecological oncologists, the most specialized and trained surgeons. This information helps support the idea that a better learning tool is needed, though it does not tell us how to make it better.

When asked what media choices aided in learning (questions 23 and 24), respondents said text and illustrations were most helpful, followed by video, then animation and photography. Animation was more popular with residents than with other groups. Photography was chosen more by residents as well, but for learning surgical steps, not overall concepts. Video was chosen by ten respondents out of sixteen, again for learning

surgical steps. All media choices, including text, were represented in the responses. Although this project is not meant to replace textbooks, it includes some text in the introductory sections. Surgeons want to be able to get information in this familiar way. Text could be used before any multimedia portions to provide initial information to the viewer. Respondents said they had prepared for surgery mostly with textbooks and lectures and presentations (question 4). Textbooks used were: *Te Linde's, Hoskin's, Copeland Gynecology, OB/GYN at a Glance, Berek & Hacker, Novak's Gynecology*.

Question 22 asked if there was anything the surgeon specifically wanted in an interactive program to teach surgical staging. Respondents suggested showing vein and nerve anatomy for lymph node dissection, landmarks, open and laparoscopic anatomy, intraoperative color photos and or video, lymph drainage patterns and patient examples.

Included in the questionnaire were also nine didactic questions to test knowledge on surgical staging of uterine cancer. These were most helpful at the completion of the project when combined with a posttest to gauge effectiveness of the teaching aide. However, incorrect answers alerted me to some information that needed to be taught, and the need to include the correct information in the program. For example, only three people answered question 19 correctly – that all endometrial cancer patients should have paraaortic node dissection. This "correct answer" has changed over the years, so I needed to make sure to stress the correct and current information.

Brainstorming session

I also wanted some personal interaction with the people who would use this product. I held a brainstorming session on June 6th, 2007 with Dr. Schorge, along with Dr. Lynn Knowles and Dr. Shana Wingo, two gyn-onc fellows at UT Southwestern, and another session on June 15th, 2007 with Dr. Thomas Heffernan, also a gyn-onc fellow at UT Southwestern. These were followed by a meeting with Dr. Schorge to review the input and start picking out media choices for each part of our overall topic.

The fellows commented that illustrations are not enough to explain surgeries involving lymph tissue, but can be helpful used in conjunction with photos, video, and additional instruction. Everyone expressed an interest in video for gaining visual experience with the surgery. We talked about how video [and photography] can be more helpful when labeled and overlaid with images. They mentioned that most illustrations show a surgery already cleanly dissected, and requested that I start explaining earlier in the procedure. "We want to know how to get from the messy-looking beginning to the clean-looking dissection we see in books," said Dr. Wingo during our discussion. Anatomic boundaries were mentioned several times, and we also discussed possibly exploring anatomical anomalies. The fellows expressed no interest in cadaveric photos and videos. Intraoperative video is much more helpful, they said, because the tissues look and behave the way they will in the operating room.

With Dr. Thomas Heffernan, who is an artist as well as a surgeon, I discussed visual problems with learning surgical staging. Pelvic lymph nodes are usually shown from an anterior-posterior view in drawings, which leads to confusion in the operating room since

the nodes and vessels angle down along the wall the pelvic bowl. We talked about a possible animation to show the connection between the two views. He said he would want something printable to take into surgery, an idea Dr. Schorge had also mentioned. We also discussed some techniques and certain steps to be sure to include.

Elements to Include

I wanted to show video of the entire staging surgery from the surgeon's point of view. This would begin at the opening incision and would skip over the hysterectomy/BSO section of the surgery. I wanted to overlay this video with labels and drawings to clarify the structures being viewed. Dr. Schorge would narrate. This video would be split up according to the five major steps of the endometrial cancer surgical staging.

I initially decided to make short Flash® animations to view before the videos of the pelvic and paraaortic lymph node dissections. Later, this idea evolved and I decided to make 3-D animations instead. The 3-D models could help address the spatial problems discussed with Dr. Heffernan.

I planned to create a text introduction for each of the five segments. These portions could also be printable. I planned to take all of these components and organize them within an interactive Flash® program. The user can click through the elements in order, or go directly to the piece they want to watch. This Flash® program can be distributed on CD-ROM discs. Flash® is a good choice of software for designing interactive programs

because of the ability to create a user interface, to incorporate several types of elements, and to distribute on a disc to be played cross-platform.

Designing the Program

Look

One challenge was designing the look and feel of the overall program. The interface would be built last, after each element was finished, but we needed a good idea of the overall design so that everything could tie together well visually. First, some simple sketches were made. From there, a few design choices were laid out in Photoshop® (Figure 3-1).

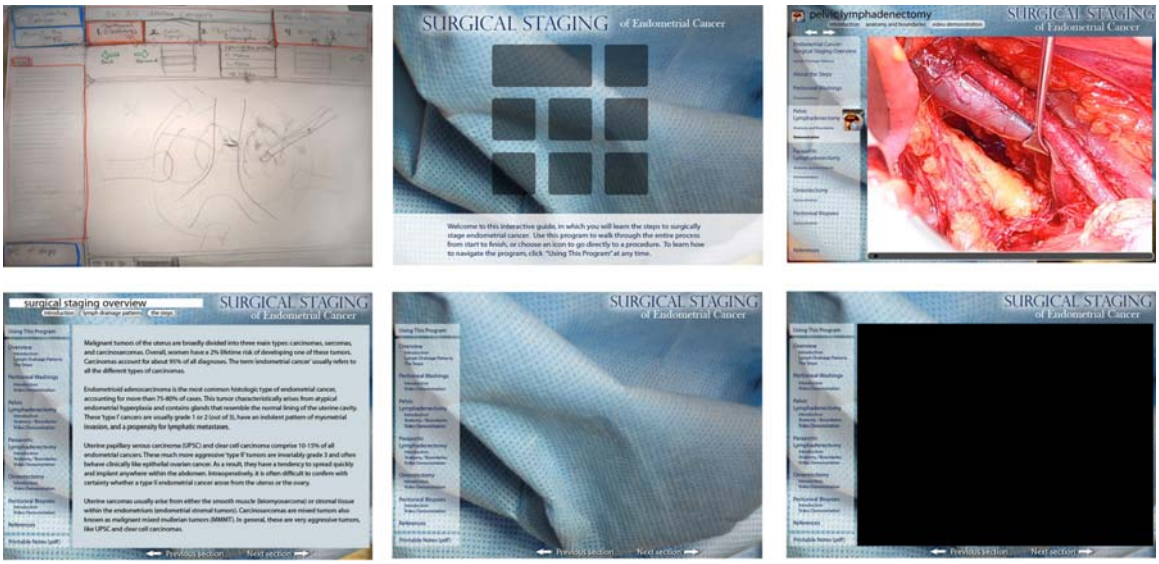

Figure 3-1. Sketch to Photoshop® layout during the interface design process.

Organization

A design could not be chosen on the basis of visual appeal alone. The program would need to be easy to navigate and organized in a way that makes sense for the content.

Content Outline

An outline was finalized, which included all the information which would need to be covered in the program. The outline could also be incorporated into the design choice and organization of the final interface. This outline served as a helpful guide throughout the project. Items could be modified, completed, and checked off (Figure 3-2).

Outline of the Program Components

I. Endometrial Cancer – Surgical Staging Overview
   A. Information (TEXT) *requires information from Dr. Schorge
   B. Lymph Drainage Patterns (ANIMATION) *requires storyboard

II. About the Steps
   A. Information (TEXT) *requires information from Dr. Schorge

III. Step 1. Peritoneal Washings
   A. Introduction (TEXT) *requires information from Dr. Schorge
   B. Video *requires outline before shooting
   C. Video, unlabeled

IV. Step 2. Pelvic Nodes
   A. Introduction (TEXT & ILLUSTRATIONS) *requires information from Dr. Schorge
   B. Anatomy and Anatomical Boundaries (ANIMATION) *requires storyboard
   C. Tipping the Pelvis (ANIMATION) *requires storyboard
   D. Video *requires outline before shooting
   E. Video, unlabeled

V. Step 3. Paraaortic Nodes
   A. Introduction (TEXT & ILLUSTRATIONS) *requires information from Dr. Schorge
   B. Anatomy and Anatomical Boundaries (ANIMATION) *requires storyboard
   C. Video *requires outline before shooting
   D. Video, unlabeled

VI. Step 4. Omentectomy added for High-Risk Endometrial Cancer
   A. Introduction (TEXT & ILLUSTRATIONS) *requires information from Dr. Schorge
   B. Video *requires outline before shooting
   C. Video, unlabeled

VII. Step 5. Peritoneal Biopsies added for High-Risk Endometrial Cancer
   A. Introduction (TEXT & ILLUSTRATIONS) *requires information from Dr. Schorge
   B. Video *requires outline before shooting
   C. Video, unlabeled

Figure 3-2. Content Outline.

Video Outline

The video segments needed to be planned and laid out far ahead of time. The video outline served as a method of discussing these segments with Dr. Schorge and seeing how they fit into the overall organization of the program (Figure 3-3).

Video outline - Uterine Cancer Surgical Staging Steps
Opening –wider shot of abdomen; show incision and retractors placed.

1. Peritoneal washings and exploration (wide from side)
    a. Immediate pelvic and abdominal washings taken.
    b. Exploration of the abdomen. Detailed systematic approach when looking for possible metastases.
    (skip hyst and BSO)
2. Pelvic Lymphadenectomy (from side, behind/beside surgeon, tight)
    a. Talk about boundaries.
    b. Explore retroperitoneal space. Visualize bifurcation of external and hypogastric arteries. Isolate ureter.
    c. Lateral dissection using finger.
    d. Visualize entire external iliac artery.
    e. Remove distal nodes.
    f. Dissect over external iliac vein.
    g. Remove nodes down to the obturator nerve. Visualize hypogastric artery.
    h. Remove common iliac nodes. Show boundaries after finished.
    i. Place sponges to remain during additional procedures.
3. Paraaortic Lymphadenectomy (from side, but looking in more toward midline and posterior. maybe facing slightly towards head. mostly tight)
    a. Reposition retractors (wider shot). Expose peritoneum overlying the right common iliac artery.
    b. Open the retroperitoneal space. Expose aorta and interior vena cava. Talk about boundaries.
    c. Remove right paraaortic nodes.
    d. Remove left paraaortic nodes.
    e. Remove interiliac nodes (?)
    f. High paraaortic lymphadenectomy (?)
    g. Retroaortic lymphadenectomy (?)
    h. Place sponges to remain during additional procedures.
4. Partial Omentectomy (wide)
    a. Disassemble Bookwalter retractors. (wider shot)
    b. Pull omentum into incision (out of body cavity).
    c. LDS omentectomy (may zoom in to show stapler in action).
5. Peritoneal Biopsies
    a. Talk about locations.
    b. Retractors and technique.

Figure 3-3. Video outline.

Animation Planning

Pelvic models were to be built and animated in 3-D Studio Max. Before beginning, I planned them out using a series of storyboards. After building models, I made new storyboards with screenshots of the models (Figure 3-4).

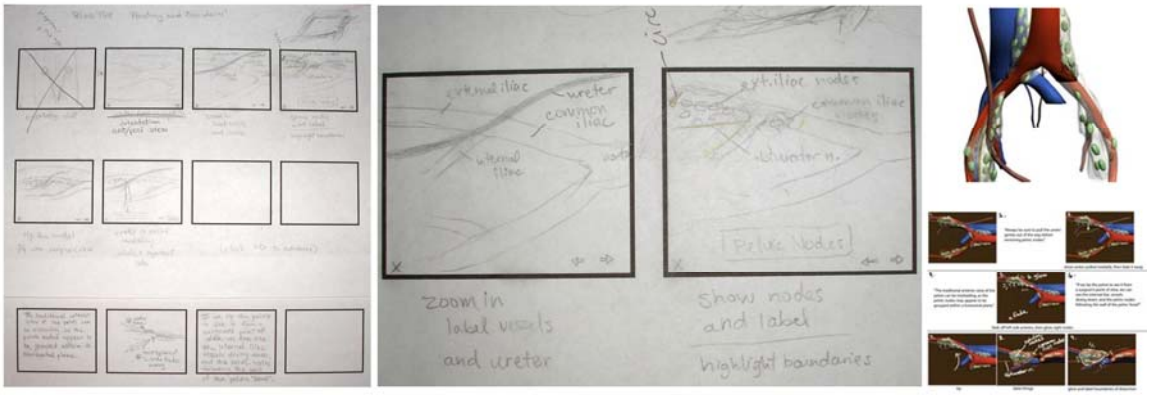

Figure 3-4. Storyboards in pencil and using 3-D models. For "Pelvic Anatomy" Section.

The animation to precede the pelvic lymphadenectomy video was expanded to include a tipping of the pelvic nodes along with anatomical boundaries and landmarks. This tipping would be an attempt to clarify the special relationships between pelvic nodes and blood vessels, which I had discussed earlier with Dr. Heffernan.

I added a new animation, “Lymph drainage of the uterus” based on the recommendations of survey respondents. This animation would explain that lymph does not take one consistent route away from the uterus. This animation would be presented in the overview section (Figure 3-5.).

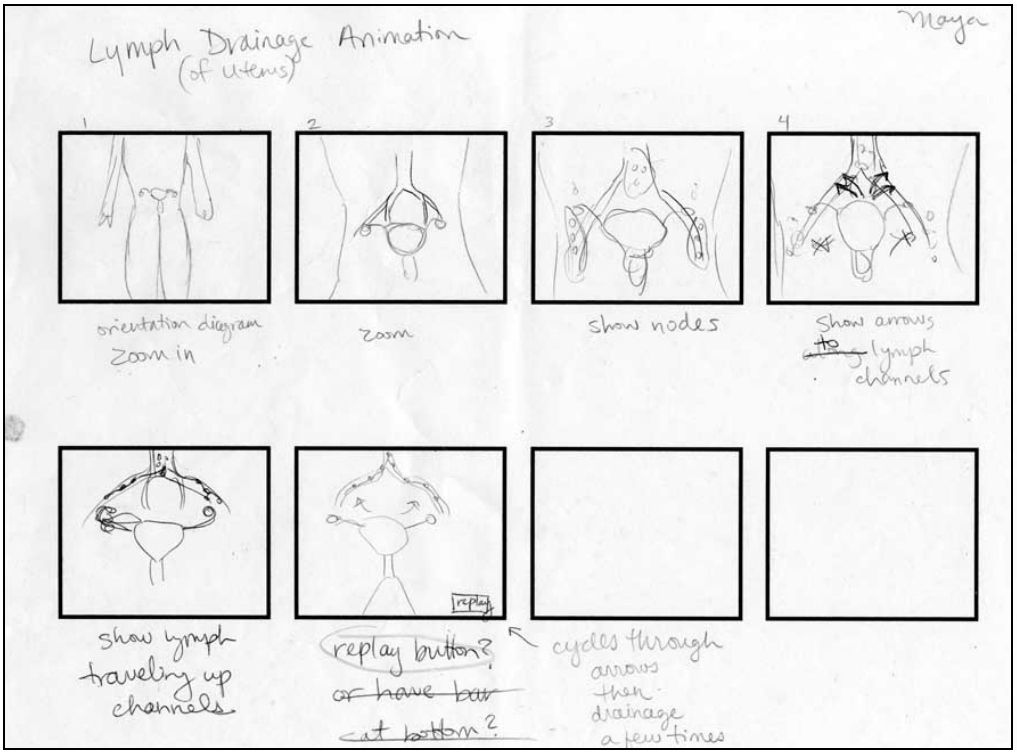

Figure 3-5. Original storyboard for "Lymph Drainage" animation.

A third animation was planned to precede the paraaortic lymphadenectomy. It would show the anatomical boundaries of dissection for paraaortic nodes. Because the storyboard for this animation was quite brief and simple, it was later changed to a still image with labels for the program (Figure 3-6.)

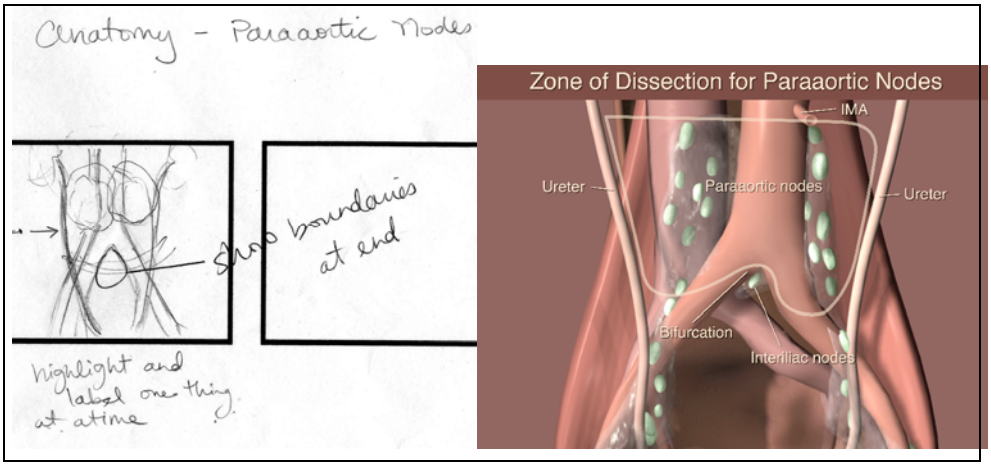

Figure 3-6. Original storyboard and still image created for "Paraaortic Anatomy" section.

Creating the Program

Creating the Video

I decided to hire a video crew from Medical Television Center, a group at UT Southwestern Medical Center at Dallas which specializes in shooting surgical video. Their equipment and experience would provide me with the best result. I spoke with Andy Guynn, the director of the program, about the project and learned that I could direct the video in the operating room. We spoke at length about the video outline and the views I desired of the surgery. I provided Andy with a copy of the outline and some photos and sketches of the surgery showing orientation.

We needed a more detailed plan for the surgery, so in conjunction with Dr. Schorge I developed a script. This script simply expanded on the video outline, detailing what would happen at what point in the surgery. This script would prepare the video crew as

well as Dr. Schorge. Being prompted during surgery would help him stick to the prescribed sequence of steps. As an experienced gynecologic oncologist, he has some flexibility in the order in which he performs some portions of the surgery, but wanted to teach all of it in a systematic way. He requested that large flash cards (Figure 3-7) be made from the script, and these also helped him quickly decide what he would say next, as the narration would be recorded live.

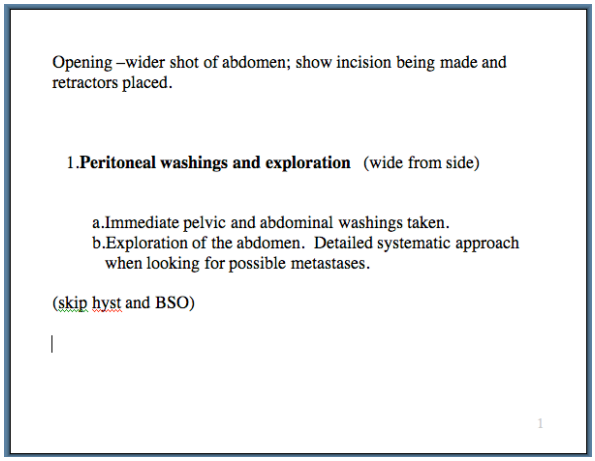

Figure 3-7. Flashcard for use during surgery.

The next step was to schedule a case to record. Dr. Schorge chose an appropriate patient based on body weight and type of cancer. Of course we had to be very flexible as a cancer surgery is urgent and should not wait. The video crew was given as much notice as possible, the shoot was scheduled, and my mentor Kim Krumwiede and I were set to attend. I would direct the shoot.

During the surgery, I used the script and flashcards to keep everybody informed of our place in the overall timeline. Dr. Schorge was wired with a Lavalier microphone. The

video crew used additional lighting and a digital video camera on a tripod. An overhead Berchtold camera was also used for a second angle, placed directly overhead like a surgical light. When necessary, I directed the camera operator to zoom or pan to get the required view. Our portion of the surgery, which excluded opening, closing, the hysterectomy & the BSO, lasted about four hours. We recorded two and a half hours of footage on each camera.

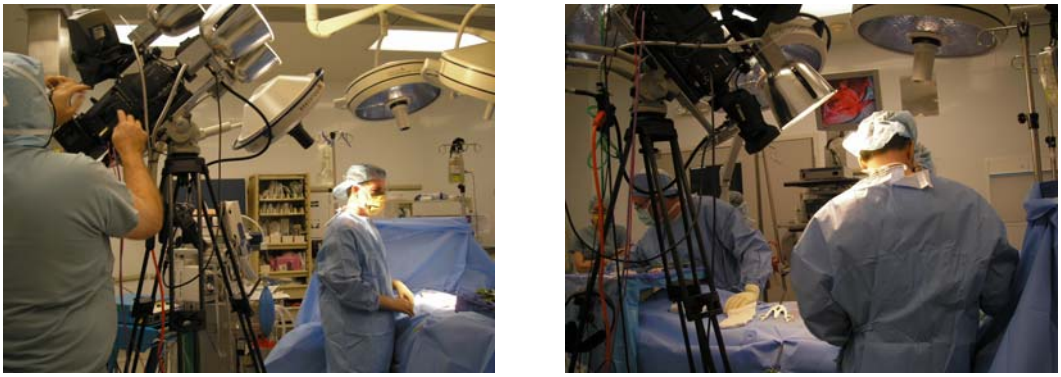

Figure 3-8. Video equipment in use during the staging surgery.

Medical Television Center made digital files from the DV tapes, which I transferred to computer using an external hard drive. I prepared the five hours of footage for editing using Final Cut Pro® software. I first cut it down to about three hours of the most relevant footage. Dr. Schorge and I then watched this together, taking notes for offline editing. Next, I began the time consuming process of editing the video into five educational segments. Audio from the main camera was unusable, but fortunately, audio from the overhead camera was of good quality, eliminating the need to re-record the narration. Both audio tracks had come from the same microphone. This audio was taken

and matched up to the main camera video. Then the video was cut into many smaller clips and pieced together to tell the story outlined in the script (Figure 3-9).

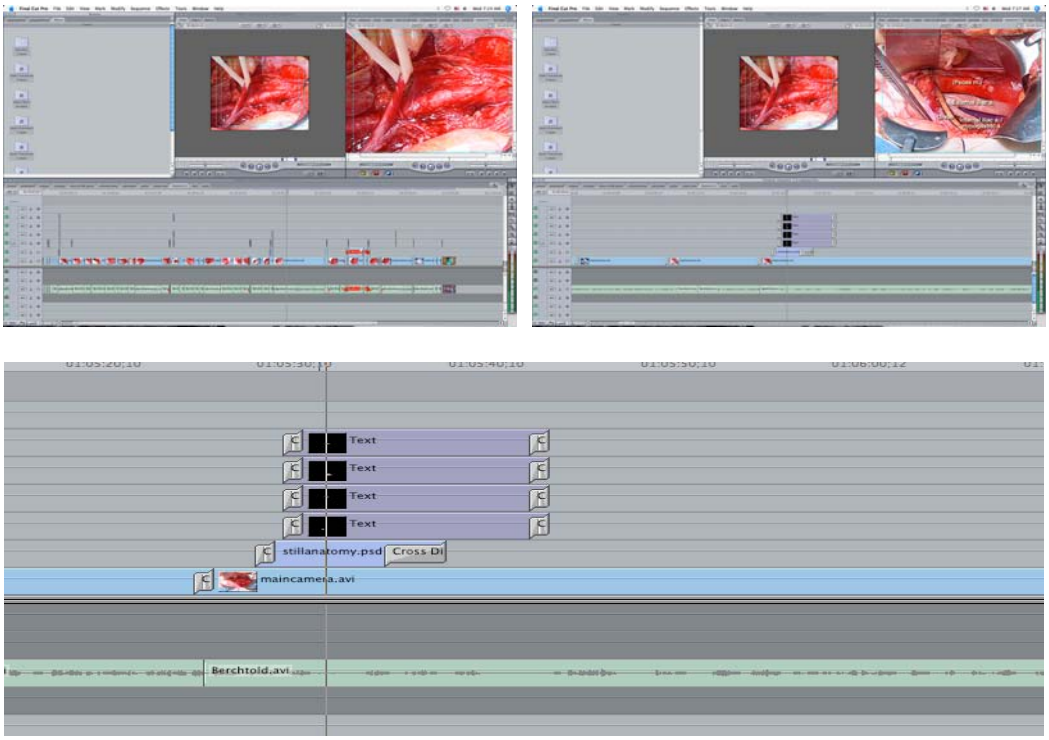

Figure 3-9. Screenshots of the editing process in Final Cut Pro®.

When the video was finished, I took each segment and copied it into a separate sequence. From here, I exported it to an .flv file. This format, called a “flash video” file, is both small and of good quality, and works well within Flash®, where the interface would later be built (the flash video file format was created as a good way to show video over the internet). After testing many settings, I decided on the following for best quality with very reasonable file size:

Video encoding: On2 VP6 at 400kbps (encoded for playback with Flash 8 or higher)

Audio encoding: MPEG Layer III (mp3) at 48kbps (mono)

Resize: 800 x 600 pixels

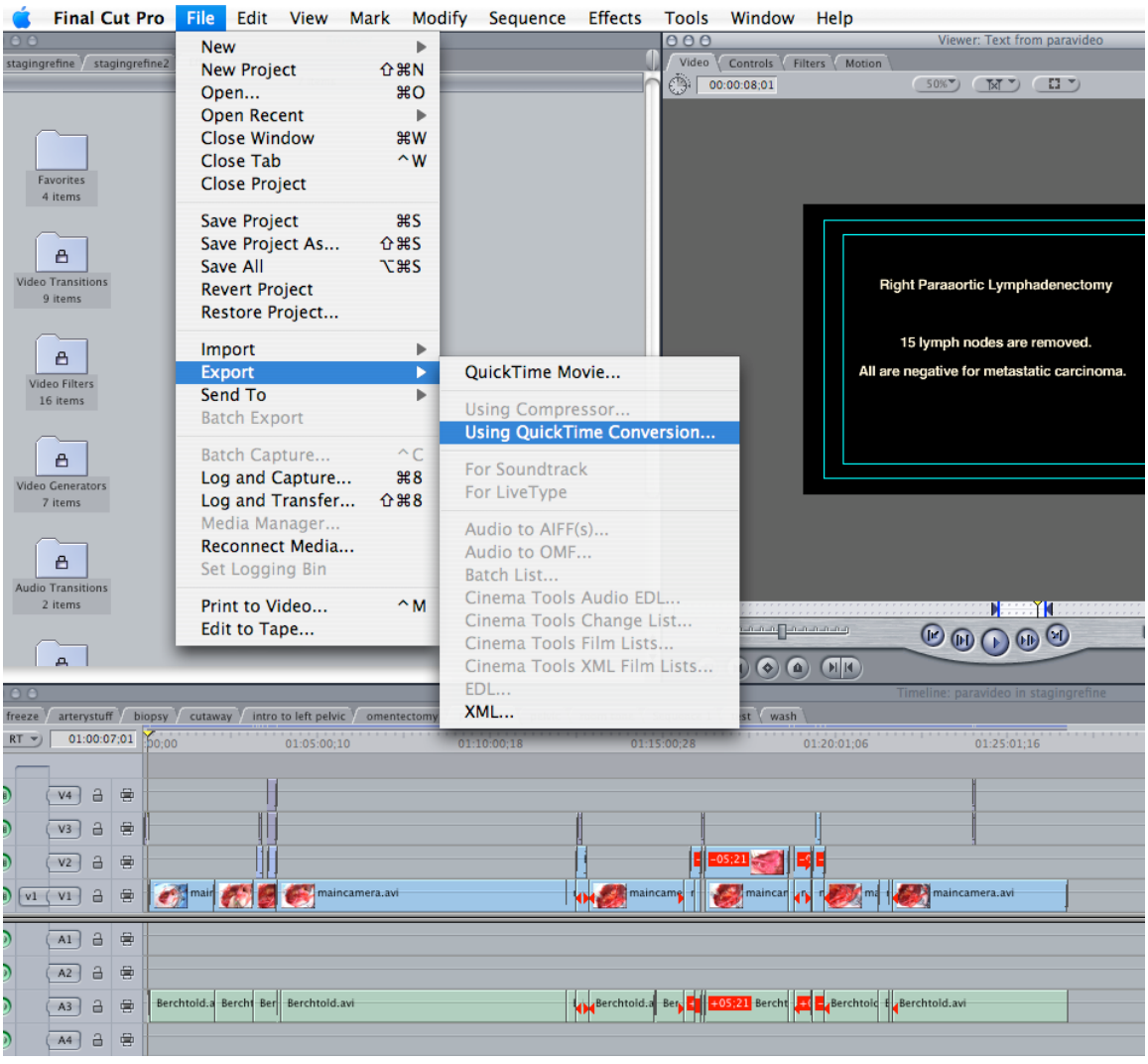

Figure 3-10. Export using QuickTime Conversion .

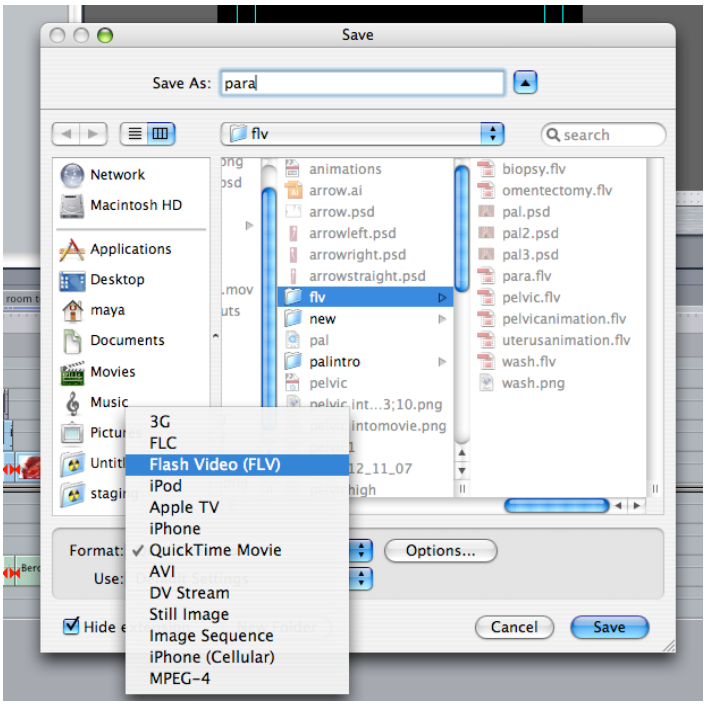

Figure 3-11. Choosing the FLV file format.

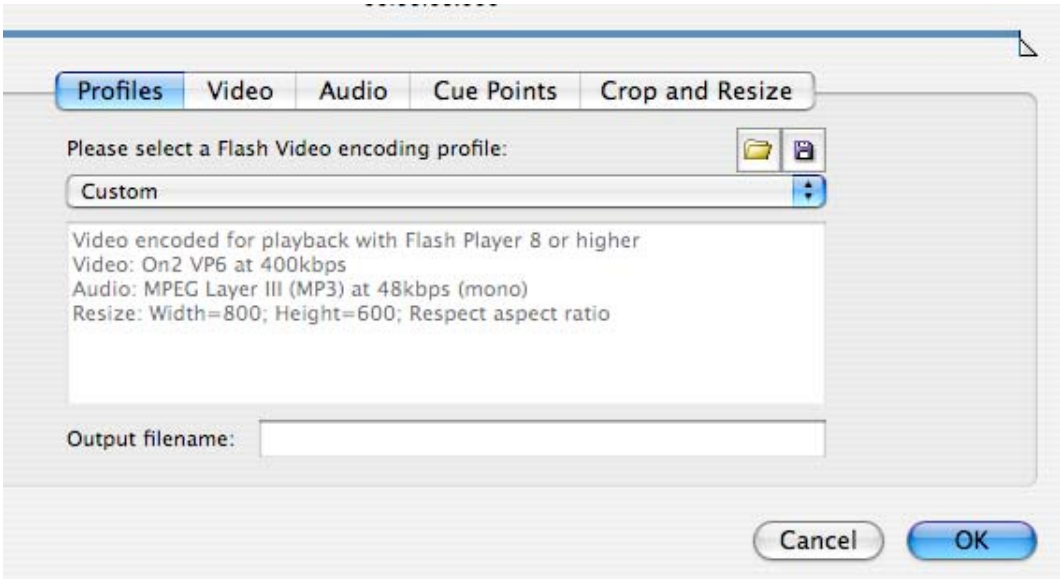

Figure 3-12. Export settings.

Creating the Animations

I made 3-D models based on my storyboards. The models included blood vessels, ureters, psoas muscles, uterus, and lymph nodes of the pelvis. I showed Dr. Schorge screenshots of the models from various angles, and he helped me to make them more accurate. Two of the changes were the locations of certain lymph nodes and the angles of blood vessel branching.

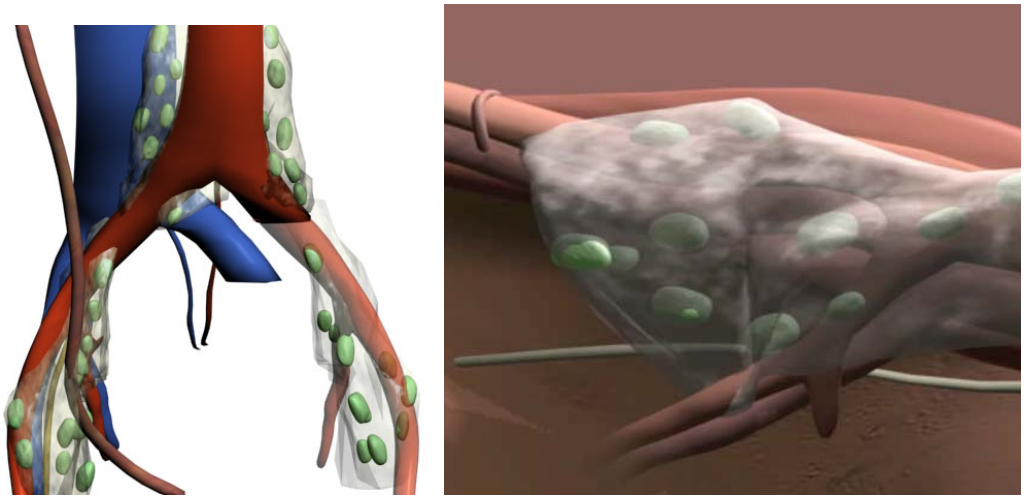

Figure 3-13. Original models compared with final scene.

After we felt confident in the accuracy of the models, I worked with color and lighting, and then animated the models (Figure 3-13). I took these animations into Final Cut Pro® to add labels and graphics (Figure 3-14).

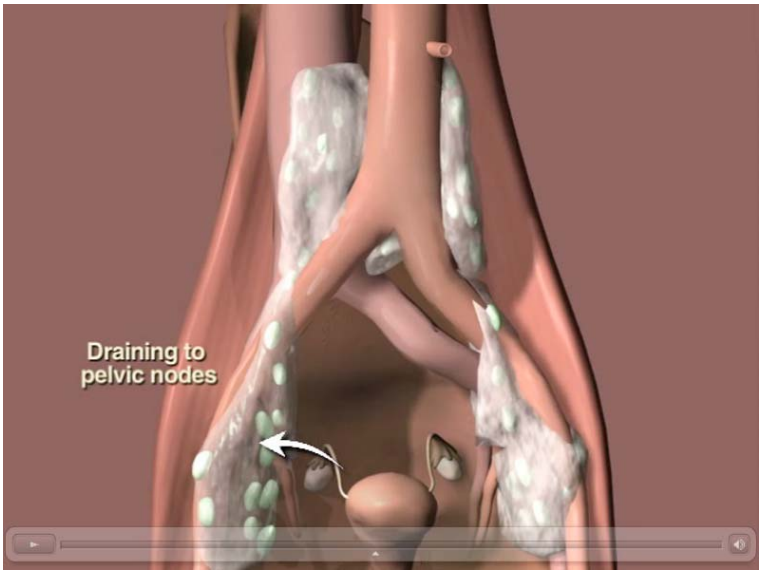

Figure 3-14. Screenshot of animation.

After review, I changed the lighting in my 3-D Studio Max scene to better reveal the volume and form of the models. Some titles were also edited for clarity.

The animations were exported from Final Cut Pro in the same way as the videos.

Video encoding: On2 VP6 at 400kbps (encoded for playback with Flash 8 or higher)

Audio encoding: MPEG Layer III (mp3) at 48kbps (mono)

Resize: 800 x 600 pixels

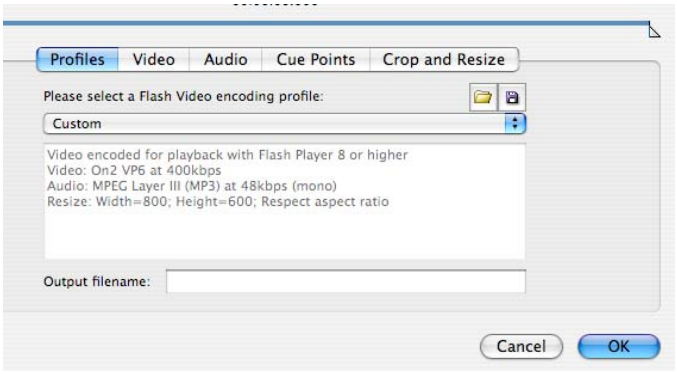

Figure 3-15. Export Settings for animations.

Creating the Text

Each portion of the interactive program would be introduced with text. Dr. Schorge wrote this material based on his experience and research, to follow the Content Outline of the program. The text was designed to be a brief preface to each topic. Some sections were longer than others because of the important information we wanted to include. Those longer sections were broken up into multiple pages in the final program for easier reading.

Creating the Interface

With the overall design and organization chosen, I began with my current Photoshop® document of the interface.

The background image was isolated and saved as a flat .jpg file to be brought into Adobe Flash CS3® (Figure 3-16). My document size, or stage size, was 1000 x 700 pixels.

This determined the size at which the final product would play; I chose it based on the most popular computer monitor size, 1024 x 768 pixels.

Figure 3-16. Background image saved out of Photoshop®.

800 x 600 pixels would be the size of the content box with in the interface.

I made buttons in Flash to correspond with each element (Figure 3-17). I programmed these so they would take the user to these elements. I then built a container box which was 800 x 600 pixels and could play various movie clips as they were loaded.

Figure 3-17. Buttons made in Flash® have evolved from the earlier design.

The next step was to create separate Flash files for each element of content. These files could be published and the .swf files produced would be referenced by my overall interface. In order for my code for interactivity to work properly, I needed to follow a strict naming convention. I created 22 separate .swf files in this way. A chart helped me keep track of each element (Figure 3-18).

Welcome Screen	movie1
Using	movie2
Overview1	movie3
Overview2	movie4
Overview3	movie5
Lymph Patterns	movie6
Steps1	movie7
Steps2	movie8
Steps3	movie9
Washings	movie10
Washings Video	movie11
Pelvic Nodes	movie12
Pelvic Anatomy	movie13
Pelvic Video	movie14
PA Nodes	movie15
PA Anatomy	movie16
PA Video	movie17
Omentectomy	movie18
Omentectomy Video	movie19
Biopsies	movie20
Biopsies Video	movie21
References	movie22

Figure 3-18. File names for .swf files to be produced.

Each .swf file needed to be the correct size to fit within the container box, 800 x 600 pixels. For the videos and animations, the .swf contained the flu video exported earlier from Final Cut Pro®. Each .flv was simply imported into its corresponding Flash document (a .fla file), which was then published to create a .swf file. For the text segments, I pasted in Dr. Schorge's writing, added bullet points and layout. Each page of text was a separate flash file (and then .swf file).

I then programmed the “next” and “previous” buttons to load the correct .swf file in the container box. Here is where the strict naming convention came into use. The number in each file name helped give them an order when I used the following actionscript 2® code:

```
_root.next_btn.onRelease = function()
{
   if (movienumber <= 21)
   {
      movienumber++;
      _root.container.loadMovie("movie" + [movienumber] + ".swf");
   }
         {
                  _root.headings.gotoAndStop([movienumber]);
         }


};
_root.previous_btn.onRelease = function()
{
   if (movienumber > 1)
   {
      movienumber--;
      _root.container.loadMovie("movie" + [movienumber] + ".swf");
   }
         {
                  _root.headings.gotoAndStop([movienumber]);
         }

};
```

I also had to identify each element by placing the following line of code in its flash file:

```
_parent.movienumber = 8;
```

This told the program which element was currently playing, so that the previous and next code would work properly no matter how the user arrived at a particular element.

I added a header to change with the elements and identify which element was being viewed.

Lastly, I created a PDF of Dr. Schorge's text introductions. I compiled them in Microsoft Word®, reformatted them, and exported a single PDF document. I programmed the print button in my interface to link to this PDF.

The program was burned onto DVD. It was also posted online for fast review and corrections. The .flv format of video used within flash made the videos a small and manageable file size.

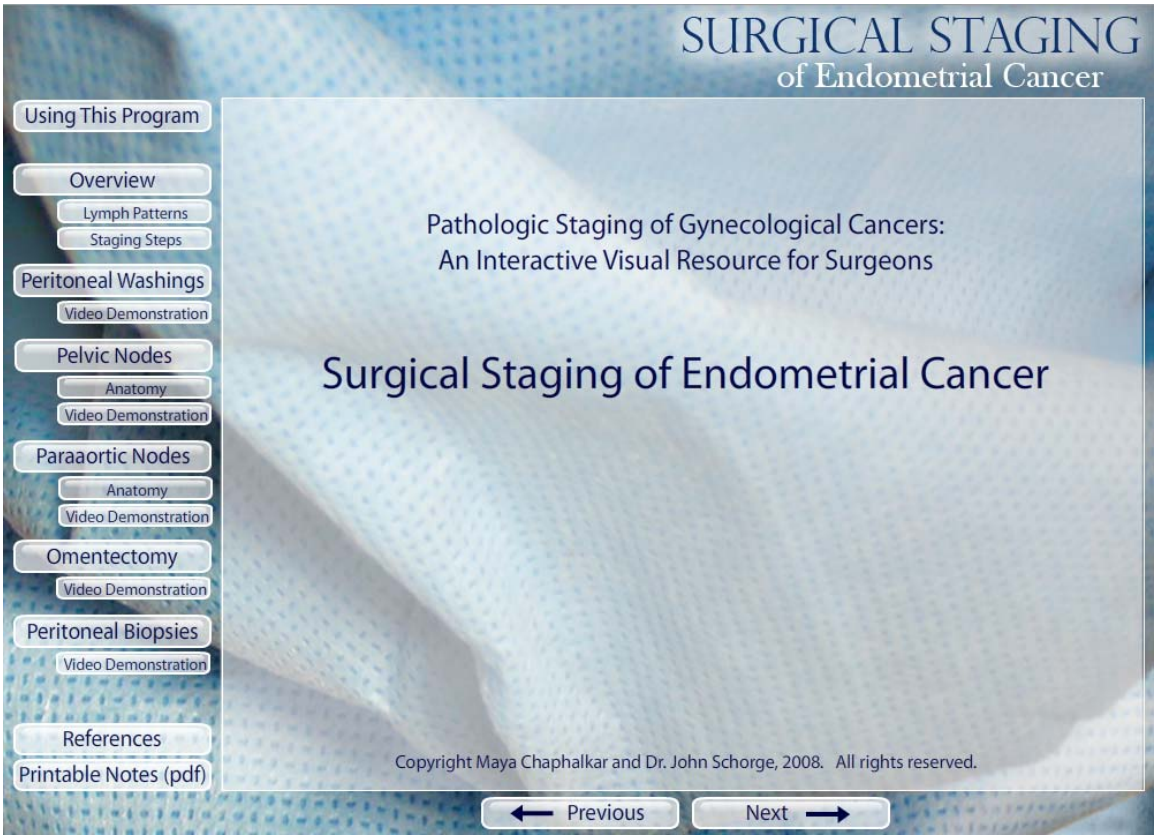

Figure 3-19. Completed interface.

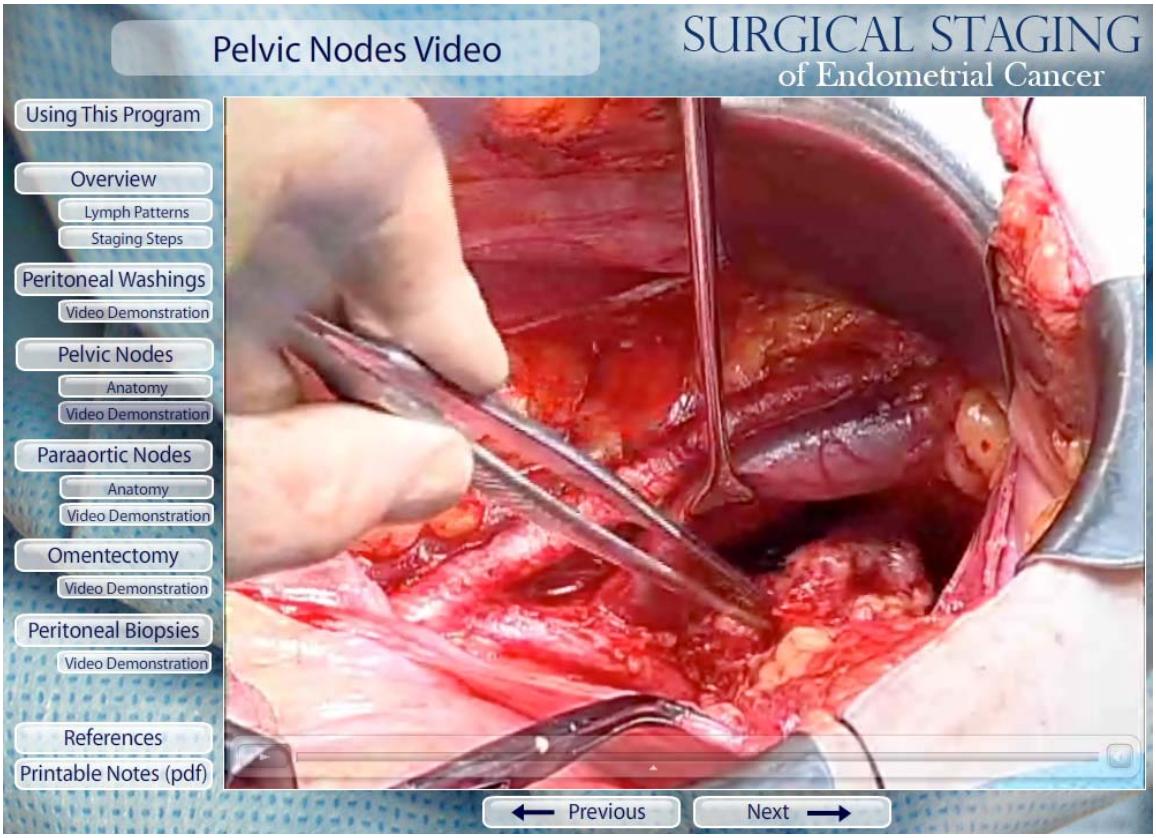

Figure 3-20. Completed interface playing a video segment.

CHAPTER FOUR
Results

Evaluation of the Program

The goal of this thesis was to create a useful teaching and review tool for staging procedures, specifically made for medical students, residents, fellows and practitioners in the field of general gynecology and gynecological oncology. The purpose of the interactive program was to explain both the surgical technique and the overall concepts of surgical staging of endometrial cancer. To evaluate the program, I asked Dr. Schorge to show it during Grand Rounds in the Gynecology department at UT Southwestern Medical Center. The program interface was shown to 30 people along with some of the elements: the animations, the left side of the pelvic lymph node video, and the right side of the paraaortic lymph node video. A questionnaire was given to these participants (Figure 4-1). It included a pre-test and post-test of 8 questions each to attempt to discern if learning took place during the viewing of the program. It included 8 evaluation questions to determine what participants thought about the usefulness of the program. Participants were shown the interactive nature of the program, but they did not interact with it individually, as it was shown in a large group setting.

Creating the Questionnaire

The questionnaire was created using didactic questions for the pre-test and post-test. These questions were similar to the pre-project survey questions, and were written with the advice of Dr. Schorge. These questions have "correct answers" which are marked

here with an asterisk. Eight additional evaluation statements used a 5-point Likert Scale ranging from Strongly Agree to Strongly Disagree. Respondents were asked to indicate their level of agreement. Each evaluation statement was followed by space for additional comments.

Maya Chaphalkar Thesis Questionnaire
This program can also be viewed online at
www.mayachaphalkar.com/thesis/program/surgicalstaging.swf

PRETEST
Instructions:
Please click the square that corresponds to your answer. Additional comments may be added after each question or statement.

1. Which describes you?

A. Gynecologic Oncologist
B. OB/GYN Generalist
C. Fellow
D. Resident
E. Other
Comments:

2. Approximately how many uterine cancer staging surgeries have you directly participated in?

A. 0
B. 1-2
C. 3-5
D. 6-15
E. >15
Comments:

3. Approximately how many uterine cancer staging surgeries have you indirectly observed?

A. 0
B. 1-2
C. 3-5

D. 6-15
E. >15
Comments:

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

4. Grade 1 - superficial (<50% myometrial invasion)

A. Peritoneal Wash
B. Wash, Pelvic Nodes
C. Wash, Pelvic Nodes, Paraaortic Nodes
D. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

5. Grade 2 - deep (>50% myometrial invasion)

A. Peritoneal Wash
B. Wash, Pelvic Nodes
C. Wash, Pelvic Nodes, Paraaortic Nodes
D. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. Peritoneal Wash
B. Wash, Pelvic Nodes
C. Wash, Pelvic Nodes, Paraaortic Nodes
D. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsie

7. Grade 3 - deep

A. Peritoneal Wash
B. Wash, Pelvic Nodes
C. Wash, Pelvic Nodes, Paraaortic Nodes
D. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

8. Grade 3 - uterine pap serous carcinoma

A. Peritoneal Wash
B. Wash, Pelvic Nodes
C. Wash, Pelvic Nodes, Paraaortic Nodes
D. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

9. What is your main criterion for deciding when to perform paraaortic node dissection?

A. Histologic grade on preop biopsy
B. Histologic grade on intraop frozen section
C. Depth of invasion on intraop frozen section
D. B and C
E. All endometrial cancer patients should have paraaortic node dissection

10. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. 0
B. 1-3
C. 4-10
D. 11-20
E. As many as possible using anatomical boundaries

11. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. 0
B. 1-3
C. 4-10
D. 11-20
E. As many as possible using anatomical boundaries

POSTTEST

Questions 12-19 were identical to questions 1-11.

EVALUATION QUESTIONS

A. Strongly Agree
B. Agree

C. Neutral
D. Disagree
E. Strongly Disagree

(plus a prompt for comments after each statement)

20. This program is a helpful guide for learning the indications and the order of surgical staging steps.

21. This program is a helpful guide for learning relevant anatomy.

22. This program is a helpful guide for learning surgical technique.

23. The navigation is clear and easy to use.

24. I think that interactivity, such as the ability to view segments in any order and to switch segments at any time would be helpful.

25. A combination of text, animations, and surgical video is an effective way to teach surgical staging.

26. This program would help me study surgical staging.

27. I would use this program to review before surgery.

Questionnaire Results

According to the data, the overall response was very positive. There was an increase in number of correct answers from pre-test to post-test, suggesting the program facilitated learning. The evaluation questions also were answered positively.

The questionnaire began with 3 background questions. Respondents were mostly Gynecology Residents (Figure 4-1). They had multiple levels of experience with surgical staging (Figure 4-2).

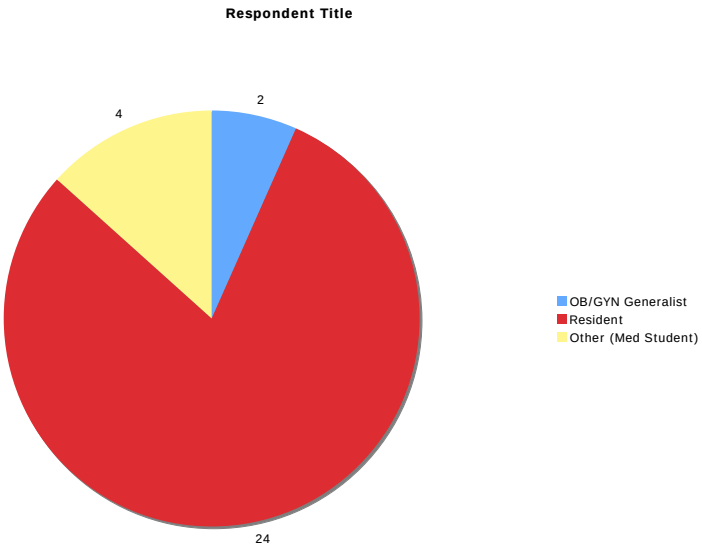

Figure 4-1. "Which describes you?"

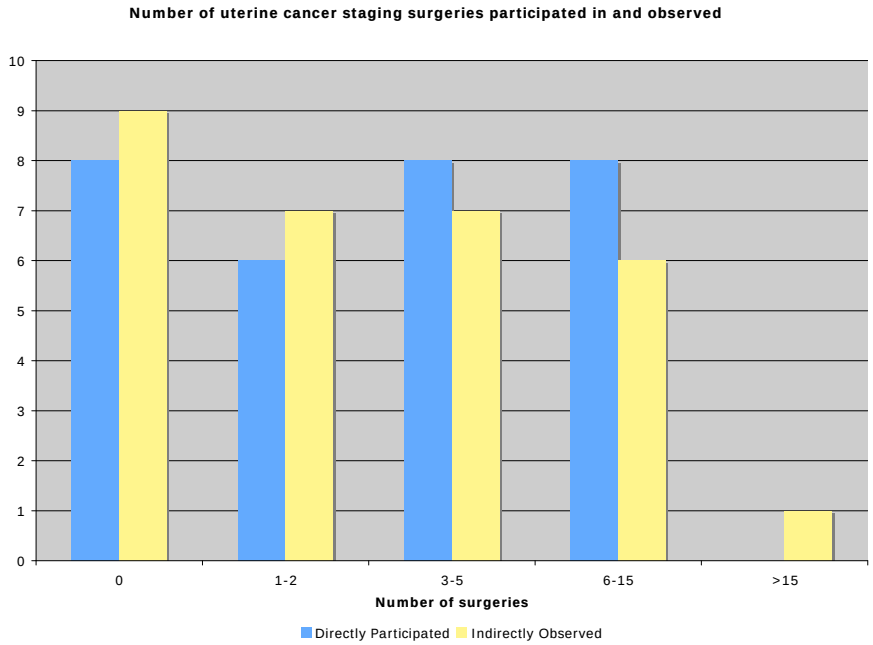

Figure 4-2. Multiple levels of experience.

Pre and Post-Test Results

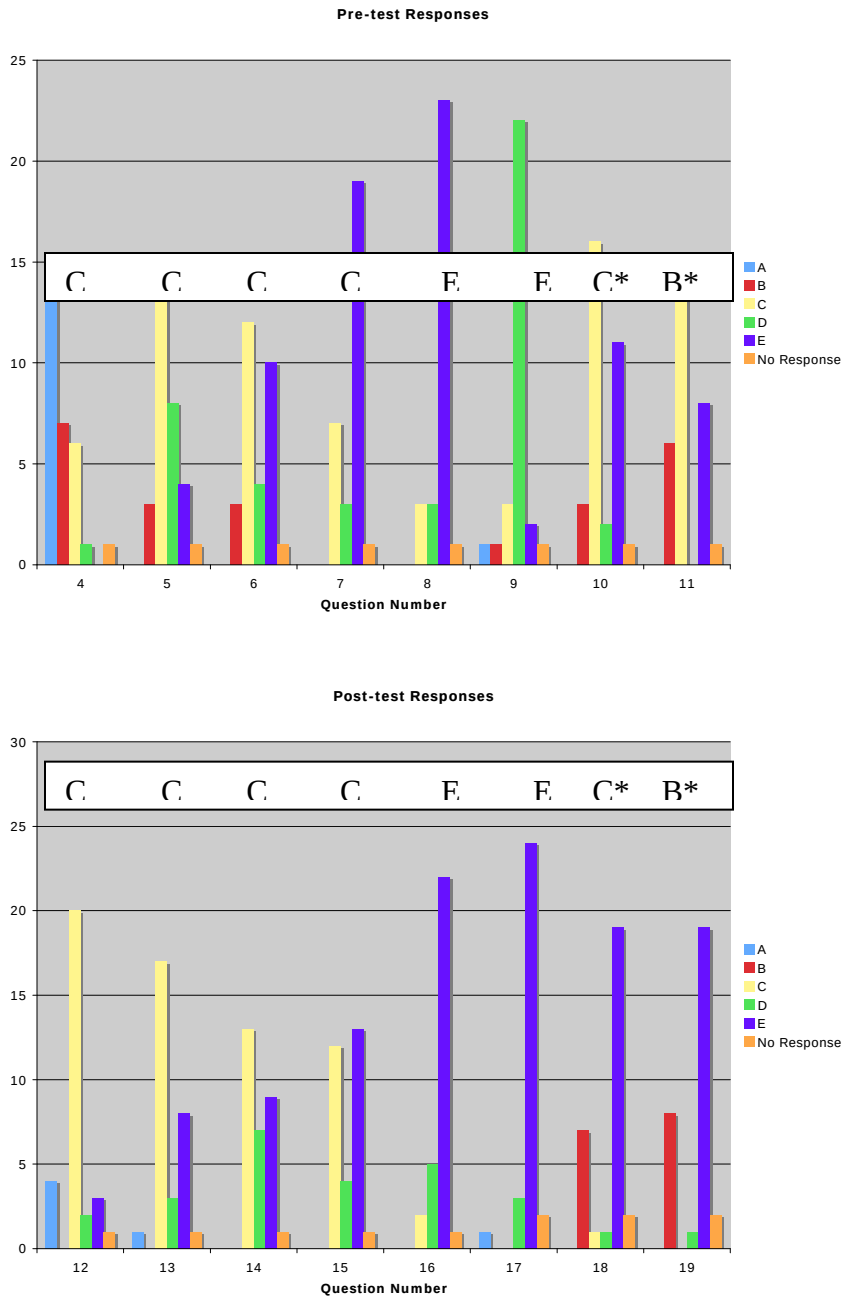

Figure 4-3. Pre-test and post-test responses. Questions #4-11 are identical to questions #12-19. Letters indicate the correct response.

Following are the responses to the pre-test and post-test questions.

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

#4 & #12: Grade 1 – superficial (<50% myometrial invasion)

A. Peritoneal Wash
B. Wash, Pelvic Nodes
C.* Wash, Pelvic Nodes, Paraaortic Nodes
D. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

Pre-test (#4): 15 answered A, 7 answered B, 6 answered C, 1 answered D, 1 answered E

Post-test (#12): 4 answered A, 0 answered B, 20 answered C, 2 answered D, 3 answered E

This question and the following similar questions were designed to test knowledge of the following: all cases of endometrial cancer should be surgically staged with washings, pelvic and paraaortic nodes taken. In addition, high-risk cases should also have a partial omentectomy and peritoneal biopsies.

The number of respondents switching to the correct answer C in this question was dramatic. In the pre-test, many had answered A, only washings, for Grade I superficial endometrial cancer.

#5 & #13: Grade 3 – deep (>50% myometrial invasion)

A. Peritoneal Wash
B. Wash, Pelvic Nodes
C.* Wash, Pelvic Nodes, Paraaortic Nodes
D. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

Pre-test (#5): 0 answered A, 3 answered B, 14 answered C, 8 answered D, 4 answered E

Post-test (#13): 1 answered A, 0 answered B, 17 answered C, 3 answered D, 8 answered E

This question showed an increase of 3 people with the correct answer. 14 people already thought C was correct in the pre-test.

#6 & #14: Grade 3 – superficial

A. Peritoneal Wash
B. Wash, Pelvic Nodes
C.* Wash, Pelvic Nodes, Paraaortic Nodes
D. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

Pre-test (#6): 0 answered A, 3 answered B, 12 answered C, 4 answered D, 10 answered E

Post-test (#14): 0 answered A, 0 answered B, 13 answered C, 7 answered D, 9 answered E

This question showed an increase of 1 correct answer.

#7 & #15: Grade 3 – deep

A. Peritoneal Wash
B. Wash, Pelvic Nodes
C.* Wash, Pelvic Nodes, Paraaortic Nodes
D. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

Pre-test (#7): 0 answered A, 0 answered B, 7 answered C, 3 answered D, 19 answered E

Post-test (#15): 0 answered A, 0 answered B, 12 answered C, 4 answered D, 13 answered E

This question showed an increase of 5 correct answers. It is interesting to note that although there is improvement here, over half of the respondents still got this question wrong. E was a very popular choice. There seems to be some confusion remaining about when extended staging is indicated.

#8 & #16: Grade 3 – uterine pap serous carcinoma

A. Peritoneal Wash
B. Wash, Pelvic Nodes
C. Wash, Pelvic Nodes, Paraaortic Nodes
D. Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy

E.* Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

Pre-test (#8): 0 answered A, 0 answered B, 3 answered C, 3 answered D, 23 answered E

Post-test (#16): 0 answered A, 0 answered B, 2 answered C, 5 answered D, 22 answered E

There was not much change; 1 decrease in the correct answer, E. It seems like most respondents already had an idea of the correct answer because of the seriousness of the cancer. It might not have been made clear in the program that this is a high-risk case requiring extended staging.

#9 & #17: What is your main criterion for deciding when to perform paraaortic node dissection?

A. Histologic grade on preop biopsy
B. Histologic grade on intraop frozen section
C. Depth of invasion on intraop frozen section
D. B and C
E.* All endometrial cancer patients should have paraaortic node dissection

Pre-test (#9): 1 answered A, 1 answered B, 3 answered C, 22 answered D, 2 answered E

Post-test (#17): 1 answered A, 0 answered B, 0 answered C, 3 answered D, 24 answered E

This question showed the greatest increase in correct answers. 22 additional people answered E in the post-test. This was clearly taught within the program.

#10 & #18: How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A.	0
B.	1-3
C.*	4-10
D.	11-20
E.	As many as possible using anatomical boundaries

Pre-test (#10): 0 answered A, 3 answered B, 16 answered C, 2 answered D, 8 answered E

Post-test (#18): 0 answered A, 7 answered B, 1 answered C, 1 answered D, 19 answered E

This question is somewhat confusing. The correct answer refers to ACOG guidelines (a specific number of nodes), but our program teaches that anatomic boundaries are the best way to achieve these numbers and that boundaries should be the only guide during surgery. Respondents that get the question "wrong" in terms of numbers have actually picked up on an important point. This question and the next should probably have been re-worded.

#11 & #19: How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered “sufficient” for staging?

A.	0
B.*	1-3
C.	4-10
D.	11-20
E.	As many as possible using anatomical boundaries

Pre-test (#11): 0 answered A, 6 answered B, 15 answered C, 0 answered D, 8 answered E

Post-test (#19): 0 answered A, 8 answered B, 0 answered C, 1 answered D, 19 answered E

This question has the same issues as the previous. The correct answer, B, showed an improvement of 2, while again 19 people chose E, “as many as possible using anatomical boundaries.”

Overall, correct answers increased by 36% on the post-test (Figure 4-4). (117, up from 86 total correct.) This suggests that the program has a positive effect on surgical staging knowledge. (If answer E is also allowed as a correct answer for questions #18 and #19, the increase in total correct answers is 52%, or 155, up from 102 total correct.)

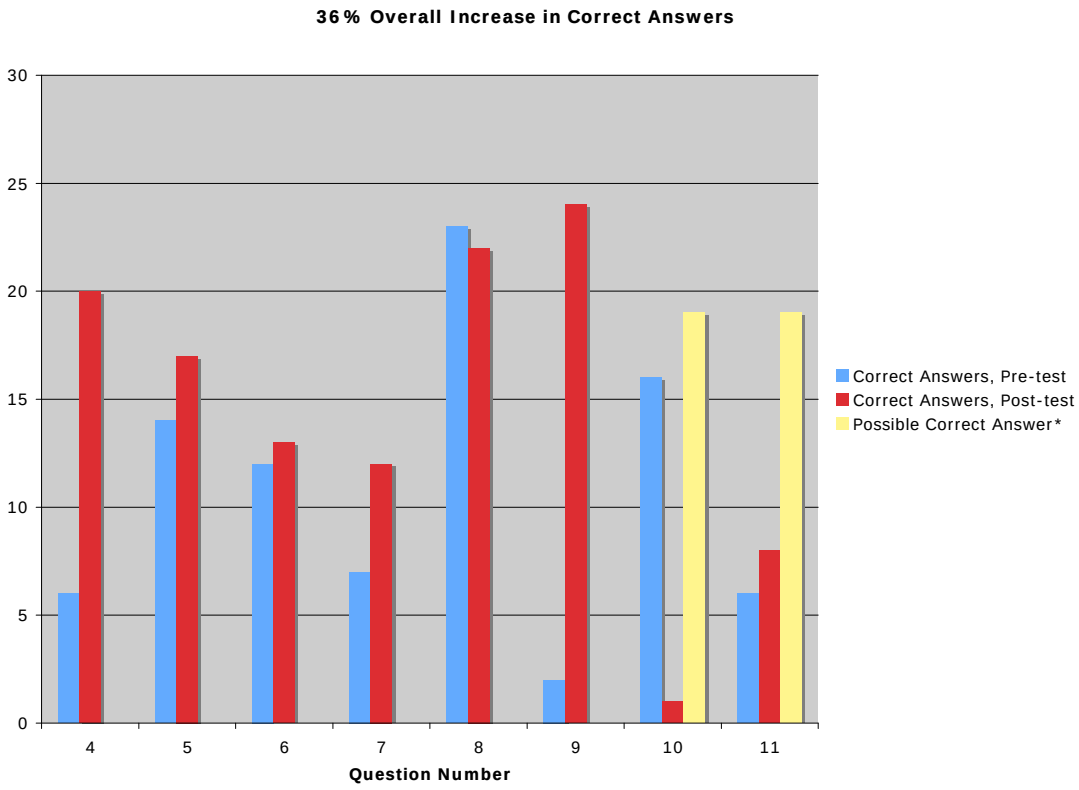

Figure 4-4. Increased number of correct answers.

Evaluation Statements

Evaluation responses were generally positive. One person answered "Neutral" to all 8 evaluation statements. He or she did not provide additional information. Two people did not complete this section. See Figure 4-5.

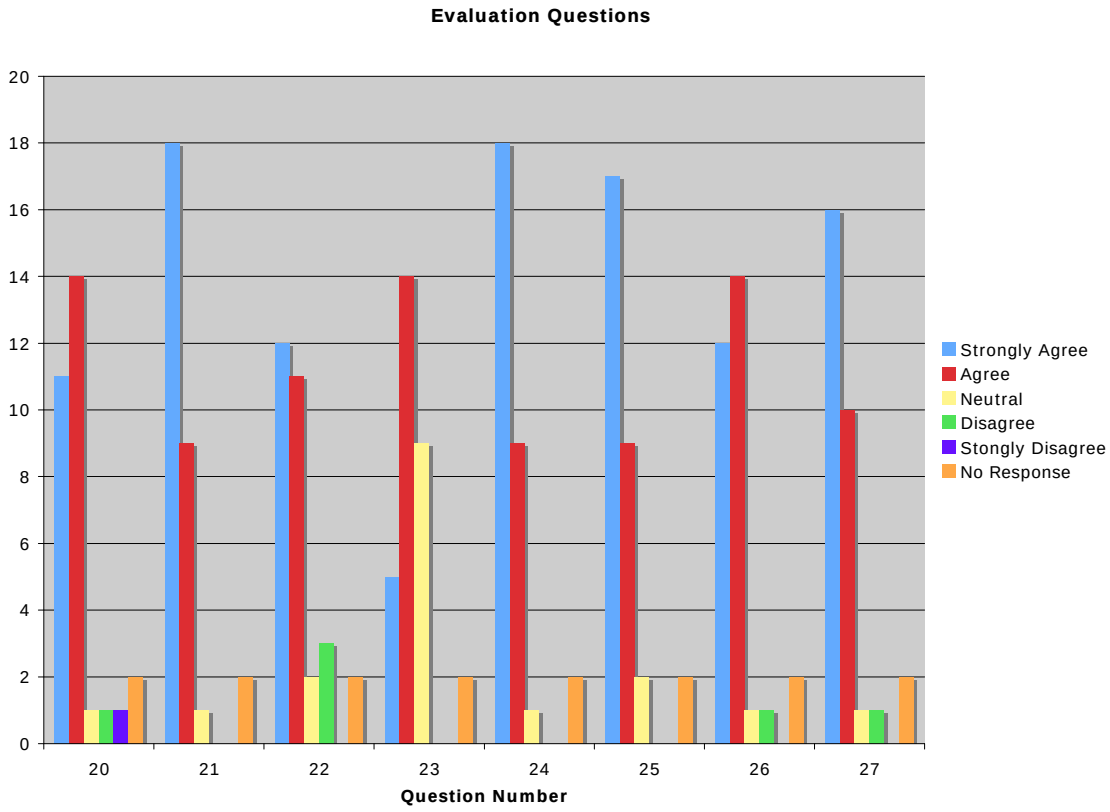

Figure 4-5. Evaluation Questions.

#20: This program is a helpful guide for learning the indications and the order of surgical staging steps.

11 Strongly Agreed, 14 Agreed, 1 Remained Neutral, 1 Disagreed, 1 Strongly Disagreed

Most respondents thought the program was helpful for learning the indications and order of surgical staging steps. Two people did disagree. This information was outlined in the

text sections and may not have been as prominent as other information, although some of it was reiterated by Dr. Schorge in the surgical video narration.

#21: This program is a helpful guide for learning relevant anatomy.

18 Strongly Agreed, 9 Agreed, 1 Remained Neutral

Respondents thought the program was most helpful in the area of learning anatomy, more than indications/order and surgical technique. The response was very positive for this question.

#22: This program is a helpful guide for learning surgical technique.

12 Strongly Agreed, 11 Agreed, 2 Remained Neutral, 3 Disagreed

The response was mostly positive for this question. However, 3 people disagreed that the program was a helpful guide for learning surgical technique. There is no substitute for surgical experience. A virtual reality or real simulation may be the next step between watching video footage and real experience.

#23: The navigation is clear and easy to use.

5 Strongly Agreed, 14 Agreed, 9 Remained Neutral

The high neutral response suggests that either the respondents needed more exploration of the program to form an opinion about the navigation, or that the navigation was not completely clear. The lack of any negative responses may mean that the former is the case. This question should be asked of participants who have had the chance to personally interact with the program.

#24: I think that interactivity, such as the ability to view segments in any order and to switch segments at any time would be helpful.

18 Strongly Agreed, 9 Agreed, 1 Remained Neutral

Most people thought that interactivity would be helpful, although they did not interact with the interface personally during the evaluation.

#25: A combination of text, animations, and surgical video is an effective way to teach surgical staging.

17 Strongly Agreed, 9 Agreed, 2 Remained Neutral

Respondents agreed for the most part, suggesting that the types of elements chosen for the program were successful.

#26: This program would help me study surgical staging.

12 Strongly Agreed, 14 Agreed, 1 Remained Neutral, 1 Disagreed

Only one respondent disagreed with this statement, while most would use this program to study surgical staging.

#27: I would use this program to review before surgery.

16 Strongly Agreed, 10 Agreed, 1 Remained Neutral, 1 Disagreed

One respondent disagreed, while most would use this program to review prior to surgery. 4 more people strongly agreed than in question #26, suggesting that the program was preferred as a review tool.

Additional Comments and Suggestions

There was only one comment written in on the questionnaire.

For statement #21, This program is a helpful guide for learning relevant anatomy, this respondent marked “Agree” and then made the following comment:

“Enjoyed the slow walk through of structures.”

CHAPTER FIVE
Conclusions

Goal and Objectives

The goal of this thesis project was met: to create a useful teaching and review tool for staging procedures. The objectives laid out at the start of this thesis project, to plan and create program components and interactive interface, and to evaluate the program, were met. The interactive program created did explain both the surgical technique and the overall concepts of surgical staging of endometrial cancer. The program contained helpful information and made that information easily accessible to the user. The success of the project depended on whether the interactive program was a useful resource for the 24 residents, 2 OB/GYN practitioners, and 4 medical students who reviewed it, as a sample of the target audience.

Successes

Based on the questionnaire, the project was successful in a few key areas. It facilitated increased knowledge about surgical staging from pre-test to post-test. It was perceived as a helpful guide, especially concerning anatomical structures. Interactivity was thought to be a helpful component. Also, the combination of various media elements was well-received.

Problems

One problem with the project was the neutral response to the program's navigational layout. It is unclear whether respondents simply needed to try it out more for themselves, or if they had any negative feelings about the navigation and organization.

A second problem was the wording of questions #10, 11, 18, and 19, the questions about how many lymph nodes should be removed. The confusing phrasing made the questions unclear, and they also were not tailored to match the final content of the interactive program.

Recommendations for Further Study

Application to other gynecological cancer staging surgeries, or other procedures

This thesis can serve as a model for interactive programs covering other procedures. It was designed to meet the specific needs of surgical staging procedures, but it could also be adapted to other types of surgeries, since video is well-suited to explaining surgery in general.

If this project were used as a model for a more non-linear topic, the interactivity and organization would need to be modified. In this project, the elements were organized in a very sequential manner.

Addition of narration to text portions

The static text portions of the interface could be enhanced with a narrated soundtrack. This might make the information more accessible and more interactive. The user should have the option to turn narration on or off.

Similarly, narration could be added to the animations to correspond with titles and labeling.

Web Use

Although not planned as part of this thesis project, the program was successfully posted online during testing and review. This type of interactive program could be web-based and delivered over the internet.

A study of the effectiveness of the program over time

Evaluation of this project was limited to one session. Participants had exposure to the program for less than an hour, and did not see the entire program. Participants could be given personal access to the learning guide for a longer time period, and could be compared to a control group who studied the same procedures without the use of the program. Surgeons could be tested with "hard" questions as in this project, self-evaluation questions, or success in the operating room. This longer-term, carefully controlled type of study would be useful if an institution wanted to decide whether to adopt this interactive program and include it in the Gynecology curriculum.

APPENDIX A
Completed Pre-Project Surveys

Name: Bogan Date: 8/29/07

Questionnaire for the project, *Pathologic Staging of Gynecological Cancers: An Interactive Visual Resource for Surgeons.*
Please check the square that corresponds to your answer. Additional comments may be added after each question or statement.
Return to Maya Chaphalkar, 5720 Forest Park 6405, Dallas, TX 75235 or Dr. Schorge at UTSouthwestern.

1. Which describes you?

A. ☐ Gynecologic Oncologist
B. ☐ OB/GYN Generalist
C. ☐ Fellow
D. ☑ Resident
E. ☐ Other
Comments:

2. Approximately how many uterine cancer staging surgeries have you directly participated in?

A. ☐ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☑ 6-15
E. ☐ >15
Comments:

3. Approximately how many uterine cancer staging surgeries have you indirectly observed?

A. ☐ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☑ 6-15
E. ☐ >15
Comments:

4. How were you prepared before you observed a uterine cancer staging surgery? Check all that apply. Please name any specific resources you recall using.

A. ☑ Textbooks
B. ☐ Video
C. ☐ Lecture/Presentation
D. ☐ CD-ROM or Website
E. ☐ Other
Comments:

5. You feel that you got enough experience with surgical staging during your training.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

6. You feel that you are comfortable and familiar with the overall concept of surgical staging.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

7. You feel comfortable performing a peritoneal wash.

A. ☑ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

8. You feel comfortable deciding which lymph nodes to remove.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

9. You feel comfortable removing lymph nodes.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree

Comments:

10. You feel comfortable with how to adequately explore the abdomen.

A. ☑ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

11. You feel comfortable removing a portion of the omentum.

A. ☑ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

12. You feel comfortable performing peritoneal staging biopsies.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

Pre-test questions
Please note: this pre-test will be used along with the post-test to evaluate the project ONLY. We will not be evaluating you personally. Your name is only used to match up pre- and post-tests.

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

13. Grade 1 - superficial (<50% myometrial invasion)

A. ☑ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

17. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

18. When preop biopsy shows complex endometrial hyperplasia, what is the probability of finding invasive endometrial cancer that would necessitate surgical staging?

A. ☐ <5%
B. ☐ 6-15%
C. ☒ 16-40%
D. ☐ 41-50%
E. ☐ >50%

19. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☒ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

20. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
D. ☐ 11-20
E. ☒ As many as possible

21. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
D. ☐ 11-20
E. ☒ As many as possible

Additional questions

22. Is there anything specific you would like to see in an interactive program that teaches surgical staging?

23. Which choices help you the most when learning about overall concepts? Check all that apply.

A. ☐ Text
B. ☒ Illustration
C. ☐ Animation
D. ☒ Photography
E. ☒ Video

24. Which choices help you the most when learning how to perform a surgical step? Check all that apply.

A. ☒ Text
B. ☒ Illustration
C. ☒ Animation
D. ☒ Photography
E. ☐ Video

Additional comments:

Name: Date:

Questionnaire for the project, *Pathologic Staging of Gynecological Cancers: An Interactive Visual Resource for Surgeons.*
Please check the square that corresponds to your answer. Additional comments may be added after each question or statement.
Return to Maya Chaphalkar, 5720 Forest Park 6405, Dallas, TX 75235 or Dr. Schorge at UTSouthwestern.

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A. ☐ Gynecologic Oncologist
B. ☐ OB/GYN Generalist
C. ☐ Fellow
D. ☑ Resident
E. ☐ Other
Comments:

2. Approximately how many uterine cancer staging surgeries have you directly participated in?

A. ☑ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

3. Approximately how many uterine cancer staging surgeries have you indirectly observed?

A. ☑ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

4. How were you prepared before you observed a uterine cancer staging surgery? Check all that apply. Please name any specific resources you recall using.

A. ☑ Textbooks
B. ☐ Video
C. ☑ Lecture/Presentation
D. ☐ CD-ROM or Website
E. ☐ Other
Comments:

5. You feel that you got enough experience with surgical staging during your training.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

6. You feel that you are comfortable and familiar with the overall concept of surgical staging.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☑ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

7. You feel comfortable performing a peritoneal wash.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

8. You feel comfortable deciding which lymph nodes to remove.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree

Comments:

9. You feel comfortable removing lymph nodes.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree

Comments:

10. You feel comfortable with how to adequately explore the abdomen.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree

Comments:

11. You feel comfortable removing a portion of the omentum.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree

Comments:

12. You feel comfortable performing peritoneal staging biopsies.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree

Comments:

Pre-test questions
Please note: this pre-test will be used along with the post-test to evaluate the project ONLY. We will not be evaluating you personally. Your name is only used to match up pre- and post-tests.

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

13. Grade 1 - superficial (<50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☒ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

17. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

18. When preop biopsy shows complex endometrial hyperplasia, what is the probability of finding invasive endometrial cancer that would necessitate surgical staging?

A. ☐ <5%
B. ☒ 6-15%
C. ☒ 16-40%
D. ☐ 41-50%
E. ☐ >50%

19. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☒ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

20. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☒ 1-3
C. ☐ 4-10
D. ☐ 11-20
E. ☐ As many as possible

21. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

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Additional questions

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E. ☒ Video

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Additional comments:

Name: Date:

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E. ☐ Other
Comments:

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A. ☒ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

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Comments:

4. How were you prepared before you observed a uterine cancer staging surgery? Check all that apply. Please name any specific resources you recall using.

A. ☒ Textbooks
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D. ☐ CD-ROM or Website
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Comments:

5. You feel that you got enough experience with surgical staging during your training.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☒ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

6. You feel that you are comfortable and familiar with the overall concept of surgical staging.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☒ Strongly Disagree
Comments:

7. You feel comfortable performing a peritoneal wash.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☒ Strongly Disagree
Comments:

8. You feel comfortable deciding which lymph nodes to remove.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☒ Strongly Disagree
Comments:

9. You feel comfortable removing lymph nodes.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☒ Strongly Disagree
Comments:

10. You feel comfortable with how to adequately explore the abdomen.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☒ Strongly Disagree
Comments:

11. You feel comfortable removing a portion of the omentum.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☒ Strongly Disagree
Comments:

12. You feel comfortable performing peritoneal staging biopsies.

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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

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A. ☐ Peritoneal Wash
B. ☒ Wash, Pelvic Nodes
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D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
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Additional comments:

Name: Date: 8/29/07

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D. ☒ Disagree
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Comments:

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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
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C. ☐ Depth of invasion on intraop frozen section
D. ☐ B and C
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Additional questions

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Comments:

3. Approximately how many uterine cancer staging surgeries have you indirectly observed?

A. ☐ 0
B. ☑ 1-2
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Comments:

4. How were you prepared before you observed a uterine cancer staging surgery? Check all that apply. Please name any specific resources you recall using.

A. ☑ Textbooks
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Comments:

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A. ☐ Strongly Agree
B. ☐ Agree
C. ☑ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments: Don't know yet

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A. ☐ Strongly Agree
B. ☐ Agree
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Comments:

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A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree
Comments:

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A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☑ Strongly Disagree

Comments:

9. You feel comfortable removing lymph nodes.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
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Comments:

10. You feel comfortable with how to adequately explore the abdomen.

A. ☐ Strongly Agree
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Comments:

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A. ☐ Strongly Agree
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E. ☑ Strongly Disagree

Comments:

12. You feel comfortable performing peritoneal staging biopsies.

A. ☐ Strongly Agree
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A. ☐ Peritoneal Wash
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15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
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D. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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17. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
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Additional comments:

sorry... I already did this online...

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last savvy savvy

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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
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16. Grade 3 - deep

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A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
D. ☐ 11-20
E. ☐ As many as possible

21. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
D. ☐ 11-20
E. ☐ As many as possible

Additional questions

22. Is there anything specific you would like to see in an interactive program that teaches surgical staging?

23. Which choices help you the most when learning about overall concepts? Check all that apply.

A. ☐ Text
B. ☐ Illustration
C. ☐ Animation
D. ☐ Photography
E. ☐ Video

24. Which choices help you the most when learning how to perform a surgical step? Check all that apply.

A. ☐ Text
B. ☐ Illustration
C. ☐ Animation
D. ☐ Photography
E. ☐ Video

Additional comments:

Name: Todd Cuthek Date: 8-28-07

Questionnaire for the project, *Pathologic Staging of Gynecological Cancers: An Interactive Visual Resource for Surgeons.*
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Return to Maya Chaphalkar, 5720 Forest Park 6405, Dallas, TX 75235 or Dr. Schorge at UTSouthwestern.

1. Which describes you?

A. ☐ Gynecologic Oncologist
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E. ☐ Other
Comments:

2. Approximately how many uterine cancer staging surgeries have you directly participated in?

A. ☐ 0
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E. ☑ >15
Comments:

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Comments:

4. How were you prepared before you observed a uterine cancer staging surgery? Check all that apply. Please name any specific resources you recall using.

A. ☑ Textbooks
B. ☐ Video
C. ☐ Lecture/Presentation
D. ☐ CD-ROM or Website
E. ☐ Other
Comments:

5. You feel that you got enough experience with surgical staging during your training.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree
Comments:

6. You feel that you are comfortable and familiar with the overall concept of surgical staging.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree
Comments:

7. You feel comfortable performing a peritoneal wash.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

8. You feel comfortable deciding which lymph nodes to remove.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree
Comments:

9. You feel comfortable removing lymph nodes.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☑ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

10. You feel comfortable with how to adequately explore the abdomen.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☑ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

11. You feel comfortable removing a portion of the omentum.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☑ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

12. You feel comfortable performing peritoneal staging biopsies.

A. ☐ Strongly Agree
B. ☐ Agree
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E. ☐ Strongly Disagree
Comments:

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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☑ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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17. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
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19. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
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Additional questions

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anatomic diagrams

23. Which choices help you the most when learning about overall concepts? Check all that apply.

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D. ☐ Photography
E. ☐ Video

24. Which choices help you the most when learning how to perform a surgical step? Check all that apply.

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B. ☐ Illustration
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Additional comments:

Name: Date:

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Comments:

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C. ☑ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

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D. ☐ CD-ROM or Website
E. ☐ Other
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A. ☐ Strongly Agree
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C. ☐ Neutral
D. ☑ Disagree
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Comments:

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A. ☐ Strongly Agree
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7. You feel comfortable performing a peritoneal wash.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

8. You feel comfortable deciding which lymph nodes to remove.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree

Comments:

9. You feel comfortable removing lymph nodes.

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Comments:

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A. ☐ Strongly Agree
B. ☐ Agree
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Comments:

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A. ☐ Strongly Agree
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Comments:

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A. ☐ Strongly Agree
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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

17. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
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C. ☐ 16-40%
D. ☐ 41-50%
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19. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☑ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

20. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
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C. ☐ 4-10
D. ☐ 11-20
E. ☑ As many as possible

21. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
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E. ☑ As many as possible

Additional questions

22. Is there anything specific you would like to see in an interactive program that teaches surgical staging?

23. Which choices help you the most when learning about overall concepts? Check all that apply.

A. ☑ Text
B. ☐ Illustration
C. ☑ Animation
D. ☑ Photography
E. ☑ Video

24. Which choices help you the most when learning how to perform a surgical step? Check all that apply.

A. ☑ Text
B. ☑ Illustration
C. ☑ Animation
D. ☐ Photography
E. ☑ Video

Additional comments:

Name: Rose Chang Date: 8/29/07

Questionnaire for the project, *Pathologic Staging of Gynecological Cancers: An Interactive Visual Resource for Surgeons.*
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Comments:

2. Approximately how many uterine cancer staging surgeries have you directly participated in?

A. ☒ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

3. Approximately how many uterine cancer staging surgeries have you indirectly observed?

A. ☐ 0
B. ☐ 1-2
C. ☒ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

4. How were you prepared before you observed a uterine cancer staging surgery? Check all that apply. Please name any specific resources you recall using.

A. ☒ Textbooks
B. ☐ Video
C. ☐ Lecture/Presentation
D. ☒ CD-ROM or Website
E. ☐ Other
Comments:

5. You feel that you got enough experience with surgical staging during your training.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☒ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

6. You feel that you are comfortable and familiar with the overall concept of surgical staging.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☒ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

7. You feel comfortable performing a peritoneal wash.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☒ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

8. You feel comfortable deciding which lymph nodes to remove.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☒ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

9. You feel comfortable removing lymph nodes.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☒ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

10. You feel comfortable with how to adequately explore the abdomen.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☑ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

11. You feel comfortable removing a portion of the omentum.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☒ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

12. You feel comfortable performing peritoneal staging biopsies.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☒ Neutral
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Comments:

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D. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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14. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☑ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

17. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
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19. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
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C. ☒ Depth of invasion on intraop frozen section
D. ☒ B and C
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20. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☒ 4-10
D. ☐ 11-20
E. ☐ As many as possible

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Additional questions

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Additional comments:

Name: WATSON Date:

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Comments:

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E. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☑ Peritoneal Wash
B. ☑ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
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C. ☐ 16-40%
D. ☐ 41-50%
E. ☐ >50%

With or without atypia?

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A. ☐ ~~Histologic grade on preop biopsy~~
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D. ☐ 11-20
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21. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☑ 4-10
D. ☐ 11-20
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Additional questions

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A. ☑ Text
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Additional comments:

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Comments:

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8. You feel comfortable deciding which lymph nodes to remove.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☑ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

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Comments:

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Comments:

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Comments:

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15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. ☐ Peritoneal Wash
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15. Grade 3 - superficial

A. ☐ Peritoneal Wash
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15. Grade 3 - superficial

A. ☐ Peritoneal Wash
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16. Grade 3 - deep

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17. Grade 3 - uterine pap serous carcinoma

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info for generalists

23. Which choices help you the most when learning about overall concepts? Check all that apply.

A. ☒ Text
B. ☒ Illustration
C. ☒ Animation
D. ☐ Photography
E. ☐ Video

24. Which choices help you the most when learning how to perform a surgical step? Check all that apply.

A. ☒ Text
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C. ☒ Animation
D. ☐ Photography
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Additional comments:

Name: Jennifer Hodges Date: 8/29/07

Questionnaire for the project, *Pathologic Staging of Gynecological Cancers: An Interactive Visual Resource for Surgeons.*
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1. Which describes you?

A. ☐ Gynecologic Oncologist
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E. ☐ Other
Comments:

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Comments:

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Comments:

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A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☒ Disagree
E. ☐ Strongly Disagree
Comments:

6. You feel that you are comfortable and familiar with the overall concept of surgical staging.

A. ☐ Strongly Agree
B. ☒ Agree
C. ☐ Neutral
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Comments:

7. You feel comfortable performing a peritoneal wash.

A. ☒ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

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A. ☐ Strongly Agree
B. ☐ Agree
C. ☒ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

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B. ☐ Agree
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Comments:

10. You feel comfortable with how to adequately explore the abdomen.

A. ☐ Strongly Agree
B. ☒ Agree
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Comments:

11. You feel comfortable removing a portion of the omentum.

A. ☐ Strongly Agree
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Comments:

12. You feel comfortable performing peritoneal staging biopsies.

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Comments:

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14. Grade 2 - deep (>50% myometrial invasion)

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15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
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D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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16. Grade 3 - deep

A. ☐ Peritoneal Wash
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17. Grade 3 - uterine pap serous carcinoma

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B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☐ B and C
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20. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

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21. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

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Additional questions

22. Is there anything specific you would like to see in an interactive program that teaches surgical staging?

23. Which choices help you the most when learning about overall concepts? Check all that apply.

A. ☑ Text
B. ☑ Illustration
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D. ☐ Photography
E. ☐ Video

24. Which choices help you the most when learning how to perform a surgical step? Check all that apply.

A. ☑ Text
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C. ☐ Animation
D. ☐ Photography
E. ☐ Video

Additional comments:

Name: Maria Taylor Date: 8/29/09

Questionnaire for the project, *Pathologic Staging of Gynecological Cancers: An Interactive Visual Resource for Surgeons.*
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1. Which describes you?

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Comments:

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Comments:

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Comments:

4. How were you prepared before you observed a uterine cancer staging surgery? Check all that apply. Please name any specific resources you recall using.

A. ☒ Textbooks
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Comments:

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A. ☐ Strongly Agree
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D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

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A. ☐ Strongly Agree
B. ☒ Agree
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Comments:

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B. ☒ Agree
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Comments:

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Comments:

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Comments:

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Comments:

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Comments:

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D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☒ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
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16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
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17. Grade 3 - uterine pap serous carcinoma

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C. ☐ Animation
D. ☐ Photography
E. ☐ Video

Additional comments:

Name: Date:

Questionnaire for the project, *Pathologic Staging of Gynecological Cancers: An Interactive Visual Resource for Surgeons.*
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Return to Maya Chaphalkar, 5720 Forest Park 6405, Dallas, TX 75235 or Dr. Schorge at UTSouthwestern.

1. Which describes you?

A. ☐ Gynecologic Oncologist
B. ☐ OB/GYN Generalist
C. ☐ Fellow
D. ☒ Resident
E. ☐ Other
Comments:

2. Approximately how many uterine cancer staging surgeries have you directly participated in?

A. ☒ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

3. Approximately how many uterine cancer staging surgeries have you indirectly observed?

A. ☒ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

4. How were you prepared before you observed a uterine cancer staging surgery? Check all that apply. Please name any specific resources you recall using.

A. ☐ Textbooks
B. ☐ Video
C. ☐ Lecture/Presentation
D. ☐ CD-ROM or Website
E. ☐ Other
Comments: HAVE NOT OBSERVED Any

5. You feel that you got enough experience with surgical staging during your training.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments: NO TRAINING YET

6. You feel that you are comfortable and familiar with the overall concept of surgical staging.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☒ Strongly Disagree
Comments:

7. You feel comfortable performing a peritoneal wash.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☒ Strongly Disagree
Comments:

8. You feel comfortable deciding which lymph nodes to remove.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☒ Strongly Disagree
Comments:

9. You feel comfortable removing lymph nodes.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☒ Strongly Disagree
Comments:

10. You feel comfortable with how to adequately explore the abdomen.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☒ Strongly Disagree
Comments:

11. You feel comfortable removing a portion of the omentum.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☒ Strongly Disagree
Comments:

12. You feel comfortable performing peritoneal staging biopsies.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
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Comments:

Pre-test questions
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A. ☒ Peritoneal Wash
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C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☒ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☒ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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17. Grade 3 - uterine pap serous carcinoma

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C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
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A. ☐ <5%
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19. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☒ B and C
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20. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☒ 4-10
D. ☐ 11-20
E. ☐ As many as possible

21. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

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Additional questions

22. Is there anything specific you would like to see in an interactive program that teaches surgical staging?

23. Which choices help you the most when learning about overall concepts? Check all that apply.

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D. ☐ Photography
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24. Which choices help you the most when learning how to perform a surgical step? Check all that apply.

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E. ☒ Video

Additional comments:

Name: Heather Jarrell Date: 8/29/07

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Comments:

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Comments:

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A. ☐ Strongly Agree
B. ☒ Agree
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D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

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Comments:

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A. ☒ Strongly Agree
B. ☐ Agree
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D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

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A. ☐ Strongly Agree
B. ☒ Agree
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D. ☐ Disagree
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Comments:

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Comments:

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Comments:

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Comments:

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Comments:

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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
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E. ~~☒~~ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

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A. ☐ Peritoneal Wash
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C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
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C. ☐ 16-40%
D. ☐ 41-50%
E. ☐ >50%

19. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☒ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

20. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☒ 4-10
D. ☐ 11-20
E. ☐ As many as possible

21. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

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Additional questions

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A. ☐ Text
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C. ☐ Animation
D. ☐ Photography
E. ☑ Video

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Additional comments:

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B. ☐ 1-2
C. ☐ 3-5
D. ☑ 6-15
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Comments:

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A. ☐ 0
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Comments:

4. How were you prepared before you observed a uterine cancer staging surgery? Check all that apply. Please name any specific resources you recall using.

A. ☑ Textbooks
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E. ☐ Other
Comments:

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A. ☐ Strongly Agree
B. ☑ Agree
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Comments:

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A. ☐ Strongly Agree
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Comments:

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B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

8. You feel comfortable deciding which lymph nodes to remove.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree

Comments:

9. You feel comfortable removing lymph nodes.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
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Comments:

10. You feel comfortable with how to adequately explore the abdomen.

A. ☐ Strongly Agree
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Comments:

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A. ☐ Strongly Agree
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Comments:

12. You feel comfortable performing peritoneal staging biopsies.

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Comments:

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A. ☐ Peritoneal Wash
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C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
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17. Grade 3 - uterine pap serous carcinoma

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20. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

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B. ☐ 1-3
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15. Grade 3 - superficial

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Questionnaire for the project, *Pathologic Staging of Gynecological Cancers: An Interactive Visual Resource for Surgeons.*
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Return to Maya Chaphalkar, 5720 Forest Park 6405, Dallas, TX 75235 or Dr. Schorge at UTSouthwestern.

1. Which describes you?

A. ☐ Gynecologic Oncologist
B. ☐ OB/GYN Generalist
C. ☐ Fellow
D. ☑ Resident
E. ☐ Other
Comments:

2. Approximately how many uterine cancer staging surgeries have you directly participated in?

A. ☑ 0
B. ☑ ~~1-2~~
C. ☐ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

3. Approximately how many uterine cancer staging surgeries have you indirectly observed?

A. ☐ 0
B. ☑ 1-2
C. ☐ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

4. How were you prepared before you observed a uterine cancer staging surgery? Check all that apply. Please name any specific resources you recall using.

A. ☑ Textbooks
B. ☐ Video
C. ☐ Lecture/Presentation
D. ☐ CD-ROM or Website
E. ☐ Other
Comments:

5. You feel that you got enough experience with surgical staging during your training.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☑ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

6. You feel that you are comfortable and familiar with the overall concept of surgical staging.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☑ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

7. You feel comfortable performing a peritoneal wash.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

8. You feel comfortable deciding which lymph nodes to remove.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree

Comments:

9. You feel comfortable removing lymph nodes.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree

Comments:

10. You feel comfortable with how to adequately explore the abdomen.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☑ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

11. You feel comfortable removing a portion of the omentum.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☑ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

12. You feel comfortable performing peritoneal staging biopsies.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree

Comments:

Pre-test questions
Please note: this pre-test will be used along with the post-test to evaluate the project ONLY. We will not be evaluating you personally. Your name is only used to match up pre- and post-tests.

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

13. Grade 1 - superficial (<50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☑ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☑ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

17. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

18. When preop biopsy shows complex endometrial hyperplasia, what is the probability of finding invasive endometrial cancer that would necessitate surgical staging?

A. ☐ <5%
B. ☐ 6-15%
C. ☑ 16-40%
D. ☐ 41-50%
E. ☐ >50%

19. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☑ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

20. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
D. ☑ 11-20
E. ☐ As many as possible

21. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
D. ☑ 11-20
E. ☐ As many as possible

Additional questions

22. Is there anything specific you would like to see in an interactive program that teaches surgical staging?

23. Which choices help you the most when learning about overall concepts? Check all that apply.

A. ☑ Text
B. ☑ Illustration
C. ☐ Animation
D. ☑ Photography
E. ☐ Video

24. Which choices help you the most when learning how to perform a surgical step? Check all that apply.

A. ☑ Text
B. ☐ Illustration
C. ☑ Animation
D. ☐ Photography
E. ☑ Video

Additional comments:

Name: Date:

Questionnaire for the project, *Pathologic Staging of Gynecological Cancers: An Interactive Visual Resource for Surgeons.*
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Return to Maya Chaphalkar, 5720 Forest Park 6405, Dallas, TX 75235 or Dr. Schorge at UTSouthwestern.

1. Which describes you?

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B. ☐ OB/GYN Generalist
C. ☐ Fellow
D. ☒ Resident
E. ☐ Other
Comments:

2. Approximately how many uterine cancer staging surgeries have you directly participated in?

A. ☒ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

3. Approximately how many uterine cancer staging surgeries have you indirectly observed?

A. ☒ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

4. How were you prepared before you observed a uterine cancer staging surgery? Check all that apply. Please name any specific resources you recall using.

A. ☒ Textbooks
B. ☐ Video
C. ☐ Lecture/Presentation
D. ☐ CD-ROM or Website
E. ☐ Other
Comments:

5. You feel that you got enough experience with surgical staging during your training.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☒ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

6. You feel that you are comfortable and familiar with the overall concept of surgical staging.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☒ Strongly Disagree
Comments:

7. You feel comfortable performing a peritoneal wash.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☒ Strongly Disagree
Comments:

8. You feel comfortable deciding which lymph nodes to remove.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☑ Strongly Disagree

Comments:

9. You feel comfortable removing lymph nodes.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☑ Strongly Disagree

Comments:

10. You feel comfortable with how to adequately explore the abdomen.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☑ Disagree
E. ☐ Strongly Disagree

Comments:

11. You feel comfortable removing a portion of the omentum.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☑ Strongly Disagree

Comments:

12. You feel comfortable performing peritoneal staging biopsies.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☑ Strongly Disagree

Comments:

Pre-test questions
Please note: this pre-test will be used along with the post-test to evaluate the project ONLY. We will not be evaluating you personally. Your name is only used to match up pre- and post-tests.

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

13. Grade 1 - superficial (<50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

17. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

18. When preop biopsy shows complex endometrial hyperplasia, what is the probability of finding invasive endometrial cancer that would necessitate surgical staging?

A. ☐ <5%
B. ☐ 6-15%
C. ☑ 16-40%
D. ☐ 41-50%
E. ☐ >50%

19. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☑ Depth of invasion on intraop frozen section
D. ☐ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

20. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☑ 4-10
D. ☐ 11-20
E. ☐ As many as possible

21. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☑ 4-10
D. ☐ 11-20
E. ☐ As many as possible

Additional questions

22. Is there anything specific you would like to see in an interactive program that teaches surgical staging?

23. Which choices help you the most when learning about overall concepts? Check all that apply.

A. ☑ Text
B. ☑ Illustration
C. ☑ Animation
D. ☑ Photography
E. ☑ Video

24. Which choices help you the most when learning how to perform a surgical step? Check all that apply.

A. ☑ Text
B. ☑ Illustration
C. ☑ Animation
D. ☑ Photography
E. ☑ Video

Additional comments:

APPENDIX B
Completed Questionnaires

This program can also be viewed online at www.mayachaphalkar.com/thesis/program/surgicalstaging.swf

PRETEST
Instructions:
Please click the square that corresponds to your answer. Additional comments may be added after each question or statement.

1. Which describes you?

A. ☐ Gynecologic Oncologist
B. ☒ OB/GYN Generalist
C. ☐ Fellow
D. ☐ Resident
E. ☐ Other
Comments:

2. Approximately how many uterine cancer staging surgeries have you directly participated in?

A. ☐ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☒ 6-15
E. ☐ >15
Comments:

3. Approximately how many uterine cancer staging surgeries have you indirectly observed?

A. ☐ 0
B. ☐ 1-2
C. ☒ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

4. Grade 1 - superficial (<50% myometrial invasion)

A. ☒ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

5. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsie

7. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

8. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

9. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☒ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

10. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☒ 4-10
D. ☐ 11-20
E. ☐ As many as possible using anatomical boundaries

11. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☒ 4-10
D. ☐ 11-20
E. ☐ As many as possible using anatomical boundaries

POSTTEST

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

12. Grade 1 - superficial (<50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

13. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritonea Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

17. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☐ B and C
E. ☒ All endometrial cancer patients should have paraaortic node dissection

18. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☒ 1-3
C. ☐ 4-10
D. ☐ 11-20
E. ☐ As many as possible using anatomical boundaries

19. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☒ 1-3
C. ☐ 4-10
D. ☐ 11-20
E. ☐ As many as possible using anatomical boundaries

EVALUATION QUESTIONS

20. This program is a helpful guide for learning the indications and the order of surgical staging steps.

A. ☐ Strongly Agree
B. ☒ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

21. This program is a helpful guide for learning relevant anatomy.

A. ☒ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

22. This program is a helpful guide for learning surgical technique.

A. ☐ Strongly Agree
B. ☒ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

23. The navigation is clear and easy to use.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☒ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

24. I think that interactivity, such as the ability to view segments in any order and to switch segments at any time would be helpful.

A. ☒ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

25. A combination of text, animations, and surgical video is an effective way to teach surgical staging.

A. ☐ Strongly Agree
B. ☒ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

26. This program would help me study surgical staging.

A. ☐ Strongly Agree
B. ☒ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

27. I would use this program to review before surgery.

A. ☐ Strongly Agree
B. ☒ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

This program can also be viewed online at www.mayachaphalkar.com/thesis/program/surgicalstaging.swf

PRETEST
Instructions:
Please click the square that corresponds to your answer. Additional comments may be added after each question or statement.

1. Which describes you?

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B. ☒ OB/GYN Generalist
C. ☐ Fellow
D. ☐ Resident
E. ☐ Other
Comments:

2. Approximately how many uterine cancer staging surgeries have you directly participated in?

A. ☐ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☒ 6-15
E. ☐ >15
Comments:

3. Approximately how many uterine cancer staging surgeries have you indirectly observed?

A. ☐ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☐ 6-15
E. ☒ >15
Comments:

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

4. Grade 1 - superficial (<50% myometrial invasion)

A. ☒ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

5. Grade 2 deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsie

7. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

8. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

9. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☒ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

10. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☒ 4-10
D. ☐ 11-20
E. ☐ As many as possible using anatomical boundaries

11. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
D. ☐ 11-20
E. ☒ As many as possible using anatomical boundaries

POSTTEST

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

12. Grade 1 - superficial (<50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

13. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

17. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
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A. ☐ Strongly Agree
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23. The navigation is clear and easy to use.

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This program can also be viewed online at www.mayachaphalkar.com/thesis/program/surgicalstaging.swf

PRETEST
Instructions:
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1. Which describes you?

A. ☐ Gynecologic Oncologist
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C. ☐ Fellow
D. ☐ Resident
E. ☑ Other
Comments:

2. Approximately how many uterine cancer staging surgeries have you directly participated in?

A. ☐ 0
B. ☑ 1-2
C. ☐ 3-5
D. ☐ 6-15
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Comments:

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Comments:

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

4. Grade 1 - superficial (<50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☑ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

5. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsie

7. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

8. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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9. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☑ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

10. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☑ 1-3
C. ☐ 4-10
D. ☐ 11-20
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11. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☑ 1-3
C. ☐ 4-10
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POSTTEST

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

12. Grade 1 - superficial (<50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
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C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 3 superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
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C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
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17. What is your main criterion for deciding when to perform paraaortic node dissection?

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18. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

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EVALUATION QUESTIONS

20. This program is a helpful guide for learning the indications and the order of surgical staging steps.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

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21. This program is a helpful guide for learning relevant anatomy.

A. ☐ Strongly Agree
B. ☑ Agree
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A. ☐ Strongly Agree
B. ☑ Agree
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Comments:

23. The navigation is clear and easy to use.

A. ☐ Strongly Agree
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B. ☑ Agree
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D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

26. This program would help me study surgical staging.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
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C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. ☐ Peritoneal Wash
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C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsie

7. Grade 3 - deep

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10. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

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A. ☐ Strongly Agree
B. ☒ Agree
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D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

5. Grade 2 deep (>50% myometrial invasion)

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C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsie

7. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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8. Grade 3 - uterine pap serous carcinoma

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13. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 3 - superficial

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B. ☐ Wash, Pelvic Nodes
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15. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

5. Grade 2 - deep (>50% myometrial invasion)

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B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
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7. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
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B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

9. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☑ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

10. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☑ 4-10
D. ☐ 11-20
E. ☐ As many as possible using anatomical boundaries

11. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☑ 4-10
D. ☐ 11-20
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POSTTEST

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

12. Grade 1 - superficial (<50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

13. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

17. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☐ B and C
E. ☑ All endometrial cancer patients should have paraaortic node dissection

18. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
D. ☐ 11-20
E. ☑ As many as possible using anatomical boundaries

19. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
D. ☐ 11-20
E. ☑ As many as possible using anatomical boundaries

EVALUATION QUESTIONS

20. This program is a helpful guide for learning the indications and the order of surgical staging steps.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

21. This program is a helpful guide for learning relevant anatomy.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

22. This program is a helpful guide for learning surgical technique.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

23. The navigation is clear and easy to use.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

24. I think that interactivity, such as the ability to view segments in any order and to switch segments at any time would be helpful.

A. ☐ Strongly Agree
B. ☑ Agree
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D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

25. A combination of text, animations, and surgical video is an effective way to teach surgical staging.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

26. This program would help me study surgical staging.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

27. I would use this program to review before surgery.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

NOT FINAL – needs comments. 1/31/08

PRETEST
Instructions:
Please click the square that corresponds to your answer. Additional comments may be added after each question or statement.

1. Which describes you?

A. ☐ Gynecologic Oncologist
B. ☐ OB/GYN Generalist
C. ☐ Fellow
D. ☒ Resident
E. ☐ Other
Comments:

2. Approximately how many uterine cancer staging surgeries have you directly participated in?

A. ☐ 0
B. ☒ 1-2
C. ☐ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

3. Approximately how many uterine cancer staging surgeries have you indirectly observed?

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C. ☐ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

4. Grade 1 - superficial (<50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☒ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

5. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

7. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

8. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☒ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

10. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
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POSTTEST

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

13. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

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A. ☐ Histologic grade on preop biopsy
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C. ☐ Depth of invasion on intraop frozen section
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EVALUATION QUESTIONS

20. This program is a helpful guide for learning the indications and the order of surgical staging steps.

A. ☒ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

21. This program is a helpful guide for learning relevant anatomy.

A. ☒ Strongly Agree
B. ☐ Agree
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Comments:

22. This program is a helpful guide for learning surgical technique.

A. ☒ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

23. The navigation is clear and easy to use.

A. ☒ Strongly Agree
B. ☐ Agree

C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

24. The interactivity made the program more useful.

A. ☑ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

25. A combination of text, animations, and surgical video is an effective way to teach surgical staging.

A. ☑ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

26. This program would help me study surgical staging.

A. ☑ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

27. I would use this program to review before surgery.

A. ☑ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree
Comments:

This program can also be viewed online at www.mayachaphalkar.com/thesis/program/surgicalstaging.swf

PRETEST
Instructions:
Please click the square that corresponds to your answer. Additional comments may be added after each question or statement.

1. Which describes you?

A. ☐ Gynecologic Oncologist
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C. ☐ Fellow
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E. ☐ Other
Comments:

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D. ☐ 6-15
E. ☐ >15
Comments:

3. Approximately how many uterine cancer staging surgeries have you indirectly observed?

A. ☐ 0
B. ☒ 1-2
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D. ☐ 6-15
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Comments:

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

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A. ☐ Peritoneal Wash
B. ☒ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

5. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsie

7. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

8. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
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9. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☒ Histologic grade on preop biopsy
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C. ☐ Depth of invasion on intraop frozen section
D. ☐ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

10. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
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C. ☒ 4-10
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11. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

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POSTTEST

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

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D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ■ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

13. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ■ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ■ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ■ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
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17. What is your main criterion for deciding when to perform paraaortic node dissection?

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EVALUATION QUESTIONS

20. This program is a helpful guide for learning the indications and the order of surgical staging steps.

A. ☑ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
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Comments:

21. This program is a helpful guide for learning relevant anatomy.

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B. ☐ Agree
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Comments:

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C. ☐ Neutral
D. ☐ Disagree
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Comments:

23. The navigation is clear and easy to use.

A. ☐ Strongly Agree
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24. I think that interactivity, such as the ability to view segments in any order and to switch segments at any time would be helpful.

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Comments:

25. A combination of text, animations, and surgical video is an effective way to teach surgical staging.

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Comments:

26. This program would help me study surgical staging.

A. ☑ Strongly Agree
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Comments:

27. I would use this program to review before surgery.

A. ☑ Strongly Agree
B. ☐ Agree
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Comments:

Maya Chaphalkar Thesis Questionnaire

This program can also be viewed online at www.mayachaphalkar.com/thesis/program/surgicalstaging.swf

PRETEST
Instructions:
Please click the square that corresponds to your answer. Additional comments may be added after each question or statement.

1. Which describes you?

A. ☐ Gynecologic Oncologist
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Comments:

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Comments:

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Comments:

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C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

5. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsie

7. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

8. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
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C. ☐ Depth of invasion on intraop frozen section
D. ☒ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

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POSTTEST

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

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B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

13. Grade 2 deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

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Comments:

26. This program would help me study surgical staging.

A. ☐ Strongly Agree
B. ☒ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

27. I would use this program to review before surgery.

A. ☐ Strongly Agree
B. ☒ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

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PRETEST
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1. Which describes you?

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Comments:

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A. ☐ 0
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Comments:

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

4. Grade 1 - superficial (<50% myometrial invasion)

A. ☒ Peritoneal Wash
B. ☒ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

5. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsie

7. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

8. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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9. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☒ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

10. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☒ 4-10
D. ☐ 11-20
E. ☐ As many as possible using anatomical boundaries

11. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

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POSTTEST

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

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B. ☐ Wash, Pelvic Nodes
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B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - uterine pap serous carcinoma

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B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
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17. What is your main criterion for deciding when to perform paraaortic node dissection?

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EVALUATION QUESTIONS

20. This program is a helpful guide for learning the indications and the order of surgical staging steps.

A. [X] Strongly Agree
B. [ ] Agree
C. [ ] Neutral
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Comments:

21. This program is a helpful guide for learning relevant anatomy.

A. [X] Strongly Agree
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A. [X] Strongly Agree
B. [ ] Agree
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23. The navigation is clear and easy to use.

A. [ ] Strongly Agree
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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

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A. ☐ Peritoneal Wash
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C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsie

7. Grade 3 - deep

A. ☐ Peritoneal Wash
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14. Grade 3 - superficial

A. ☐ Peritoneal Wash
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A. ☒ Strongly Agree
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D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

5. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
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C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsie

7. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritonea Biopsies

13. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoreal Biopsies

14. Grade 3 - superficial

A. ☐ Peritoneal Wash
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D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - deep

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D. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. ☐ Peritoneal Wash
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7. Grade 3 - deep

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B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

8. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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9. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☐ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

10. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
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POSTTEST

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

13. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
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D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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16. Grade 3 - uterine pap serous carcinoma

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B. ☐ Wash, Pelvic Nodes
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EVALUATION QUESTIONS

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A. ☒ Strongly Agree
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A. ☐ Peritoneal Wash
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D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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6. Grade 3 - superficial

A. ☐ Peritoneal Wash
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C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
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5. Grade 2 - deep (>50% myometrial invasion)

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C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
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13. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
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A. ☑ Strongly Agree
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23. The navigation is clear and easy to use.

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A. ☐ Peritoneal Wash
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25. A combination of text, animations, and surgical video is an effective way to teach surgical staging.

A. ☐ Strongly Agree
B. ☐ Agree
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26. This program would help me study surgical staging.

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What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

4. Grade 1 - superficial (<50% myometrial invasion)

A. ☑ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

5. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
F. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☑ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsie

7. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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10. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
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POSTTEST

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

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E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - deep

A. ☐ Peritoneal Wash
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C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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EVALUATION QUESTIONS

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B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsie

7. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

8. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

9. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☐ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

10. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
D. ☐ 11-20
E. ☐ As many as possible using anatomical boundaries

11. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
D. ☐ 11-20
E. ☐ As many as possible using anatomical boundaries

POSTTEST

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

12. Grade 1 - superficial (<50% myometrial invasion)

A. ☒ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☒ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

13. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

15. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

16. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☒ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

17. What is your main criterion for deciding when to perform paraaortic node dissection?

A. ☐ Histologic grade on preop biopsy
B. ☐ Histologic grade on intraop frozen section
C. ☐ Depth of invasion on intraop frozen section
D. ☐ B and C
E. ☐ All endometrial cancer patients should have paraaortic node dissection

18. How many pelvic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
D. ☐ 11-20
E. ☐ As many as possible using anatomical boundaries

19. How many paraaortic lymph nodes FROM EACH SIDE would you need to obtain to be considered "sufficient" for staging?

A. ☐ 0
B. ☐ 1-3
C. ☐ 4-10
D. ☐ 11-20
E. ☐ As many as possible using anatomical boundaries

EVALUATION QUESTIONS

20. This program is a helpful guide for learning the indications and the order of surgical staging steps.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

21. This program is a helpful guide for learning relevant anatomy.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

22. This program is a helpful guide for learning surgical technique.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

23. The navigation is clear and easy to use.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

24. I think that interactivity, such as the ability to view segments in any order and to switch segments at any time would be helpful.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

25. A combination of text, animations, and surgical video is an effective way to teach surgical staging.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

26. This program would help me study surgical staging.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

27. I would use this program to review before surgery.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

This program can also be viewed online at www.mayachaphalkar.com/thesis/program/surgicalstaging.swf

PRETEST
Instructions:
Please click the square that corresponds to your answer. Additional comments may be added after each question or statement.

1. Which describes you?

A. ☐ Gynecologic Oncologist
B. ☐ OB/GYN Generalist
C. ☐ Fellow
D. ☒ Resident intern
E. ☐ Other
Comments:

2. Approximately how many uterine cancer staging surgeries have you directly participated in?

A. ☑ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

3. Approximately how many uterine cancer staging surgeries have you indirectly observed?

A. ☑ 0
B. ☐ 1-2
C. ☐ 3-5
D. ☐ 6-15
E. ☐ >15
Comments:

What staging procedures are indicated for the following scenarios in addition to hysterectomy/BSO?

4. Grade 1 - superficial (<50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☑ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

5. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

6. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsie

7. Grade 3 - deep

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

8. Grade 3 - uterine pap serous carcinoma

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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9. What is your main criterion for deciding when to perform paraaortic node dissection?

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POST-TEST

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D. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

13. Grade 2 - deep (>50% myometrial invasion)

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
E. ☑ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy, Peritoneal Biopsies

14. Grade 3 - superficial

A. ☐ Peritoneal Wash
B. ☐ Wash, Pelvic Nodes
C. ☐ Wash, Pelvic Nodes, Paraaortic Nodes
D. ☐ Wash, Pelvic Nodes, Paraaortic Nodes, Partial Omentectomy
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15. Grade 3 - deep

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EVALUATION QUESTIONS

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A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

21. This program is a helpful guide for learning relevant anatomy.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments: Enjoyed the slow walk through of SX

22. This program is a helpful guide for learning surgical technique.

A. ☐ Strongly Agree
B. ☑ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

23. The navigation is clear and easy to use.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☑ Neutral
D. ☐ Disagree
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24. I think that interactivity, such as the ability to view segments in any order and to switch segments at any time would be helpful.

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B. ☐ Agree
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Comments:

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B. ☑ Agree
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E. ☐ Strongly Disagree

Comments:

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B. ☐ Agree
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E. ☐ Strongly Disagree

Comments:

27. I would use this program to review before surgery.

A. ☐ Strongly Agree
B. ☐ Agree
C. ☐ Neutral
D. ☐ Disagree
E. ☐ Strongly Disagree

Comments:

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VITAE

Maya Devi Chaphalkar was born in Lansing, Michigan, on August 11, 1979, the daughter of Phyllis Mary Chaphalkar and Sudhakar Vishwanath Chaphalkar. After completing her work at Eastern High School, Lansing, Michigan in 1997, she attended the University of Oklahoma in Norman, Oklahoma. In May of 2002 she received the degree of Bachelor of Fine Art with a major in two-dimensional studio art. Her main area of study was printmaking. From 2002 through 2004, she owned and operated a retail art supply business, Arts and Scraps, in Norman, Oklahoma. In May, 2005 she entered the Graduate School of Biomedical Sciences at the University of Texas Medical Center at Dallas. She was awarded the degree of Master of Arts in May, 2008. In 2008, she began employment as a medical illustrator for Argosy Publishing in Newton, Massachusetts.

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