

What a resident in general surgery should know of oncology?

O que um residente de cirurgia geral deve saber de oncologia?

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First of all, we must define what a General Surgeons are. That being so, it is only fair that we use the concept of the CBC:

"Physicians with knowledge of pathology, diagnosis and treatment of diseases treatable by surgical procedures, especially in relation to the emergency room. Their training should prepare them to perform the basic operations of all the specialties, in order to eventually treat non-transferable patients. The limits of their performance, in breadth and depth, are dictated according to their needs and resources of their community and their vocational skills. Their work is compatible with the training and practice of other surgical specialty." (Bol Inf CBC - 48 - Jul / Aug - 1974).

But the question that arises is: What a Resident in General Surgery should know of Oncology?

This is a complex question, which, in our view, involves, initially, two questions:

- a. How many medical schools in Brazil have Oncology between their disciplines?
- b. In our residence system, is oncology training part of the learning rotation program?

We would further pose another question: Is the large number of residents interested in Oncology? - According to a study by the Federal University of Uberlândia, in 2011, the number of enrolled candidates for the three Oncology positions were five, whereas for three positions in Dermatology, there were 100 candidates. Facing this reality, we understand that we must make a Herculean effort to change that profile! - Why? - Because neoplasias already account as the second cause of death by disease that afflicts us today and it is estimated to be the first in 2020. In anticipation of such an occurrence, we must prepare to meet it, creating mechanisms that allow us to handle the problem in a more effective manner, framed within the two propositions initially placed.

Regarding the first question, we know that presently in Brazil we have only six medical schools that include Oncology discipline in their curriculum – the pioneer being the Faculty of Medicine, University of São Paulo.

It is important here to clarify that this is not meant to create a specialist at graduation, but to train physicians-to-be to have essential knowledge about how to behave before a cancer patient, as in most cases the first doctor who comes into contact with this type patient is not the oncologist, but the generalist engaged in the front line of a health unit or a SUS (Unified Health System) Clinic.

Thus, we believe that our proposition is perfectly justifiable to defend the inclusion of the universal teaching of oncology as a discipline in the curriculum of medical education. But what is the importance of this universalization? - In response, we would say that it would be to provide, since graduation, a teaching that could contribute to the physician trained within this reality having the knowledge grounded in the oncological thought and therefore being better able to reach a correct orientation about the best treatment.

As for the second question, we draw a parallel between the situation in Brazil and developed countries, especially U.S. and Canada, where the Resident in General Surgery attends to Mandatory Rotation Training for six months in hospitals specialized in treating Oncology. It so happens that in those countries the residency in General Surgery lasts for five years and, if any one wishes to obtain the Diploma of New Certification for Complex Surgical Oncology granted by the American Board of Medical Specialties (ABMS - 22 / 03/2011), one will have to make at least two years of training in Surgical Oncology and undergo a qualification test with 200 multiple choice questions.

The reality of Brazil, on its turn, is that we not only do not have the obligation of that rotation, but we face the sad situation of seeing that the General Surgery Residency being in the simple condition of functioning as a PASSPORT to other specialties. So, the question is: Will it be possible for us to revert this situation in the current context? - We believe that with work and perseverance we can prevail, but this requires the political will of the health authorities. Moreover, we would suggest that they seek the support of associations in order to accumulate efforts to obtain a change in the "status quo", as it would be incomprehensible and / or inadmissible to remain standing in front of an extremely bleak future framework.

Of course, such a situation requires proper planning to obtain the desired results, ie to possess a generation of doctors well-targeted and well trained in order to have the ability to not only identify, but also to correctly guide the cancer patient, especially in the surgical area, which is why we fully justify our position when we advocate the teaching of Oncology at the undergraduate level, coupled with mandatory training during residency.

As a participant in this new situation, this approach takes into account the simple fact that it is not possible, in Brazil or the U.S., that every Oncologic Surgery

is carried out by an Oncologic Surgeon and that the vast majority of cases continue to be treated by general surgeons in their communities. Therefore, and responding to the initial question, ie "What Residents in General Surgery should know of Oncology?", we understand it is essential that: they have basic knowledge of Surgical Oncology; they be well taught about the natural history of disease and

each tumor; they be able to make safe judgment about staging of malignancies, they have a notion or proper conception of the importance of a multidisciplinary approach to treatment; and they be prepared to the long-term follow up of these patients undergoing cancer treatment.

Is such proposal easy? - Of course not. But it is not impossible either!