



## SCHOLARSHIP REPORT

This report should be completed by recipients of awards and scholarships from the Royal College of Physicians and Surgeons of Glasgow on completion of the activity for which they received their award or scholarship. Please complete all sections of the report form.

Please return your completed report via email to: **scholarships@rcpsg.ac.uk**

Or via mail to: **Scholarships Committee Administrator, Royal College of Physicians and Surgeons of Glasgow, 232-242 St Vincent Street, Glasgow G2 5RJ, UK**

Please use typeface when completing this form.

### SECTION 1 | PERSONAL AND AWARD DETAILS

<b>Title</b>	Mr	<b>PID</b>	45589
<b>Surname</b>	Aslam	<b>Forename(s)</b>	Muhammad Zeeshan
<b>Scholarship/award awarded</b>	Travelling Fellowship	<b>Amount awarded</b>	GBP 2000

### SECTION 2 | PROJECT/VISIT DETAILS

<b>Name/Title</b>	Department of Urology
<b>Location</b>	M D Anderson Cancer Centre, Houston, Texas
<b>Aims and objectives</b>	<p>To experience departmental setup and working pattern of a world renowned cancer centre with main focus on renal cancer services.</p> <p>To gain experience in robotic renal cancer surgery.</p> <p>To experience multidisciplinary approach and recent advances in management of renal cancer. This includes management of small renal masses, management of advanced renal cancers including metastatic disease, to learn about ongoing oncological trials.</p> <p>Based on the experience, bring improvement in local delivery of services more efficiently and in line with the current and most upto date trends.</p>

<b>Summary</b>	<b><u>Travelling Fellowship Report 8<sup>th</sup>- 19<sup>th</sup> October 2018</u></b>
<i>Include methodology, results and conclusions if applicable</i>	<p>I started my consultant post as a Urological Surgeon with interest in renal cancer treatment in April 2017 at Ninewells hospital, Dundee. Soon after settling in the post, I felt the need to gain experience at a major cancer centre with above mentioned objectives. For this purpose I visited the department of Urology, at M D Anderson Cancer Centre with attachment with the renal cancer team. The university of Texas MDACC is one of the world's most respected centers devoted exclusively to cancer patient care, research, education and prevention. It is located in central Houston in the Texas Medical Center.</p> <p>MD Anderson was created in 1941 as part of The University of Texas System. The institution is one of the American original three comprehensive cancer centers designated by the National Cancer Act of 1971 and is one of 49 National Cancer Institute-designated comprehensive cancer centers today. MD Anderson has been ranked the leading cancer hospital for the past 10 of 11 years.</p> <p>The department of urology consists of 16 full-time faculty members dedicated to various urological cancers. I spent my time with Professors Surina Matin and Jose Karam who do most of the renal cancer work.</p>

During my visit I was involved in attending clinics, operating theatres, ward rounds, multidisciplinary conferences, weekly teaching and cadaveric multidisciplinary surgical course at Baylor College of Medicine.

**Operating Theatres :** The operating suite at MDACC comprises of a total of 32 operating rooms with 5 robots catering various surgical specialities.

In 2 weeks, I attended 6 operating theatre days with Dr Surena Matin and Dr Jose Karam where I got the opportunity to experience several partial nephrectomies using robotic technology as well advanced renal cancer with IVC thrombus. In addition I also gained experience in complex ureteroscopies for endoscopic management of transitional cell carcinomas. This included larger tumors as well as high grade disease.

**Clinics :** Dr Matin had weekly full day clinic with a total of 35-40 new and followup renal cancer cases. He does this clinic with the help of a robotic fellow and 2 physician assistant ( nurse practitioner)

**Multidisciplinary conferences :** The pattern of these meetings was rather surprising as the meeting used to last for about 1 hour with only 4-5 complex cases being discussed. However these cases had a very thorough discussion with input from radiologists, oncologists and pathologist. Most up todate clinical trials and evidence used to be discussed to reach a consensus to choose most appropriate treatment option for the patient.

**Weekly Teaching :** This teaching was primarily meant for urology residents. Luckily during my 2 weeks, the renal block was being studied and both teachings were delivered on renal cancer topics. The most useful was on adjuvant treatment in advanced renal cancers. This is not only one of the most debated and research interest topic but something where practice is deficient in the UK.

**Experience at Baylor College of medicine :** As part of rotation, I was given opportunity to participate in a cadaveric surgical multispeciality course, which included joint procedure with gynaecologists and general surgeons to deal with complex pelvic malignancies as well as trauma scenarios, where more then one surgical speciality is needed. This was an amazing idea for training purposes.

**Learning outcomes**

*Detail here how the aims and objectives were met*

During operating theatres sessions , I learnt new techniques of gaining intra-abdominal access in minimally invasive surgery, safe use of instruments for robotic surgery and techniques of performing complex resections for renal cancers with good hilar control and minimal ischaemia. This all was further helped by very useful discussions with the surgeons regarding need for clamping and off clamp procedures.

During ureteroscopic procedures, the most useful part of this was learning Professor Matin's approach towards endoscopic management and nephron-sparing approaches for transitional cell carcinomas of upper urinary tracts.

In clinics and multidisciplinary meetings, very useful discussions took place on evidence for surveillance versus surgical management of small renal masses (SRM). We also touched on need for renal biopsies for these small lesions which is a very debatable topic in urology. I learned the approach being followed at MDACC in dealing with such cases such as upfront surgical treatment in younger

population with SRM. I became knowledgeable on most up to date management and trials for advanced metastatic renal cancers.

My experience in clinics and wards also gave me a very good idea on more clinical role of physician assistants in America and how they can help to further improve the departmental performance.

**Evaluation**  
*How has this scholarship/award impacted on your clinical/NHS practice or equivalent?*

I perform a reasonably high volume renal cancer surgery with a good proportion of partial nephrectomies, which is beneficial for the patients in terms of nephron sparing. There is increasing incidence of renal cancers in younger population where partial nephrectomies are beneficial. During my experience, I have learnt various techniques of resection of larger tumors and now I feel more confident in performing this procedure in complex tumors achieving good oncological and surgical outcomes. This would help patients specially younger group to preserve both kidneys without compromise on oncological outcomes.

I have gained regular exposure of nephron sparing techniques for upper tracts transitional cell carcinoma as well which includes endoscopic laser ablation combined with intraluminal adjuvant treatment as well distal ureterectomy techniques. This once again has the great benefit of preserving both kidneys.

During clinics and MDT discussions, I have learnt which patients should be offered renal biopsies and which should be proceeded with upfront surgery which will help with my practice. I also plan to develop multimodality approach towards management of advanced renal cancers in conjunction with oncologists.

Amongst soft skills learnt, I aim to develop the role of urology specialist nurses which include more participation in clinics and inpatient care of the patients.



#### SECTION 4 | EXPENDITURE

##### Breakdown of expenditures

*Please demonstrate how the scholarship/award funding was used to support your project/visit*

Travelling	GBP 700
Accommodation	GBP 950
Food	GBP 200
Institute Fee	GBP 350 ( \$ 450 )

#### SECTION 5 | PUBLICATION

**Scholarship/award reports may be published in College News. Please tick here if you agree to your report being published.**

I give permission for my report to be published in College News : **YES**

*If your report is selected for publishing, the editor of College News will be in touch to discuss this with you.*

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