



The Ronald Raven Travelling Fellowship, 2022 A Report by Trevor Yeung

Robotic Colorectal Surgical
Oncology Fellowship
Department of Colorectal Surgery
Memorial Sloan Kettering Cancer
Center, New York, USA



Last day in OR with Prof Julio Garcia-Aguilar, Chief of Colorectal Service, MSKCC, July 2024

Introduction

It was an honour to receive the 2022 Ronald Raven Travelling fellowship which supported me as international robotic colorectal surgical oncology fellow at Memorial Sloan Kettering Cancer Center (MSKCC), New York, between August 2023 to July 2024. MSKCC is the

leading institution in the world for high volume robotic surgery for colorectal cancer and one of the pioneering centers for watch and wait and organ preservation in the management of patients with rectal cancer who have developed a clinical complete response (cCR) following total neoadjuvant therapy (TNT). I had previously visited MSKCC as an international observer, and I was so impressed with their commitment to teaching, research and clinical excellence, I wanted to return to MSKCC as their international robotic colorectal fellow after CCT.

Organisation and Logistics

I made initial enquiries and applied to MSKCC three years in advance. I had to complete USMLE STEP 1, 2 and 3 before starting. Whilst STEP 1 and 2 can be taken outside of the US, STEP 3 must be taken within the US so it is important to plan accordingly for this. All my professional qualifications needed to be verified by both MSKCC and the NY State Education Department, before my contract and NY State Medical License could be issued. This took approximately 6 months and was perhaps the most complex part of the whole process. MSKCC handled the visa application entirely, which was surprisingly the most straightforward part of the onboarding process.

Clinical Experience

The 12-month fellowship followed a mentorship model. 9 months were clinical, where each month I was the dedicated fellow for a particular attending (or 2 attendings). There were also 3 months of elective, where I had the freedom to participate in research projects or observe other services (e.g. medical oncology, radiation oncology, radiology, clinical genetics), which was one of the particular strengths of this fellowship as it afforded me a very multi-disciplinary experience in the management of complex cases of colorectal cancer.

It was an extremely busy clinical fellowship. For the months when I was “on service”, I was responsible for all the in-patients of that attending from Monday 6am to Friday 6pm, as well as any outpatient queries. Daily ward rounds start at 6am which are led by fellows. Sometimes there would be a resident or an

advanced nurse practitioner to round with me, but other times I would round by myself. Updates on patients are communicated to the attending before 7:30am, when operating room (OR) lists begin. Depending on the service, I would be in the OR 2-4 days a week. Fellows are also expected to perform a PM round daily as well. Clinics are held in the outpatient pavilion on 53rd Street, separate from the main site, where you would be expected to see the new visits.

All fellows complete a programme of surgical simulation and dry/wet laboratory work before commencing their robotic surgical training in the OR. Training on the console is component-based, and attendings will progressively allocate the fellows more parts of the operation to perform as the month progresses. MSKCC is blessed with a fantastic team of dedicated colorectal robotic physician assistants (PAs), who are responsible for patient positioning, port placement, docking of the robot and bedside assist, freeing up the fellow to operate on the console. Due to the high volume of cases and dedicated teaching console time for fellows, I was primary operator in over 100 major robotic colorectal resections and I was able to gain my certificate of robotic surgical competency from Intuitive within 9 months. It became very clear early on in my training that the robotic platform made it so much more ergonomic to perform a beautiful TME dissection in an otherwise challenging pelvis (male patient, high BMI, post chemoradiotherapy) and it was a real revelation to complete two or three challenging cases in one list without feeling physically exhausted with musculoskeletal pain at the end of the day.

The mentorship model means that fellows work with a different attending every month, allowing maximum exposure to alternative techniques and different ways of approaching complex problems. The robotic platform was the default option at MSKCC, even for pelvic side wall dissections and pelvic cytoreductive surgery. I also gained experience in open surgery for more extensive, complex disease, e.g. total cytoreductive surgery without HIPEC and multi-compartment pelvic exenterations. Frequently, our service would perform combined procedures with the HPB team for metastatic colorectal cancer, e.g. primary resections together with insertion of hepatic artery infusion pumps or robotic partial liver resections.

During my year, there were 3 full time colorectal fellows at MSKCC (2 international and 1 American), together with 2 colorectal fellows shared between MSKCC and Cornell. There were also surgical oncology fellows that rotated into the colorectal department. Surgical oncology on calls were shared amongst all the colorectal and surgical oncology fellows. When on clinical service, each fellow had to undertake approximately 1-2 weekend rounds on colorectal patients each month, as well as 3-4 surgical oncology evening/weekend on calls per month.



MSKCC Fellows' Graduation Dinner, June 2024

Academic Meetings

From an educational point of view, Monday mornings started with surgical oncology teaching, followed by the Department of Surgery Grand Rounds. Wednesday mornings consisted of a series of surgical conferences led by fellows on a topic of their choosing. There were also countless other departmental and research conferences going on each week to which everyone was welcome to attend, often with the enticing offering of free food and drinks. We were informed during our induction that MSKCC education is like “trying to drink from a firehose” and that was certainly an apt description.

There was ample opportunity at weekly DMT board meetings (equivalent to MDT) to discuss challenging cases. I gained a deeper understanding of the OPRA trial and the management of “watch and wait” patients who opted for organ preservation when they achieved cCR after TNT. It was fascinating to hear about the use of Dostarlimab to treat patients with dMMR rectal cancer as well as Pembrolizumab in locally advanced dMMR

colonic tumours, both resulting in cCR. We also discussed the management of patients with rectal cancer according to the PROSPECT trial (chemotherapy without pelvic radiotherapy) with the aim of improving functional outcomes.

Each fellow is required to participate in the weekly surgical oncology educational conferences, which was either in the form of a presentation or debate. I delivered two presentations on “Fluorescence Imaging in Colorectal Surgery” and “Watch and Wait in Rectal Cancer – Who, When and For How Long?” which were both well received. I also debated against performing complete mesocolic excision routinely for all right hemicolectomies. The debates were “American style”, where it is customary to attack one’s opponent (within professional limits) with personal jibes and using ammunition from a deep dive into what they have previously posted on social media - it was certainly a new experience for me!

Accommodation

Fellows are offered MSKCC-owned accommodation at below market rates, which partially offsets the otherwise high expenses of living in Manhattan. The apartment I was offered was recently refurbished, well maintained, situated in the very pleasant and safe Upper East Side, and conveniently located just 8 blocks from the hospital with an excellent selection of local shops and restaurants. Although the accommodation was unfurnished, it was easy to buy furniture from outgoing fellows.

New York and USA

Although Americans work extremely hard, they play hard too, and the social life is very active. My personal highlights include the steakhouse dinner with all the colorectal fellows at Peter Luger in Brooklyn, seeing the NY Mets play at Citi Field stadium, enjoying the sweeping views of Manhattan from the rooftop bar in DUMBO and the countless evenings we bonded over a drink or two at our local pub, The Alvin.

The Americans also take their training and education extremely seriously. Graduation is a big thing in the US - a glamorous black-tie

dinner was held in honour of all graduating MSKCC fellows at Cipriani’s on 42nd Street, an extremely beautiful and elegant venue in Midtown Manhattan. I was very grateful and so touched when they presented a gift to all graduating fellows, which was a beautiful wooden captain’s chair to commemorate our time at MSKCC.

Summary

It was a great privilege to serve as international robotic colorectal fellow at MSKCC. The quality of mentorship and support I received during my fellowship was outstanding and inspirational. It has truly been a highlight of my professional career. I am extremely grateful to BASO for the Ronald Raven travelling fellowship which has supported me during my time at MSKCC. I would like to thank Dr Garcia-Aguilar, Dr Paty, Dr Weiser, Dr Nash, Dr Smith, Dr Wei, Dr Pappou, Dr Widmar and Dr Karagkounis for being such wonderful and supportive mentors during my fellowship. I have forged lifelong friendships with my colleagues and mentors and I am sure I will continue to look back on my time at MSKCC with great fondness and affection for many years to come.



Department of Colorectal Surgery, MSKCC, 2023-2024