The University of Texas  
M. D. Anderson Cancer Center

Laparoscopy  
Practitioners & Fellows Questionnaire

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Abstract

In May 2007, the University of Texas M. D. Anderson Cancer Center Department of Gynecologic Oncology conducted a survey of the Society of Gynecologic Oncologists (SGO) members and all gynecologic oncology fellows at accredited training programs in the United States. There were two separate evaluation instruments, one for SGO members and one for gynecologic oncology fellows. The purpose of the surveys was “to assess the value of Laparoscopy procedures in the field of gynecologic oncology for practitioners and fellows in the clinical setting.” This study was a follow-up to the study conducted in December 2002.

The following objectives are addressed in this report: 1) To determine the amount and type of laparoscopic surgeries being performed in academic centers and in community practice by SGO members; 2) To determine the level of training in laparoscopic surgery for current fellows in their respective fellowship programs; 3) To determine the respondents’ demographics; 4) To compare the results of the 2007 Laparoscopy Practitioners and Fellows surveys with the results of the 2002 Laparoscopy Practitioners and Fellows surveys; and 5) To determine respondents’ willingness to participate in SGO continuing education. A total of 388 (45.6%) practitioners and 78 (64.5%) gynecologic oncology fellows responded to the surveys.

The first objective was to determine the amount and type of laparoscopic surgeries being performed in academic centers and in community practice by SGO members. Approximately 92.1% (n=352) of the respondents indicated they performed laparoscopic surgeries in their practice (46.6% academics-based practice, 24.0% community-based practice, and 24.0% both academics and community-based practice). When managing a case in which both laparoscopy and laparotomy procedures offer equal benefits and the patient is willing to undergo either, 88.3% of the respondents attempt laparoscopy, while 7.7% proceed straight to laparotomy. The majority of respondents performed either less than five laparoscopic procedures per month (32.4%) or between six and ten laparoscopic procedures per month (43.7%).

Approximately 72.6% of the respondents indicated they did not currently use the robot for gynecologic procedures. Of the respondents who perform robotic surgery, over half, 53.5%, indicated less than 25% of their laparoscopic cases were completed with the robot.

During the SGO respondents’ fellowship training, the majority of the respondents, 76.1%, indicated that they received either limited (less than five procedures/month) or no laparoscopic training during their fellowship. When asked to estimate how many hours they had spent in post-fellowship laparoscopic training, 62.4% indicated over five hours to 25 hours.

The second objective was to determine the level of training in laparoscopic surgery for current fellows in their respective fellowship programs. The use of laparoscopy in the field of gynecologic oncology was considered either very important or important by 100.0% of the fellows. The majority of the fellows indicated that during fellowship training maximum or some emphasis (94.8%) should be given to laparoscopic training. Approximately 77.0% of the respondents indicated they participate laparoscopically in six or more procedures/month.

The third objective was to determine the respondents’ demographics. On the SGO Practitioners questionnaire, over half of the respondents completed their fellowship eleven or more years ago (57.4%), were male (71.2%), and between the ages of 41 and 60 (64.3%). Over half of the fellows were female (61.5%) and the majority expected to complete their fellowship in either 2007 (29.9%), 2008 (36.3%), or 2009 (26.0%).
The fourth objective was to compare the results of the 2007 Laparoscopy Practitioners and Fellows surveys with the results of the 2002 Laparoscopy Practitioners and Fellows surveys. Only questions which were the same on surveys for both years were compared. Questions with a difference of 10% or more between the two years were highlighted.

On the SGO Practitioners questionnaire, there were sixteen questions which were the same on both the 2002 and 2007 Laparoscopy Practitioners Questionnaire. The responses to five of the questions changed by 10% or more from 2002 to 2007. The comparison of results indicated respondents from 2007 are more likely to use laparoscopy during procedures. There was an increase by 12.0% in respondents from 2002 to 2007 who indicated they would attempt laparoscopy when managing a case in which both laparoscopy and laparotomy offered equal benefits and the patient was willing to undergo either procedure. In addition, there was a decrease from 2002 to 2007 in the percentage of respondents who indicated they performed less than five laparoscopic procedures a month, while there was an increase in the percentage of respondents who indicated they performed between six and twenty procedures per month. There was also an increase in the percentage of respondents from 2002 to 2007 who indicated their cases were either laparoscopic or laparoscopically assisted. A higher percentage of respondents from 2007 indicated that fellowship training should include between eleven to twenty procedures/month and a decrease in percentage of respondents who indicated fellowship training should include less than five procedures/month.

On the Fellows questionnaire, there were five questions which were the same on both the 2002 and 2007 Laparoscopy Fellows Questionnaire. The responses of all of the questions changed by 10% or more from 2002 to 2007. The comparison indicated that 18.1% more fellows in 2007 than in 2002 would be willing to attempt laparoscopy rather than laparotomy if the benefits of both were equal for the patient. In addition, 26.4% more fellows in 2007 participated in six to ten laparoscopic procedures/month when compared to fellows in 2002. Over 25% more fellows in 2007 than in 2002 indicated they would perform moderate to extensive laparoscopy upon completion of training. About one-third more female fellows responded to the questionnaire in 2007 than in 2002.

The fifth objective was to determine respondents’ willingness to participate in SGO continuing education. The majority of practitioners (76.5%) and fellows (88.3%) were willing to participate in an SGO co-sponsored hands-on surgical and didactic course on Minimally Invasive Surgery (MIS) in Gynecologic Oncology. The majority of fellows (83.8%) and 69.6% of practitioners would be willing to travel out of their state to attend a full day hands-on SGO co-sponsored surgical and didactic course on MIS in Gynecologic Oncology. Approximately 61.2% of the practitioners and 52.6% of the fellows indicated they would attend this course if there was a registration fee. Approximately 23.8% of the practitioners and 37.3% of the fellows indicated they would attend this course ONLY if it was free of charge.

The response rate of 45.6% for the practitioners’ questionnaire may or may not represent the views of all SGO practitioners. The on-line version of response categories of the on-line survey varied slightly in less than ten response categories from the paper version of the surveys. Respondents indicating retired status could not be studied as a separate group as there was no category to reflect retired status.

The results indicate that more laparoscopic procedures are conducted at academics-based and both academics and community-based practices. There was an increase in 2007 of the percentage of fellows who are planning to perform either a moderate or an extensive amount of laparoscopy upon graduation. There may be a need for more robotic training for practitioners, since 65.8% indicated they would increase the use of robotics in 2007 and for fellows, since 61.8% planned to incorporate robotic surgery into their practice after fellowship and currently less than 25% of cases are completed by fellows sitting at the console during robotic surgery.