

**The Fellowship Council
And
The Americas Hepato-Pancreatic Biliary Association**

**Hepato-Pancreatic & Biliary Surgery Curriculum for
Hepato-Pancreatic & Biliary Surgery Fellowship**

1. Introduction

The purpose of fellowship education in Hepato- Pancreato-Biliary (HPB) Surgery is to provide a structured educational and training experience necessary to achieve expertise in HPB surgery.

AHPBA-HPB Fellowships are accredited by the Fellowship Council. HPB Fellowships are not ACGME accredited, however, the required HPB Fellowship curriculum follows the goals and objectives outlined in the framework of the ACGME core competencies, including:

1. Patient care
2. Medical Knowledge
3. Practice based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. System-based practice
7. Operative Experience

2. Clinical Experience Requirements

Recipients will have spent a minimum of 48 weeks of clinical training in the surgical management of HPB patients.

- Experience in both inpatient and outpatient management is *required* o Preoperative evaluation, assessment, and counseling
 - Perioperative inpatient care
 - Postoperative outpatient follow-up
- Participation in clinical management conferences is *required*
 - Morbidity and mortality conferences
 - Multi-disciplinary tumor boards

Recipients are expected to have a broad-based knowledge of the content outlined in the AHPBA-HPB Curriculum.

- Fellows must participate in the monthly AHPBA Grand Rounds at minimum 6 times per year - *required*
- Participation in didactic educational opportunities is expected o Didactic educational conferences
 - Journal Clubs

Experience in minimally invasive (laparoscopic/robotic) HPB staging and surgical procedures is *required*.

- Experience in minor procedures such as liver biopsy, pancreatic biopsy and cholecystectomy is expected, but these operations are not considered to be major HPB operative procedures.

- Minimum of 5 MIS Pancreas procedures (of any type listed on page 3)
- Minimum of 5 MIS hepatic resections of 2 segments or more are required

Experience in intraoperative ultrasound is *required*.

- Attendance of an AHPBA sponsored US Course is *strongly encouraged*
- Attainment of the AHPBA US is *strongly encouraged*
- Minimum *required* experience is as follows:
 - Liver US (normal or w/ pathology) – 25
 - Pancreas US (normal or w/ pathology) – 25
 - Biliary US (normal or w/ pathology, including both gallbladder and extrahepatic biliary) – 5
 - Targeting US (of a specific lesion) - 5

Technical components of HPB surgery:

- Experience in hepatic hilar dissection is *required*.
- Experience in hepatic tumor ablation *required*.
- Experience in vascular reconstruction is *strongly encouraged*.

3. Curriculum Structure

This Curriculum for Hepato-Pancreatic & Biliary Surgery Fellowship should be considered within the broader context of the core curriculum for Hepato-Pancreatic & Biliary Surgery. This document, as produced and maintained by The Fellowship Council details the core requirements common to all Fellowships, including those denoted as providing advanced training in:

- | | |
|-------------------------------------|---------|
| ○ Minimally Invasive Surgery (MIS) | (SAGES) |
| ○ Bariatric Surgery | (ASMBS) |
| ○ Hepato-Pancreatic-Biliary Surgery | (AHPBA) |
| ○ Flexible endoscopy | (SAGES) |
| ○ GI Surgery | (SSAT) |

It is intended that each of the respective National Societies will be responsible for establishing and maintaining a Curriculum that describes the specific goals, and detailed objectives that are relevant to their sub-specialty fellowship, and that these curricula be included in the curriculum for Hepato-Pancreatic & Biliary Surgery Fellowship.

The curriculum for the Hepato-Pancreatic & Biliary Surgery Fellowship describes the following goals and objectives in the framework of the ACGME core competencies, including:

1. Patient care, including minimum laparoscopic surgical skills
2. Medical Knowledge
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice

These are also fundamental requirements of the curriculum for Hepato-Pancreatic & Biliary Surgery Fellowship. The present document will describe the distinct medical knowledge and technical skills required by a fellow to become an expert of HPB Surgery.

This curriculum for a Hepato-Pancreatic & Biliary Surgery Fellowship has been approved by the Executive Committee of The American Society of Hepato-Pancreatic and Biliary Surgery (AHPBA) on March 26, 2008.

4. Overview of the Curriculum for Hepato-Pancreatic & Biliary Surgery Fellowship

At the conclusion of the fellowship in HPB Surgery, the fellow will be able to provide comprehensive, state-of-the-art medical & surgical care to patients with surgical diseases/disorders of the liver, pancreas, biliary tract and duodenum. This will include the ability to investigate, diagnose, recommend appropriate treatment options, perform operative procedures, and provide the pre- peri- and late postoperative care. To achieve this goal, this curriculum provides a guide to the topics for study, and the knowledge and skills required to become an HBP Surgeon.

This Curriculum consists of 8 Major Units, some with Subunits:

Unit 1 – The Liver

Anatomy, Embryology, Physiology, Testing
Congenital and acquired non-neoplastic liver disease
Neoplastic Liver disease
Liver surgery

Unit 2 – The Biliary Tract including Gall Bladder

Anatomy, Embryology, Physiology, Testing
Congenital and acquired non-neoplastic biliary disease
Neoplastic biliary disease

Unit 3 – The Pancreas & Duodenum

Anatomy, Embryology, Physiology, Testing
Congenital and acquired non-neoplastic pancreatic disease
Neoplastic pancreatic disease
Diseases of the Duodenum

Unit 4 – Imaging

Unit 5 – Oncology

Unit 6 – Trauma

Unit 7 – Transplantation

Unit 8 – Abdominal wall

Each Unit or Sub-unit is organized into 3 Sections:

1. **Objectives:** description of the topics the Fellow must understand and the specific knowledge to be acquired
2. **Content:** description of the specific areas of study necessary to achieve the unit objectives
3. **Clinical Skills:** description of the clinical activities and technical skills that are to be mastered

Unit 1 – The Liver

A. Anatomy, Embryology, Physiology, Testing

1. Objectives: Upon completion of this unit the fellow will understand:
 - a. Intra-hepatic and extra- hepatic anatomy of the liver and the relationship with the adjacent & surrounding structures
 - b. The embryology of the liver & biliary tract and the potential anomalies
 - c. The physiology of the liver
 - d. Clinical hematologic & biochemical tests relevant to the liver and their indications and interpretation:
 - (1) Tests of hepatocellular injury
 - (2) Tests of liver function
 - e. Hepatic imaging techniques and their interpretation
 - f. Implications of investigations and surgical procedures on the liver

2. Content:
 - a. Embryology of the liver
 - (1) Relationship to other foregut structures
 - b. Extrahepatic anatomy of the liver
 - (1) Lobes, segments, sectors
 - (2) Nomenclature systems
 - (3) Ligaments, fissures & incisures
 - (4) Anomalies
 - c. Anatomy of the porta
 - (1) Portal vein, hepatic artery
 - (2) Bile duct, gall bladder
 - (3) Variants of normal and anomalies
 - (4) Lymphatic drainage and nodal anatomy
 - (5) Nerves
 - d. Anatomy of the retrohepatic space
 - (1) IVC and its branches
 - (2) Adrenal, kidney, diaphragm
 - e. Intrahepatic anatomy:
 - (1) Hepatic veins and variants of normal
 - (2) Portal triad structures and segmental anatomy
 - (3) Histology of the normal liver
 - f. Physiology of the liver
 - (1) Bilirubin metabolism
 - (2) Coagulation
 - (3) Other clinically relevant metabolic pathways

- g. Hematologic, biochemical, and histologic testing (assessment) of the liver
 - (1) Transaminases and markers of cholestasis
 - (2) Measures of liver function
 - (a) static – including INR (PT), Factors V and VII, bilirubin, albumin
 - (b) dynamic – including clearance tests , e.g. ICG, galactose, aminopyrine, lidocaine (MEGX)
 - (3) Indicators of portal hypertension
 - (4) Indications for liver biopsy
 - h. Imaging of the liver
 - (1) Ultrasound (U/S) & Doppler, Computerized Tomography (CT) Scans, Magnetic Resonance Imaging (MRI) Scans
 - (2) Nuclear tests: Proton Emission Tomographic (PET) Scans, Liver/Spleen scans, Biliary excretion (e.g. HIDA) Scans, RBC Scans
 - i. Application of investigations to hepatic surgery
3. Clinical Skills:
- a. Identify, recognize, and describe anatomic structures in and around the liver
 - (1) By reading and interpreting images of the liver
 - (2) Intra-operatively
 - b. Perform and interpret intraoperative U/S of the liver & porta
 - c. Perform liver biopsy – percutaneously, laparoscopic or open
 - d. Identify anatomic anomalies and explain their embryologic origin
 - e. Understand the indications for and be able to interpret the hematologic and biochemical tests and explain the underlying physiology
 - f. Interpret the dynamic tests of liver function
 - g. Apply the relative advantages and disadvantages to the application of the different modalities of hepatic imaging
 - h. Determine the appropriate abdominal wall incisions for open procedures on the liver
 - i. Determine the appropriate port site placements and patient positions for laparoscopic procedures on the liver and the relative indications for each and the need for a hand-port
 - j. Evaluate liver function and portal hypertension (including Child’s score and its variations)
 - k. Assess the overall risk and the hepatic risk of surgery – recognizes the implications of abnormalities of liver hematologic and biochemical testing on both hepatic and non-hepatic procedures.
 - l. Develop a detailed operative strategy for liver resections based on preoperative assessment and imaging

B. Congenital and acquired non-neoplastic liver disease

- 1. Objectives: Upon completion of this unit the fellow will understand:
 - a. The pathophysiology and the presentation and natural history of the congenital and acquired non-neoplastic diseases of the liver.
 - b. The investigative procedures available and useful to the diagnosis and efficiently diagnose the disease/disorder.
 - c. The treatment options available for the condition, and will understand the results, including the risks and benefits of the operative and non-operative procedures.
 - d. The pre, intra- and post-operative management, including the management of complications of therapy.

2. Content:
 - a. Pediatric liver diseases
 - (1) Biliary atresia & Alagille's syndrome
 - (a) Presentation, evaluation and natural history
 - (b) Treatment options and indications for intervention
 - b. Liver cysts & abscesses
 - (1) Solitary liver cysts
 - (a) Presentation, evaluation and natural history
 - (b) Distinguish from cystic neoplasm
 - (c) Treatment options and indications for intervention
 - (2) Polycystic liver disease
 - (a) Associated abnormalities
 - (b) Presentation, evaluation and natural history
 - (c) Treatment options and indications for intervention
 - (3) Pyogenic & fungal liver abscess
 - (a) Potential bacterial and fungal pathogens, and sources
 - (b) Presentation, evaluation
 - (c) Treatment and indications for surgical drainage
 - (4) Other liver abscess including amoebic abscess, TB
 - (a) Presentation, evaluation and natural history
 - (b) Treatment options and indications for intervention
 - (5) Echinococcal liver cyst
 - (a) Life cycle, epidemiology, target organs
 - (b) Presentation, evaluation and natural history
 - (c) Treatment options and indications for intervention
 - c. Liver failure
 - (1) Hepatitis & acute liver failure
 - (a) Causes of acute liver failure
 - (b) Investigation and prognosis
 - i. classification systems including King's College criteria
 - (c) Treatment strategies
 - i. role of liver transplantation
 - (2) Cirrhosis & portal hypertension
 - (a) Causes of cirrhosis, diagnosis and natural history, staging and treatment options (including indications for liver transplantation) for each
 - i. Viral Hepatitis B, C, D
 - ii. Alcoholic liver disease
 - iii. Non-alcoholic fatty liver disease & steatohepatitis
 - iv. autoimmune liver disease
 - a. autoimmune CAH
 - b. Primary biliary cirrhosis
 - c. Primary sclerosing cholangitis
 - v. Hemochromatosis, Wilson's disease, alpha-1 antitrypsin deficiency
 - vi. Budd Chiari syndrome
 - (b) Portal hypertension
 - i. pathophysiology

- ii. interpretation of hematologic & biochemical testing and imaging
- iii. non-operative treatment options & strategies
- iv. portosystemic decompression
 - a. indications & sequelae
 - b. risks and benefits of TIPS and surgical shunts
 - c. types of surgical shunts
 - i. relative indications
 - d. Sugiura procedure
- v. indications for liver transplantation

3. Clinical Skills:

- a. Diagnose and treat patients with cystic diseases of the liver
- b. Diagnose & manage patients with liver abscess(es)
- c. Perform laparoscopic and open drainage of liver cyst or abscess (unroofing, resection)
- d. Diagnose and classify acute and chronic liver failure.
- e. Diagnose, investigate and manage patient with portal hypertension
 - a. Perform portosystemic shunt – portocaval, mesocaval, splenorenal and their variants.
 - b. Perform the Sugiura procedure

C. Neoplastic liver disease

1. Objectives: Upon completion of this unit the fellow will understand:

- a. The pathophysiology and the presentation and natural history of the benign, and primary and secondary malignant neoplasm of the liver.
- b. The investigative procedures available to efficiently diagnose the disease/disorder.
- c. The staging of malignancies of the liver including histologic assessment
- d. The treatment options available for the neoplasm, and the results, including the risks and benefits of the operative and non-operative procedures.
- e. The pre, intra- and post-operative management, including the management of complications of therapy.
- f. The role of neo-adjuvant and adjuvant therapy of malignant liver neoplasms.

2. Content:

- a. Benign neoplasm of the liver
 - (1) presentation, investigation & diagnosis, and natural history of hemangioma, hamartoma, adenoma, focal nodular hyperplasia
 - (2) histology & indications for biopsy
 - (3) treatment options and indication for ablation or resection
- b. Primary malignancies of the liver
 - (1) Hepatocellular carcinoma (HCC)
 - (a) Etiology, presentation, investigation & diagnosis, and natural history of HCC
 - (b) Role of screening and the staging systems for HCC
Treatment options and the risk: benefit ratio for each: resection, transplantation, ablation, chemotherapy +/- embolization, radiation
 - (2) Cholangiocarcinoma (intrahepatic or peripheral)
 - (a) diagnosis, investigation & staging

- (b) Treatment options including palliative procedures
 - (3) Epithelioid hemangioendothelioma, lymphoma, sarcoma and other neoplasms
 - (a) diagnosis, investigation & staging
 - (b) treatment options
 - c. Secondary malignancies of the liver
 - (1) Colorectal primary
 - (a) Pathogenesis, staging of colorectal cancer
 - (b) Investigation & staging
 - (c) Treatment options
 - i. Indications, and risk: benefit ratio of ablation / resection
 - ii. neo-adjuvant, downstaging, and adjuvant chemotherapy
 - (2) Neuroendocrine and other primary
 - (a) Investigation & staging
 - (b) Treatment options
 - i. Indications, and risk: benefit ratio ablation / resection
 - (c) neo-adjuvant and adjuvant therapy
3. Clinical Skills:
- a. Evaluate patients with benign neoplasms of the liver, including interpretation of imaging and indications for biopsy
 - b. Manage patients with benign hepatic neoplasms
 - c. Evaluate patients with HCC, including screening for potential HCC and staging
 - d. Evaluate patients with primary and secondary adenocarcinoma and other metastatic lesions of the liver including staging
 - e. Manage patients with primary and secondary hepatic malignancies
 - f. Participate in multi-disciplinary tumor review conferences
 - g. Perform liver resections
 - h. Provide pre- and postoperative therapy following liver resection including the diagnosis and management of complications
 - i. Recommend appropriate therapy for unresectable hepatic malignancies
 - j. Recommend appropriate adjuvant radiation and/or chemo-therapy following resection for hepatic malignancies
 - k. Interact with Medical and Radiation Oncologists

D. Liver Surgery

1. Objectives: Upon completion of this unit the fellow will understand:
 - a. The types of and techniques for liver resections
 - b. Pre-operative patient assessment and the cumulative risks of the proposed procedure
 - c. Preoperative management
 - d. Intraoperative management during a liver resection
 - e. Post-operative management including complications.
2. Content:
 - a. Types of liver resection
 - (1) Laparoscopic, laparoscopic-assisted, open laparotomy
 - (2) Non-anatomic, segmental, lobectomy, extended lobectomy
 - (3) Vascular control: none, Pringle maneuver, total vascular isolation
 - (4) Vascular resection and reconstruction

- (5) Staged resections
 - (6) Combination with ablation
 - b. Preoperative assessment and the cumulative risks to the proposed procedure
 - (1) Patient comorbidities (cardiopulmonary and other)
 - (2) Hepatic risk
 - (a) Assessment of liver function, portal hypertension
 - (b) Volumetric assessment of liver remnant
 - (c) portal vein embolization
 - c. Preoperative management
 - (1) Prophylaxis against common complications
 - (a) DVT, infection
 - (2) Neuroendocrine hormonal blockade
 - (3) Detailed operative plan based on pre-operative imaging
 - d. Liver resection
 - (1) Anesthetic considerations
 - (a) Agents, coagulation, CVP,
 - (2) Blood loss conservation including cell saver and blood product administration
 - (3) Laparoscopic techniques
 - (a) Patient & port placement
 - (b) Hand port
 - (4) Parenchymal transection techniques
 - (a) Relative advantages & disadvantages
 - (b) Normal, fatty, fibrotic and cirrhotic parenchyma
 - (c) Laparoscopic or open use
 - (5) Concomitant resection & reconstruction of the
 - (a) Diaphragm
 - (b) IVC
 - (c) Portal vein
 - (d) Bile duct
 - e. Postoperative Management
 - (1) Complications & management, including liver failure
3. Clinical Skills:
- a. Evaluate patients for liver surgery including the comorbidities and any underlying liver disease to determine risk
 - b. Determine the need for portal vein embolization, staged resection or concomitant ablation
 - c. Perform intraoperative staging of tumors including intraoperative U/S
 - d. Perform liver resections using a variety of approaches and transection techniques
 - e. Perform complex liver resections including bile duct, portal vein, IVC, diaphragm
 - f. Manage the liver resection patient during the immediate, early and late post-operative periods and diagnoses and treats complications of the resection

Unit 2 – The Biliary Tract including Gall Bladder

A. Anatomy, Embryology, Physiology, Testing

1. Objectives: Upon completion of this unit the fellow will understand:

- a. The anatomy of the biliary tract including the intra and extrahepatic hepatic duct, the gallbladder & cystic duct, the intra- and extra-pancreatic bile duct, the ampulla of Vater, and their relationships with the adjacent & surrounding structures
 - b. The embryology of the liver & biliary tract and the potential anomalies
 - c. The physiology of bile metabolism and biliary tract epithelium
 - d. Clinical biochemical tests relevant to the biliary tract and their interpretation
 - e. Biliary imaging techniques and their indications and interpretation
 - f. Implications of investigations on surgical procedures on the bile duct
2. Content:
- a. Embryology of the biliary tract
 - (1) Relationship to liver, pancreas and other portal and foregut structures
 - b. Anatomy of the hepatic duct and biliary plate
 - (1) Segmental anatomy and variants of normal
 - (2) Blood supply and lymphatic drainage
 - (3) Relationship with other portal structures
 - c. Anatomy of the gall bladder & cystic duct
 - (1) Blood supply & lymphatic drainage
 - (2) Variants of normal and anomalies
 - d. Anatomy of the bile duct
 - (1) Blood supply, lymphatic drainage and regional lymph nodes
 - (2) Variants of normal and anomalies
 - (3) Relationship with other portal structures and the pancreatic duct
 - (4) Sphincter of Oddi & ampulla of Vater
 - e. Bile metabolism and biliary physiology
 - (1) Bile-salt dependent and independent bile production
 - (2) Hormonal influences
 - (3) Biliary epithelium and gall bladder function
 - (4) Sphincter of Oddi motility
 - f. Biochemical investigation
 - (1) interpretation
 - g. Imaging
 - (1) Axial & body imaging techniques:
 - (a) U/S, CT scan and MRI scan, including MRCP
 - (2) Endoscopic U/S
 - (3) Direct contrast imaging
 - (a) Percutaneous transhepatic cholangiogram (PTC) and cholecystography and Endoscopic retrograde cholangio-pancreatography (ERCP)
 - (4) Endoscopic assessment of Ampulla of Vater
 - (5) Nuclear biliary excretion imaging (HIDA scan)
3. Clinical Skills:
- a. Identify and describe biliary tract structures (normal and abnormal)
 - (1) By reading and interpreting images of the biliary tract
 - (2) Intra-operatively
 - b. Perform and interpret intraoperative U/S of the liver & biliary tract
 - c. Identify anatomic anomalies and explain their embryologic origin
 - d. Understand the indications for and be able to interpret the biochemical tests and explain the underlying physiology
 - e. Apply understanding of the relative advantages and disadvantages of the different modalities of biliary tract imaging to determine optimal investigation

- f. Determine the abdominal wall incisions that are appropriate for open procedures on the biliary tract and the relative indications for each
- g. Determine the appropriate port site placements and patient positions that are useful for laparoscopic procedures on the biliary tract and the relative indications for each
- h. Develop a detailed operative strategy for biliary surgery based on preoperative assessment and imaging

B. Congenital & Non-neoplastic biliary disease

1. Objectives: Upon completion of this unit the fellow will understand:
 - a. The pathophysiology and the presentation and natural history of the congenital and acquired non-neoplastic diseases of the biliary tract including the gall bladder
 - b. The investigative procedures available and the efficiently diagnose of the disease/disorder
 - c. The treatment options available for the condition, and the outcomes, including the risks and benefits of the operative and non-operative treatments
 - d. The pre, intra- and post-operative management, including the management of complications of therapy
2. Content:
 - a. Congenital and pediatric
 - (1) Choledochal cyst, Caroli's disease, Congenital hepatic fibrosis, Biliary atresia & Alagille's syndrome
 - (a) Presentation, classification, evaluation and natural history
 - (b) Treatment options and indications for intervention
 - b. Gallstones
 - (1) Pathogenesis
 - (2) Presentation and investigation of
 - (a) Biliary colic, cholecystitis, cholangitis, Mirizzi's syndrome, gallstone ileus
 - (3) Treatment: Percutaneous, laparoscopic and open
 - (4) Cholecystectomy-related biliary injuries
 - (a) mechanism of injury & classification
 - (b) associated injuries
 - (c) management
 - c. Benign strictures
 - (1) Primary sclerosing cholangitis
 - (a) Etiology, pathophysiology, natural history and non-operative management
 - (b) Complications and management
 - i. screening for cholangiocarcinoma
 - ii. PTC with drainage (PTC-D), ERCP with stent
 - iii. resection
 - iv. transplantation
 - (2) post traumatic and idiopathic
 - (a) mechanism of injury & classification
 - (b) management options
 - d. Recurrent Pyogenic Cholangitis
 - (1) Pathophysiology, presentation and investigation
 - (2) Common infectious bacteria

(3) Surgical options including liver resection and biliary access (Hutson)
choledochojejunostomy

3. Clinical Skills:

- a. Investigate the jaundiced patient by determining the most efficient modalities, and interpret the results of biochemical testing and imaging
- b. Apply understanding of the relative merits and disadvantages of non-operative biliary manipulation (PTC-D & ERCP stenting) to treat biliary tract obstruction.
- c. Manage the patient with complex gallstone disease
- d. Manage biliary injuries resulting from cholecystectomy and other trauma
- e. Perform resection and reconstruction for choledochal cysts, RPC, and benign strictures
- f. Evaluate and manage the patient with the complications of PSC

C. Neoplastic biliary disease

1. Objectives: Upon completion of this unit the fellow will understand:

- a. The presentation and natural history of the benign and malignant neoplasms of the bile duct and gall bladder
- b. The investigative procedures available to efficiently diagnosis the neoplasm.
- c. The staging of adenocarcinoma of the bile duct and gall bladder including histologic assessment
- d. The treatment options available for the neoplasm, and the indications and outcomes, including the risks and benefits of the operative and non-operative treatments
- e. The pre, intra- and post-operative management, including the management of complications of surgery.
- f. The role of neo-adjuvant and adjuvant chemo- and radiation therapy of malignant biliary neoplasms

2. Content:

- a. Gall Bladder
 - (1) Polyps
 - (a) Presentation, natural history
 - (b) Indications for resection
 - (c) Principles of resection
 - (2) Adenocarcinoma
 - (a) Presentation, staging (including histology) and natural history
 - (b) Investigation
 - (c) Surgical options
 - i. extent and timing of resection
 - (d) Chemo and radiotherapy
 - ii. neo- and/or adjuvant therapy
 - iii. definitive management
 - (e) Palliative care options
- b. Bile duct
 - (1) Adenoma of Ampulla of Vater
 - (a) Presentation, natural history, investigation
 - (b) Resection options
 1. Endoscopic, transduodenal resection & reconstruction
 - (2) Adenocarcinoma
 - (a) Location: Bifurcation (Klatskin), mid-third, lower third, ampulla

- (b) Type – polypoid, structuring
 - (c) Presentation, investigation & staging, including laparoscopic staging
 - (d) Resection & reconstruction – indications & contraindication
 - (e) Palliative options
 - 1. PTC-D or ERCP stent
 - 2. surgical bypass
3. Clinical Skills:
- a. Investigate and manage patients with gall bladder polyps and benign neoplasms of the ampulla of Vater
 - (1) Perform extended cholecystectomy for potential oncologic indication
 - (2) Perform transduodenal resection of the Ampulla of Vater with reconstruction of the bile and pancreatic ducts
 - b. Investigate and manage patients with Klatskin cholangiocarcinoma
 - (1) Perform extended resection of the biliary bifurcation with the caudate & ipsilateral lobes of the liver, portal lymphadenectomy, and biliary reconstruction
 - c. Investigate and manage patients with mid- and lower-third bile duct tumors
 - (1) Perform Whipple pancreaticoduodenectomy
 - d. Participate in multi-disciplinary tumor review conferences
 - e. Provide post-operative management including the diagnosis and treatment of complications of biliary resection and/or bypass
 - f. Recommend appropriate adjuvant radiation and/or chemo-therapy following resection and interacts with Medical and Radiation Oncologists
 - g. Recommend appropriate therapy for unresectable carcinoma of the gall bladder or bile duct

Unit 3 – The Pancreas & Duodenum

A. Anatomy, Embryology, Physiology, Testing

1. Objectives: Upon completion of this unit the fellow will understand:
 - a. Anatomy of pancreas and its relationship with portal structures, retroperitoneal structures and the adjacent organs
 - b. Anatomy of the pancreatic duct and its relationship with the bile duct and sphincter of Oddi & the ampulla of Vater
 - c. Anatomy of duodenum and its relationship with portal structures, retroperitoneal structures and the adjacent organs
 - d. The embryology of the pancreas, pancreatic duct and duodenum and potential anomalies
 - e. The physiology of pancreatic exocrine and exocrine functions and duodenal physiology
 - f. Clinical biochemical tests of pancreatic function and injury and their interpretation
 - g. Pancreatic and duodenal imaging techniques and their indications and interpretation
 - h. Implications of investigations on surgical procedures on the pancreas and duodenum
2. Content:
 - a. Embryology of the pancreas & duodenum
 - (1) Relationship to liver, bile duct and other foregut structures
 - (2) Etiology of anomalies including pancreas divisum and annular pancreas

- b. Anatomy of the pancreas
 - (1) Spectrum of normal anatomy and variants
 - (2) Arterial supply & venous drainage
 - (3) lymphatic drainage and regional lymph nodes.
 - (4) Relationship with:
 - (a) Portal structures: duodenum, bile duct, hepatic artery, portal vein, splenic and superior mesenteric veins and their branches
 - (b) Retroperitoneum: IVC and its branches, aorta & SMA and their branches, adrenal gland, kidneys
 - (c) Adjacent organs: stomach, spleen, colon, small intestine
 - c. Anatomy of the pancreatic duct
 - (1) Variants of normal and anomalies
 - d. Anatomy of the duodenum
 - (1) Spectrum of normal anatomy and variants
 - (2) Arterial supply & venous drainage
 - (3) lymphatic drainage and regional lymph nodes.
 - (4) Relationship with:
 - (a) Portal structures: bile duct, hepatic artery, portal vein, splenic and superior mesenteric veins and their branches
 - (b) Retroperitoneum: IVC and its branches, aorta & SMA and their branches, adrenal gland, kidneys
 - (c) Adjacent organs: pancreas, stomach, spleen, colon, small intestine
 - e. Pancreatic metabolism and physiology
 - (1) Exocrine enzyme physiology
 - (a) Synthesis, excretion and activation
 - (b) Neural and hormonal influences
 - (2) Endocrine metabolism
 - (a) Islet cell function, Neuroendocrine hormones
 - f. Duodenal physiology
 - (1) Motility
 - (2) Neuroendocrine (“gut”) hormone physiology
 - (3) Biochemical investigation & interpretation
 - g. Biochemical Testing
 - (1) Markers of pancreatic injury
 - (2) Measures of pancreatic exocrine function
 - (3) Urinary & serum neuroendocrine hormones
 - h. Imaging
 - (1) Axial & body imaging techniques:
 - (a) U/S, CT scan and MRI scan, including MRCP
 - (2) Endoscopy and Endoscopic U/S
 - (3) Direct contrast imaging
 - (a) Endoscopic retrograde cholangio-pancraetography (ERCP)
 - (4) Nuclear studies:
 - (a) PET scan
 - (b) Neuroendocrine imaging (Octreotide scan)
 - i. Application of testing and imaging to pancreatic & duodenal surgery
3. Clinical Skills:
- a. Identify, recognize, and describe anatomic structures in and around the pancreas & duodenum
 - (1) By reading and interpreting images of the duodenum, pancreas & its duct

- (2) Intra-operatively
- b. Perform and interpret intraoperative U/S of the pancreas and surrounding structures
- c. Identify anatomic anomalies and explain their embryologic origin
- d. Understand the indications for and interpret the biochemical tests and explain the underlying physiology including the tests of pancreatic function
- e. Apply the relative advantages and disadvantages of the different modalities of pancreatic imaging to efficiently investigate diseases and disorders of the pancreas and duodenum
- f. Determine the appropriate abdominal wall incision for open procedures on the pancreas and/or duodenum
- g. Determine the appropriate port site placements and patient positions for laparoscopic procedures on the pancreas and/or duodenum and the relative indications for each and the need for a hand-port
- h. Develop a detailed operative strategy for pancreatic and duodenal surgery based on preoperative assessment and imaging

B. Congenital and acquires non-neoplastic pancreatic disease

1. Objectives: Upon completion of this unit the fellow will understand:
 - a. The pathophysiology and the presentation and natural history of the congenital and acquired non-neoplastic diseases of the pancreas
 - b. The investigative procedures available and useful to the diagnosis and efficiently diagnose the disease/disorder
 - c. The treatment options available for the condition, and will understand the outcomes, including the risks and benefits of the operative and non-operative procedures
 - d. The pre, intra- and post-operative management, including the management of complications of therapy
2. Content:
 - a. Pancreatitis
 - (1) Acute
 - (a) Pathogenesis, staging & prognosis
 - (b) Management, including surgical options & complications
 - (c) Indications for surgical intervention
 - (2) Chronic
 - (a) Pathogenesis, complications and non-operative management
 - (b) Pancreatic stents and Endoscopic/percutaneous drainage procedures
 - (c) Surgical options & indications
 - (d) Pain control
3. Clinical Skills:
 - a. Manage patients with acute pancreatitis, including complications
 - (1) determine the need for surgical intervention
 - (2) perform open and/or laparoscopic procedures for acute pancreatitis
 - b. Investigate & manage the patient with chronic pancreatitis
 - (1) determine the need for operative intervention
 - (2) perform: pseudocyst-enterostomy, lateral pancreatico-jejunostomy (Puestow procedure) with/without limited resection of the head of the pancreas (Frey procedure), pancreatic resection

C. Neoplastic diseases of the pancreas

1. Objectives: Upon completion of this unit the fellow will understand:
 - a. The pathophysiology and the presentation and natural history of the benign, and primary and secondary malignant neoplasm of the pancreas
 - b. The investigative procedures available to efficiently diagnose the disease/disorder
 - c. The staging of malignancies of the pancreas including histologic assessment
 - d. The treatment options available for the neoplasm, and the outcomes, including the risks and benefits of the operative and non-operative procedures
 - e. The pre, intra- and post-operative management, including the management of complications of therapy
 - f. The role of neo-adjuvant and adjuvant therapy of malignant pancreatic lesions
2. Content:
 - a. Benign cysts & neoplasm of the pancreas
 - (1) Microcystic serous cystadenoma
 - (a) presentation, investigation & diagnosis, and natural history
 - (b) histology & indications for biopsy
 - (c) treatment options and indication for resection
 - (2) Mucinous cystic neoplasm
 - (a) presentation, investigation & diagnosis, and natural history
 - (b) Histology & indications for aspiration/biopsy
 - (c) Treatment options and indication for resection
 - (3) Intraductal papillary mucinous neoplasm (IPMN)
 - (a) presentation, investigation & diagnosis, and natural history
 - (b) histology & indications for aspiration / biopsy
 - (c) treatment options and indication for resection
 - (4) Von Hippel Landau syndrome
 - (a) pathology, associated lesions, investigation
 - (b) management
 - b. Malignancies of the Pancreas
 - (1) Primary
 - (a) Adenocarcinoma
 1. presentation, investigation & staging
 2. assessment of resectability
 3. pre, peri and postoperative management
 4. palliative procedures
 - (e) Neuroendocrine tumors
 1. presentation, investigation & staging
 2. assessment of resectability
 3. pre, peri and postoperative management
 - (f) Lymphoma
 1. presentation, staging
 2. role of surgery
 - (2) Secondary
 - (a) Renal cell carcinoma
 - i. presentation and management
3. Clinical Skills:
 - a. Investigate and manage patients with benign cysts and neoplasms of the pancreas
 - (1) Determine need for biopsy/aspiration and resection

- (2) Perform resections including enucleation of functional NE tumors and spleen preserving distal pancreatectomy
- b. Investigate and manage patients with adenocarcinoma of the pancreas
 - (1) Stage the tumor pre- and intra-operatively and determine resectability
 - (2) Perform whipple pancreaticoduodenectomy +/- portal vein resection & reconstruction
 - (3) Perform distal pancreatectomy & regional lymphadenectomy
 - (4) Perform palliative procedures for unresectable tumors
- c. Participate in multi-disciplinary tumor review conferences
- d. Provide post-operative management including the diagnosis and treatment of complications of pancreatic resection and/or bypass
- e. Recommend appropriate therapy for unresectable pancreatic carcinoma
- f. Recommend appropriate neo- and adjuvant radiation and/or chemo-therapy and interacts with Medical and Radiation Oncologists

D. Diseases of the Duodenum

1. Objectives: Upon completion of this unit the fellow will understand:
 - a. The pathophysiology and the presentation and natural history of the diseases of the pancreas
 - b. The investigative procedures available to efficiently diagnose the disease/disorder
 - c. The treatment options available for the condition, and will understand the outcomes, including the risks and benefits of the operative and non-operative procedures
 - d. The pre, intra- and post-operative management, including the management of complications of therapy
2. Content:
 - a. Congenital disorders of the duodenum
 - (1) Duodenal atresia & duplication
 - (2) Duodenal diverticulae
 - b. Duodenal ulcer disease
 - (1) Pathogenesis, investigation & diagnosis
 - (2) Non-operative treatment
 - (3) Operative management
 - c. Crohn's disease
 - (1) Presentation, investigation, diagnosis
 - (2) Management
 - d. Benign neoplasms
 - (1) Adenoma
 - (2) Hereditary Familial Polyposis
 - (a) Genetics, presentation, investigation
 - (b) Management
 - e. Malignant Neoplasms of the duodenum
 - (1) Adenocarcinoma
 - (a) Presentation, investigation, staging
 - (b) management
 - (2) Gastrointestinal stromal tumor (GIST) and sarcomas
 - (a) Presentation, investigation, staging
 - (b) Management options
 1. chemotherapy
 2. resection

- (3) Neuroendocrine tumor
 - (a) Presentation (syndromes) investigation, staging
 - (b) management
- (4) “Secondary” to direct invasion of adjacent malignancy
 - (a) Carcinoma of the stomach, or colon
 - (b) Renal cell carcinoma
 - (c) Investigation, staging
 - (d) Operative management

3. Clinical Skills:

- b. Investigate and manage patients with benign lesions of the of the duodenum
 - (1) Determine need for operative intervention
 - (2) Perform acid-reduction procedures, limited resection and duodenal bypass procedures
- b. Investigate and manage patients with malignant neoplasms of the duodenum
 - (1) Stage the tumor pre- and intra-operatively and determines resectability
 - (2) Perform appropriate resection (including whipple pancreaticoduodenectomy +/- portal vein resection & reconstruction when necessary) with regional lymphadenectomy
 - (3) Perform palliative procedures for unresectable tumors
 - (4) Participate in multi-disciplinary tumor review conferences
 - (5) Recommend appropriate therapy for unresectable duodenal malignancies
 - (6) Recommend appropriate neo- and adjuvant radiation and/or chemo-therapy and interacts with Medical and Radiation Oncologists
- c. Provide post-operative management including the diagnosis and treatment of complications of duodenal resection and/or bypass

Unit 4 – Imaging

1. Objectives: Upon completion of this unit the fellow will:
 - a. Understand the physics and technology of Ultrasound & Doppler, CT Scan, MRI Scan, PET Scan and the other nuclear medicine imaging procedures including Biliary excretion scan (HIDA), RBC scan, Octreotide scan, and L/S scan
 - b. Understand the relative advantages, disadvantages and indications of each
 - c. Read and interpret the detailed information provided by the imaging of the liver biliary tract, pancreas and duodenum
 - d. Perform and interpret intraoperative ultrasound

2. Content:
 - a. The applied physics and technology of Ultrasound & Doppler, CT Scan, MRI Scan, PET Scan and the other nuclear medicine imaging procedures
 - b. The clinical protocols available for each technology
 - (1) the information provided by each protocol
 - (2) the interpretation of images
 - (3) the application to clinical investigation
 - c. Imaging algorithm for the investigation of Hepato-biliary and pancreatic lesions including
 - (1) Liver cyst or tumor
 - (2) Jaundice
 - (3) Peri-ampullary tumor
 - (4) Cyst or Mass in the pancreas

3. Clinical Skills:
 - a. Apply understanding of the relative merits of each imaging modality to efficiently investigate (including staging of) lesions of the liver, biliary tract, and pancreas
 - b. Interpret images to correctly identify normal structures, anomalies and pathologic abnormalities
 - c. Correlate and integrate the findings of the various imaging during the investigation of a patient
 - d. Perform and interpret intraoperative ultrasound
 - e. Interact with Diagnostic Radiologists with expertise in HPB diseases and body imaging

Unit 5 – Oncology

1. Objectives: Upon completion of this unit the fellow will:
 - a. Understand the basic pathophysiology of neoplasia and the currently understood mechanisms of carcinogenesis
 - b. Understand the mechanisms of action of the classes of chemotherapeutic agents currently available for HBP malignancies
 - c. Understand the physics, mechanism of action and technology of radiation therapy
 - d. Apply this understanding to the multidisciplinary management of HBP malignancies

2. Content:
 - a. Basic pathophysiology of neoplasia
 - (1) Mechanisms of carcinogenesis
 - (2) Genetic alterations
 - (3) Viral carcinogenesis
 - (4) Chronic inflammation
 - (5) tumor biology including the potential for metastases
 - b. Chemotherapy
 - (1) Classes of drugs
 - (2) Mechanisms of action
 - (3) Toxicities
 - (4) Combination therapy and available protocols
 - c. Radiation therapy
 - (1) Applied physics and technology
 - (2) Mechanism of action
 - (3) Toxicity
 - (4) Combination protocols with chemotherapy
 - d. Multi-disciplinary management
 - (1) Relative roles of surgery, ablation, chemotherapy and radiation therapy as:
 - (a) definitive management
 - (b) neo- and adjuvant therapy
 - (c) therapy for recurrent disease
 - (d) palliative therapy

3. Clinical Skills
 - a. Apply knowledge of tumor biology and chemotherapy and radiation therapy to recommend an appropriate treatment strategy for the management of individual HBP malignancies
 - b. Participate regularly in multidisciplinary tumor review conferences
 - c. Interact with Interventional Radiologists, Medical Oncologists, Radiation Oncologists, Oncology Nurses and Allied Health Professionals, Palliative Care Physicians & Nurses

Unit 6 – Trauma

1. Objectives: Upon completion of this unit the fellow will understand
 - a. The pathophysiology of blunt and penetrating trauma to the liver, biliary tract and portal structures, pancreas, duodenum and adjacent structures
 - b. The methods of assessment and diagnosis
 - c. The principles and techniques available to manage traumatic injuries
 - d. The management of complications of trauma to the liver, biliary tract, pancreas & duodenum

2. Content:
 - a. Liver Trauma
 - (1) Mechanisms of injury and presentation
 - (2) Diagnosis & classification of liver lacerations
 - (3) Management
 - (a) Angiography & embolization
 - (b) Liver parenchyma hemostasis techniques
 - (c) Total vascular exclusion +/- IVC shunt or veno-venous bypass for retrohepatic IVC and/or hepatic vein injuries
 - (d) Resection
 - (4) Complications: diagnosis & management
 - b. Biliary tract & portal structures
 - (1) Mechanisms of injury and presentation
 - (a) “External” trauma
 - (b) Operative injury during cholecystectomy
 - (2) Investigation, diagnosis & classification of bile duct injuries
 - (a) Identification of associated injuries
 - (3) Management
 - (a) Timing and role of ERCP + stent and PTC-D
 - (b) Principles and techniques of biliary reconstruction
 - (4) Complications: diagnosis & management
 - c. Pancreatic and duodenal trauma
 - (1) Mechanisms of injury and presentation
 - (2) Investigation, diagnosis
 - (a) Identification of pancreatic duct disruption
 - (b) Identification of duodenal injury
 - (3) Management
 - (a) Indications for pancreatic resection
 - (b) Techniques for repair of duodenal injuries
 - (4) Complications: diagnosis & management

3. Clinical Skills
 - a. Consult and manage patients with blunt and penetrating trauma to the upper abdomen
 - b. Evaluate injuries to the liver, biliary tract & porta and pancreas & duodenum
 - c. Evaluate post-cholecystectomy injuries to the bile duct and determine a management strategy
 - d. Perform emergency and elective operative procedures to resole and/or repair injuries to the liver, bile duct & portal structures, and pancreas & duodenum
 - e. Manage complications of operative intervention

Unit 7 – Transplantation

1. Objectives: Upon completion of this unit the fellow will have a working knowledge of:
 - a. Organ procurement and preservation
 - b. Indications for liver transplantation
 - c. Outcomes including complications of transplantation
 - d. Immunosuppression and its toxicities

2. Content:
 - a. Organ Procurement
 - (1) Brain death and donor management
 - (a) Deceased donor hepatectomy & pancreatectomy
 - (5) Living donor assessment
 - (a) Living donor left or right hepatectomy
 - d. Organ preservation
 - (1) Principles and application
 - e. Transplantation
 - (1) Indications for liver transplantation
 - (a) Acute & chronic liver failure
 - (b) Hepatocellular carcinoma and other liver tumors
 - (c) Childs' and MELD scores and organ allocation
 - (2) Liver
 - (a) Transplant Hepatectomy
 - (b) Liver transplant techniques
 - (3) Pancreas
 - (a) Back bench reconstruction
 - (b) Pancreas transplant
 - (4) Immunosuppression
 - (a) Drugs, mechanisms of action, toxicities and combination therapy
 - (5) Complications of transplantation
 - (a) Surgical
 - (b) Infectious
 - (c) Immunologic

3. Clinical Skills:
 - a. Apply understanding of liver transplantation to recommend a liver transplant to the appropriate patient at the appropriate time
 - b. Recognize the oncologic impact of immunosuppression on recurrence of hepatocellular carcinoma following liver transplantation and the increased risk of de-novo malignancies

**The Fellowship Council
and
The Americas Hepato-Pancreato-Biliary Association**

**Advanced GI Surgery Curriculum for
Hepato-Pancreato-Biliary Surgery Fellowship**

Appendix

Version April 2019

Procedure Requirements

Surgeon Role

The fellow will act as primary surgeon or teaching surgeon for at least 70% of the 100 major HPB cases.

Overall HPB Cases: **Case #**
100
(No variance will be allowed in the minimum number of overall cases required.)

Liver 25*
Must include at least 20 *major* hepatectomies (required), defined as:□

- Hemi-hepatectomy
- Trisectionectomy
- Central hepatectomy
- Right posterior sectionectomy
- Right anterior sectionectomy
- *In situ* donor hemi-hepatectomy

Additional liver procedures include:

- Resection of 1 or 2 or segments
- Partial, or non-anatomic resections
- Unroofing of large or multiple hepatic cysts

*: At least 5 of these cases, as noted on page 2, must be done via minimal access surgery.

□: No variance will be allowed in the major hepatectomy number (20)

Pancreas 25‡

Must include at least 20 pancreaticoduodenectomies (required) §

Additional pancreas procedures include:

- Pancreatic resections (distal +/- spleen, Appleby, central, etc.)
- Pancreatic tumor enucleation
- Pancreatic anastomosis (e.g. pancreaticojejunostomy)
- Pancreatic drainage procedures (e.g. Frey, Puestow, etc.)
- Pancreatic debridement or necrosectomy

‡: At least 5 of these cases, as noted on page 2, must be done via minimal access surgery.

§: No variance will be allowed in the minimum number of pancreaticoduodenectomies (20)

- Ampullary or bile duct resection
- Transduodenal sphincteroplasty
- Biliary anastomosis (intra-hepatic or extra-hepatic)
- Radical cholecystectomy
- Common bile duct exploration
- *(May include pancreaticoduodenectomies if excess in pancreas)*
- *(Major biliary procedures do not include cholecystectomies)*

(A deficit of up to 15% will be allowed in any one category [liver, pancreas, biliary tract], provided the minimum number of major HPB cases (100) is met and the minimum number of cases in all other categories is met. This variance of 15% does not apply to the 20 minimum major hepatectomies or 20 minimum pancreaticoduodenectomies required).

Transplant

Transplantation is not a requirement for HPB training; however, operative experience in liver and/or pancreas transplantation is encouraged and may be included in a Fellow's major HPB case list

- Transplant may represent up to a maximum of 20% of overall major HPB cases
- Transplant may represent up to a maximum of 20% of one of the following categories:^α
 - Liver
 - Whole liver donor
 - Adult and pediatric whole liver recipient
 - *In situ* split liver
 - Pancreas
 - Pancreas donor
 - Biliary
 - Adult and pediatric liver recipient

α : Transplant cannot apply to the 20 minimum major hepatectomies or 20 minimum pancreaticoduodenectomies

• Any one transplant case may be counted as contributing to only one of the categories (i.e. a single liver transplant cannot be considered both a major liver case and a major biliary case).

Multiple Procedures

Multiple procedures may be recorded per case under the following circumstances only:

- Intraoperative US, diagnostic laparoscopy, or simultaneous tumor ablation performed in conjunction with another major HPB case
- Separate unrelated operation is performed at the time of a major HPB case (e.g. colectomy performed at time of hepatic metastectomy).
- Concomitant major pancreas and liver procedures performed during same case (e.g. Whipple and liver resection).
- Intrahepatic biliary reconstruction performed at time of major liver resection may be recorded as a separate biliary procedure.

Purpose of HPB Certification

***Certificates are not under the purview of the Fellowship Council but rather the AHPBA. The AHPBA fellowship programs are run in conjunction.

The purpose of HPB Surgical Fellowship certification is to confirm that the recipient has received education and training, and achieved competence, in a broad array of HPB disease and surgical management, as well as a minimum technical experience in performing complex HPB operations. Applicants for certification must have completed a Fellowship Council accredited program in HPB surgery in good standing.

Fellows in ASTS or CGSO programs may apply for a of HPB training from the AHPBA as long as their program has dual accreditation by the Fellowship Council, and the fellow has completed his or her fellowship and is eligible for a by either the ASTS or CGSO.

The present document defines the minimum standards required for certification of training in HBP surgery as recognized by the AHPBA.