

COMPLEX GENERAL SURGICAL ONCOLOGY

EXAM BLUEPRINT

In 2022, the Complex General Surgery Oncology (CGSO) Board of the American Board of Surgery (ABS) reviewed and revised the exam blueprint used for the CGSO exams, primarily the Qualifying Exam (QE), so that the exams better reflect the training and practice of CGSO-trained fellows. The evidence-based revision process involved updating and reorganizing the content tested on the exam, specifying the dimensions of patient care tested on the exam, and determining weights that dictate how these content categories and dimensions of patient care are represented on the exam. As part of the review, multiple stakeholders were consulted (e.g., CGSOB Directors, exam committee members, CGSO program directors, current CGSO diplomates), and feedback from these groups was used to inform the content and weights. As a final step, a public comment period was held to solicit feedback from a broader audience of stakeholders; the results of the public comment period were considered in finalizing the blueprint.

Content Distribution

Tables 1 and 2 include the major content categories and dimensions of patient care in the blueprint. Weights are also provided for each. Concretely, the weights indicate the approximate percentage of questions to be included on the CGSO QE; actual percentages may vary slightly from year to year.

Content Categories

Table 1 includes the major content categories for the exam, which are separated into two sections.

Section 1 - Patient Care includes content related to patient care for individual disease sites. Section 2 - Miscellaneous Medical Knowledge includes content that is general to the practice of surgical oncology and is not specific to a particular disease site.

Dimensions of Patient Care

Table 2 includes dimensions of patient care that will be tested on the exam, which *only* apply to Section 1 – Patient Care. Section 1 exam questions will address *both* a section 1 topic *and* a dimension of patient care (e.g., intraoperative management of a specific benign breast disorder). The weights included here represent targets for the percentage of Section 1 questions that will be devoted to each dimension of patient care.



TABLE 1 – CONTENT CATEGORIES

Content Category	Weight
1. Section 1 - Patient Care	88.0%
1. Breast	12.0%
Benign Female Breast Disorders	
2. Malignant Neoplasms	
3. Male Breast Disease	
2. Colorectal	12.0%
1. Appendix	
2. Neoplasms	
3. Perianal Neoplasms	
4. Anal canal Neoplasms	
5. Rectal Neoplasms	
3. Cutaneous	11.0%
1. Melanoma	
2. Other Cutaneous Malignancies	
4. Endocrine	9.0%
1. Thyroid	
2. Parathyroid	
3. Adrenal	
4. Pancreas (Endocrine)	
5. Multiple Endocrine Neoplasia	
6. Neuroendocrine Tumor-Associated Symptoms	
5. Hepatopancreatobiliary	14.0%
1. Liver	
2. Pancreas	
3. Biliary System	
4. Unresectable Disease	
6. Sarcoma	10.0%
Soft Tissue Neoplasm	
2. Fibromatosis (desmoid) Tumors	
3. Gastrointestinal Stromal Tumors	
4. Cutaneous Sarcoma	



TABLE 1 – CONTENT CATEGORIES (CONT'D)

Content Category	Weight
7. Peritoneal Malignancy	7.0%
1. Appendiceal	
2. Colorectal	
3. Mesothelioma	
4. Ovarian	
5. Desmoplastic small round cell tumor	
6. Primary Peritoneal Disease	
7. Sarcomatosis	
8. Gastric Cancer	
8. Thoracic	5.0%
1. Esophagus	
2. Pulmonary metastases	
3. Malignant pleural effusion	
9. Upper Gastrointestinal	8.0%
1. Stomach/Duodenum	
2. Gastric Outlet Obstruction, Bleeding - Role of Gastrectomy	
3. Management of Ascites, Bowel Obstruction Secondary to Peritoneal Metastasis	
4. Small Bowel	
2. Section 2 - Miscellaneous Medical Knowledge	12.0%
1. Medical Oncology	2.0%
1. Surgical emergencies in patients receiving systemic therapy	
2. Additional medical considerations for patients undergoing chemotherapy/radiation	
2. Pathology	2.0%
1. Sentinel lymph node processing	
2. Gross processing of the sections	
3. Techniques for analysis	
4. OR Processing	
3. Radiation Oncology	1.0%
1. General Principles	
2. Management of Complications of Radiation	



TABLE 1 – CONTENT CATEGORIES (CONT'D)

Content Category	Weight
4. Clinical Trials	2.0%
1. Trials	
2. Ethics of Research	
3. Interpretation of the Surgical Literature - Common Pitfalls, Biases	
5. End of Life/Palliative Care	2.0%
1. Palliation	
2. End-of-Life Issues	
6. Systems-Based Practice	2.0%
1. Patient Safety	
2. Quality Improvement	
3. System Navigation for Patient-centered Care	
7. Community Outreach	1.0%
Biostatistics of developing screening guidelines	
2. Survivorship (incl support groups)	
3. Health Equity/Disparities Groups/Bias	
4. Patient Advisory Councils	



TABLE 2 – DIMENSIONS OF PATIENT CARE

Dimension of Patient Care*	Weight
1. Epidemiology	4%
2. Pathology	6%
3. Screening/Counseling for Genetic Syndromes	4%
4. Diagnostic Workup (e.g., specific imaging, procedures, biopsies, or labs that help make a diagnosis)	11%
5. Imaging (e.g., once a diagnosis is made, choosing and interpreting imaging to dictate therapeutic options and surgical planning)	8%
6. Preoperative Evaluation (e.g., staging, tumor markers, risk assessment)	10%
7. Preoperative Care/Medical Care (e.g., dev. of treatment plan: indications for surgery, medical management, decision-making re: neoadjuvant/adjuvant therapy)	9%
8. Intraoperative Management (e.g., steps of dissection, steps of anatomic reconstruction, intraoperative decision-making)	12%
9. Functional and Cosmetic Optimization (e.g., reconstruction)	4%
10. Adjuvant Therapy/Postoperative Care & Complications	11%
11. Surveillance/Follow-up	7%
12. Quality & Outcomes (e.g., prehab; preoperative counseling)	5%
13. Rehab	2%
14. Palliation/Pain Therapy	4%
15. Health Equity/Disparities	3%

^{*}Applies only to Table 1, Section 1 – Patient Care content; weights are relative to Section 1 only