

# **Hematology-Oncology Portfolio**

(Name)

Welcome to the Department of Medicine Oncology-Hematology rotation. The objective of this rotation is to expose you to patients with and educate you as to the clinical approach to the most common cancer types and hematologic problems. During this rotation you will keep a “porfolio” to document that you’ve seen cases and performed the background reading necessary to understand various disease processes. This portfolio will become the record of your rotation and can be added to your overall residency portfolio. Your weekly schedule is as follows:

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
7-9 AM : T-7 consults 9-10: AM Report 10-12: Inpt rounds	7-9 AM : T-7 consults 9-10: AM Report 10-12: Inpt rounds	Breast Conf 8 AM Heme Conf 9 AM 10-12: Inpt rounds	7-9 AM : T-7 consults 9-10: AM Report 10-12: Inpt rounds	7-9 AM : T-7 consults 9-10: AM Report 10-12: Inpt rounds
Noon conference	Noon conference		Noon conference	Noon conference
Oncology: Fohlman office	Hematology: Witt office	Oncology: Fohlman office	Hematology: Witt office	Oncology: Fairfield onc

Attendance at conferences is mandatory. You will be expected to present a case to at least one Tumor Conference and at all Hematology Conferences. You should arrive at the outpatient offices 10 minutes before office hours begin. Private clinicians will ask you to see new and follow-up patients who are instructive to the goals of this rotation. Each morning you should arrive, connect with the oncology fellow, pre-round on your patients and begin working up new consultations for presentation at 10 AM.

The portfolio approach entails using a patient you see as a point of departure for further reading and documentation of your understanding of the disease, approaches to diagnosis/management and prognosis. It will be your responsibility to assure that you see at least one patient with the included problems (simply ask attendings to arrange for you to see cases that are required to complete your portfolio). Obviously the portfolio could be completed in a very superficial fashion without studying about each topic. However, your grade at the end of the rotation will reflect the rigor with which you approach the rotation (clinically) AND that with which you approach completion of the portfolio. You will note that there are prepared forms for cancers which we feel are the minimum for you to cover during the rotation. There are extra forms for other cancers that you encounter. At the end of the rotation, you will discuss your portfolio with Dr. Robert Fohlman regarding the oncology cases in the portfolio and Dr. David Witt regarding the hematology cases.

You will receive pocket handbooks of hematology and cancer management from which you are expected to read (in addition to chapters in medical texts on each of the major subjects in this portfolio).

**Organ: Lung**

**Patient Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Evidence-Based Screening for Primary Prevention:**

**Test:** \_\_\_\_\_

**Evidence (citations):** \_\_\_\_\_  
\_\_\_\_\_

**Risk Factors:** \_\_\_\_\_

**Cell Types:** \_\_\_\_\_

**Commonly Metastasizes to:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Staging Procedures (for each cell type if appropriate):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treatment: (for each stage and/or cell type):** \_\_\_\_\_

**Organ: Colorectal**

**Patient Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_  
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**Evidence-Based Screening for Primary Prevention:**

**Test:** \_\_\_\_\_

**Evidence (citations):** \_\_\_\_\_  
\_\_\_\_\_

**Risk Factors:** \_\_\_\_\_

**Cell Types:** \_\_\_\_\_

**Commonly Metastasizes to:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_  
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**Staging Procedures (for each cell type if appropriate):** \_\_\_\_\_  
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**Treatment: (for each stage and/or cell type):** \_\_\_\_\_  
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**Organ: Breast**

**Patient Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_  
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**Evidence-Based Screening for Primary Prevention:**

**Test:** \_\_\_\_\_

**Evidence (citations):** \_\_\_\_\_  
\_\_\_\_\_

**Risk Factors:** \_\_\_\_\_

**Cell Types:** \_\_\_\_\_

**Commonly Metastasizes to:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
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**Staging Procedures (for each cell type if appropriate):** \_\_\_\_\_  
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**Treatment: (for each stage and/or cell type):** \_\_\_\_\_  
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**Organ: Prostate**

**Patient Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_  
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**Evidence-Based Screening for Primary Prevention:**

**Test:** \_\_\_\_\_

**Evidence (citations):** \_\_\_\_\_  
\_\_\_\_\_

**Risk Factors:** \_\_\_\_\_

**Cell Types:** \_\_\_\_\_

**Commonly Metastasizes to:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
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**Staging Procedures (for each cell type if appropriate):** \_\_\_\_\_  
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**Treatment: (for each stage and/or cell type):** \_\_\_\_\_  
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**Organ:**

**Patient Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_  
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**Evidence-Based Screening for Primary Prevention:**

**Test:** \_\_\_\_\_

**Evidence (citations):** \_\_\_\_\_  
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**Risk Factors:** \_\_\_\_\_

**Cell Types:** \_\_\_\_\_

**Commonly Metastasizes to:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_  
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**Staging Procedures (for each cell type if appropriate):** \_\_\_\_\_  
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**Treatment: (for each stage and/or cell type):** \_\_\_\_\_  
\_\_\_\_\_  
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**Organ:**

**Patient Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_  
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**Evidence-Based Screening for Primary Prevention:**

**Test:** \_\_\_\_\_

**Evidence (citations):** \_\_\_\_\_  
\_\_\_\_\_

**Risk Factors:** \_\_\_\_\_

**Cell Types:** \_\_\_\_\_

**Commonly Metastasizes to:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_  
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**Staging Procedures (for each cell type if appropriate):** \_\_\_\_\_  
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**Treatment: (for each stage and/or cell type):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Organ:**

**Patient Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_  
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**Evidence-Based Screening for Primary Prevention:**

**Test:** \_\_\_\_\_

**Evidence (citations):** \_\_\_\_\_  
\_\_\_\_\_

**Risk Factors:** \_\_\_\_\_

**Cell Types:** \_\_\_\_\_

**Commonly Metastasizes to:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_  
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**Treatment: (for each stage and/or cell type):** \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Prognosis: (for each stage and/or cell type):** \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**References:**

**Oncology Topics:**

Pain Management

Basic Concepts in Chemotherapy

**Hematology**

Approach to the patient with anemia

**Patient Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent history and physical for anemia: \_\_\_\_\_

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Diagnostic approach: \_\_\_\_\_

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Management (by anemia type):

**Hematology**

Approach to the Bleeding Patient/Disseminated Intravascular Coagulation

**Patient Name:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent history and physical for the bleeding patients: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnostic approach: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Management:

**Hematology**

Disseminated intravascular coagulation

**Patient Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent history and physical for DIC: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Causes of DIC: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Diagnostic approach: \_\_\_\_\_

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\_\_\_\_\_  
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Management:

Bleeding DIC

Clotting DIC

**Hematology**

Thrombocytopenia

**Patient Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_

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**Pertinent history:** \_\_\_\_\_

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**Diagnostic approach:** \_\_\_\_\_

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**Management (by anemia type):**

**Hematology**

Hypercoagulable States

**Patient Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
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Pertinent history and physical: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cause and Clinical Associations: \_\_\_\_\_

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\_\_\_\_\_

Diagnostic approach: \_\_\_\_\_

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Management:

**Lymphoma**

**Patient Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_

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**Evidence-Based Screening for Primary Prevention:**

**Test:** \_\_\_\_\_

**Evidence (citations):** \_\_\_\_\_

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**Risk Factors:** \_\_\_\_\_

**Cell Types:** \_\_\_\_\_

**Commonly Metastasizes to:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

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**Staging Procedures (for each cell type if appropriate):** \_\_\_\_\_

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**Prognosis: (for each stage and/or cell type):** \_\_\_\_\_

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**Leukemias**

**Patient Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_  
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**Evidence-Based Screening for Primary Prevention:**

**Test:** \_\_\_\_\_

**Evidence (citations):** \_\_\_\_\_  
\_\_\_\_\_

**Risk Factors:** \_\_\_\_\_

**Cell Types:** \_\_\_\_\_

**Commonly Metastasizes to:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
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**Staging Procedures (for each cell type if appropriate):** \_\_\_\_\_  
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**Prognosis: (for each stage and/or cell type):** \_\_\_\_\_  
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