



# RCSI

ROYAL COLLEGE OF SURGEONS IN IRELAND

COLÁISTE RÍOGA NA MÁINLEÁ IN ÉIRINN

## Ethicon Grant/Fellowship Report Form

<b>Grant Holder Name</b>	Myles Smith, MB BCh BAO, PhD, FRCSI
<b>Brief biography, including qualification and year of graduation (no more than 100 words)</b>	Graduated in 1998, from NUIG, and completed HST in 2011. I then entered the University of Toronto General Surgical Oncology Fellowship program
<b>Title of Project/Fellowship</b>	General Surgical Oncology Fellowship, at the University of Toronto, Canada
<b>Year of Award:</b>	2011
<b>Summary (no more than 250 words)</b>	
<p>The general surgical oncology fellowship in the University of Toronto, has been a fantastic experience, providing me with additive and holistic training in the management of rare and complex cancer cases. I have been exposed to the full breath of contemporary management of colorectal and gastrointestinal cancer, from minimally invasive techniques such as TAMIS, robotics and laparoscopy to multivisceral resection, sacrectomy and the management of peritoneal malignancy. I have also gained world class training in the management of rare tumours, such as retroperitoneal sarcoma, GIST and NET.</p> <p>The fellowship afforded me immense opportunities for research, and I have gained experience complementary to my background in translation research, such as population based research, and clinical trials. This work led to my winning the General Surgical Oncology research prize two years running, and allowed me present for two consecutive years at ASCO and in my second year at the SSO.</p> <p>In my second year, I became the chief administrative fellow for the program, with one of our major projects being the creation and distribution of fellowship specific logos and branding. I was able to utilise my experience of RCSI human factors training by becoming faculty for the inaugural “Humanism in Surgery” program for surgical residents in the University of Toronto. Similarly, as part of the advocacy remit of the fellowship, I have worked with the Irish Canadian Immigration Centre to bring preventative cancer information to new Irish emigrants, with the help of the Melanoma Network of Canada.</p>	

**Grant Report (in the region of but no more than 500 words)**

Objectives of Project/Fellowship:

1. Develop the multidisciplinary management of locally advanced and recurrent tumours
2. Develop my minimally invasive surgery skills, and learn robotic surgery
3. Develop surgical skills necessary to manage locally advanced and recurrent cancer, such as pelvic exenterations and HIPEC
5. Management of rare cancers *e.g.* peritoneal malignancy, sarcoma, NET
6. Holistic care of the cancer patient
7. Develop a role as cancer advocate, communicator and manager of cancer service

Did you achieve these objectives?

Yes.

In your opinion, what is the value of your award to:

(a) Yourself

I have worked with Dr. Carol Swallow and Dr. Andy Smith, world leaders in pelvic surgery, with whom I have gained experience of surgery for recurrent and advanced colorectal cancer, as well as retroperitoneal sarcoma, GIST and neuroendocrine tumours. I worked with Dr. Andrea McCart, who is the lead surgeon in the Ontario Peritoneal Malignancy Program, where I learned how to manage peritoneal malignancy, and perform cytoreductive surgery with HIPEC. I have gained additive training and experience of contemporary minimally invasive techniques, such as robotic surgery and TAMIS for rectal cancer. I have also had the privilege of working with Dr. Zane Cohen, which afforded me the opportunity to develop my knowledge and management of complex inflammatory bowel disease.

(b) The institution in which you worked

The addition of international graduates, with difference skill sets and cultures, has been expressed as one of the strengths of our program by our Canadian colleagues. I have also been able to contribute to both clinical and lab based research. I was appointed Chief Administrative Fellow of the General Surgical Oncology Fellowship in my second year. I have also worked with advocacy groups, such as the Melanoma Council of Canada, to help provide targeted health care information for Irish immigrants to Canada.

(c) In the future for Irish patients

I would like to bring the knowledge and techniques learned during my fellowship back to enhance the surgical care of cancer patients in Ireland. I would like to develop the minimally invasive techniques that I have learned, including the robotic management of rectal cancer, and show leadership in the surgical management of recurrent and advanced colorectal cancer. I have the vocational training and abilities necessary to develop the management of rare tumours such as peritoneal malignancy, sarcoma and NET.