ORTHOPAEDIC ONCOLOGY FELLOWSHIP REPORT

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I applied for the program back in 2023, after hearing the recommendations of my seniors who underwent fellowship training under the different subspecialty teams of the Department of Orthopedics and Traumatology. I was initially offered a 6-month attachment for 2025 but had to request rescheduling due to work and training commitments back home. Thankfully the department and the unit was gracious enough to offer me the next available slot in 2026.

During my attachment I was assigned to help in the morning rounds for patients admitted in the Duchess of Kent Children's Hospital, and the rest of the week consisted of a mixture of surgeries both in Duchess of Kent Children's Hospital and Queen Mary Hospital, as well as clinics in QMH. In the past three months in the operating theatres I was able to scrub into interesting cases that showcased advanced techniques and equipment in tumor resections and reconstructions, such as the use of computer-assisted navigation for accurate resection with adequate margins, nerve stimulators for locating and preserving the major nerves within the operative field, radiofrequency ablation for metastatic bone lesions, the TopClosure tension relief for closing skin defects without the use of flaps, and the use of Biodegradable Skin Matrix as a temporizing measure for soft tissue defects after resection. I was glad to be exposed to these techniques and equipment so that I would at least be familiar with their use once they eventually trickle down to the Philippines and become more easily accessible in our local setting. I also appreciated some of the novel and innovative techniques I saw, such as the team's use of elastic nails to reinforce bone cement in post-curettage bone defects, since the technique and the implant used is applicable and feasible in my country's setting.

Aside from the clinical duties, part of my attachment also involved attending the different meetings and conferences of the unit and the department. It was interesting to see the training process of the unit and the department through these meetings, and I noted some differences in how these meetings are held that I believe could be adapted to our setting back home. The preoperative meetings for example, were notable for me since they included the nursing staff and allied health services such as the physiotherapists so that the planning is more comprehensive, with the nurses being aware beforehand of any special instructions and equipment they need to take note of, and the physiotherapists being aware of how they would need to modify the post-op rehab depending on the surgical plan. The multidisciplinary meetings were also remarkable, since apparently, I came into the unit during their transition period from separate meetings with each subspecialty to a more comprehensive one where all the concerned subspecialties are present in a single meeting. The meetings were noteworthy for me not only due to the subject matter of these meetings, but also the manner on how these meetings are conducted, which is quite different to the MDTs we have back home. I noticed how each subspecialty does not act as separate silos but instead offers insights and advice for other subspecialties, such as radiologists weighing in on how certain details in the imaging might be pointing towards specific tumors for cases with uncertain histopathology, and even oncologists weighing in on the manner of how the planned surgical procedures should be discussed with the patient's families.

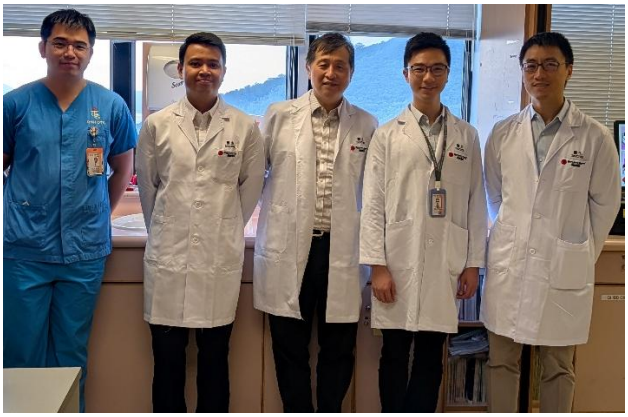
The broader conferences and meetings of the department and hospital were also very high yield during my stay. I was glad to be attend most of Department conferences held every Wednesday since the topics were always nicely curated and serve as a nice refresher for general orthopedics. These conferences allowed me as well to observe how the department structures the academic side of training for the residents and provided me with pointers once I am back home and involved in the training program of our own department. My attachment period also coincided with the Hong Kong International Orthopedic Forum, which had wide ranging topics not only within surgical and clinical care, but also advances in research and AI. The conference tackled relevant topics in oncology such as custom cutting jigs for the resection of bone tumors, custom 3D printed implants, metastatic spine disease, and rehabilitation for musculoskeletal tumor patients. The discussions on Osteoporosis, Hip Dysplasia, osteomyelitis, and complicated hip fractures were also very high

yield for me and provided me with information I could apply in my own practice when I return home. The regular interhospital conferences held every Saturday and hosted by the Hong Kong College of Orthopaedic Surgeons were also helpful in keeping me abreast with updates from other orthopedic subspecialties. I was also lucky enough to be given the opportunity to present in one of these meetings a short review on Dermatofibrosarcoma Protuberans during one of these meetings.

But the most impactful part of my attachment was surprisingly the outpatient clinics. The clinics gave me a firsthand look at the efficiency of the CMS and how it reduces for both patients and the healthcare team, from paging patients into the clinic, requesting diagnostics, scheduling admissions, and even managing the outpatient load to match the projected number of doctors and staff available for each clinic date. Every consult also provided me with opportunities to initiate discussions with the consultants into interesting cases I saw, giving me insights about their care and treatment even though I wasn't present during their initial surgeries. Lastly, being able to talk to the patients themselves highlighted the stark differences between the Hong Kong healthcare system and our own situation back home. I was aware of how advanced diagnostics and treatments are more accessible in first world settings such as Hong Kong, but somehow it was much more sobering to see and talk to patients who did not just survive, but are now thriving years after their cancer diagnosis.

My main apprehension before I started my attachment was the language barrier, especially since I've read that Cantonese was one of the hardest languages to learn and understand for non-native speakers, especially for someone who only spoke non-tonal languages. My concerns were quickly put to rest however by Dr. Anderson Leung who reassured me that they would loop me in their discussions by speaking in English, since he could relate to the experience of overseas fellows having

been in a similar situation of being a trainee overseas where the main language wasn't English. I appreciated how the team seamlessly switches and translates their discussion for me so that I could participate in the conversations. They did so surprisingly even for the mundane stuff such as light banter and discussion about news and recent events in HK, which greatly improved my stay in the Hospital and Clinics.



I would like to thank the consultants and members of the Division of Orthopaedic Oncology and Limb Salvage Surgery for their hospitality and for their eagerness to share their knowledge and skill. Thank you Dr. Raymond for the mentorship within and outside the OR and the insightful discussions regarding the Hong Kong healthcare system, Dr. Anderson for the car rides and translating patient interactions as well as group discussions and ensuring I was always abreast of the discussion, Dr. Gabriel for the recommendations about hole in the wall restaurants and where to buy the Chinese delicacies I want to bring home, Dr. Lam for his insights based on his vast clinical experience, Dr. Edmund for helping me navigate the peculiarities of the QMH and DKCH system as well as their training program. I would also like to thank allied health members of the team, particularly Ms. Winnie for her patience in explaining to me how to go about the CMS and instruct patients regarding their follow-ups and the schedule of their diagnostic imaging. I would also like to thank Ms. Catherine Chiu for her invaluable administrative support before, during, and after my fellowship. Last but not the least, I would like to express my thanks for all the patients I have encountered for sharing their invaluable contributions towards my training.