

Mentor Assessment 2

Name of Mentor: Dr. John Mansour

Profession: Surgical Oncologist

Location: U.T.S.W. Harold C. Simmons Comprehensive Cancer Center

Date of Visit: October 17, 2017

Time: 9:30 a.m. - 12:00 p.m.

Assessment:

This was the first time I had been back into clinic with Dr. Mansour since the year started, and I was more than ready to get back into the swing of things. I spent a little over two and a half hours shadowing Dr. Mansour in clinic this week, and it was incredibly educational. It was quite nice to be back, although it took some thinking to retrain myself to use my “surgical oncology brain.” I had not been with patients, either in the operating rooms or in the clinic, in quite some time, which meant that my vocabulary and terminology was a bit rusty, as well as my skills in distinguishing organs and tumors on CT and PET scans. It was good to dust off a bit of the dirt, however, and it helped because Lan, Dr. Mansour’s Physicians Assistant, had PA student shadowing her as well. This allowed me to listen in and brush back up on my knowledge after quite some time off.

When I arrived at the Harold C. Simmons Comprehensive Cancer Care Clinic, there was some downtime in between patients, so Dr. Mansour walked me through some of the cases he had seen that morning or ones from past days that he thought were particularly fascinating. One such case was a female, 60 year old patient who had a sarcoma in her leg. At first, I was a bit lost on the scan as I usually do not see CT scans of patient’s legs (as Dr. Mansour deals mainly with abdominal cancers, I mainly see scans of the abdominal cavity, or occasionally the thoracic

cavity as pancreatic cancer has a tendency to metastasize to the lungs). However, Dr. Mansour immediately asked me what I was looking at, and under some pressure and after a few seconds, I was able to identify the femur and realized I was looking at the patient's leg. On the medial side of her left leg, the patient had a sarcoma nearly the size of a football that extended from right above her patella to right under the pelvic brim. In other words, the tumor was massive.

Although I was unable to see this patient, looking at her scans taught me a lot. Dr. Mansour immediately pointed out the difference between the way the tumor, the bone, the muscle, and the fat appeared on the CT scan. Bone appeared incredibly white, muscle was the next lightest on the scan, followed by the tumor, and the patient's fat appeared the darkest of all the components of the scan. Dr. Mansour told me that this is particularly useful because the denser and organ or object it, the whiter it will appear on the CT scan. This meant that while the tumor was solid and rather dense, it was not quite as dense as the muscle and a little denser than the fat. This suggested that it was not a lipoma. Dr. Mansour also pulled up a CT scan of a cyst and showed me how dark the cyst was, indicating that it was fluid filled. This is particularly important, because it allows me to distinguish between fluid filled masses, such as cysts which are benign, and solid masses, such as tumors, which are typically more malignant.