

Advanced Master's Degree
Comprehensive
Gastrointestinal Oncology





Advanced Master's Degree Comprehensive Gastrointestinal Oncology

- » Modality: online
- » Duration: 2 years
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

Website: www.techtute.com/in/medicine/advanced-master-degree/advanced-master-degree-comprehensive-gastrointestinal-oncology

Index

01

Introduction

p. 4

02

Objectives

p. 8

03

Skills

p. 18

04

Course Management

p. 24

05

Structure and Content

p. 58

06

Methodology

p. 70

07

Certificate

p. 78

01

Introduction

Digestive oncology is a constantly evolving specialty with a wealth of advances and discoveries that are changing the way digestive diseases are diagnosed and treated. In this sense, this program offers a complete update on the latest advances in the field, such as new diagnostic techniques like virtual colonoscopy or laser confocal endoscopy, as well as new targeted therapies, which are transforming the treatment of digestive cancers. All this, in a 100% online format that will allow the professional to study without interrupting the rest of their daily activities.





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Get up to date with the latest diagnostic techniques in Digestive Oncology through this Advanced Master's Degree, which will provide you with the most recent advances in the approach to this type of pathology"

In recent years, there has been a significant advance in the understanding of the molecular biology of digestive oncological diseases, which has led to a better understanding of the molecular pathways involved in digestive cancer, allowing the development of new targeted therapies. Given this scenario, the specialist must keep up to date in order to deal with this type of pathology with the latest diagnostic techniques and procedures.

In this context, the Advanced Master's Degree in Comprehensive Digestive Oncology is presented as advanced training for medical professionals who wish to update their knowledge and skills in the field. The program includes fundamental aspects of digestive oncology, from the anatomy and physiology of the gastrointestinal tract to the comprehensive management of digestive cancer patients, including the prevention, diagnosis and treatment of digestive pathologies. In addition, topics such as immunotherapy, molecular biology, new imaging techniques and targeted therapies, which are transforming the treatment of digestive cancers, will be addressed.

The methodology of the program is based on a 100% online format, which allows students to access the contents and resources from anywhere in the world, without the need to travel or fixed schedules. The program has a highly prestigious teaching team, with clinical and teaching experience in digestive oncology, which offers practical and up-to-date training, combining theory with practice and offering innovative tools to improve the clinical performance of the medical professional.

This **Advanced Master's Degree in Comprehensive Digestive Oncology** contains the most complete and up-to-date scientific program on the market. The most important features include:

- ◆ The development of case studies presented by experts in medicine and oncology
- ◆ The graphic, schematic, and practical contents with which they are created, provide scientific and practical information on the disciplines that are essential for professional practice
- ◆ Practical exercises where self-assessment can be used to improve learning
- ◆ Its special emphasis on innovative methodologies in the approach to digestive oncology
- ◆ Theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- ◆ Content that is accessible from any fixed or portable device with an Internet connection



Take advantage of the 100% online methodology with which this programme is developed and access its resources from anywhere and at any time, adapting the study to your needs and schedules"

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Master the latest technologies and surgical techniques in Digestive Oncology and apply them in your daily work thanks to this Advanced Master's Degree"

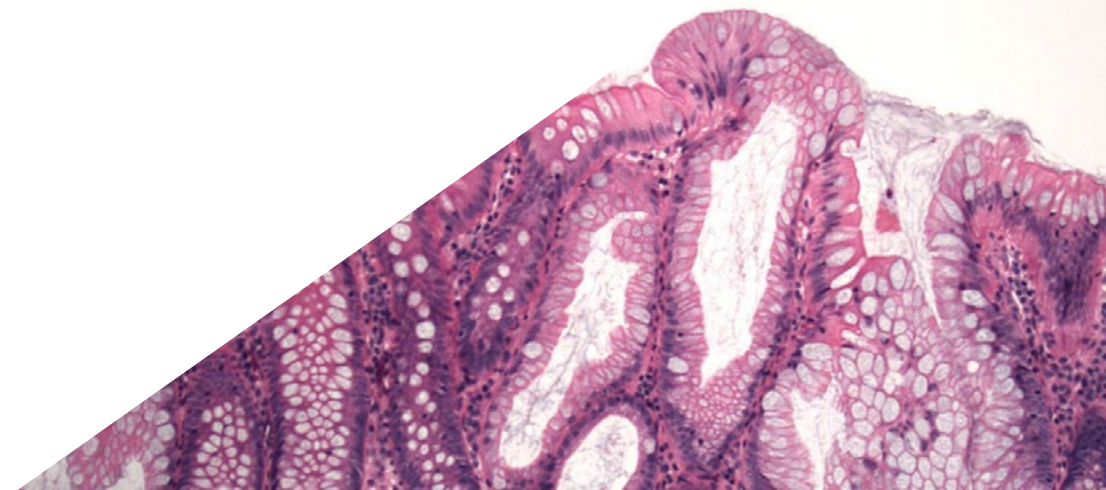
Its teaching staff includes professionals from the field of oncology who bring their experience to this programme, as well as recognised specialists from leading societies and prestigious universities.

The multimedia content, developed with the latest educational technology, will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide an immersive learning experience designed to prepare for real-life situations.

This program is designed around Problem-Based Learning, whereby the student must try to solve the different professional practice situations that arise throughout the program. For this purpose, the professional will be assisted by an innovative system of interactive videos made by renowned experts.

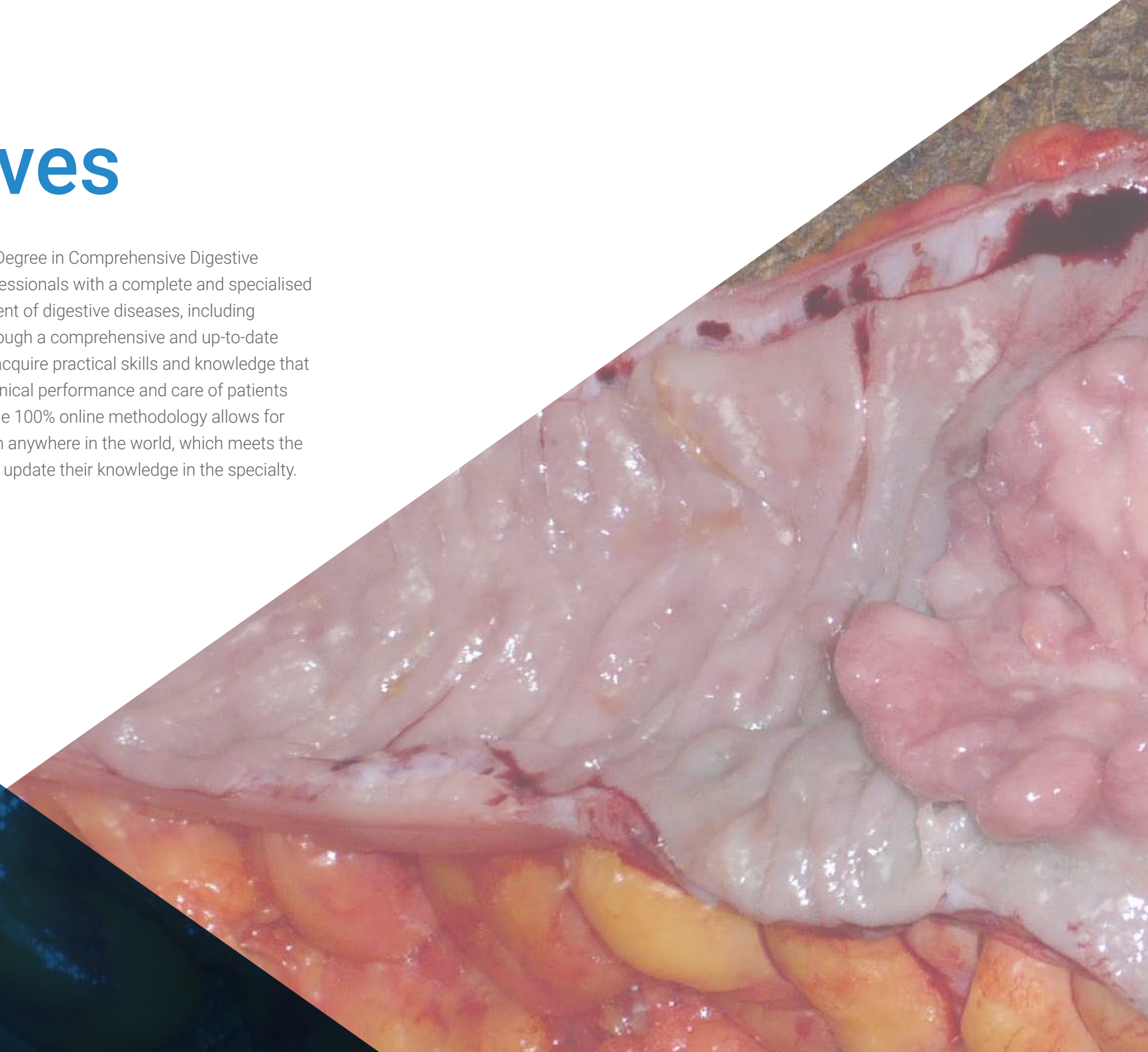
This program has numerous multimedia resources, such as detailed videos, interactive summaries, interactive in detail, interactive summaries and clinical case studies.

This TECH qualification is taught by highly prestigious specialists in the field of Digestive Oncology.



02 Objectives

The aim of the Advanced Master's Degree in Comprehensive Digestive Oncology is to provide medical professionals with a complete and specialised update in the diagnosis and treatment of digestive diseases, including the latest advances in the field. Through a comprehensive and up-to-date syllabus, students are expected to acquire practical skills and knowledge that will enable them to improve their clinical performance and care of patients with digestive cancer. In addition, the 100% online methodology allows for flexible and accessible training from anywhere in the world, which meets the needs of professionals who wish to update their knowledge in the specialty.





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The aim of this programme is to update the medical professional, providing them with the most advanced methods of approach to manage digestive oncological pathologies in accordance with the latest scientific evidence"



General Objectives

- ◆ Create a global and up-to-date vision of Digestive System Oncology and all its aspects, allowing students to acquire useful knowledge and, at the same time, generate interest in expanding information and discovering its application in daily practice
- ◆ Provide and expand knowledge on immunotherapy, as an example of a clear scientific advance in translational research, and one of the most promising lines of research in cancer treatment
- ◆ Discuss the current landscape of stomach cancer immunotherapy, combinations in clinical development, strategies for dose selection and trial design, clinical pharmacology and regulatory considerations
- ◆ Deepen specific knowledge on the management of patients with tumours affecting the digestive tract
- ◆ Discern the surgical techniques to be used and the new technologies currently available for diagnosis and treatment
- ◆ Understand where modern surgery is heading and the ways in which it is developing
- ◆ Study the fundamentals of research in oncological surgery
- ◆ Knowing the way to develop research projects, how to do it and where to get help from
- ◆ Develop skills and technical knowledge with which to deal with any situation presented by a patient in a digestive oncological surgery unit
- ◆ Develop the medical professional in endoscopic techniques of gastrointestinal tumour pathology related to diagnosis, treatment and complications in order to improve the quality of patient care
- ◆ Deepen the knowledge of the most commonly used endoscopic techniques in oncological pathology in order to optimise their use in routine clinical practice





Specific Objectives

Module 1. Molecular Biology and Translational Oncology

- ◆ Update knowledge in the molecular biology of cancer, especially in relation to the concept of genetic heterogeneity
- ◆ Expand knowledge on microenvironment reprogramming in digestive tumors, the role of the immune response in cancer control, circulating biomarkers and tissue molecular markers

Module 2. Upper Gastrointestinal Tract Tumors

- ◆ Review the performance and usefulness of each of the tests used in the diagnosis of oesophageal and gastric tumours
- ◆ Describe the usefulness and performance of PET/CT with F18-FDG in the diagnosis, staging, treatment control and monitoring of esophageal tumors
- ◆ Describe the evolution of surgical techniques up to minimally invasive and robotic surgery that allow complex interventions to be performed with small incisions, preserving tissues as much as possible, accelerating recovery and providing less discomfort
- ◆ Update knowledge on adjuvant and neoadjuvant management of esophageal and gastric cancer
- ◆ Know the National Registry of Advanced Gastric Cancer (AGAMENON)
- ◆ Develop appropriate treatment plans for patients with esophageal and gastric cancer that has progressed after initial treatment
- ◆ Determine the positioning of antiangiogenic agents to treat stomach cancer

Module 3. Lower Gastrointestinal Tract Tumors

- ◆ Know the screening program for colon and rectal cancer and estimate the population susceptible to be screened in Spain and by autonomous community
- ◆ Analyse the effectiveness of different tests proposed for colon and rectal cancer screening
- ◆ Update knowledge on the molecular biology of colon cancer and its impact on classification and treatment

Module 4. Other Digestive Tract Tumors

- ◆ Learn the new therapeutic arsenal used to manage the main comorbidities of patients with digestive tumors
- ◆ Know the therapeutic objectives in order to avoid poor control, therapeutic interactions or overtreatment

Module 5. Pancreatic Cancer, Biliary Tract Tumors and Hepatocarcinoma

- ◆ Define the epidemiology, risk factors and diagnosis of pancreatic cancer and hepatocarcinoma and their value in clinical practice
- ◆ Delve into the imaging tests for the diagnosis and staging of pancreas cancer. Discuss the multidisciplinary management of pancreatic, biliary tract and hepatocarcinoma cancer and future treatment options
- ◆ Discuss the role of surgery for pancreatic, biliary tract and hepatocarcinoma cancers
- ◆ Update treatment of advanced pancreatic, biliary tract and hepatocarcinoma cancer

Module 6. Collaboration in the Management of Oncology Patients

- ◆ Assess the impact of age on patient prognosis and treatment outcomes
- ◆ Raise awareness as to how excellent care must be continuous and move toward integrated care models including other specialists, particularly in primary care
- ◆ Explain the Enhanced Support Care strategy, developed by the Christie NHS Trust, to better adapt patient care to the changing landscape of cancer

Module 7. Oncologic endoscopy

- ◆ Delve into the different modalities of optical diagnosis of lesions of the gastrointestinal tract, such as stained and virtual chromoendoscopy and magnification
- ◆ Develop the different quality criteria in endoscopy, as well as to optimise the management of antiplatelet and anticoagulant medication in our patients for endoscopic procedures
- ◆ Internalise the different morphological and anatomopathological classifications of lesions of the gastrointestinal tract and their implications for subsequent treatment

Module 8. Echoendoscopy and ERCP

- ◆ Go deeper in the techniques of echoendoscopy and ERCP as well as the necessary equipment to carry out the procedures in the oncological field
- ◆ Manage the performance of an ampulectomy having clear indications and contraindications of the technique
- ◆ Internalise different techniques performed by echoendoscopy that can improve the quality of life of oncology patients, such as the neurolysis of the celiac plexus

Module 9. Resection techniques

- ◆ Master the knowledge of submucosal endoscopic dissection in order to strengthen the theoretical knowledge of a highly complex technique
- ◆ Control the different variants of mucosectomy that will allow us to obtain a higher success rate in the resection of the different lesions
- ◆ Learn in depth about the material necessary for the development of the technique, which will allow us to choose the most optimal material according to the lesion to be treated
- ◆ Develop different techniques to help facilitate endoscopic submucosal dissection
- ◆ Professionalise the endoscopic management of the various complications arising from resection

Module 10. Oesophageal

- ◆ Optimise the optical diagnosis of the various superficial oesophageal neoplasms
- ◆ Master the different treatments available for Barrett's oesophagus and their indication
- ◆ Understand the role of endoscopy in the management of post-surgical complications such as the undoing of sutures
- ◆ Monitor the different endoscopic treatments that can be performed depending on the lesions observed

Module 11. Stomach

- ◆ Optimise the optimal diagnosis of the various gastric superficial neoplasms
- ◆ Deepen the different risk factors for the development of gastric cancer in order to be able to adequately follow up patients
- ◆ Internalise the different endoscopic treatments that can be performed depending on the lesions observed

Module 12. Small Intestine

- ◆ Develop knowledge on the diagnosis of small bowel lesions
- ◆ Develop knowledge on the diagnosis of small bowel lesions
- ◆ Know the different enteroscopy techniques
- ◆ Learn the indications for small bowel exploration according to the pathology of the patient

Module 13. Colon and Rectum

- ◆ Develop the ability to stage patients according to their risk of developing colon and rectal cancer, and to know the different recommendations for follow-up
- ◆ Optimize the optimal diagnosis of superficial neoplasms of the colon and rectum
- ◆ Master the different endoscopic treatments that can be performed depending on the lesions observed
- ◆ Learn the role of endoscopy in the detection of advanced neoformations of the colon and rectum
- ◆ Delve into the different hereditary syndromes and the different endoscopic findings that they present

Module 14. Pancreas

- ◆ Delve into the epidemiology, risk factors, clinical presentation of pancreatic adenocarcinoma
- ◆ Develop the new endoscopic techniques available for the palliative treatment of pancreatic cancer
- ◆ Know all benign and malignant pancreatic cystic lesions
- ◆ Learn more about other pancreatic tumors, their main characteristics, as well as their diagnosis and prognosis
- ◆ Recognize the types of pancreatic ductal strictures and the endoscopic solutions that can be offered

Module 15. Gallbladder and bile duct

- ◆ Internalize the types of cholangiocarcinomas, as well as the diagnosis and clinical presentation. Staging of bile duct tumors with the aid of echoendoscopy
- ◆ Manage the complications that may arise in bile duct drainage, as well as endoscopic solutions. The alternatives to endoscopic drainage of the biliary tract will also be explained
- ◆ Master biliary cysts and their diagnosis, as well as their endoscopic management
- ◆ Recognize the risk factors that exist for the development of gallbladder cancer and the findings found on echoendoscopy

Module 16. Latest advances in endoscopy

- ◆ Master the indications for Full Thickness Resection and the development of the technique
- ◆ Develop the role of radiofrequency both in biliary tract tumor pathology and in the treatment of actinic proctitis secondary to radiotherapy
- ◆ Discover the possibilities presented by artificial intelligence and its possible future use for injury detection

Module 17. Digestive oncologic surgery

- ◆ Know in detail the anatomy of the abdomen and the organs of the digestive system, focusing on those structures of special interest to the surgeon, which must be known to apply the corresponding surgical techniques in each organ
- ◆ Know the fundamental aspects of the nutrition of oncology and surgical patients, their nutritional needs and the ways to improve it to face surgery
- ◆ Analyze the peculiarities of anesthesia in the oncological patient undergoing abdominal surgery, participation of anesthesia in multimodal therapy, monitoring, influence of anesthesia with patient recovery
- ◆ Acquire the ability to recognize the parameters that indicate the postoperative evolution of patients, detect possible complications early and obtain knowledge for immediate postoperative management





- ◆ Know which are the palliative surgical techniques in Digestive Oncology and to recognize which are the factors that must be taken into account when making a decision about palliative treatment
- ◆ Know which surgical techniques should be used in the context of urgent surgery, depending on the patient's situation and tumor
- ◆ Know the molecular basis of Digestive Oncology
- ◆ Study the interference of oncological drugs with healing or coagulation processes and how they affect the results of surgery
- ◆ Delve into the participation of radiotherapy in the treatment of digestive tumors
- ◆ Know the different ways of application of Radiotherapy
- ◆ Analyze the side effects of radiation therapy on tissues and how this may affect surgery and surgery planning

Module 18. Complementary studies in digestive tumors

- ◆ Know the different radiological techniques and their indications in the primary diagnosis of digestive tumors, including ultrasound, CT and MRI
- ◆ Study the peculiarities of the different radiological techniques for early diagnosis in both healthy population (screening) and people with risk factors
- ◆ Know the contributions of conventional radiology in the follow-up of patients with digestive tumors
- ◆ Analyze the different contributions of interventional radiology to the diagnosis of digestive tumors
- ◆ Review the basic radiopharmaceuticals used in digestive pathology, as well as the contributions of Nuclear Medicine to the field of Digestive Oncologic Surgery
- ◆ Know the basis of molecular diagnostics and its contribution to the development of cancer panels, as well as its importance in the design of personalized therapies and its value in the analysis of response to treatment

- ◆ Examine the main hereditary syndromes involved in the development of digestive tumors, their implication in the detection of patients at high risk and the planning of prophylactic surgeries
- ◆ Understand the concept of the microbiome and its possible role in the process of carcinogenesis that determines the development of digestive tumors
- ◆ Understand the possible role of the microbiome in the early diagnosis and prevention of digestive tumors

Module 19. Colorectal oncologic surgery

- ◆ Examine the epidemiology and etiopathogenesis in Colorectal Oncologic Surgery, as well as the diagnostic tests necessary to diagnose it. Recognize the screening tests for early detection in the general population, as well as to know the prognosis of these patients and what follow-up should be done
- ◆ Know which are the syndromes associated with colon polyposis and their risk of developing colorectal cancer
- ◆ Analyze the surgical treatment of colon cancer according to its location: right, transverse or left
- ◆ Study in depth the anatomy of the pelvis and the different organs and structures housed therein
- ◆ Recognize the differences between the male and female pelvis, studying the anatomical relationships between them and knowing the surgical approach planes
- ◆ Deepen in the importance and meaning of "complete excision of the mesorectum", differentiating the different treatment options depending on the local stage and location of the tumor
- ◆ Know the different surgical techniques available for each case: transanal minimally invasive surgery (TAMIS), complete transanal mesorectal excision TATME, laparoscopic and robotic surgery, sphincter preservation, pelvic exenteration techniques or abdominoperineal amputation

- ◆ Know which are the treatments applied by Medical Oncology in colorectal cancer, in which stages it provides benefit, which are the treatment options, at what moment they should be applied and with what duration
- ◆ Know the role of radiotherapy in colorectal cancer, especially in rectal cancer. Know when it can be applied and the differences in results and side effects and sequelae depending on when it is applied. Its role in other situations such as local recurrences and retroperitoneal lymph node disease
- ◆ Analyze the different neoadjuvant treatment modalities in rectal cancer and their results, knowing the benefits of each strategy
- ◆ Know fundamental aspects of the management of patients with colorectal cancer in some special situations: obstruction, treatment with prosthesis or surgery; urgent surgery in patients treated with antiVEGF, management of pelvic recurrence; treatment of positive iliac adenopathies; retroperitoneal lymph node recurrence: radiotherapy or surgery

Module 20. Esophagogastric oncologic surgery

- ◆ Study the general aspects of esophageal cancer, its epidemiology and classification, as well as the diagnostic advances available
- ◆ Learn about updates in the surgical approach to esophageal cancer
- ◆ Analyze the reconstruction with gastric plasty and its alternatives
- ◆ Define and know the indications for standard and extended lymphadenectomies in esophageal cancer
- ◆ Analyze the new classification of esophagogastric junction tumors
- ◆ Study the clinical and epidemiological differences of gastric tumors in the western and eastern setting

- ◆ Update the surgical treatment of gastric cancer, weighing the technical alternatives for the performance of anastomosis
- ◆ Define the new criteria for oncologic lymphadenectomy
- ◆ Explain and analyze the possible sequelae after esophagogastric surgery, in order to perform an adequate management and treatment
- ◆ Analyze the possible short and long term complications of esophagogastric surgery and the different options to avoid their occurrence and minimize their consequences
- ◆ Study the new targeted cancer therapies, reviewing the latest published results that recommend their current use
- ◆ Learn about endoscopic and interventional therapies for esophagogastric tumors
- ◆ Study navigation systems, 3D models and intraoperative online and augmented reality
- ◆ Learn about the new minimally invasive surgical approach techniques, their indications and advantages. Know the differences between laparoscopy and robotics
- ◆ Know the ablative and adjuvant intraoperative techniques currently available, how to use them and in which cases, as well as the side effects or complications they may generate
- ◆ Study what liquid biopsy is, how it is performed, what it is used for, how it can be used for diagnosis, prognosis and early detection of recurrences
- ◆ Have knowledge in new lines of diagnosis, prognosis and treatment in oncology, based on molecular biology, target therapies or immunotherapy

Module 21. Innovation, research and development in digestive oncologic surgery

- ◆ Implement knowledge in basic-translational research, presenting the different strategies in molecular analysis
- ◆ Study the different laboratory research models: animal, 2D cellular and 3D organoid models
- ◆ Obtain the necessary knowledge to start a clinical research in Oncologic Surgery, how to design a clinical trial and to know the sources of financing and the methodology to apply for research grants
- ◆ Know the use of Big Data and artificial intelligence in research, what information they provide and their validity
- ◆ Know the different techniques for the application of fluorescence as a method to aid in Digestive Oncological Surgery, when to use it and what benefit it can bring us
- ◆ Delve into the knowledge of current technological advances and how they can facilitate the surgical technique in Digestive Oncologic Surgery

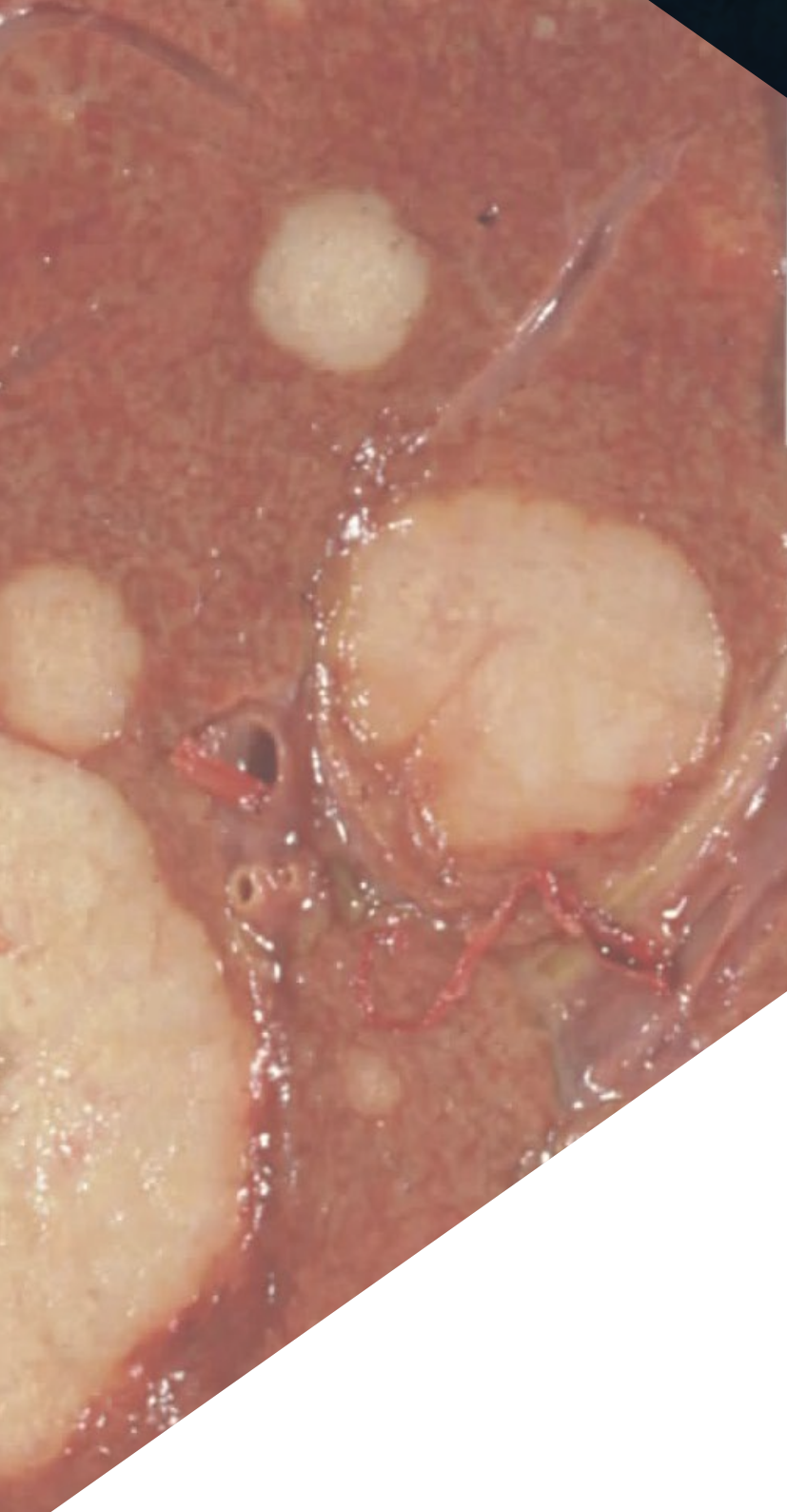


Learn more about the latest techniques in the surgical approach to digestive oncologic pathologies thanks to this program. Don't wait any longer and enroll"

03 Skills

The Advanced Master's Degree in Integrative Digestive Oncology aims to develop in medical professionals advanced competencies in the diagnosis, treatment and follow-up of digestive diseases, especially in the oncological field. Through a rigorous and updated syllabus, students will acquire specialized knowledge and practical skills in the management of different digestive pathologies.





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With this program you will be able to master the most advanced procedures in Digestive Oncology, deepening in issues such as endoscopic exploration or colorectal surgery”



General Skills

- ◆ Possess and understand knowledge that provides a basis or opportunity to be original in the development and/or application of ideas, often in a research context
- ◆ Apply acquired knowledge and problem-solving skills in new or unfamiliar environments within broader (or multidisciplinary) contexts related to their field of study
- ◆ Integrate knowledge and face the complexity of making judgments based on incomplete or limited information, including reflections on the social and ethical responsibilities linked to the application of their knowledge and judgments
- ◆ Know how to communicate conclusions, knowledge, and supporting arguments to specialized and non-specialized audiences in a clear and unambiguous way
- ◆ Broaden learning skills that will enable further studying in a largely self-directed or autonomous manner
- ◆ Optimize the endoscopic diagnosis of the different neoplastic lesions in the digestive tract in order to choose the most appropriate treatment
- ◆ List the lesions that can be found along the entire gastrointestinal tract with the latest classifications used both morphologically and anatomopathologically



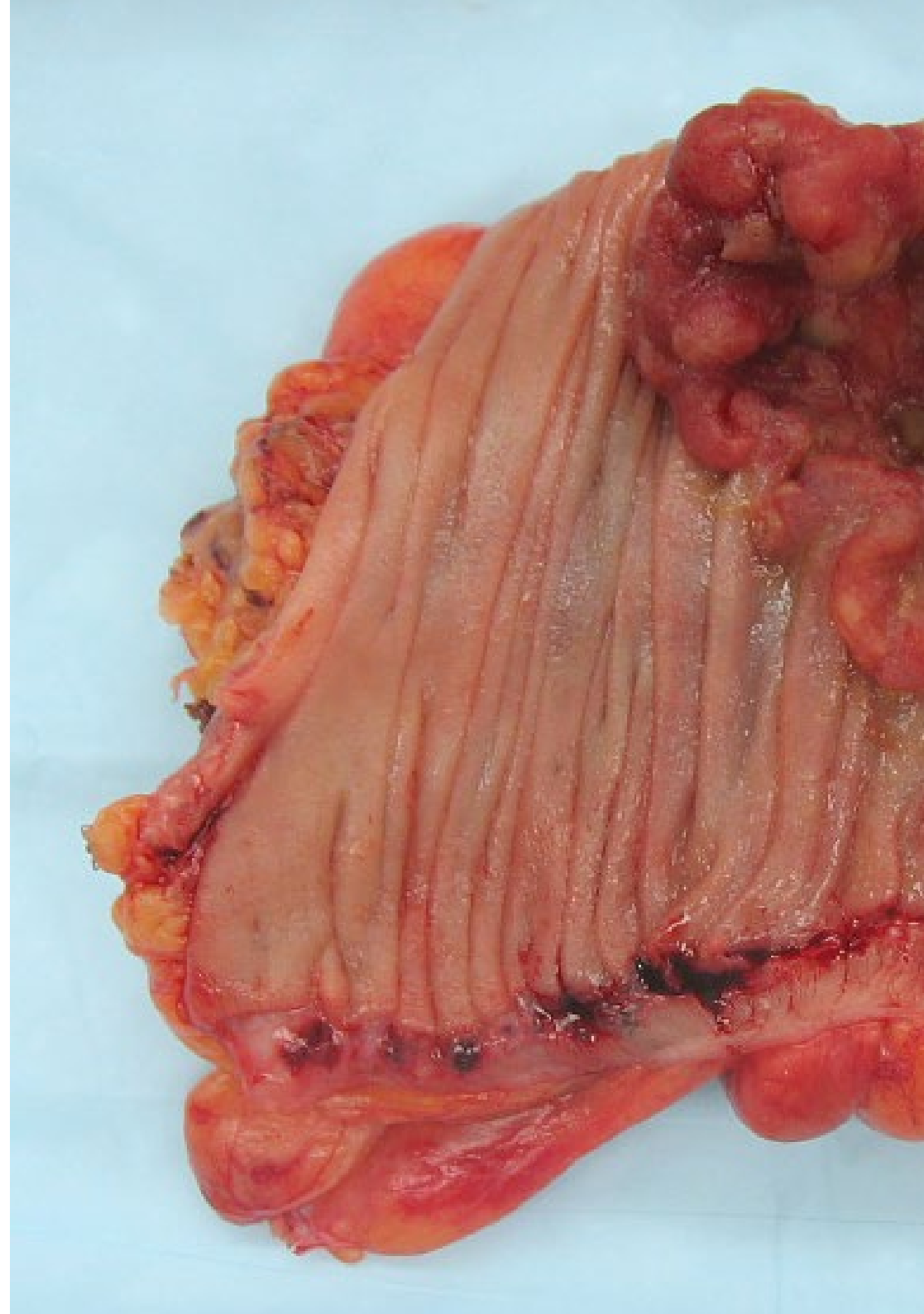


- ◆ Update knowledge on the different mucosectomy techniques
- ◆ Acquire new knowledge about tumors of the gastrointestinal tract
- ◆ Prepare the patient for surgery, taking into account the techniques and equipment to be used
- ◆ Effectively direct its efforts to improve the surgical care of patients with digestive tumors
- ◆ Prepare a patient for oncologic surgery of the digestive tract, taking into account the basics of multimodal rehabilitation, what it contributes to the patient's recovery and how to put it into practice
- ◆ Develop in the current lines of research, technological innovation and design of training programs



Specific Skills

- ◆ Discuss the multiple controversies that currently arise in the treatment of colorectal cancer, such as Laparoscopic vs. Learn robotics, total mesorectum excision or liver metastases management
- ◆ Update knowledge on adjuvant and neoadjuvant treatment of colon and rectal cancer
- ◆ Master the latest advances in translational research with practical implications in cancer management
- ◆ Know the advances in personalized management of colon cancer based on the growing understanding of molecular biology
- ◆ Identify the recent incorporation of immunotherapy in the management of colon cancer and how it will change the diagnostic and therapeutic approach
- ◆ Learn the role of echoendoscopy in the diagnosis and staging of adenocarcinoma of the pancreas
- ◆ Follow-up of pancreatic cystic lesions in order to avoid encountering a scenario of advanced pancreatic tumor
- ◆ Control the endoscopic options available for the palliative treatment of gallbladder cancer
- ◆ Solve complications that may arise post-endoscopy and even post-surgery
- ◆ Manage the characterization of esophageal superficial tumor lesions
- ◆ Control the contraindications of the capsule endoscopic study
- ◆ Recognize in which situations radiotherapy can assist in treatment
- ◆ Knowing when to program surgery based on the treatment a patient has received and what precautions to take
- ◆ Make a decision, based on the most current and rigorous criteria, on the most appropriate treatment for a patient we cannot cure





- ◆ Standardize anatomopathological reports
- ◆ Manage the indications and technique of local radiofrequency ablation in the treatment of Barret's disease
- ◆ Measure the frailty of the elderly based on the surgical risk assessment scales, preparing them adequately for surgery
- ◆ Manage the techniques of endoscopic resection of precursor lesions and early stages, knowing what to do according to the results of the histological study of the resected lesions
- ◆ Apply the concept of "organ preservation" and watch and wait strategy in the treatment of rectal cancer and recognize in which situations it can be used

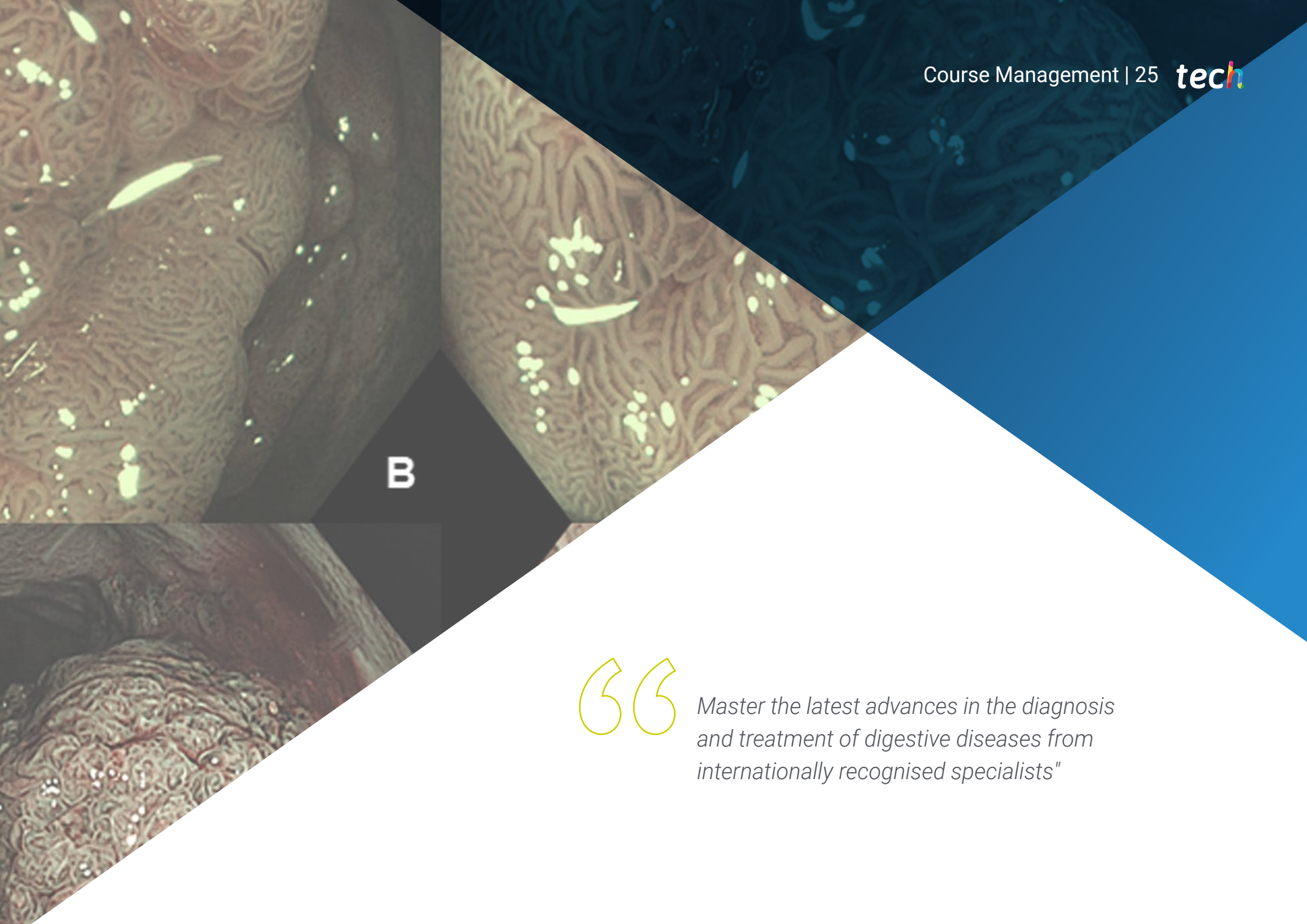
“*Through this Advanced Master's Degree you will be able to master the latest advances in Digestive Oncology, using multimedia resources of high pedagogical rigor*”

04

Course Management

The Advanced Master's Degree in Comprehensive Digestive Oncology has a teaching staff of great reputation and experience in the field, made up of medical and research professionals of recognised prestige in the field of digestive oncology. The carefully selected lecturers will bring their knowledge and experience to the students, sharing the latest developments in the field and their practical experiences in daily clinical practice.

The image is a composite of several endoscopic views of the digestive tract, likely the colon. The top right shows a mucosal surface with a network of blood vessels and some yellowish spots. The bottom right shows a similar view with more prominent vascular patterns. The bottom left shows a smoother mucosal surface. A central dark diamond shape contains the white letter 'A'. The overall composition is set against a background of blue and dark blue geometric shapes.



B

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Master the latest advances in the diagnosis and treatment of digestive diseases from internationally recognised specialists”

Management



Dr. Mauro Javier Oruezábal Moreno

- ♦ Head of the medical Oncology Service at La Paz University Hospital since 2017
- ♦ PhD in Medicine from the Complutense University of Madrid
- ♦ Master's Degree in Bioinformatics and Biostatistics UOC-UB
- ♦ Master's Degree in Bioinformatics Analysis, Pablo de Olavide University
- ♦ Research Fellow at University of Southampton
- ♦ Graduate in Medicine and Surgery from the Universidad de Navarra
- ♦ Member of the Spanish Society of Medical Oncology, the Spanish Group of Digestive Tumors (TTD)



Dr. José Miguel Esteban López-Jamar

- ♦ Head of the Endoscopy Unit, San Carlos University Clinical Hospital, Madrid
- ♦ PhD in Medicine and Surgery, Complutense University of Madrid, Outstanding Cum Laude Qualification
- ♦ Training at the AMC in Amsterdam, Paoli Calmettes Institute in Marseille and at the Horst-Schmidt-Kliniken in Wiesbaden (Germany)
- ♦ Professor and member of the Scientific Advisory Committee of the University Specialization Course in Endoscopic Ultrasonography of the UOC
- ♦ Member of the Spanish Society of Digestive Pathology, Asociación Castellana de Aparato Digestivo, Spanish Society of Digestive Endoscopy, European Society of Gastrointestinal Endoscopy, Honorary Member of the Ecuadorian Society of Gastroenterology



Dr. Carmelo Loinaz Segurola

- Chief of Section of General and Digestive System Surgery, Doce de Octubre University Hospital
- Head of the General Surgery Unit, Alcorcón University Hospital, Madrid
- Degree in Medicine and Surgery, Navarra University
- Specialist in General and Digestive System Surgery, Doce de Octubre University Hospital
- Doctor of Medicine and Surgery, Complutense University of Madrid, qualification Outstanding Cum Laude
- Associate Professor in the Health Sciences Department. Accredited as a Full Professor by ANECA
- Master's Degree in Medical and Clinical Management, UNED and School of Health - Carlos III Institute
- Coordinator of Humanitarian Collaboration Group, AEC
- Member of: Spanish Association of Surgeons, Spanish Society of Parenteral and Enteral Nutrition, American College of Surgeons, Spanish Society of Transplantation, Spanish Society of Liver Transplantation, European Society of Organ Transplantation, The Transplantation Society (IRTA section, Intestinal Rehabilitation and Transplant Association), IASGO International Society of Surgeons, Gastroenterologists and Oncologists, ISDE, International Society of Diseases of the Esophagus and of the Health Cooperation Committee of the Department of Surgery of the UCM



Dr. Raúl Honrubia López

- Medical Specialist of the digestive system
- Specialist in Digestive System at the Central Hospital of Asturias
- PhD in Medicine and Surgery from the Autonomous University of Madrid
- Degree in Medicine and Surgery from the University of Alcalá de Henares
- Training stay at the Cancer Center of the Keio University School of Medicine in Japan



Dr. Katherine Yelenia Katherine Yelenia

- Digestive System Specialist
- Specialist doctor at the Hermanas Hospitalarias de San Rafael Hospital
- Digestive System Specialist. Quirónsalud Aribau Medical Centre
- Specialty Tract Pathologies at La Paz University Hospital
- Training Specialised in Echoendoscopy at the Barcelona Clinical Hospital



Dr. Alonso Casado, Oscar

- ♦ Chief of Hepatobiliopancreatic Surgery at MD Anderson Cancer Center Hospital Madrid
- ♦ Specialist in the General and Digestive Oncology Surgery Service at MD Anderson Cancer Center Madrid, collaborating in the Thoracic Surgery Unit and Plastic Surgery Unit
- ♦ Assistant Surgeon at Quirónsalud Sur and El Escorial hospitals
- ♦ Clinical Tutor in Practical Teaching at UFV and MD Anderson Cancer Center Madrid
- ♦ Degree in Surgery and Medicine from the UCM
- ♦ Qualified in Console Surgery on the Da Vinci Xi Robotic System

Professors

Dr Manuel Abradelo

- ◆ General and digestive surgeon at the Digestive and General Surgery Unit Vithas - CMED. Hospital Vithas Madrid La Milagrosa, as well as Head of the Hepatobiliopancreatic Surgery Unit
- ◆ Assistant of the Department of Hepatobiliopancreatic Surgery and Abdominal Organ Transplant (liver transplant, pancreas transplant and intestinal and multivisceral transplant) at the Hospital General Universitario 12 de Octubre in Madrid
- ◆ Member of the International Hepato-Pancreato-Biliary Association (IHBPA)
- ◆ Member of Association for the Study of the Liver (BASL)
- ◆ Member of Spanish Society of Liver Transplantation
- ◆ Member of Spanish Transplants Society

Dr. Adeva Alfonso, Jorge

- ◆ Medical Specialist, 12 de Octubre University Hospital
- ◆ Medical Oncology Department. Care and clinical research activity in the Digestive Tumour Unit and in the Family Cancer Unit
- ◆ Member of the Research Ethics Committee (CEI)
- ◆ ENS-CCA (European Network for the Study of Cholangiocarcinoma). Contributing member
- ◆ Spanish Society of Medical Oncology. Seconded member
- ◆ TTD Group (Treatment of Digestive Tumours). Partner

Dr. Enrique Esteban Agustí

- ◆ Head of the Hepatobiliopancreatic Surgery Unit at the Puerta de Torrejón Hospital
- ◆ Member of the Patient Safety Committee of the Hospital Universitario Torrejón
- ◆ General and Digestive Surgeon at the Hospital Universitario Madrid Sanchinarro
- ◆ Associate Professor at the Faculty of Medicine of the Francisco de Vitoria University

Dr. Alberto Álvarez Delgado

- ◆ Attachments Clinical University Hospital of Salamanca
- ◆ Gastroenterology Service, University Hospital of Salamanca
- ◆ Digestive doctor at Policlínicas Hospital General de la Santísima Trinidad
- ◆ Specialist in advanced endoscopic and digestive system techniques
- ◆ Member of Scientific Committees of Spanish Digestive and Endoscopy Societies
- ◆ Degree in Medicine and Surgery from the University of Salamanca

Dr. Aurora Astudillo González

- ◆ Doctor of Medicine and former Scientific Director of the Principality of Asturias Biobank
- ◆ Former Professor of Pathological Anatomy at the University of Oviedo
- ◆ Lecturer at the University of Oviedo and attached to the Central University Hospital of Asturias
- ◆ Ponente TEDx Talks
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- ◆ Member of the Advanced Oncological Surgery Group for Abdominal and Pelvic Tumours at the Hospital General Universitario Gregorio Marañón
- ◆ Fellowship funded by the International Union Against Cancer (UICC) for the Study of Malignant Peritoneal Disease in the Department of Surgical Oncology at the Washington Cancer Institute with Dr. Paul H. Sugarbaker
- ◆ European Board of Surgery Qualification in Surgical Oncology of the European Society for Surgical Oncology. Paris
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- ◆ Master's Degree in Family Intervention from the University of Gran Canaria
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- ◆ Stay at the Institute for Advanced Laparoscopic Surgery
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- ◆ Doctor of Medicine, UB
- ◆ European Board of Hepato-Bilio-Pancreatic Surgery

Dr. Araceli Sabino Álvarez

- ◆ FEA of the Medical Oncology Service at the University Hospital Puerta del Mar
- ◆ FEA of Medical Oncology at Hospital Nisa Sevilla Aljarafe
- ◆ Degree in Medicine and Surgery
- ◆ Specialized in Medical Oncology
- ◆ Co-author of the 27th chapter of the 3rd edition of the SEOM Manuel on Continuing Care
- ◆ Co-author of several scientific articles related to thrombotic events in patients with tumors

Dr. Barbara Salas Salas

- ◆ FEA in Radiation Oncology at the University Hospital Doctor Negrin of Gran Canaria
- ◆ FEA in Radiation Oncology at the University Hospital of Gran Canaria
- ◆ Specialist in Radiation Oncology at the Recoletas Oncology Institute
- ◆ Professor at the Official School of Radiotherapy Technicians of the University Hospital Gregorio Marañón
- ◆ According to the precepts laid down by Camper Dr. in Biomedical Sciences from UCM
- ◆ Master's Degree in HIV and Viral Hepatitis from the UCM

Dr. Julio Santoyo

- ◆ Head of General Surgery Service, Carlos Haya Regional Hospital
- ◆ Head of the Advanced Surgery at Vithas de Malaga Hospital
- ◆ Headline Professor of Surgery at UMA
- ◆ Researcher and member of the Board of Transplantation Surgery (UEMS)
- ◆ Doctor in General Surgery and Digestive System by the UCM
- ◆ Expert in Open and Minimally Invasive (Laparoscopic) Surgery of the Liver, Bile Ducts and Pancreas

Dr. Andrés Sánchez Pernaute

- ◆ Chief of Section of General and Digestive System Surgery, Puerta del Sur University Hospital
- ◆ Chief of Section of General and Digestive System Surgery, HM Madrid University Hospital
- ◆ Head of Section of Digestive Surgery at the Hospital Clínico San Carlos
- ◆ FEA General and Digestive Surgery at the University Hospital Principe de Asturias
- ◆ Specialist Surgeon in Gastroesophageal and Morbid Obesity Surgery at Quirón University Hospital
- ◆ Associate Professor at UCM

Dr. Ángel Agustín Segura Huerta

- ◆ Head of the Hereditary Cancer Genetic Counseling Unit at the University Hospital La Fe
- ◆ Clinical Geneticist and Genetic Counselor
- ◆ Researcher in the area of Clinical and Translational Cancer Studies
- ◆ Endocrinology and Nutrition Service Physician at the La Fe University and Polytechnic Hospital
- ◆ Degree in Medicine and Surgery

Dr. Carla Senosiain Lalastra

- ◆ Specialist Doctor in the Gastroenterology Service, Ramón y Cajal Hospital, Madrid
- ◆ Expert in Viral Hepatitis, Colorectal Cancer and Endoscopy
- ◆ Degree in Medicine and Surgery
- ◆ Especialista en Gastroenterología y Hepatología

Dr. Alejandro Serrablo

- ◆ Chief of the Hepatobiliopancreatic Surgery Section at the University Hospital Miguel Servet. Zaragoza, Spain
- ◆ Specialist in the General Surgery Service at the Hospital Lozano Blesa University Clinic
- ◆ Member of the General Council of the Scientific Committee
- ◆ European Association of HPB Surgery Researcher
- ◆ Awarded European Board Surgical Qualification Hepatopancreatic Biliary Surgery
- ◆ Author of several scientific articles related to surgery

Dr. Andrés Valdivieso López

- ◆ Specialist in Surgical, Digestive and Renal Area
- ◆ Head of the HPB Surgery and Liver Transplant Unit at the University Hospital Cruces in Bilbao
- ◆ Head of Service in General Surgery and Gastroenterology at Galdakao Hospital
- ◆ Full Professor of Surgery at the UPV/EHU
- ◆ Doctor of Medicine and Surgery, UPV/EHU
- ◆ Degree in Medicine and Surgery
- ◆ Specialized in General Surgery at Cruces Hospital
- ◆ European Board in Liver Transplantation

Dr. Manuel Vázquez Romero

- ◆ Specialist Doctor in the Gastroenterology Service, University Hospital San Carlos, Madrid
- ◆ Degree in Medicine
- ◆ Specialist in Gastrointestinal Surgery

Dr. Manuel Valladares Ayerbes

- ◆ Specialist in the Medical Oncology Department of the University Hospital Virgen del Rocío
- ◆ Specialist in Medical Oncology at the University Hospital Virgen del Rocío
- ◆ Visiting Researcher at The Norwegian Radium Hospital
- ◆ Assistant Physician in the Medical Oncology Service, A Coruña University Hospital
- ◆ Assistant Physician in the Medical Oncology UGC Service, Reina Sofía University Hospital
- ◆ Doctor of Medicine, UDC
- ◆ Degree in Medicine and Surgery from the US
- ◆ Master's Degree in Molecular Oncology in the National Cancer Research Center and the European School of Oncology

Dr. Vicente Vega Ruiz

- ◆ Specialist in the General Surgery Unit, Puerto Real University Hospital
- ◆ PhD from the University of Cadiz

Alejandro Velastegui Ordoñez

- ◆ Oncologist at the Rey Juan Carlos University Hospital. Spain
- ◆ Rotation at the Digestive Tumors Clinical Research Unit at the Spanish National Cancer Research Center (CNIO)
- ◆ Specialist in Intensive Care Medicine, Gregorio Marañón General University Hospital
- ◆ Specialist in Medical Oncology at Fundación Alcorcón University Hospital
- ◆ Degree in Medicine from the University Catholic of Santiago de Guayaquil

Dr. Ruth Vera García

- ◆ Head of the Medical Oncology Department at the University Hospital of Navarra
- ◆ Oncobiona researcher at the Navarrabiomed Biomedical Research Center
- ◆ President of the Spanish Society of Medical Oncology (SEOM)
- ◆ Degree in Medicine
- ◆ Specialist in Clinical Oncology
- ◆ Author of several academic articles related to the Oncology Area

Dr. Cristina Vicente Martín

- ◆ Associate Chief of the Internal Medicine Department of the Palliative Care Unit at the Rey Juan Carlos University Hospital
- ◆ Specialist in Internal Medicine at the Hospital General Universitario Nuestra Señora del Prado, Madrid
- ◆ Specialist in Internal Medicine at the University Hospital Severo Ochoa with attention in the Acute Palliative Care Unit

- ◆ Specialist in Palliative Care at the San José Institute Foundation
- ◆ Specialist Areas in Palliative Care the Rey Juan Carlos University Hospital, Madrid
- ◆ Area Specialist in Internal Care Medicine at the Infanta Elena University Hospital
- ◆ Associate Professor at the Alfonso X el Sabio University
- ◆ Specialty in Internal Medicine at Severo Ochoa University Hospital
- ◆ Master's Degree in Palliative Medicine and Supportive Care of the Cancer Patient from the Autonomous University of Madrid
- ◆ Master's in Design and Statistics in Health Sciences from the Autonomous University of Barcelona

Dr. Emilio Vicente

- ◆ Director of the General and Digestive Surgery Service at the University Hospital HM Sanchinarro. Madrid
- ◆ Head of the of the Organ Transplant Unit at the Ramón y Cajal University Hospital
- ◆ Head of the General Surgery La Section, Bellvitge university Hospital, Barcelona
- ◆ Professor in Surgery at the CEU San Pablo University
- ◆ Associate Professor of Surgery at the University of Alcalá, Spain
- ◆ Doctorate in Medicine and Surgery from the University of the Basque Country/Euskal Herriko Unibertsitatea (UPV/EHU)
- ◆ Specialist in General Surgery at Nuestra Señora de Aránzazu Hospital
- ◆ Numerary member of the Spanish Medical-Surgical Academy

Dr. Juan Vila Costas

- ◆ Chief of the Endoscopy Section at the University Hospital of Navarra, Spain
- ◆ Specialist in Gastroenterology and Digestive System Treatment
- ◆ Degree in Medicine
- ◆ Author of several articles for national and international scientific media

Dr. Viloria Jiménez, Aurora

- ◆ Geriatrics Palliative Care Unit Specialist
- ◆ Specialist in Palliative Care at the Hospital Clínico San Marcos. Madrid
- ◆ Associate Professor of La Health Sciences at the Complutense University of MadridIII. Madrid
- ◆ Degree in Medicine and Surgery

Dr. Weber Sánchez, Alejandro

- ◆ Director of Advanced Laparoscopic Surgery at Hospital Ángeles de las Lomas
- ◆ Specialist in General: Surgery at the General Hospital of Mexico
- ◆ Consultant Specialist in Laparoscopic Surgery at the General Hospital of Mexico
- ◆ Dr. in Health Sciences from Universidad Anáhuac. Northern Mexico
- ◆ Diploma in Innovations from Universidad Anáhuac. Technology for the 21st Century Teacher
- ◆ Master's Degree in Bioethics from the Institute of Humanities of the Universidad Anahuac
- ◆ Master's Degree in Teacher Training, University Anáhuac
- ◆ Certificate Recovery Specialist by the Grief Recovery Institute
- ◆ Professor of the program of Basic Surgery Course in Accidents and/or Intoxications in Endoscopic Surgery by Johnson & Johnson Medical Mexico

- ◆ Speaker of the Basic Course of Laparoscopic Surgery in Cholangiography and Biliary Tract Management at the Professional Support Center by Johnson & Johnson Medical
- ◆ Professor of the II Basic Course of Laparoscopy in Cholangiography and Biliary Tract Management at the Mexican Association of Laparoscopic Surgery by Johnson & Johnson Medical Mexico
- ◆ Author of the book Manual de Endosutura, by Johnson & Johnson Medical Mexico 1a. Ed. México, D. F

Dr. Miguel Yebra Yebra

- ◆ Specialist in Internal Medicine at the Ramón y Cajal University Hospital
- ◆ Internist at Quirónsalud. Madrid
- ◆ Internal Medicine Specialist at the University Hospital Rey Juan Carlos, Madrid, Spain
- ◆ Degree in Medicine and Surgery from the University of Alcalá de Henares
- ◆ Specialty of Internal Medicine at the 12 de Octubre University Hospital
- ◆ More than a dozen publications in scientific journals
- ◆ Co-author of more than a dozen books and chapters related to the Medical Area



A unique, key, and decisive educational experience to boost your professional development"

05

Structure and Content

The syllabus of the Advanced Master's Degree in Comprehensive Digestive Oncology covers the most relevant and up-to-date aspects in the diagnosis and treatment of digestive oncologic diseases. Thus, the specialist will be updated in digestive pathology, from diagnostic and therapeutic endoscopy to advanced surgery. In addition, the latest advances in the diagnosis, treatment and follow-up of neoplasms of the esophagus, stomach, small intestine, colon and rectum, liver and pancreas will be discussed. All this, taught by renowned medical professionals, who will contribute their experience and practical knowledge in each of the subjects.



“

You are in front of the most complete and updated program in the educational market on Digestive Oncology. Register now and get up to date with the most expert faculty"

Module 1. Molecular Biology and Translational Oncology

- 1.1. Molecular Mechanisms of Cancer
- 1.2. Tumor Immunology: Basis of Cancer Immunotherapy
- 1.3. Role of the Biobank in Clinical Research
- 1.4. Understanding the New Technology: *Next Generation Sequence* (NGS) in Clinical Practice
- 1.5. Liquid Biopsies: Fashion or Future?
- 1.6. Update on Molecular Markers for Treatment Decisions in Gastrointestinal Malignancies
- 1.7. Do Molecular and Immunological Classifications Have Clinical Implications Today?

Module 2. Upper Gastrointestinal Tract Tumors

- 2.1. Differences between Squamous Carcinoma and Esophagus Adenocarcinoma
- 2.2. Endoscopic Aspects of Esophageal Cancer: Diagnosis and Staging
- 2.3. Clinical Impact of 18F-FDG PET/CT in the Therapeutic Management of Patients with Esophageal Cancer
- 2.4. Endoscopic Treatment of Superficial Esophageal Neoplasms
- 2.5. Conventional Surgical Approach to Esophageal Carcinoma
- 2.6. Minimally Invasive and Robotic Surgery of Esophageal Cancer
- 2.7. Evolution in Neoadjuvant and Adjuvant Treatment of Esophageal Cancer
- 2.8. Management of Metastatic Esophageal Cancer
- 2.9. Diagnosis and Staging of Gastric Adenocarcinoma
- 2.10. Minimally Invasive and Robotic Surgery of Gastric Cancer
- 2.11. Lymphadenectomy Extension in Gastric Cancer
- 2.12. Neoadjuvant and Adjuvant Treatment in Gastric Cancer: What Is the Optimal Approach?
- 2.13. The role of radiotherapy treatment in the management of gastric cancer
- 2.14. National Registry of Advanced Gastric Cancer (AGAMENON)
- 2.15. First-Line Treatment of HER2-Negative Metastatic Gastric Cancer
- 2.16. Second-Line Treatment of HER2-Negative Metastatic Gastric Cancer
- 2.17. Metastatic Gastric Cancer: Impact of Drugs Targeting the HER2 Pathway
- 2.18. Metastatic Gastric Cancer: Impact of Immune Checkpoint Inhibitors

Module 3. Lower Gastrointestinal Tract Tumors

- 3.1. Colorectal Cancer: Epidemiology, Etiology and Incidence
- 3.2. Molecular Mechanisms Involved in the Invasion and Metastasis Process in Digestive Tumors
- 3.3. Early Detection Program for Colon and Rectum Cancer
- 3.4. Molecular Classification of Colon Cancer: New insights
- 3.5. Biomarkers in Colorectal Cancer
- 3.6. Familial forms of colorectal cancer (polyposis-associated and nonpolyposis-associated)
- 3.7. Cancer associated with chronic Inflammatory Bowel Diseases and the treatments received
- 3.8. Diagnosis and Endoscopic Management of Polyps and Advanced Lesions
- 3.9. Clinical Impact of FDG-PET/CT in the Staging of Colorectal Cancer
- 3.10. Role of Endoscopic Ultrasonography (EUS) and Magnetic Resonance Imaging in the staging of rectal cancer
- 3.11. Laparoscopic vs. robotic colon cancer surgery
- 3.12. Surgical Management of Familial Non-Polyposis Colon Cancer
- 3.13. Surgery for Familial Adenomatous Polyposis
- 3.14. Current Adjuvant Treatment of Colon Cancer and Proposals for the Future in the Adjuvant Treatment of Colon Cancer
- 3.15. Total Mesorectal Excision: Open, Laparoscopic and Robotic
- 3.16. Transanal Approach to Rectal Tumors
- 3.17. Neoadjuvant Treatment in Rectal Cancer
- 3.18. Observe and Wait for Low Rectal Cancers after Neoadjuvant Therapy with Complete Clinical Response
- 3.19. Invasive pelvic tumors: pelvic exenteration
- 3.20. Therapeutic Advances in Colon and Rectal Cancer: Improving Patient Survival Day by Day
- 3.21. What Is the Best Treatment Option After Second Line Therapy in Advanced Colorectal Cancer?
- 3.22. Acquired Resistance to EGFR Antibodies: How to Manage
- 3.23. Immunotherapy in Metastatic Colorectal Cancer
- 3.24. Rectal Cancer with Synchronous and Resectable Liver Metastases
- 3.25. Management of Colorectal Cancer Liver Metastases
- 3.26. Total excision of the mesocolon: when, how, why
- 3.27. Role of Endoscopy in the Management of Advanced Colorectal Cancer

Module 4. Other Digestive Tract Tumors

- 4.1. Appendicular Tumors
- 4.2. Peritoneal Carcinomatosis
- 4.3. Treatment of Localized Anal Cancer
- 4.4. Treatment of Locally Advanced Cancer
- 4.5. Treatment of Radiation Therapy in Colon Cancer
- 4.6. Treatment of Metastatic Anal Cancer
- 4.7. Neuroendocrine Tumors of the Small Intestine
- 4.8. Neuroendocrine Tumors of the Pancreas
- 4.9. Surgical Treatment of Non-Functioning Neuroendocrine Pancreas Tumors
- 4.10. Surgical Treatment of Gastrinoma
- 4.11. Surgical Treatment of Insulinoma
- 4.12. Pancreas Endocrine Tumors Surgery: Glucagonoma, Vipoma
- 4.13. Overview of Systemic Treatment of Metastatic Neuroendocrine Tumors in the Pancreatic Gastroenteropancreatic Tract
- 4.14. Biology, Diagnosis and Management of Gastrointestinal Stromal Tumors (GIST)
- 4.15. Surgical Treatment of Gastrointestinal Stromal Tumors (GIST)
- 4.16. GIST as a Model of Translational Research: 15 Years of Experience
- 4.17. Gastric MALT Lymphoma
- 4.18. Lymphomas in Other Digestive Regions
- 4.19. The Role of 18F-FDG PET/CT in GI Stromal Tumors

Module 5. Pancreatic Cancer, Biliary Tract Tumors and Hepatocarcinoma

- 5.1. Epidemiology, Risk Factors and Diagnosis of Pancreatic Cancer
- 5.2. Use of Endoscopic retrograde Cholangiopancreatography (ERCP) in Patients with Pancreatic Masses and Biliary Tract Obstruction
- 5.3. Use of Endoscopic Ultrasonography (EUS) in Pancreatic Cancer Patients or Pancreatic Masses
- 5.4. Endosonographic Cholangiopancreatography (CEPEUS) in Pancreatic Masses and Biliary Tract Obstruction
- 5.5. Diagnostic Modalities for Defining Pancreatic Cancer Resectability (CT, EUS, MRI)
- 5.6. Clinical Impact of PET/CT with 18F-FDG in the Therapeutic Management of Patients with Pancreas Cancer
- 5.7. Borderline Resectable Pancreatic Cancer
- 5.8. Laparoscopic Distal Pancreatectomy: Indications and Technique
- 5.9. Cephalic pylorus-sparing duodenopancreatectomy versus Whipple in pancreatic cancer
- 5.10. Surgical Treatment of Ampulomas

- 5.11. Adjuvant and Neoadjuvant Radiotherapy Treatment for Pancreatic Cancer
- 5.12. Adjuvant and Neoadjuvant Radiotherapy Treatment for Pancreatic Cancer
- 5.13. Advances in the Treatment of Patients with Metastatic Pancreatic Cancer
- 5.14. Screening for Familial and Hereditary Pancreatic Cancer
- 5.15. Cystic Lesions of the Pancreas of Neoplastic Origin
- 5.16. Surgery for Cystic Tumors of the Pancreas
- 5.17. Epidemiology, Risk Factors and Diagnosis of Cholangiocarcinoma and Gallbladder Cancer
- 5.18. What to Do with Cholangiocarcinoma
- 5.19. Advances in the Treatment of Patients with Cholangiocarcinoma and Gallbladder Cancer
- 5.20. Epidemiology, Risk Factors and Diagnoses for Hepatocellular Carcinoma
- 5.21. Staging and Treatment of Hepatocellular Carcinoma
- 5.22. Resective Treatment vs. Liver Transplantation in Hepatocellular Carcinoma
- 5.23. Drainage of Malignant Biliary Obstruction by Interventional Radiology
- 5.24. First and Second Line of Systemic Therapy in Hepatocellular Carcinoma
- 5.25. Recurrence of Hepatocellular Carcinoma after Transplantation
- 5.26. Locally advanced disease with vascular involvement: local versus systemic therapy?

Module 6. Collaboration in the Management of Oncology Patients

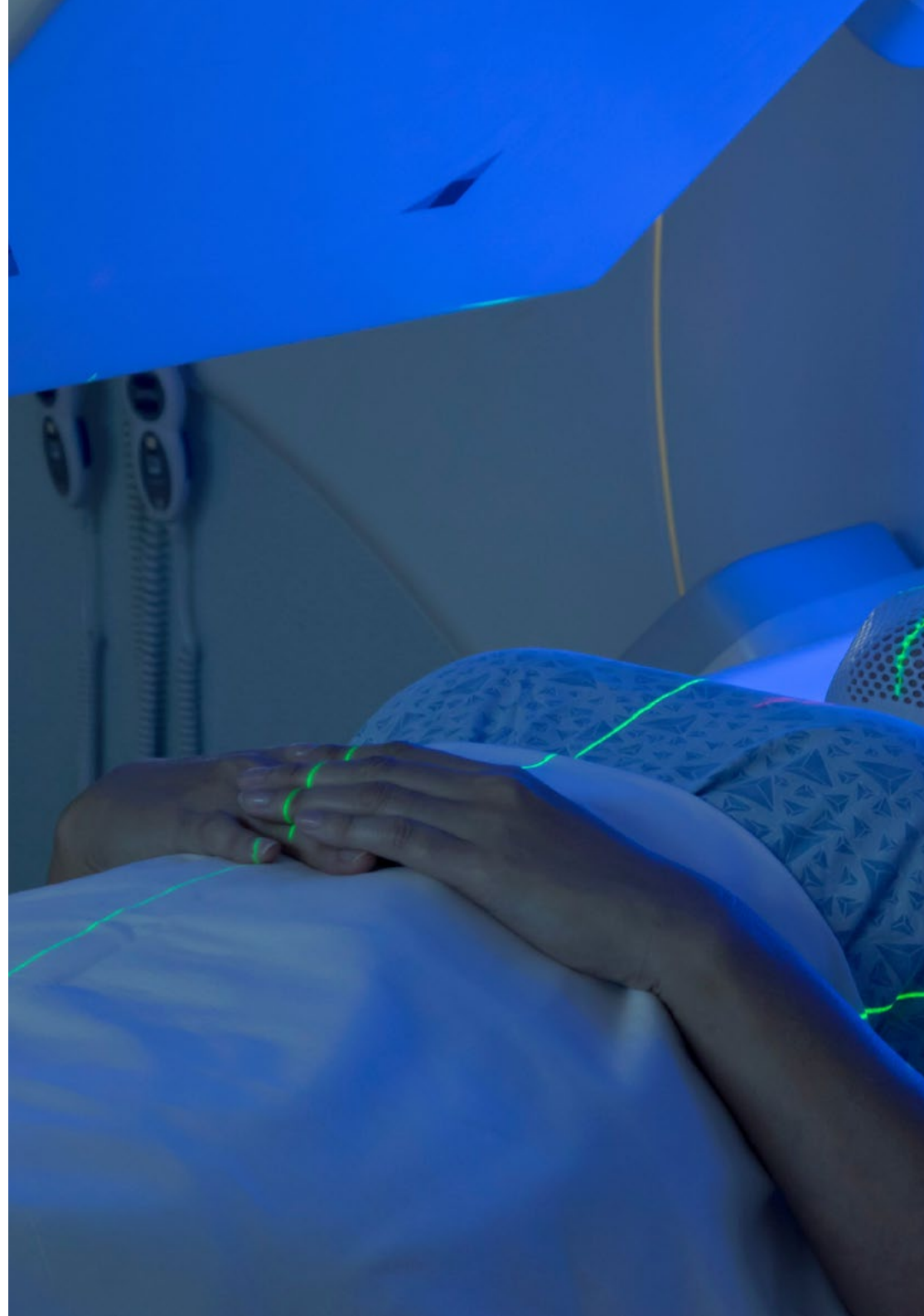
- 6.1. Pre-oncologic assessment in the elderly
- 6.2. Prescription of Physical Exercise in the Oncologic Patient. Prehabilitation
- 6.3. Informed Consent: Are We Really Informing Our Patients?
- 6.4. Palliative Management of Symptoms in Gastrointestinal Tumors
- 6.5. Palliative Surgical Treatment
- 6.6. Why do Patients with Gastrointestinal Tumors Attend the Emergency Department and How Can Outcomes Be Improved?
- 6.7. Management of Infectious Comorbidities
- 6.8. Management of Cardiovascular Comorbidities
- 6.9. Neurologic Comorbidity Management
- 6.10. Management of Endocrinological Comorbidities
- 6.11. Management of Nutritional Comorbidities
- 6.12. Gastrointestinal Tumors in the Elderly
- 6.13. Outpatient Care of Patients with Digestive System Oncology Pathology

Module 7. Oncologic endoscopy

- 7.1. Chromoendoscopy
 - 7.1.1. Magnification in endoscopy
 - 7.1.2. Classification of injuries in the gastrointestinal tract
 - 7.1.3. Quality Criteria in Endoscopy
 - 7.1.4. Sedation in endoscopy
 - 7.1.5. Management of antiplatelet and anticoagulant medications
 - 7.1.6. Electrosurgical units
 - 7.1.7. Types of prostheses used in oncologic endoscopy
- 7.2. Online chromoendoscopy
 - 7.2.1. Virtual Chromoendoscopy
 - 7.2.2. Types of Virtual Chromoendoscopy

Module 8. Echoendoscopy and ERCP

- 8.1. Types of echoendoscopy probes: radial, linear and mini-probe systems
- 8.2. Types of needle used in echoendoscopy-guided FNA
- 8.3. Contrast in echoendoscopy
- 8.4. Gastroenteroanastomosis in the EUS-guided oncologic patient
- 8.5. Neurolysis of the celiac plexus, alcoholysis and EUS-guided marker placement
- 8.6. Equipment used during ERCP: cannulas, sphincterotome and balloons
- 8.7. ERCP techniques: pre-cutting, rendez vous, cytology, biopsy and others
- 8.8. Ampullary Lesions. Ampulectomy
- 8.9. Echoendoscopy and ERCP in patients with post-surgical anatomical alterations. Indications and Contraindications
- 8.10. Complications and their management in EUS and ERCP



Module 9. Resection techniques

- 9.1. Polypectomy and mucosectomy
- 9.2. Material used for polypectomy and mucosectomy
 - 9.2.1. Tweezers
 - 9.2.2. Cold and diathermy handles
 - 9.2.3. Programming of electrosurgical unit
- 9.3. Excision of lesions according to size
 - 9.3.1. Lesions smaller than 20 mm
 - 9.3.2. Lesions larger than 20 mm
- 9.4. Types of endoscopic mucosal resection
- 9.5. Endoscopic submucosal Dissection. General Indications
- 9.6. A Learning Curve
- 9.7. Material used in endoscopic submucosal dissection
 - 9.7.1. Types of scalpels
 - 9.7.2. Solutions for submucosal injection
 - 9.7.3. Types of caps
- 9.8. Traction methods
- 9.9. Subsequent management after excision
 - 9.9.1. Fixation of the lesion
 - 9.9.2. Criteria for curative resection
- 9.10. Management of complications in lesion resection
 - 9.10.1. Bleeding
 - 9.10.2. Perforation
 - 9.10.3. Cicatricial stenosis

Module 10. Oesophageal

- 10.1. Risk factors for the development of squamous cell carcinoma and adenocarcinoma
- 10.2. Barrett's Oesophagus
 - 10.2.1. Diagnosis
 - 10.2.2. Monitoring
- 10.3. Treatment of Barrett's esophagus
 - 10.3.1. Indications
 - 10.3.2. Resection of visible lesions
 - 10.3.3. Radiofrequency
- 10.4. Endoscopic features of superficial tumor lesions
- 10.5. Treatment of superficial esophageal tumor lesions
- 10.6. Staging of esophageal carcinoma, role of endoscopic ultrasound
- 10.7. Endoscopic treatment of advanced esophageal carcinoma
 - 10.7.1. Esophageal prosthesis
 - 10.7.2. Gastronomy
- 10.8. Management of post-surgical complications
 - 10.8.1. Anastomotic stenosis
 - 10.8.2. Suture dehiscence
- 10.9. Submucosal lesions, diagnosis and treatment

Module 11. Stomach

- 11.1. Risk factors for the development of gastric cancer and population screening, atrophic gastritis with metaplasia
- 11.2. Gastric polyps
 - 11.2.1. Fundic gland polyps
 - 11.2.2. Hyperplastic polyps
 - 11.2.3. Adenomatous polyps
 - 11.2.4. Others
- 11.3. Treatment of Superficial Gastric Neoplasms
- 11.4. Characteristics of Early Gastric Cancer
- 11.5. Staging Information About Gastric, Role Gastroesophageal Echoendoscopy Cancer
- 11.6. Endoscopic management of postoperative complications
- 11.7. Gastric Lesions GIST, leiomyoma

- 11.8. Treatment of gastric submucosal lesions
- 11.9. Gastric carcinoids
- 11.10. Endoscopic findings in hereditary syndromes
- 11.11. Gastric lymphomas

Module 12. Small Intestine

- 12.1. Types of small bowel lesions
- 12.2. Endoscopic capsule
- 12.3. Capsule endoscopy contraindications and role of Agile Patency
- 12.4. Single-balloon and double-balloon enteroscopy
- 12.5. Spiral enteroscopy
- 12.6. Alternative diagnostic and therapeutic methods to diagnosis with endoscopic techniques
- 12.7. Endoscopic treatment of superficial tumor lesions
- 12.8. Management of duodenal polyps and periampullary lesions
- 12.9. Indications for small bowel exploration in patients with hereditary syndromes
- 12.10. Intestinal lymphomas

Module 13. Colon and Rectum

- 13.1. Risk Factors for the Development of Colorectal Cancer
- 13.2. Population Screening
- 13.3. Adenomatous polyps of the colon
- 13.4. Serrated polyps
- 13.5. Endoscopic characterization of superficial colon neoplasms, risk of submucosal invasion
- 13.6. Treatment of superficial neoplasms
- 13.7. Endoscopic follow-up after removal of superficial neoplasms
- 13.8. Role of endoscopy in the finding of infiltrating neoplasms of the colon
 - 13.8.1. Marking of lesions
 - 13.8.2. Use of prosthesis
- 13.9. Endoscopic management of complications in rectal surgeries
 - 13.9.1. Stenosis
 - 13.9.2. Suture dehiscence
- 13.10. Colon cancer screening in inflammatory bowel disease
- 13.11. Submucosal lesions of colon and rectum
- 13.12. Endoscopic findings in patients with hereditary syndromes

Module 14. Pancreas

- 14.1. Adenocarcinoma of the pancreas
 - 14.1.1. Epidemiology, clinical presentation and risk factors
 - 14.1.2. Diagnosis and staging of the disease: role of echoendoscopy
- 14.2. Endoscopic management (ERCP/USE) of bile duct obstruction in pancreatic cancer
- 14.3. Endoscopic management of duodenal stricture in pancreatic cancer (prosthesis and gastrojejunal bypass)
- 14.4. Echoendoscopy-guided treatment options in pancreatic cancer
- 14.5. Pancreatic cancer screening by echoendoscopy
- 14.6. Pancreatic neuroendocrine tumors (pNET)
 - 14.6.1. Epidemiological data, classification and risk factors
 - 14.6.2. Role of echoendoscopy in diagnosis, staging, and management
 - 14.6.3. Endoscopic treatment
- 14.7. Other pancreatic tumors: inflammatory mass, pseudopapillary neoplasm, lymphoma
- 14.8. Pancreatic cystic tumors
 - 14.8.1. Differential Diagnosis
 - 14.8.2. Serous, mucinous cystadenoma and TPML
- 14.9. Role of Endoscopy (EUS and ERCP) in the diagnosis and follow-up of pancreatic cystic lesions
- 14.10. EUS-guided treatment of pancreatic cystic lesions

Module 15. Gallbladder and bile duct

- 15.1. Cholangiocarcinoma
 - 15.1.2. Epidemiology and risk factors
- 15.2. Intrahepatic cholangiocarcinoma
 - 15.2.1. Subtypes and diagnosis
- 15.3. Extrahepatic cholangiocarcinoma
 - 15.3.1. Clinical Introduction and Diagnosis
- 15.4. Staging of bile duct tumors, Role of echoendoscopy
- 15.5. Endoscopic drainage of the biliary tract, role of ERCP

- 15.6. Endoscopic complications in biliary tract drainage
- 15.7. Alternatives to endoscopic biliary drainage by ERCP
- 15.8. Cystic lesions of the biliary tract
 - 15.8.1. Types of biliary cysts
 - 15.8.2. Diagnosis and treatment of biliary cystic lesions
- 15.9. Gallbladder Carcinoma
 - 15.9.1. Risk Factors
 - 15.9.2. Ultrasound endoscopy as a diagnostic tool

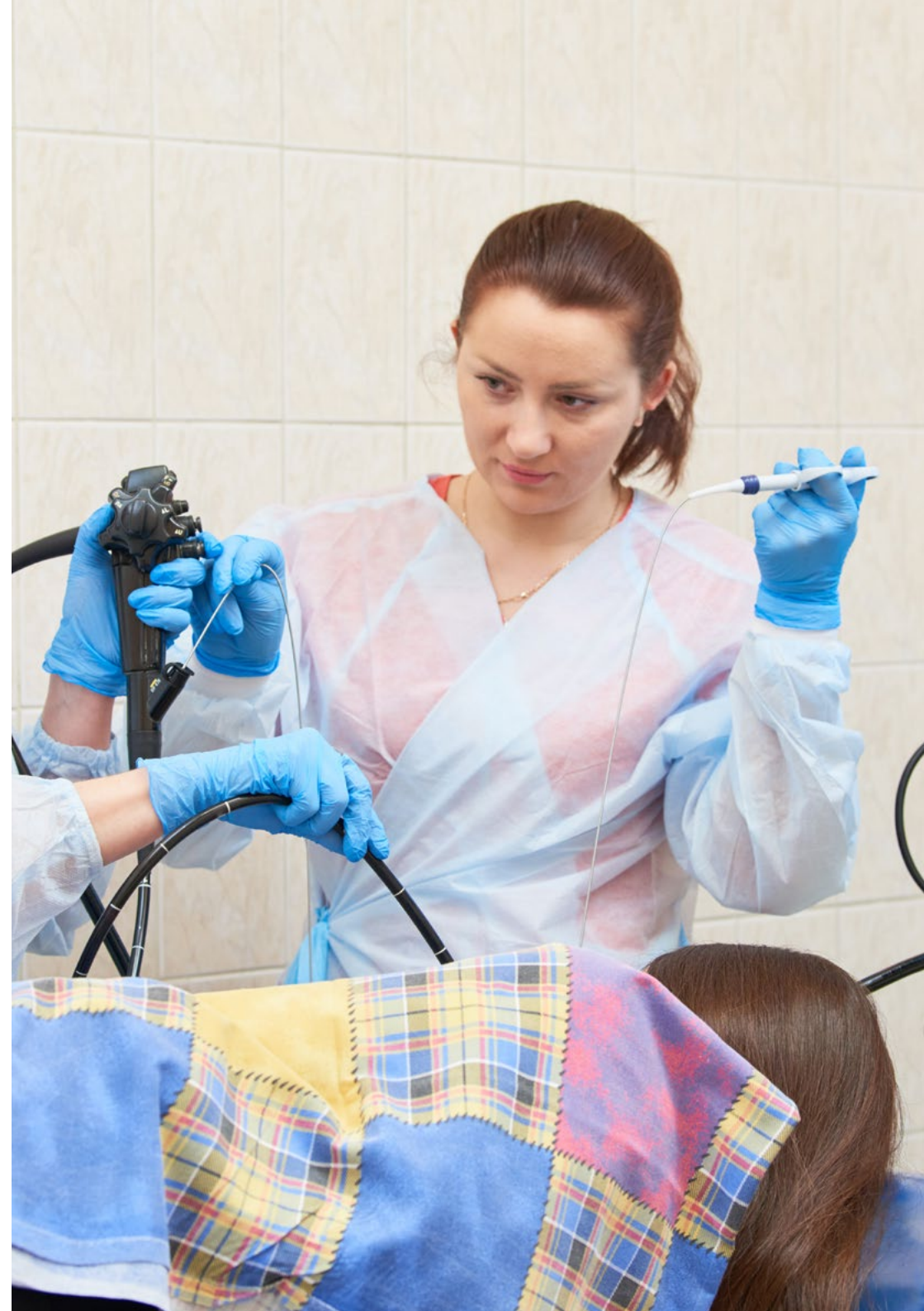
Module 16. Latest advances in endoscopy

- 16.1. *Full-Thickness resection*
- 16.2. Radiofrequency of biliary tract tumors
- 16.3. Cholangioscopy, use in oncological pathology
- 16.4. Artificial intelligence to enhance lesion diagnosis during endoscopy
- 16.5. Endoscopic suture systems, not only for bariatric endoscopy
- 16.6. Panendoscopy, use of colonic capsule when colonoscopy could not be complete
- 16.7. Rectal radiofrequency in actinic proctitis after radiotherapy
- 16.8. Excision of lesions using a combination of surgical and endoscopic techniques

Module 17. Digestive oncologic surgery

- 17.1. Surgical Anatomy of the Abdomen
 - 17.1.1. Anatomy of the abdominal cavity
 - 17.1.2. Esophagogastric anatomy
 - 17.1.3. Hepatobiliary anatomy
 - 17.1.4. Colorectal anatomy
- 17.2. Prehabilitation. Multimodal rehabilitation
 - 17.2.1. Prehabilitation
 - 17.2.2. Intraoperative measurements
 - 17.2.3. Postoperative measures
- 17.3. Fundamentals of Nutrition in Oncologic Digestive Oncologic Surgery
 - 17.3.1. Determination of nutritional status
 - 17.3.2. Consequences of malnutrition
 - 17.3.3. Measures to improve preoperative nutritional status

- 17.4. Anesthesia in Oncologic Digestive Surgery
 - 17.4.1. Preparation for anesthesia
 - 17.4.2. The importance of anesthesia in Oncologic Surgery
 - 17.4.3. Anesthesia in complex surgeries
- 17.5. Post-Surgical Resuscitation
 - 17.5.1. Patient optimization after surgery
 - 17.5.2. Detection of early complications
 - 17.5.3. Sepsis and systemic inflammatory response
- 17.6. Palliative Surgery in Digestive Oncology
 - 17.6.1. What is palliation?
 - 17.6.2. When do we talk about palliation?
 - 17.6.3. Palliative surgical techniques
- 17.7. Fundamentals of Emergency Surgery in Digestive Oncology
 - 17.7.1. Urgent situations in Oncologic Surgery
 - 17.7.2. Urgent esophagogastric surgery
 - 17.7.3. Urgent hepatobiliary surgery
 - 17.7.4. Urgent colorectal surgery
- 17.8. Molecular Basis of Digestive Oncology
- 17.9. Interaction between systemic treatments and surgery
 - 17.9.1. Mechanism of action of systemic oncological treatments
 - 17.9.2. Interaction and consequences on surgery
 - 17.9.3. Measures to minimize surgical complications related to systemic contraction
- 17.10. Radiation Oncology in Digestive Oncologic Surgery
 - 17.10.1. Fundamental concepts of Radiotherapy
 - 17.10.2. Principles of radiotherapy in the different organs of the digestive tract
 - 17.10.3. Side effects of radiotherapy on the gastrointestinal tract. Prevention and Treatment



Module 18. Complementary studies in digestive tumors

- 18.1. Role of conventional radiological techniques
 - 18.1.1. Initial Diagnosis
 - 18.1.2. Extension study in patients with digestive tumors
 - 18.1.3. Treatment Plan
- 18.2. Role of conventional radiology in the early diagnosis and follow-up of patients with digestive tumors
 - 18.2.1. Ultrasound
 - 18.2.2. CAT
 - 18.2.3. MRI
- 18.3. Role of interventional radiology in digestive tumors
 - 18.3.1. Diagnostic Techniques
 - 18.3.2. Participation in treatment
 - 18.3.3. Role in the management of complications
- 18.4. Nuclear medicine in the management of digestive tumors
 - 18.4.1. Diagnostic Techniques
 - 18.4.2. Role in treatment
 - 18.4.3. Radioguided Surgery
- 18.5. Anatomopathologic Diagnosis. Beyond morphology
 - 18.5.1. Importance of intraoperative biopsy
 - 18.5.2. Handling of fresh workpiece and study of margins
 - 18.5.3. Histological risk factors
 - 18.5.4. Standardization of reports
- 18.6. Molecular Diagnoses
 - 18.6.1. Concept of molecular diagnostics
 - 18.6.2. Cancer panels
 - 18.6.3. From diagnosis to the design of personalized therapies
- 18.7. Genetic study in patients with risk factors for digestive tumors
 - 18.7.1. Hereditary syndromes associated with digestive tumors
 - 18.7.2. Detection of patients at risk
 - 18.7.3. Follow-up and prophylactic treatment in at-risk patients

- 18.8. Diagnostic techniques in digestive tumors performed by surgeons
- 18.9. Microbiome and digestive tumors
 - 18.9.1. Microbiota concept
 - 18.9.2. Role of the microbiome in carcinogenesis
 - 18.9.3. The role of the microbiome in the early diagnosis and prevention of digestive tumors
- 18.10. Preoperative assessment of the elderly patient
 - 18.10.1. Surgical risk scales
 - 18.10.2. Concept of Fragility
 - 18.10.3. Prehabilitation in the elderly

Module 19. Colorectal oncologic surgery

- 19.1. Colorectal Cancer
 - 19.1.1. Epidemiology and Etiopathogenesis
 - 19.1.2. Diagnosis and Staging
 - 19.1.3. Follow-up and prognosis of colorectal adenocarcinoma
- 19.2. Polyposis syndromes
 - 19.2.1. Diagnosis
 - 19.2.2. Treatment
 - 19.2.3. Monitoring
- 19.3. Endoscopic management of precursor lesions and early cancer
 - 19.3.1. Biliopancreatic Precursor Lesions
 - 19.3.2. Early cancer
 - 19.3.3. Decisions after endoscopic resection
- 19.4. Surgical treatment of colon cancer. Fundamental concepts about ostomies
 - 19.4.1. Right colon
 - 19.4.2. Transverse colon
 - 19.4.3. Left colon
 - 19.4.4. Colostomies and ileostomies

- 19.5. Surgical anatomy of the pelvis
 - 19.5.1. General Concepts
 - 19.5.2. Male Pelvis
 - 19.5.3. Female pelvis
- 19.6. Surgical treatment of rectal cancer
 - 19.6.1. Early Stages
 - 19.6.2. Advanced Stages
 - 19.6.3. Functional sequelae
- 19.7. Medical Oncology in Colorectal Cancer
 - 19.7.1. Non-metastatic colorectal cancer
 - 19.7.2. Metastatic colorectal cancer
 - 19.7.3. Palliative treatment
- 19.8. Radiation Oncology in Colorectal Cancer
 - 19.8.1. Radiotherapy in rectal cancer
 - 19.8.2. Radiotherapy in pelvic recurrence
 - 19.8.3. Radiotherapy in special situations
- 19.9. Total neoadjuvant treatment in rectal cancer. *Watch and wait*
 - 19.9.1. TNT concept and rationale
 - 19.9.2. Current TNT schemes
 - 19.9.3. Watch and wait concept, handling and indications
- 19.10. Surgical treatment in special situations
 - 19.10.1. Pelvic relapse of rectal cancer
 - 19.10.2. Positive pelvic adenopathies in rectal cancer
 - 19.10.3. Retroperitoneal lymph node recurrence: Surgery vs. Radiotherapy

Module 20. Esophagogastric oncologic surgery

- 20.1. General aspects of esophageal cancer
 - 20.1.1. Epidemiology and Etiopathogenesis
 - 20.1.2. classification and diagnosis
 - 20.1.3. Follow-up and prognosis
- 20.2. Surgical treatment of esophageal cancer
 - 20.2.1. Types of Anastomosis
 - 20.2.2. Standard and extended lymphadenectomy
 - 20.2.3. Alternatives to gastric plasty reconstruction
- 20.3. Endoscopic and interventional treatment of esophageal cancer
 - 20.3.1. Treatment of precursor lesions
 - 20.3.2. Early cancer treatment
 - 20.3.3. Palliative treatment
 - 20.3.4. Management of complications
- 20.4. Esophagogastric junction cancer
 - 20.4.1. Controversies in the management of GEU cancer
 - 20.4.2. Approach according to the new clinical guidelines
 - 20.4.3. Lymphadenectomy and surgical approach
- 20.5. Gastric Cancer Overview
 - 20.5.1. Epidemiology and Etiopathogenesis
 - 20.5.2. classification and diagnosis
 - 20.5.3. Follow-up and prognosis
- 20.6. Surgical treatment of gastric cancer
 - 20.6.1. Anastomosis
 - 20.6.2. Technical basis of Lymphadenectomy
 - 20.6.3. Treatment of non-adenocarcinoma tumors
 - 20.6.4. Endoscopic treatment
- 20.7. Oncologic therapies in esophagogastric tumors
 - 20.7.1. Neoadjuvant and adjuvant chemotherapy
 - 20.7.2. Neoadjuvant and adjuvant radiation therapy
 - 20.7.3. New oncology therapies: immunotherapy

- 20.8. Complications of esophagogastric cancer surgery
 - 20.8.1. Immediate Postoperative Complications
 - 20.8.2. Post-astrectomy sequelae
 - 20.8.3. Poseophagectomy sequelae
- 20.9. Intensified recovery in esophagogastric surgery
 - 20.9.1. Prehabilitation
 - 20.9.2. Optimization
 - 20.9.3. Clinical pathway
- 20.10. Research and innovation in esophagogastric oncologic oncologic surgery

Module 21. Innovation, research and development in digestive oncologic surgery

- 21.1. Basic research in oncological surgery
 - 21.1.1. Introduction to genomics
 - 21.1.2. Introduction to proteomics
 - 21.1.3. Introduction to cytometry
- 21.2. Platforms for testing new therapies
 - 21.2.1. Animal Models
 - 21.2.2. 2D cellular models
 - 21.2.3. 3D organoid models
- 21.3. Clinical research in oncological surgery
 - 21.3.1. Clinical trial design
 - 21.3.2. Sources of Financing
 - 21.3.3. Introduction to grant application methodology
- 21.4. Big data, artificial intelligence and the use of neural networks in oncology research
 - 21.4.1. Introduction to Big Data
 - 21.4.2. Artificial intelligence in oncological surgery
 - 21.4.3. Use of neural networks in oncology research
- 21.5. Fluorescence techniques and applications in advanced oncologic surgery
 - 21.5.1. Use of fluorescence in oncologic surgery
 - 21.5.2. Techniques of use, doses, times
 - 21.5.3. Results

- 21.6. Navigation systems, 3D models and intraoperative online virtual reality in the oncologic disease approach
 - 21.6.1. Browsing Systems
 - 21.6.2. Utility and application of 3D models
 - 21.6.3. Intraoperative online virtual reality
- 21.7. Minimally invasive approach in complex oncologic surgery
 - 21.7.1. Minimally invasive approach concept and modalities
 - 21.7.2. Description of the different modalities
 - 21.7.3. Robotics
- 21.8. Intraoperative ablative and adjuvant techniques in oncologic surgery
 - 21.8.1. Intraoperative ablation techniques: mechanism of action
 - 21.8.2. Differences, advantages and disadvantages
 - 21.8.3. Intraoperative radiotherapy
- 21.9. Liquid biopsy and circulating DNA as diagnostic and prognostic methods in advanced neoplastic disease
 - 21.9.1. What is liquid biopsy?
 - 21.9.2. How is a liquid biopsy performed?
 - 21.9.3. Liquid biopsy applications
- 21.10. New oncology treatment lines
 - 21.10.1. Target therapy in digestive oncology and sarcomas
 - 21.10.2. Immunotherapy in digestive tumors
 - 21.10.3. CAR-T Therapy



The teaching materials of this program, elaborated by these specialists, have contents that are completely applicable to your professional experiences”

06

Methodology

This academic program offers students a different way of learning. Our methodology uses a cyclical learning approach: ***Relearning.***

This teaching system is used, for example, in the most prestigious medical schools in the world, and major publications such as the **New England Journal of Medicine** have considered it to be one of the most effective.



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Discover Relearning, a system that abandons conventional linear learning, to take you through cyclical teaching systems: a way of learning that has proven to be extremely effective, especially in subjects that require memorization"

At TECH we use the Case Method

What should a professional do in a given situation? Throughout the program, students will face multiple simulated clinical cases, based on real patients, in which they will have to do research, establish hypotheses, and ultimately resolve the situation. There is an abundance of scientific evidence on the effectiveness of the method. Specialists learn better, faster, and more sustainably over time.

With TECH you will experience a way of learning that is shaking the foundations of traditional universities around the world.



According to Dr. Gervas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching power or because of its uniqueness or rarity. It is essential that the case is based on current professional life, trying to recreate the real conditions in the physician's professional practice.

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Did you know that this method was developed in 1912, at Harvard, for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method”

The effectiveness of the method is justified by four fundamental achievements:

1. Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that evaluate real situations and the application of knowledge.
2. Learning is solidly translated into practical skills that allow the student to better integrate into the real world.
3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.



Relearning Methodology

At TECH we enhance the case method with the best 100% online teaching methodology available: Relearning.

This university is the first in the world to combine the study of clinical cases with a 100% online learning system based on repetition, combining a minimum of 8 different elements in each lesson, a real revolution with respect to the mere study and analysis of cases.

Professionals will learn through real cases and by resolving complex situations in simulated learning environments. These simulations are developed using state-of-the-art software to facilitate immersive learning.



At the forefront of world teaching, the Relearning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best online university (Columbia University).

With this methodology, more than 250,000 physicians have been trained with unprecedented success in all clinical specialties regardless of surgical load. Our pedagogical methodology is developed in a highly competitive environment, with a university student body with a strong socioeconomic profile and an average age of 43.5 years old.

Relearning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by TECH's learning system is 8.01, according to the highest international standards.



This program offers the best educational material, prepared with professionals in mind:



Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is highly specific and precise.

These contents are then applied to the audiovisual format, to create the TECH online working method. All this, with the latest techniques that offer high quality pieces in each and every one of the materials that are made available to the student.



Surgical Techniques and Procedures on Video

TECH introduces students to the latest techniques, the latest educational advances and to the forefront of current medical techniques. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch the videos as many times as you like.



Interactive Summaries

The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".



Additional Reading

Recent articles, consensus documents and international guidelines, among others. In TECH's virtual library, students will have access to everything they need to complete their course.





Expert-Led Case Studies and Case Analysis

Effective learning ought to be contextual. Therefore, TECH presents real cases in which the expert will guide students, focusing on and solving the different situations: a clear and direct way to achieve the highest degree of understanding.



Testing & Retesting

We periodically evaluate and re-evaluate students' knowledge throughout the program, through assessment and self-assessment activities and exercises, so that they can see how they are achieving their goals.



Classes

There is scientific evidence on the usefulness of learning by observing experts. The system known as Learning from an Expert strengthens knowledge and memory, and generates confidence in future difficult decisions.



Quick Action Guides

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help students progress in their learning.



07

Certificate

This Advanced Master's Degree in Comprehensive Gastrointestinal Oncology guarantees students, in addition to the most rigorous and up-to-date education, access to a Professional Master's Degree issued by TECH Technological University.



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Successfully complete this program and receive your university qualification without having to travel or fill out laborious paperwork”

This **Advanced Master's Degree in Comprehensive Gastrointestinal Oncology** contains the most complete and up-to-date scientific program on the market.

After the student has passed the assessments, they will receive their corresponding **Advanced Master's Degree** issued by **TECH Technological University** via tracked delivery*.

The certificate issued by **TECH Technological University** will reflect the qualification obtained in the Advance Master's Degree, and meets the requirements commonly demanded by labor exchanges, competitive examinations, and professional career evaluation committees.

Title: **Advanced Master's Degree in Allergology**

Official N° of hours: **3,000 h.**



*Apostille Convention. In the event that the student wishes to have their paper certificate issued with an apostille, TECH EDUCATION will make the necessary arrangements to obtain it, at an additional cost.

future
health confidence people
education information tutors
guarantee accreditation teaching
institutions technology learning
community commitment
personalized service innovation
knowledge present quality
development languages
virtual classroom



Advanced Master's
Degree
Comprehensive
Gastrointestinal Oncology

- » Modality: online
- » Duration: 2 years
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

Advanced Master's Degree
Comprehensive
Gastrointestinal Oncology

