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Refer a Patient			
Wellwale Burra	•	^	•
ABOUT US			
Our mission, vision & core values			
<u>Leadership</u>			
History			
Equality, diversity & inclusion			
Annual report			
Give to MSK			
pancytopenia;			
leukocytosis;			
organomegaly;			
bone pain;			
lymphadenopathy.			

Pediatric malignancies, including their pathophysiology, epidemiology, clinical features, and treatment:

acute lymphoblastic and myelogenous leukemia; Hodgkin's disease; non-Hodgkin's lymphoma; chronic myelogenous leukemia; brain tumors; neuroblastoma; bone and soft tissue sarcomas; Wilms' tumor; retinoblastomas; hepatic tumors; germ cell tumors;

uncommon tumors of childhood and adolescence.

The key nonmalignant disease entities managed by the pediatric oncologist, including their pathophysiology, epidemiology, clinical features, and treatment, are as follows:

histiocytosis;

hemangiomas;

myelodysplastic syndrome.

Supportive care of the pediatric oncology patient, including:

febrile neutropenia;

catheter-related infection and thrombosis;

bacteremia and invasive fungal infection;

septic shock;

transfusion of blood products;

cytokine therapy;

pain management;

prevention, diagnosis, and management of cancer treatment-related toxicity;

palliative and end-of-life care.

The Pediatric Oncology Service

The Division of Pediatric Hematology/Oncology is composed of the chief and four additional attendings —working full time. One is in charge of the Pediatric Oncology Program. All the attendings cross-cover oncology patients and are involved in the fellows' education and supervision. The Pediatric Oncology Program includes one full-time pediatric nurse practitioner.

Inpatient Rotation (NYPH)

During the inpatient rotations, the pediatric oncology team, consisting of one fellow and an attending in collaboration with a nurse practitioner, supervises the management of pediatric oncology patients and pediatric inpatients referred for consult. Fellows are intimately involved in the initial diagnostic workup of suspected pediatric cancers on the Pediatric Inpatient Units, including the general pediatric ward, the Pediatric Intensive Care Unit, the Neonatal Intensive Care Unit, and the Pediatric Emergency Department.

The inpatient fellow takes an active role in the care of inpatients, including:

daily review of interval history with house staff;

daily physical examination and assessment;

administration of chemotherapy medications and early recognition and management of complications;

review of test results (laboratory, pathology, and radiology) with the attending physician;

daily treatment plan; and

hospital discharge planning.

A manual of standard guidelines is available for reference and is updated annually. The fellow learns to review cooperative group protocols. This includes the review of the specific aims of the various protocols and the supporting literature.

Outpatient Rotation (NYPH)

Fellows rotate through the Pediatric Hematology/Oncology Clinic during the first year. Emphasis is placed on recently diagnosed patients and issues related to their long-term follow-up.

PREVIOUS

Pediatric BMT Service

NEXT

- Connect
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Locations
APPOINTMENTS
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About us
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Giving.
- Cancer Care
Adult cancer types
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