TECH Master’s Degree
Digestive System Oncology

With scientific endorsement from:

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TECH Master’s Degree
Digestive System Oncology

Course Modality: Online
Duration: 12 months.
Certificate: TECH - Technological University
60 ECTS Credits
Teaching Hours: 1,500 hours.
Website: www.techtitute.com/medicine/master/master-digestive-system-oncology
Digestive tumours represent a major cause of morbidity and mortality in the population of both sexes. It is estimated that approximately 220,000 new cases of cancer are detected in Spain each year, 25% of which are digestive tumours. The incidence of these has varied over the years. While stomach cancer has been decreasing, colon tumours have been increasing and are crowned as the most common digestive cancer.
Improve your knowledge in Digestive System Oncology through this program, where you will find the best educational material with real clinical cases. Learn here about the latest advances in the speciality to be able to perform a quality medical practice.”
Introduction

Survival of digestive tumours has generally improved in recent years, but this has been most noticeable in colon tumours. Early detection, more efficient surgery and more precise treatment have enabled this progress.

Whereas a few years ago the survival of metastatic patients was around six months, it has now been extended to at least 24 months, as a result of many important advances in early detection, diagnosis and treatment procedures in recent years, while at the same time we are faced with increasing complexity in the management of these tumours.

The continuous improvement and sophistication of imaging methods, the refinement of some surgical techniques, the increased prioritisation of certain pathological findings, the inclusion of molecular biology in clinical practice, the incorporation of personalised medicine, changes in many classical therapeutic approaches, technological advances in the administration of radiotherapy, the incorporation of immunotherapy and new combined modalities, new complications and the after-effects of new treatments, are some of the factors that make the care of patients with digestive tumours an increasingly complex activity.

In order to respond to these new complexities and new demands, the TECH Master’s Degree in Digestive System Oncology has been designed, with the participation of a group of excellent professionals who will make an innovative proposal aimed at improving and reinforcing students’ skills, helping personalised learning and creating a new generation of specialists in Digestive System Oncology. To this end, the TECH Master’s Degree in Digestive System Oncology is oriented towards knowledge of new standards, the acquisition of experience for a multidisciplinary vision, contact with new treatments and the ability to recognise cases in which it is necessary to cooperate with more complex care centres.

The program is designed to provide online training equivalent to 60 ECTS credits and 1,500 hours of study, and all theoretical and practical knowledge is presented through high quality multimedia content, analysis of clinical cases prepared by experts, classes, and video techniques that allow the exchange of knowledge and experience, maintain and update the training level of its members, create protocols for action and disseminate the most important developments in the specialty. With online training, students can organize their time and pace of learning, adapting it to their schedules, in addition to being able to access the contents from any computer or mobile device.

This TECH Master’s Degree in Digestive System Oncology contains the most complete and up-to-date scientific program on the market. The most important features of the program include:

- Diagnostic-therapeutic developments on assessment, diagnosis, and treatment in Digestive System Oncology
- Contains useful exercises where the self-evaluation process can be carried out to improve learning.
- Iconography of clinical and diagnostic imaging tests
- An algorithm-based interactive learning system for decision-making in the clinical situations presented throughout the course.
- With special emphasis on evidence-based medicine and research methodologies in Digestive System Oncology.
- All this will be complemented by theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments.
- Availability of content from any fixed or portable device with an Internet connection.

Update your knowledge through the TECH Master’s Degree in Digestive System Oncology."
This TECH Master’s Degree may be the best investment you can make in the selection of a refresher program for two reasons: in addition to updating your knowledge in Digestive System Oncology, you will obtain a TECH Master’s Degree from TECH - Technological University.

The teaching staff includes professionals from the field of Digestive System Oncology, who bring their experience to this preparation program, as well as renowned specialists from leading scientific societies.

Thanks to its multimedia content developed with the latest educational technology, they will allow the professional a located and contextual learning, that is to say, a simulated environment that will provide an immersive learning programmed to train in real situations.

This program is designed around Problem Based Learning, whereby the physician must try to solve the different professional practice situations that arise during the course. For this purpose, the physician will be assisted by an innovative interactive video system developed by renowned experts in the field of Digestive System Oncology diseases with extensive teaching experience.

Increase your confidence in decision-making by updating your knowledge through this TECH Master’s Degree.

Take the opportunity to learn about the latest advances in Digestive System Oncology and improve the care of your patients.
Objectives

The TECH Master’s Degree in Digestive System Oncology is aimed at enabling the performance of the physician specialised in the treatment of Digestive System Oncology.
This TECH Master’s Degree is designed for you to update your knowledge in Digestive System Oncology, with the use of the latest educational technology, to help with quality and safety to decision-making, diagnosis, treatment and patient care."
General Objective

- Create a global and updated vision of Digestive System Oncology and all its aspects, allowing the student to acquire useful knowledge and, at the same time, generate interest in expanding the information and discovering its application in their daily practice.

"Increase the quality of your medical practice by updating your skills in Digestive System Oncology".
Update your knowledge in the molecular biology of cancer, especially in relation to the concept of genetic heterogeneity, reprogramming of the microenvironment in digestive tumours, the role of the immune response in cancer control, circulating biomarkers, and tissue molecular markers.

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.

Create a global and updated vision of the exposed topics that will allow the student to acquire useful knowledge and at the same time, generate interest in expanding the information and discovering its application in their daily practice.

Describe the therapeutic algorithm for the management of each of the tumours of the oesophagus and stomach at different stages.

Review the performance and usefulness of each of the tests used in the diagnosis of oesophageal and gastric tumours.

Outline the usefulness and performance of F18-FDG PET/CT in the diagnosis, staging, treatment monitoring and follow-up of oesophageal tumours.

Outline the evolution of surgical techniques up to minimally invasive and robotic surgery that allow complex operations to be performed with small incisions, preserving as much tissue as possible and with a faster recovery with less discomfort.

Update on adjuvant and neoadjuvant management of oesophageal and gastric cancer.

Familiarise yourself with the Advanced Gastric Cancer National Registry (AGAMENON).

Develop an appropriate treatment plan for a patient with oesophageal and gastric cancer that has progressed after initial treatment.

Specific Objectives

- Update your knowledge in the molecular biology of cancer, especially in relation to the concept of genetic heterogeneity, reprogramming of the microenvironment in digestive tumours, the role of the immune response in cancer control, circulating biomarkers, and tissue molecular markers.
- 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.
- Create a global and updated vision of the exposed topics that will allow the student to acquire useful knowledge and at the same time, generate interest in expanding the information and discovering its application in their daily practice.
- Describe the therapeutic algorithm for the management of each of the tumours of the oesophagus and stomach at different stages.
- Review the performance and usefulness of each of the tests used in the diagnosis of oesophageal and gastric tumours.
- Outline the usefulness and performance of F18-FDG PET/CT in the diagnosis, staging, treatment monitoring and follow-up of oesophageal tumours.
- Outline the evolution of surgical techniques up to minimally invasive and robotic surgery that allow complex operations to be performed with small incisions, preserving as much tissue as possible and with a faster recovery with less discomfort.
- Update on adjuvant and neoadjuvant management of oesophageal and gastric cancer.
- Familiarise yourself with the Advanced Gastric Cancer National Registry (AGAMENON).
- Develop an appropriate treatment plan for a patient with oesophageal and gastric cancer that has progressed after initial treatment.
Objectives

- Discuss the current landscape of stomach cancer immunotherapy, combinations in clinical development, strategies for dose selection and trial design, clinical pharmacology, and regulatory considerations.
- Determine the positioning of the antiangiogenic agents for the treatment of Stomach Cancer.
- Learn about the colon and rectum cancer screening programme and to estimate the population susceptible to being screened in Spain and by Autonomous Communities.
- 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 staging and treatment.
- Present and discuss the many controversies that currently arise in the treatment of colorectal cancer, such as laparoscopic vs. robotic surgery, total excision of the mesorectum or management of liver metastases.
- Update knowledge on adjuvant and neoadjuvant treatment for colon and rectal cancer.
- Present the latest advances in translational research with practical implications for the management of metastatic colon and rectal cancer.
- Learn about advances in personalised management of colon cancer based on the growing understanding of molecular biology.
- Analyse the recent incorporation of immunotherapy in the management of colon and rectal cancer and how it will change the diagnostic and therapeutic approach.
- Evaluate the various therapeutic options available for low incidence digestive tumours such as appendicular tumours, peritoneal carcinomatosis, anal cancer, gastrointestinal stromal tumours, digestive neuroendocrine tumours, and intestinal lymphomas.
- Learn about the molecular biology and management of gastrointestinal stromal tumours (GIST).
- Identify advances in the last 15 years in the management of gastrointestinal stromal tumours (GIST) as a model for translational research.
- Epidemiology, risk factors and diagnosis of pancreatic cancer and hepatocarcinoma, and their value for clinical practice
- In-depth study of imaging tests for the diagnosis and staging of pancreatic cancer. Analyse the multidisciplinary treatment of pancreatic, biliary tract, and hepatocarcinoma cancer and future treatment options.
- Discuss the role of surgery for pancreatic, biliary tract, and hepatocarcinoma cancers.
- Be updated on the treatment of pancreatic, biliary tract, and advanced hepatocarcinoma cancer.
- Explain the Enhanced Support Care strategy, developed by the Christie NHS Trust, to better adapt patient care to the changing landscape of cancer.
- We must be aware that excellent care must be continuous and we must move towards integrated care models together with the rest of the specialists and, in particular, with primary carers. Describe the vision of the emergency physician and how the detection of frequenters is a sign that can help improve the organizational model.
- Learn the new therapeutic arsenal for the management of the main comorbidities of patients with Digestive tumours and know the therapeutic objectives in order to avoid poor control, therapeutic interactions, or overtreatment.
- Assess the impact of age on patient prognosis and treatment outcomes
- Explain the different online platforms available that can help us to follow up patients and create a professional network.
- Learn the basics of decision support systems that facilitate decision making in complex contexts.
- Describe the advantages of the collaborative world that will help us to network and improve clinical management.
Skills

After passing the evaluations of the TECH Master’s Degree in Digestive System Oncology, the physician will have acquired the professional skills necessary for a quality and up-to-date practice based on the latest scientific evidence.
With this program you will be able to master new diagnostic and therapeutic procedures in Digestive System Oncology"
After passing the program, the physician will be able to:

**Basic Skills**

- Possess knowledge and understanding that provides a basis or opportunity to develop and apply original 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 area 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.
- Communicate their conclusions, knowledge, and supporting arguments - to specialized and non-specialized audiences in a clear and unambiguous manner.
- Acquire the learning skills that will enable them to continue studying in a manner that will be largely self-directed or autonomous.
Take advantage of the opportunity and take the step to get up-to-date on the latest developments in the management of Digestive System Oncology.
Course Management

The program’s teaching staff includes leading specialists in Digestive System Oncology, and other related areas, who bring their years of experience to this training program. Additionally, other recognized specialists participate in its design and preparation, which means that the program is developed in an interdisciplinary manner.
Learn the latest advances in procedures in the field of Digestive System Oncology from experienced professionals."
Management

Dr. Oruezábal Moreno, Mauro Javier
- Head of the medical Oncology Service at La Paz University Hospital since 2017.
- Research Fellow at University of Southampton (2016-present).
- Master’s Degree in Bioinformatics and Biostatistics UOC-UB (2016-present).
- Master’s Degree in Bioinformatics Analysis by the Pablo de Olavide University (2015-2016).
- Doctor of Medicine from the Complutense University of Madrid Outstanding Cum Laude Qualification (2002).
- Member of the Spanish Society of Medical Oncology (SEOM) and the Spanish Group of Digestive Tumours (TTD).
- Specialist (MIR) in Medical Oncology, University Hospital San Carlos of Madrid (2000).

Dr. Esteban López-Jamar, José Miguel
- Head of the Endoscopy Unit at the Hospital Clínico Universitario San Carlos de Madrid
- Medical and surgical doctor from the Complutense University of Madrid with Outstanding Cum Laude Qualification.
- Training at the AMC in Amsterdam, the Paoli Calmettes Institute in Marseille, and the Horst-Schmidt-Kliniken in Wiesbaden (Germany).
- Member of SEPD, ACAD, SEED and ESGE
- Honorary Member of the Ecuadorian Society of Gastroenterology
- Lecturer and member of the Scientific Advisory Committee of the UOC’s University Specialisation Course in Endoscopic Ultrasonography.
- Digestive Specialist (MIR), University Hospital San Carlos of Madrid.
Management

Dr. Loinaz Segurola, Carmelo

- Head of General and Digestive System Surgery, Doce de octubre University Hospital.
- Degree in Medicine and Surgery, University of Navarra (1985).
- Specialist in General and Digestive System Surgery, Doce de octubre University Hospital.
- Associate Professor of Health Sciences. Accredited as a Full Professor by ANECA (2009).
- Member of the 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 (and IRTA section, Intestinal Rehabilitation and Transplant Association), IASGO (International Society of Surgeons, Gastroenterologists and Oncologists), ISDE (International Society of Diseases of the Oesophagus).
- Head of General Surgery Unit, University Hospital, Alcorcón (2004-2008).
- Master’s Degree in Medical Management and Clinical Management, UNED and Scool of Sanidad-Instituto Carlos III.
- AEC Humanitarian Partnership Group Coordinator.
- Health Cooperation Committee of the Department of Surgery at UCM.

Professors

Abreadelo, Manuel
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- 12 of October, University Hospital of Madrid

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- General Surgery Department
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• Gastroenterology Department  
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Astudillo González, Aurora  
• Anatomic Pathology Service  
• Associate Professor at the University of Oviedo linked to the Central University Hospital of Asturias.  
• Scientific Director of the Principality of Asturias Biobank.

Barturren Barroso, Angel  
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• Oesophago-Gastric Surgery  
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Betés Ibáñez, Maite  
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Boan Garcia, Jose Francisco  
• Head of Molecular Imaging Unit.  
• Ruber International Hospital, Madrid.

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• Head of Endocrinology and Nutrition Service  
• Albacete Integrated Health Care Management System.

Burón Fernández, María del Rosario  
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• Infanta Cristina University Hospital.

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- Head of General Surgery Department  
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- Professor and Chair Clinical Oncology, Las Palmas University
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The structure of the contents has been designed by a team of professionals from the best hospitals and universities in the country, aware of the relevance of current preparation to intervene in the diagnosis and treatment of Oncological Digestive Pathology, and committed to quality teaching through new educational technologies.
This TECH Master's Degree in Digestive System Oncology contains the most complete and up-to-date scientific program on the market"
# Module 1. Molecular Biology and Translational Oncology

1. **Molecular Mechanisms of Cancer**
2. **Tumour Immunology: the basis of Cancer Immunotherapy**
3. **Role of the Biobank in Clinical Research**
4. **Understanding the New Technology: Next Generation Sequence (NGS) in clinical practice**
5. **Liquid Biopsies: Fashion or Future?**
6. **Update on Molecular Markers for treatment decisions in Gastrointestinal Malignancies**
7. **Do Molecular and Immunological Classifications have clinical implications in 2017?**

## Module 2. Upper Gastrointestinal Tract Tumours

1. **Oesophageal Cancer**
   - 2.1.1. Diferencias entre el carcinoma escamoso y adenocarcinoma de esófago
   - 2.1.2. Endoscopic aspects of Oesophageal Cancer: diagnosis and staging
   - 2.1.3. Clinical Impact of 18F-FDG PET/CT in the Therapeutic Management of Oesophageal Cancer patients
   - 2.1.4. Endoscopic Treatment of Superficial Oesophageal Neoplasms
   - 2.1.5. Conventional Surgical Approach to Oesophageal Carcinoma
   - 2.1.6. Minimally Invasive and Robotic Oesophageal Cancer Surgery
   - 2.1.7. Developments in Neoadjuvant and Adjuvant treatment of Oesophageal Cancer
   - 2.1.8. Management of Metastatic Oesophageal Cancer
2. **Gastric Cancer**
   - 2.2.1. Diagnosis and Staging of Gastric Adenocarcinoma
   - 2.2.2. Minimally Invasive and Robotic Gastric Cancer Surgery
   - 2.2.3. Lymphadenectomy Extension in Gastric Cancer
   - 2.2.4. Neoadjuvant and Adjuvant Treatment in Gastric Cancer: What is the optimal approach?
   - 2.2.5. Advanced Gastric Cancer National Registry (AGAMENON)
   - 2.2.6. First-line Treatment of HER2-negative Metastatic Gastric Cancer
   - 2.2.7. Second-line Treatment of HER2-negative Metastatic Gastric Cancer
   - 2.2.8. Metastatic Gastric Cancer: impact of drugs targeting the HER2 Pathway
   - 2.2.9. Metastatic Gastric Cancer: impact of immune checkpoint inhibitors
Module 3. Lower Gastrointestinal Tract Tumours

3.1 Cancer of the Colon and rectum
   3.1.1. Colorectal Cancer Epidemiology, Aetiology and Incidence
   3.1.2. Molecular Mechanisms involved in the process of Invasion and Metastasis in Digestive Tumours
   3.1.3. Molecular Classification of Colon Cancer. New Perceptions
   3.1.4. Biomarkers in Colorectal Cancer
   3.1.5. Colon and Rectal Cancer Early Detection Programme
   3.1.6. Familial forms of Colorectal Cancer (Polyposis-associated and Non-polyposis-associated)
   3.1.7. Cancer associated with Chronic Inflammatory Bowel Diseases and treatments received.
   3.1.8. Diagnosis and Endoscopic Management of Polyps and Advanced Lesions
   3.1.9. Clinical Impact of FDG-PET/CT in the staging of Colorectal Cancer
   3.1.10. Role of Endoscopic Ultrasonography (EUS) and Magnetic Resonance Imaging in the staging of Rectal Cancer
   3.1.11. Laparoscopic vs. Robotic Colon Cancer Surgery
   3.1.12. Surgical Management of Familial Non-polyposis Colon Cancer
   3.1.13. Familial Adenomatous Polyposis Surgery
   3.1.15. Total Mesorectal Excision - Open, Laparoscopic, and Robotic
   3.1.16. Transanal Approach to Rectal Tumours
   3.1.17. Neoadjuvant Treatment of Rectal Cancer
   3.1.18. Postoperative Treatment after Neoadjuvant and Radical Surgery
   3.1.19. Watch and wait for Lower Rectal Cancers after Neoadjuvant Therapy with Complete Clinical Response
   3.1.20. Invasive Pelvic Tumours: Pelvic Exanteration
   3.1.21. Therapeutic Advances in Colon and Rectal Cancer. Improving patient survival on a daily basis
   3.1.22. What is the best treatment option after second-line therapy in Advanced Colorectal Cancer?
   3.1.23. Acquired resistance to EGFR antibodies - How to manage?
   3.1.24. Immunotherapy in Metastatic Colorectal Cancer
   3.1.25. Rectal Cancer with Synchronous and Resectable Liver Metastases
   3.1.26. Management of Liver Metastases in Colorectal Cancer
   3.1.27. Complete Excision of the Mesocolon: when, how, why
   3.1.28. Role of the Endoscopy in the management of Advanced Colorectal Cancer

Module 4. Other Tumours of the Gastrointestinal Tract

4.1 Appendiceal Tumours
   4.1.1. Appendiceal Tumours: Surgical Implications

4.2 Peritoneal Carcinomatosis
   4.2.1. Peritoneal Carcinomatosis: Surgical Treatment and Postoperative Intraperitoneal Chemotherapy

4.3 Anal Cancer
   4.3.1. Treatment of localised Anal Cancer
   4.3.2. Treatment of Locally Advanced Anal Cancer
   4.3.3. Radiation Treatment in Anal Cancer
   4.3.4. Metastatic Anal Cancer Treatment

4.4 Neuroendocrine Tumours
   4.4.1. Neuroendocrine Tumours of the small intestine
   4.4.2. Neuroendocrine tumours of the pancreas
   4.4.3. Surgical Treatment of Non-functioning Neuroendocrine Tumours of the Pancreas
   4.4.4. Surgical Treatment of the Gastrinoma
   4.4.5. Surgical Treatment of Insulinoma.
   4.4.6. Surgery for Endocrine Tumours of the Pancreas: Glucagonoma, Vipoma
   4.4.7. Overview of Systemic Treatment of Metastatic Neuroendocrine Tumours of the Gastroenteropancreatic Tract.

4.5 GIST
   4.5.1. Biology, Diagnosis and Management of Gastrointestinal Stromal Tumours (GIST).
   4.5.2. The role of 18F-FDG PET/CT in Gastrointestinal Stromal Tumours
   4.5.3. Surgical Treatment of Gastrointestinal Stromal Tumours (GIST)
   4.5.4. GIST as a model for translational research: 15 Years Experience

4.6 Lymphomas.
   4.6.1. Gastric Malt Lymphoma
   4.6.2. Lymphomas of other Digestive Sites
Module 5. Pancreatic Cancer, Bile Duct Tumours, and Hepatocarcinoma

5.1 Pancreatic Cancer

5.1.1. Epidemiology, Risk Factors, and Diagnosis of Pancreatic Cancer

5.1.2. Use of Endoscopic Retrograde Cholangiopancreatography (ERCP) in patients with Pancreatic Masses and Bile Duct Obstruction

5.1.3. Use of Endoscopic Ultrasonography (EUS) in patients with Pancreatic Cancer or Pancreatic Masses

5.1.4. Endosonographic Cholangiopancreatography (CEPEUS) in Pancreatic Masses and Biliary Tract Obstruction

5.1.5. Diagnostic methods for defining Resectability of Pancreatic Cancer (CT, EUS, MRI)

5.1.6. Clinical Impact of 18F-FDG PET/CT in the Therapeutic Management of Pancreatic Cancer Patients

5.1.7. Borderline Resectable Pancreatic Cancer

5.1.8. Laparoscopic Distal Pancreatectomy: instructions and techniques

5.1.9. Cephalic Pylorus-preserving Duodenopancreatectomy versus Whipple in Pancreatic Cancer

5.1.10. Surgical Treatment of Ampulomas

5.1.11. Adjuvant and Neoadjuvant Chemotherapy Treatment for Pancreatic Cancer

5.1.12. Adjuvant and Neoadjuvant Radiotherapy Treatment for Pancreatic Cancer

5.1.13. Advances in the Treatment of Metastatic Pancreatic Cancer Patients

5.1.14. Screening for Familial and Hereditary Pancreatic Cancer

5.1.15. Cystic Lesions of the Pancreas of Neoplastic Origin

5.1.16. Surgery for Cystic Tumours of the Pancreas

5.2 Cholangiocarcinoma and Gallbladder Cancer

5.2.1. Epidemiology, Risk Factors, and Diagnosis of Cholangiocarcinoma and Gallbladder Cancer

5.2.2. What to do with Cholangiocarcinoma?

5.2.3. Advances in the treatment of patients with Cholangiocarcinoma and Metastatic Gallbladder Cancer

5.3 Hepatocellular Carcinoma

5.3.1. Epidemiology, Risk Factors, and Diagnosis Hepatocellular Carcinoma

5.3.2. Staging and Treatment of Hepatocellular Carcinoma

5.3.3. Resective Therapy versus Liver Transplantation in Hepatocellular Carcinoma

5.3.4. Locally Advanced Disease with Vascular Involvement: Local versus Systemic Therapy?

5.3.5. Drainage of Malignant Biliary Obstruction by Interventional Radiology

5.3.6. First- and Second-line Systemic Therapy in Hepatocellular Carcinoma

5.3.7. Recurrence of Hepatocellular Carcinoma after Transplantation

Module 6. Collaboration in the Management of the Oncology Patient

6.1 Palliative Management

6.1.1. Palliative Care Consultant in the multidisciplinary team: treatment planning*

6.1.2. A model of Integration with Oncology: Enhanced Supportive Care

6.1.3. Informed Consent: Are We Really Informing Our Patients?

6.1.4. Palliative Symptom Management in Gastrointestinal Tumours

6.1.5. Endoscopic Palliative Treatments

6.1.6. Surgical Palliative Treatments

6.2 Emergencies and Comorbidities

6.2.1. Why do Patients with Gastrointestinal Tumours go to the Emergency Department and How Can Outcomes be Improved?

6.2.2. Management of Infectious Comorbidities

6.2.3. Management of Cardiovascular Comorbidities

6.2.4. Management of Neurological Comorbidities

6.2.5. Management of Endocrinological Comorbidities

6.2.6. Management of Nutritional Comorbidities

6.2.7. Gastrointestinal Tumours in the Elderly

6.2.8. Outpatient Care of Patients with Digestive Oncological Pathology
A unique, key, and decisive training experience to boost your professional development"
Methodology

This training program provides you with a different way of learning. Our methodology uses a cyclical learning approach: **Re-learning**.

This teaching system is used 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.
Discover Re-learning, 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 memorisation". 
At TECH we use the Case Method

In a given situation, what would you do? Throughout the program you will be presented with multiple simulated clinical cases based on real patients, where you will have to investigate, establish hypotheses and, finally, resolve the situation. There is abundant scientific evidence on the effectiveness of the method. Specialists learn better, faster, and more sustainably over time.

According to Dr. Géras, the clinical case is the annotated presentation of a patient, or group of patients, which become a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching potential 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 professional medical practice.
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 grasp concepts, but also develop their mental capacity by evaluating real situations and applying their knowledge.

2. The learning process has a clear focus on 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.
Re-learning Methodology

At TECH we enhance the Harvard case method with the best 100% online teaching methodology available: Re-learning.

Our 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, which represent a real revolution instead of simply studying and analysing cases.

The physician will learn through real cases and by solving 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 Re-learning method has managed to improve the overall satisfaction levels of professionals who complete their studies, regarding the quality indicators of the best Spanish-speaking online university (Columbia University).

With this methodology we have trained more than 250,000 physicians with unprecedented success, in all clinical specialties regardless of the surgical load, all of this in a highly demanding environment, where the students have a strong socio-economic profile and an average age of 43.5.

Re-learning will allow you to learn with less effort and better performance, involving you more in your specialisation, 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 (we learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by our learning system is 8.01, according to the highest international standards.
In this program you will have access to the best educational material, prepared with you 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 really specific and precise.

This content is then adapted in an audiovisual format that will create our way of working online, with the latest techniques that allow us to offer you high quality in all of the material that we provide you with.

**Latest Techniques and Procedures on Video**
We present the latest techniques to you, the latest educational advances, the forefront of current medical techniques. All this, in first person, with the maximum rigour, explained and detailed for your assimilation and understanding. And best of all, you can watch them as many times as you want.

**Interactive Summaries**
We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This unique multimedia content presentation training system was awarded by Microsoft as a "European Success Story".

**Additional Reading**
Recent articles, consensus documents, international guides... in our virtual library you will have access to everything you need to complete your training.
Testing & Re-Testing
We periodically evaluate and re-evaluate your knowledge throughout the program, through assessment and self-assessment activities and exercises: so that you can see how you are achieving your goals.

Master Classes
There is scientific evidence suggesting that observing third-party experts can be useful.
Learning from an expert strengthens knowledge and memory, and generates confidence in our future difficult decisions.

Quick Action Guides
We offer you the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help you progress in your learning.

Case analyses elaborated and guided by experts.
Effective learning ought to be contextual. Therefore, we will present you with real case developments in which the expert will guide you through focusing on and solving the different situations: a clear and direct way to achieve the highest degree of understanding.
The TECH Master’s Degree in Digestive System Oncology guarantees, in addition to the most rigorous and up-to-date training, access to a TECH Master’s Degree awarded by CEU - Cardenal Herrera University.
Successfully complete this specialisation and receive your University Degree without travel or laborious paperwork."
This TECH Master's Degree in Digestive System Oncology contains the most complete and up-to-date scientific program on the market.

After passing all the assessments in this course, the student will receive their corresponding TECH Master's Degree from TECH - Technological University.

This Degree contributes to the academic development of the professional and adds a high university level value to their training, and is 100% valid in all competitive examinations, labour exchanges, and professional career evaluation committees.

Title: TECH Master's Degree in Digestive System Oncology
ECTS: 60
Official Number of Hours: 1,500 hours.

With scientific endorsement from:

Gethi
Grupo Capitel de Tumores
Huevos y Ínferenes

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*Papistile Convention. In the event that the student wishes to have their paper Degree Apostilled, TECH EDUCATION will make the necessary arrangements to obtain it, plus shipping costs of the Apostilled Degree.
TECH Master’s Degree
Digestive System Oncology

Course Modality: Online
Duration: 12 months.
Certification: TECH - Technological University
60 ECTS Credits
Teaching Hours: 1,500 hours.
TECH Master’s Degree
Digestive System Oncology

With scientific endorsement from: