



Postgraduate Diploma Uncommon Digestive,

Gynecologic and Hereditary Tumors

» Modality: online

» Duration: 12 months

» Certificate: TECH Technological University

» Dedication: 16h/week

» Schedule: at your own pace

» Exams: online

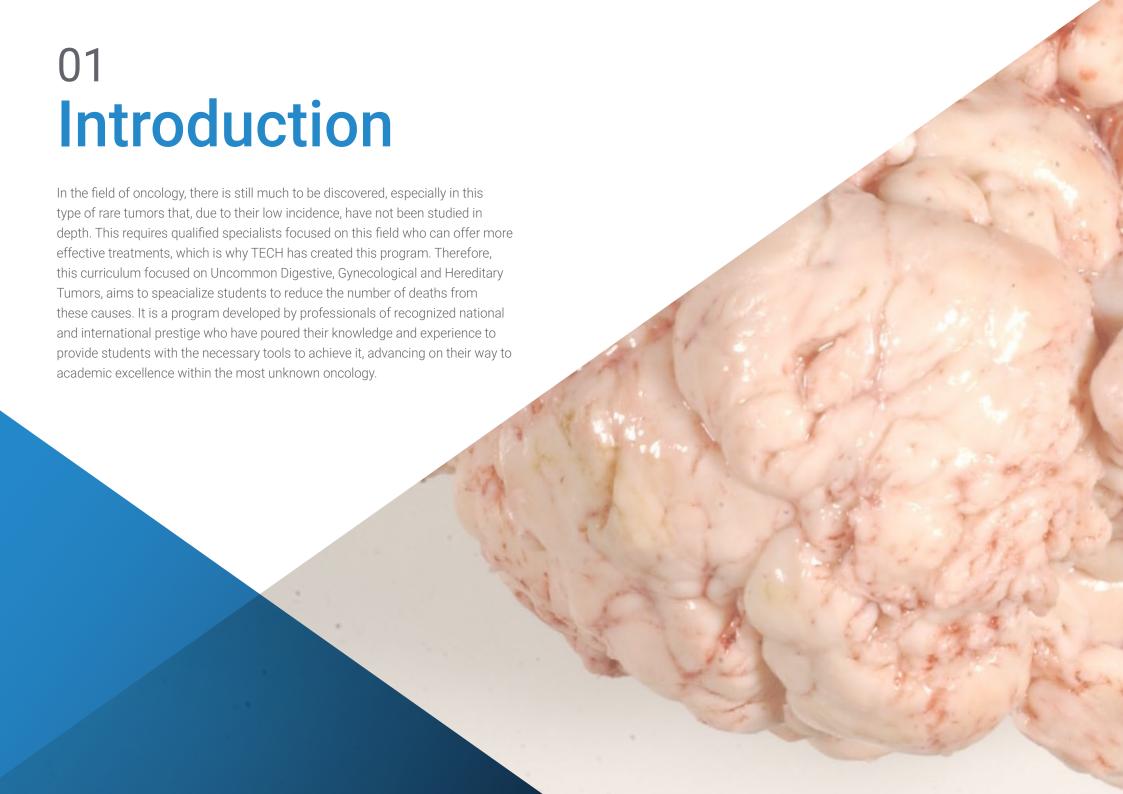
Website: www.techtitute.com/us/medicine/postgraduate-diploma/postgraduate-diploma-uncommon-digestive-gynecologic-hereditary-tumors

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The Postgraduate Diploma in Uncommon Digestive, Gynecological and Hereditary Tumors has been designed with the aim of preparing specialists in this field, with the most advanced and updated knowledge in the field.

Rare digestive tumors include a heterogeneous variety of pathologies with very different diagnostic, therapeutic and prognostic approach. According to the World Health Organization classification, the following tumors are included in this category: small bowel, appendicular, anal canal carcinoma, liver and intrahepatic bile duct tumors, gallbladder and extrahepatic bile duct neoplasms, and gastrointestinal stromal tumors.

Rare tumors of gynecologic origin often pose challenges for the specialist who only rarely deals with them, hence the need to train and stay familiar with the management of these pathologies. Urological neoplasms are themselves an uncommon group of tumors. These tumors may be rare because of their location, such as carcinoma of the penis, or because they show an atypical histology in the context of the location in which they arise, for example, neuroendocrine tumors of the prostate.

The common feature of all of them is that they are unknown and little studied, so there is not a great deal of documentation on the subject. In many cases, in the absence of clinical trials in these pathologies, due to the small number of patients, therapeutic management is usually based on the extrapolation of existing data for neoplasms of similar location and higher frequency.

This program will also provide an opportunity to study the major hereditary syndromes from a clinical and molecular perspective. At the present time, every oncologist must ask patients about their family history, and it is imperative that they have, at a minimum, a baseline knowledge of family groupings.

Students will be able to complete the program at their own pace, without being subject to fixed schedules or the travel involved in classroom teaching, so they can combine it with the rest of their daily obligations.

This **Postgraduate Diploma in Uncommon Digestive, Gynecologic and Hereditary Tumors** contains the most complete and up-to-date scientific program on the market.

Its most notable features are:

- Case studies presented by experts in 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 development
- New developments in the treatment of uncommon digestive, gynecological and hereditary tumors
- Practical exercises where the self-assessment process can be carried out to improve learning
- Its special emphasis on innovative methodologies in the diagnosis and treatment of Uncommon Digestive, Gynecologic and Hereditary Tumors
- 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





You will acquire skills in the molecular approach that allows you to carry out an effective treatment with targeted therapies, as in the case of GIST"

The teaching staff includes professionals from the Oncology sector, who bring their experience to this educational program, as well as renowned 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 immersive knowledge programmed to learn in real situations.

This program is designed around Problem-Based Learning, whereby the specialist 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 interactive video system created by renowned and experienced experts.

You will study in depth thyroid cancer and neuroendocrine tumors, getting to diagnose and treat this group of neoplasms successfully.

Get an in-depth understanding of rare hereditary syndromes from a clinical and molecular perspective thanks to this TECH program.







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General Objectives

- Acquire concepts and knowledge regarding the epidemiology, clinical, diagnosis and treatment of infrequent tumors, agnostic diagnoses and cancers of unknown origin
- Know how to apply the diagnostic algorithms and evaluate the prognosis of this pathology
- Be able to integrate knowledge and face the complexity of formulating clinical and diagnostic judgments based on the available clinical information
- Know how to apply acquired knowledge and problem-solving skills in new or unfamiliar environments within broader (or multidisciplinary) contexts related to the area of study
- Know how to establish complex therapeutic plans in the context of the pathology in question Have a deeper knowledge of specific treatment networks, reference centers, clinical trials
- Incorporate new technologies into daily practice, knowing their advances, limitations and future potential
- Acquire knowledge about molecular biology tools for the study of these tumors
- Have thorough knowledge and use Tumor Registries
- Know and use the face-to-face or virtual Molecular Committees

- Understand fundamental aspects of biobank operation
- Specialize in interprofessional relationship tools for the treatment of orphan, agnostic and cancer of unknown origin and to access expert networks in the different pathology groups
- Know how to apply knowledge to solve clinical and research problems in the area of rare pathology
- Know how to communicate conclusions, knowledge, and supporting arguments to specialized and non-specialized audiences in a clear and unambiguous way
- Acquire the learning skills to enable further studying in a largely self-directed or autonomous manner
- 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
- Understand the social responsibility due to rare diseases



Specific Objectives

Module 1. Uncommon Digestive Tumors Digestive Neuroendocrine Tumors. Thyroid Cancer

- Have an in-depth knowledge of a heterogeneous group of pathologies with very different diagnostic, therapeutic and prognostic approaches, including: small bowel tumors, appendicular tumors, anal canal carcinoma, liver and intrahepatic bile duct tumors, gallbladder and extrahepatic bile duct neoplasms, and gastrointestinal stromal tumors
- Acquire skills in the molecular approach to enable effective treatment with targeted therapies, as in the case of GIST (gastrointestinal stromal tumors) or more recently carcinomas of the biliary tract
- Study thyroid cancer and neuroendocrine tumors Acquire the ability to diagnose and treat this group of neoplasms
- Specialize in neuroendocrine tumors and to acquire the competence to approach them in the context of the multidisciplinary team

Module 2. Uncommon Gynecologic Tumors. Rare Breast Tumors. Genitourinary Oncology of Uncommon Tumors

- Study orphan urological neoplasms in depth
- Address rare urological pathology in terms of its clinical, diagnostic and therapeutic aspects, with special emphasis on molecular developments in recent years, in which many of these tumors are beginning to be tributary to a molecular approach
- Update knowledge on rare gynecologic cancers
- Recognize the rare types of breast cancer, the more specific aspects of their approach and the complexity of their treatment

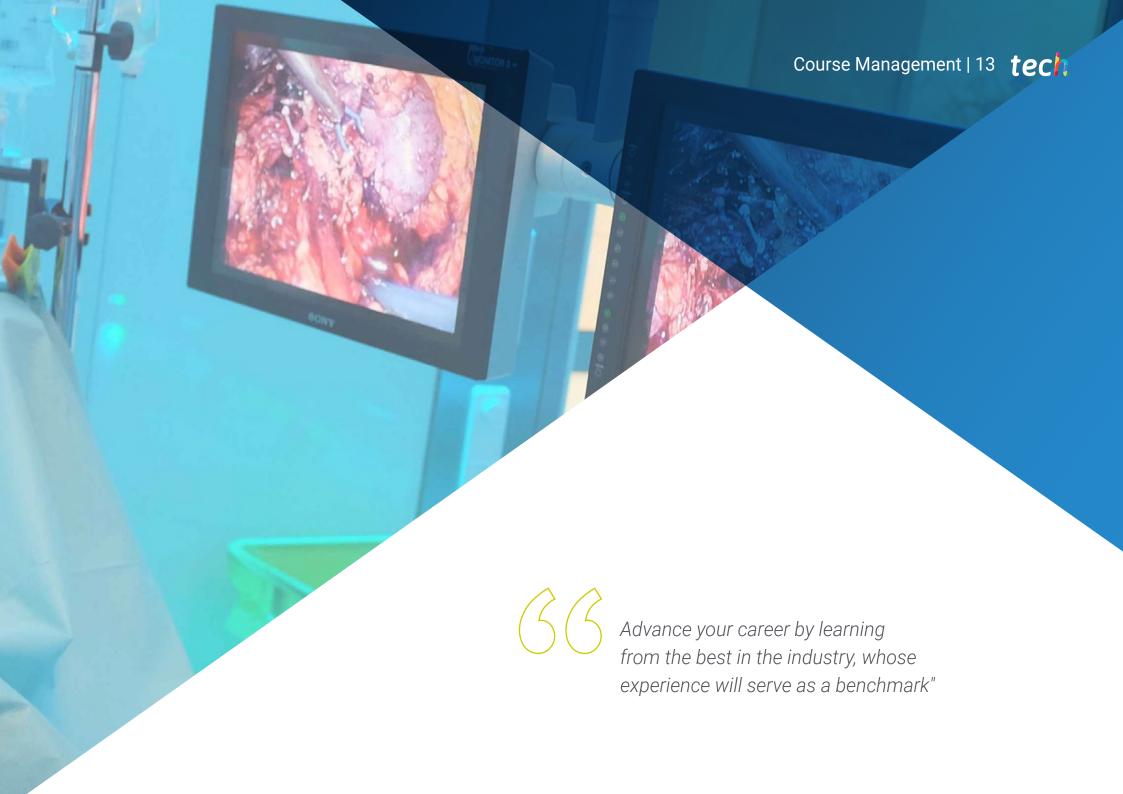
Module 3. Hereditary Syndromes, from Biology to Clinical Application. Pediatric Tumors and Pediatric Tumors in Adults

- Have a thorough understanding of uncommon hereditary syndromes from a clinical and molecular perspective
- Have sufficient knowledge of rare neoplasia, its relationship with heredity and the criteria for referral to a referral unit
- Acquire knowledge about pediatric cancer Know the criteria to be considered a tumor as such
- Be up to date in the diagnosis and treatment of these clinical entities



Take the opportunity and take the step to get up to date on the latest developments in Uncommon Digestive, Gynecologic and Hereditary Tumors"





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Management



Dr. Beato, Carmen

- Medical Oncologist at University Hospital Virgen Macarena. Unit of Urological Tumors, Infrequent and of Unknown Origin
- Expert in Immuno-Oncology
- Master's Degree in Palliative Care
- Expert in Clinical Trials
- Member of the Spanish Group on Orphan and Infrequent Tumors (GETHI)
- Secretary Spanish Group for Cancer of Unknown Origin (GECOD)

Professors

Dr. García-Donas Jiménez, Jesús

- Oncologist Urological, Gynecological and Dermatological Tumors Unit
- Director of the Translational Oncology Laboratory
- Expert in Immuno-Oncology
- Clara Campal Comprehensive Oncology Center
- Treasurer of the Spanish Group of Orphan and Infrequent Tumors (GETHI)

Dr. Fernández Pérez, Isaura

- Oncologist Breast, Gynecologic, Gynecologic, Cancer of Unknown Origin and Central Nervous System Unit. University Hospital Complex in Vigo-Hospital Álvaro Cunqueiro
- Member of the Spanish Group for Cancer of Unknown Origin (GECOD)

Dr. Garcia, David

• Pediatric Oncologist Virgen Macarena University Hospital

Dr. Henao Carrasco, Fernando

• Oncologist Breast Cancer, Hereditary Cancer and Lymphoma Unit. Virgen Macarena University Hospital

Dr. Morillo Rojas, María Dolores

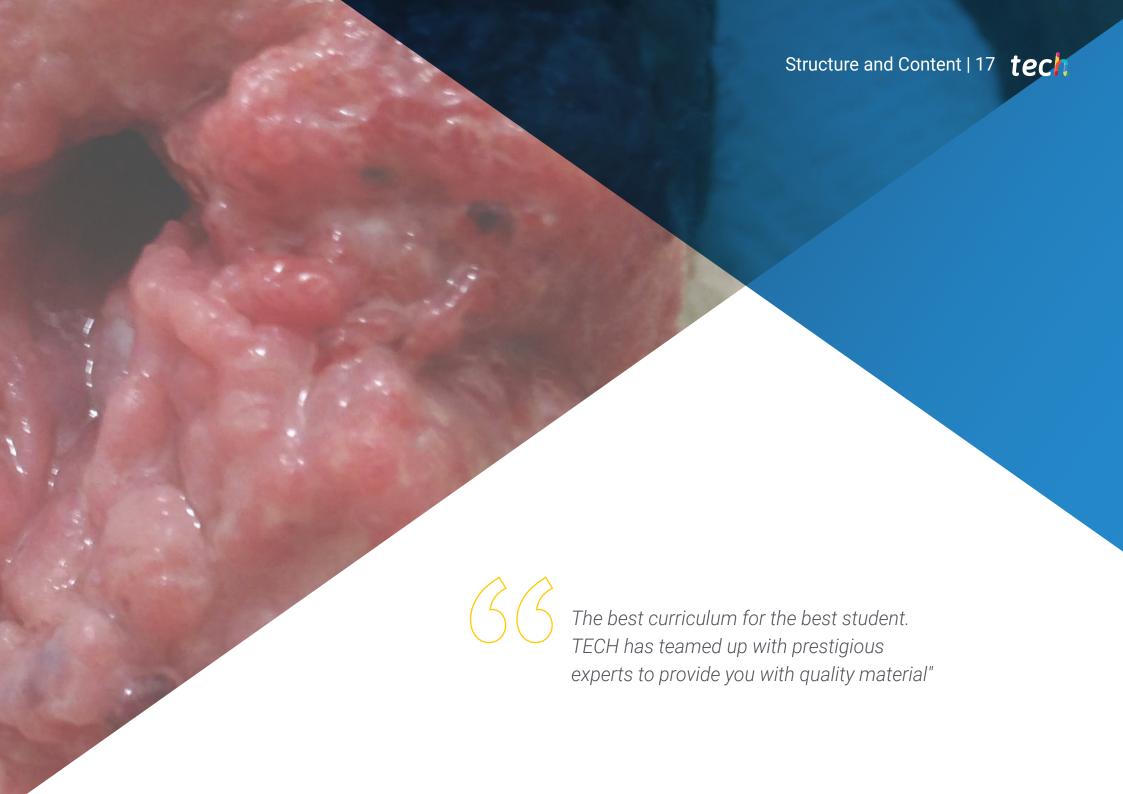
• Medical Specialist in Ophthalmology. Virgen del Rocío University Hospital

Dr. Reina Zoilo, Juan José

• Oncologist Digestive and Neuroendocrine Tumor Unit. Virgen Macarena University Hospital





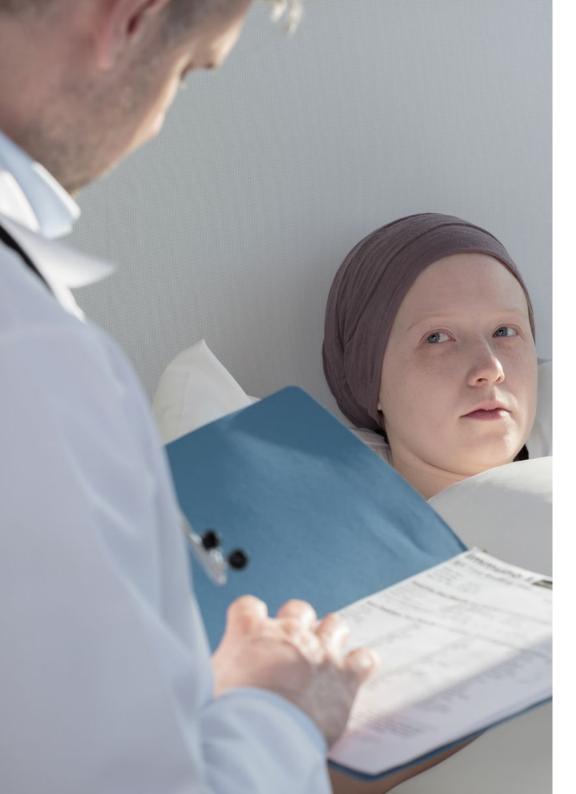


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Module 1. Uncommon Digestive Tumors Digestive Neuroendocrine Tumors. Thyroid Cancer

- 1.1. Tumors of the Small Intestine Appendicular Tumors
 - 1.1.1. Tumors of the Small Intestine
 - 1.1.1.1. Epidemiology. Risk Factors
 - 1.1.1.2. Pathogenesis, Molecular Profile and Hereditary Syndromes
 - 1.1.1.3. Clinical Characteristics: Histological Subtypes
 - 1.1.1.4. Diagnosis and Staging Prognosis
 - 1.1.1.5. Localized Disease Treatment Monitoring
 - 1.1.1.6. Treatment of Metastatic Disease
 - 1.1.2. Appendicular Tumors
 - 1.1.2.1. Epidemiology
 - 1.1.2.2. Histology Staging
 - 1.1.2.3. Clinical Presentation: Diagnosis
 - 1.1.2.4. Localized Disease Treatment
 - 1.1.2.5. Treatment of Metastatic Disease
 - 1.1.2.6. Pseudomyxoma Peritoneum
- 1.2. Cancer of the Anal Canal
 - 1.2.1. Epidemiology: Risk Factors
 - 1.2.2. HPV, Genotypes Molecular Pathogenesis
 - 1.2.3. Pathological Anatomy Staging
 - 1.2.4. Clinical Presentation Diagnosis
 - 1.2.5. Treatment of Localized Disease Monitoring
 - 1.2.6. Treatment of Metastatic Disease Immunotherapy
- 1.3. Tumors of the Liver and Intrahepatic Bile Ducts Neoplasms of the Gallbladder and Extrahepatic Bile Ducts
 - 1.3.1. Hepatocellular Carcinoma
 - 1.3.1.1. Epidemiological Aspects
 - 1.3.1.2. Diagnostic Process
 - 1.3.1.3. Staging
 - 1.3.1.4. Management of Local Disease: Transplantation vs. Resection
 - 1.3.1.5. Local Disease Management: Ablative Techniques

- 1.3.1.6. Management of Locally Advanced Disease
 - 1.3.1.6.1. Radioembolization
 - 1.3.1.6.2. Transarterial Chemoembolization
 - 1.3.1.6.3. Radiotherapy
- 1.3.1.7. Treatment of Metastatic Disease
- 1.3.2. Biliary Tract Tumours
 - 1.3.2.1. Characterization of the Three Entities that Make Up the Group
 - 1.3.2.2. Epidemiological Aspects
 - 1.3.2.3. Risk Factors
 - 1.3.2.4. Clinical Expressivity
 - 1.3.2.5. Diagnostic Aspects
 - 1.3.2.6. Unresectability Criteria
 - 1.3.2.7. Histological Aspects
 - 1.3.2.8. Molecular Aspects. Molecular Classification
 - 1.3.2.9. Described Genomic Alterations
 - 1.3.2.10. Treatment of Localized Disease
 - 1.3.2.10.1. Surgery
 - 1.3.2.10.2. Adjuvant Criteria
 - 1.3.2.10.3. Monitoring
 - 1.3.2.11. Treating Advanced Stages of the Disease
 - 1.3.2.11.1. Treatment of Locally Advanced Disease
 - 1.3.2.11.2. Treatment of Metastatic Disease
 - 1.3.2.12. Monitoring
- 1.4. Gastrointestinal Stromal Tumors
 - 1.4.1. Clinical and Epidemiological Aspects
 - 1.4.2. Diagnostic Process of GIST
 - 1.4.2.1. Radiology
 - 1.4.2.2. Histology
 - 1.4.2.3. Molecular Biology
 - 1.4.3. Treatment of Localized Disease
 - 1.4.3.1. Surgical Aspects
 - 1.4.3.2. Prognostic Factors after Resection
 - 1.4.3.3. Adjuvant Treatment
 - 1.4.3.4. Neoadjuvant Treatment



Structure and Content | 19 tech

- 1.4.4. Treating Advanced Stages of the Disease
 - 1.4.4.1. Surgery in the Context of Advanced Disease
 - 1.4.4.2. Systemic Treatment
 - 1.4.4.3. Monitoring
- 1.5. Neuroendocrine Tumors: Tumors of the Small Intestine
 - 1.5.1. Epidemiology
 - 1.5.2. Pathological Anatomy: Histological Degree Ki67 and Mitotic Index
 - 1.5.3. Molecular Factors Bio Markers
 - 1.5.4. Clinical Presentation. Carcinoid syndrome
 - 1.5.5. Diagnosis and Staging Prognosis
 - 1.5.6. Localized Disease Treatment Monitoring
 - 1.5.7. Treatment of Metastatic Disease Treatment of Hormonal Hypersecretion
- 1.6. Neuroendocrine Tumors: Pancreatic Tumors
 - 1.6.1. Epidemiology
 - 1.6.2. Pathologic Anatomy. Histological Degree
 - 1.6.3. Molecular Factors Bio Markers
 - 1.6.4. Clinical Presentation: Carcinoid syndrome
 - 1.6.5. Diagnosis and Staging Prognosis
 - 1.6.6. Localized Disease Treatment Monitoring
 - 1.6.7. Treatment of Metastatic Disease Treatment of Hormonal Hypersecretion Syndromes
 - 1.6.8. Advanced Line Treatment
- 1.7. Thyroid Cancer
 - 1.7.1. Introduction
 - 1.7.2. Incidence and Epidemiology
 - 1.7.3. Clinical and Diagnostic Aspects
 - 1.7.4. General Aspects of Treatment
 - 1.7.5. Guidelines Recommendations and Level of Evidence
- 1.8. Differentiated Thyroid Cancer
 - 1.8.1. Diagnosis, Pathological Anatomy and Molecular Biology
 - 1.8.2. Staging and Risk Assessment
 - 1.8.3. Management of Primary Tumor
 - 1.8.4. Management of Advanced Disease
 - 1.8.5. Follow-Up and Long Survivors

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2.4. Other Rare Gynecologic Tumors

2.4.1. Vulvar Cancer2.4.2. Vaginal Cancer

1.9.	Anapla	Anaplastic Thyroid Cancer		
	1.9.1.	Diagnosis, Pathological Anatomy and Molecular Biology		
	1.9.2.	Staging and Risk Assessment		
	1.9.3.	Management of Primary Tumor		
	1.9.4.	Management of Advanced Disease		
	1.9.5.	Follow-Up and Long Survivors		
1.10.	Medull	Medullary Thyroid Cancer		
	1.10.1.	Diagnosis, Pathological Anatomy and Molecular Biology		
	1.10.2.	Staging and Risk Assessment		
	1.10.3.	Management of Primary Tumor		
	1.10.4.	Management of Advanced Disease		
	1.10.5.	Follow-Up and Long Survivors		
Module 2. Uncommon Gynecologic Tumors. Rare Breast Tumors. Genitourinary				
Oncology of Uncommon Tumors				
2.1.	Rare O	varian Cancer		
		varian Cancer Sex Cord Tumors		
	2.1.1.			
	2.1.1. 2.1.2.	Sex Cord Tumors		
	2.1.1. 2.1.2.	Sex Cord Tumors Granulosa Tumors		
	2.1.1. 2.1.2. 2.1.3.	Sex Cord Tumors Granulosa Tumors Female Germ Cell Tumors		
	2.1.1. 2.1.2. 2.1.3. 2.1.4. 2.1.5.	Sex Cord Tumors Granulosa Tumors Female Germ Cell Tumors Ovary Sarcomas		
2.1.	2.1.1. 2.1.2. 2.1.3. 2.1.4. 2.1.5.	Sex Cord Tumors Granulosa Tumors Female Germ Cell Tumors Ovary Sarcomas Hereditary Ovarian Cancer		
2.1.	2.1.1. 2.1.2. 2.1.3. 2.1.4. 2.1.5. Rare U	Sex Cord Tumors Granulosa Tumors Female Germ Cell Tumors Ovary Sarcomas Hereditary Ovarian Cancer terine Cancer		
2.1.	2.1.1. 2.1.2. 2.1.3. 2.1.4. 2.1.5. Rare U	Sex Cord Tumors Granulosa Tumors Female Germ Cell Tumors Ovary Sarcomas Hereditary Ovarian Cancer terine Cancer Adenosarcoma		
2.1.	2.1.1. 2.1.2. 2.1.3. 2.1.4. 2.1.5. Rare U	Sex Cord Tumors Granulosa Tumors Female Germ Cell Tumors Ovary Sarcomas Hereditary Ovarian Cancer terine Cancer Adenosarcoma Mixed Mullerian Tumor		
2.1.	2.1.1. 2.1.2. 2.1.3. 2.1.4. 2.1.5. Rare Ut 2.2.1. 2.2.2. 2.2.3. 2.2.4.	Sex Cord Tumors Granulosa Tumors Female Germ Cell Tumors Ovary Sarcomas Hereditary Ovarian Cancer terine Cancer Adenosarcoma Mixed Mullerian Tumor Uterine Sarcoma		
2.1.	2.1.1. 2.1.2. 2.1.3. 2.1.4. 2.1.5. Rare Ut 2.2.1. 2.2.2. 2.2.3. 2.2.4.	Sex Cord Tumors Granulosa Tumors Female Germ Cell Tumors Ovary Sarcomas Hereditary Ovarian Cancer terine Cancer Adenosarcoma Mixed Mullerian Tumor Uterine Sarcoma Hereditary Endometrial Carcinoma		
2.1.	2.1.1. 2.1.2. 2.1.3. 2.1.4. 2.1.5. Rare U ¹ 2.2.1. 2.2.2. 2.2.3. 2.2.4. Rare Co	Sex Cord Tumors Granulosa Tumors Female Germ Cell Tumors Ovary Sarcomas Hereditary Ovarian Cancer terine Cancer Adenosarcoma Mixed Mullerian Tumor Uterine Sarcoma Hereditary Endometrial Carcinoma ervix Cancer		

	2.5.2.	Diagnostic and Therapeutic Aspects		
2.6.	Germ Cell Tumors			
	2.6.1.	General Aspects: Etiology and Epidemiology.		
	2.6.2.	Clinical Aspects and Classification		
	2.6.3.	Diagnostic and Therapeutic Aspects for Germinal Tumors		
2.7.	Low Incidence Prostate Tumors			
	2.7.1.	Adenocarcinoma with Histological Variants		
		2.7.1.1. Adenocarcinoma NOS		
		2.7.1.2. Adenocarcinoma of the Acinar Cells		
		2.7.1.3. Mucinous Adenocarcinoma		
		2.7.1.4. Signet Ring Adenocarcinoma		
		2.7.1.5. Adenocarcinoma with Neuroendocrine Differentiation		
		2.7.1.6. Oxyphilic Adenocarcinoma		
		2.7.1.7. Spindle Cell Adenocarcinoma		
		2.7.1.8. Lymphoepithelial Carcinoma		
	2.7.2.	Squamous Cell Carcinoma with Histologic Variants		
		2.7.2.1. Squamous Carcinoma		
		2.7.2.2. Adenosquamous Carcinoma		
	2.7.3.	Infiltrating Carcinoma of the Ducts		
		2.7.3.1. Cribriform Carcinoma		
		2.7.3.2. Solid Carcinoma NOS		
		2.7.3.3. Papillary Adenocarcinoma NOS		
	2.7.4.	Transitional Cell Carcinoma		
	2.7.5.	Salivary Gland-Like Tumors		
		2.7.5.1. Adenoid Cystic Carcinoma		
		2.7.5.2. Basaloid Carcinoma		
		2.7.5.3. Basal Cell Carcinoma		
	2.7.6.	New Molecular Array in Prostate Cancer		
2.8.	Rare Tumors of the Bladder and Upper Urinary Tract			
	2.8.1.	Transitional Cell Carcinoma		
	2.8.2.	Squamous Carcinoma with Variants		

2.5. Rare Breast Tumors

2.5.1. Classification of Rare Breast Tumors

- 2.8.3. Adenocarcinoma with Variants
- 2.8.4. Salivary Gland-Like Tumors
- 2.8.5. Molecular Subtypes of Bladder Cancer
- 2.9. Rare Renal Tumors
 - 2.9.1. General Aspects of Non-Clear Cell Renal Cancers
 - 2.9.2. Epidemiology and Etiopathogenesis
 - 2.9.3. Classification of Non-Clear Cell Renal Tumors
 - 2.9.4. Diagnosis and Treatment
- 2.10. Penile Cancer
 - 2.10.1. Epidemiology and Etiopathogenesis
 - 2.10.2. Clinical and Diagnostic Aspects
 - 2.10.3. Penile Cancer Staging
 - 2.10.4. Localized Disease
 - 2.10.5. Locally Advanced and Metastatic Disease

Module 3. Hereditary Syndromes, from Biology to Clinical Application. Pediatric Tumors and Pediatric Tumors in Adults

- 3.1. Hereditary Predisposition to Endocrine and Neuroendocrine Tumors
 - 3.1.1. Clinical Aspects
 - 3.1.2. Molecular Aspects
- 3.2. Familial Melanoma and Genodermatosis.
 - 3.2.1. General Aspects
 - 3.2.2. Clinical Aspects
 - 3.2.3. Molecular Aspects
- 3.3. Neurofibromatosis. Li Fraumeni Syndrome
 - 3.3.1. General Aspects of Neurofibromatosis.
 - 3.3.2. Clinical Aspects
 - 3.3.3. Molecular Aspects
 - 3.3.4. General Aspects of Li Fraumeni Syndrome
 - 3.3.5. Clinical Aspects
 - 3.3.6. Molecular Aspects

- 3.4. Hereditary Syndrome in Children
 - 3.4.1. General Aspects
 - 3.4.2. Clinical Aspects
 - 3.4.3. Molecular Aspects
- 3.5. General Aspects of Pediatric Cancer
 - 3.5.1. Epidemiology and Etiopathogenesis
 - 3.5.2. Clinical Aspects of Pediatric Cancer
 - 3.5.3. Diagnostic and Therapeutic Aspects
 - 3.5.4. Molecular Biology and its Application to Pediatric Cancer
- 3.6. Intraocular Tumors
 - 3.6.1. Medulloepithelioma
 - 3.6.2. Retinoblastoma
- 3.7. Ocular Tumors in Children
 - 3.7.1. Orbital Tumors
 - 3.7.1.1. Rhabdomyosarcoma
 - 3.7.1.2. Pleomorphic Adenoma of the Lacrimal Gland
 - 3.7.1.3. Orbital Metastases
 - 3.7.2. Intraocular Tumors
 - 3.7.2.1. Rhabdomyosarcoma
 - 3.7.2.2. Pleomorphic Adenoma of the Lacrimal Gland
- 8.8. Bone, Germ and Other Pediatric Tumors
 - 3.8.1. Ewing Sarcoma
 - 3.8.2. Germ Cell Tumors
 - 3.8.3. Other Pediatric Tumors
- 3.9. Palliative Care for Children
 - 3.9.1. Peculiar Aspects of PC for Children with Cancer
- 3.10. Pediatric Tumors in Adults
 - 3.10.1. General Aspects of Pediatric Tumors in Adults
 - 3.10.2. Classification of Development Tumors
 - 3.10.3. Diagnostic Aspects
 - 3.10.4. Treatment Difficulties
 - 3.10.5. New Approaches in the Management of Pediatric Tumors in Adults: New Methodological Designs





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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. Gérvas, 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.



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:

- 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.



Methodology | 27 tech

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.

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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

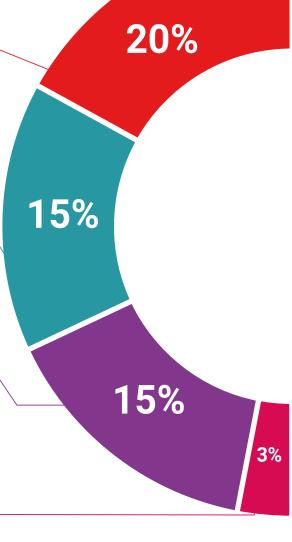
TECH introduces students to the latest techniques, the latest educational advances and to the forefront of current medical techniques. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch the videos as many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

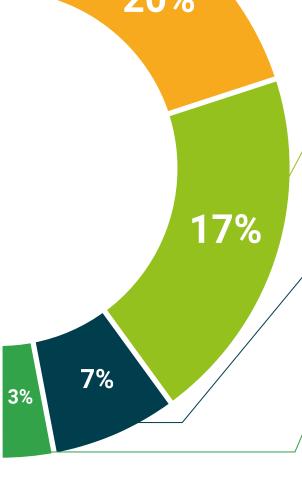
The system known as Learning from an Expert strengthens knowledge and memory, and generates confidence in future difficult decisions.



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.









tech 32 | Certificate

This **Postgraduate Diploma in Uncommon Digestive, Gynecologic and Hereditary Tumors** 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 **Postgraduate Diploma** issued by **TECH Technological University** via tracked delivery*.

The diploma issued by **TECH Technological University** will reflect the qualification obtained in the Postgraduate Diploma, and meets the requirements commonly demanded by labor exchanges, competitive examinations, and professional career evaluation committees.

Title: Postgraduate Diploma in Uncommon Digestive, Gynecologic and Hereditary Tumors

Official No of hours: 450 h.



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

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Postgraduate Diploma Uncommon Digestive,

Gynecologic and Hereditary Tumors

- » Modality: online
- » Duration: 12 months
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

