

Gynecologic Oncology Fellowship Training at Walter Reed National Military Medical Center

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ABSTRACT

In 2021, the gynecologic oncology fellowship program at Walter Reed National Military Medical Center celebrated the 50th anniversary of its first graduate. The program boasts numerous accomplishments that are recognized within US military medicine and on a national scale. Over the last half-century, through a cooperative relationship with the Uniformed Services University of the Health Sciences, the National Cancer Institute and other research laboratories, fellows have published over 210 papers in fellowship and several went on to be first authors of landmark trials in gynecologic oncology. Walter Reed Army Medical Center was one of the original 15 research hospitals in the Gynecologic Oncology Group, a network that now includes over 400 sites, and participated in some of the most important trials in gynecologic cancer that established the standards of care in the field. The fellowship program's graduates have led as primary investigators, department chairs and national officers, including two former presidents of the Society of Gynecologic Oncology and one president of the American College of Obstetricians and Gynecologists. Operationally, the high-level training in pelvic and reconstructive surgery that military gynecologic oncologists receive at Walter Reed has been well utilized on the battlefield. In the last two decades, the Gynecologic Cancer Center of Excellence at the Murtha Cancer Center has stewarded millions of dollars in congressionally appointed funds to successfully direct a productive military-civilian research partnership in translational research. This retrospective tells of the evolution of the program decade by decade, highlighting the training, accomplishments and influence of the US military's only gynecologic oncology fellowship program.

INTRODUCTION

The gynecologic oncology fellowship program at Walter Reed National Military Medical Center (WRNMMC) recently celebrated its 50th year. It was established concurrently with a national movement to provide further specialization in complex gynecologic surgery and the treatment of women's cancers. This retrospective tells of the evolution of the program decade by decade, highlighting the accomplishments and influence of the United States military's only gynecologic oncology fellowship program

The First Decade: 1969-1979

The inception of gynecologic oncology training in the military paralleled the birth and development of the subspecialty in the United States. With the increasing complexity of gynecologic cancer care, a dedicated training program with a board-certifying process became necessary to specialize beyond general obstetrics and gynecology. In 1969, the Society of Gynecologic Oncologists (SGO) was established to "stimulate interest in gynecologic cancer and to promote the training and education of individuals in this area of interest".¹ That same year, a gynecologic oncology fellowship was established at Walter Reed Army Medical Center (WRAMC) and Robert C. Park began his training as the program's first fellow.

Dr. Park graduated from Hahnemann Medical College in Philadelphia, PA, in 1958 and completed an internship at Lower Bucks County Hospital. Upon joining the Army under the Berry Plan, a program which allowed physicians to defer military service until internship was completed, he went on to serve as a general medical officer in Korea.² After two years abroad and a short assignment at Fort Monmouth, NJ, Dr. Park came to WRAMC for training as an OB/GYN resident. Dr. Park completed his residency in 1965 and, after a short tour as an assistant service chief at Fort Carson and a deployment to Vietnam, he returned to WRAMC for fellowship. His primary mentor as a fellow was Robert E. Rogers, who had trained with Felix N. Rutledge at the MD Anderson Cancer Center in Houston, Texas. He went on to hold the first chair of gynecology at WRAMC. Dr. Rogers was a founding member of the Society for Gynecologic Surgeons and was the organization's president in 1983-84. He spent many years after his military retirement as a professor and chair of the OB/GYN Department at Indiana University.³ Warren Patow, a founding member of the SGO, and Edward Zimmerman were also faculty at the time.

In the first year of the fellowship, as the gynecologic oncology service was being established, Dr. Park learned research methods and statistics at the Walter Reed Army Institute of Research (WRAIR). He developed a particular interest in the surgical treatment of early cervical cancer. As

the premier military referral center for gynecologic cancer from Europe and most of the Eastern and Southern United States, WRAMC provided a large number of patients to treat and study. At this time, the department was performing about 20 radical hysterectomies per year. Important early work was done to help reinforce use of surgery as the treatment of choice for stage 1 cervical cancer, including a large case-series of 189 patients treated at Walter Reed.⁴

On a national scale, there was a move towards institutional collaboration as a force multiplier to study gynecologic cancers. In the early 1960s, George Lewis, Jr. had organized the multicenter collaborative Endometrial Cancer Adjuvant Study and saw the potential of these large-scale trials. In an effort to extend this research approach to treatment of other gynecologic cancers and to secure grant funding from the National Cancer Institute (NCI), the Gynecologic Oncology Group (GOG) was formed in late 1969. At the group's first official meeting in New York on February 20, 1970, Dr. Rogers represented WRAMC as one of the 15 original institutions comprising the GOG.^{5,6}

After his 2-year fellowship was completed in 1971, Park stayed on as faculty at Walter Reed as gynecologic oncology fellowship program director. William "Bill" Petty followed him as the second fellow. Dr. Park and Dr. Petty completed training before gynecologic oncology was officially recognized as a subspecialty in 1973 by the American Board of Medical Specialties, but both were grandfathered in to the new system and were able to take their subspecialty boards.⁷ In 1978, Dr. Park was promoted to OB/GYN department chair at WRAMC and Dr. Paul Heller, a recent fellowship graduate from New York Medical College, was appointed division chief.

The Second Decade: 1980-1989

The first five fellows were all Army officers, but with the selection of Lee Artman in 1981, the program began alternating between Army and Navy fellows. It was also during this period that the fellows began rotating at the National Naval Medical Center (NNMC) in Bethesda, Maryland. William J. Hoskins, chief of the Division of Gynecologic Oncology at NNMC from 1976-1986, had trained under SGO co-founder Hervy E. Averette at the University of Miami and brought a wealth of surgical knowledge and enthusiasm for research to the program. At the newly established Uniformed Services University of the Health Sciences (USUHS), Dr. Hoskins secured the first grant-funded research project in the Research Division of the Department of Obstetrics and Gynecology.⁸ He also provided surgical consultations for patients being treated by the medical oncologists at NCI, which did not have their own gynecologic oncology department. He maintained an easy, comfortable collaborative relationship with Dr. Park. After Dr. Hoskins retired as a Navy

Captain, he continued a distinguished career at Memorial Sloan Kettering Hospital in New York and as president of SGO in 1999.⁹

During the 1980s, the collaboration with the GOG became increasingly productive with Walter Reed participating in over a dozen GOG trials.⁵ WRAMC was unique in that its catchment extended, as one fellow put it, across "a third of the globe." In an era before it was fashionable to establish centers of excellence, the military created this by necessity at WRAMC and NNMC, so the pathology was distilled and the patients who were aggregated from around the world were available for cutting edge treatment through trials.

The Army and Navy gynecologic oncology divisions had a good-natured rivalry and were competitive with one another with tensions ramping up around the Army-Navy football game each fall. Fellows did their first year of training at the NNMC, which had a smaller service. This allowed for time to develop skills and initiate clinical research projects. The second year was spent at WRAMC where the volume was nearly double and acuity of care was greater. Walter Reed accepted all transfers from Europe and, according to former fellows, it was not uncommon to have 20 admissions over a weekend. Staff and fellows from both hospitals met weekly for a joint multidisciplinary planning and staging conference along with radiation oncology and medical oncology.¹⁰ Periodically, they would have guest speakers for grand rounds, and these included distinguished physicians such as Howard Jones and Donald Woodruff from Johns Hopkins. The fellowship maintained a monthly, collegial journal club hosted by the fellows and staff on rotating basis. Dr. Park would always provide the food and grill hamburgers. Though the fellows were given permission to end the workday a little early, by the time they finished rounding and arrived for journal club, invariably the burger patties were dry and badly overcooked. The fellows would refer to these delicacies as "Park pucks."

With Jack Nash, the fellowship was formally extended to three years. The third year was spent performing research at the NCI or USUHS. Initially, fellows worked with renowned cancer researchers Robert Ozols and Robert C. Young at the NCI. One of Dr. Young's medical oncology fellows, Michael Birrer, stayed on as NCI faculty as a United States Public Health Service officer in 1988 and began mentoring the Walter Reed fellows. He was assigned to the Division of Cancer Prevention and Control at the NCI. Over the next 20 years, Dr. Birrer would go on to train many fellows in the art and science of translational medicine.

Toward the end of the decade, the Walter Reed program enjoyed national notoriety when Dr. Park was elected the 39th President of ACOG (Figure 1). To date, Dr. Park is the only active duty military officer to be ACOG President. Under his term, the ACOG Headquarters moved to its

Figure 1. Dr. Park as President of the American College of Obstetricians and Gynecologists (1988, courtesy of Tessa Coughtrey, ACOG Resource Center, Washington DC).



present location on 12th Street SW in Washington DC and the new building was declared a non-smoking facility, which is ironic given Dr. Park’s well reputed affinity for cigars.¹¹ As is befitting a military officer and consistent with his character, Dr. Park placed a great deal of emphasis on ethics, stating in his Presidential address at the 36th ACOG Annual Clinical Meeting that “[w]ithout concern for medical ethics, we could not hold our position in society as physicians”.¹² In October

Figure 2. COL Park at his desk as Walter Reed gynecologic oncology fellowship program director (c. 1990, courtesy of Dr. Michael Stany, Robert C. Park Society, Bethesda, MD).



1988, he retired as an Army Colonel after 29 years of service (Figure 2). He remained at Walter Reed as a civilian and continued as fellowship program director.

The Third Decade: 1990-1999

The 1990s were a decade of change for the department. While Dr. Park remained in the department after his military retirement, in 1992 he stepped down as fellowship program director after 21 years of dedicated and skilled leadership. He continued to attend tumor boards and maintained a peremptory presence, wearing his customary penny loafers without socks. New trainees were cautioned not to sit in the chair unofficially reserved for him in the back of the room during morning report. While maintaining his gruff persona of, as one fellow described, a “cigar chomping, crusty guy,” Dr. Park was loyal and “would do anything for you.” He reduced his clinical load and by the 1990s, he had stopped operating. He cultivated his interests and raced horses in Laurel, Maryland, including a favorite he named Cisplatin. He continued his annual tradition of giving each fellow a bottle of gin. Most importantly, he continued to use his professional connections and positions (Table 1) to continue to push forward the research opportunities for the department. Even in his new emeritus status, Dr. Park was possessive of the program he had created and continued to work hard to see it succeed.

Charles R. Harrison, US Air Force (USAF), arrived as staff from Wilford Hall Hospital in San Antonio, TX, to be division chief at NNMC and, in 1992, he became the second Walter Reed gynecologic oncology fellowship program director. Dr. Harrison had interviewed

Table 1. Dr. Robert C. Park’s selected positions, awards and achievements

Organization	Position	Year
WRAMC Gynecologic Oncology Fellowship	Program Director	1971-1992
WRAMC Department of Obstetrics and Gynecology	Chair	1978-1984
US Army Surgeon General	OB/GYN Consultant	1984-1988
Clinical Policy Consultants Div., US Army Surgeon General	Chief	1984-1988
Society of Gynecologic Oncologists	President	1986-1987
American College of Obstetricians and Gynecologists	President	1988-1989
Gynecologic Oncology Group	Group Chairman	1989-2002
Society of Gynecologic Surgeons	President	1990-1991

for fellowship at Walter Reed in the mid-1980s, but the program was not accepting Air Force applicants at that time. However, Dr. William Hoskins made introductions for Dr. Harrison at the University of Miami, where Dr. Harrison went on to complete his fellowship. Under Dr. Harrison's leadership, the program began accepting Air Force fellows beginning with Mary Jo Schmitz in 1994. There were also significant changes with clinical departments reorganizing between hospitals. In 1995, the separate NNMC and WRAMC residency programs unified under the Uniformed Services Residency in Obstetrics and Gynecology at NNMC.⁸ In a coordinated move, the gynecologic oncology department at NNMC consolidated with and moved to Walter Reed.

In the early 1990s, Dr. Park, John Byron and Kenneth Hatch worked together to establish training courses through USUHS in the emerging technique of laparoscopy. Dr. Hatch was a pioneer of laparoscopic surgery for gynecologic cancer and was the first to perform laparoscopic radical hysterectomy for cervical cancer. The live surgeries were done at Dr. Hatch's hospital in Arizona and broadcast via rented satellite equipment to Walter Reed and other sites. The residents and fellows benefitted from this cutting-edge training and the course was successful financially. In 1996, with the funds earned through the course, Dr. Byron established the Robert C. Park Resident Research Day for the OB/GYN residents. The symposium continues to be a fitting tribute to a doctor who did so much to improve the healthcare of women in the military.

The fellows generated important research with both GOG trial involvement and translational research in Dr. Birrer's lab at the NCI. The fellow research experience was consolidated at NCI and the fellows began producing even more robust research. Important work was done to characterize p53 and KRAS mutations in ovarian neoplasms which led to a clearer understanding of borderline ovarian tumors¹³. There was also a research focus on the prognostic value of molecular characteristics of cervical dysplasia and cancer, particularly with the FHIT gene.^{14,15}

In 1998, Dr. Harrison retired and Cynthia Macri, who was residency program director at NNMC prior to the restructuring, served as interim program director for a year. After completing fellowship at the University of Minnesota with Leo Twigg and a tour at Fort Bliss, Jay W. Carlson assumed the role of fellowship program director in 1998. Dr. Carlson aimed to assemble a diverse gynecologic oncology faculty who trained at different fellowship programs, including G. Scott Rose from University of California – Irvine, John Elkas from University of California – Los Angeles and G. Larry Maxwell from Duke University.

During the mid-90s, there was an acute drop off in surgical volume due to the advent of managed care with Tricare. The catchment area had previously stretched from “the Mississippi to the Rhine,” but now patients were able to receive care from civilian doctors. While this had benefits for patients who wanted to receive their care closer to home, it decentralized gynecologic oncology care in the military and dramatically decreased the surgical experience for the fellows. At one point, there were discussions with Frederick Montz at Johns Hopkins about combining the Walter Reed fellowship with the civilian fellowship under the Hopkins name. But, protective of the legacy of the Walter Reed program and the value of gynecologic oncology training within the military, Dr. Carlson and Dr. Rose worked to creatively expand the fellow experience. Dr. Carlson had experience with military/civilian cooperative research and development agreements (CRADAs) and was looking for an opportunity to establish one for the fellowship. In 1998, while at a joint tumor board conference in Washington, DC, Dr. Carlson met with Charles R. Boice and the two discussed a fellow rotation at Washington Hospital Center (WHC). Dr. Boice did his fellowship with Felix Rutledge, Taylor Wharton and Creighton Edwards at M.D. Anderson in Houston, TX from 1978-1980. The WHC rotation provided high clinical volume and acuity that the fellows needed to continue their excellent training. Dr. Boice's modest admonitions to “watch out for the chitlins” and his calm but timely “don't do that” in the operating room have instructed fellows for two decades and continue to this day.

The Fourth Decade: 2000-2009

Military gynecologic oncologists had proved their value on the battlefield in the Gulf War and ensuing conflicts in the Middle East, but the operations tempo increased dramatically with the 9/11 terrorist attack and the Global War on Terror. Deployed along with general surgeons and trauma units, Walter Reed-trained gynecologic oncologists provided surgical care of abdominal and pelvic wounds. They became even more valuable in treating the pelvic trauma seen in the era of improvised explosive devices. In his role as OB/GYN consultant to the Army Surgeon General, Dr. Carlson was able to help prepare and deploy his fellowship graduates to help with treatment of the wounded. In 2003, Dr. Sundborg, a former Walter Reed fellow and prior artillery officer, volunteered for deployment as a general surgeon. He was assigned to the 20-person 1st Forward Surgical Team (FST) and he commanded the 28th Combat Support Hospital in Baghdad, Iraq. Early in 2004, his FST was tasked to set up a level 2 field hospital at Abu Ghraib prison. Their unit was frequently attacked and received many battlefield casualties. Dr. Sundborg credited the volume and breadth of his surgical training at WRAMC and WHC in preparing him for the battlefield, stating that “nothing baffles me anymore.”

In addition to the clinical volume, the fellows received excellent in-house training in advanced pelvic surgery through cadaveric dissection at USUHS. Working step-by-step through techniques published by Michael Höckel in Germany, the staff and fellows developed skill in performing laterally extended endopelvic resections. After mastering these techniques, Dr. Carlson and Dr. Rose went on to teach the procedure and other advanced pelvic surgery techniques through the SGO cadaver courses throughout the US.

Nationally, in 2002, Dr. Park stepped down after 12 years as GOG group chairman. During his tenure, he brought his military leadership and training to bear as he propelled high standards of data quality and restructured the statistics department as the GOG Statistics and Data Center to improve efficiency and precision. He initiated “quality of life” as an outcome measure in trials and emphasized the conscientious application of medical ethics principles to GOG trials. Under his leadership, the GOG had grown from a handful of hospitals to over 200 participating institutions with over 3000 patients being enrolled in trials annually⁵. Also on a national level, Thomas Burke served as SGO President in 2008, the second Walter Reed fellowship graduate to be selected for this prestigious honor. During his presidential address, he spoke about lessons in teamwork and communication that come from military service and can benefit the field of medicine.

In 2003, Dr. Rose was promoted from staff gynecologic oncologist to fellowship program director. Already reputed as a gifted surgeon and educator, he continued to be, as one of his fellows put it, “the conscience of the program. Its defender. Its advocate.” On the research front, the NCI lab started publishing results from archival tissue obtained from GOG trials. This translational work out of Dr. Birrer’s lab and the connections that it built throughout the field of gynecologic oncology were a significant achievement of the program. In 2004, Dr. Birrer was appointed to chair the GOG’s Committee on Experimental Medicine with the goal of bringing his expertise in translational science to the planning and design of GOG clinical trials.⁵ Clinically, patients at Walter Reed continued to be enrolled in GOG trials, including the LAP2 trial (GOG 2222).¹⁶

Dr. Birrer left the NIH in 2008 to direct the Gynecologic Cancer Research Program at Massachusetts General Hospital. Walter Reed fellows began working with Elise Kohn and Christina Annunziata in the Women’s Malignancy Branch of the Center for Cancer Research. Dr. Annunziata’s expertise in ovarian cancer and specifically the role NFκB in ovarian tumorigenesis has continued to provide fellows with a deep, detailed education in the fundamentals of basic research at the NCI. In addition, her role at principal investigator in numerous phase 1 and 2 trials allow fellows additional experience in clinical trials.

At the end of the decade, the department was able to secure significant grant money for projects with military significance. Dr. Maxwell and Dr. Rose secured a 4.2 million dollar congressionally-appointed grant to study racial disparities in gynecologic cancer.⁸ Dr. Maxwell also organized the first National Race to End Women’s Cancer, run annually in Washington DC since 2009, which has since become the largest annual fundraiser for the Foundation for Women’s Cancer.

Due to increased options for military dependents to receive care in the community compounded by national surgical trends, the fellowship program began to see a decrease in the surgical volume for the fellows in the 2000s. In 2008, Dr. Elkas, now a civilian gynecologic oncologist, helped establish a rotation at Inova Fairfax Hospital in Annandale, Virginia. Former Walter Reed staff, including Dr. Maxwell and Dr. Rose, continue to teach fellows in this civilian hospital. This rotation is a major source of surgical volume for the fellowship, with fellows participating in over 1200 cases per year.

The Fifth Decade and Beyond: 2010-current

In 2011, Dr. Rose and Dr. Maxwell retired from the military and Dr. Chad Hamilton took over as fellowship program director and division director. Dr. Hamilton, a USAF Academy graduate, had trained at the combined Stanford University and University of California at San Francisco fellowship program. Building on foundations established by Dr. Rose, Dr. Hamilton transitioned the fellowship into full Accreditation Council for Graduate Medical Education (ACGME) accreditation which was a new national standard for gynecologic oncology fellowship programs. The Walter Reed program, which was one of the first gynecologic oncology fellowship programs, became one of the first gynecologic oncology programs in the country to attain ACGME accreditation.

The Base Realignment and Closure (BRAC) Act, which had been passed in 2005, ordered the consolidation of the medical facilities in the National Capitol Region (NCR). In the fall of 2011, Walter Reed Army Medical Center moved and merged with the National Naval Medical Center in Bethesda, Maryland creating Walter Reed National Military Medical Center (WRNMMC). This was, in BRAC-overseer VADM John M. Mateczun’s words, “the largest medical restructuring ever undertaken in the military health system”.¹⁷ The last patient to be transported from the old Walter Reed to Bethesda was a patient in the intensive care unit on the gynecologic oncology service.

With the move came increased opportunity for expansion of specialty services. The remodeled operating rooms provided a home for two new robotic surgical platforms and corresponding teaching consoles for fellow training. In the process of restructuring, the John P. Murtha Cancer Center was established and became home to the new, congressionally-directed

Gynecologic Cancer Center of Excellence (GYN-COE) as chartered by the USUHS. Dr. Hamilton assumed the role of uniformed co-director of the GYN-COE in steadfast partnership with Dr. Maxwell, now in his civilian job with Inova Health System. Together, in a time of military budget cuts and consolidation, they dramatically grew the gynecologic cancer research program and shepherded its integration as a pillar of the military's new and only comprehensive cancer center. Access to the curated, multi-institutional GYN-COE Tissue and Data Acquisition Network and the massive tissue repository at the Joint Pathology Center at the Armed Forces Institute of Pathology with over 7 million accessions gave fellows access to tissue for research.¹⁸⁻²⁰

As a part of the GYN-COE, fellows began participating in translational research at the Women's Health Integrated Research Center (WHIRC) in Annandale, Virginia. Established in 2011 under the direction of Dr. Maxwell and Chief Scientific Officer Thomas Conrads, PhD, the WHIRC is a partnership between Inova Health System, the Henry M. Jackson Foundation and USUHS that includes proteomic and genomic research on gynecologic malignancies. Clinical research opportunities for fellows were expanded as Kathleen Darcy and Chunqiao Tian brought their years of experience working with clinical trials through the GOG. Since 2016, the WHIRC has been a key participant in the Applied Proteo-genomics Organizational Learning and Outcomes (APOLLO) network as part of the Obama Administration's Cancer Moonshot program.

In 2013, the Robert C. Park society was established by Dr. Hamilton and Dr. Stany. This 501c non-profit is an alumni association and networking organization for gynecologic oncologists who served in the Armed Forces. With dozens of former and current military gynecologic oncologists in practice in the US, this society allows for comradery with the common experiences. This serves as a fitting tribute to Dr. Park who was a master of networking and, in the words of a former fellow, "made sure you got to know people." In 2018,

nearly 50 years after Dr. Park trained at Walter Reed, Yovanni "Jo" Casablanca became the first Walter Reed fellow since Dr. Park to become Program Director (Table 2 and Table 3).

CONCLUSION

Over the last five decades, the gynecologic oncology fellowship program at Walter Reed has thrived as one of the oldest and most respected training programs in the country. The wealth of research experience at the National Cancer Institute and the GYN-COE and its large catchment area and resulting volume and variety of clinical cases have given fellows a rich and irreplaceable clinical experience. This experience has developed specialized pelvic surgeons who have been instrumental in providing battlefield care to the deployed female warfighter. From Dr. Park's early leadership to the present day, dedicated and visionary faculty have kept the program strong and focused. The carefully selected and meticulously trained fellows have gone on to be leaders in the military and in the field of gynecologic oncology.

Declaration of Competing Interests

Dr. Stuart S. Winkler reports no conflicts of interest. Dr. Chad A. Hamilton receives consulting and speakers fees from GSK and serves on an advisory board for Immunogen. Dr. Yovanni Casablanca serves on an advisory board for Astra Zeneca and received grant funding from the DoD Gynecologic Cancer Center of Excellence.

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Table 2. Walter Reed gynecologic oncology fellowship program directors

Fellowship Program Director	Fellowship Training	Years Active
Robert C. Park	Walter Reed Army Medical Center	1971-1992
Charles Harrison	University of Miami	1992-1997
Jay W. Carlson	University of Minnesota	1998-2003
G. Scott Rose	University of California, Irvine	2003-2011
Chad Hamilton	Stanford University	2011-2018
Yovanni Casablanca	Walter Reed National Military Medical Center	2018-2022
Neil Phippen	Walter Reed National Military Medical Center	2022-present

Table 3. Walter Reed gynecologic oncology graduated fellows

Fellow	Branch of Service	Year Graduated	Fellow	Branch of Service	Year Graduated
Robert Park	Army	1971	Louis Dainty	Army	2005
William Petty	Army	1973	Michael Bidus	Navy	2007
Milton Leman	Army	1975	Jan Sunde	Army	2007
Donald Simsen	Army	1977	Jay Allard	Navy	2009
Roger Lee	Army	1980	Michael Stany	Army	2009
Lee Artman	Navy	1983	Addie Alkhas	Navy	2011
Danny Barnhill	Army	1984	Caela Miller	Army	2011
Edward Weiser	Navy	1985	Kevin Byrd	Navy	2013
Thomas Burke	Army	1986	Jasmine Han	Army	2013
John "Jack" Nash	Navy	1987	Yovanni Casablanca	Air Force	2013
David Doering	Army	1989	Kate Oliver	Navy	2014
Steven Remmenga	Navy	1990	Nicole Chappell	Air Force	2014
James Bosscher	Army	1991	Charlotte Marcus	Army	2015
Michael Teneriello	Navy	1992	Sharon Romano Fitzgerald	Army	2015
Kevin Hall	Army	1993	Elizabeth Dubil	Air Force	2016
Robert Taylor	Navy	1994	Kristen Bunch	Army	2017
Mary Parker	Army	1995	Neil Phippen	Air Force	2017
Mark Reed	Navy	1996	Erica Hope	Army	2018
Mary Jo Schmitz	Air Force	1997	Emily Penick	Army	2019
John Farley	Army	1998	Kristen Zeligs	Air Force	2019
Lawrence Nycum	Air Force	1999	Christopher Tarney	Army	2020
Stacey Rogers	Navy	2000	Christine Rojas	Air Force	2021
Michael Sundborg	Army	2001	David Anderson	Army	2021
Thomas Krivak	Air Force	2002	Amanda Jackson	Army	2022
John McBroom	Army	2003	Stuart Winkler	Air Force	2022
William Winter	Air Force	2003			
Joel Webb	Army	2005			

References

1. Society of Gynecologic Oncology: History of the SGO. Available at <https://www.sgo.org/about-sgo/history/>; accessed May 4, 2023.
2. Berry FB: The story of the Berry Plan. *Bull N Y Acad Med.* Mar-Apr 1976;52(3):278-82.
3. World Biographical Encyclopedia, Inc.: Robert E. Rogers Biography. Available at https://prabook.com/web/robert_ernest.rogers/3503816; accessed May 4, 2023.
4. Park RC, Patow WE, Rogers RE, et al: Treatment of stage I carcinoma of the cervix. *Obstet Gynecol.* Jan 1973;41(1):117-22.
5. DiSaia PJ: The Gynecologic Oncology Group: 43 Years of Success. GOG, Chicago, IL, 2013. Available at <https://www.gog.org/wp-content/uploads/2020/02/GOG-43rd-Anniversary-Pub.pdf>; accessed May 4, 2023.
6. Park RC, Hoskins WJ, Weiner JM. Organization, function, and accomplishments of the Gynecologic Oncology Group. *Cancer Invest.* 2002;20(5-6):787-92.
7. Averette HE, Wrennick A, Angioli R. History of gynecologic oncology subspecialty. *Surg Clin North Am.* Aug 2001;81(4):747-51.
8. Uniformed Services University of the Health Sciences: First Generation Reflections. USUHS, Bethesda, MD, 2004.
9. Young RC. Shop Talk. *Oncology Times* 2015. p. 1-3.
10. Uniformed Services University of the Health Sciences Annual Report. USUHS, Bethesda, MD, 1988.
11. History of The American College of Obstetricians and Gynecologists: 1951-2017. American College of Obstetricians and Gynecologists, ACOG Resource Library, Washington DC, 2019.
12. Park RC. Old bedfellows: ethics and obstetrics and gynecology. *Obstet Gynecol.* Jan 1989;73(1):1-3.
13. Teneriello MG, Ebina M, Linnoila RI, et al: p53 and Ki-ras gene mutations in epithelial ovarian neoplasms. *Cancer Res.* Jul 1 1993;53(13):3103-8.
14. Birrer MJ, Hendricks D, Farley J, et al: Abnormal Fhit expression in malignant and premalignant lesions of the cervix. *Cancer Res.* Oct 15 1999;59(20):5270-4.

15. Krivak TC, McBroom JW, Seidman J, et al: Abnormal fragile histidine triad (FHIT) expression in advanced cervical carcinoma: a poor prognostic factor. *Cancer Res.* Jun 1 2001;61(11):4382-5.
16. Walker JL, Piedmonte MR, Spirtos NM, et al. Laparoscopy compared with laparotomy for comprehensive surgical staging of uterine cancer: Gynecologic Oncology Group Study LAP2. *J Clin Oncol.* Nov 10 2009;27(32):5331-6.
17. Collins E: Walter Reed, Bethesda on track for BRAC realignment. US Army Public Relations, 2011.
18. Hamilton CA, Maxwell GL, Casablanca Y. Gynecologic Oncology in the Department of Defense. *Semin Reprod Med.* 2019 Sep;37(5-06):222-226.
19. USU Centers Annual Report. USUHS, Bethesda, MD, 2021. Available at <https://www.usuhs.edu/sites/default/files/media/documents/2021-usucentersreportacc-compressed.pdf>; accessed May 4, 2023.
20. Butler DA, Baker TP. The DoD Joint Pathology Center as a Resource for Researchers. *Mil Med.* Oct 2015;180(10 Suppl):85-9.