

L³-ObGyn™

for

OB/GYN Residents



The Foundation for Excellence
in Women's Health

2016-2017 - BOOK 4

June, 2017

USE OF LIFE-LONG LEARNING (L³-ObGyn™) PROGRAM
REFERENCE BOOK

The Foundation for Exxcellence in Women's Health, Inc. ("Foundation") has prepared this reference book to introduce residents and their Program Director to the concept and importance of "life-long learning." The references included have been selected to provide residents with new, recent or review material to supplement their didactic foundation in the practice of obstetrics and gynecology. The inclusion of a reference does not constitute acceptance or endorsement by the Foundation or any individual employed by or associated with it, of any opinions expressed or of the accuracy of the data or case studies included therein.

ADDITIONAL INFORMATION

**Please visit our website under
Programs of Exxcellence for**

PEARLS OF EXXCELLENCE

to review the most challenging topics from the oral certification exams.

THE FOUNDATION FOR EXCELLENCE IN WOMEN'S HEALTH

L³-ObGyn™

Ob/Gyn Residents

June 2017 Reading Assignment List

Office Practice	Question Numbers
Lewis FMT, Bernstein KT, Aral SO: <i>Vaginal Microbiome and Its Relationship to Behavior, Sexual Health, and Sexually Transmitted Diseases</i> : Obstet Gynecol. 2017;129(4):643-654. doi: 10.1097/AOG.0000000000001932	1 - 5
Lison JF, Amer-Cuenca JJ, Piquer-Marti S, et al.: <i>Transcutaneous Nerve Stimulation for Pain Relief During Office Hysteroscopy: A Randomized Controlled Trial</i> : Obstet Gynecol. 2017 Feb;129(2):363-370. doi: 10.1097/AOG.0000000000001842	6 - 11
Teoh D, Isaksson Vogel R, Hultman G, et al.: <i>Single health System Adherence to 2012 Cervical Cancer Screening Guidelines at Extremes of Age and Posthysterectomy</i> : Obstet Gynecol. 2017 Mar;129(3):448-456. doi: 10.1097/AOG.0000000000001895	12 - 17
Gynecology	
Cope AG, Laughlin-Tommaso SK, Famuyide AO, et al.: <i>Clinical Manifestations and Outcomes in Surgically Managed Gartner Duct Cysts</i> : J Minim Invasive Gynecol. 2017 Mar - Apr;24(3):473-477. doi: 10.1016/j.jmig.2017.01.003. Epub 2017 Jan 12	18 – 21
Saccone G, Schoen C, Franasiak JM, et al.: <i>Supplementation with progestogens in the first trimester of pregnancy to prevent miscarriage in women with unexplained recurrent miscarriage: A systematic review and meta-analysis of randomized, controlled trials</i> : Fertil Steril. 2017 Feb;107(2):430-438.e3. doi: 10.1016/j.fertnstert.2016.10.031. Epub 2016 Nov 22	22 - 25
Iverson L, Sivasubramaniam S, Lee AJ, et al.: <i>Lifetime Cancer Risk and Combined Oral Contraceptives: The Royal College of General Practitioners' Oral Contraception Study</i> : Am J Obstet Gynecol. 2017 Feb 8. pii: S0002-9378(17)30179-5. doi: 10.1016/j.ajog.2017.02.002	26 - 31
Obstetrics	
Rac MW, Revell PA, Eppes CS: <i>Syphilis during pregnancy: a preventable threat to maternal-fetal health</i> : Am J Obstet Gynecol. 2017 Apr;216(4):352-363. doi: 10.1016/j.ajog.2016.11.1052. Epub 2016 Dec 9	32 - 37
ACOG Practice Bulletin #178: <i>Shoulder Dystocia</i> : Obstet Gynecol. 2017 May;129(5):961-962. doi: 10.1097/AOG.0000000000002039	38 - 43
Boyle A, Preslar JP, Hogue CJ, et al.: <i>Route of Delivery in Women With Stillbirth: Results From the Stillbirth Collaborative Research Network</i> : Obstet Gynecol. 2017 Apr;129(4):693-698. doi: 10.1097/AOG.0000000000001935	44 - 49

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Directions: Each of the questions or incomplete statements below is followed by suggested answers or completions. Select the ONE THAT IS BEST in each case and then blacken the corresponding space on the answer sheet.

L³-ObGyn™ — Office Practice

Lewis FMT, Bernstein KT, Aral SO. *Vaginal Microbiome and Its Relationship to Behavior, Sexual Health, and Sexually Transmitted Diseases*: Obstet Gynecol 2017;129(4):643-654:

1. Disruptions of normal vaginal flora have long been linked to which of the following?
 - A. Pelvic inflammatory disease
 - B. Miscarriages
 - C. Prematurity
 - D. All of the above

2. This systematic review highlights the work of Ravel et al who used next-generation molecular sequencing techniques to characterize vaginal microbiota. Which of the following *community-state types* (CST) were **NOT** dominated by *Lactobacillus*?
 - A. I
 - B. II
 - C. III
 - D. IV
 - E. V

3. Which of the following contributes to inhibiting the growth of pathogenic bacteria in the vagina?
 - A. Lactic acid
 - B. H₂O₂
 - C. Antimicrobial molecules
 - D. Bacteriocins
 - E. All of the above

4. Significant evidence now indicates that a microbiome dominated by all of the following *Lactobacillus* species **EXCEPT** which of the following is optimal for vaginal health?
 - A. *L iners*
 - B. *L crispatus*
 - C. *L gasseri*
 - D. *L jensenii*

5. According to the socioecological framework for determinants of the vaginal microbiome, racism is what type of determinant?
- A. Individual
 - B. Relational
 - C. Community
 - D. Societal

Lisón JF, Amer-Cuenca JJ, Piquer- Martí S, et al.: *Transcutaneous Nerve Stimulation for Pain Relief During Office Hysteroscopy: A Randomized Controlled Trial: Obstet Gynecol.* 2017 Feb;129(2):363-370. doi: 10.1097/AOG.0000000000001842

6. Which of the following stages of the hysteroscopy was **NOT** associated with a statistically significant decrease in pain according to visual analog scale scores in the active TENS compared with the control group?
- A. Baseline
 - B. Entry
 - C. Contact
 - D. Biopsy
 - E. Residual
7. Which of the following parameters were factored into the sample size calculation to avoid inflammation of type I error?
- A. Power = 80%
 - B. α level = 0.0125
 - C. Effect size = 10mm
 - D. Recruitment target = 135 participants
 - E. Intention-to-treat analysis
8. Which of the following secondary outcomes were significantly different between the three study groups?
- A. Procedure duration
 - B. Biopsies performed
 - C. Vital sign parameters
 - D. Vasovagal symptoms
 - E. None of the above

9. Compared to De Angelis, et al. who also investigated the effect of TENS on pain relief during office-based hysteroscopy, this study differed in which of the following parameters?
- A. Placebo group included
 - B. Electrode placement
 - C. Fixed vs varied TENS frequency
 - D. Pulse durations
 - E. All of the above
10. What is the relevance of the reduction in pain reaching the minimum clinically relevant difference (10 mm on the VAS)?
11. The authors address a number of study limitations. However, they do not address the fact that a single provider performed 142 office-based hysteroscopies in a 4-month period of time. Knowing this, how might the results be different in your hands?

Teoh D, Isaksson Vogel R, Hultman G, et al.: *Single health System Adherence to 2012 Cervical Cancer Screening Guidelines at Extremes of Age and Posthysterectomy*. Obstet Gynecol. 2017 Mar;129(3):448-456. doi: 10.1097/AOG.0000000000001895

12. Appropriate cervical cancer screening for a 67-year-old woman who presents for a well-woman visit for the first time in 15 years is which of the following?
- A. No screening
 - B. Pap test alone
 - C. Pap + HPV cotesting
 - D. Vagina cuff Pap
13. Which of the following non-guideline indicated reasons for Pap testing was considered indicated by the authors for women younger than 21 years?
- A. Immunosuppression
 - B. Transplant clearance
 - C. Follow-up of prior abnormal Pap
 - D. Age 21 within 6 months of the Pap test
14. Which of the following non-guideline indicated reasons for Pap testing was considered indicated by the authors for women in the posthysterectomy group?
- A. Supracervical hysterectomy
 - B. History of high-grade dysplasia within 20 years
 - C. Endometrial or ovarian cancer surveillance
 - D. Immunosuppression
 - E. Diethylstilbestrol

15. Health care providers performing non-indicated Pap tests, compared to those performing indicated Pap tests, in women < 21 years old, were **more likely** to be which of the following?
- A. Younger
 - B. Female
 - C. Performing <1/wk
 - D. Certified nurse midwives
16. The **most common** reason for indicated Pap tests post hysterectomy was
- A. Routine health maintenance
 - B. Patient request
 - C. History of high-grade dysplasia more than 20 years ago
 - D. Cancer surveillance
 - E. Supracervical hysterectomy
17. Teoh, et al. performed a retrospective cross-sectional chart review within a single health system. What are the potential effects on the results of not looking at Pap testing history outside of their system?

L³-ObGyn™ — Gynecology

Cope AG, Laughlin-Tommaso SK, Famuyide AO, et al.: *Clinical Manifestations and Outcomes in Surgically Managed Gartner Duct Cysts*: J Minim Invasive Gynecol. 2017 Mar - Apr:24(3):473-477. doi: 10.1016/j.jmig.2017.01.003. Epub 2017 Jan 12

18. This study is a retrospective case review. Its importance for clinical care can best be summarized in which of the following statements?
- A. It is so rare, that a prospective cohort series is not likely
 - B. Randomization between surgery and no surgery is not feasible
 - C. It represents the largest case series in the literature to date
 - D. Retrospective series should not factor into clinical management
19. The **most likely** presentation of a woman with a Gartner duct cyst is which of the following?
- A. Asymptomatic
 - B. Pelvic pain or pressure
 - C. Dyspareunia
 - D. Pelvic mass or bulge

20. Seven of the 29 patients who had surgical management, did not have pathologic confirmation of a Gartner duct cyst. The epithelial lining of a Gartner duct cyst should be which of the following cells?
- A. Non-ciliated, non-mucinous
 - B. Mucinous
 - C. Serous or endometrioid
 - D. Squamous
21. Which of the following imaging modalities would be **most helpful** in differentiating a Gartner duct cyst from a sub-urethral diverticulum?
- A. Transvaginal ultrasound
 - B. CT scan
 - C. MRI
 - D. PET scan

Saccone G, Schoen C, Franasiak JM, et al.: *Supplementation with progestogens in the first trimester of pregnancy to prevent miscarriage in women with unexplained recurrent miscarriage: a systematic review and meta-analysis of randomized, controlled trials.* Fertil Steril. 2017 Feb;107(2):430-438.e3. doi: 10.1016/j.fertnstert.2016.10.031. Epub 2016 Nov 22

22. Which of the following statements is accurate?
- A. The term progestogen and progestin refer to natural and synthetic compounds, respectively
 - B. Synthetic progestogens include only 21 carbon molecules
 - C. Levels of IM progestogens are maintained for a longer duration than vaginal progestogens
 - D. Natural progesterone stimulates production of 34-KDa protein P-Inducing blocking, preventing inflammatory reactions toward the trophoblast
23. This meta-analysis included which of the following?
- A. A combination of prospective cohort, observational, and randomized controlled trials
 - B. Eight double-blind randomized controlled trials
 - C. Only trials with vaginal or oral progestin routes
 - D. Only trials within the past 20 years
24. The results of this meta-analysis included which of the following?
- A. Natural progesterone was superior to progestogens in reducing recurrent miscarriage
 - B. Subgroup analysis supported benefit only in trials in which recurrent miscarriage was defined as a history of 2 or more consecutive pregnancy losses
 - C. Supplementation with synthetic progestogens reduced the risk of recurrent miscarriage
 - D. Results supported findings from the largest RCT

25. Among the 10 RCT's analyzed, different definitions of recurrent miscarriage were used. Which of the following is correct?

- A. 8 studies included consecutive and nonconsecutive miscarriages
- B. 3 studies included 2 or more prior consecutive and nonconsecutive miscarriages
- C. 5 studies included 3 or more prior consecutive or nonconsecutive miscarriages
- D. 4 studies included 3 or more prior consecutive miscarriages

Iverson L, Sivasubramaniam S, Lee AJ, et al.: *Lifetime Cancer Risk and Combined Oral Contraceptives: The Royal College of General Practitioners' Oral Contraception Study*. Am J Obstet Gynecol. 2017 Feb 8. pii: S0002-9378(17)30179-5. doi: 10.1016/j.ajog.2017.02.002

26. Exposed women had a decreased risk of developing colon cancer. How was this determined?

- A. IRR was >1.0
- B. Attributable risk was positive
- C. Preventive fraction was 19.1%
- D. Standardized rates were similar

27. Which of the following was reported in this epidemiologic study?

- A. The reduction of colorectal cancer risk in "ever users" is lost soon after discontinuation of combined oral contraceptives
- B. Use of oral contraception results in an approximate 33% reduction in ovarian cancer risk
- C. With an IRR of 1.04, the risk of breast cancer in "ever users" was considerably higher than never users
- D. After 35 years of discontinuing combined oral contraceptives, the risk of developing ovarian cancer was equivalent to "never users"

28. Which of the following is a limitation of this study?

- A. A positive history of chronic disease excluded women from enrollment
- B. Women who were enrolled as "never users" who were eventually prescribed oral contraceptives remained in the never users group
- C. Family history of cancer was captured as a categorical variable (i.e. answered with a yes or no) without specification of cancer type
- D. Self-report was used to capture primary outcome data (i.e., cancer diagnosis)

29. The risk of invasive cervical cancer among "ever users" by time since estimated last use was **highest** in which of the following women?

- A. Current users only
- B. Current users and those <5 years since discontinuation
- C. Women between 5-15 years since discontinuation
- D. Women between 25-35 years since discontinuation

30. The IRR for endometrial cancer was 0.66. When the risk of endometrial cancer was adjusted for smoking status, the IRR remained significant for which of the following groups?

- A. smokers
- B. smokers and non-smokers
- C. non-smokers
- D. neither smokers nor non-smokers

31. The ability to generalize this data now to women in the US is limited by which of the following?
- A. This study only enrolled women in the United Kingdom
 - B. The majority of the women were white
 - C. The most common combination contraceptive contained 50 mcg of ethinyl estradiol
 - D. a and b
 - E. all of the above

L³-ObGyn™ — Obstetrics

Rac MW, Revell PA, Eppes CS: *Syphilis during pregnancy: a preventable threat to maternal-fetal health*. Am J Obstet Gynecol. 2017 Apr;216(4):352-363. doi: 10.1016/j.ajog.2016.11.1052. Epub 2016 Dec 9

32. Which factor listed below was the **most frequent** contributor to congenital syphilis?
- A. Had no prenatal care
 - B. Had prenatal care, but did not receive prenatal treatment
 - C. Were never tested for syphilis
 - D. Were treated < 30 days prior to delivery
33. At which stage of syphilis is the sensitivity of nontreponemal tests the highest?
- A. Primary
 - B. Secondary
 - C. Latent
 - D. Tertiary
34. In the “reverse algorithm” for syphilis testing proposed by the CDC in 2009, what sequence of results is **most indicative** of a false positive?
- A. +EIA, -RPR, -TP-PA
 - B. +EIA, +RPR, - TP-PA
 - C. +EIA, -RPR, + TP-PA
 - D. None of the above
35. Which of the ultrasound findings below is **most commonly** seen with fetal syphilis?
- A. Elevated MCA velocity
 - B. Large placenta
 - C. Hepatomegaly
 - D. Polyhydramnios

36. Which statement below is **TRUE**?

- A. 2.4 million units of benzathine penicillin G intramuscularly is adequate treatment for late latent syphilis
- B. The length of human gestation is likely insufficient to gauge adequate maternal serologic response to syphilotherapy
- C. The Jarisch-Herxheimer reaction in pregnancy is only seen in the third trimester
- D. Breaks in a 3-week course of therapy are acceptable as long as the patient receives 3 total doses

37. List as many stigmata of congenital syphilis as you can without consulting any reference. Then consult a reference and, hopefully, lengthen your list.

**ACOG Practice Bull #178: *Shoulder Dystocia*: Obstet Gynecol. 2017
May;129(5):961-962. doi: 10.1097/AOG.0000000000002039**

38. Which of the following is the **most frequent** maternal complication of shoulder dystocia?

- A. Postpartum hemorrhage
- B. Fourth-degree perineal laceration
- C. Uterine rupture
- D. Separation of the pubic symphysis

39. In a large series of more than 2,000 shoulder dystocias, there were 6 cases of hypoxic-ischemic encephalopathy. These outcomes were **most associated** with which of the choices below?

- A. Prolonged first stage of labor
- B. Prolonged second stage of labor
- C. Birth weight greater than 4,000 grams
- D. The use of more than 5 maneuvers to accomplish delivery

40. In a woman without diabetes above what estimated fetal weight should a prophylactic cesarean delivery be considered?

- A. 3,500 grams
- B. 4,000 grams
- C. 4,500 grams
- D. 5,000 grams

41. This practice bulletin presents a recommended vector of traction of how many degrees below the horizontal plane with the woman in lithotomy position?

- A. 10-25 degrees
- B. 25-45 degrees
- C. 45-60 degrees
- D. > 60 degrees

42. In a study of 231 cases of shoulder dystocia what maneuver was **most strongly** associated with neonatal injury?
- A. McRoberts maneuver
 - B. Suprapubic pressure
 - C. Delivery of the posterior arm
 - D. None of the above
43. For residents in training programs why should the management of shoulder dystocia not be done by the most experienced person (faculty) present? *(This question, like many others, calls attention to the tension between resident training and patient safety.)*

Boyle A1, Preslar JP, Hogue CJ, et al: *Route of Delivery in Women With Stillbirth: Results From the Stillbirth Collaborative Research Network*. Obstet Gynecol. 2017 Apr;129(4):693-698. doi: 10.1097/AOG.0000000000001935

44. . If the gestational age is unknown, what birth weight is used to define stillbirth?
- A. Any weight
 - B. 350 grams
 - C. 500 grams
 - D. 750 grams
45. In this series of 611 stillbirths, how many were intrapartum?
- A. 46
 - B. 75
 - C. 102
 - D. 509
46. One of the surprising statistics in this study was the cesarean delivery rate for antepartum stillbirths in women with a previous cesarean delivery. How high was it?
- A. 16.1%
 - B. 21.3%
 - C. 34.6%
 - D. 47.8%
47. In which choice listed below are previous (references 20 & 21) and current studies in complete agreement?
- A. Cesarean deliveries of stillborn infants are decreasing in the USA
 - B. The stillbirth rate is increasing in the USA
 - C. There is a need for increased healthcare provider education regarding the management of stillbirth
 - D. All of the above

48. At which gestational age is misoprostol an appropriate choice in a woman with a fetal death and a prior cesarean delivery?
- A. 40 week
 - B. 34 weeks
 - C. 22 weeks
 - D. None of the above
49. What do you consider the main point of this study to be?

***THE NEXT BOOK WILL BE PUBLISHED ON OUR WEB SITE
IN SEPTEMBER 2017***