

THE FOUNDATION FOR EXXCELLENCE IN WOMEN'S HEALTH

L<sup>3</sup>-ObGyn™

2017-2018 – Book 4 (June 2018)

Answer Key – *Strictly Confidential*

(Page numbers listed are references to the respective articles)

1. d
2. b
3. c
4. e
5. e
6. e
7. d
8. e
9. b
10. a
11. d
12. c
13. b
14. d
15. a
16. b. There were differences (greater reduction in volume in drug groups but not statistically significant). Answers A, C, and D were statistically different with  $P < .001$
17. d; all others are false
18. Answer: A- results from other studies (Europe) were predominantly white, non-obese. This was mentioned at beginning and end of article.
19. c
20. Anaphylaxis is a risk with Dextran
21. b
22. d - newest recommendation (highlighted text)
23. b.
24. c— Intent-to-treat (ITT) can be thought of as, “everyone randomized is analyzed.” This type of analysis actually avoids overoptimistic estimates of efficacy because you are NOT removing non-compliers, withdrawals, and lost-to-follow-up subjects, which is similar to real-world clinical practice.
25. b. Only abdominal sacrocolpopexy was evaluated. Answer choice A is false because individuals were masked to treatment assignment; Answer choice C is false because all baseline characteristics were similar between groups; Answer choice D is false because this was an intent-to-treat analysis, meaning all subjects were analyzed, even those non-compliant.
26. d. Answer choices A and C are incorrect because there were NO significant differences found in these outcomes; Answer choice B is incorrect because it was the midurethral sling group which had significantly higher rates of mesh exposure relating to the

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sacrocolpopexy.

27. b. In Table 2, Overall continence at 2 years has a p value of .10 in both the intent-to-treat (ITT) and within-protocol analysis (WPA). Answer choices A, C, D, were all statistically significant with p values < 0.5.
28. c
29. c
30. a
31. b
32. d
33. a
34. b
35. c
36. c
37. d
38. d
39. b