The Foundation for Exxcellence in Women's Health

Exxcellence in Life Long Learning

L³-ObGyn™ for OB/GYN Residents

2017–2018 Book 4 **June, 2018**

exxcellence.org

USE OF LIFE-LONG LEARNING (L^3-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.

The full publication consists of:

1. 3-part study book presenting 3 articles in each practice area. Each segment covers 3 articles of current interest and importance, providing questions after each to improve working knowledge of the information.
2. Answer sheet form for learner’s completion and submission.
3. Answer key for faculty use in evaluation & scoring (password-protected).

NOTE: ***OUR PASSWORD HAS CHANGED.*** Passwords for the answer key are available only to Program Directors and Program Coordinators as reflected in ABOG’s Program database. Authorized individuals may request the passwords by sending an email to: jnations@exxcellence.org. The request should come from the email address associated with your ABOG record. Please provide your program number when submitting requests.

Important & Useful links:

Access this form and the answer sheet on our website

Visit our website: www.exxcellence.org

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

myTIPreport

Real-time, right now feedback
on ACGME milestones & procedures

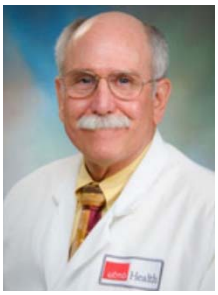
About our Authors

The Foundation for Exxcellence in Women's Health, Inc. would like to express our grateful acknowledgement to the following contributing authors of the Exxcellence in Life-long Learning (L3-ObGyn™) series:

Office Practice - Dr. Tiffany Moore Simas

Dr. Moore Simas is an academic specialist in Ob/Gyn, physician-scientist and educator. She is an Associate Professor of Ob/Gyn, Pediatrics, and Psychiatry at the University of Massachusetts Medical School, and staff physician at UMass Memorial Health Care. She is Director of the Ob/Gyn Research Division, Associate Director of the Ob/Gyn Residency Program, and Assistant Director of the Labor and Delivery Maternity Unit. Dr. Moore Simas received her medical degree from and did her Ob/Gyn residency at the University of Massachusetts Medical School. She additionally received her Masters of Public Health from the Harvard School of Public Health, and her Masters of Education in Adult Education and Instructional Design from UMass Boston. Dr. Moore Simas also serves our Foundation as a member of the Editorial Board for the Pearls of Exxcellence.

Gynecology - Dr. Russell R. Snyder



Dr. Snyder is Associate Professor and Vice Chairman – Department of Obstetrics & Gynecology at the University of Texas Medical Branch. Dr. Snyder received his medical degree from the University of Texas Medical School at Houston and completed his residency in Ob-Gyn at Wilford Hall USAF Medical Center. He served as a member of the Board of Directors for The Exxcellence Foundation from 2008 to 2014 and continues to serve as an author for the L3-Obgyn publications. Since 2012 he has been the Faculty Distinguished Chair in Obstetrics and Gynecology Honoring Drs. Harry Little, Jr., Alvin LeBlanc, and L. C. Powell, Jr. Among his many honors are several Meritorious Service Medals, the Air Force Achievement Medal, and ACOG's Award for Outstanding District Service, Armed Forces District. The Foundation is grateful to Dr. Snyder for his many years of selfless service to us and to the improvement of women's lives everywhere.

Obstetrics - Dr. Christine R. Isaacs

Dr. Isaacs is an Associate Professor and Division Chief of the Academic Specialists in Obstetrics and Gynecology at Virginia Commonwealth University (VCU) School of Medicine in Richmond, Virginia. She also serves as the Medical Director for the VCU Midwifery Service. Dr. Isaacs attended Cornell University for her B.S. degree and Hahnemman University School of Health Sciences in Philadelphia where she received her medical degree. She completed her residency at VCU, and after spending time in private practice, returned to join the faculty in 2005. A published author, Dr. Isaacs' research expertise and focus includes natural childbirth, cesarean section techniques and contraception & reproductive health choices. She is an ABOG oral board examiner and lectures nationally on various topics relevant to women's health. Dr. Isaacs also serves our Foundation as a member of the Editorial Board for the Pearls of Exxcellence.

L³-ObGyn™
Ob/Gyn Residents
June 2018 Reading Assignment List

Office Practice	**Question Numbers**
American Congress of Obstetricians and Gynecologists; ***ACOG Committee Opinion No. 734: The Role of Transvaginal Ultrasonography in Evaluating the Endometrium of Women With Postmenopausal Bleeding.*** Obstet Gynecol. 2018 May;131(5):e124-e129. doi: 10.1097/AOG.0000000000002631.	1 – 5
American Congress of Obstetricians and Gynecologists; ***ACOG Committee Opinion No. 735: Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices.***; Obstet Gynecol. 2018 May;131(5):e130-e139. doi: 0.1097/AOG.0000000000002632.	6 - 10
Garcia D, Erkan D. ***Diagnosis and Management of the Antiphospholipid Syndrome.*** N Engl J Med. 2018 May 24;378(21):2010-2021. doi: 10.1056/NEJMra1705454.	11 - 15
Gynecology	
Simon JA, Catherino W, Segars JH, et al, ***Ulipristal Acetate for Treatment of Symptomatic Uterine Leiomyomas: A Randomized Controlled Trial.***, Obstet Gynecol. 2018 Mar;131(3):431-439. doi: 10.1097/AOG.0000000000002462.	16 - 19
ACOG Committee on Gynecologic Practice, ***ACOG TECHNOLOGY ASSESSMENT in obstetrics and gynecology***, The American College of Obstetricians & Gynecologists, Number 13, May 2018, Vol. 131, No. 5	20 - 23
Trabuco EC, Linder BJ, Klingele CJ,et al, ***Two-Year Results of Burch Compared With Midurethral Sling With Sacrocolpopexy: A Randomized Controlled Trial.,*** Obstet Gynecol. 2018 Jan;131(1):31-38. doi: 10.1097/AOG.0000000000002415.	24 - 27
Obstetrics	
American Congress of Obstetricians and Gynecologists - Committee on Patient Safety and Quality Improvement.; ***ACOG Committee Opinion No. 730: Fatigue and Patient Safety.*** Obstet Gynecol 2018 Feb;131(2):e78-e81. doi: 10.1097/AOG.0000000000002502. PMID: 29370048.	28 – 31
Fox NS. ***Dos and Don'ts in Pregnancy: Truths and Myths***. Obstet Gynecol. 2018 Apr;131(4):713-721. doi: 10.1097/AOG.0000000000002517. PMID 29528917	32 – 35
The Committee on Obstetric Practice., ***ACOG Committee Opinion No. 733: Employment Considerations During Pregnancy and the Postpartum Period.,*** Obstet Gynecol. 2018 Apr;131(4):e115-e123. doi: 10.1097/AOG.0000000000002589.	36 - 39

Directions: Each of the questions or incomplete statements below is followed by multiple choice or discussion/essay questions. For multiple choice, select the BEST ANSWER in each case and then blacken the corresponding space on the answer sheet. For discussion/essay questions, please attach an additional sheet.

L^3-ObGyn™ — Office Practice

American Congress of Obstetricians and Gynecologists; ***ACOG Committee Opinion No. 734: The Role of Transvaginal Ultrasonography in Evaluating the Endometrium of Women With Postmenopausal Bleeding.*** Obstet Gynecol. 2018 May;131(5):e124-e129. doi: 10.1097/AOG.0000000000002631.

1. The most common cause of postmenopausal bleeding is which of the following:
    a. Endometrial cancer
    b. Endometrial hyperplasia
    c. Uterine fibroids
    d. Vaginal/Endometrial atrophy

2. A 57-year-old postmenopausal woman has had persistent vaginal bleeding for 3 weeks for which she is wearing a sanitary pad daily. Her endometrial thickness is 2mm. Which of the following is the best next step in her management:
    a. Repeat ultrasound in 3 months
    b. Office endometrial sampling
    c. Repeat ultrasound and endometrial sampling
    d. Hysteroscopy with dilation and curettage

3. A 54-year-old postmenopausal obese female with a history of simple endometrial hyperplasia without atypia has persistent vaginal bleeding x 3 months. Her office endometrial sampling revealed proliferative endometrium. Which of the following is the best next step in her management:
    a. Transvaginal ultrasound
    b. Repeat office endometrial sampling
    c. Hysteroscopy with dilation and curettage
    d. hysterectomy

4. Which of the following contributes to difficulty in obtaining reliable transvaginal ultrasound assessment of endometrial thickness:
    a. Obesity
    b. Myomas
    c. Adenomyosis
    d. Previous uterine surgery
    e. All of the above

5. A 73-year-old woman has an ultrasound performed for pelvic pain. The endometrial measurement was reported at 8mm. She has no postmenopausal bleeding. Which of the following is the best next step in the evaluation of her endometrium:
    a. Repeat ultrasound in 3 months
    b. Office endometrial sampling
    c. Repeat ultrasound and endometrial sampling
    d. Hysteroscopy with dilation and curettage
    e. None of the above

American Congress of Obstetricians and Gynecologists; ***ACOG Committee Opinion No. 735: Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices.***; Obstet Gynecol. 2018 May;131(5):e130-e139. doi: 0.1097/AOG.0000000000002632.

6. Compared to adolescents choosing to use short-acting contraceptives, adolescents choosing to use long-acting reversible contraceptives (LARC), have higher:
    a. Efficacy
    b. Continuation rates
    c. Satisfaction rates
    d. None of the above
    e. All of the above

7. Among adolescents using contraception, which of the following methods are used most commonly:
    a. IUD
    b. Implant
    c. Depo-provera injection
    d. Oral contraceptives

8. Principles associated with same day initiation ('quick start') of contraception include:
    a. Starting contraceptive methods on day of counseling visit
    b. Assessing pregnancy risk via patient history and urine pregnancy test
    c. Repeat pregnancy test in 2-4 weeks if hormonal contraception initiated with pregnancy uncertainty
    d. Copper IUD insertion within 5 days of unprotect intercourse as emergency contraception
    e. All of the above

9. A 17-year-old female presents for IUD placement. She had a chlamydia infection and subsequent treatment at age 15 years. Which of the following is the next best step in her management after screening for gonorrhea and chlamydia:
    a. await results prior to IUD placement
    b. place IUD at same visit
    c. place IUD at same visit; provide prophylactic antibiotics
    d. recommend alternative form of contraception

10. The most common change in menstrual bleeding patterns with use of the contraceptive implant is which of the following:
    a. Infrequent bleeding
    b. Amenorrhea
    c. Prolonged bleeding
    d. Frequent bleeding

Garcia D, Erkan D. ***Diagnosis and Management of the Antiphospholipid Syndrome.*** N Engl J Med. 2018 May 24;378(21):2010-2021. doi: 10.1056/NEJMra1705454.

11. Obstetrical antiphospholipid syndrome is associated with which of the following conditions:
    a. Fetal loss prior to 10 weeks gestation
    b. Gestational diabetes
    c. Acute fatty liver of pregnancy
    d. Severe preeclampsia

12. False positive lupus anticoagulant results are associated with the following pharmacotherapeutics EXCEPT:
    a. Warfarin
    b. Heparin
    c. Oral contraceptives
    d. None of the Above

13. Which of the following is associated with a *moderate risk* antiphospholipid profile:
    a. Positive lupus anticoagulant test with or without a moderate-to-high titer of anticardiolipin antibody or anti-B_2GPI IgG or IgM
    b. Negative lupus anticoagulant test with a moderate-to-high titer of anticardiolipin antibody or anti-B_2GPI IgG or IgM
    c. Negative lupus anticoagulant test with a low titer of a anticardiolipin antibody or anti-B_2GPI IgG or IgM

14. Which of the following is a true statement (select all that apply):
    a. Transient antiphospholipid positive is common during infections
    b. Every positive antiphospholipid test is clinically significant
    c. Heparin does not affect the accuracy of lupus anticoagulant testing results
    d. Antiphospholipid antibodies may produce false positive syphilis test results

15. A 27-year-old G4P0040 female has a positive anticardiolipin antibody titer as part of her recurrent pregnancy loss evaluation. The next best step in her management is:
    a. Repeat laboratory profile in 15 weeks
    b. Initiate low-dose aspirin therapy now
    c. Initiate low-dose aspirin therapy at 12 weeks gestation
    d. Start prophylactic dose of low-molecular weight heparin

Simon JA1, Catherino W, Segars JH, et al, ***Ulipristal Acetate for Treatment of Symptomatic Uterine Leiomyomas: A Randomized Controlled Trial.***, Obstet Gynecol. 2018 Mar;131(3):431-439. doi: 10.1097/AOG.0000000000002462.

16. There was no statistically significant difference found between the drug vs. placebo groups for which of the following endpoints?
    a. Responder rates for amenorrhea in the last 35 days of treatment
    b. Leiomyoma volume reduction at the end of treatment
    c. Patients achieving amenorrhea by day 11
    d. Control of bleeding

17. With regards to safety outcomes, which of the following was determined?
    a. Patients in the drug group had significantly increased endometrial thickness compared to baseline
    b. Most treat-emergent AEs were reported in the 5-mg dose group compared to the 10mg group and placebo
    c. One subject from the drug group was discontinued from the study due to an adverse event
    d. Hypertension was found to occur >5% in the drug group, but were none were considered related to treatment

18. The authors suggested that the study is improved from previous trials. Which of the following was considered an improvement in this study design?
    a. More diverse sample population
    b. Comparison of single treatment course vs. multiple intermittent treatment courses
    c. This is the only study to measure quality of life improvement with treatment
    d. Study was open-label vs. blinded

19. How did the investigators address the concern for histologic changes to the endometrium due to progesterone receptor modulator administration?
    a. Women with a history of hyperplasia were excluded
    b. Transvaginal Ultrasound was performed every 2 weeks
    c. Endometrial biopsies were performed at screening, at the end of treatment and at the end of drug-free follow-up
    d. A screening transvaginal ultrasound was performed to exclude patients with thickened endometrium

ACOG Committee on Gynecologic Practice***, ACOG TECHNOLOGY ASSESSMENT in obstetrics and gynecology***, The American College of Obstetricians & Gynecologists, Number 13, May 2018, Vol. 131, No. 5

20. 1.5% Glycine is associated with all of the following complications except:
    a. Decreased serum osmolality
    b. Hyperammonemia
    c. Anaphylaxis
    d. hyponatremia

21. Which of the following is not a contraindication for hysteroscopy?
    a. Genital tract infection
    b. bicornuate or arcuate uterus
    c. pregnancy
    d. active herpetic lesions

22. During hysteroscopy, the maximum fluid deficit when using normal saline as the distending media is:
    a. 1000 mL
    b. 1500 mL
    c. 2000 mL
    d. 2500 mL

23. Which of the following is recommended to treat acute hyponatremia?
    a. Sodium bicarbonate solution and 0.9% sodium chloride solution
    b. 3% sodium chloride solution and furosemide
    c. 0.9% sodium chloride solution and a loop diuretic
    d. Ringers lactate solution and a loop diuretic
    e. Desmopressin (ddAVP) and 3% sodium chloride solution

Trabuco EC, Linder BJ, Klingele CJ,et al, ***Two-Year Results of Burch Compared With Midurethral Sling With Sacrocolpopexy: A Randomized Controlled Trial.,*** Obstet Gynecol. 2018 Jan;131(1):31-38. doi: 10.1097/AOG.0000000000002415.

24. Which of the following best describes the intent-to-treat principal in clinical trials?
    a. Subjects who are noncompliant with at least one of the follow-up procedures are removed from analysis but are still treated
    b. Subjects randomized to one intervention can cross-over to the other intervention and remain in the study
    c. Primary outcomes are analyzed on every subject who is randomized
    d. Results in overly optimistic estimates of the efficacy of an intervention

25. Which of the following is one of the limitations of this study?
    a. Overall continence was assessed by individuals who were unmasked to treatment assignment
    b. Evaluation was limited to abdominal sacrocolpopexy vs. laparoscopic or robotic approaches
    c. Despite randomization, baseline BMI was significantly different between the two groups
    d. There was a high rate of subjects who did not complete 2-year follow-up, limiting analysis

26. Which of the following was a result of this study?
    a. Urgency incontinence was greater in the midurethral sling group
    b. The Burch group had significantly higher rates of mesh exposure related to the abdominal sacrocolpopexy necessitating surgical revision
    c. Patient satisfaction was higher in the Burch group
    d. The midurethral sling group had higher rates of stress-specific continence at 1- and 2-year follow-up

27. There was no statistically significant difference found in which of the following primary outcomes?
    a. Overall continence at 1 year
    b. Overall continence at 2 years
    c. Stress-specific continence at 1 year
    d. Stress-specific continence at 2 years

L^3-ObGyn™ — Obstetrics

American Congress of Obstetricians and Gynecologists - Committee on Patient Safety and Quality Improvement.; ***ACOG Committee Opinion No. 730: Fatigue and Patient Safety.*** Obstet Gynecol 2018 Feb;131(2):e78-e81. doi: 10.1097/AOG.0000000000002502. PMID: 29370048.

28. How many hours of sleep does the National Sleep Foundation recommend per night for an adult?
    a. 5 hours
    b. 6 hours
    c. 7-9 hours
    d. There is no standard recommendation

29. Where can a provider reference current guidelines that details the limits of deliveries and the procedures performed by a single individual, or on the length of time he/she may be on call?
    a. ACOG
    b. ABOG
    c. There are no current guidelines

30. What do the authors cite as one reason that duty-hour restrictions have not translated into better quality of care?
    a. There is an increased number of patient handoffs
    b. Clinicians will increase the amount of “moonlighting” shifts performed
    c. Variation in sleep needs is more important than duty-hour restrictions
    d. Duty-hour restrictions do not facilitate better sleep habits

31. Recovery from a period of insufficient sleep requires how many nights of uninterrupted sleep after?
    a. At least 1
    b. At least 2 or 3
    c. 4 or more
    d. 7 or more

Fox NS. ***Dos and Don'ts in Pregnancy: Truths and Myths***. Obstet Gynecol. 2018 Apr;131(4):713-721. doi: 10.1097/AOG.0000000000002517. PMID 29528917

32. According to the National Academy of Medicine, how much weight should a patient gain during pregnancy if her pre-pregnancy BMI is > 30 kg/m2 (obese)? (Table 1)
    a. 28-40 pounds
    b. 25-35 pounds
    c. 15-25 pounds
    d. 11-20 pounds

33. Your patient asks if she can continue to drink coffee (one 12-ounce cup) during her pregnancy. You advise her of the following:
    a. Low-to-moderate caffeine intake in pregnancy is not associated with any adverse outcomes. She can continue to drink her cup of coffee.
    b. Caffeine consumption is contraindicated in pregnancy. She should not drink her cup of coffee.
    c. Drinking caffeine at any amount is considered safe. She may have as much coffee as she desires.

34. Your patient asks you about continuing to exercise. She notes pelvic pressure at times but has an uncomplicated pregnancy. You advise her the following:
    a. She should avoid unnecessary exercise and rest when possible
    b. She should try to achieve on average 20-30 minutes of moderate-intensity exercise 4 to 5 times per week
    c. If she chooses to exercise, she should make sure her heart rate does not go above a threshold of 120 beats per minute
    d. Activity restriction may be of benefit if she develops hypertensive disorders of pregnancy so she should monitor her blood pressure more closely with exercise

35. You are asked about the safety of hair dye use in pregnancy. You give the following advice:
    a. Hair dye should not be used because of its unknown safety profile
    b. Hair dye should only be used after the first trimester because of its unknown safety profile
    c. Hair dye is presumed to be safe in pregnancy because systemic absorption is minimal
    d. Hair dye should only be used one time during pregnancy given limited safety data

The Committee on Obstetric Practice., ***ACOG Committee Opinion No. 733: Employment Considerations During Pregnancy and the Postpartum Period.,*** Obstet Gynecol. 2018 Apr;131(4):e115-e123. doi: 10.1097/AOG.0000000000002589.

36. Despite it being illegal to terminate a woman's employment for being pregnant, what fraction of allegations reported to the U.S. Equal Employment Opportunity Commission claim termination occurred only because of the employee's pregnancy?
    a. 1/10
    b. 1/ 4
    c. 1/ 3
    d. 1/ 2

37. You are asked to write a work note requesting accommodations for work modifications that would allow your patient to continue to safely perform the essential functions (primary duties) of her job. All of the following are appropriate examples EXCEPT:
    a. Allowing additional rest breaks
    b. Having a chair available for sitting
    c. Allowing flexible hours to attend prenatal appointments
    d. Requesting a pay increase to prepare for unpaid time off postpartum

38. Due to the eligibility criteria of the Family and Medical Leave Act (FMLA), which of the following are true?
    a. Only approximately 60% of US workers are eligible for FMLA protection
    b. Workers with less than 1 year of employment are ineligible for FMLA
    c. FMLA job protection must be offered by a worksite with at least 50 employees
    d. All of the above

39. FMLA protection guarantees all of the following EXCEPT:
    a. Up to 12 weeks of total leave
    b. Continued pay while on leave
    c. The right to return to the same/similar job with the same pay after a leave
    d. The right to return to the same/similar job with the same benefits and working conditions after a leave

THE NEXT L3-OB-GYN MODULE BOOK
WILL BE <u>PUBLISHED</u> ON OUR WEB SITE
SEPTEMBER 1, 2018