L³-ObGyn™

for

OB/GYN Residents

2015-2016 - BOOK 3

Please visit our website under Programs of Exxcellence for PEARLS OF EXXCELLENCE to review the most challenging topics from the oral certification exams.

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The Foundation for Exxcellence in Women’s Health (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.
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<td>Champaloux SW, Tepper NK, Curtis KM, et al: Contraceptive use among women with medical conditions in a nationwide privately insured population, Obstet Gynecol 2015(Dec);126(6):1151-9</td>
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Champaloux SW, Tepper NK, Curtis KM, et al: Contraceptive use among women with medical conditions in a nationwide privately insured population, Obstet Gynecol 2015(Dec);126(6):1151-9

1. Twenty-one medical conditions associated with increased health risks from an unintended pregnancy were considered in this publication. Which two medical conditions were included only if occurring within a time period from index year?
   A. Diabetes and hypertension
   B. Peripartum cardiomyopathy and bariatric surgery
   C. Bariatric surgery and Transplant
   D. Hypertension and peripartum cardiomyopathy
   E. ---

2. In order to increase the specificity of medical condition diagnoses, the authors
   A. Utilized inpatient, outpatient, and pharmaceutical databases
   B. Required a minimum of two outpatient codes separated by 30 days
   C. Avoided use of inpatient codes and awaited confirmatory outpatient codes
   D. Requested records and abstracted charts to confirm database codes
   E. ---

3. The authors calculated unadjusted odds ratios, comparing women with and without selected medical conditions and their use (or lack thereof) of different contraceptives, using logistic regression and polytomous logistic regression. It is appropriate to use polytomous logistic regression when the outcome
   A. has 2 categories
   B. has >2 categories
   C. is continuous
   D. is ordinal
   E. requires adjusting for confounders

4. If women having hysterectomies in the years 2000-2003 were included in these analyses, what is the effect on prevalence rates of contraception use?
   A. Underestimated
   B. Unaffected
   C. Overestimated
   D. Not able to determine
   E. ---

5. The medical condition associated with the greatest increased odds of LARC vs. non-LARC reversible contraception use, regardless of age, is
   A. Hypertension
   B. Diabetes
   C. Epilepsy
   D. Stroke
   E. Thrombophilia
6. To which of the following populations of women are these results likely not generalizable?
   A. Uninsured
   B. Publically insured (e.g. Medicare/Medicaid)
   C. Non-continuously privately insured
   D. None of the above
   E. A, B and C


7. This paper represents which of the following levels of scientific evidence?
   A. IA
   B. IB
   C. IC
   D. 2A
   E. 2B

8. A priori factors considered to potentially confound the relationship between first trimester vaginal progesterone pregnancy support and live birth included all of the following EXCEPT
   A. Number of previous miscarriages
   B. Maternal age
   C. Polycystic ovaries
   D. Gestational age at the start of treatment
   E. ---

9. The primary goal of utilizing ‘minimization’ in the randomization process is to assure
   A. Overall between-group-balance
   B. Between-group-balance regarding certain specified variables
   C. Minimal inclusion of persons with certain specified variables
   D. Minimum loss to follow-up and cross-over subjects
   E. ---

10. Women randomized to the placebo arm of this study who were prescribed progesterone independently of the study were
    A. Included in the placebo group for analyses
    B. Included in the progesterone group for analyses
    C. Excluded from analyses
    D. Considered lost to follow-up
    E. ---

11. The sample size calculation was based on identifying an absolute difference of 10 percentage points between the two treatment groups with respect to live birth rates after 24 weeks gestation. What was the actual percentage point difference between the groups in this study?
    A. 2.5
    B. 5.0
    C. 7.5
    D. 10
    E. ---
12. Which of the following factors excluded participants from study randomization?

A. BMI >30
B. Abnormal parental karyotype
C. Lost to follow-up
D. Five previous miscarriages
E. Previous live born child


13. How many 'cycles' would one woman contribute to these analyses if she underwent one episode of ovarian stimulation, had four total eggs retrieved followed by two fresh embryos transferred which did not result in a live birth, and then two subsequent transfers of one frozen embryo each with neither of those resulting in a live birth?

A. 1
B. 2
C. 3
D. 4
E. ---

14. In any study estimating cumulative live-birth rates, assumptions are made about what the rate would be in couples who have discontinued IVF treatments. Which of the following is the assumption made in the 'conservative' live-birth estimate for women who discontinue IVF treatment?

A. equal to those who continue (optimal)
B. equal to zero (conservative)
C. between zero and rate for those who continue (true)
D. fixed proportion of A and C (prognostic-adjusted)
E. ---

15. The lowest cumulative live-birth rate at cycle 3 was seen in which of the following groups?

A. Women age <40 years with own oocytes
B. Women age 40-42 years with own oocytes
C. Women regardless of age with donor oocytes
D. Women with male factor infertility using partner sperm without ICSI
E. Women with male factor infertility using partner sperm with ICSI

16. What is the effect of maternal age on cumulative live-birth rates when donor oocytes are used in the IVF cycles?

A. Decreased with older age
B. Increased with younger age
C. Lowest if age over 42 years
D. No age differential
E. ---

17. Utilizing the data from this study, if you had a 35 year old woman planning to undergo her 4th cycle of IVF:

A. What would you counsel her regarding her chances of having a live-birth from this specific cycle?

B. What would you counsel her regarding her chances of having a live-birth across her 4 cycles to date?
18. If the exposure of IVF 'cycles' was defined as 'per embryo transfer' rather than as 'per ovarian stimulation', the live-born rate per cycle is likely to be

A. Lower
B. Higher
C. Unchanged
D. Need more information
E. ---

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19. Which of the following is most effectively reduced by intrapartum antibiotic prophylaxis?

A. GBS infection in premature neonates
B. Early onset (within the first week) GBS infection
C. Late onset (after the first week of life) GBS infection
D. All of the above
E. ---

20. To evaluate whether the experimental GBS vaccine interfered with routine vaccination, infant responses to what routine vaccine were studied?

A. Hepatitis B
B. Tetanus
C. Diphtheria
D. Pertussis
E. ---

21. By postpartum day 91, antibodies against which GBS serotype had the highest increase in mean concentration?

A. Ia
B. Ib
C. Ic
D. III
E. ---

22. When the authors compared transfer ratios of the group who received the GBS vaccine to the group that received placebo, why did the placebo group show higher transfer rates?

A. The result was an artifact of small sample size
B. Neonates in the placebo group must have been exposed to GBS in utero
C. Maternal serotype-specific antibody levels were very low in the placebo group
D. None of the above
E. ---

23. Which statement below is TRUE concerning maternal GBS-specific antibody concentrations?

A. Women without detectable antibodies at enrollment had a higher response to the vaccine than those who had detectable antibodies at enrollment.
B. A correlation between antibody concentration and vulnerability to infant GBS disease has not yet been demonstrated.
C. Antibody levels in vaccinated mothers continued to rise until at least 3 months postpartum.
D. None of the above
E. ---
24. List some advantages of GBS vaccination compared to intrapartum antibiotic prophylaxis.


25. Which group listed below was eligible for inclusion in this study between 34 0/7 and 36 5/7 weeks?

A. Women with preterm labor, intact membranes, and cervix 3 cm dilated or 75% effaced
B. Women with spontaneous ruptured membranes
C. Women with anticipated indicated delivery between 1 and 7 days after randomization
D. All of the above
E. ---

26. What was the minimum duration of treatment with supplemental oxygen required to define bronchopulmonary dysplasia?

A. 7 days
B. 14 days
C. 28 days
D. 42 days
E. ---

27. What was the number needed to treat to prevent one case of the primary outcome in this study?

A. 21
B. 35
C. 45
D. 61
E. ---

28. Which of the following outcomes occurred more frequently in infants from the group exposed to betamethasone?

A. Longer stay in the intensive or intermediate care nursery
B. Longer time to first feeding
C. Neonatal hypoglycemia
D. All of the above
E. ---

29. Which of the following is “standard of care” in the United Kingdom?

A. Betamethasone injection weekly for women with threatened preterm delivery
B. Repeat course of betamethasone for women undelivered at 34 weeks if they had previously received betamethasone before 34 weeks.
C. Betamethasone for patients undergoing a scheduled cesarean at term
D. None of the above
E. ---

30. In the United States it took decades to achieve widespread acceptance of betamethasone treatment from 24-34 weeks. What are some barriers to acceptance of continuing treatment to 37 weeks?

31. Which of the following is a function of soluble fms-like tyrosine kinase 1 (sFlt-1)?

A. An antagonist of placental growth factor (PIGF)
B. An antagonist of vascular endothelial growth factor
C. Both A and B
D. Vasodilation
E. ---

32. How many participants were included in the development phase of this study to derive the cutoff point for the sFlt-1/PIGF ratio?

A. 200
B. 300
C. 400
D. 500
E. ---

33. In this study of cutoff points for either the absence or presence of preeclampsia, within how long would a ratio above the cutoff point at the baseline visit predict the presence of preeclampsia?

A. 1 week
B. 2 weeks
C. 3 weeks
D. 4 weeks
E. ---

34. Which result listed below would satisfy the definition of proteinuria used by the authors?

A. 1+ protein on dipstick urinalysis
B. ≥300mg of protein in a 24-hour urine collection
C. Protein/creatinine ratio of ≥30 mg/millimole
D. Both B and C
E. ---

35. Which adverse maternal outcomes occurred during the course of this study?

A. A cerebral hemorrhage in a woman with severe preeclampsia
B. A cerebral thrombosis in a woman without preeclampsia, eclampsia, or HELLP syndrome
C. Both A and B
D. Neither A nor B
E. ---

36. Are either sFlt-1 or PIGF determinations available at your institution? What is the turnaround time? Would the results (individually or as a ratio) influence your management of a woman with suspected preeclampsia?
37. In premenopausal women, ovarian preservation at the time of hysterectomy has been shown to lower the risk of

A. all-cause mortality  
B. breast cancer  
C. colon cancer  
D. major depressive disorder  
E. ---

38. In this cohort of 15,648 young women with early-stage endometrial cancer, which of the following was an exclusion criteria?

A. Myometrial invasion >50%  
B. Menopause before age 50  
C. Preoperative radiation therapy  
D. Grade 3 cancers  
E. ---

39. Among women in the National Cancer Database, ovarian conservation was more likely to have occurred if the surgery was performed in which type of hospital?

A. Community Cancer Program  
B. Academic Center  
C. Comprehensive Research Cancer Center  
D. ---  
E. ---

40. Although this was a large cohort of young women with endometrial cancer, limitations included all of the following EXCEPT

A. no data on previous surgeries to include oophorectomy  
B. possibility of unmeasured confounders influencing choice of surgical procedure  
C. small numbers of grade 2 and grade 3 cancers  
D. changes in management trends from 1998 to 2012  
E. ---

41. This study demonstrated that a policy of universal cystoscopy at the time of benign hysterectomy was associated with

A. a decreased incidence of postoperative ureterovaginal fistulas  
B. an increased detection of intraoperative ureteral injuries  
C. a decrease in delayed postoperative urologic complications  
D. an increased incidence of cystoscopy complications  
E. ---
42. Between 2006 and 2013 the percentage of hysterectomies performed with an abdominal approach decreased with a roughly proportional increase in use of a robotic approach. After implementing a universal cystoscopy policy, urologic injuries occurred more often with which route of hysterectomy?

A. abdominal  
B. laparoscopic  
C. robotic-assisted  
D. vaginal  
E. no difference

43. There were seven delayed injuries in the pre-universal cystoscopy cohort. A policy of universal cystoscopy may have made a difference in how many of these patients?

A. 0  
B. 3  
C. 5  
D. 7  
E. ---

44. The authors suggest the need for a future large, multicenter prospective trial to validate their findings. Which of the following will remain a significant limitation of such a study?

A. Cystoscopy is not 100% sensitive for detecting a urologic injury.  
B. Inability to detect postoperative complications that are managed at another institution.  
C. Follow-up would need to be more than 10 years.  
D. Prevalence of urologic injury is only 1-2%.  
E. ---


45. One of the strengths of this retrospective cohort study was using an agreed upon algorithm for the evaluation of all patients who presented with postmenopausal bleeding. Compared to other published studies investigating the use of transvaginal ultrasound endometrial thickness for the prediction of endometrial cancer, the algorithm these authors used, included

A. only women with a known risk factor for endometrial carcinoma  
B. saline infusion sonohysterography  
C. hysteroscopy if endometrial sampling did not return tissue  
D. an attempt at endometrial sampling in all women  
E. ---

46. Multivariate regression was performed to ascertain risk factors for endometrial cancer. It is reassuring that known risk factors were found in their patient population as well. Which of the following risk factors was associated with the highest adjusted odds ratio?

A. increasing age since menopause  
B. body mass index  
C. nulliparity  
D. recurrent bleeding episodes  
E. ---
47. In this study, 3.8% of the women with postmenopausal bleeding were found to have endometrial cancer and 0.8% had endometrial hyperplasia. What percent of the women were found to have endometrial polyps?

A. 5%
B. 10%
C. 15%
D. 20%
E. ---

48. Exclusion criteria included all of the following EXCEPT

A. use of hormonal replacement therapy
B. less than 1 year of amenorrhea
C. presence of fluid inside the endometrial cavity
D. unable to measure endometrial thickness
E. ---