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 (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.
## Office Practice

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<td>1-7</td>
<td>van den Belt-Dusebout AW, Spaan M, Lambalk CB, et al: Ovarian stimulation for in vitro fertilization and long-term risk of breast cancer, JAMA 2016(Jul);316(3):300-12</td>
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## Gynecology

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## Obstetrics

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1. Previous studies investigating the association of IVF ovarian stimulation on breast cancer risk have been done and summarized in a meta-analysis. The authors of the current publication cite limitations of such prior work as including all EXCEPT which of the following?

A. short follow-up
B. lack of subfertile comparison groups
C. low incidence of breast cancer
D. all of the above
E. ---

2. Person-years of observation were calculated through the first of all but which of the following?

A. December 31, 2014
B. cancer diagnosis date
C. date of death
D. first IVF treatment date
E. ---

3. In main analyses, missing values were handled in which of the following ways?

A. subjects with missing data were excluded
B. missing values were imputed
C. missing values were randomly assigned
D. missingness was considered a separate category
E. ---

4. Some women had both non-IVF infertility treatment and then IVF-infertility treatment after 1989. With regards to their analytic contributions, they contributed person-years to which of the following?

A. the non-IVF group
B. the IVF group
C. both the non-IVF and IVF groups
D. neither group, they were excluded
E. ---

5. The standardized incidence ratio calculated by comparing groups to the general population indicates that which of the following factors decreases breast cancer risk?

A. fertility treatment with IVF
B. fertility treatment without IVF
C. nulliparous status
D. parous status
E. ---
6. Increased risk of breast cancer was associated with which of the following demographic parameters?
   A. increasing numbers of total IVF cycles
   B. increasing age at first birth
   C. decreasing total ampules FSH and hMG for IVF
   D. poor response at first IVF cycle
   E. ---

7. Based on this study, what would you counsel your patients regarding the associated risk of IVF with breast cancer?


8. Women randomized to the intervention group but who missed two or more consecutive lifestyle intervention sessions were considered to have not completed the intervention and thus analytically were
   A. included in the intervention group
   B. included in the control group
   C. not included in either group
   D. not included in analyses
   E. ---

9. The authors present a thoughtful power calculation in which they state that a sample of 285 women per group would provide the trial with a power of 80% at a two-sided alpha level of 5%. As part of this calculation, they assumed a 20% discontinuation rate for those in the lifestyle intervention. Which of the following statements is TRUE?
   A. The discontinuation rate was higher than what was included in the calculation.
   B. The discontinuation rate was lower than what was included in the calculation.
   C. The number of women in the intervention arm of the intention-to-treat analysis was higher than suggested by the calculation.
   D. The same number of women in the intervention arm were included in both the intention-to-treat analysis and the per-protocol analysis.
   E. ---

10. What percent of women randomized to the intervention group met the goal of the program?
    A. 27.1%
    B. 35.2%
    C. 37.7%
    D. 43.0%
    E. ---

11. Despite women in the intervention group having statistically significantly less of the primary outcome (vaginal birth of a healthy singleton at term within 24 months after randomization, 27.1%) compared to the control group (35.2%), those in the intervention group had all of the following, compared to the control group, EXCEPT
    A. higher rates of weight loss and change in waist circumference
    B. higher rates of spontaneous conceptions and lower rates of infertility treatments
    C. similar rates of complications and adverse events related to pregnancy and the neonate
    D. lesser rate of vaginal births of healthy term singletons when including conceptions within 24 months of randomization
    E. ---
12. The authors specifically mention that “no adjustments for multiple comparisons were made.” How might this affect the interpretation of the results?


13. Although other systematic reviews and/or meta-analyses of plant-based therapies for menopausal symptoms have been carried out, the authors embarked on this publication because the prior ones were limited by all EXCEPT which of the following?

A. focus on a specific therapy
B. inadequate power (i.e. limited sample size)
C. evaluation of a specific symptom (e.g. hot flashes)
D. non-quantitative approach
E. ---

14. Studies incorporated in the systematic review and meta-analysis included all EXCEPT which of the following eligibility criteria?

A. randomized clinical trial
B. subjects studied were perimenopausal, menopausal, and/or post-menopausal
C. placebo controlled
D. plant therapy compared to hormonal therapy
E. any length of follow-up

15. The study characteristics that were pre-specified as characteristics for assessment of heterogeneity and included all EXCEPT which of the following?

A. type of plant-based therapy
B. total number of participants
C. risk of bias
D. geographic location
E. duration of treatment

16. How many unique randomized controlled trials were included in the meta-analysis on phytoestrogens use and hot flashes?

A. 62
B. 36
C. 21
D. 16
E. 15

17. The study given the least study weight in the meta-analysis of phytoestrogen supplementation and hot flashes was the one authored by

A. Albertazzi et al
B. Knight et al
C. van de Weijer et al
D. Faure et al
E. ---
18. For trials assessing the influence of phytoestrogen supplementation on the number of daily hot flashes, heterogeneity was largely explained by which of the following?

A. level of risk of bias
B. number of participants
C. mean change
D. geography
E. ---

19. According to this systematic review and meta-analysis, phytoestrogen supplementation is NOT associated with a significant reduction in which of the following?

A. hot flashes
B. vaginal dryness
C. sleep disturbances
D. night sweats
E. bone density

L³-ObGyn™ — Gynecology

Smeltzer S, Yu X, Schmeler K, Levison J: Abnormal vaginal pap test results after hysterectomy in human immunodeficiency virus-infected women, Obstet Gynecol 2016(Jul);128(1):52-7

20. Which of the following statements accurately describes the study design and subject criteria?

A. Retrospective study of HIV-infected women who had a hysterectomy due to cervical dysplasia or cervical cancer.
B. Prospective study of HIV-infected women with a history of hysterectomy and current abnormal pap.
C. Retrospective study of HIV-infected women who had a hysterectomy for benign reasons and without prior history of abnormal pap.
D. Interventional study of HIV-infected women randomized to screening vaginal cytology or no screening.
E. ---

21. Which demographic risk factor was identified as being associated with progression to vaginal dysplasia after hysterectomy?

A. race
B. current smoker
C. race and smoking history
D. no demographic risk factor identified
E. ---

22. Results demonstrated which of the following?

A. Patients who were < 35 years of age at the time of hysterectomy had a shorter period of time to develop an abnormal pap test result.
B. Patients with a viral load of > 400 had two times the risk of developing an abnormal pap test result.
C. Patients on antivirals at the time of hysterectomy had a longer period of time to develop an abnormal pap test result.
D. There was no significant difference between age and abnormal pap test result-free survival.
E. ---
23. Among the women with abnormal pap test results, most had results showing which of the following?

A. atypical cells of undetermined significance and HPV +
B. low grade squamous intraepithelial lesions
C. high grade squamous intraepithelial lesions
D. vaginal intraepithelial neoplasia 2
E. ---


24. Placental site trophoblastic tumor (PSTT) is a tumor of which of the following?

A. cytotrophoblast
B. syncytiotrophoblast
C. intermediate trophoblast
D. cytotrophoblast and syncytiotrophoblast
E. ---

25. Gestational trophoblastic neoplasms can occur at any time after any pregnancy event. In this retrospective series, what was the longest interval of time from antecedent pregnancy for the diagnosis of PSTT?

A. 2 years
B. 6.5 years
C. 12 years
D. 33 years
E. ---

26. Which of the following is the most valuable tumor marker in patients with PSTT?

A. hCG – human chorionic gonadotropin
B. inhibin A
C. hPL – human placental lactogen
D. Papp A – pregnancy associated placental protein A
E. ---

27. In this series, the overall survival rate was 93.5%. What was the most important prognostic factor for outcome?

A. stage of disease
B. interval of more than 12 months from the last known pregnancy
C. depth of myometrial invasion
D. FIGO prognostic score
E. ---
28. The authors defined surgical complexity by which of the following methods?

A. CPT code
B. description in operative note
C. work relative value unit (wRVU)
D. Clavien-Dindo grading scale
E. ---

29. Which of the following statements accurately reflects the study methodology?

A. Perioperative surgical complications were defined as complications occurring from the start of surgery up to 10 days postoperatively.
B. Intraoperative complications related to error (i.e. accidental puncture) were included in the definition of perioperative complications.
C. The primary outcome of the study was length of hospital stay.
D. This was a secondary analysis cohort study of prospectively collected surgical quality data.
E. ---

30. Which of the following influenced the effect of intraoperative trainee participation on perioperative complications?

A. level of training
B. operative time
C. trainee gender
D. facility type (i.e. academic vs private)
E. ---

31. There was a small increase in major perioperative complications for which of the following surgical routes?

A. vaginal only
B. vaginal and laparoscopic
C. open only
D. laparoscopic and open
E. ---

32. Do you think a pre-defined time limit should be placed on trainees, after which the attending physician would take over as primary surgeon?

33. Which of the following was NOT included in composite neonatal morbidity in this report?

A. hypoglycemia
B. hyperbilirubinemia
C. respiratory distress syndrome
D. 5 minute Apgar score < 7
E. ---
34. Keeping in mind that all the women in this study had gestational diabetes, what was the overall cesarean delivery rate?

A. 11.8%
B. 15.4%
C. 19.6%
D. 32.4%
E. ---

35. At what week of gestation was the incidence of spontaneous labor highest?

A. 37 weeks
B. 38 weeks
C. 39 weeks
D. > 40 weeks
E. ---

36. Which statement below is TRUE?

A. The cesarean delivery rate increased in women delivering at > 40 weeks gestation in both nulliparas and multiparas.
B. The incidence of macrosomia was highest at > 40 weeks gestation.
C. Neonatal hypoglycemia was most frequent at > 40 weeks gestation.
D. All of the above.
E. ---

37. The authors chose to use the simplified Bishop score in this report. What simplified score was the minimum needed to identify a favorable cervix?

A. 5
B. 6
C. 7
D. 8
E. ---

38. Which of the following factors did the authors NOT consider in decisions regarding delivery?

A. gestational age
B. cervical exam
C. parity
D. estimated fetal weight
E. ---

39. How would you design a randomized controlled trial to choose the optimal gestational age to deliver women with gestational diabetes?

Would you separate class A1 from A2?
40. Among the normal IUPs in this study, how many had a history of cesarean delivery?

A. 26  
B. 31  
C. 57  
D. 128  
E. ---

41. Which of the diagnoses listed below makes the diagnosis of cesarean scar pregnancy (CSP) difficult?

A. normal but low IUP  
B. abortion in progress  
C. cervical pregnancy  
D. all of the above  
E. ---

42. What was the sensitivity of the most distant edge of the gestational sac as a tool to diagnose cesarean scar pregnancy?

A. 64.9%  
B. 93.0%  
C. 98.9%  
D. 100%  
E. ---

43. Although not the specific purpose of this study, what strategy is supported by the authors’ results?

A. routine ultrasound for dates before 10 weeks  
B. very early (6-8 weeks) ultrasound screening in women with a previous cesarean delivery  
C. routine ultrasound in women with a retroverted uterus  
D. all of the above  
E. ---

44. What was the main limitation of this study?

A. too few women in the normal IUP group had a previous cesarean  
B. retrospective study design  
C. relatively low number of scar pregnancies  
D. none of the above  
E. ---

45. Given the data provided by the authors, calculate:

A. The positive predictive value of the distance from the external os to the center of the gestational sac for the diagnosis of CSP.

B. The negative predictive value.

46. Keeping in mind that this study came from Canada, what antibiotic regimen was used in women with preterm PROM between 20⁰/₇ and 23⁵/₇?  
A. ampicillin only for 7 days  
B. ampicillin and azithromycin for 7 days  
C. erythromycin for 10 days  
D. ampicillin and erythromycin for 10 days  
E. ---

47. To diagnose chorioamnionitis in women with preterm PROM in this study, which of the following was required?  
A. temperature > 38C, plus one supporting criterion  
B. temperature > 38C, plus two supporting criteria  
C. temperature > 38C only  
D. none of the above  
E. ---

48. As expected, the percentage of women opting for active intervention increased with advancing gestational age. What percent of those with preterm PROM at 20 weeks chose active intervention?  
A. 5%  
B. 10%  
C. 15%  
D. 25%  
E. ---

49. On multivariable logistic regression which of the following factors were significantly associated with overall survival?  
A. gestational age at preterm PROM > 22 weeks  
B. latency period > 7 days  
C. both A & B  
D. birth weight  
E. ---

50. How did the authors try to overcome the limitations of previous studies?  
A. by including a large proportion of women with a cervical cerclage  
B. by having a larger sample size  
C. by using corticosteroids for lung maturity  
D. by focusing on a relatively narrow range of gestational age at preterm PROM  
E. ---

51. The authors describe counseling of women with previable preterm PROM as “highly challenging.” In this study all of the women who chose expectant management were hospitalized.  
A. How is this problem handled at your institution?  
B. What management is considered in Creasy & Resnik’s Maternal Fetal Medicine 7th Edition?

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