

L³-ObGyn™

for

OB/GYN Residents



The Foundation for Excellence
in Women's Health

2016-2017 - BOOK 3

March 2017

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

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.

ADDITIONAL INFORMATION

**Please visit our website under
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PEARLS OF EXCELLENCE

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

THE FOUNDATION FOR EXXCELLENCE IN WOMEN'S HEALTH
L³-ObGyn™
Ob/Gyn Residents
March 2017 Reading Assignment List

Office Practice	Question Numbers
<i>Matthews LR, O'Dwyer L, O'Neill E: Intrauterine device insertion failure after misoprostol administration: A systematic review, Obstet Gynecol 2016(Nov);128(5):1084-91</i>	1-6
<i>Tarney CM, Klaric J, Beltran T, et al: Prevalence of human papillomavirus in self-collected cervicovaginal swabs in young women in the United States between 2003 and 2012, Obstet Gynecol 2016(Dec);128(6):1241-7</i>	7-11
<i>Wald A, Timmler B, Magaret A, et al: Effect of pritelivir compared with valacyclovir on genital HSV-2 shedding in patients with frequent recurrences: A randomized clinical trial, JAMA 2016(Dec);316(23):2495-2503</i>	12-15
Gynecology	
<i>Gomez-Lobo V, Amies Oelschlager AM: Disorders of sexual development in adult women, Obstet Gynecol 2016(Nov);128(5):1162-73</i>	16-19
<i>Sullivan SA, Clark LH, Staley AS, et al: Association between timing of cervical excision procedure to minimally invasive hysterectomy and surgical complications, Gynecol Oncol 2017(Feb);144(2):294-8</i>	20-23
<i>Zakhour M, Danovitch Y, Lester J, et al: Occult and subsequent cancer incidence following risk-reducing surgery in BRCA mutation carriers, Gynecol Oncol 2016(Nov);143(2):231-5</i>	24-27
Obstetrics	
<i>van Vliet EO, Askie LA, Mol BW, Oudijk MA: Antiplatelet agents and the prevention of spontaneous preterm birth: A systematic review and meta-analysis, Obstet Gynecol 2017(Feb);129(2):327-36</i>	28-33
<i>Westbrook RH, Dusheiko G, Williamson C: Pregnancy and liver disease, J Hepatol 2016(Apr);64(4):933-45</i>	34-39
<i>Committee Opinion No. 687: Approaches to limit intervention during labor and birth, Obstet Gynecol 2017(Feb);129(2):e20-8</i>	40-45

THE FOUNDATION FOR EXXCELLENCE IN WOMEN'S HEALTH

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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. IF CHOICE "E" CONTAINS DASHES ONLY, DO NOT CHOOSE IT AS AN ANSWER.

L³-ObGyn™ — Office Practice

Matthews LR, O'Dwyer L, O'Neill E: Intrauterine device insertion failure after misoprostol administration: A systematic review, *Obstet Gynecol* 2016(Nov);128(5):1084-91

1. With regards to hysteroscopy literature, misoprostol has been found efficacious in
 - A. reducing pain with dilation
 - B. reducing the number of failed dilations
 - C. increasing cervical canal diameter
 - D. all of the above
 - E. none of the above
2. Which of the following parameters resulted in article exclusion from this systematic review?
 - A. outcome comparison in women with and without misoprostol pretreatment
 - B. examined outcomes included success of IUD insertion and ease of insertion
 - C. misoprostol administered orally instead of vaginally or rectally
 - D. focus on IUD removal and/or insertion after previous failed attempt only
 - E. randomized controlled trials
3. Which of the following statements is **TRUE** about the majority of articles selected for inclusion in the systematic review?
 - A. Nulliparous women were the population studied.
 - B. Misoprostol was administered rectally.
 - C. A placebo was not used in the comparison group.
 - D. Study quality was low.
 - E. ---
4. The majority of articles selected for inclusion indicated no difference in which of the following outcomes?
 - A. insertion failure
 - B. difficulty of insertion
 - C. pain during insertion
 - D. expulsion
 - E. all of the above
5. The authors report no differences and relatively consistent results across the outcomes they examined and across the studies they included and yet they advise caution when considering these results. Why?
6. The hysteroscopy literature as cited in the background of this systematic review would suggest that misoprostol should be associated with reduced pain with IUD insertion and reduced failed IUD insertions. Yet that was not the conclusion of the authors based on the included evidence. What difference in the reported data might lead to this discrepancy?

Tarney CM, Klaric J, Beltran T, et al: Prevalence of human papillomavirus in self-collected cervicovaginal swabs in young women in the United States between 2003 and 2012, *Obstet Gynecol* 2016(Dec);128(6):1241-7

7. Why were HPV 6 and 11 not analyzed in this study?
 - A. not measured with the Linear Array HPV Assay utilized
 - B. not HPV types included in available vaccine series
 - C. not associated with cervical cancer
 - D. it is not clear from reading the article
 - E. ---
8. The concept of 'herd immunity' would be supported by which of the following findings?
 - A. increase in vaccine-type HPV prevalence in the post-vaccine era
 - B. decrease in the prevalence of vaccine-type HPV in the post-vaccine era among unvaccinated women
 - C. increase in the prevalence of nonvaccine-type HPV in the post-vaccine era among vaccinated women
 - D. overall decrease in the prevalence of nonvaccine- and vaccine-type HPV in the post-vaccine era among all women
 - E. ---
9. According to table 1, statistically significant demographic differences associated with increased vaccination rates were which of the following?
 - A. non-Hispanic white race/ethnicity
 - B. not completing high school
 - C. 3 or greater lifetime male sexual partners
 - D. age at first sex
 - E. poverty at or below federal poverty level
10. According to figure 3, the increase in number of women receiving three vaccine doses is associated with decreases in percentages of which of the following?
 - A. women receiving one dose
 - B. women receiving two doses
 - C. women not receiving vaccination
 - D. all of the above
 - E. ---
11. What is 'cross protection' and why is it important?

Wald A, Timmler B, Magaret A, et al: Effect of pritelivir compared with valacyclovir on genital HSV-2 shedding in patients with frequent recurrences: A randomized clinical trial, *JAMA* 2016(Dec);316(23):2495-2503

12. This study design is best referred to as randomized, double-blind, double-dummy crossover study. Which of the following statements is **FALSE**?
 - A. Participants are allocated to receive active drug versus placebo first.
 - B. Participants are allocated to receive pritelivir versus valacyclovir first.
 - C. Participants take placebo paired with active drug at all points except washout.
 - D. Providers are blinded to treatment assignment.
 - E. Providers and participants are blinded to treatment assignment.

13. The primary efficacy end point on which the sample size was determined was which of the following?
- mean quantity of HSV in swabs (\log_{10} copies/mL)
 - number HSV positive swabs relative to number collected swabs
 - percent days with genital lesions present
 - frequency of shedding episodes per person-month
 - duration of pain and recurrences
14. The sponsor terminated the study early. Who was included in 'safety analyses'?
- all randomized participants
 - all randomized participants receiving ≥ 1 dose of study drug
 - all randomized participants receiving ≥ 1 dose of study drug and obtaining ≥ 1 genital swab
 - all participants
 -
15. Data to support the sentence 'The frequency of detection of HSV in genital swabs was lower during pritelivir treatment than during valacyclovir treatment (relative risk [RR], 0.42; 95% CI, 0.21-0.82; $p=0.12$. . .)' can be found in which of the following?
- table 2
 - figure 2
 - both
 - neither
 -

L³-ObGyn™ — Gynecology

Gomez-Lobo V, Amies Oelschlager AM: Disorders of sexual development in adult women, *Obstet Gynecol* 2016(Nov);128(5):1162-73

16. Which of the following is **NOT** a common disorder of sexual development leading to genital ambiguity?
- 46 XX congenital adrenal hyperplasia
 - 46 XX müllerian agenesis (Mayer-Rokitansky-Küster-Hauser syndrome)
 - 46 XY complete androgen insensitivity syndrome
 - 45 X Turner syndrome
 -
17. In an adult patient with CYP21 congenital adrenal hyperplasia, which of the following would **NOT** be likely?
- osteopenia
 - iatrogenic Cushing syndrome
 - vaginal stenosis
 - oligo or anovulation
 -
18. It is recommended that a patient with 46 XY karyotype have which of the following prophylactically?
- orchiectomy before pubertal development; oophorectomy after pubertal development
 - oophorectomy before pubertal development; orchiectomy after pubertal development
 - orchiectomy and oophorectomy before puberty development
 - orchiectomy and oophorectomy after pubertal development completed
 -

19. During review of your clinic schedule for the day, you see an appointment for a new patient establishing care and wanting information on in vitro fertilization using donor oocytes. She has a known history of sexual development disorder. Which of the following additional information would correlate best with Turner syndrome?
- A. presence of a bicuspid aortic valve, aortic stenosis, and hypothyroidism
 - B. medication list includes corticosteroids and mineralocorticoids
 - C. past surgical history of gonadectomy due to seminoma
 - D. past surgical history of vaginoplasty and urogenital sinus mobilization
 - E. ---

Sullivan SA, Clark LH, Staley AS, et al: Association between timing of cervical excision procedure to minimally invasive hysterectomy and surgical complications, *Gynecol Oncol* 2017(Feb);144(2):294-8

20. In this retrospective study, patients having definitive surgery ≤ 6 weeks from excision procedure had a higher rate of 30-day complications. What was the relative risk?
- A. 1.6
 - B. 2.0
 - C. 2.6
 - D. 3.5
 - E. ---
21. Of the following patient characteristics, which was significantly different between the early and delayed surgery groups?
- A. insurance status
 - B. current smoking
 - C. medical comorbidities
 - D. body mass index
 - E. ---
22. Definitive MIS in this study was performed by which route?
- A. vaginal
 - B. laparoscopic
 - C. robotic-assisted
 - D. all of the above
 - E. ---
23. This study was not able to evaluate the safety of definitive surgery within 48 hours of excision procedure. How many patients were operated on within this time interval?
- A. 1
 - B. 3
 - C. 5
 - D. 7
 - E. ---

24. Which of the following findings was not found among the 5.4% of patients with occult cancer at the time of risk-reducing salpingo-oophorectomy (RRSO)?
- A. Patients with occult cancer were older.
 - B. More occult cancer was found in patients who underwent concurrent hysterectomy.
 - C. BRCA1 mutation carriers were more likely to have occult cancer than BRCA2 mutation patients.
 - D. Prior history of breast cancer was not associated with occult cancer.
 - E. ---
25. The decision to perform hysterectomy at the time of RRSO was left to the discretion of the surgeon and patient. What percent of women had concurrent hysterectomy?
- A. 11%
 - B. 28%
 - C. 37%
 - D. 57%
 - E. ---
26. The adnexa were submitted entirely for histologic examination. The fimbria was evaluated by a defined protocol and the remainder of the tubes sectioned at what intervals?
- A. 2-3 mm
 - B. 5-6 mm
 - C. 1.0 cm
 - D. 1.5 cm
 - E. ---
27. Two of nine patients (22%) with serous tubal intraepithelial carcinoma (STIC), at the time of RRSO, subsequently developed pelvic serous carcinoma. The authors suggest that these patients might warrant which of the following?
- A. postoperative treatment with chemotherapy
 - B. surveillance with CA 125
 - C. re-operation for pelvic lymphadenectomy
 - D. yearly PET scans
 - E. ---

L³-ObGyn™ — Obstetrics

van Vliet EO, Askie LA, Mol BW, Oudijk MA: Antiplatelet agents and the prevention of spontaneous preterm birth: A systematic review and meta-analysis, *Obstet Gynecol* 2017(Feb);129(2):327-36

28. Which of the following plays the most important role in spontaneous preterm birth?
- A. uteroplacental ischemia
 - B. uterine overdistention
 - C. intrauterine infection
 - D. cervical incompetence
 - E. ---

29. What fraction of women with preterm labor and preterm PROM were found to have failure of physiologic transformation of the spiral arteries?
- A. 1/4
 - B. 1/3
 - C. 1/2
 - D. 2/3
 - E. ---
30. Which choice listed below was a main outcome measure for this study?
- A. spontaneous preterm birth from 28-34 weeks gestation
 - B. iatrogenic preterm birth secondary to preeclampsia
 - C. spontaneous preterm birth of a liveborn neonate between 20 and 28 weeks gestation
 - D. all of the above
 - E. ---
31. What was the number needed to treat with antiplatelet agents to prevent one case of spontaneous preterm birth at less than 37 weeks gestation?
- A. 67
 - B. 139
 - C. 242
 - D. 365
 - E. ---
32. Which of the following outcomes were significantly increased (albeit barely) among women who received antiplatelet agents compared to those who did not?
- A. antepartum hemorrhage
 - B. placental abruption
 - C. neonatal bleeding
 - D. postpartum hemorrhage
 - E. ---
33. Since 15 of the 17 trials in this report used aspirin only, do you think a sensitivity analysis (Table 5) was really warranted? What type of study traditionally makes use of a sensitivity analysis?
- Westbrook RH, Dusheiko G, Williamson C: Pregnancy and liver disease, *J Hepatol* 2016(Apr);64(4):933-45
34. What two drugs do the authors suggest should be reserved for patients with hyperemesis gravidarum who do not improve with first and second line treatments?
- A. metoclopramide and chlorpromazine
 - B. promethazine and guar gum
 - C. ondansetron and methylprednisolone
 - D. metoclopramide and prochlorperazine
 - E. ---
35. What is the most useful biochemical test for women suspected to have intrahepatic cholestasis of pregnancy?
- A. AST
 - B. serum bile acids
 - C. bilirubin
 - D. alkaline phosphatase
 - E. ---

36. Which of the following scores do the authors regard as a reliable predictor of hepatic decompensation in pregnant women with cirrhosis?
- A. Z-score
 - B. MELD score
 - C. biophysical profile score
 - D. Nugent score
 - E. ---
37. What is the main reason why vaccine prophylaxis may fail in infants born to mothers with hepatitis B?
- A. infection with an unusual strain of virus
 - B. lack of fetal immune response to the vaccine
 - C. high level of bilirubin in the mother
 - D. high viral load in the mother
 - E. ---
38. Which of the following immunosuppressive agents do the authors' state should be discontinued 6 months prior to conception?
- A. tacrolimus
 - B. mycophenolate mofetil
 - C. cyclosporine
 - D. azathioprine
 - E. ---
39. On page 937, the authors state that hepatic hemorrhage, rupture and infarction have been reported to occur in up to 45% of women with HELLP syndrome and they cite two references. Can you validate their statement?

Committee Opinion No. 687: Approaches to limit intervention during labor and birth, *Obstet Gynecol* 2017(Feb);129(2):e20-8

40. When membranes rupture at term before the onset of labor, what percent of women will start labor spontaneously within 24-28 hours?
- A. 75%
 - B. 80%
 - C. 85%
 - D. 95%
 - E. ---
41. Which statement below is **TRUE** regarding amniotomy?
- A. Among women in spontaneous labor, amniotomy alone significantly shortened the duration of labor.
 - B. Among women in spontaneous labor, amniotomy alone lowered the incidence of cesarean birth.
 - C. Compared with women who did not undergo amniotomy, those who did reported similar patient satisfaction.
 - D. Amniotomy together with oxytocin augmentation reduced the cesarean birth rate by 50%.
 - E. ---

42. What was the effect of the upright position on the duration of the first stage of labor?
- A. shortened by three hours
 - B. shortened by a little over one hour
 - C. no effect
 - D. lengthened by one hour
 - E. ---
43. Which method of pushing in the second stage is most advantageous?
- A. Prolonged pushing with a closed glottis.
 - B. Spontaneous pushing with an open glottis.
 - C. Pushing in the stirrups in the lithotomy position.
 - D. The limited data available do not strongly support any method of pushing, so each woman should use the technique that she prefers.
 - E. ---
44. According to a recent large retrospective analysis (Yee et al), what was the impact of delaying pushing by 60 minutes?
- A. increase in cesarean delivery
 - B. increase in operative vaginal delivery
 - C. increase in postpartum hemorrhage
 - D. all of the above
 - E. ---
45. This Committee Opinion appears to favor granting more autonomy to low-risk women in spontaneous labor. Is there a limit to patients' rights? [See editorial by Chervenak in BJOG January 26, 2017]

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