21st Annual Obstetrics, Gynecology & Women’s Health Resident and Fellow Research Day

University of Hawai‘i
John A. Burns School of Medicine
Department of Obstetrics, Gynecology & Women’s Health
April 28, 2016

We welcome you to the 21st Annual Department of Obstetrics, Gynecology and Women’s Health, John A Burns School of Medicine, University of Hawai‘i Research Day symposium. This event, created and organized through the combined efforts of our faculty, fellows and residents, was aimed to improve women’s health and inspire discovery. The objective of this Research Day is to provide a format for residents and fellows to present their current research and to acknowledge recently published and presented research by our faculty. The research projects that are being discussed today give our residents and fellows experience conducting and presenting original research and an opportunity to generate discussion about advancing women’s health. The knowledge and skills our residents and fellows gain will assist them to critically analyze medical literature and determine optimum evidence based practice to benefit their patients. We believe this experience would encourage them to continue to explore basic science, translational and clinical research opportunities in the future.

A special thanks goes to the entire Research Day Symposium Planning committee and to our distinguished visiting professor Haywood L. Brown, M.D. We hope that you will find this research symposium to be informative and inspiring. Please share your thoughts about our department’s research day strengths with us and any suggestions for next year’s program.

We dedicate this year’s Departmental research week to Santosh Sharma, M.D. :

She served our department and medical school in a fashion that can only be described as exceptional and extraordinary. She continues to be inspirational to all of us. Our department is forever grateful for the investment in research she made in the form of the Lakshmi and Devraj Sharma Endowed Chair.

Sincerely,

Reni Soon, M.D., M.P.H.
Assistant Professor
Director of Resident Research
Department of Obstetrics, Gynecology
& Women’s Health
University of Hawai‘i
John A. Burns School of Medicine

Ivica Zalud, M.D., Ph.D.
Professor and Chair
Kosasa Endowed Chair
Department of Obstetrics, Gynecology
& Women’s Health
University of Hawai‘i
John A. Burns School of Medicine
GUEST SPEAKER & JUDGE
April 28, 2016

Haywood L. Brown, M.D., FACOG
F. Bayard Carter Professor & Chair, Obstetrics and Gynecology
Department / Division: Obstetrics/Gynecology / Maternal-Fetal Medicine
Duke University School of Medicine, Durham, North Carolina

Clinical Interests:
High-risk pregnancy including preconceptional counseling, prematurity prevention and high-risk conditions such as hypertension, diabetes, and hematologic conditions; cardiac disease in pregnancy

Research Interests:
Research focus is on health disparities as related to perinatal outcomes. Specific focus on the epidemiology of preterm delivery, infant and maternal mortality. Other research focus is on medical co-morbidities such as hypertension and cardiovascular conditions and the impact on pregnancy.

Recent Publications:
• DNA methylation at imprint regulatory regions in preterm birth and infection. Liu, Y., Hoyo, C., Murphy, S., Huang, Z., Overcash, F., Thompson, J., Brown, H., Murtha, A. P.; Am. J. Obstet. Gynecol. 2013 May. 3 citations

Wednesday, April 27, 2016 Kapiolani Medical Center for Women & Children, The Irene‘i Halau Auditorium
7:30 a.m. - 8:30 a.m. Ob/Gyn Research Day Lecture: “The Obstetric Bundles”
Participants: Faculty, Private Attending Physicians, Residents and Medical Students

Thursday, April 28, 2016 Waialae Country Club
7:30 p.m. - 1:00 p.m. Ob/Gyn Research Day Program
Participants: Faculty, Private Attending Physicians, Residents and Medical Students

Friday, April 29, 2016, Kapi‘olani Medical Center for Women & Children, Room 815
7:30 a.m. - 9:00 a.m. Review & Advise: Ongoing 2nd Year Resident’s Research Projects in Progress
Participants: Residents and Research Advisors

9:00 a.m. - 10:00 a.m. Maternal Fetal Medicine Fellow Lecture

10:00 a.m. - 11:00 a.m., Fellowship Lecture: “Mentorship and Career Development”
Participants: Family Planning and Maternal Fetal Medicine Fellows

12:00 p.m. - 2:00 p.m., Kapiolani Medical Center for Women & Children, The Irene‘i Halau Auditorium
Maternal Fetal Medicine Fellowship Thesis Defense - Autumn Broady, M.D., M.P.H.,
“Placental Dysfunction in Pre-eclampsia: Visfatin/Nampt, SIRT1 and SIRT3 Decline, while 8-Oxo-deoxyguanosine and Telomere Length Remain Unchanged”
RESEARCH DAY PROGRAM
Thursday, April 28, 2016

Wi-Fi Internet Access: 4997kakala

7:30 a.m. Registration and Continental Breakfast

8:00 a.m. Welcome Remarks by Ivice Zalud, M.D., Ph.D., Professor & Chair, Kosasa Endowed Chair

8:10 a.m. Greetings by Jeri R. Hedges, M.D., M.S., M.M.M., Dean and Professor of Medicine, John A. Burns School of Medicine

8:20 a.m. Recognize Judging Panel, Fellow Moderators, Presentation Rules by Reni Soon, M.D., M.P.H

8:30 a.m. Introduction of Residents by Ryan Schlueter, D.O. and Shandhini Raidoo, M.D..

TIME PRESENTER ABSTRACT
8:35 a.m. Sara C. Harris, M.D. Levonorgestrel Intrauterine Device Expulsion in Patients with Abnormal Uterine Bleeding

8:50 a.m. Kasey R. Kajiwara, M.D. Contraceptive Recommendations: Examining the Role of Patients’ Age and Race

9:05 a.m. Kimberly K. Nagamine, M.D. Utility of Cell Blocks from HSIL Pap Tests

9:20 a.m. Jessica L.J. Johns, M.D. Factors Predictive of Myoinvasion in Cases of Complex Atypical Hyperplasia Diagnosed on Endometrial Biopsy or Curettage

9:35 a.m. P. Gordon McLemore, Jr., M.D. Utilization of Abdominal Circumference (AC) Measurement in Fetal Biometry in the Late Second and Early Third Trimesters in the Prediction of Small for Gestational Age (SGA) Infants

9:50 a.m. Tiffany S. Lai, M.D. Clinical characteristics of ARID1a Loss of Expression in Clear Cell and Endometrioid Ovarian Carcinoma

10:05 a.m. Introduction of Autumn Broady, M.D., M.P.H. by Dena Towner, M.D., Maternal Fetal Medicine Fellowship Program Director

10:10 a.m. Autumn Broady, M.D., M.P.H. Placental Dysfunction in Pre-eclampsia: Visfatin/Nampt, SIRT1 and SIRT3 Decline, while 8-Oxo-deoxyguanosine and Telomere Length Remain Unchanged

10:35 a.m. Introduction of EmmaKate Friedlander, M.D. by Bliss Kaneshiro, M.D., M.P.H., Family Planning Fellowship Program Director

10:40 a.m. EmmaKate Friedlander, M.D. Prophylactic Pregabalin to Decrease Pain During Medical Abortion: a Randomized Controlled Trial

11:05 a.m. Introduction of Kelly Yamashita, M.D. by Jennifer Elia, Dr.P.H., M.P.H.

11:10 a.m. Kelly Yamashita, M.D. Maternal Morbid Obesity, Race, and Severe Perineal Lacerations

11:25 a.m. Introduction of Mary Tschann, M.P.H. by Jennifer Elia, Dr.P.H., M.P.H.

11:30 a.m. Mary Tschann, M.P.H. Characteristics and Contraceptive Practices of Patients Seen for Repeat Abortion at University of Hawai‘i Women’s Options Center

11:45 a.m. Buffet Lunch and Judges’ Deliberations

12:50 p.m. Haywood L. Brown, M.D. and Reni Soon, M.D., M.P.H.: Awards Presentations

1:00 p.m. Closing by Mark Hiraoka, M.D., M.S., Ob-Gyn Residency Program Director

2016 JUDGING PANEL:

Haywood L. Brown, M.D.
Professor & Chair, Obstetrics & Gynecology
Duke University School of Medicine
Durham, North Carolina

John Chen, Ph.D.
Professor, Department of Tropical Medicine,
Medical Microbiology & Pharmacology
John A. Burns School of Medicine
University of Hawai‘i
Honolulu, Hawai‘i

Thanasak Sueblinwong, M.D.
Clinical Assistant Professor, Department of Obstetrics & Gynecology
John A. Burns School of Medicine
University of Hawai‘i
Honolulu, Hawai‘i
Kaiser Permanente Medical Group
Sara Christine Harris, M.D.

Medical School: University of Hawaii John A. Burns School of Medicine, Honolulu, Hawai‘i

BA in Chinese, Molecular and Cell Biology, University of California, Berkeley

Language Fluency other than English: Basic Mandarin

Hobbies & Interests: Running, trying out new restaurants, arts & crafts

Place of Birth: Honolulu, Hawaii

Medical Interests: Minimally invasive surgery, advocacy, reproductive rights

Future Plans upon Graduation: Work as a Ob-Gyn Generalist in Hawai‘i

Research Experience: Research Assistant - Worked with Dr. Brent Mausbach, a psychologist at the Stein Institute for Research on Aging at the University of California, San Diego. Worked on a variety of projects including evaluation of depression in older schizophrenic patients as well as assessment of risk factors for caregiver burnout. Under the direction of Kamal Masaki, Medical Student Training in Aging Research, Honolulu, HI June 2010-August 2010.

Volunteer Lab Assistant - Performed basic lab procedures under the supervision of a PhD student. Also, analyzed and organized data from asbestos-infected cell cultures under the direction Dr. Michele Carbone, Cancer Research Center of Hawaii, Honolulu, HI, August 2009-May 2010


Harris, S., Mausbach, B. A Proposed Model of Depression in Schizophrenia. Oral Presentation presented at: Hawaii Chapter Annual ACP Meeting, January 2011, Honolulu, HI
Levonorgestrel Intrauterine Device Expulsion in Patients with Abnormal Uterine Bleeding

Sara Harris, M.D.; Lynne Saito-Tom, M.D.; Hyeong Jun Ahn, Ph.D.; Bliss Kaneshiro, M.D., M.P.H.

Objective: This study aims to identify factors that may be associated with levonorgestrel intrauterine device (LNG-IUD) expulsion in patients with abnormal uterine bleeding (AUB).

Design: Retrospective cohort study

Materials and Methods: Patients with a LNG-IUD inserted for the management of AUB at Kaiser Permanente-Hawai`i between January 2009 and December 2010 were identified. The factors evaluated were classification of menstrual irregularity, timing of LNG-IUD insertion in relation to the menstrual cycle, uterine cavity length, uterine position, the presence of uterine pathology and other patient characteristics.

Patient characteristics were compared using Chi-squared tests or Fisher's exact tests for categorical variables and two sample t-test or non-parametric Wilcoxon rank sum tests for continuous variables. A multivariable logistic regression model was developed to estimate the likelihood of a LNG-IUD expulsion adjusting for various demographic and clinical factors. Kaplan-Meier curves and Cox proportional hazards regression models were used for survival analysis.

Results: Of the 179 eligible patients, LNG-IUD expulsion occurred in 39 patients (22%). In bivariate analysis, uterine cavity length (p= 0.02), insertion of the LNG-IUD during the first week of the menstrual cycle (p=0.01), and the presence of endometriosis (p=0.03) were associated with an increase in LNG-IUD expulsion. No expulsions occurred in patients who had the LNG-IUD placed in the operating room (p=0.01).

Multivariable logistic regression revealed that with every one-centimeter increase in uterine cavity length, there is a 57% increase in the odds of LNG-IUD expulsion [OR 1.57 (95% CI 1.08, 2.30)]. If the LNG-IUD was placed during the first week of the menstrual cycle, there is a 3.68 times higher odds of expulsion occurring [OR 3.68 (95% CI 1.05, 12.89)].

The hazard ratio of LNG-IUD expulsion for each one-centimeter increase in uterine cavity length was 1.58 (95% CI 1.23-2.03, p = 0.0003). The Kaplan-Meier curve for timing of IUD insertion showed that the IUD retention rate in patients who had the LNG-IUD placed in the first week of the menstrual cycle was significantly less than the IUDs placed at other points in the menstrual cycle (p = 0.01).

Conclusions: The incidence of LNG-IUD expulsion in our population with AUB was higher than previously quoted. Longer uterine cavity length, insertion of the LNG-IUD during the first week of the menstrual cycle and the presence of endometriosis were associated with increased LNG-IUD expulsion. Placement of the LNG-IUD in the operating room was associated with no expulsions. Carefully screened patients may continue to be good candidates for LNG-IUD placement for AUB.

Support: University of Hawai`i Obstetrics, Gynecology, and Women’s Health

Acknowledgements: ABSOM Biostatistics & Quantitative Health Sciences - NIH Infrastructural grants U54MD007584, G12MD007601; Alexandra Sueda, M.D., Kaiser Permanente Center for Health Research - Hawai`i, Jenny Fujita, Nolwenn Phan
Kasey Rei Kajiwara, M.D.

University of Hawai‘i, John A. Burns School of Medicine, Honolulu, Hawai‘i
Medical School Honors/Awards:
* 2012 Colin C. McCorristen MD Endowed Scholarship Recipient

B.S. in Medical Microbiology and Immunology, University of Wisconsin, Madison, Wisconsin
Undergraduate Honors/Awards:
* 2007 University of Wisconsin School of Public Health Visiting Scholar, Bangkok, Thailand
* 2004-2007 Dean’s List Award

Hobbies & Interest: Dancing, surfing, snowboarding, traveling, yoga

Place of Birth: Honolulu, Hawai‘i

Medical Interests: Minimally Invasive Gynecologic Surgery, Health disparities, International health

Future Plans upon Graduation: General Obstetrics and Gynecology

Research Experience: Principal Investigator under the direction of James Conway, M.D. Department of Pediatrics, University of Wisconsin, Madison, WI. Awarded stipend to conduct research to evaluate and assess the effectiveness of public health education for avian flu precautions in rural providence of Korat, Thailand in conjunction with Mahidol University, Bangkok, Thailand. 5/2007-8/2007

Principal investigator under the direction of Joanne Weber, B.S, M.T. Department of Medical Microbiology and Immunology, University of Wisconsin, Madison, WI. Proposed and designed study to understand the epidemiological issues regarding increased in drug resistant Myobacterium tuberculosis in Wisconsin. 8/2007-12/2007.

Research assistant under the direction of Tricia Wright, M.D. Department of OB/GYN, University of Hawaii John A. Burns School of Medicine, Honolulu, HI. Assisted with data collection and consenting participants in study. 10/2012-07/2013

Research assistant under the direction of Pamela Tauchi-Nishi, M.D. Department of Pathology, University of Hawaii John A. Burns School of Medicine, Honolulu, HI. Assisted with data input and statistical analysis of over 4,000 placenta samples collected between 1998-2012. 8/2012-7/2013. A poster was presented at National ACOG Meeting, New Orleans, LA May 2013.

Research assistant under the direction of Lynne Iwamoto, M.D. Conducted a literature review for the developing of retinopathy of prematurity with oxygen: assisted with data collection and statistical analysis. 2009-2010

Research assistant under the direction of Jeffery Miller, Ph.D. Department of Microbiology, University of California Los Angeles, Los Angeles, CA. Developed assay to study the antibiotic resistant gene profile of E. coli. 12/2007-5/2008


Contraceptive Recommendations: Examining the Role of Patients’ Age and Race
Kasey Kajiwara, M.D.; Amanda Williams, Ph.D., M.Ed.; Kristen Pauker, Ph.D.; Reni Soon, M.D., M.P.H.; Jennifer Salcedo, M.D., M.P.H., M.P.P.; Jennifer Elia, Dr.P.H.; Mary Tschann, M.P.H.; Bliss Kaneshiro, M.D., M.P.H.

Objective: Despite increased attention from medical and public health communities, racial and ethnic disparities persist in healthcare. Patient race can influence diagnostic and treatment recommendations by physicians who are often unaware of this effect. This study investigated the influence of patient race on contraceptive recommendations by medical students in their clinical years of medical school.

Design: Descriptive Study

Materials and Methods: An online survey was sent to all third and fourth year medical students at the University of Hawai‘i John A. Burns School of Medicine between July 2014 and July 2015. Students read two patient scenarios and made contraceptive recommendations (condoms, oral contraceptive pills, depot medroxyprogesterone, etonogestrel implant, intrauterine device (IUD), or female sterilization) based on the information provided. In the first scenario the patient was a healthy 23 year-old with no previous pregnancies who did not desire pregnancy for at least a couple of years. In the second scenario, the patient was a healthy 36 year-old with two children who did not want to become pregnant again. All students received the same scenarios, but the names in the scenarios were randomly assigned to represent one of five race/ethnicities (White, Chinese, Filipina, Native Hawaiian, and Micronesian). A chi-square test was used to analyze whether contraception nominations differed by race of the patient presented in the case studies. Pre-specified, bivariate logistic regression was used to examine how the interaction between medical student experience with making contraceptive recommendations and race of patient affected sterilization recommendations.

Results: One hundred and ten (57.3%) of 192 medical students completed the survey. Contraceptive method recommendations did not differ by patient race in the scenario with the younger woman (linear-by-linear association $\chi^2 (1) = 0.013, p = 0.91$). Overall, students were most likely to recommend IUDs, followed by contraceptive pills and etonogestrel implants for the scenario with the younger woman. In the scenario with the 36 year-old woman, the most common contraceptive recommendation was an IUD, followed by sterilization and oral contraceptive pills. Contraceptive recommendations appeared to differ by patient race in the older scenario with a trend towards Micronesian patients receiving more recommendations for sterilization than other races (linear-by-linear association $\chi^2 (1) = 3.57, p = 0.059$). Students who reported having more experience with contraception were more likely to nominate more effective methods for both the 23 year-old (spearman $r = 0.22, p = 0.021$) and the 36 year-old (spearman $r = 0.23, p = 0.019$). Previous experience with making contraceptive recommendations did not influence the likelihood of sterilization recommendations.

Conclusions: This study supports the hypothesis that contraceptive recommendations by medical students may vary by patient race.

Support: None

Acknowledgements: None
Kimberly Katherine Nagamine, M.D.

University of Hawai‘i John A. Burns School of Medicine, Honolulu, Hawai‘i
Ob-Gyn Residency Honors/Awards:
* 2015 PGY2 Resident Excellence in Teaching Award

University of Hawai‘i John A. Burns School of Medicine, Honolulu, Hawai‘i
Medical School Honors/Awards:
* Alpha Omega Alpha Medical Honor Society Member
* 2011-2012 Clership honors in Family Medicine, Internal Medicine, Obstetrics
  and Gynecology, Pediatrics, Psychiatry, Pacific Medical Administrative Group
  Scholarship
* 2009-2010 John A. Burns Foundation Scholarship

B.S. in Biological Sciences, University of Southern California, Los Angeles, California
Undergraduate Honors/Awards:
* 2009 Summa Cum Laude Society, Renaissance Honor Society
* 2007-2009 University of Southern California Biological Sciences Honors Program
* May-August 2008 University of Southern California Provost Summer Undergraduate Research Fellowship
* 2005-2007 Thematic Option Honors Program, University of Southern California
* 2005-2009 University of Southern California Presidential Scholarship

Place of Birth: Honolulu, Hawai‘i

Language Fluency other than English: Basic Japanese

Hobbies & Interests: Cooking

Medical Interests: General Obstetrics and Gynecology, Colposcopy

Future Plans upon Graduation: Obstetrics and Gynecology Generalist

Research Experience: Research Assistant Data collection, animal care, including surgical procedures, and supply
maintenance “Afferent limb of the counter-regulatory response to insulin-induced hypoglycemia”, under the
direction of Casey Donovan, PhD, University of Southern California, Los Angeles, CA May 2008-May 2009.

Publication: Nagamine K, Terada K, Shimizu D, Tauchi-Nishi P. Ovarian needle biopsy: A study of 84 cases with
Utility of Cell Blocks from HSIL Pap Tests

Kimberly Nagamine, M.D.; Tracy Cheung, B.S.; Hyeong Jun Ahn, Ph.D.;
Mark Hiraoka, M.D., M.S.; David Shimizu, M.D.; Pamela Tauchi-Nishi, M.D.

Objective: High-grade squamous intraepithelial lesion (HSIL) on cytology identifies women at substantial risk of high-grade cervical dysplasia. The 2006 and 2012 ASCCP Guidelines for the Management of Abnormal Cervical Cancer Screening Tests state that immediate loop electrosurgical excision is an acceptable option for women with HSIL on Pap test. However, it seems that the majority of clinicians choose the more conservative approach of colposcopy with cervical biopsy. Use of cell block (CB) to confirm high-grade cervical dysplasia on Pap specimens may obviate the need for colposcopy and cervical biopsy. This study aims to evaluate the utility of CB preparation of Pap tests designated as HSIL as an adjunct in the diagnosis of high-grade cervical dysplasia.

Design: This is a descriptive study.

Materials and Methods: From March 1, 2013 through December 31, 2015, CBs were prepared from residual SurePath material of 339 HSIL cases submitted to 2 departmental pathologists. Pap tests were designated as HSIL in accordance with the 2001 Bethesda guidelines. ThinPrep and conventional Pap tests were excluded. If a patient had more than one HSIL Pap test and CB during the study period, only one Pap test and corresponding CB were included. CBs were assigned a diagnosis based on criteria established by the 2012 Lower Anogenital Squamous Terminology Project. In accordance with these guidelines, immunohistochemical staining for p16 was used for cases that were diagnostically challenging. CB diagnoses were correlated with Pap diagnosis as well as tissue diagnosis (cervical biopsy or excisional specimen) if available. When histologic follow-up was available, a final composite diagnosis for each patient was assigned based on the presence of HSIL (CIN 2 or higher) on cervical biopsy and/or excisional specimen.

Results: High-grade dysplasia was found in 278 (82%) CBs. Fifty five (16%) cases revealed benign findings; and 6 (2%) were insufficient for diagnosis. Immunohistochemical staining for p16 was performed in 112 (33%) cases and was positive in 74%. Of the 339 CBs, 260 (77%) cases had corresponding histologic confirmation with cervical biopsy and/or excisional specimen. CB diagnosis was concordant with tissue diagnosis in 187 (72%) cases with a positive predictive value of 82%. The overall sensitivity of CB in detection of HSIL was 84% when compared to the final composite diagnosis.

Conclusions: Our rates of confirmatory HSIL on CB are consistent with those reported in the literature (50-100%). Our study suggests that preparation of CB from HSIL Paps may be used to confirm high-grade cervical dysplasia. A positive HSIL CB may provide clinicians increased confidence to proceed directly to loop electrosurgical excision after a HSIL Pap test.

Support: University of Hawai‘i Department of Obstetrics, Gynecology and Women’s Health

Acknowledgements: None
Jessica Lee Iwalani Johns, M.D.

Ohio State University College of Medicine, Columbus, Ohio
Medical School Honors/Awards:
* 2012 Honors Ultrasound Program and Obsterics & Gynecology
* 2010 Medical Student Research Project Award Recipient

B.A. in Geography, The Ohio State University, Columbus, Ohio

Language Fluency other than English: Basic Spanish

Hobbies & Interests: Volleyball, Sewing, Camping, Traveling

Place of Birth: Columbus, Ohio

Medical Interests: Minimally invasive surgery, comprehensive reproductive healthcare, adolescent care

Future Plans upon graduation: Ob-Gyn Generalist

Research Experience: Medical Student Researcher- Researched lower extremity lymphedema in post-operative gynecologic cancer patients, under the direction of Ritu Salani, MD, Ohio State University, Gynecologic Oncology, Columbus, Ohio, July 2010-December 2010.

Medical Student Researcher- Performed basic science bench research for projects dedicated to leukemia/lymphoma. Projects conducted in both human and murine models, under the direction of Michael Caligiuri, MD, Ohio State University, James Cancer Center, Columbus, Ohio, June 2007- May 2009.


Johns J., Katz M., Salani R. Descriptive Study of Lower Extremity Lymphedema in Post-operative Gynecologic Cancer Patients. Poster presented at: 10th Annual OSUMC Trainee Research Day; Columbus, OH. April 7, 2011.


Factors Predictive of Myoinvasion in Cases of Complex Atypical Hyperplasia Diagnosed on Endometrial Biopsy or Curettage

Jessica Johns, M.D.; Hyeong Jun Ahn, Ph.D.; Robert Kim, M.D.; Jeffrey Killeen, M.D.

Objective: Evaluate endometrial biopsy samples with the diagnosis of Complex Atypical Hyperplasia (currently Endometrial Intraepithelial Neoplasia) to determine if findings on these samples could help predict uterine cancer with myometrial invasion.

Design: Retrospective case control study

Materials and Methods: A chart review and histologic evaluation of biopsy samples was performed. The Hawaii Pacific Health pathology database was queried to identify all endometrial biopsies/curettage with the diagnosis of complex atypical hyperplasia from January 2007-January 2015. Patients with this diagnosis who then underwent subsequent hysterectomy within 3 months of biopsy were included in the study. The biopsy samples were evaluated by a gynecologic pathologist for the presence or absence of 4 variables: necrosis, marked atypia, co-existing non-atypia and Pax2 staining. During investigation, American Congress of Obstetricians and Gynecologists and Society of Gynecologic Oncology released Committee Opinion Number 631 changing the terminology and diagnosis for precursor lesions for adenocarcinoma of the endometrium. The new schema was reviewed and samples additionally evaluated if they met criteria for diagnosis of endometrial intraepithelial neoplasia. Final hysterectomy pathology was reviewed for presence or absence of myometrial invasion. The control group included hysterectomy specimens with benign pathology and specimens with endometrial cancer without myoinvasion. Data extracted from charts included: age, ethnicity, race, gravity/parity, date of biopsy, date of hysterectomy, height, weight, body mass index and type of insurance. Biopsy samples were categorized based on presence or absence of histologic variables. Group comparisons between myoinvasion and control were made by Chi-square or Fisher’s exact tests for categorical variables and two sample t test or Wilcoxon rank sum test for continuous variable.

Results: A total of 173 biopsies were identified from the pathology database with subsequent hysterectomies. Thirty-five samples were excluded because the length of time to hysterectomy extended beyond 3 months and one sample was excluded once identified as a duplicate biopsy for the same hysterectomy specimen. Of the remaining 137 hysterectomy specimens, 69 (50.3%) had a final pathology diagnosis of endometrial cancer. Twenty-seven of the 69 (39.1%) specimens demonstrated myometrial invasion. For hysterectomies with myoinvasion, necrosis was present on 2 (7.4%) biopsies compared to 6 (5.5%) in the control group. Marked atypia was present on 1 (3.7%) biopsy compared to 13 (11.8%) in the control group. Co-existing non-atypia was present on 18 (66.7%) biopsies compared to 104 (94.5%) in the control group and positive Pax2 staining was present on 22 (81.5%) biopsies compared to 85 (77.3%). In our data set, the myoinvasion specimens were less likely to have co-existing non-atypia (P < .0001).

Conclusions: Despite smaller than expected sample size, our data is suggestive that evaluating biopsies for percentage of non-atypia could help predict endometrial cancer with myometrial invasion.

Support: Kapi‘olani Foundation: funding for Pax2 stains; University of Hawai‘i Department of Obstetrics, Gynecology, and Women’s Health

Acknowledgements: Michael Carney, M.D.; Andrea Siu, M.P.H., R.A.C.; Reni Soon, M.D., M.P.H.; Jennifer Elia, Dr.P.H.
Philip Gordon McLemore, Jr., M.D.

University of Hawai‘i John A. Burns School of Medicine, Honolulu, Hawai‘i
Ob-Gyn Residency Honors/Awards
* ACOG District 8 Resident Fellow Section (AMA-RFS) Representative
* 2015 PGY-2 Resident Excellence in Medical Student Teaching Award

Marshall University Joan C. Edwards School of Medicine, Huntington, West Virginia
Medical School Honors/Awards:
* 2012 Gold Humanism Honor Society Inductee
* 2010-2013 Annual Community Service Award
* 2011-2012 Marshall Academic Scholarship
* 2009 Brigham Young University Medical Scholarship

Yamasa Institute: Aichi Center for Japanese Studies, Aichi, Japan
* Six-month Japanese language program certificate with a total of 478 classroom hours

B.A. in History with minors in Spanish and Chemistry, Brigham Young University Hawai‘i, Laie, Hawai‘i

Place of Birth: Atlanta, Georgia

Language Fluency (other than English): Advanced Spanish and conversational Japanese

Hobbies & Interests: Traveling, Yoga, Jiu-Jitsu, Baseball, Swimming, Japanese, Spanish

Medical Interests: Gynecologic ultrasound, pelvic surgery, international public health, forensic medicine

Future Plans upon Graduation: Private Practice, Gynecologic Ultrasound Training

Publications/Presentations:


Utilization of Abdominal Circumference Measurement in Fetal Biometry in the Late Second and Early Third Trimesters in the Prediction of Small for Gestational Age Infants

P. Gordon McLemore, M.D.; Autumn Broady, M.D., M.P.H.; Dena Towner, M.D.

Objective: To investigate if the measurement of an abdominal circumference (AC) at or less than the 10th, 5th or 3rd percentiles between 22 and 28 weeks gestation is reliable in the identification of fetuses that are ultimately born small for gestational age (SGA).

Design: Retrospective Cohort Study

Materials and Methods: All obstetrical ultrasounds performed at Kapi‘olani Medical Center in the Fetal Diagnostic Center are stored in the AS-OBGYN system. Fetal biometry growth percentiles and estimated fetal weights are calculated utilizing the measurements obtained during an ultrasound with the Hadlock-2 formulas. We searched the AS-OBGYN database between 2012-2015 for cases defined as an abdominal circumference (AC) measured at or less than the 10th percentile. Controls selected were those with an AC between the 25-75th percentiles. Individual charts were evaluated for maternal age, BMI, race, gravidity-parity, GA at time of exam, dating of pregnancy, AC and EFW percentiles, GA at birth, singleton versus twin gestation, presence of comorbidities, mode of delivery, APGARs, NICU admission and labor complications. Only infants born within the Hawai‘i Pacific Health system and pregnancies with a gestational age between 22 and 28 weeks confirmed by or dated by a formal ultrasound less than 20 weeks were included. Exclusions included known intrauterine infections, genetic or chromosomal abnormalities, birth defects such as gastroschisis, and higher order multiple gestations (3 or more). Birth weight percentiles to identify SGA infants were calculated using US Natality Datasets of infants born between 22 and 44 weeks. One hundred patients in each arm provides this study a 95% power (with α = 0.05) to detect a 3-fold increase in IUGR as determined by an AC measuring at or less than the 10th percentile between 22 and 28 weeks.

Results: A total of 106 case patients were found to have fetuses with an AC measuring at the 10th percentile or less between 22 to 28 weeks while meeting inclusion criteria. A total of 118 control patients were found to have fetuses with an AC measuring between the 25-75th percentiles during the same gestational period while meeting inclusion criteria.

Of the fetuses with an AC at the 10th percentile or less, 66/106 (62%) were born small for gestational age, 52/106 (49%) were admitted to the NICU, 55/106 (52%) were born preterm, and 13/106 (12%) had a 5 minute APGAR less than 7. In comparison, of the fetuses measuring with an AC between 25-75th percentile, 12/118 (10%) were born small for gestational age, 21/118 (17%) were admitted to the NICU, 30/118 (25%) were born preterm, and 7/118 (6%) were born with a 5 minute APGAR less than 7.

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<th>Cases (n=106)</th>
<th>Controls (n=118)</th>
<th>p value</th>
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<tbody>
<tr>
<td>SGA</td>
<td>66 (62%)</td>
<td>12 (10%)</td>
<td>&lt;0.000001</td>
</tr>
<tr>
<td>Preterm Birth</td>
<td>55 (52%)</td>
<td>30 (25%)</td>
<td>&lt;0.00005</td>
</tr>
<tr>
<td>NICU admission</td>
<td>52 (49%)</td>
<td>21 (17%)</td>
<td>&lt;0.000001</td>
</tr>
<tr>
<td>Low 5 minute APGAR</td>
<td>13 (12%)</td>
<td>7 (6%)</td>
<td>0.097</td>
</tr>
</tbody>
</table>

Conclusions: Infants that have an AC measuring at or less than the 10th percentile between 22 to 28 weeks gestation are at an increased risk of being SGA, preterm and admitted to the NICU.

Support: None

Acknowledgements: Jennifer Pangilinan; Kelly Yamasato, M.D.
Tiffany S. Lai, M.D.

University of Hawai‘i John A. Burns School of Medicine, Honolulu, Hawai‘i

Ob-Gyn Residency Honor/Award:
* 2014-2015 Excellence in Resident Teaching Award

University of Hawaii John A. Burns School of Medicine, Honolulu, Hawai‘i

Medical School Honors/awards
* 2012-2013 Colin C. McCorriston, MD and Helen D. McCorriston Endowed Scholarship
* 2011-2012 Pacific Medical Administrative Group Scholarship,
* 2010 National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Medical Student Summer Research Program Award

BA in Biological Sciences with Endocrinology Specialization, University of Chicago, Chicago, IL
Graduate Honor/Award:
* 2003-2007 Dean’s List

Language Fluency other than English: Spanish, Mandarin Chinese

Hobbies & Interests: Running, Yoga, Hiking, Rock climbing, Reading

Place of Birth: Honolulu, Hawai‘i

Medical Interests: Hereditary cancers, genomics in gynecologic cancers, and the use of molecular targeted therapy in gynecologic cancers

Future Plans upon Graduation: Fellowship in Gynecologic Oncology

Research Experience: National Institutes of Health NIDDK Summer Research Program Fellow, under direction of Ronald N. Cohen, MD, University of Chicago, Department of Medicine, Chicago, IL June 2010-August 2010.

Research Associate- Creation of reporter cell lines in a drug screen for agents targeting BRCA 1/2 deficient cells, under direction of Simon Powell, MD, PhD, Memorial Sloan Kettering Cancer Center, New York, NY, August 2008-June 2009


Research Assistant-p53, p63 and snail regulation of vitamin D receptor in idiopathic hypercalciuria, under direction of Murray Fawus, MD, University of Chicago, Department of Medicine, Chicago, IL. October 2006-August 2007.


Clinical Characteristics of ARID1a Loss of Expression in Clear Cell and Endometrioid Ovarian Carcinoma

Objective: Loss of ARID1a expression has been associated with clear cell and endometrioid ovarian carcinomas. ARID1a is thought to function as a tumor suppressor, with its mutation being one of the early changes in the transformation from endometriosis. This study was conducted to determine if ARID1a loss of expression in these cancers was associated with any difference in clinical characteristics or outcome. An increased rate of clear cell ovarian carcinoma in Asians, in particular the Japanese population has been described in the literature previously. This study also aimed to determine if Asians with clear cell and endometrioid ovarian carcinomas were associated with ARID1a loss of expression.

Design: Retrospective cohort study and case control study

Methods: The current study is a retrospective review of 91 cases of clear cell and endometrioid ovarian carcinomas diagnosed at The Queens Medical Center in Honolulu, Hawaii from January 1, 1995 to April 12, 2013. Loss of expression of ARID1a was evaluated by tissue microarray and confirmed on whole slide sections. Patient race and clinicopathologic factors were obtained from medical records and the tumor registry. Ethnicity was available for 69 of the 91 cases. Chi square or fisher’s exact tests were performed to assess differences in race and clinicopathologic factors between those with ARID1a loss of expression and those with preserved expression.

Results: Of the 91 cases studied, 20 cases exhibited loss of ARID1a expression and 71 had retained expression. There were no differences observed between ARID1a loss of expression and ARID1a wild type for the following factors: age at diagnosis, stage, histology, concurrent loss of mismatch repair expression, and survival. Asians with clear cell or endometrioid carcinomas did not appear to be associated with ARID1a loss of expression. 12 out of 48 (25%) of Asians and 1/10 (10%) of Pacific Islanders exhibited loss of expression, in comparison to 3/10 (30%) of Caucasians. ARID1a loss of expression occurred in 9/31 (29%) of Japanese and 7/38 (18%) of non-Japanese subjects (p value = 0.29).

Conclusion: In this study, 22% of cases were associated with an ARID1a mutation. This study suggests that there may be no clinical significance to this finding. There was also no difference observed in ARID1a expression between racial groups. However, these conclusions are limited by sample size.

Support: University of Hawai`i Department of Obstetrics, Gynecology and Women’s Health

Acknowledgements: None
Autumn Broady, M.D., M.P.H.

University of Hawaii John A. Burns School of Medicine, Honolulu, Hawai‘i
Residency/Fellowship Honors/Awards
* 2016: Recipient of a March of Dimes Hawaii Chapter Grant to implement a state-wide preterm birth prevention initiative
* 2015: Dean’s Award Recipient, Fellow Physician Division, University of Hawai‘i John A. Burns School of Medicine Biomedical Sciences and Health Disparities Symposium
* 2009: Intern Family Planning Award

Wayne State University School of Medicine, Detroit, Michigan
* Alpha Omega Alpha Honor Medical Society
* Clerkship Honors: Family Medicine, Internal Medicine, Obstetrics & Gynecology, Neurology, Surgery

M.P.H., University of Michigan, Ann Arbor, Michigan

B.S. in English Literature, minor in Biology, University of Michigan, Ann Arbor, Michigan

Hobbies & Interests: Reading, yoga, watching Michigan football- Go Blue!

Place of Birth: Bedford, Indiana

Medical Interests: Maternal disease in pregnancy, women’s health advocacy

Future Plans upon Graduation: Career in maternal-fetal medicine

Research Experience: Assistant Scientist, Pfizer Global Research and Development, Ann Arbor, Michigan. Responsible for coordinating in vivo discovery studies for novel dermatologic compound screens by: creating and implementing study designs in animal models; interacting with other project team members to ensure sample processing; analyzing and presenting in vivo study data. 7/2002-9/2003


Broady AJ and Bartholomew ML. Structural umbilical cord and placental abnormalities. Manuscript submitted.


Broady AJ, Loichinger MH, Bryant-Greenwood G. Placental Visfatin/Nampt and Sirtuin-1 Expression in Pre-eclampsia. Presented at the University of Hawaii John A. Burns School of Medicine Biomedical Sciences and Health Disparities Symposium April 15-17, 2015, Honolulu, HI


Broady AJ and Towner D. Ventral Body Wall Defect in Greig Cephalopolysyndactyly Syndrome—A Case Report. Presented at the 18th International Conference on Prenatal Diagnosis and Therapy, July 2014, Brisbane, Australia.

Broady AJ and Towner D. First trimester diagnosis of skeletal dysplasias. Presented at the 18th International Conference on Prenatal Diagnosis and Therapy, July 2014, Brisbane, Australia.


Placental Dysfunction in Pre-eclampsia: Visfatin/Nampt, SIRT1 and SIRT3 Decline, while 8-Oxodeoxyguanosine and Telomere Length Remain Unchanged

*Autumn J. Broady, M.D, M.P.H.; Hyeong Jun Ahn, PhD.;Matthew H. Loichinger, D.O.; Philip M. C. Davy, PhD.; Richard C. Allsopp, PhD.; Gillian D. Bryant-Greenwood, PhD.*

**Introduction:** Visfatin/nicotinamide phosphoribosyltransferase (Nampt), an enzyme involved in energy metabolism and sirtuins, SIRT1 and SIRT3, which are NAD-dependent deacetylases are critical for cellular function. All three, either regulate or are regulated by intracellular NAD+ levels and therefore available cellular energy, important for placental cell survival and successful pregnancy. The study investigates whether these longevity proteins are involved in the placental pathophysiology of pre-eclampsia (PE) and if they are associated with 8-oxo-deoxyguanosine (8OHDG), a marker of oxidative damage or to placental telomere length.

**Methods:** Maternal blood and placental samples were collected from 31 patients with PE and 30 controls between 31 and 40 weeks gestation. Quantitative immunohistochemistry was performed on placental specimens for visfatin/Nampt, SIRT1, SIRT3, and nuclear 80HdG. Plasma visfatin was measured by ELISA and telomere length by Southern blot analysis of telomere restriction fragments.

**Results:** Visfatin/Nampt and SIRT1 in syncytiotrophoblast decreased in PE compared to controls (p < 0.0001, p = 0.004 respectively). SIRT3 decreased in PE most significantly at preterm (p = 0.002). There were no differences in nuclear 80HdG in PE compared to controls. However, in controls it was significantly lower in preterm compared to term (p = 0.01) and correlated with SIRT1 in all samples (r = 0.27). Telomere length showed no difference in PE and controls.

**Discussion:** Decreased visfatin/Nampt, SIRT1 and SIRT3 in syncytiotrophoblast in PE suggests a lack of placental reserve in metabolic energy efficiency, increased inflammation, and lower resistance to environmental stressors. However, there was little effect on nuclear function, or evidence of genomic DNA damage, which would lead to cellular senescence and death.

**Funding:** This study was supported by the University of Hawaii, John A. Burns School of Medicine, Department of Obstetrics, Gynecology & Women’s Health. Statistical analyses were supported in part by grants from the National Institute on Minority Health and Health Disparities (U54MD007584, G12MD007601): and the National Institute of General Medical Sciences (P20GM103466).

**Acknowledgments:** We thank Ms. Sandra Yamamoto for her assistance in the laboratory aspects of this study. We acknowledge Ms. Anne Marie Savage and the nurses of the Family Birth Center at Kapiolani Medical Center for Women and Children for their support in patient recruitment and sample collection. Lastly, we acknowledge all patients who donated their time and samples for this study.
EmmaKate Friedlander, M.D.

University of Hawaii, John A Burns School of Medicine, Honolulu, Hawai’i
* Fellowship in Family Planning (2014-2016)
* PhD in Clinical Research candidate (2014 – present)

OB/GYN Residency at North Shore University Hospital, Manhasset, New York

M.D., Mount Sinai School of Medicine, New York, New York

B.A. in Psychology, Wesleyan University, Middletown, Connecticut

Hobbies & Interests: Hiking, traveling, music

Place of Birth: Albany, New York

Medical Interests: Contraceptive provision, safe abortion care

Research Experience:
Principle Investigator under the mentorship of Bliss Kaneshiro, MD, MPH, on pregabalin use for pain relief during medical abortion. Received grant from the Society of Family Planning. 2014-present.

Recipient of American Federation of Aging Research Hartford Scholars Grant under the mentorship of Audrey Chun, MD at the Mount Sinai School of Medicine, studying medication adherence in cognitively intact older adults. 2006.

Publications/Presentations:


Prophylactic Pregabalin to Decrease Pain During Medical Abortion: a Randomized Controlled Trial
EmmaKate Friedlander, M.D.; Bliss Kaneshiro, M.D., M.P.H.; Reni Soon, M.D., M.P.H.; Jennifer Salcedo, M.D., M.P.H., M.P.P.

Background: Women undergoing medical abortions with mifepristone and misoprostol consistently report moderate to severe pain, yet limited data exists regarding the most effective analgesic regimen. Pregabalin (Lyrica®) is approved for use in neuropathic pain and has acute analgesic effects. Pregabalin has been used in many preoperative medication regimens, and is associated with reduced pain scores and decreased opioid usage compared with placebo.

Objectives:
Primary objective: To determine whether pregabalin, when taken with misoprostol during a medical abortion, reduces the maximum pain level reported.
Secondary objectives: To determine whether pregabalin affects pain levels at individual time points, analgesic use, adverse effects, and patient satisfaction.

Methods: This is a randomized, placebo-controlled, double-blind clinical trial enrolling 110 women initiating a medical abortion at 10 weeks gestation or less. Participants are randomized to pregabalin 300mg or placebo taken at the time of buccal misoprostol. All participants are dispensed ibuprofen and oxycodone/acetaminophen to use as needed. Electronic surveys are sent via text message link at six time points over 72 hours to assess maximum pain, analgesic use, and adverse effects. With an alpha of 0.05, this sample size has 80% power to detect a clinically significant difference in maximum pain level of 1.3 points, from an expected 7.3 to 6.0 on an 11-point numeric rating scale. Our primary outcome will be analyzed using the Mann-Whitney U test to compare the median group level of maximum pain, assuming a non-normal distribution of pain values as seen in previous studies.

Preliminary Results: To date, 60 women have been enrolled, and the randomization remains blinded. As a cohort, participants have a mean age of 27 years, a mean gestational age of 54 days, and 56% are parous. Fifteen percent have had a previous medical abortion, and 38% a previous surgical abortion. The median maximum pain reported is 5.0 at hour three (compared to median anticipated pain of 7.0), down to zero 12 hours after misoprostol. Mean analgesic use is two 800 mg ibuprofen tablets and less than one (0.9) oxycodone/acetaminophen 5/325 mg tablet over the 72 hour study period.

Conclusions: Pending completion of study recruitment. We hypothesize that women who receive pregabalin will have a reduction in maximum pain when compared to placebo, providing evidence for a new analgesic regimen. The results of this study will also provide a better understanding of the time course of pain experienced during a medical abortion.

Support: Society of Family Planning Research Fund

Acknowledgements: Jim Davis, PhD for statistical design and analysis support; Mary Tschann and Jennifer Elia for development and design support; research assistants Tiana Fontanilla, Chelsea Yin, and Kinley Sanders.
Kelly Yamasato, M.D.

University of Hawaii John A Burns School of Medicine, Honolulu, Hawaii
Maternal-Fetal Medicine Fellowship Honor/Award:
* 2014 Medical Student Teaching Award for Fellows

University of Hawaii John A Burns School of Medicine, Honolulu, Hawaii
Obstetrics and Gynecology Residency Honors/Awards:
* 2006 First Year Outstanding Resident for Excellence in Medical Student Teaching
* 2007 Bayer PGY2 OB/Gyn Teaching Resident Award
* 2008 Third Year Outstanding Resident for Excellence in Medical Student Teaching
* 2009 Excellence in Medical Student Teaching Award
* 2009 Alpha Omega Alpha Honor Medical Society

University of Hawaii John A Burns School of Medicine, Honolulu, Hawaii
Medical School Honor/Award:
* 2005 Colin C McCorriston Award

Magna Cum Laude, A.B. in Ecology and Evolutionary Biology, Princeton University, Princeton, New Jersey


Lee M, Yamasato K, “Does Formal Training in Smoking Cessation Counseling Affect Resident Physician Practice Patterns Toward Tobacco Reduction?” Poster presentation at the Pediatric Academic Societies’ Annual Meeting, May 2003 and Poster presentation at
Maternal Morbid Obesity, Race, and Severe Perineal Lacerations

Kelly Yamasato, M.D.; Chieko Kimata, Ph.D.; Janet Burlingame, M.D.

Objective: To examine the associations between maternal race and morbid obesity and severe perineal lacerations (3rd or 4th degree laceration).

Study Design: This was a retrospective cohort study of all vaginal deliveries at a tertiary care maternity hospital from November 2008 to June 2014. Body mass index was calculated from patient weight and height recorded at the delivery admission. Demographic and clinical variables were summarized through descriptive statistics with a significance threshold p-value of < 0.05.

Results: A total of 24,223 deliveries were included, including 325 patients with BMI > 50. Asians comprised 50.69% of the cohort, followed by Native Hawaiian and Other Pacific Islanders who represented 30.35%. The overall severe perineal laceration rate was 4.68%. Severe perineal laceration rates differed significantly by maternal BMI at delivery (p<0.001), with the lowest rates occurring in patients with BMI > 50. Rates also differed significantly by maternal race (p < 0.001), with Native Hawaiian and Other Pacific Islanders demonstrating the lowest rates of (2.97%) and Asians the highest (5.64%) (Table 1).

Conclusion: Increasing maternal BMI is associated with decreasing rates of severe perineal lacerations. Race is a significant risk factor for severe lacerations, with Asians experiencing nearly double the rate of Native Hawaiian and Other Pacific Islanders. Such information contributes to evidence-based, individualized patient counseling on the risks of severe perineal lacerations.

Support: None

Acknowledgements: None

| Table 1: Third or Fourth Degree Perineal Lacerations by Body Mass Index and Maternal Race |
|-----------------------------------------------|---------------|---------------|
| Body Mass Index (kg/m2) | 3rd or 4th Degree Laceration N (%) | P-value |
| < 20 | 39 (3.76) | |
| 20.1 – 29.9 | 599 (5.39) | 0.0002 |
| 30 – 39.9 | 411 (4.22) | |
| 40 – 49.9 | 82 (4.04) | |
| > 50 | 10 (3.07) | |
| Race | | |
| Native Hawaiian/Other Pacific Islander | 231 (2.97) | |
| Black | 7 (3.04) | <0.0001 |
| American Indian or Alaskan Native | 2 (3.33) | |
| White | 151 (4.62) | |
| Multiracial (Non-Hawaiian) | 9 (4.81) | |
| Asian | 732 (5.64) | |
| Unknown/Refused | 66 (5.92) | |
Mary Tschann, M.P.H.

PhD(c)- Clinical Research, John A Burns School of Medicine University of Hawai‘i
MPH- Fielding School of Public Health, University of California, Los Angeles, CA
BA – Politics, Sociology & Honors Humanities, University of San Francisco, CA
Undergraduate and Graduate Honors:
* Ruth Aubrey Prize for Outstanding Graduating Senior – Honors Program in the Humanities, University of San Francisco
* Alpha Sigma Nu Honor Society
* Alpha Kappa Delta Honor Society
* Pi Sigma Alpha Honor Society

Place of Birth: St. Paul, Minnesota

Medical Interests: Family planning, adolescent reproductive health, and pain management

Future Plans: Complete PhD in 2017, continue work in family planning and women’s health research

Research Experience:
* Principal investigator for an ongoing RCT for pain management during aspiration abortion.
* Principal investigator for family planning needs assessment among participants of Hawai‘i’s syringe-exchange program
* Co-PI with Dr. Jennifer Salcedo, NIH –NIMHD RMATRIX study evaluating impact of volunteer Reproductive Health Educators on STI screening and uptake of highly effective contraception.
* Investigator/study management for projects assessing feasibility of buy-and-bill LARC, medical abortion provided via telemedicine, and a multi-site trial for Merck evaluating efficacy, safety, and acceptability of novel contraceptive.


Characteristics and Contraceptive Practices of Patients Seen for Repeat Abortion at University of Hawai‘i Women’s Options Center

Mary Tschann, M.P.H.; Jennifer Salcedo, M.D., M.P.H., M.P.P.; Reni Soon, M.D., M.P.H. and Bliss Kaneshiro, M.D., M.P.H.

Objective: To describe the characteristics and contraceptive practices of patients seen for repeat abortion within 4 years of initial abortion at the UH Women’s Options Center.

Methods: Women who had an abortion between May 2010 and July 2014 were included in this case-control study. Demographic and contraceptive practices of women seen for at least 2 abortions were compared to women seen for one abortion using chi-square and t-tests. Multiple logistic regression was performed to determine the association between contraceptive method choice and risk of repeat abortion.

Results: Of 1,449 charts reviewed, 95 (6.5%) were seen for at least 2 abortions during the 50-month study period. Women with Medicaid (p=0.003) and of Native Hawaiian race (p=0.04) were more likely to return for a repeat abortion, while Caucasian women were less likely (p= 0.02). The proportion of women who started oral contraceptives (OC) and returned for a repeat abortion was 10.6% (35/331) which was higher than the rate of repeat abortion with all other methods. Compared to barrier method/no method users, patients who planned to use OC after their first abortion had an odds ratio of 1.8 (CI 1.13-3.0) of returning for a second abortion during the study period.

Conclusions: Initiation of OCs at the time of first abortion was associated with a substantially increased risk for repeat abortion. Patients electing to use oral contraception should be carefully counseled about the risk for additional unintended pregnancy.

Support: The Women’s Options Center Abortion Database was developed with the support of a UH Ob-Gyn Departmental Pilot Project Grant in 2013.

Acknowledgements: In addition to thanking my co-authors, who are also my mentors, for their guidance and insight, I would also like to acknowledge the hard work of Erin Yamamoto, Chanel Casamina, Kinley Sanders, Chelsea Yin, and Tiana Fontanilla in completing data entry for the database.
Recent Research Productivity of UH OB/GYN
Faculty, Fellows, and Residents

Publications, January 2015-May 2016


Selected Forthcoming Publications

4. Lai T, Kessel B, Ahn HJ, Terada K. Ovarian cancer screening in menopausal females with a family history of breast or ovarian cancer. J Gynecol Oncol. (Accepted for publication Mar 2016).
8. Towner D. Optimizing Fetal Screening at the Anatomy Ultrasound. Donald School J Ultrasound Obstet Gynecol. (Accepted for publication Mar 2016).


26. Olson H, Nyquist JG. Improving Night Time Education through Consistent Faculty Supervision. Poster presented at: USC Innovations in Medical Education Conference. 2015 Feb 21-22; Los Angeles, CA.


34. Tschann M, Salcedo J, Soon R, Kaneshiro B. Characteristics and contraceptive practices of patients seen for repeat abortion at the University of Hawaii Women’s Options Center. Poster presented at: North American Forum on Family Planning. 2015 Nov 8-10; Chicago, IL.


42. Yamasato K, Yoshino K, Chang AL, Tsai PJ. Cesarean Delivery Complications in Women with Morbid Obesity. Poster presented at: Pacific Coast Obstetrical and Gynecological Society Annual Meeting; 2015 Sept; Kahuku, HI.


**Selected Future Presentations**

PAST RESEARCH DAY GUEST SPEAKERS

2015  Barbara S. Levy, M.D., Vice President for Health Policy, Advocacy Division at the American College of Obstetricians and Gynecologist (ACOG), “Vaginal Hysterectomy: Removing the Engine thru the Tailpipe”

2014  Daniel M. Breitkopf, M.D., Associate Professor & Ob/Gyn Residency Program Director, Department of Obstetrics & Gynecology, Mayo Clinic, Rochester, Minnesota, “Hysteroscopy and Abnormal Uterine Bleeding: What’s New?”

2013  Aaron B. Caughey, M.D., M.P.A., M.P.H., Ph.D., Professor and Chair, Department of Obstetrics & Gynecology, Oregon Health & Science University, Portland, Oregon, “The Cesarean Epidemic: Etiologies, Outcomes, & Potential Solutions”

2012  Deborah A. Wing, M.D., Professor of Clinical Obstetrics & Gynecology, Director, Division of Maternal-Fetal Medicine & Director, Maternal-Fetal Medicine Fellowship, University of California, Irvine, “Updates in Cervical Ripening and Labor Induction”

2011  Andrew Berchuck, M.D., Director of Gynecologic Cancer Research, Professor of Gynecologic Oncology, Department of Obstetrics and Gynecology, and Co-Director of the Duke Comprehensive Cancer Center Breast/Ovarian Cancer Program, Duke University Medical Center, Durham, North Carolina, “Prospects for Individualized Treatment and Prevention of Ovarian Cancer”

2010  Leo R. Brancacio, M.D., FACOG, Vice Chair for Patient Safety & Quality and Associate Professor, Duke University Department of Obstetrics and Gynecology, Duke University Medical Center, Durham, North Carolina, Medical Director at Duke University Hospital Labor and Delivery, Durham, North Carolina, “The Ideal Cesarean Section Rate”

2009  Ruth Word, M.D., FACOG, Professor of Obstetrics and Gynecology & Director, Urogynecology Research and the Human Biologic Fluid and Tissue Acquisition Core Laboratory, University of Texas Southwestern Medical Center, Dallas, Texas, “New Insights into the Pathophysiology of Pelvic Organ Prolapse”

2008  Charles W. Weems, Ph.D. Professor of Animal Science, CTAHR Animal Reproduction Research Laboratory, College of Tropical Agriculture and Human Resources, Department of Human Nutrition, Food & Animal Science, University of Hawaii, “Establishment of Pregnancy”

2007  Robert Taylor, M.D., Ph.D. Professor, and Vice Chair for Research, Department of Gynecology and Obstetrics, and Professor, Department of Cell Biology, Emory University School of Medicine, “Cellular and Molecular Pathophysiology of Preeclampsia”

2006  Professor Warwick Giles, MB. BS(NSW), FRACOG, Ph.D(Syd.) DDU.CMFM Conjoint Professor, The University of Newcastle, Callaghan, NSW, Australia and Director, John Hunter Hospital, Newcastle NSW, Australia, “Fibronectin and other Markers of Preterm Delivery”

James M. Roberts, M.D. Senior Scientist and Director, Magee-Women’s Research Institute, Professor and Vice Chair (Research), Obstetrics, Gynecology and Reproductive Sciences, University of Pittsburgh, “Whither Toxaemia”

2005  Robert B. Jaffe, M.D., M.S. Fred Gellert Endowed Chair in Reproductive Medicine & Biology, University of California, San Francisco, “Angiogenesis and Ovarian Cancer”

2004  Diana W. Bianchi, M.D. Chief of the Division of Genetics in the Department of Pediatrics at Tufts-New England Medical Center, Natalie V. Zucker Professor of Pediatrics and Obstetrics and Gynecology “Circulating Fetal Nucleic Acids in Maternal Blood: Origin and Diagnostic Applications”

2003  Roy M. Pitkin, M.D. Former Editor, Obstetrics and Gynecology, Clinical Obstetrics and Gynecology. Emeritus Professor and Chairman of Obstetrics and Gynecology, University of California, Los Angeles School of Medicine, “Obstetric-Gynecologic Research, 1953-2002”

2002  James R. Scott, M.D. Professor, University of Utah, Department of Obstetrics and Gynecology, Editor of Obstetrics & Gynecology, Co-Editor of Clinical Obstetrics and Gynecology, “Pregnancy in Transplant Patients”

2001  William Droegemueller, M.D. Clinical Professor and Chairman Emeritus, University of North Carolina, Department of Obstetrics and Gynecology, Associate Editor of Obstetrics and Gynecology, “Don’t Look Back...Someone is Gaining on You. A Discussion of Mentoring”

2000  Robert Israel, M.D. Chief of Gynecology, University of Southern California, Department of Obstetrics and Gynecology, Associate Editor of Obstetrics and Gynecology, “Endometriosis: A Continuing Conundrum”

1999  David A. Grimes, M.D. Vice President of Biomedical Affairs Family Health International, Associate Editor, Obstetrical and Gynecological Survey: Contraception, Former Professor and Vice-Chairman, Department of Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, “Evidence-based Medicine in Obstetrics and Gynecology: the Paradigm for the Next Century”

1998  Roy M. Pitkin, M.D. Editor, Obstetrics and Gynecology, Editor, Clinical Obstetrics and Gynecology, Former Professor & Chairman of Obstetrics & Gynecology, University of California, Los Angeles School of Medicine, “The Peer Review System in Medical Publishing”

1997  John T. Queenan, M.D. Professor and Chairman of Obstetrics and Gynecology, Georgetown University School of Medicine & Chief of Georgetown University Hospital since 1980, Editor-in-Chief of Contemporary Obstetrics and Gynecology

1996  Moon Kim, M.D. Richard L. Neiling Chair, Professor & Vice-Chairman of Obstetrics and Gynecology, Ohio State University, University Medical Center. Associate Editor, The American Journal of Obstetrics and Gynecology, “Fertility and Environment”
PAST RESEARCH DAY AWARD RECIPIENTS

First Place Award
2015 Melissa Kuwahara, M.D. “Interpregnancy Interval and Subsequent Pregnancy Outcomes After Dilatation and Evacuation”
2014 Michelle Tsai, M.D. “Oxidative Stress & Compensatory Anti-Inflammatory Mechanisms in the Placentas of Gravid Marijuana Smokers”

Audience Choice Award
2014 Michelle Tsai, M.D. “Oxidative Stress & Compensatory Anti-Inflammatory Mechanisms in the Placentas of Gravid Marijuana Smokers”

Most Outstanding Award
2013 Jaimie M. Johnson, M.D. “Men’s Attitudes, Beliefs, & Roles in Pregnancy & Childbirth: An Ethnographic Study in Nepal”
Scott A. Harvey, M.D., M.S. “Choice of Effective Contraception Among Native Hawaiian Women”

Audience Choice Award
2013 Lynne Y. Saito-Tom, M.D., M.S. “Intrauterine Device Use in Overweight and Obese Women”

Best Overall Research Project Award
2012 Justin C. Bohrer, M.D. “Obstetrical Outcomes in Patients with Low-lying Placenta in the Second Trimester”
2011 Judy A. Honegger, D.O. “Rates of Elective Induction Between 34 0/7-38 6/7 Weeks Gestation at Kapiolani Medical Center for Women & Children”
2010 Pai-Jong Stacy Tsai, M.D., M.P.H. “Racial Differences in Perineal Body Length in First Stage of Labor”
2009 Shera L.C. Sugibayashi, M.D. “Effectiveness of Examining Amniotic Fluid Arborization in Diagnosing PPROM in Early Pregnancies”

Best Potential to Impact Clinical Practice Award
2012 Maxine Karimoto, M.D. “Improving HPV and Pap co-testing screening rates for women 30 years and older in the Kapi’olani Women’s Obstetrics and Gynecology Outpatient Clinic”
2011 Kassondra S. Grzankowski, M.D. “Microsatellite Instability in Endometrial Cancer in Patients with HNPCC”
2010 Celeste S. Adrian, M.D. “Assessment of the Accuracy of Information Regarding Emergency Contraception on the Internet”
2009 Karen A. Soules, M.D. “Does Cell Phone-Bluetooth Technology for the Outpatient Management of Diabetes in Pregnancy Improve Patient Compliance and Satisfaction when Compared with Traditional Methods of Blood Sugar Reporting?”

Best Study Design Award
2011 Lauren Millet, M.D. “Rates of Bacteriuria in Laboring Women with Epidural Analgesia-Continuous vs. Intermittent Bladder Catheterization”
2010 Pai-Jong Stacy Tsai, M.D., M.P.H. “Racial Differences in Perineal Body Length in First Stage of Labor”
2009 Maria G. Barrett, M.D. “Knowledge and Misconceptions of Intrauterine Devices in Adolescent Patients”

First Place Award
2008 Chrystie K. Fujimoto, M.D. “The Effect of Methamphetamine Use on the Placenta”
2007 Aya Suntan, M.D., Ph.D. “Association of Ovarian Cancer and Atypical Endometriosis”
2006 Reina M. Ahern, M.D. “Knowledge and Attitudes of Emergency Contraception in Hawai‘i’s Adolescents”
Renee L. Sato, M.D. “Antepartum Seafood Consumption and Mercury Levels in Newborn Cord Blood”
2005 Reni A. Y. Soon, M.D. “Comparison of Active Phase and Second Stage of Labor in Adolescents and Adults”
2004 Scott D. Eaton, M.D. “EKG Changes Occurring with Magnesium Administration for Preterm Labor”
2003 Sapna M. Janas, M.D. “Rate of Complication from Third Trimester Amniocentesis Performed at the Fetal Diagnostic Center”
2002 Ian A. Oyama, M.D. “Local Anesthetic for use in Cephalosporic Biopsies”
Melissa J. Lawrence, M.D. “Impact of Fetal Fibronectin Testing at Kapi‘olani Medical Center”
2001 Seema Sidhu, M.D. “Randomized, Double-Blind Trail of Rectal Misoprostol Versus Oxytocin in Management of the Third Stage of Labor”
2000 Deborah D. Geary, M.D. “TDx Surfactant/Albumin Ratio and Lamellar Body Count: Effect of Blood and Meconium Contaminants on Fetal Lung Maturity Assays”
1999 Steven M. Nishi, M.D. “Sample Adequacy of Endocervical Curettage (ECC) Compared with Endocervical Brush”
1998 Julie Ann Henrksen, M.D. “Nitric Oxide in the Human Placenta”
1997 Cheryl Leialoha, M.D. “Uriscreeen, a Rapid Enzymatic Urine Screening Test for the Detection of Bacteriuria in Pregnancy”
1996 Christine Brody, M.D. “Vaginal Birth After Cesarean Section in Hawaii: Experience at Kapi‘olani Medical Center for Women & Children”


12. Tschann M, Salcedo J, Soon R, Kaneshiro B. Characteristics and contraceptive practices of patients seen for repeat abortion at the University of Hawaii Women’s Options Center. Poster presented at: North American Forum on Family Planning. 2015 Nov 8-10; Chicago, IL.


