NEW DIRECTOR OF PERINATAL RESEARCH LABORATORY

Dr. Jill Reiter has been named the Director of the new Perinatal Research Laboratory within the Division of Maternal Fetal Medicine. She comes to us from New Haven, CT where she was an Assistant Professor of Ob/Gyn & Reproductive Sciences at Yale University. Dr. Reiter received her Ph.D. in Molecular Genetics from Washington University in St. Louis and completed her postdoctoral training in the Dept. of Biochemistry & Molecular Biology at Mayo Clinic, Rochester, MN.

The Perinatal Research Laboratory will support the MFM fellowship program and translational research endeavors of the division, including serving as a research resource for medical students, residents, and faculty. Research will focus on the interactions between genes and the pregnancy environment, which include fetal and placental development, maternal health such as preterm labor and preeclampsia, and the public health of future generations. One goal of this research is to identify placental markers that will be useful for prenatal diagnosis, early detection, treatment, and prevention of pregnancy complications that affect both the mother and the postnatal, as well as the long-term health, of the infant.

Dr. Reiter’s research interests include the molecular mechanisms that regulate activation of the epidermal growth factor receptor (EGFR), which is an important signaling molecule in normal placental development, as well as in cancer cell growth, including malignancies of the female reproductive tract. These studies use both placental trophoblasts and cancer cells to investigate deficient EGFR signaling that occurs in poor placentaion, a condition that can result in preeclampsia and IUGR, and the loss of normal EGFR regulation that often contributes to tumor formation.

Dr. Reiter is an avid softball player and enjoys a variety of fitness classes including kickboxing, boot camp, Pilates, and yoga. She and her husband Charlie, a transportation planner in the public sector, are excited about returning to Big 10 country since Jill is a born and bred Iowa Hawkeye fan, while Charlie grew up supporting the Minnesota Gophers. They look forward to striking up new relationships and friendly rivalries in Indiana.

LASTING LEGACY - GUS WATANABE, M.D.

Colleagues, community leaders, and family members gathered Thursday evening, August 19th, to remember the late Gus Watanabe, M.D. (husband of Dr. Margaret Watanabe, former resident and faculty member in OB/GYN) and dedicate the new charter high school that bears his name and stands as a beacon of hope to inner-city students in Indianapolis.

Christel House Watanabe High School, which opened its doors earlier this month to 54 ninth graders, will eventually serve 240 students in grades nine through twelve.

“I can’t think of a better way to honor Gus’s legacy,” said Chairman and CEO John Lechleiter, Ph.D., during the dedication ceremony. “For all his tremendous scientific leadership, Gus was — at heart — a teacher. He got people excited about ideas, and he had the knack for bringing out the best ideas in others. He was also passionate about helping educate the youth of our community.”

Just south of Lilly Corporate Center, Christel House Watanabe High School is co-located with Christel House Academy, a K-8 charter school that opened in 2002 and boasts stellar academic achievement as well as student attendance and retention rates of close to 97 percent. The new high school will offer academy graduates, along with other graduates of area middle schools, the chance to continue their education under the same high standards.

Dr. Watanabe, who retired as executive vice president, science and technology, and president, Lilly Research Laboratory, in 2003, was a director of Christel House International and an outspoken advocate of its mission to transform the lives of impoverished children. He died in 2009 following a distinguished career that also included leadership roles in medicine and academia.

Read the entire article at: http://lillyupdate.com/printIssue.cfm?issue=76
Dr. Fred Stehman continues to be an international leader gyn onc setting the standard of care through numerous publications with and w/o the GOG. (see below)

Dr. Jeanne Schilder presented an important research concept for consideration at the last GOG meeting once again bringing attention to IU on the national level.

Dr. Giuseppe Del Priore has now completed laparoscopic radical hysterectomy for cervical cancer, laparoscopic staging and debulking of advanced ovarian cancers and performs most endometrial cancers using minimally invasive techniques. Dr. Del Priore has also been named an oral board examiner for the The American Osteopathic Association (AOA) Commission, Gynecologic Oncology Oral Board Examination.


A phase II evaluation of weekly gemcitabine and docetaxel for second-line treatment of recurrent carcinosarcoma of the uterus: a gynecologic oncology group study.

(continued pg. 4)
Menopause. Women ages 50 to 59 who may vary depending on the age of the postmenopausal hormone therapy may be initiated to take hormone therapy, he said. One interesting finding gleaned from a review of the more recent data was that women who start hormone therapy respond differently than women who begin taking hormones after age 60. And the length of time since menopause plays a role too, said Santen, who chaired the task force that developed the statement. Dr. Santen says that the surgeon's case would chill efforts to identify problem doctors, pushed for national legislation providing liability protection to physicians who file complaints against colleagues and serve on peer review panels. The resulting measure was the Health Care Quality Improvement Act of 1986 (HCQIA). This act also established the National Practitioner Data Bank.

HCQIA gives peer reviewers near-complete immunity from claims for monetary damages arising from peer review actions, provided that several prerequisites are met:

- The peer review was done in the belief that such action furthered quality healthcare.
- Those bringing the action made a good-faith effort to obtain the facts.
- The physician reviewed was given adequate notice and afforded due process.
- The hospital had a reasonable belief that peer review action was warranted.
- Confidentiality is maintained

No matter one's personal feeling about the current process, it is important for all healthcare providers to peer review process utilized in the hospitals where they practice.

The next Quality Corner will discuss OPPE and FPPE. FPPE stands for: a. Free Postpartum Exam, b. Focused Postpartum Exam, c. Focused Professional Practice Evaluation or d. Frequent Professional Practice Evaluation.

In a general sense, peer review is defined as the process used for checking the work performed by one's equals (peers) to ensure it meets specific criteria. In medicine, peer review is a process by which a committee of physicians examines the work of a peer and determines whether the physician under review has met accepted standards of care in rendering medical services. The professional or personal conduct of a physician or other healthcare provider may also be investigated. The Joint Commission for accreditation of hospitals requires that hospitals have a peer review process in place.

In the 1980s, as managed care was pushing for demonstrated quality and value in medical services, hospitals and physicians increased their efforts to identify non-quality physicians through credentialing and the peer review process. As with every endeavor involving competing priorities, accusations arose that peer review was being used as a competitive weapon in turf wars among physicians, hospitals, HMOs, and other entities. Indeed, in a sentinel case, one targeted doctor—a general surgeon, who then practiced in Astoria, OR—sued his accusers on the grounds that the review was designed to drive him out of business so competitors could co-opt his practice. A jury found in the surgeon’s favor and awarded him $650,000, which the court trebled. Organized medicine, concerned that the peer review process would chill efforts to identify problem doctors, pushed for national legislation providing liability protection to physicians who file complaints against colleagues and serve on peer review panels. The resulting measure was the Health Care Quality Improvement Act of 1986 (HCQIA). This act also established the National Practitioner Data Bank.

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Controversy still exists regarding the current system. Proponents claim that such immunity allows for an effective peer review process that allows physicians to honestly police themselves. Others counter that such immunity allows abuse of the system and use of “sham peer review”.

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**Quality Corner**

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**Editor’s Choice**


In an interview at the recent annual meeting of the Endocrine Society, Dr. Richard Santen, University of Virginia, summarized the Society’s Scientific Statement on Postmenopausal Hormone Therapy (to see the interview, go to: http://www.medpagetoday.com/MeetingCoverage/ENDO/20824). Dr. Santen points out some highlights of the review performed by some 25 experts in the field. He indicates that the reviewers found the risks and benefits of initiating postmenopausal hormone therapy may vary depending on the age of the patient and the length of time since menopause. Women ages 50 to 59 who start hormone therapy respond differently than women who begin taking hormones after age 60. And the length of time since menopause plays a role too, said Santen, who chaired the task force that developed the statement. Dr. Santen says that the earlier report from the Women's Health Initiative (WHI) showed increased risks of heart disease, stroke, and breast cancer for women taking hormone therapy because the average age of the women in the WHI was 63. Only 3.4% of women in that study were ages 50 and 55, “the usual time when women would decide to take hormone therapy,” he said. One interesting finding gleaned from a review of the more recent data was that women who start hormone therapy within 10 years of menopause have a 30% to 40% reduction in total mortality. “This is very surprising,” said Santen. Santen said the take-home message from the very lengthy and exhaustive literature review contained in the Statement is that “…physicians and patients need to rethink the use of menopausal hormone therapy based on these new data. The statement suggests a change in perspective and a need to consider the risks and benefits [of hormone therapy] for women actually considering its use.”
Oncology News


In other news, an article in the IU News Room, released June 9, 2010 speaks of late-stage ovarian cancer therapy showing promise in Phase I trial. Read the complete article at: http://newsinfo.iu.edu/news/page/normal/14674.html

THIS AND THAT

This month the employee spotlight shines on Veena Devalal, Financial Counselor in the Coleman Center for Women.

Veena has been in Coleman Center for 3 years. She enjoys working with the physicians and staff and has had the opportunity to meet some interesting people along the way. Veena also wishes to thank everyone who has helped her by answering her many questions!

Veena also enjoys all that nature has to offer. She loves to garden, watching and feeding the birds and observing the stars and the moon. Veena also enjoys warm sunny days so she can soak up some rays!

Thank you Veena for all your hard work.

Did You Know.....Specialty training with the largest percentage of women residents in 2008-2009 were obstetrics and gynecology (74 percent), pediatrics (63 percent), and dermatology (62 percent). Comparatively few women were in the subspecialties of thoracic surgery (15 percent), neurological surgery (12 percent) and orthopedic surgery (12 percent).

Upcoming meetings to note:
1. Indiana Section ACOG meeting will be held on September 15, 2010 at the Ritz Charles, Carmel, IN. See Indiana ACOG Meeting schedule next page.

The OB/GYN family grew in July! Chief Resident Dr. Donna Tisch and her husband Tom, welcomed a boy, Tyler Newton on July 29th. Tyler weighed 9 lb., 7 oz.

Third year Resident Dr. Sara Pierce and her husband, David also welcomed a boy, Charles (Charlie) Allen on July 17th. Charlie weighed 6 lbs., 7 oz. Congratulations to all!

OB/GYN is seeking gently used books to support the Center Pregnancy Group (CPG) for pregnant women.

CPGs allows groups of women from all walks of life to go through their pregnancy together and offer each other support as they tackle medical and social issues facing them during and after their pregnancies. One of the goals of the CPG is to promote literacy and foster mother-child bonding through reading to their children.

Donations of gently used children’s books (up to the age of 6) will be given to expectant mothers to encourage them to read to their children, including the one in utero once born as well as other children already in the family.

Send all donations to Dr. Mary Pell Abernathy, University Hospital, 550 N. University Blvd., Suite 2440, Indianapolis, IN 46202.

Total Deliveries

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American Congress of Gynecologists & Obstetricians
Indiana Section Scientific Meeting
September 15, 2010
The Ritz Charles, 12156 North Meridian Street, Carmel, IN

"The Female Pelvis: Not Just a Uterus and Ovaries"

7:30-8:00 am  Registration/Exhibit Hall
8:00-8:10 am  Welcome/Announcements - Jeff Rothenberg, MD, Indiana Section Chair
8:10-9:00 am  “What Happened to Vaginal Hysterectomies: Approaches to the Difficult Vaginal Hyst?” - John Gebhart, MD, Mayo Clinic, Rochester, MN
9:00-9:50 am  “Choosing the Correct Incontinence Procedure”
               Dee Fenner, MD, Alfred Taubman Health Care Center, Ann Arbor, MI
9:50-10:05 am  Questions/Answers – Drs. Gebhart and Fenner
10:05-10:35 am  Exhibits/Refreshments
10:35-11:25 am  “Stump the Professors: District V Junior Fellow Winners”
                   Jeff Rothenberg, MD, Indiana University Medical School, Indianapolis;
                   Wayne Trout, MD, Ohio State University Medical Center, Columbus, OH, and
                   Eric Strand, MD, St. Vincent Hospital, Indianapolis, IN.
11:25-12:15 pm  “How Do We Become Proficient (and Safe) with New Procedures?”
                   Dee Fenner, MD, Alfred Taubman Health Care Center, Ann Arbor, MI
12:15-12:20 pm  Questions/Answers – Dr. Fenner
12:20-1:30 pm  Luncheon
1:30-2:20 pm  “Abdominal Surgery: Principles, Approaches and Techniques”
                 John Gebhart, MD, Mayo Clinic, Rochester, MN
2:20-3:10 pm  “The Vaginal Apex: Abdominal and Vaginal Approaches”
                  Douglass Hale, MD, Urogynecology Associates, Indianapolis, IN
3:10-3:20pm:  Questions/Answers – Drs. Gebhart and Hale
3:20-3:45pm:  Refreshments/Exhibits
3:45-4:35 pm  “Developments in Female Sexual Dysfunction”
                   Julia Heiman, PhD, Kinsey Institute, Indiana University, Bloomington, IN
4:35-4:45 pm  Questions/Answers – Dr. Heiman
4:45-4:50 pm  Hand in completed evaluation for and receive CME form from registration table. No CME form will be given out after the day of the section meeting.