



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 placentation, 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 friendships 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



Gus Watanabe's wife and son, Peggy and Frank, join John Lechleiter, Randy Tobias, Christel DeHaan and others at the ribbon-cutting ceremony of the Christel House Watanabe High School

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>



ONCOLOGY NEWS

by Giuseppe Del Priore, MD

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.

The option of radical trachelectomy. <http://www.ncbi.nlm.nih.gov/pubmed/20606543>

Saso S, Ungar L, Palfalvi L, Del Priore G, Smith JR. *Int J Gynecol Cancer*. 2010 Jul;20(5):910. No abstract available. PMID: 20606543 [PubMed - in process] Related citations http://www.ncbi.nlm.nih.gov/pubmed?db=pubmed&cmd=link&linkname=pubmed_pubmed&uid=20606543

<http://www.ncbi.nlm.nih.gov/pubmed/20416873>

Rescue radical trachelectomy for preservation of fertility in benign disease. <http://www.ncbi.nlm.nih.gov/pubmed/20416873>

Del Priore G, Klapper AS, Gurshumov E, Vargas MM, Ungar L, Smith JR.

Fertil Steril. 2010 Apr 21. [Epub ahead of print] PMID: 20416873 [PubMed - as supplied by publisher] Related citations http://www.ncbi.nlm.nih.gov/pubmed?db=pubmed&cmd=link&linkname=pubmed_pubmed&uid=20416873

Experiences in uterine transplantation. <http://www.ncbi.nlm.nih.gov/pubmed/20308868>

Hurst SA, Smith JR, Del Priore G. *Transplantation*. 2010 Mar 27;89(6):769. No abstract available. PMID: 20308868 [PubMed - indexed for MEDLINE] Related citations http://www.ncbi.nlm.nih.gov/pubmed?db=pubmed&cmd=link&linkname=pubmed_pubmed&uid=20308868

Gynecologic Oncology Group quality assurance audits: analysis and initiatives for improvement. <http://www.ncbi.nlm.nih.gov/pubmed/20576671>

Blessing JA, Bialy SA, Whitney CW, Stonebraker BL, Stehman FB.

Clin Trials. 2010 Jun 24. [Epub ahead of print] PMID: 20576671 [PubMed - as supplied by publisher] Related citations http://www.ncbi.nlm.nih.gov/pubmed?db=pubmed&cmd=link&linkname=pubmed_pubmed&uid=20576671

Posttherapy residual disease associates with long-term survival after chemoradiation for bulky stage 1(B) cervical carcinoma: a Gynecologic Oncology Group study. <http://www.ncbi.nlm.nih.gov/pubmed/20541170>

Kunos C, Ali S, Abdul-Karim FW, Stehman FB, Waggoner S. *Am J Obstet Gynecol*. 2010 Jun 9. [Epub ahead of print] PMID: 20541170 [PubMed - as supplied by publisher] Related citations http://www.ncbi.nlm.nih.gov/pubmed?db=pubmed&cmd=link&linkname=pubmed_pubmed&uid=20541170

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)

EDITOR'S CHOICE

by Robert Bigsby, PhD

Publications that our faculty have been reading and discussing recently.

Overlapping Compared With End-to-End Repair of Third- and Fourth-Degree Obstetric Anal Sphincter Tears: A Randomized Controlled Trial. SA Farrell, D Gilmour, GK Turnbull, et al. *Obstetrics & Gynecology* 116(1):16-24, July 2010.

This study was designed to compare overlapping repair with end-to-end repair of obstetric tears, determining which procedure resulted in a higher rate of flatal incontinence. The authors found that women who underwent overlapping repair compared with end-to-end repair had higher rates of flatal incontinence, 61% compared with 39% (odds ratio [OR] 2.44, confidence interval [CI] 1.2–5.0). The rate of fecal incontinence was also higher, 15% compared with 8% (OR 1.97, CI 0.62–6.3) but did not attain statistical significance. The authors conclude that end-to-end repair is associated with lower rates of anal incontinence when compared with overlapping repair.

In the same issue of the journal, **Dr. Doug Hale**, Director of the Female Pelvic Medicine and Reconstructive Surgery Fellowship and Associate Clinical Professor at Indiana University/Methodist Hospital, Indianapolis wrote an editorial highlighting the article by Farrell et al. Dr. Hale begins by quoting from WC Bornemeier's seminal 1960 article on surgery of the anal sphincter: "... when compared to the hands the sphincter ani is far superior. ... The sphincter apparently can differentiate between solid, fluid, and gas. ... No other muscle in the body is such a protector of the dignity ... A muscle like that is worth protecting."

Dr. Hale reviews the four previously published randomized trials that compared the two surgical repair techniques and he notes that based on three of these, the most recent Cochrane Review favors the overlapping repair. He goes on to point out the limitations of the four previous studies and he concludes that the Farrell study overcomes these pitfalls. Dr. Hale

summarizes his review of the article by saying: "... the difference in the primary outcome as well as lack of significance in the secondary outcomes should provide reassurance to obstetricians relying on the end-to-end repair. These data may not alter the practice of clinicians who currently rely on the overlapping repair, but it may cause them to reconsider the role of this technique given these new results."

Endometriosis. LC Giudice, *N Engl J Med* 2010;362:2389-98

Linda C. Giudice, M.D., Ph.D., a prominent clinical/translational researcher and practitioner from the University of California, San Francisco, presents a very thorough but concise overview of the diagnosis and treatment options for endometriosis. The article focuses on endometriosis and its relationship to pain and infertility. It includes helpful images and useful tables.

Postmenopausal Hormone Therapy, An Endocrine Society Scientific Statement.

(continued next page)



Peer Review

by Debra Kirkpatrick, MD

In a general sense, peer review is defined as the process used for checking the work performed by ones 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 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

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".

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.

Editor's Choice

RJ. Santen, DC Allred, SP. Ardoin, et al. *J Clin Endocrinol Metab* 95, Suppl 1 (7), July 2010.

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

<http://www.ncbi.nlm.nih.gov/pubmed/20452658>

Miller BE, Blessing JA, Stehman FB, Shahin MS, Yamada SD, Secord AA, Warshal DP, Abulafia O, Richards WE, Van Le L. *Gynecol Oncol*. 2010 Aug 1;118(2):139-44. Epub 2010 May 8. PMID: 20452658 [PubMed - indexed for MEDLINE] [Related citations http://www.ncbi.nlm.nih.gov/pubmed?d=pubmed&cmd=link&linkname=pubmed_pubmed&uid=20452658](http://www.ncbi.nlm.nih.gov/pubmed?d=pubmed&cmd=link&linkname=pubmed_pubmed&uid=20452658)

Impact of hydronephrosis on outcome of stage IIIB cervical cancer patients with disease limited to the pelvis, treated with radiation and concurrent chemotherapy: a Gynecologic Oncology Group study. <http://www.ncbi.nlm.nih.gov/pubmed/20181381>

Rose PG, Ali S, Whitney CW, Lanciano R, Stehman FB. *Gynecol Oncol*. 2010 May;117(2):270-5. Epub 2010 Feb 24. PMID: 20181381 [PubMed - indexed for MEDLINE] [Related citations http://www.ncbi.nlm.nih.gov/pubmed/20181381](http://www.ncbi.nlm.nih.gov/pubmed/20181381)

www.ncbi.nlm.nih.gov/pubmed?db=pubmed&cmd=link&linkname=pubmed_pubmed&uid=20181381

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.*
2. District V Annual Meeting, October 20-23 in Cancun, Mexico; http://www.acog.org/acog_districts/dist5/20101020Program.pdf or contact Linda Kinnane at 202-863-2574.

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

	June	July
IU	84	74
Wishard	189	250
Methodist	260	244

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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 - <i>Jeff Rothenberg, MD, Indiana Section Chair</i>
8:10-9:00 am	"What Happened to Vaginal Hysterectomies: Approaches to the Difficult Vaginal Hyst?" - <i>John Gebhart, MD, Mayo Clinic, Rochester, MN</i>
9:00-9:50 am	"Choosing the Correct Incontinence Procedure" <i>Dee Fenner, MD, Alfred Taubman Health Care Center, Ann Arbor, MI</i>
9:50-10:05 am	Questions/Answers – <i>Drs. Gebhart and Fenner</i>
10:05-10:35 am	Exhibits/Refreshments
10:35-11:25am	"Stump the Professors: District V Junior Fellow Winners" <i>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.</i>
11:25-12:15 pm	"How Do We Become Proficient (and Safe) with New Procedures?" <i>Dee Fenner, MD, Alfred Taubman Health Care Center, Ann Arbor, MI</i>
12:15-12:20 pm	Questions/Answers – <i>Dr. Fenner</i>
12:20-1:30 pm	Luncheon
1:30-2:20 pm	"Abdominal Surgery: Principles, Approaches and Techniques" <i>John Gebhart, MD, Mayo Clinic, Rochester, MN</i>
2:20-3:10 pm	"The Vaginal Apex: Abdominal and Vaginal Approaches" <i>Douglass Hale, MD, Urogynecology Associates, Indianapolis, IN</i>
3:10-3:20pm:	Questions/Answers – <i>Drs. Gebhart and Hale</i>
3:20-3:45pm:	Refreshments/Exhibits
3:45-4:35 pm	"Developments in Female Sexual Dysfunction" <i>Julia Heiman, PhD, Kinsey Institute, Indiana University, Bloomington, IN</i>
4:35-4:45 pm	Questions/Answers – <i>Dr. Heiman</i>
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.