



HUBER LECTURER for 2011



Dr. Timothy Johnson is Bates Professor of the Diseases of Women and Children and Chair of Obstetrics and Gynecology at the University of Michigan.

He is also Arthur F. Thurnau Professor, Professor of Women's Studies, and Research Professor in the Center for Human Growth and Development.

His education and training have been at the University of Michigan, University of Virginia and Johns Hopkins. He is Fellow of the American College of Obstetricians and Gynecologists (ACOG) and Fellow of the American Institute of Ultrasound in Medicine.

After service in the US Air Force, he rejoined the Johns Hopkins faculty eventually to become Director of the Division of Maternal Fetal Medicine. Since 1993, he has been Chair of the Department of Obstetrics and Gynecology at the University of

Michigan and has seen its national rankings reach into the "top ten" by NIH and USNWR metric. He has received research and training grants from NIH, DHHS, Carnegie Corporation and others.

Dr. Johnson is active in international teaching and training especially in Ghana, Africa and is an honorary fellow of the West African College of Surgeons, honorary fellow of the Ghana College of Physicians and Surgeons, and Fellow *ad eundem* of the Royal College of Obstetricians and Gynaecologists (London). He is author of over two hundred fifty articles, chapters and books. He has served on numerous editorial boards, study sections, professional committees, societies and boards and is an elected member of the Institute of Medicine of the National Academy of Science. In 2005, Dr. Johnson was awarded the Distinguished Service Award, the highest honor of ACOG. He is Past President of the Association of Professors of Gynecology and Obstetrics and Editor of the International Journal of Gynecology and Obstetrics.

Dr. Johnson will present the Huber Lecture at the [Spring Session of the Indiana Section, ACOG Scientific Session](#) at 10:30 a.m. on April 20, 2011. His lecture is entitled "Maternal Mortality as an Exemplar of the Global issues in Women's Health."

Dr. Carl P. Huber was the first chair of the Department of OB/GYN at Indiana University (1948-1969). Dr. Huber, a native of Michigan, received his undergraduate degree at the University of Michigan as well as his medical degree and residency training. After appointments as an instructor at the University of Michigan and at the University of Chicago, Dr. Huber accepted a position as Assistant Professor of OB/GYN at Indiana University in 1938. He was named the first Professor of OB/GYN in 1948 and in 1967 was named IU's first Coleman Professor, an endowed-named chair in the School of Medicine.

During Dr. Huber's 21 years of leadership, the Department of OB/GYN became nationally recognized and its residency program became one of the strongest.

The Carl P. Huber Memorial Lecture was established in 1978 and continues in honor of this outstanding teacher and clinician.

RESEARCH FELLOW

Welcome to **Dr. Ali Hassan Hamed**. Dr. Hamed will be doing a Research Fellowship under **Dr. Giuseppe Del Priore** in Gynecologic Oncology.

Dr. Hamed is a native of Assiut, Egypt and received an M.B.B.CH degree, faculty of medicine and an M.SC in Obstetrics and Gynecology from Assiut University. After completing

his education at Assiut University, Dr. Hamed joined the faculty as an Assistant Lecturer of OB/GYN, and began training in the National Cancer Institute in Cairo. Dr. Hamed's doctoral thesis is entitled "Dissection of draining lymph nodes in female pelvic genital carcinomas."

Anyone interested in collaborating with Dr. Hamed, please

contact Dr. Del Priore at 944-2130 or gdelprio@iupui.edu



INDIANA UNIVERSITY

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
School of Medicine

EGYPT, DEMOCRACY and WOMEN'S HEALTH

by Kareem Khozaim, MD

Like many others I was mesmerized by the riveting scenes of up to 1 million protesting Egyptians packing Tahrir square this month in Cairo. The crowds were fascinating not only for their sheer number, but also for their composition, specifically the presence and diversity of women: Christian and Muslim, veiled and not veiled, old and young. These scenes brought to light the impact women can have on democratic reform and the impact democratic reform can have on women. Surely any true democratic reform would not be legitimate or sustainable if it did not include over half the population. Likewise, true democratic reform is often a critical first step that facilitates gender equality and improvements in women's health.

I am hopeful for Egypt, and the developing world in general, because I have been lucky enough to witness brief stages of this transformation. Despite the fact that my grandmother was raised in a secular, aristocratic family of Cairo, she was still forced to undergo Female Genital Cutting

as a child. However, after being one of the very few women to graduate from medical school in 1950's Egypt, she decided not to force FGC on her own daughters. Although Egypt's government was not a democracy in the 1950's, allowing women into medical schools was a milestone in its democratic development. It is precisely this example of an individual woman's empowerment leading to an indigenous improvement in women's health that makes me excited about Egypt's current revolution. It follows then, and I am convinced that, when women have an equal say in their country's body politic, it will lead to equal say in the reproductive health issues that affect their bodies.

Indeed most of the worst egregious gendered injustices are committed in dictatorships and theocracies: the rape epidemic in the Democratic Republic of Congo, severe FGC in Somalia, forced marriage of young girls in Yemen, honor killings in Pakistan, female homicides in Juarez Mexico, or sex slaves in Thailand. Clearly these situations

are multifactorial, with culture, religion, poverty, and war/conflict contributing. Nevertheless, it is not difficult to comprehend that these situations could arise in a society that does not recognize the rights and freedoms of the individual.

Our position as obstetrician-gynecologists is a unique one. We may not be politicians, but our actions critically affect the health of over half the world's population. Just as it is not our responsibility to practice political imperialism and force democracy on a country, it is not our responsibility to practice cultural imperialism and force Western-style gender equality on that country. Rather as advocates of women's health both in the US and abroad, we should support movements and initiatives that allow women, Egyptian or otherwise, sovereignty over their health, just as we support a population's sovereignty over their government.

EDITOR'S CHOICE

by Robert Bigsby, PhD

Anti-Estrogen Medication Reduces Risk of Dying from Lung Cancer

There is a growing body of evidence that estrogens and estrogen receptors promote lung tumors and are associated with a poor prognosis in lung cancer. In a recent report (Cancer 2011, epub ahead of print: <http://onlinelibrary.wiley.com/doi/10.1002/cncr.25638/abstract>), lung cancer incidence and mortality were examined in 6,655 breast cancer patients who had or had not received the anti-estrogen tamoxifen. The results showed that, while there

was no difference in lung cancer incidence, the standardized mortality rate (SMR) from lung cancer was approximately 6-fold higher in women without tamoxifen treatment (SMR, 0.76, 95% CI, 0.43-1.23) compared to those who had received tamoxifen as part of their treatment for breast cancer (SMR, 0.13, 95% CI, 0.02-0.47). As the authors indicate, these results "... are compatible with the findings of higher lung cancer mortality rates among menopausal hormone users reported in recent studies" (*J Clin Oncol* 2006;24:59-63; *Lancet* 2009;374:1243-51).

The mechanisms through which estrogens may promote lung cancer are unknown. Researchers at IU OB/GYN have developed a mouse model of lung cancer that is stimulated by estrogen (*Endocr Relat Cancer* 2008;15:475-83). In this model, ovarian hormones were associated with increased tumor number and higher tumor grade, indicating that they contribute to both tumor promotion and progression. It is hoped that future research utilizing this unique model will determine the cellular and molecular mechanisms involved.



QUALITY, QUALITY EVERYWHERE

by Debra Kirkpatrick, MD

If one bothers to try to list all of the quality benchmarks that the Ob/Gyn department as a whole and each individual faculty member is measured against, one begins to feel like the ancient mariner only in this case, in a sea of measurement and numbers. "Quality, Quality Everywhere . . .

Right now, there are multiple quality measures which impact our department. Let's start with **Wishard** as this is the easiest list to explain. Each year, Health and Hospital Corporation has a fixed amount of money to spend on physician healthcare. A small portion of this money is held as quality money if individual departments make certain thresholds. The amount of quality money that our department potentially could earn has decreased significantly over the years. At one point, it was as high as \$200,000. Currently it is in the neighborhood of \$50,000. These measures are aggregate measures. Last year, these measures included: universal protocol (valid consents and documentation of time outs), evidence of resident supervision, use of "do not use" abbreviations, legibility of signatures, and medical record documentation such as op notes dictated within 24 hours, and discharge summaries dictated within 30 days.

What is Clarian . . . oops. . . **Indiana University Health** measuring? This gets more complex. There are several groups working on measures and so far, these

measures are not the same. The largest organization is **Quality Health Partners**, or affectionately termed **QHP**. QHP is an entity that was created last year to *clinically integrate* groups of physicians, both private and academic, who admit to an IU Health facility. If QHP is successfully clinically integrated, it can theoretically negotiate with third party payers for better reimbursement for all of its member physicians. Clinical integration, according to the FTC, includes quality measures. The encouraging news for our department is that QHP has approached our Clinical Ob Practice and Clinical Gyn Practice Committees for input on these measures for next year. It is important to note that these measures will be at the physician level and will include both inpatient and outpatient measures. Last year the measures for Ob/Gyn included the following: Length of Stay by DRG; Inpatient Mortality; Re-admit rates; % Complications; Length of Stay Index; hospital-acquired decubitus ulcers; hospital-acquired DVT/PE; hospital-acquired infection; Pap smears in the last 3 years; mammography screening; Chlamydia screening in women 16-24; osteoporosis therapy or screening in women > 65; and lastly influenza vaccination in patients > 50.

Each IU Health facility also has a **Quality Panel**. These measures are aggregate measures and are mainly inpatient measures of quality. Again, the leadership of Quality for IU Health

approached the department's Clinical Ob Practice and Clinical Gyn Practice Committees for direction and input. The potential measures for the Quality Panel for obstetrics includes the following: rate of postpartum hemorrhage requiring transfusion; elective delivery prior to 39 weeks; 30-day readmit after delivery; primary C/S rate; VTE prophylaxis after delivery; and exclusive breastfeeding at time of discharge. Each IU Health facility had the option to pick 4 of the 6 to measure.

Indiana Clinic – oops -- **Indiana University Health Physicians (IUHP)** – has also approached the department for input on outpatient quality measures. These measures would also be at the individual physician level. These measures will be discussed at the Clinical Ob Practice and Clinical Gyn Practice Committees.

The above listed measures do not include a number reported to regulatory bodies (Joint Commission), third party payers (e.g. Anthem) or other groups – e.g. University Health Consortium or Leapfrog. So, indeed, we are sometimes drowning in a sea of quality measures. The good news is that the Ob/Gyn department has the infrastructure (due to the foresight of Dr. Learman) to respond and have input into proposed quality measures. It is hoped that all ob/gyn measures will be a smaller, aligned list by 2012.

CLINICAL RESEARCH UPDATE

by David Haas, MD

Research in the Department of OB/GYN is constantly on the move and the following is an update of a few of the current projects:

- Recruitment continues for the NIH sponsored NuMOM2B project, a national study of 10,000 first time moms collecting blood, specimens and ultrasound data looking at mechanisms of adverse pregnancy outcomes. IU is one of 8 clinical sites around the country. Women can receive free 3D ultrasound pictures, a car seat, and other things for participating.
- Recruitment for Obstetric Pharmacology Research Units projects will swing into high gear this spring with a Gestational Diabetes trial and a Progestin trial.
- The PEACE trial looking at antibiotics for PPRM continues to recruit.

- Resident research projects continue to recruit and the 2nd year residents will be starting their projects with presentations of their proposals March 16th from 9:30-10:30 am after Grand Rounds.

If anyone has questions about any of the clinical research projects, call **Dr. Haas** at 312-1317 or **Emily Perkins** at 310-7057.

PUBLICATIONS



Kasturi S, Hale DS. Efficacy of Urethrolisis Following Tension-free Vaginal Tape Using the J-Cut Technique. *International Urogynecology J*; accepted for publication, 2011.

Kasturi S, Lowman J, Kelvin F, Akisik F, Terry C, **Hale, DS.** Pelvic Magnetic

Resonance Imaging for Assessment of the Efficacy of the Prolift System for Pelvic Organ Prolapse. *Am J Obstet Gynecol*, 203 (5): 504.e1-5, November 2010.

Smith RP and Turek PJ. *The Netter Collection of Medical Illustrations* (2nd Ed): Volume 1- Reproductive System. Phila-

delphia PA: Elsevier (Saunders), 2011.

Shahabi S, Smith JR, **Del Priore G.** *Fast Facts: Gynecologic Oncology* (2nd Ed). Oxford UK, Health Press Limited, 2010

THIS AND THAT

The employee spotlight for this issue shines on **Jenna Stephens**, Lead Scheduler in the Coleman Center for Women. Jenna will celebrate her 14th anniversary with OB/GYN in August 2011. Jenna loves to travel, especially with her family and she enjoys her adorable little dog, Zoe. Thank you Jenna, for your years of service.



Dr. Douglass Hale will serve as faculty at the 2011 Winter Meeting of the Society for Urodynamics and Female Urology in Phoenix in March 2011.

In August 2011, **Dr. Hale** and **Dr. Patrick Woodman** were selected to present their experience performing Laparoscopic Sacrocolpopexy at the Internal Continence Society workshop in Glasgow, Scotland.

Dr. Jeff Rothenberg recently returned from the Society for Humanism in Medicine's 41st annual conference in Crested Butte, CO. As President of the organization he planned the meeting "Back to Basics, Putting the Humanities into Humanism: An experiential and interactive colloquium." Our own **Dr. Peggy Shepard** attended and moderated a session given by a 4th year medical student from IU, Katy Dickerson. The Society for

Humanism in Medicine (SHIM) is an interdisciplinary group of healthcare professionals committed to nurturing various aspects of humanism in medicine. The Society meets annually to hear a series of seminars and discussions on a relevant theme in a provocative atmosphere that fosters intellectual and spiritual growth and good fellowship. The Society is a non-profit organization with an international membership.

Dr. Jeff Rothenberg is planning an upcoming trip to Kenya in March/April which is planned as a needs assessment for starting a gynecologic laparoscopy program for the Moi Training and Referral Hospital trainees. He will be followed by **Drs. Greg Raff** and **Kelly Kasper** later in the summer.

Drs. Lisa Mims and **Courtney Browne** attended the 2011 Congressional Leadership Conference in Washington, DC, sponsored by the Indiana Section of ACOG. They went to Capitol Hill and lobbied our members of Congress on increased funding for women's health research and repealing the Medicare SGR formula. They also learned valuable information about how our discipline relates to legislators - thanks for representing Indiana!

On a cold, icy February 3, 2010, the stalwart MFM team of Drs. Men-Jean Lee, Marquia Grier, Jessica Thomes, and Mark Tasch from OB Anesthesia, accompanied by the fabulous OB Nursing team of Lisa Mayer, Dana Fields and Carolyn Bradbury went to the Riley Pediatric Cardiac Catheterization Laboratory to assist the brilliant Drs. Mark Hoyer and Tim Cordes of Pediatric Cardiology in the first maternal cardiac catheterization and balloon valvuloplasty performed during pregnancy at IU Health. This was the ultimate example of multidisciplinary care at its best. Mom and fetus underwent an uneventful recovery back in Labor and Delivery at University Hospital with plans for an equally uneventful normal delivery in the future!

Welcome to **Kerry L. Sanders**, Research Analyst in the Lab of **Dr. Jill Reiter**, Maternal-Fetal Medicine. Kerry began with IU in 1985 in the Endocrinology Lab. She left IU to teach high school chemistry and physics and then did Pulmonary Research for the Government before returning to IU in 2003 to work in breast cancer research. Kerry is married and she and her husband have 3 cats and 1 dog. She enjoys painting (actually anything artistic) writing fiction and gardening. Welcome aboard Kerry!



Total Deliveries

	Jan	Feb
IU	73	66
Wishard	180	166
Methodist	240	221

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April 20, 2011
Spring 2011 Indiana Section ACOG Scientific Meeting
“High Risk Obstetrics: Local and Global Issues”
The Ritz Charles
12156 N. Meridian St., Carmel, IN

7:30 - 8:00 am	Registration/Exhibit Hall	
8:00 - 8:10 am	Welcome/Announcements	Dr. Mark Gentry
8:10 - 9:00 am	“Preparing for and Managing a Pregnancy after Bariatric Surgery”	Dr. Michelle Kominiarek
9:00 - 9:50 am	“Emergency Medication Kits - A Low Tech Solution for Obstetrical Emergencies in Resource Poor Settings”	Dr. Sierra Washington
9:50 - 10:00 am	Questions/Answers	
10:00-10:30 am	Exhibits/Refreshments	
10:30-11:20 am	<i>The 2011 Huber Lecture - Introduction by Dr. Lee Learman</i>	
	“Maternal Mortality as an Exemplar of the Global Issues in Women’s Health”	Dr. Timothy Johnson
11:20-12:10 pm	“Obesity in Pregnancy: Not Just the Facts”	Dr. Michelle Kominiarek
12:10-12:20 pm	Questions/Answers	
12:20-1:30 pm	Legislative Update and Luncheon	
1:30-2:20 pm	“Fetal Behavior: ‘A World’ of Clinical Implications”	Dr. Timothy Johnson
2:20-3:10 pm	“Thyroid Diseases and Pregnancy”	Dr. Cavigan
3:10-3:20 pm	Questions/Answers	
3:20-3:45 pm	Refreshments/Exhibits	
3:45-4:35 pm	“Finding Evidence-based Answers in a Digital World - A Case Study Presentation”	Dr. David Haas
4:35-4:45 pm	Questions/Answers	
4:45-4:50 pm	Complete Evaluations	

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