DISCIPLINE OF OBSTETRICS & GYNECOLOGY

35th Annual Resident Research Day May 31, 2024

PROGRAM

FACULTY OF MEDICINE

LAND ACKNOWLEDGEMENT

We acknowledge that the lands on which Memorial University's campuses are situated are in the traditional territories of diverse Indigenous groups, and we acknowledge with respect the diverse histories and cultures of the Beothuk, Mi'kmaq, Innu, and Inuit of this province.

This academic event is made possible through financial support from:

DISCIPLINE OF OBSTETRICS & GYNECOLOGY
35TH ANNUAL RESIDENT RESEARCH DAY
5M101

AGENDA

8:00 **Introduction and Welcome**
Dr. Joannie Neveu

8:05 **Opening Remarks**
Dr. Dolores McKeen, Dean of Medicine

PART 1: ORAL PRESENTATIONS

8:20 Risk Factors for Ovarian Cancer in NL
Dr. Ann Weber

8:35 Laparoscopic Bariatric Surgery with Hysterectomy for Endometrial Cancer to Improve Long-term Outcomes: A Case Series
Dr. Emma Goddard

8:50 Comparison of the Postoperative Pain Effect as Measured by the Numeric Rating Scale (NRS) and Verbal Pain Score (VPS) of a Transverse Abdominis Plane (TAP) Block by a Surgeon versus Local Wound Infiltration in Patients Undergoing a Pfannenstiel Incision for Gynaecologic Surgery
Dr. Helena Paddle/Dr. Michaela Ryan

9:05 When Should Pregnant Residents Discontinue On-call? A Mixed-Methods Study
Dr. Mandy Litt

9:20 The Incision Decision: Triaging Caesarean Sections to Optimize Decision to Delivery Interval
Dr. Sarah Benson

9:35 Perception of Birth versus Lived Experience: The Role of Social Media
Dr. Charlotte Roy/Dr. Erin Marshall

9:50 Association between Elevated Pre-Pregnancy Body Mass Index and Outcome of Labour Induction: A Retrospective Cohort Study
Dr. Kaija Kaarid/Dr. Erin Marshall

10:05 Early Prenatal Care Providers and Prenatal Screening: Perceptions and Practice Patterns of Prenatal Counselling in Newfoundland and Labrador
Dr. Nicole MacEachren

10:20 – 10:50 BREAK

PART 2: ORAL PRESENTATIONS

10:50 Rates of Early Screening for Diabetes in Pregnancy in the Obese Population in Newfoundland
Dr. Christine Anstey

11:05 Delayed versus Real-Time Feedback for Laparoscopic Surgical Training: A Randomized Controlled Trial
Dr. Sarah Manning

11:20 Feasibility of Same-Day Discharge in Patients Undergoing Laparoscopic Gynecologic Oncology Surgery in St. John's NL
Dr. Mandy Litt

11:35 Oncologic Outcomes Following Open versus Minimally Invasive Radical Surgery for Early Cervical Cancer in Nova Scotia- A Retrospective Cohort Study
Dr. Noor Sadeq (Dalhousie)

11:50 Feasibility of a Hyperthermic Intraperitoneal Chemotherapy (HIPEC) Program for Gastrointestinal and Gynecological Cancer Care in Newfoundland and Labrador
Dr. Stephanie Gill

12:05 – 1:00 LUNCH AND GUEST SPEAKERS

12:15 STRATEGIC CAREER PLANNING! (VIRTUAL)
Callie Bland - CEO, Executive Coach, Facilitator, Speaker, RN
Coach Callie, CoachConnect Consulting Inc.

1:00 INFORMED SELF-ASSESSMENT IN A COMPETENCY-BASED OBSTETRICS AND GYNAECOLOGY RESIDENCY TRAINING PROGRAM
Dr. Jillian Coolen, IWK Health Centre

PART 3: ORAL PRESENTATIONS

2:00 A Quality Assurance Review of Virtual Care Induced Diagnostic Delays for Cervical and Vulvar Cancer and Advanced Stage at Presentation
Dr. Sarah Benson

2:15 Changing Colposcopist Reporting of Cervical Cone Biopsy: A Quality Improvement Project
Dr. Stephanie Gill

BACK TO AGENDA

POSTER AND VIDEO PRESENTATIONS

2:30 Exploring the Relationship between Recurrent Pregnancy Loss and Intrahepatic Cholestasis of Pregnancy (ICP Case Report) Poster
Dr. Sarah Benson

2:45 Heterotopic Cervical Ectopic Pregnancy with Features Concerning of Molar Pregnancy: (A Case Report) Poster
Dr. Stephanie Gill/Dr. Helena Paddle

3:00 Ovarian Transposition: Indications and Techniques. A Video Presentation
Dr. Christine Anstey/Dr. Helena Paddle

3:15 Acknowledgements
Dr. Joannie Neveu

3:20 Closing Remarks
Dr. Deanna Murphy

6:30 AWARDS PRESENTATION DINNER AND DANCE
BALLY HALY COUNTRY CLUB

BACK TO AGENDA

PART 1:
ORAL PRESENTATIONS

RISK FACTORS FOR OVARIAN CANCER IN NL

Weber A, Twells L, Power P
Memorial University

Objective: To analyze risk factors for mortality from ovarian cancer for the unique population of Newfoundland and Labrador, taking into account multiple variables such as surgical and image/pathology report wait-times, surgeon training, location of patient residence, and location of chemotherapy administration.

Methods: This retrospective cohort study will use data gathered from January, 2014 - January, 2024 and undergo survival analysis, logistic regression, cause regression, and machine learning.

Results: Pending

Conclusion: Pending

BACK TO AGENDA

LAPAROSCOPIC BARIATRIC SURGERY WITH HYSTERECTOMY FOR ENDOMETRIAL CANCER TO IMPROVE LONG-TERM OUTCOMES: A CASE SERIES

Goddard, E, Neveu, J
Memorial University

Objective: The purpose of this case series is to examine the effect of a combined intervention of vertical sleeve gastrectomy (VSG) and TLH for patients with obesity and endometrial cancer on the rate of disease recurrence and the impact on obesity-related comorbidities. Secondary objectives include perioperative complication rate, operative time, length of hospital stay and impact of quality of life.

Methods: The study will be a case-series involving patients who were given combined treatment of TLH and VSG. Approximate sample size will be between 10-15 patients annually for 5 years, for a total of 50-75 patients. Patients will be included if they have a tissue diagnosis of Grade 1 Endometrial Carcinoma or Endometrial Atypical Hyperplasia and have a Body Mass Index (BMI) between 40-60. The study plans to follow the population pre-operatively, and post-operatively up to 5-years and will observe (1) rates of malignancy recurrence at 5-years, (2) length of operating time required, (3) rates of surgical complications and length of recovery, (4) weight-loss for 5-years, (5) Biochemical markers including Hemoglobin A1C, blood pressure, nutritional profile and cholesterol profile, (6) Rates and severity of metabolic/cardiovascular co-morbidities, (7) Cost-effectiveness of combined treatment versus hysterectomy alone for patients with endometrial cancer and obesity in projected lifetime health-care cost, and (8) quality of life post-bariatric surgery.

Results: Pending

Conclusion: Pending

COMPARISON OF THE POSTOPERATIVE PAIN EFFECT AS MEASURED BY THE NUMERIC RATING SCALE (NRS) AND VERBAL PAIN SCORE (VPS) OF A TRANSVERSE ABDOMINIS PLANE (TAP) BLOCK BY A SURGEON VERSUS LOCAL WOUND INFILTRATION IN PATIENTS UNDERGOING A PFANNENSTIEL INCISION FOR GYNAECOLOGIC SURGERY

Paddle H, Ryan M, Gill A, Au K
Memorial University

Objective: To compare the analgesic effect of a TAP block versus a local wound infiltration in patients undergoing a pfannenstiel incision laparotomy for gynecological surgery.

Methods: Patients undergoing a pfannenstiel laparotomy will be recruited to the study during their pre-admission appointment with their gynaecologist. The pilot study does NOT involve assigning patients to specific interventions. Patients in the pilot study will have the current standard of care at our tertiary care centre: regular multimodal analgesia postoperatively with regular acetaminophen (650mg every four hours orally) and ketorolac (10mg orally or 30mg intravenous every six hours).

At 6, 12 and 24 hours postoperatively their pain at rest will be assessed with a numerical rating scale: 0 (no pain) to 10 (the worst possible pain). Patients will also be asked to rate their pain on a Verbal Rating Scale: no pain, mild pain, moderate pain and intense pain.

The pilot study will allow for comparison of our current standard of practice to any interventions being completed in future studies. The pilot study will also allow the researchers to determine how many pfannenstiel laparotomies are performed weekly to allow for calculation of a sample size.

Results: Results from a limited number of patients reveals that the average postoperative pain scores at 6 hours postop is 4.8 out of 10, at 12 hrs is 4.3 out of 10 and at 24 hrs is 3.8 out of 10. On the verbal pain rating score the most common rating was that patients experienced “moderate pain” at 6 hrs, and “mild pain” at 12 and 24 hrs. The average BMI for our study population was 31 and average operative time was 108 minutes. The sample size is currently being assessed and will be presented at research day.

Conclusion: Postoperative pain control is already quite good based on our study population. In presenting the sample size calculation at research day we will be reviewing how long our study would take to recruit patients for to determine a clinically significant difference in postoperative pain for TAPs versus local wound infiltration, along with the current number of pfannenstiel incision laparotomies completed at our site. In reviewing these numbers, we will be discussing why this study is no longer feasible.

WHEN SHOULD PREGNANT RESIDENTS DISCONTINUE ON-CALL? A MIXED-METHODS STUDY

Litt M, Borsella M, Alo, O.D, Fowler E
Memorial University

Objective: The study aims to determine the appropriate time in weeks of gestational age that pregnant residents should discontinue call shifts in Canada. The primary outcome of this project is to assess the experience with the current call cut-off policy among pregnant residents in Canada. The secondary outcome will be evaluating for obstetrical complications during a resident's pregnancy.

Methods: This is a mixed-methods study with a sequential explanatory design. A national online survey was distributed to practicing physicians and current residents and fellows to determine satisfaction rates and pregnancy complications while pregnant during residency or fellowship. Second, participants were recruited through the survey to conduct individual online interviews. The two sets of data were collected, analyzed separately, and then triangulated.

Results: Data analysis is ongoing. Preliminary results reveal a total of 453 survey respondents. Majority of respondents felt comfortable speaking with their program regarding call-duty while pregnant and felt that a resident should not have the option to opt-out of the call discontinuation. 65% felt that their call duties impacted the health of their pregnancy and 46% experienced complications. Twelve virtual interviews were completed to obtain qualitative data saturation. Major themes that were revealed was the desire for an earlier and/or flexible call policy, a more robust and formalized policy, regular check-ins with their program directors while pregnant, and no opt-out option.

Conclusion: Pending

BACK TO AGENDA

THE INCISION DECISION: TRIAGING CAESAREAN SECTIONS TO OPTIMIZE DECISION TO DELIVERY INTERVAL

Benson S, Witt L, McKeen
Memorial University

Objective: The outcome of this study is to determine if the recommended time targets for Category 1 through 3 Caesarean sections are being met at our centre and to help guide future quality improvement initiatives in this area to better serve our patients.

Methods: We created a categorization tool for Caesarean sections based off the guidelines established by the National Institute for Health and Care Excellence (NICE)2 and the Royal Australian and New Zealand College of Obstetrics and Gynaecologists (RANZCOG).3 Data from Category 1-3 (non-elective) Caesarean sections will be collected through a retrospective chart review. Data points will include modified Robson criteria of parturient, category and indication for section, time of decision by obstetrician, time of arrival in the OR, anesthesia ready time, anesthetic technique, surgical start time and time of delivery.

Results: Pending

Conclusion: Pending

BACK TO AGENDA

PERCEPTION OF BIRTH VERSUS LIVED EXPERIENCE: THE ROLE OF SOCIAL MEDIA

Roy C, Marshall E, Murphy S
Memorial University

Objective: To understand the use and impact of social media on first-time mother's expectations and experience of labour and delivery.

Methods: The study is a qualitative analysis using semi-structured open-ended face-to-face interviews. First-time mothers seeking prenatal care will be recruited by their care provider to participate in two interviews; to triangulate data, the study is formatted to include an "entry" interview and an "exit" interview. The semi-structured interview format will consist of 5 primary questions, with follow-up probes to allow for exploration of themes. Analysis of the interviews will be completed by developing a codebook using inductive thematic analysis, beginning with open coding to code concepts found in the data. Once codes have been created, categories will be developed to identify themes. Two researchers will participate in the development of the codebook. The objective is to identify themes in how first-time mothers utilize social media, and how this might affect their expectations for labour and delivery. This may assist in identifying ways in which to support first-time mothers in the labour and delivery experience, by identifying gaps in knowledge and/or creating educational material for social media.

Results: Pending

Conclusion: Pending

BACK TO AGENDA

ASSOCIATION BETWEEN ELEVATED PRE-PREGNANCY BODY MASS INDEX AND OUTCOME OF LABOUR INDUCTION: A RETROSPECTIVE COHORT STUDY

Käärid K, Marshall E, Sorensen R, Crane J, Murphy P, Fowler E
Memorial University

Objective: This study aims to evaluate the association between elevated pre-pregnancy body mass index (BMI) and adverse outcomes of induction of labour (IOL) using data from the Newfoundland and Labrador Perinatal Program Database. We will include data from singleton, term deliveries following IOL between January 1, 2002 and December 31, 2022, and compare women with elevated versus normal pre-pregnancy BMI. The primary outcome is mode of delivery (i.e. spontaneous vaginal delivery, operative vaginal delivery, cesarean delivery). Secondary outcomes include labour duration, length of admission to hospital, and measures of maternal and neonatal morbidity and mortality.

Methods: This study will obtain population-based data from the Newfoundland and Labrador Provincial Perinatal Program Database from January 1, 2002 - December 31, 2022. Inclusion criteria are singleton pregnancy, vertex presentation and ≥37+0 weeks gestation at delivery. Exclusion criteria include prior cesarean delivery and pre-pregnancy BMI not reported. We will focus analyses on women who underwent IOL. Maternal characteristics will be described and compared between BMI groups. Pre-pregnancy BMI will be divided into categories: underweight (BMI <18.50); normal weight (BMI 18.50-24.99); overweight (BMI 25.00-29.99); class I obesity (BMI 30.00-34.99); class II obesity (BMI 30.00-34.99); and class III obesity (BMI ≥40.00). We aim to further subcategorize extreme obesity into BMI 50.00-59.99 and BMI ≥60.00. We will compare elevated BMI categories to normal BMI. The primary outcome is mode of delivery. Secondary outcomes include duration of labour, length of hospital admission, and markers of maternal and neonatal morbidity and mortality. Descriptive statistics will be used to characterize and compare BMI groups. The absolute risk and 95% confidence interval of each outcome will be calculated within each BMI group. Multiple logistic regression models will be used to evaluate binomial outcomes, adjusting for maternal age, parity and gestational age. Multiple linear regression models will be used to evaluate continuous outcomes, adjusting for confounders. A value of $p < 0.05$ will be considered significant.

Results: Pending

Conclusion: Pending

EARLY PRENATAL CARE PROVIDERS AND PRENATAL SCREENING: PERCEPTIONS AND PRACTICE PATTERNS OF PRENATAL COUNSELLING IN NEWFOUNDLAND AND LABRADOR

MacEachren N, Bajzak K, Cook C
Memorial University

Objective: Informed access to prenatal screening (PNS) services is of paramount importance. All pregnant women should be offered prenatal screening regardless of risk factors and this counselling should be performed in a manner such that it empowers them to make their own informed choice. In Newfoundland and Labrador (NL) we have a shared care model of prenatal care. The majority of early prenatal care in this province is provided by Family Physicians and Nurse Practitioners prior to referral to an Obstetrician Gynecologist at twenty-eight weeks gestation. The present study aims to examine the perceptions and practice patterns of early prenatal care providers in the province of NL as it pertains to PNS. Ultimately, we aim to harness this information to facilitate the creation of an accredited learning module for providers in order to educate about, and advocate for, offering comprehensive PNS to all obstetrical patients. This learning module is currently being created through collaboration with the Office of Professional Development, Memorial University.
Methods: A survey was disseminated to Family Physicians (FPs) & Nurse Practitioners (NPs) in the province. This survey captured practice patterns of PNS including the frequency with which it is offered, perceived comfort levels with PNS counselling, knowledge of current options, and perceived barriers to providing regular PNS counselling.

Results: Survey results were obtained from the target populations of FPs and NPs. A total of 43 surveys have been returned thus far. Although the vast majority (n=42) of respondents indicate that they always offer PNS, a significant level of discomfort with counselling around PNS was identified. Thirty four percent of respondents identified being either somewhat (n=11) or extremely (n=4) uncomfortable with counselling about PNS. Furthermore, nearly 40% of respondents chose incorrect responses about timeframes within which to administer testing, and only n=10 (24%) of respondents were comfortable providing counseling about PNS to patients with multiple gestation pregnancies. All respondents indicated that they would be interested in completing an accredited learning module on PNS.

Conclusion: This information is being used to guide the creation of a learning module to empower community prenatal care providers to provide comprehensive, up-to-date PNS counselling. A planning committee has been created for module accreditation which is being funded by the Medical Education Research Fund, awarded in 2023 to support this initiative.

PART 2:
ORAL PRESENTATIONS

BACK TO AGENDA

RATES OF EARLY SCREENING FOR DIABETES IN PREGNANCY IN THE OBESE POPULATION IN NEWFOUNDLAND

Anstey, C, Murphy, P, O'Brien, D, Tizzard, R., Crane, J
Memorial University

Objective: To evaluate how well practitioners in Newfoundland participate in early screening for gestational diabetes in the at-risk, obese (BMI greater than or equal to 30 kg/m2) population as per the 2018 Diabetes Canada Guideline. Demographics and screening frequencies amongst the three categories of obesity will be compared, and the most frequent method of early screening (HbA1C, 50 g glucose challenge test, or 75 g OGTT) will also be assessed. The aim will be to identify areas where further education/interventions could be proposed in order to promote early screening for diabetes in pregnancy in this at-risk population.

Methods: The Perinatal Program of Newfoundland and Labrador was used for data collection in order to obtain a list of women with BMI greater than or equal to 30 kg/m2 who delivered a singleton gestation in Eastern Health between January 1, 2020 and December 31, 2020. Demographic information was also collected. The sample size of women meeting the inclusion criteria was found to be 573. A retrospective chart review was carried out. Meditech files of women meeting the inclusion criteria for the study were reviewed in order to determine whether early screening for diabetes in pregnancy (prior to 20 weeks, 0 days gestation) took place prior to routine screening as per the recommendations and guidelines. The method of early screening (HbA1C, fasting blood glucose, 50 g glucose challenge test, or 75 g OGTT) was assessed though Meditech review as well. The results of the screening and whether there was an eventual diagnosis of GDM was evaluated. Collected results will provide insight regarding how well practitioners screen for GDM in the at-risk, obese population. This information could be used to determine whether interventions are needed to attempt to increase early screening rates in Newfoundland.

Results: Pending

Conclusion: Pending

DELAYED VERSUS REAL-TIME FEEDBACK FOR LAPAROSCOPIC SURGICAL TRAINING: A RANDOMIZED CONTROLLED TRIAL

Manning S, Thorburn J, Hiscock N, Ennis M, Neveu J.
Memorial University

Objective: To determine which form of feedback (delayed recorded verbal feedback using video capture versus live verbal feedback) is more effective on medical student performance of basic laparoscopic skills using low cost, at home laparoscopic training boxes (Using the Global Operative Assessment of Laparoscopic skills tool).

Methods: Laparoscopically naive medical students were recruited, placed in groups of six, and block randomized to delayed recorded verbal feedback and real-time verbal feedback groups. Participants attended a group orientation session consisting of a demonstration, a pretest survey, and completion of a timed laparoscopic peg transfer task. Participants were then provided with their own low-cost laparoscopic training box for practice. On day 7, participants repeat the peg transfer task using the FLS Laparoscopic Trainer System. The delayed feedback group were video recorded for an expert in the minimally invasive surgery (MIS) field to review. On day 8 of the practice period, the expert met with the participant to provide feedback. The real-time feedback group received live, in-person verbal feedback from an expert in the MIS field. On day 15 of the study period, the participants were asked to perform the post-timed peg transfer task and the post-test survey. Quantitative data was analyzed using descriptive statistics, paired and independent t-tests, and Levene's test. Qualitative description with content analysis of post-test surveys was also performed.

Results: Data was collected from January 2023 to February 2024. A total of 40 medical students completed the study. All participants showed a significant decrease in time to complete the peg transfer task following the laparoscopic surgery training program ($p<0.001$). The real-time feedback group showed a greater improvement in their time to complete the task (70.3 seconds) (SD: 50.13)) compared to the delayed feedback group (59.9 (SD: 55.14)), although there was no significant difference between the two groups ($p=0.268$). In the post-test survey, the real-time feedback group was also more likely to report that they felt "somewhat confident" or "fairly confident" in the skill (n=14, 70%) compared to the delayed feedback group (n=10, 50%). Learners in the real-time feedback group reported that they appreciated the ability to actively correct their technique, although they did find it to be stressful at times. Conversely, learners in the delayed feedback group appreciated the ability to see their mistakes and ask questions in a more relaxed environment.

Conclusion: It is evident that a laparoscopic surgery training program improves the completion time of a peg transfer task in laparoscopically naive medical students. Our results show that a real-time feedback method may be superior to a delayed feedback method, although these results were not statistically significant. Learners described reasons why both feedback methods were beneficial to their learning.

BACK TO AGENDA

FEASIBILITY OF SAME-DAY DISCHARGE IN PATIENTS UNDERGOING LAPAROSCOPIC GYNECOLOGIC ONCOLOGY SURGERY IN ST. JOHN'S NL

Litt M, Thorburn J, Neveu J
Memorial University

Objective: This study aims to determine the safety and feasibility of SDD in gynecology oncology patients undergoing MIS procedures for surgical staging. The primary outcome is the feasibility and the variables associated with the success of SDD.

Methods: This is a retrospective cohort study of patients eligible for SDD undergoing laparoscopic surgical staging for endometrial cancer or hyperplasia, or cervical, tubal, or ovarian cancer under the care of two faculty gynecologic oncologists, Drs. Joannie Neveu and Patti Power at the Health Sciences Centre, St. John's, Newfoundland, Canada (October 2019-July 2023). Procedural inclusion criteria includes a laparoscopic total simple hysterectomy for staging. Clinical data was be collected from each patient's electronic medical record. Those accomplishing SDD will be compared to those who required admission, and variables were assessed to determine predictors of overnight admission.

Results: Preliminary data analysis suggests that SDD discharge for this patient population is safe and feasible. There were limited intra-operative, pre-discharge and post discharge complications. Most patients that were admitted post-operatively was due to the geographical location of their home.

Conclusion: Pending

ONCOLOGIC OUTCOMES FOLLOWING OPEN VERSUS MINIMALLY INVASIVE RADICAL SURGERY FOR EARLY CERVICAL CANCER IN NOVA SCOTIA- A RETROSPECTIVE COHORT STUDY

Sadeq N, Sandila N, Bentley J, Scott S, Kieser K, Saciragic L, Grimshaw R, Willows K
Dalhousie University

Objective: Recent international data suggest that radical minimally invasive surgery (MIS) for cervical cancer results in higher risk of recurrence. The precise reasons for this remain unknown. The primary objectives of this study are to 1) describe the uptake of MIS for early cervical cancer in Nova Scotia and 2) assess recurrence free survival for those treated via radical MIS versus open approach. Secondary objectives are to assess perioperative outcomes based on surgical approach and trend in time from diagnosis to surgery.

Methods: Retrospective cohort study of people undergoing primary radical hysterectomy for early cervical cancer between 2000 and 2019 in Nova Scotia. Data sources included the Tupper database and the electronic medical record. Cochrane-Armitage test was used to assess trend in uptake of MIS over the study period. Recurrence free survival for open versus MIS approach was plotted using Kaplan-Meier estimates and compared by stage using log-rank test. The time from diagnosis to surgery was assessed using the Pearson correlation. Results: 236 patients underwent primary radical surgery for cervical cancer over the study period; recurrence data was available for 215. Of those, 49 had stage 1A disease, 145 had stage 1B. There was a significant increase in the rate of uptake of radical MIS for early cervical cancer over the study period ($p<0.0001$). For stage 1A disease there were no recurrences observed. For stage 1B recurrence free survival was significantly lower in the MIS versus open group ($p = 0.0111$). MIS radical surgery had a significantly lower length of stay in hospital. There was no significant difference in surgical complications, readmission or emergency room visit within 30 days between surgical modalities. There was no significant difference in adjuvant therapy by surgical approach. Time from pathologic diagnosis to surgery doubled over the study period.

Conclusion: Local results of MIS versus open radical surgery for early cervical cancer mirror those published elsewhere. Results from this analysis support the local change in practice; patient with stage 1B disease are no longer offered radical MIS. Negative impacts on perioperative outcomes will hopefully be somewhat decreased by ERAS protocols. The delay in time from pathologic diagnosis to surgery remains worrisome and should be explored.

BACK TO AGENDA

FEASIBILITY OF A HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) PROGRAM FOR GASTROINTESTINAL AND GYNECOLOGICAL CANCER CARE IN NEWFOUNDLAND AND LABRADOR

Gill S, Hickey K, Breen Z, Mathieson A, Yaremko H, Power P, Pace D, Neveu J
Memorial University

Objective: The aim of this project is to demonstrate that an appropriate number of patients in our province require this therapy thus demonstrating the feasibility of implementing a program for GI and gynecological cancer care in NL.

Methods: A retrospective chart review of the NL Cancer Care Registry identified patients diagnosed with stage IV CRC, appendiceal or gastric cancer and stage III to IV epithelial ovarian cancer, fallopian tube carcinoma over a one-year period (Jan 1, 2020 – Jan 1, 2021) to identify patients meeting criteria for CRS/HIPEC or were referred out of province to receive the treatment. Results are presented as proportions and percentages.

Results: A total of 31 patients eligible for CRS/HIPEC were identified (20 gynecological and11 gastrointestinal). All 20 of the gynecological patients underwent a form of treatment in NL consisting of a combination of chemotherapy and CRS. Of the gastrointestinal population, only 5 were referred out of province for CRS/HIPEC, 2 refused referral and 4 were never referred.

Conclusion: In a one-year time frame, between gynecologic and surgical oncology there were 31 eligible patents that would benefit from the implementation of CRS/HIPEC in NL. This annual volume of patients supports CRS/HIPEC necessity and will allow the surgical team to maintain competency and achieve good outcomes.

LUNCH AND GUEST SPEAKERS

BACK TO AGENDA

STRATEGIC CAREER PLANNING!

COACH CALLIE,

BSC, BSN, RN, CPCC, PCC
Executive Coach and CEO of Coach Callie, CoachConnect Consulting Inc.

Callie Bland is a Certified Professional Co-Active Coach (CPCC), Professional Certified Coach (PCC) with the International Coach Federation, and a Registered Nurse. She is the Founder of Coach Callie and CEO of CoachConnect Consulting Inc. She has 20 years of experience working in both public and private healthcare systems in Canada and the US.

She partners with healthcare executives, leaders, physicians, nurses, and allied healthcare professionals to maximize their potential and transform the way they live, work and lead. She is a highly skilled facilitator and coach offering training and coaching in leadership development, effective communication, collaboration, emotional intelligence, resilience and well-being. She specializes in physician leadership development, wellness and career design.

Callie inspires and supports organizations to create a culture that leverages the strengths of individuals and builds high-performing teams to optimize care, services, and provider experience. She draws from her clinical healthcare experiences and shares real workplace scenarios to enhance the relevance for her individual clients, workshop participants and event audiences.

Callie is on faculty with the University of British Columbia Continuing Professional Development (UBC CPD) where she teaches the Communication Course for Healthcare Professionals. She also partners with SafeCare BC to facilitate the program Leading from the Inside Out for leaders in long-term care. Callie developed leadership curriculum for the University of British Columbia Medical Oncology Residency Training Program and currently teaches the curriculum. She is committed to raising the quality of leadership in healthcare and her services include individual and group coaching, workshop facilitation, leadership assessment debriefs, strategic planning, and speaking.

Callie is Canadian and currently lives in beautiful California with her family and serves her clients both virtually and in person. Her personal interests include fitness, yoga, interior design, travel, volunteer work, and being of service in her communities.

BACK TO AGENDA

INFORMED SELF-ASSESSMENT IN A COMPETENCY-BASED OBSTETRICS AND GYNAECOLOGY RESIDENCY TRAINING PROGRAM

DR. JILLIAN COOLEN, MD

Associate Professor & Maternal-Fetal Medicine Division Head
Maternal-Fetal Medicine Specialist
Department of Obstetrics & Gynaecology
IWK Health Centre

Dr. Coolen completed both her Bachelor of Science and Doctor of Medicine at Dalhousie University. Her specialty training in Obstetrics and Gynaecology was completed at the University of Alberta, before returning to Dalhousie for subspecialty training in Maternal-Fetal Medicine (MFM). She has since been practicing as a MFM specialist at IWK Health with clinical expertise in diabetes in pregnancy and fetal ultrasound.

Having recently finished her Master of Medical Education at the University of Dundee, Dr. Coolen's passion for medical education has kept her busy locally, first as the Clerkship Director and then as the MFM Program Director, and nationally, as co-chair of the Canadian Obstetrics and Gynecology Review Program.

She lives just outside Halifax with her husband and 2 of her 3 kids (one has left the nest!), and when not at the IWK she can be found sailing and kayaking around the 100 Wild Islands, hiking in the Purcell's Cove backlands with her Ridgeback, Penny, or on the basketball court or her yoga mat.

PART 3:
ORAL PRESENTATIONS

A QUALITY ASSURANCE REVIEW OF VIRTUAL CARE INDUCED DIAGNOSTIC DELAYS FOR CERVICAL AND VULVAR CANCER AND ADVANCED STAGE AT PRESENTATION

Benson S, Janes I, Neveu J
Memorial University

Objective: The present study aims to identify patients diagnosed with cervical or vulvar carcinoma that may have faced undue delay in diagnosis and treatment due to healthcare limitations brought on by virtual care. The primary outcome will be the stage of disease at diagnosis.

Methods: This a retrospective sequential cohort study comparing patients diagnosed and treated for cervical or vulvar cancer before the COVID-19 pandemic (2018-2019) and after the adoption of virtual care (2021-2022). Tumour staging for all eligible charts was completed in accordance The International Federation of Obstetrics and Gynecology (FIGO) most recent guideline updates for cervical and vulvar cancer. Patients identified in the Newfoundland and Labrador Cancer Care Registry (NLCCR) were cross-referenced with the provincial oncology database, Aria, as well as provincial electronic medical record systems to retrieve demographic and comorbidity data. The FIGO staging system is based on imaging and pathological data which will be gathered either from inputs in the Cancer Care Registry and chart review.

Results: There was no significant difference in the number of cervical cancer diagnosis in the two years preceding COVID-19 (n=43) compared to after the adoption of virtual care (n=38). There was also no significant difference in the number of vulvar cancer diagnosis in either group (n=31 vs 30). The mean age at diagnosis between the two time points was not statistically different in either the cervical nor vulvar cancer groups (49.8 yo, p=0.12 and 66.2 yo, p=0.57, respectively). In cervical cancer, the proportion of diagnosis at the various stages are as follows for 2018-2019 compared to 2020-2021; Stage 1: 58% vs 50% (z=0.74, p=0.47), Stage 2: 14% vs 13% (z=0.10, p=0.92), Stage 3: 19% vs 21% (z=-0.28, p=0.78), Stage 4: 9% vs 16% (z=-0.89, p=0.37). In vulvar cancer, the proportion of diagnosis at the various stages are as follows for 2018-2019 compared to 2020-2021; Stage 1: 71% vs 57% (z=1.16, p=0.25), Stage 2: 0% vs 7% (z=-1.46, p=0.14), Stage 3: 16% vs 27% (z=-1.00, p=0.14), Stage 4: 13% vs 10% (z=0.36, p=0.72).

Conclusion: The difference in stage of diagnosis is not statically significantly different in either cervical or vulvar cancer after the adoption of virtual care compared to prior to the COVID-19 pandemic in the province of Newfoundland and Labrador. Based on these results, virtual care did not impact the stage of cervical cancer at time of diagnosis and therefore it can be postulated that virtual care did not impact access to our provincial cervical cancer screening program or pathologic specimen for symptomatic individuals. Likewise, virtual care did not significantly impact the time between desire to present to medical attention and stage of diagnosis of vulvar cancer. A limitation of this study was the small sample size, which is a consequence of our population size. Therefore the impact of virtual care on delay in cancer diagnosis cannot be generalized based on this study.

CHANGING COLPOSCOPIST REPORTING OF CERVICAL CONE BIOPSY: A QUALITY IMPROVEMENT PROJECT

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Objective: The length of a cervical cone biopsy is known to increase preterm delivery. It can be used to provide information that helps guide clinical decisions, such as individualized reproductive risk and the planning of antenatal surveillance and interventions. In 2022, consensus statements from multiple international federations recommended standard reporting of cone biopsy dimensions. The goal of this quality improvement project is to improve the local adaptation of reporting cervical cone biopsy dimensions at a single tertiary care centre.

Methods: The 2022 consensus recommendations were disseminated to all staff at our tertiary care academic centre. Following this, the Cone Dimensions Bundle was developed which included: (1) educational rounds for healthcare providers, (2) physician Cone Dimensions measuring aid, and (3) individual reporting rates using an audit-and-feedback approach. Data on baseline reporting rates of cervical cone volume was collected. After the launch of the cervical cone dimension bundle, the data was continuously collected for all LEEPs performed during reporting periods: July to October 2023, November 2023 to January 2024, February to April 2024, May to July 2024. Colposcopists were provided with their individual reporting rates and an anonymous review of their colleague's rates at each reporting period to improve future reporting.

Results: Our tertiary care center has a total of 11 colposcopists. Initial chart review prior the dissemination of the cervical cone bundle showed that 0% of colposcopists were reporting cervical cone dimensions. At the first reporting period the average reporting across all staff increased to 36% and at during the second reporting period the reporting decreased to 13%. Currently the data is still being collected for the third reporting period.

Conclusion: Final results are pending. We aim to demonstrate that providing regular report cards with staff performance and anonymous comparison to their colleagues will help improve reporting and adaptation of cervical cone dimension reporting. Ultimately, this quality improvement project aims to use a Cone Dimensions Bundle to improve the rate of reporting of cervical cone biopsy dimensions.

BACK TO AGENDA

POSTER AND VIDEO PRESENTATIONS

HETEROTOPIC CERVICAL ECTOPIC PREGNANCY WITH FEATURES CONCERNING OF MOLAR PREGNANCY: A CASE REPORT (POSTER)

Gill S, Paddle H, Murphy D
Memorial University

Introduction: Heterotopic cervical ectopic pregnancies are rare. Cervical ectopic pregnancies occur in 1/7000 spontaneously conceived pregnancies. Heterotopic pregnancies occur in 1/1111 pregnancies conceived with artificial reproductive technologies and 1/30 000 spontaneous conceptions. While molar pregnancies occur in 1/1000 of pregnancies. Together, a heterotopic cervical ectopic molar pregnancy is exceedingly rare with only one case report to date. We present a case of fertility sparing management and follow-up for this rare occurrence.

Case: A 32-year-old G3P0A2 female struggling with infertility, presented with vaginal bleeding six weeks following an intrauterine insemination cycle. Ultrasound revealed two gestational sacs, one at the fundus and one in the cervix, findings in keeping with a heterotopic cervical ectopic pregnancy. The gestational sac in the cervix had a fetal heartbeat and both gestational sacs had ultrasound features concerning for a molar/partial molar pregnancy. The patient's initial b-HCG was 75 103 IU/L at 6 weeks and 3 days gestation. Given the ultrasound findings, risk of molar pregnancy and clinical bleeding the patient was admitted to hospital. Gynecologic oncology consult advised to treat the cervical ectopic pregnancy then reassess treatment for a molar pregnancy. Management options were discussed with the patient including surgical management (suction, dilation, and curettage) with the risk of bleeding and possible hysterectomy, or medical management (multi-dose methotrexate). Given the strong desire for fertility the patient opted to try medical management. The patient was treated with a high dose methotrexate protocol that was repeated for a total of four doses of Methotrexate, and three doses of Folinic Acid. The patient had two episodes of vaginal bleeding requiring re-admission to hospital for in patient monitoring. Her b-HCG was monitored weekly and had multiple repeat ultrasounds. An MRI was performed when the patient was readmitted 6 weeks after initial presentation that demonstrated an enlarging mass within the lower uterine segment and into the upper cervix, concerning for myometrial involvement and potential neoplasm secondary to the questioned molar pregnancy versus a hydropic degenerating cervical ectopic. A CT chest abdomen and pelvis was completed to rule out metastatic disease. The patient was admitted for further monitoring and increased B-HCG monitoring. Repeat imaging showed a decrease in the size of the mass and the B-HCG returned to normal 10 weeks from presentation. The uterus was empty on the final ultrasound 12 weeks following presentation.

Comments: This is a rare case of a heterotopic cervical ectopic pregnancy with features of a superimposed molar/partial molar pregnancy in a nulliparous patient with a strong desire to preserve fertility. This case highlights a conservative management approach in contrast to other case reports for cervical and molar ectopic pregnancies that used an aggressive surgical approach.

EXPLORING THE RELATIONSHIP BETWEEN RECURRENT PREGNANCY LOSS AND INTRAHEPATIC CHOLESTASIS OF PREGNANCY (POSTER)

Benson S, Murphy D, Murphy S
Memorial University

Introduction: Intrahepatic cholestasis of pregnancy (ICP) has an overall incidence of approximately 1 in 500 to 100 pregnancies in North American (Lee, 2006). Typically characterized by pruritus, and occasionally accompanied by jaundice; ICP is usually diagnosed in the late second or early third trimester of pregnancy. If suspected, abnormal laboratory findings confirm the diagnosis specifically, serum transaminitis or elevated bile acid levels. ICP has been associated with increased risk of stillbirth, spontaneous preterm birth, and meconium-stained amniotic fluid, and novel associations with preeclampsia, gestational diabetes and large for gestational age are also reported (Wikstrom Shemer 2013). Fetal death secondary to cardiotoxicity caused by cholic acid effect on myocytes is the leading mechanism for stillbirth in this group.

Case: R.S. is an otherwise healthy 36-year-old G5P1A3 affected with recurrent pregnancy loss (RPL) and biochemical evidence of ICP as early as 19-weeks of gestation. Interestingly, there was an elevation of liver enzymes seen as early at a 7-week miscarriage and strong clinical suspicion of ICP in her second trimester loss.

Comments: Typically known as a condition that presents later in pregnancy, the research is therefore scant in pregnancies affected earlier and related to RPL. By further evaluating the outcomes and changes in biochemistry over the course of her five pregnancies, we will elucidate the clinical course of her disease and argue the potential role in testing for ICP for women with explained RPL.

OVARIAN TRANSPOSITION: INDICATIONS AND TECHNIQUES. A VIDEO PRESENTATION

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Objective: To highlight the indications and techniques, and to demonstrate the surgical steps involved in an ovarian transposition procedure .

Methods: A video recording of an ovarian transposition procedure for a case of cervical cancer requiring radiation therapy took place. The video presentation will highlight various indications for ovarian transposition, explore different surgical techniques, and outline the surgical steps to complete the procedure. This video will serve as a training tool to provide instructions for carrying out the procedure.

Conclusion: Ovarian transposition offers a method for providing protection to oocytes from radiation injury in order to preserve fertility or prevent early onset surgical menopause in women undergoing pelvic or low-abdominal radiation therapy. Understanding the indications, techniques, and surgical steps involved in the procedure is important in order to provide women with this option for oocyte protection.

We are grateful to our research day judges for their contribution to a successful Resident Research Day

Dr. Claire Elliott
Dr. Maria Kielly
Dr. Katie Wadden
Dr. Lindsay Cahill

We thank Lisa Trask for her hard work in the planning and organizing of this event and Jennifer Armstrong HSIMS for her support in the program design.

BACK TO AGENDA

Thank you for joining us for our
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