

An illustration of a green crocodile wearing a white lab coat, standing in a laboratory. The crocodile is holding a test tube in its right hand. The lab bench has a sink, a microscope, and some beakers. The background shows lab cabinets in purple and orange.

# Dr. Allen & Elizabeth Shevach Resident Research Day

April 7, 2023

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# Scientific Schedule

8:30 – 8:40 am	Welcome and Introduction	Jessica Heft, M.D., M.S. Sarah Baxley, M.D., Ph.D.
8:40 – 8:55 am	“Incorporating Social Determinants of Health into Prenatal Care”	Tiffani-Amber Miller, M.D., M.P.H.
8:55 – 9:10 am	“Emergency Medicine Resident Education to Increase Comfort with Common OB/GYN Emergencies”	Areisa Peters, M.D., M.P.H.
9:10 – 9:25 am	“Improving Postpartum Visit Attendance Rate: A Quality Improvement Study”	Mary Beth Rhomberg, M.D.
9:25 – 9:40 am	“Wide Radius vs. Contoured LEEP Electrodes: Does It Make A Difference?”	Kelly Mamelson, M.D.
9:40 – 9:55 am	<b>INTERMISSION</b>	
9:55 – 10:00 am	Guest Speaker Introduction	John C. Smulian, M.D., M.P.H
10:00 – 10:45 am	“Evidence-based Medicine Versus Real Life Evidence and Opinion in Obstetrics and Gynecology”	Anthony M. Vintzileos, M.D.
10:45 – 11:00 am	“Florida’s Changing Sociopolitical Climate Regarding Reproductive Rights: How Can We Adapt Our Care at UF Health?”	Erika Wert, M.D.
11:00 – 11:15 am	“Use of Fertility Tracking Apps and Quality of Life”	Emily Allard-Phillips, M.D.
11:15 – 11:30 am	“Outcomes Analysis of Postplacental Insertion of Intrauterine Devices at the University of Florida”	Brittany Heck, M.D.
11:30 – 11:45 am	“The Efficacy of Imiquimod in the Treatment of High-grade Vulvar Dysplasia: A Meta- Analysis”	Vasanti Jhaveri, M.D.
11:45 – 12:00 pm	<b>CLOSING REMARKS</b>	Jessica Heft, M.D., M.S.

# A Message from our Director



Welcome to the 2023 University of Florida Obstetrics and Gynecology Resident Research Day!

Our residents have worked very hard over the last two to three years on the projects they will be presenting today. They were each tasked with identifying an area of women's health that is not only significant to them, but also potentially in need of improvement, updating, additional study, or further development. Their presentations will cover a broad range of topics within Obstetrics and Gynecology. Completion of meaningful research during residency is impressive and we are looking forward to sharing their work with the department.

Over the course of our residents' training, they deliver two formal presentations of their completed scholarly work during our annual Resident Research Day. In their second year, they present a Quality and Safety project and in their third year, they present an Original Research project. The residents work with their faculty mentors to create meaningful projects and see those through to completion. **Dr. Sarah Baxley** serves as our Resident Research Chair and **Dr. David McLean** serves as our Resident Quality Chair. We appreciate all of their help and mentorship in preparation for today.

Huge THANK YOU to Nicole Marski who organized the entire event today. I would also like to thank our project judges, our guest speaker, and all the research mentors who took time out of their busy schedules to advise and assist the residents.

A handwritten signature in black ink that reads 'Jessica S. Heft'.

Jessica S. Heft, M.D., M.S.  
Residency Program Director  
Department of Obstetrics & Gynecology  
University of Florida College of Medicine

**TITLE:** Incorporating Social Determinants of Health into Prenatal Care

**AUTHOR:** Tiffani-Amber Miller, MD, MPH

**FACULTY MENTOR:** Adetola Louis-Jacques, MD

**OBJECTIVE:** To increase the use of the EPIC Social Determinants of Health (SDOH) hyperlink tool by 50% during prenatal care by March 31, 2023.

**METHODS:** For this quality improvement project, a retrospective chart review was completed for patients who delivered at Shands Hospital in May 2022 (N=100). Demographic data and baseline documentation rate of SDOH during prenatal care were obtained. RedCap was utilized for data management. The proposed intervention was incorporating SDOH screening questions into the OB Registration appointment to capture social needs at the patient's initial point of contact. The specific areas of focus in the SDOH hyperlink were Financial Resource Strain, Food Insecurity, Transportation Needs, Stress, Intimate Partner Violence and Housing Stability. OB Registration appointments that occurred in March 2023 at Medical Plaza (N=50) and Springhill clinic (N=50) were then reviewed to determine if there was an increase in the rate of SDOH documentation. Provider's perspective on the importance of SDOH and the barriers in addressing SDOH were obtained via a validated questionnaire. Univariate analyses and Fisher Exact test were performed in Excel version 16.

**RESULTS:** There was an increased rate of EPIC SDOH hyperlink use from 0% to 86% ( $p < 0.001$ ) at Medical Plaza and 0% to 64% ( $p < 0.001$ ) at Springhill. At the Medical Plaza, 22% (N=11) of respondents had a "medium" or "high" risk response to at least one of the SDOH categories compared to 16% (N=8) at Springhill. Of the 27 providers, 96% agree that SDOH are important for patient health and 82% agreed providers should identify and help address social needs. Clinical obstacles such as lack of knowledge of community resources, limited time and clinical environment were identified as barriers.

**CONCLUSION:** Incorporation of EPIC SDOH tool within the obstetric registration visit significantly increases utilization and provides an opportunity to address patient's social needs. Most providers recognize the importance of addressing SDOH. Next steps include distribution of a community resource document, incorporating hyperlink into prenatal notes and expansion of SDOH into gynecologic care.

**TITLE:** Emergency Medicine Resident Education to Increase Comfort with Common OB/GYN Emergencies

**AUTHOR:** Areisa Peters, MD, MPH

**FACULTY MENTOR:** Jessica Heft, MD, MS

**OBJECTIVE:** Overcrowding of emergency departments (EDs) is a universal and ever-increasing problem. There are systems in place properly triage patients based on level of acuity, but these vary in levels of effectiveness leading to variable patient outcomes. Given barriers to care prior to patient presentation to the ED, increasing provider comfort and knowledge base in diagnosis and management can prevent harm, reduce patient morbidity and mortality. AS such the aim of our study was to:

1. Identify provider knowledge deficits regarding common OB/GYN emergencies
2. Increase provider comfort with common OB/GYN emergencies
3. Identify pertinent supplies needed for OB/GYN related physical examinations

**METHODS:** Baseline pre-intervention survey was sent to measure Emergency Medicine (EM) residents' comfort level in evaluating ovarian torsion, heavy vaginal bleeding, postpartum pre-eclampsia and early pregnancy Loss. This was followed by a 2-hour ED Consultation Education Session for EM residents on March 9, 2023. Subsequently, a post-intervention survey was sent to measure increase in EM residents' knowledge base and identify pertinent supplies for OB/GYN/ED physical examination. Data were analyzed through Wilcoxon signed rank test and Chi square.

**RESULTS:** There were a total of 43 ED residents. Of those, 47% participated in the pre- and post-survey and ED Consultation Education Session. There was a statistically significant increase in ED physician comfort level with evaluating ovarian torsion ( $T=20.5$ ,  $T^*=30$ ). However, there was a non-statistically significant increase in ED physician comfort level with evaluating postpartum pre-eclampsia ( $T=14.5$ ,  $T^*=10$ ), early pregnancy loss ( $T=49.5$ ,  $T^*=30$ ) and heavy vaginal bleeding ( $T=39.5$ ,  $T^*=30$ ). Though scores improved, there was no statistically significant increase in ED physician knowledge base via proxy questions regarding the definition of severe range blood pressure for pre-eclampsia ( $p=0.713$ ) and cyst size increasing likelihood of ovarian torsion ( $p=0.837$ ). In addition, there was improvement in recognizing what supplies are needed for the gynecologic physical examination.

**CONCLUSION:** There was a varied impact of OB/GYN education on ED resident comfort level and knowledge. Though not statistically significant for 75% of measures, provider knowledge did increase, though not dramatically, and this is likely due to sample size. In addition, there was better recognition of what supplies were needed for a thorough OB/GYN physical examinations.

**TITLE:** Improving Postpartum Visit Attendance Rate: A Quality Improvement Study

**AUTHOR:** Mary Beth Rhomberg, MD

**FACULTY MENTOR:** Adetola Louis-Jacques, MD

**OBJECTIVE:** The American College of Obstetricians and Gynecologists (ACOG) has standard guidelines to optimize postpartum care. This project was designed to achieve a 50% increase in postpartum visit attendance rate among University of Florida midwifery practice patients by three weeks of birth through the end of February 2023.

**METHODS:** Using Plan-Do-Study-Act (PDSA), barriers to postpartum care were identified and a corrective action was selected to improve adherence to the ACOG standard guideline. This was a 6-month (September 2022 to February 2023) pre- and post-intervention study that examined timing of the postpartum visit and patient preference of visit format as primary drivers of postpartum attendance rate. University of Florida midwifery patients were scheduled a postpartum visit three weeks after delivery at the 39-week prenatal care visit or upon hospital discharge after delivery. They were also given the option of telemedicine vs in-person visit. This intervention was launched and sustained through multiple meetings with midwives and clinic scheduling staff. A chart review was used to assess adherence to the scheduling guideline. The primary outcome measure was the number of patients who attended a visit 3 weeks after delivery. The secondary outcome measures included format of postpartum visit and number of postpartum visits attended. Chi-square testing allowed for statistical analysis.  $P < 0.05$  was considered significant.

**RESULTS:** There was a 45% increase in our primary endpoint, the total number of visits attended by three weeks postpartum ( $p < 0.001$ ). There was a 7% increase in overall attendance rate ( $p = 0.80$ ). A total of 96% of patients elected an in-person visit. A total of 33% of patients attended two or more postpartum visits ( $p = 0.10$ ).

**CONCLUSION:** In Florida in 2020 approximately, 77.3% of maternal deaths occurred during the postpartum period with only 60% receiving timely postpartum care. Adherence to the ACOG standard practice guideline did increase postpartum visit attendance rate.



**TITLE:** Wide Radius vs. Contoured LEEP Electrodes: Does It Make A Difference?

**AUTHOR:** Kelly Mamelson, MD

**FACULTY MENTOR:** Brad Bruggeman, MD

**OBJECTIVE:** To evaluate the quality of cervical excisions when using contoured versus large radius electrodes in resident LEEP clinics. More specifically, to assess if there are higher rates of re-excision with a certain type of electrode, and if there are higher rates of positive or unclear margins with a certain type of electrode.

**METHODS:** Participants: Patients undergoing LEEP procedure in Medical Plaza “Resident Procedure Clinic” between 3/2/2021 to 2/14/2023 using CPT code 57460, 57461, 57520 and 57522. Measures: Indication for LEEP, including prior cytology or colposcopy pathology. LEEP specimen pathology, endocervical and ectocervical margin status, unclear margins or fragmented specimens, recommendation for re-excision or follow up colposcopy in LEEP check note. Chi Square analysis was used to evaluate significance.  $P < 0.05$  was considered significant.

**RESULTS:** There were a total of 131 procedures with 53.4% (n=70) using wide radius electrodes, and 46.6% (n=61) using contoured electrodes. A Top Hat procedure was performed in 65.3% (n=45) of the wide radius group and 0 in the contoured group ( $p < 0.0001$ ). The wide radius group had 31.4% (n=22) of specimens with positive endocervical margins, compared to 13.1% (n=8) in the contoured group ( $p = 0.0151$ ). Ectocervical margin status had a  $p = 0.2467$ . A total of 32.9% (n=23) of wide radius specimens were fragmented, compared to 11.5% (n=7) of the contoured group ( $p = 0.0037$ ). Re-excision was recommended in 19.7% (n=12) of the wide radius patients, compared to 17.1% (n=12) of the contoured patients ( $p = 0.7089$ ).

**CONCLUSION:** This study found that there were fewer positive endocervical margins with specimens using a contoured electrode. Additionally, there were fewer fragmented specimens. There was no statistical significance between the need for re-excision in the groups. The contoured electrode eliminates the need for a top hat procedure, which is a procedure that is no longer part of the standard of care. Future directions include stratified data analysis for age-specific trends in need for re-excision, as well as implementation at our faculty clinic.



## SPECIAL PRESENTATION

### **“Evidence-based Medicine Versus Real Life Evidence and Opinion in Obstetrics and Gynecology”**

Anthony M. Vintzileos, M.D.



Dr. Anthony Vintzileos is the Chief Patient Safety Officer for Obstetrics, Northwell Health Western Region and Professor of Obstetrics and Gynecology, Donald and Zucker School of Medicine at Hofstra/Northwell. Prior to October 1, 2022, Dr. Vintzileos was Professor and Chair of the Department of Obstetrics & Gynecology at NYU Langone Hospital-Long Island (formerly known as NYU Winthrop Hospital); NYU Long Island, School of Medicine, Mineola, NY for 15 years.

Dr. Vintzileos has been a steady supporter of the literature in the area of Maternal-Fetal Medicine and tireless academic contributor over the last 40 years. He has received multiple awards and honors including “Outstanding Individual Contributor” (1998) and the “Award of Research Excellence” (2001) by the Society for Maternal-Fetal Medicine. Over the years, he has participated and also frequently organized and presented in workshops, postgraduate courses and symposia during various scientific meetings. Over the past 40 years, he has had numerous oral and poster presentations. In addition, over the years, he has participated as “abstract” reviewer and also frequently organized and presented in the workshops, postgraduate courses and symposia during various scientific meetings.

Since June 2014, Dr. Vintzileos is Associate Editor and since 2016 he is Deputy Editor for Obstetrics for the American Journal of Obstetrics and Gynecology one of the most influencing/leading journals in Obstetrics and Gynecology. Dr. Vintzileos has served on several national review panels, study sections, and committees and he has served as an elected member to the Board of Governors of the American Institute of Ultrasound in Medicine (AIUM) from 2005-2008. Since 2011, he is the Subspecialty Editor on “Obstetrical Ultrasound” for the Journal of Ultrasound in Medicine.

Dr. Vintzileos has authored and co-authored 406 peer-reviewed articles, 85 non-peer-reviewed articles, 67 book chapters, 7 books and 531 abstracts/scientific presentations on topics related to maternal-fetal medicine, fetal behavior and obstetrical ultrasonography. Much of his published research on the fetal biophysical profile, preterm premature rupture of the membranes, fetal heart rate monitoring, genetic sonography, fetal anomalies, growth restriction and preterm birth has been introduced into standard obstetrical practices today.

He is a member of the editorial board for several medical journals. He consults for several peer-reviewed OB/GYN journals and has been recognized as a top reviewer for Obstetrics and Gynecology in 1998, 2000 and 2003, 2004, 2007 and 2009.

Dr. George N. Papanicolaou, founder of the Hellenic Medical Society of New York whose Pap test has saved millions of women's lives globally is being annually commemorated at Cornell Medical College in New York City for more than twenty years. In 2021, Dr. Vintzileos was the recipient of the Annual Dr. Papanicolaou Grand Award of the Hellenic Medical Society of New York.

In recognition of his academic contributions to his field on a national and international level, Dr. Vintzileos was awarded an Honorary Doctorate from the University of Patras School of Medicine, Greece, in 2010 and a second Honorary Doctorate from the National and Kapodistrian Athens University School of Medicine (from which he obtained his MD degree), Greece, in 2017. In 2020, Dr. Vintzileos and his team reported the first case of visualization (by electron microscopy) with confirmatory evidence of Covid-19 virus invading the human placenta.

**TITLE:** Florida’s Changing Sociopolitical Climate Regarding Reproductive Rights: How Can We Adapt Our Care at UF Health?

**AUTHOR:** Erika Wert, MD

**FACULTY MENTOR:** Reem S. Abu-Rustum, MD

**OBJECTIVE:** To review indications for termination of pregnancy at UF Health between 2012 – 2022, to identify barriers to access to terminations in the context of changing Florida legislation, and to identify ways to enhance early diagnosis and expedite access to care.

**METHODS:** This was a retrospective chart review. Data were collected over a 10-year period from electronic medical records of all pregnancy terminations performed at UF Health. Data points included demographics, diagnosis, relevant patient history, barriers to care, termination process, and outcomes. Inclusion criteria: pregnant patients over 18 years old with maternal or fetal indications for termination of pregnancy. Exclusion criteria: intrauterine fetal demise, spontaneous abortion, missed abortion, septic abortion, spontaneous preterm delivery. All data were de-identified and entered into the RedCap system. The data were analyzed using descriptive statistics.

**RESULTS:** There were 816 charts reviewed, and 102 patients met inclusion criteria. Demographics were notable for most patients identified as white non-Hispanic (54 patients, 52%), most had private insurance (50 patients, 49%), and most received prenatal care through UF Health (44 patients, 43%). Among all terminations, 44 (43%) occurred due to fetal indications, 56 (55%) due to maternal indications, and 2 (2%) for maternal and fetal indications. Among fetal indications, 31 (70.4%) were due to fetal anomalies as compared to 13 (29.5%) due to aneuploidy; among anomalies, the majority were due to CNS, cardiac, and genitourinary anomalies. Maternal indications were divided into chronic disease (21 patients, 37.5%) and obstetric indications (35 patients, 62.5%). The majority of chronic disease indications were related to cardiopulmonary and chronic renal disease as well as malignancy. Among obstetric indications, 14 (40%) were in the setting of PPRM alone, while 12 (34%) were in the setting of PPRM with chorioamnionitis. There were 19 (18.6%) terminations that occurred within the new legal maximum gestation of 15 weeks 6 days, with 83 (81.4%) occurring after 15 weeks 6 days.

**CONCLUSION:** Changes in legislation will undoubtedly continue to affect our ability to offer terminations for maternal and fetal indications. Historically, the majority of our institution’s terminations occur after 15w6d gestation, and therefore present opportunity for improvement. It is our duty to optimize our processes in order to expedite care and safeguard our patients’ health, mental wellbeing, and ability to receive the timely care they need.

**TITLE:** Use of Fertility Tracking Apps and Quality of Life

**AUTHOR:** Emily Allard-Phillips, MD

**FACULTY MENTOR:** Alice Rhoton-Vlasak, MD

**OBJECTIVE:** Infertility patients use many methods to track fertility and time intercourse for conception. This survey study sought to understand demographic information of what reproductive health-based smart phone applications patients at an infertility clinic are using, and if there is an association with app use and quality of life.

**METHODS:** An IRB approved cross-sectional survey-based study included patients presenting for a new infertility visit at UF Health Springhill REI clinic. Two surveys were administered: one collecting information on app use and the other, FertiQol, a validated survey regarding quality of life in infertility patients. Descriptive statistics were used to convey demographic findings of app use and pooled t-tests used to compare app use versus non-app use with FertiQol scores.

**RESULTS:** A total of 149 surveys were collected. Most patients (75.5%) presenting for a new infertility visit use a fertility mobile app. The three most frequently used apps were Flo, Premom, and Ovia. Most individuals used free apps, the majority (97.2%) of participants found their app helpful, and about a third (33%) of participants used their app daily. There was no significant differences between app users and non-app users with their FertiQol scores however, there was a significant difference with the trend of answers for a question regarding satisfaction with one's quality of life, with app users reporting higher satisfaction.

**CONCLUSION:** Most patients presenting for new infertility visits at an infertility clinic are using phone applications for their reproductive health. The type of app use is varied; however nearly all patients report their app is helpful. While no significant difference in scores related to quality of life between app users and non-app users exists, there is a significant difference in patient satisfaction with quality of life with more satisfaction being reported in those using an app. Reproductive health app use warrants attention so clinicians can understand what information their patients are tracking and the effects it may have on their life.

**TITLE:** Outcomes Analysis of Postplacental Insertion of Intrauterine Devices at the University of Florida

**AUTHOR:** Brittany Heck, MD

**FACULTY MENTOR:** Michelle Larzelere, MD

**OBJECTIVE:** To determine the expulsion rate of postplacental intrauterine devices (ppIUD) at the University of Florida (UF) and how it compares to the national average.

**METHODS:** A retrospective chart review was conducted of all patients who delivered at the University of Florida, Gainesville from December 2020 through December 2022. Patients were included in the study if they had documented receipt of a levonorgestrel intrauterine device inserted within 10 minutes of placental delivery, also known as postplacental insertion (n=446). Patients were excluded if there was no documented follow-up in the medical record. Data collected included age, parity, delivery method, incidence of short interval pregnancy, expulsion of IUD, associated complications (undescended IUD strings, malpositioned IUD, additional intervention required after placement, premature removal of IUD), and continued use of IUD at 3 and 6 months postpartum. Using Chi-Square analysis, we determined the associations between age, parity, delivery method, year placed (a marker for provider experience) and the rates of expulsion, complications, and continuation.  $P < 0.05$  was considered significant.

**RESULTS:** A total of 333 patients were included in the analysis. Of these 46% underwent cesarean section and 54% had vaginal deliveries; 25% were primiparous while 75% were multiparous; 29% were aged  $\leq 24$  and 71% were aged  $\geq 25$ ; and 47% had IUDs placed in 2021 vs 53% in 2022. The expulsion rate of ppIUDs at UF was found to be 21%, within the reported range in the United States of 2-27%. There was a higher likelihood of expulsion in patients aged  $\leq 24$  ( $p=0.017$ , relative risk (RR): 1.66 [95% confidence interval 1.09-2.49]). There was no association between expulsion and delivery method, parity, or provider experience. Expulsion was most likely (84%) to occur within the first 3 months after delivery. The rate of undescended strings was 18%, more likely to occur after cesarean section ( $p=0.001$ , RR: 2.39 [CI: 1.49-5.59]) and in patients aged  $\geq 25$  ( $p=0.05$ , RR: 1.97 [CI: 0.97-4.01]). The rate of improper IUD position was 14%. There was a higher likelihood of malpositioned IUDs in patients aged  $\leq 24$  ( $p=0.028$ , RR: 2.06 [CI: 1.08-3.93]) and ppIUDs placed in 2021 ( $p = 0.003$ , RR: 2.75 [CI: 1.36-5.57]). Almost 26% of patients needed a subsequent ultrasound or procedure, however this was not associated with any factor studied. ppIUDs were removed within 2 years in 13% of patients, more likely in those placed in 2021 ( $p=0.003$ , RR: 2.11 [CI: 1.28-3.49]). The rate of IUD utilization at 3 months postpartum was 77% and at 6 months was ~71%. Patients aged  $\geq 25$  were more likely to continue the IUD at 6 months ( $p=0.031$ , RR: 1.21 [CI: 1.00-1.46]). Nearly 4% of patients had a short interval pregnancy, which was more likely in those whose IUDs expelled ( $p = 0.005$ , RR: 4.22 [CI: 1.58-11.24]).

**CONCLUSION:** This study establishes the expulsion rate of ppIUDs at UF and that it is within the range reported in the US. It demonstrates the rates of subsequent complications and continued utilization. In addition, it identifies risk factors for these outcomes. This will aid in optimizing counseling of patients desiring insertion of a ppIUD.

**TITLE:** The Efficacy of Imiquimod in the Treatment of High-grade Vulvar Dysplasia: A Meta- Analysis

**AUTHOR:** Vasanti Jhaveri, MD

**FACULTY MENTOR:** Shazia Bashir, MD, MPH

**OBJECTIVE:** High grade vulvar intraepithelial neoplasia (VIN) is typically treated with surgical excision or destruction (laser ablation). Despite initial success, the recurrence risk is significant and repeated treatments can be disfiguring. The immunomodulator imiquimod (Aldara) has been proposed as a medical alternative to surgical treatments. We performed a systematic review and meta-analysis to determine the efficacy of topical imiquimod on the treatment of high-grade vulvar intraepithelial neoplasia (VIN 2 and VIN 3).

**METHODS:** A systematic review and proportional meta-analysis using random-effects model with double arcsine transformation was performed. We searched MEDLINE using PubMed, EMBASE (Elsevier), ClinicalTrials.gov, and Web of Science from inception until April of 2022. A total of 264 studies resulted with a comprehensive search strategy. Inclusion criteria were randomized control trials (RCTs), prospective or retrospective observational studies in patients with high-grade VIN who were treated with imiquimod alone or imiquimod compared to another treatment. Exclusion criteria were pregnancy, HIV, VIN 1, Paget's disease, and vulvar carcinoma. Two reviewers independently extracted the data. The primary outcome was response rates while secondary outcomes included recurrence rates, progression to vulvar cancer and toxicity.

**RESULTS:** Fifteen studies met inclusion criteria. There were 5 RCTs, 5 prospective studies, 4 retrospective chart reviews, and 1 case series. The median age of patients in the studies ranged from 35 to 55. The time interval of the response rate (RR) was calculated starting from the initiation of treatment. After 4-12 months the overall response rate (ORR) was 89.8% (95% CI 80.3%-96.9%, N=350); the complete response rate (CRR) was 60.9% (95% CI 49.6%-71.8%, N=363); and the partial response rate (PRR) was 21.6% (95% CI 16.3%-27.3%, N=350). Recurrence of VIN at any time point occurred in 25.0% (95% CI 8.7% - 44.8%, N=165). The progression to vulvar cancer after treatment with Imiquimod was 1.3% (95% CI 0.0% - 5.0%). Side effects were rare, but the most commonly reported were erythema, headache, fatigue, and pain.

**CONCLUSION:** Topical Imiquimod is a safe and effective therapy for high grade VIN with rare side effects and in the majority of studies, there is no progression to vulvar cancer.

## PRESENTATION GRADING RUBRIC

Resident Research Day

Resident Presenter: \_\_\_\_\_

Project Description: \_\_\_\_\_

	Needs Improvement	Fair	Good	Excellent
Points	1	2	3	4
<b>Delivery</b>	No eye contact. Speaks in low volume and/or monotonous tone. Shows no interest in topic presented.	Some eye contact. Speaks in uneven volume with little or no inflection. Shows little or mixed feelings about the topic being presented.	Consistent eye contact. Speaks with some variation of volume/inflection. Shows some enthusiasm about topic.	Holds attention of entire audience. Speaks with fluctuation in volume/inflection to emphasize key points. Demonstrates strong enthusiasm.
<b>Organization</b>	Audience is unable to follow the slides. Confusing, disorganized.	Minimum attention to logical flow. Missing information.	Satisfactory flow of presentation. Some slides unclear or difficult to read.	Logical order of slides presented in a reader-friendly manner.
<b>Content</b>	Does not clearly define subject and purpose; gives insufficient support for ideas or conclusions.	Attempts to define purpose and subject; includes very thin data or evidence.	Has somewhat clear purpose and subject; includes some data or evidence that supports conclusions.	Provides clear purpose and subject; supports conclusions/ideas with evidence.



<b>Command of Topic</b>	Poor knowledge of and inability to explain key concepts and answer questions.	Fair knowledge of and ability to explain key concepts and answer few questions.	Good knowledge of and ability to explain key concepts and answer most questions.	Outstanding command of the topic and ability to answer all questions.
<b>Audience Reaction</b>	Fails to increase audience understanding or knowledge of topic.	Raises audience understanding and knowledge of some points.	Raises audience understanding and awareness of most points.	Significantly increases audience understanding about validity and importance of the subject.
<b>Potential impact (clinical care, advancing knowledge)</b>	Unlikely to improve clinical care, improve quality of care or contribute to new knowledge.	Has the potential to improve clinical care, improve quality of care or contribute to new knowledge.	Likely to improve clinical care, improve quality of care or contribute to new knowledge.	Highly likely to improve clinical care, improve quality of care or contribute to new knowledge.

Judge Name: \_\_\_\_\_ Date: \_\_\_\_\_

Judge Signature: \_\_\_\_\_

**Total points out of 24: \_\_\_\_\_**

## Who we are

The Department of Obstetrics and Gynecology at the University of Florida, for many years, have been ranked by US News and World Report as one of the top 50 departments of ObGyn in the nation.

This is just one reflection of our high standard of patient care, teaching and research. With over 50,000 patient visits a year in our clinics, almost 3,000 deliveries a year, gynecologic surgery, oncology and infertility services, we are a very busy and highly successful department.

Even with such a busy clinical service, we have been able to maintain a highly personalized approach to each patient and were recently awarded a five star award for patient satisfaction. Clinical and basic research funding has enabled us to push the science of medicine to the leading edge. We pride ourselves as one of the leaders in ObGyn. Our faculty, resident physicians and staff look forward to serving you in whatever capacity you need.

## Contact Us

Any questions regarding this program, please contact:

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