The Foundation for Exxcellence in Women's Health, Inc. (“Foundation”) has prepared this reference book to introduce residents and their Program Director to the concept and importance of "life-long learning." The references included have been selected to provide residents with new, recent or review material to supplement their didactic foundation in the practice of obstetrics and gynecology. The inclusion of a reference does not constitute acceptance or endorsement by the Foundation or any individual employed by or associated with it, of any opinions expressed or of the accuracy of the data or case studies included therein.

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to review the most challenging topics from the oral certification exams.

Real-time, right now feedback on ACGME milestones & procedures
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The Foundation for Exxcellence in Women’s Health, Inc. would like to express our grateful acknowledgement to the following contributing authors of the Exxcellence in Life-long Learning series:

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Directions: Each of the questions or incomplete statements below is followed by multiple choice or discussion/essay questions. For multiple choice, select the BEST ANSWER in each case and then blacken the corresponding space on the answer sheet. For discussion/essay questions, please attach an additional sheet.

L³-ObGyn™ — Office Practice


1. Amine-anesthetics, like lidocaine, have previously been shown to be effective at reducing pain during IUD insertion. Why is application of these findings to adolescents in clinical practice difficult?
   a. Women younger than 18 are mostly excluded
   b. Focus of prior studies has mostly been primparas
   c. Lidocaine is less effective in adolescents
   d. Adolescents are less-likely to experience anxiety about placement

2. If choosing to provide a paracervical nerve block to adolescents and young women having an IUD inserted and wanting to follow this study protocol, you would need to:
   a. Administer 800mg ibuprofen orally at least 20 minutes prior to the procedure
   b. Wait 3 minutes after administering the lidocaine prior to IUD insertion
   c. Insert a Skyla IUD (13.5 mg levonorgesterel IUD)
   d. All of the above

3. The primary outcome of this study was pain reported using a visual analog scale (VAS) at which of the following time points:
   a. Tenaculum application
   b. Uterine sound
   c. IUD insertion
   d. Speculum removal

4. There were statistically significant differences in the lidocaine block versus sham block group at which of the following time points:
   a. Tenaculum application
   b. Uterine sound
   c. IUD insertion
   d. Speculum removal
   e. All of the above
5. Among postmenopausal women, hormone therapy with CEE plus MPH for a median of 5.6 years or with CEE alone for a median of 7.2 years was associated with which of the following causes of mortality during a cumulative follow-up of 18 years?

a. All-cause
b. Cardiovascular mortality
c. Cancer mortality
d. None of the above
e. All of the above

6. The Women’s Health Initiative CEE plus MPA trial was stopped early (after 5.6 years) due to an increased risk of which of the following?

a. Venothromboembolic events
b. Colon cancer
c. Cardiovascular disease
d. Breast cancer
e. Stroke

7. The Women’s Health Initiative CEE-alone trial was stopped early (after 7.2 years) due to an increased risk of which of the following?

a. Venothromboembolic events
b. Colon cancer
c. Cardiovascular disease
d. Breast cancer
e. Stroke

8. The primary outcome(s) for both the CEE plus MPA and CEE-alone trials was/were which of the following?

a. Coronary heart disease
b. Invasive breast cancer
c. Venothromboembolic events
d. A and B
e. A, B and C

9. In this study, the factor most associated with all-cause mortality and case-specific mortality was which of the following?

a. CEE plus MPA
b. CEE-alone
c. Age at time of randomization
d. Intervention phase
e. Postintervention follow-up
10. As per the authors, hysteroscopy is the gold standard for diagnosis of uterine intracavitary pathology. However, in which of the following situations should it be supplemented with endometrial biopsy in the context of abnormal uterine bleeding (AUB)?

   a. Age over 45 years
   b. Age < 45 years with unopposed estrogen exposure
   c. Failed medical management
   d. Persistent UAB
   e. All of the above
   f. None of the above

11. According to the 3-point scoring system of hysteroscopy photograph adequacy of visualization, a photo in which both the tubal ostia and only the posterior wall are visualized, would be rated as:

   a. Fair visualization
   b. Good visualization
   c. Excellent visualization

12. Regardless of the order of hysteroscopy and biopsy, there was less pain perceived at the end of the procedure among women with which of the following characteristics?

   a. Use of the tenaculum
   b. Nulliparous status
   c. Use of ibuprofen prior to procedure
   d. None of the above
   e. All of the above

13. The study results indicate that the order in which hysteroscopy and endometrial biopsy are performed for AUB evaluation have no effect on patients’ pain perception and the overall procedure length. However, there are differences in endometrial cavity visualization and number of biopsy attempts when hysteroscopy and endometrial biopsy are done first respectively. In which circumstances should endometrial biopsy be done first in women with AUB?

   a. Suspected polyp as etiology of AUB
   b. Suspected intrauterine adhesions
   c. Surgical planning for myomectomy
   d. Suspected hyperplasia or malignancy as etiology

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14. Multiple studies have shown that postmenopausal tamoxifen and raloxifene reduce the risk of breast cancer in women with an increased risk of breast cancer. This risk reduction includes women that are BRCA mutation carriers. The most likely reason that tamoxifen has less benefit in women with the BRCA1 mutation is:

   a. BRCA2 mutation carriers have a higher lifetime risk of breast cancer
   b. BRCA1 mutation carriers have a higher risk of triple negative breast cancers
   c. Most breast cancers in BRCA1 patients are premenopausal
   d. The risk of bilateral breast cancer is higher in BRCA2 mutation carriers.

15. A 30-year-old presents to your office and requests “Genetic Testing”. Her 35 yo sister was just diagnosed with breast cancer and genetic testing revealed a specific BRCA mutation. The most appropriate test for you to order is:

   a. Single-site testing
   b. Targeted multi-site mutation testing
   c. Multigene panel testing
   d. BRCA rearrangement testing

16. A 25-year-old woman recently had genetic testing based on her family history and was told she was a BRCA1 mutation carrier. She presents to your clinic and inquires about things she can do to reduce her risk of ovarian and breast cancer. After a normal examination and extensive counseling and discussion of future strategies, you recommend which of the two:

   a. Progestin releasing IUD and tamoxifen
   b. Annual MG and CA-125 testing
   c. Annual transvaginal ultrasound, MG, and breast MRI with contrast
   d. Combination oral contraceptives and a bilateral breast MRI with contrast

17. A 45-year-old woman known to carry the BRCA1 mutation desires risk reducing BSO. She is having yearly breast exams, mammograms, and breast MRI that are all negative. You counsel her that BSO confers a significant risk reduction in both ovarian and breast cancer. The decision to have a hysterectomy at the same time adds additional surgical risks and postoperative recovery, but has benefit for which of the following?

   a. Ability to subsequently use estrogen without progestin for vasomotor symptoms
   b. Some theoretical benefit to removing the cornual and interstitial portions of the fallopian tube
   c. Eliminating the possible increased risk of endometrial cancer with high grade histology in BRCA1 mutation carriers.
   d. All of the above
   e. B&C
18. There was a 1.1% incidence of bladder injury in 25,354 hysterectomies. There was a significantly increased incidence of bladder injury of 1.7% in patients with a prior cesarean delivery. Unfortunately, the authors did not stratify risk of bladder injury based on route of hysterectomy. In this population based registry, what percent of hysterectomies were performed with an abdominal approach?

a. 60%
b. 50%
c. 40%
d. 30%

19. Among postoperative complications through 8 weeks, which of the following was not associated with a prior history of cesarean delivery?

a. Urinary Tract Infection  
b. Thromboembolism  
c. Wound Infection  
d. Nerve Lesions

20. A limitation of studies like this is reporting bias. Which of the following could have most affected the authors’ conclusions?

a. Presence of endometriosis  
b. Reporting of adhesions  
c. Recording of complications  
d. Ascertainment of readmission

21. The results of this study indicate which of the following?

a. A previous cesarean delivery was the strongest predictor of readmission at 8 weeks post-op  
b. Endometriosis was the strongest predictor of bowel injury  
c. The direct effect endometriosis on organ injury was mediated mostly by the presence of adhesions  
d. Organ injury in women with a history of prior cesarean was mediated strongly by the presence of adhesions

22. Which of the following is a limitation of this study?

a. Cancer diagnoses are likely missed in this study population  
b. The primary outcomes were limited to endometrial and breast cancers  
c. Type of endometrial ablation device was not assessed  
d. A control group was lacking
23. Among women in the endometrial ablation-treated group:
   a. Approximately 3% had a cancer diagnosis
   b. Most of those with a cancer diagnosis were >55 years of age
   c. A 99% CI was used to calculate the standardized incidence ratio for all cancers
   d. Five women were diagnosed with endometrial cancer

24. The risk of post-ablation hysterectomy was highest among women with a history of which of the following?
   a. Endometriosis
   b. Endometrial hyperplasia
   c. Leiomyoma
   d. Dysmenorrhea

25. The results of this study indicated which of the following?
   a. The risk of breast cancer but not endometrial cancer is higher in the post-ablation group
   b. The adjusted hazard risk for hysterectomy in the post-ablation group was approximately 4
   c. In the population studied, there is a higher post-ablation hysterectomy rate than in prior studies
   d. Age >35 years was associated with higher risk of post-ablation hysterectomy

L3-ObGyn™ — Obstetrics


26. In 2009, Crider and colleagues published a study that found nitrofuran derivatives and sulfonamides were significantly associated with multiple birth defect categories. Critics pointed out the limitations of this study included all of the following EXCEPT:
   a. The data was subject to recall bias
   b. The prescription use of antibiotics was not confirmed in the medical record
   c. Its observational nature did not allow for confirmation that the antibiotic was the true source of the birth defect vs a confounding factor
   d. The sample size was not considered large

27. Your patient presents for her first prenatal visit at approximately 10 weeks gestation and complains of dysuria “very similar to her prior urinary tract infection”. She tests positive for nitrites during point-of-care urine screening and you plan to empirically treat her with antibiotics. The BEST first line antibiotic class for treatment would include:
   a. Penicillin
   b. Nitrofurantoin
   c. Sulfonamide
   d. You should hold all antibiotic treatment until you have a positive urine culture result
28. Two days later your urine culture returns and demonstrates antibiotic sensitivity to nitrofurantoin only. Your best treatment plan would be:
   a. Repeat the urine culture
   b. Admit for IV antibiotic treatment with a broad-spectrum agent
   c. Administer nitrofurantoin

29. During the second and third trimester of pregnancy, sulfonamides and nitrofurantoin are considered:
   a. First-line agents for the treatment and prevention of urinary tract infections
   b. Second-line agents for the treatment and prevention of urinary tract infections
   c. Contraindicated for the treatment and prevention of urinary tract infections


30. A vulnerable 1-month old newborn is likely to contract a serious pertussis infection from:
   a. Their mother
   b. Their older siblings
   c. Their care givers
   d. All of the above

31. Your patient has her next few prenatal care appointments arranged at 28, 30, 32 and 34 weeks gestation. The BEST time to administer her Tdap vaccine in order to optimize the maternal antibody response and passive antibody transfer level to her newborn is at which visit?
   a. 28 weeks
   b. 30 weeks
   c. 32 weeks
   d. 34 weeks

32. Your pregnant patient questions whether the Tdap vaccine contains the mercury-containing preservative thimerosal. You inform her that:
   a. It does NOT contain thimerosal
   b. It DOES contain thimerosal

33. Your patient is a preschool teacher and works where 3 students have been diagnosed with pertussis in the past week. She is 18 weeks pregnant, otherwise without symptoms, and calls your office for guidance. You provide her with the following counsel:
   a. As she has no cough or symptoms of illness, she should not be concerned
   b. She should receive the Tdap vaccine as soon as possible regardless of her gestational age
   c. She should receive the Tdap at 27 weeks gestation as planned
   d. She should receive the Tdap as soon as possible AND repeat the vaccine at 27 weeks gestation

34. Which of the following are consider the imaging techniques of choice for the pregnant patient?

a. Ultrasonography and computed tomography (CT) scans
b. Ultrasonography and magnetic resonance imaging (MRI)
c. Ultrasound and nuclear medicine imaging
d. Ultrasound and X-ray

35. Your patient is 22 weeks pregnant and presents to the emergency room with a history suggestive of acute appendicitis. The ER physician inquires what is the best modality of imaging to obtain for visualization of the appendix and has ultrasound, MRI and CT readily available. You advise to obtain a:

a. Ultrasound
b. MRI
c. CT

36. Fetal risk of anomalies, growth restriction, or abortion have NOT been reported with radiation exposure of less than how many milligray (mGy)?

a. 5 mGy
b. 50 mGy
c. 500 mGy
d. 5,000 mGy

37. After a motor vehicle accident, your patient who is 15 weeks pregnant reports having a chest radiograph and 4 radiographic images of her right arm. She is very distressed about the risks to her fetus and asks for your counsel. Your advice to her is:

a. You explain the fetal radiation doses associated with her radiologic exams are FAR BELOW what could cause any risk or negative fetal effects. She should not worry.
b. You explain the fetal radiation doses associated with her radiologic exams are FAR ABOVE what is recommend and may cause have caused some fetal risk. She should be concerned.
c. You explain the fetal radiation doses associated with her radiologic exams are at the recommend limit and under no circumstances should she have further radiographic imaging during her pregnancy.

THE NEXT L3-OB-GYN MODULE BOOK WILL BE PUBLISHED ON OUR WEB SITE MARCH 1, 2018