The Spotlight Newsletter

Featuring research studies conducted by the
Center for Women's Reproductive Health/OBGYN Department

Email us at:
TheSpotlight@uabmc.edu

July 2019

THE UNIVERSITY OF ALABAMA DEPARTMENT OF OBSTETRICS & GYNECOLOGY 2019-2020 INTERN CLASS

Kaitlyn Kincaid
Émory University

Tim Edwards
UNC Chapel Hill

Peter Ketch
Univ. of Tennessee

Claire McIlwraith
UASOM

Allison Davis
UASOM

Sara Beth Norton
UASOM

Lindsay Rucker
Medical Univ. of South Carolina

Kevin Shrestha
UASOM

CONGRATULATIONS

Dr. Akila Subramaniam (MFM)
1: 2019 recipient of SMFM Illumina Health Policy Award ($50,000)
2: Fundable score of 6 percentile on her NIH R01 application to determine the long-term pulmonary and GI effects of adjunctive azithromycin exposure at birth (awaiting a final decision from NICHD).

Dr. Isuzu Meyer (UroGyn)
Recipient of Pilot funding award (?$) from Comprehensive Center for Healthy Aging on ?xyz (ask her for the $ support and title of her project for CWRH records…)

Winners of Residents Research Day 2018-2019

Celia O'Brien, MD - Best Abstract
Perceptions of Group Prenatal Care at OB/GYN Residencies
Faculty Mentor: Sara Mazzoni, MD, MPH

Jillian O'Donnell, MD - Best Overall Presentation
The Effect of a CPR Decision Aid on Advance Care Planning in Patients with Recurrent Gynecologic Malignancies
Faculty Mentor: Kerri Bevis MD, MSPH

RESEARCH EXCELLENCE

We would like to give special recognition to our Urogynecology Research Nurses, Kathy Carter, RN, Robin Willingham, RN, and Jill Hyde, RN. The Division of Urogynecology extends a big thank you to the team for their effort and hard work done in the advancement of the division research mission. Because of their continuous and committed efforts, our research initiatives our recognized nationally and internationally due to successful enrollment and high quality follow-up. Our patients feel a part of the research family due to the care and compassion exhibited by Kathy, Robin and Jill.

Thank you all for your hard work and contributions to the division and department!

OBGYN Grant Submissions April-June 2019

GYN/Oncology

Arend:
1. GOG Foundation Scholar Investigator Award - GOG FOUNDATION INC.

Huh:
1. DNA Prime-Protein Boost Vaccination to Treat HPV16 Infection in Women with ASC-US or LSIL - Johns Hopkins University / NIH

Maternal Fetal Medicine

Harper:
1. Computer Simulation to Reduce the Stigma of Addiction – Alabama State Department of Education
2. Intensive Glycemic Targets in Overweight and Obese Women with Gestational Diabetes Mellitus: A Multicenter Randomized Trial - Indiana University/ NIH
3. The University of Iowa Clinical and Translational Science Award (iELEVATE - Improving womEn's and chilLdrens's hEalth Via Biobanking and elecTronic rEgistry) - University of Iowa / NIH

Subramaniam:
1. Patient Perspectives, Uptake of Prenatal Diagnosis, and Healthcare Resource Utilization in a Population with Poor Insurance Coverage for Genetic Testing - Society for Maternal-Fetal Medicine
2. The Pharmacoepigenomics of Recurrent Preterm Birth Non-Hispanic Black Women - University of North Carolina at Chapel Hill / NIH
3. Game Education about Prenatal Screening among Diverse Populations - University of Utah / NIH

Tita:
1. Maternal Environment, Fetal Growth Trajectories and Childhood Obesity - Medical University of South Carolina / NIH
2. Pragmatic Multicenter Evaluation of Elective Induction of Labor at 39 weeks vs. Expectant Management in Low- Risk Nulliparous and Multiparous Women – NIH

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UroGyn Studies at TKC & WIC

Renovia - A NON-INVASIVE (IN-HOME EXERCISES) study for stress urinary incontinence (SUI). Urinary incontinence is urine leakage during physical activity or exertion (laughing, coughing, sneezing, exercise, etc.)
Inclusion:
- Patients with stress urinary incontinence
- Female and 18 years of age and older
- Patients not currently taking or have taken in the last 2 months any medication used to treat urinary incontinence
- Patients not currently nor have been pregnant within the past 12 months

Renovia 17-FI: A NON-INVASIVE (IN-HOME EXERCISES) study for stress fecal incontinence (FI). Fecal incontinence defined as any uncontrolled loss of liquid or solid fecal material that occurs at least monthly over the last 3 months that is bothersome enough to desire treatment.
Inclusion:
- Patients with fecal incontinence or bowel leakage
- Female and 18 years of age and older

Allergan- A study for women with refractory urgency urinary incontinence. This is a Phase 2 randomized dose finding trial where either placebo, 100U, 200U, 300U or 500U botox are mixed in a hydrogel and instilled into the bladder with a catheter in the office.
Inclusion:
-Ages 18-75
-Symptoms of overactive bladder including frequency, urgency and urgency urinary incontinence
-Previously tried medications and had inadequate response or intolerable side effects
-Weight ≥40 kg (88 pounds)

IMPROVE –A study is for post menopausal woman who is not currently using estrogen as a medication or has chosen to stop your current estrogen therapy for a period of 1 month and is planning surgery to repair pelvic organ prolapse.
Inclusion:
- Vaginal bulge by exam with bothersome symptoms.
- 48 years of age or older and have transitioned through menopause (or have had ovaries surgically removed in the past)
- Willing to randomize to use/apply estrogen cream or a look-alike inactive cream (placebo) for about 6 wks before surgery and then for the first year after their surgery
- Patients who desire surgical treatment for prolapse

NOTABLe - Treatment for accidental bowel leakage is neuromodulation. Neuromodulation involves stimulating nerves to change how the body functions. Percutaneous Tibial Nerve Stimulation (PTNS) is one form of neuromodulation that is performed in the clinic.
Inclusion:
- Patients with accidental bowel leakage
- Female and at least 18 years old and
- Have a history of accidental bowel leakage for at least 3 months.
- Patients who have taken constipating meds (Imodium or Lomotil) with no results
- Patients who have been taught pelvic floor exercises (Kegal) with no results may qualify for the study

POWeR - A study is for Post menopausal women (ages ≥ 55 years) with or without UI Undergoing an osteoporosis evaluation (DXA and TBS)
Inclusion:
- Female age 55 or older who has not had a DEXA scan in the past 10 years.

IMPLORE Study: Investigation of Microbiomes of Postmenopausal Women Looking for Outcomes and Response to Estrogen Therapy in postmenopausal women with vulvovaginal atrophy
Inclusion:
- Age ≥55 years old and a screening vaginal pH of ≥5.
- Without menses for ≥12 months.
- No uterovaginal or vaginal vault prolapse beyond the hymen.

STUDIES currently enrolling at Prime Care, MFM and CWRH

PROSPECT - RCT of Progesterone vs placebo vs pessary in twins with short cervix
Inclusion: - Twin gestation - GA 16.0-23.6 wks - CL on TVUS <30.0mm

SLEEP - RCT of CPAP for Sleep Apnea in Pregnancy
Inclusion: - Must be at least 18 y/o
- Nulliparous (early losses <20 weeks ok)
- 16-20.6 weeks singleton pregnancy
- BMI >=30 OR report snoring 3-4 x per week in past month

TOPS - RCT of Pessary in Singleton Pregnancies with a Short Cervix
Inclusion: - Singleton pregnancy
- GA 16.0-23.6 wks
- CL on TVUS 20.0mm or less
- No h/o spontaneous PTB

MOMPOD - Medical Optimization & Mg,mt of Pregnancies with Overt Type II Diabetes
Inclusion: - 18-45
- Singleton
- 10-20.6 weeks
- On insulin or willing to start
- Willing to stop their oral agent and be on ours

CHAP - Chronic Hypertension and Pregnancy
Inclusion:
- Women with CHTN in pregnancy receiving PNC at participating centers with:
- a) new or unknown CHTN BP 140-159 systolic or 90-104 diastolic.
- b) known CHTN currently or previously on monotherapy: taking any antihypertensive and BP ≤159/104 (including those with BP < 140/90) will be eligible for enrollment.
- Singleton
- Viable pregnancy <23 weeks of gestation

ITO-MOMS - Intergenerational Transmission of Obesity
Inclusion:
- Gestational age $36^{0/7}$- $40^{6/7}$ wks
- Maternal age 18-35 years at EDD date of delivery
- Singleton pregnancy
- No major congenital anomalies on ultrasound or confirmed chromosomal abnormality

FRITO -Fat Distribution Labor Study
Inclusion :
- Gestational age $32^{0/7}$ (for consent)
- Gestational age $36^{0/7}$ (for enrollment)
- Singleton pregnancy
- No major congenital anomalies on ultrasound or confirmed chromosomal abnormality

GestVision (Preeclampsia Biomarker Study)
ARM 1 Inclusion:
- Must be at least 18 y/o
- Singleton pregnancy >20 wks undergoing clinical work up for Preeclampsia

ARM 2 inclusion (control):
- Must be at least 18 y/o
- Singleton pregnancy > 20 wks with a health pregnancy

OFFSITE 2 (Outpatient Foley for starting Induction of Labor @ Term for Nulliparous women)
Inclusion:
- Must be at least 18 y/o
- Singleton term pregnancy
- (39.0 -42.0 wks) undergoing elective induction of labor

To request information about any of our MFM research studies or to alert us to a potential participant, please contact us at:
MFMResearchRecruit@uabmc.edu

To request information about any of our UroGyn research studies or to alert us to a potential participant, please leave a message at:
205-934-5498 or email us at: urogynecology@uabmc.edu

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