February 2019 Newsletter

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

This month we recognize Patricia Cortez as an outstanding research advocate. As one of our OB nurse practitioners, Tricia communicates with the research team regularly. She always asks “how can I help” or “what do we need to do for this patient?” While her care is not driven by research protocols, she does all that she can to maintain the integrity of our ongoing studies. We appreciate your attention to the details!

“I support research and appreciate and respect all of your time, thought processes, and energy that goes into caring for our patients. I have been working in women’s health since 1990, and the changes that have occurred over the years in how we practice is amazing. I think these changes are largely due to research. Research is vital to developing the protocols in how we practice and in caring for our patients with evidenced based medicine. Most of our patients are glad to participate and benefit in the many research programs here at CWRH.”

Thanks for all you do!! Tricia

Patricia Cortez, NP

CHAP Provider Updates:
The Chronic Hypertension treatment trial in pregnancy has enrolled over 1500 of an anticipated 2404 participants with UAB in the lead! Thanks for all of your help and support to make the CHAP trial a success!

Please allow research staff to confirm the CHAP plan of care before submitting notes for attending signature. It is crucial for patient safety and protocol adherence for the notes in the EMR to accurately reflect plan of care per CHAP protocol.

UAB’s enrollment ranking among OB multi-center studies

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<tr>
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Grants submitted is a key metric for UAB Departments.
In review of all grants over the past year, there are currently 42 active/pending grants across the department.

**Gyn/Onc:**
- Arend, Rebecca- 9 grants
- Huh, Warner- 2 NIH grants
- Leath, Charles- 2 NIH grants
- Liang, Margaret- 2 grants

**UroGyn:**
- Meyer, Isuzu- 1 grant
- Richter, Holly- 1 NIH grant/ 1 other grant

**Women's Reproductive Health:**
- Arbuckle, Janeen- 1 grant

**MFM:**
- Casey, Brian- 1 grant
- Harper, Lorie- 6 NIH grants
- Sinkey, Rachel- 1 grant
- Subramaniam, Aki- 2 NIH grants/4 other grants
- Tita, Alan- 7 NIH grants/ 2 other grants

Sonographers with the highest number of cervical lengths obtained during anatomy scans goes to...

Jerika Shepherd
Lucy Barrett
Dr. Timothy Dunn

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The CWRH IRB Office provides regulatory support for the Faculty, Fellows and Residents in the OBGYN Department. Support will include IRB initial application and amendment submissions, guidance on IRB forms completion, ongoing monitoring of continuing renewals, and maintenance of regulatory files for all research submissions. For more information, please view the PowerPoint slides here: [https://www.uab.edu/medicine/obgyn/research/regulatory-support](https://www.uab.edu/medicine/obgyn/research/regulatory-support).

As a friendly reminder, please check the expiration of your IRB and/or Good Clinical Practices (GCP) training, and update as needed. You must take continuing IRB training, and GCP training for clinical trials, every three years from the date you took your last course. Follow this link to instructions for checking your training status: [http://www.uab.edu/research/administration/offices/IRB/Training/](http://www.uab.edu/research/administration/offices/IRB/Training/). The current courses available for continuing IRB training are the 2018 IRB Refresher- Biomedical, or Social Behavioral, in CITI. Either course is acceptable. For continuing GCP training, take the GCP Refresher in CITI.
STUDIES currently enrolling at UroGyn 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

ASPIRe - A surgical study for women who had hysterectomy are having symptoms of vaginal prolapse and have decided to have surgery to fix the prolapse at the top of the vagina.

Inclusion:
- feeling of bulging from the vagina (prolapse),
- female age 48 or older
- patients desiring surgical treatment
- prior hysterectomy

IMPROVE - A study is for postmenopausal 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 weeks 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 neumodulation.

Insitutions involves stimulating nerves to change how the body functions. Percutaneous Tibial Nerve Stimulation (PTNS) is one form of neumodulation 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

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

STUDIES currently enrolling at Prime Care, MFM and CWRH

PROSPECT - inclusion
- Twin gestation
- GA 16.0-23.6 wks
- CL on TVUS <30.0mm

SLEEP - 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 - inclusion
- Singleton pregnancy
- GA 16.0-23.6 wks
- CL on TVUS 20.0mm or less
- No h/o spontaneous PTB

PROGENITY - inclusion
- 18-45 year old
- Singleton 28.0 to 36.6 weeks GA
- Need to r/o PrE or clinical suspicion of Pre-E (new or worsening HTN, new or worsening proteinuria, other clinical findings requiring evaluation)

MOMPOD - inclusion
- 18-45
- Singleton
- 10-20.8 weeks
- On insulin or willing to start it
- Willing to stop their oral agent and be on ours

CHAP - 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 - inclusion
- Gestational age 36-40 wks
- Singleton pregnancy
- Maternal age 18-45 year old
- Singleton 28.0 to 36.6 weeks GA
- Singleton pregnancy
- No major congenital anomalies on ultrasound or confirmed chromosomal abnormality
- Live birth

FRITO - inclusion
- Gestational age 32-37 (for consent)
- Gestational age 36-37 (for enrollment)
- Singleton pregnancy
- No major congenital anomalies on ultrasound or confirmed chromosomal abnormality
- Live birth

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
Let's Unite
Together, we can end heart disease and stroke.

CWRH Staff Go Red for Women on February 1 to promote Heart Health.

UAB CENTER FOR RESEARCH IN WOMEN'S HEALTH

Go Red for Women
American Heart Association

Let's Unite