Eleventh Annual
Obstetrics & Gynecology
Resident Research Day
Chiefs

February 8, 2006
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Photo courtesy of Hawaii Visitors and Convention Bureau
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Obstetrics & Gynecology
Resident Research Day
Chiefs

February 8, 2006

Department of Obstetrics, Gynecology
and
Women’s Health

Hyatt Regency Waikiki Resort and Spa
Hyatt Regency Ballroom
Honolulu, Hawaii
Welcome to the Eleventh Annual Resident Research Day being held by the University of Hawaii Department of Obstetrics, Gynecology and Women’s Health. Medical research is a critical component of medicine. As one of my professors used to put it: “Half of what we teach you is wrong, half of what you will do in practice is wrong…only research can tell us which half is right and which half is wrong!”

An integral part of training for our residents is an understanding of medical research. In discovering how to question, how to structure a protocol, how to maneuver through an Institutional Review Board approval, how to enroll patients, how to assess information and data, our residents develop an awareness of good science. This knowledge and the ability to critically read a journal article will serve these physicians well throughout their careers. We thank everyone on the faculty and in the community who have helped guide our residents at each “how to” step. We applaud our chief class for the hurdles they have cleared.
Welcome to the Chief Resident Annual Research Day. During their four years with us each of our chief residents has developed or collaborated on an original research project. This program was initiated to help educate our residents regarding study design, data collection and analysis, and paper writing and editing. Understanding the process of different types of clinical and basic science research will enable our residents to be critical readers of scientific literature and help them to become well-educated physicians practicing evidence-based medicine. We appreciate all the support from attending physicians and fellow residents who enroll their patients in these trials and for coming today to hear the presentations.
Dr. Roberts’ laboratory is investigating the interaction of reproductive status and endothelial cell biology. A major focus is the alteration of endothelial cell function accompanying the pregnancy disorder, preeclampsia. Additionally, they are testing the hypothesis that during pregnancy, vascular endothelium is uniquely sensitive to agents that act on endothelium to increase the risk of cardiovascular disease. Specific projects include investigating the role of oxidative stress in the endothelial dysfunction present in preeclamptic women, testing the hypothesis that the endothelium during pregnancy is more sensitive to homocysteine (a known cardiovascular risk factor), and addressing whether placentally-produced agents such as leptin may alter fetus status positively but contribute to the maternal preeclampsia syndrome. Studies use a wide spectrum of biological, genetic, and molecular biological techniques.

Tuesday, February 7, 2006, Kapiolani Medical Center, Room 815
8:00 - 9:00 a.m., “Can preeclampsia be prevented?”
Research Conference, Pacific Research Center for Early Human Development
2:30 - 4:30 p.m., “Fetal Origins of Adult Diseases” Lecture/Discussion

Wednesday, February 8, 2006, Hyatt Regency Ballroom
9:10 - 10:00 a.m., “Whither Toxaemia” OB/GYN Research Day Lecture

Thursday, February 9, 2006, Kapiolani Medical Center, Room 815
2:30 - 3:30 p.m., Review & Advise: ongoing 2nd year Research Projects
3:30 - 4:30 p.m., “Gender (Sex) Specific Medicine” Lecture/Discussion

2006 JUDGING PANEL:  James M. Roberts, M.D., Kenneth Ward, M.D., and Roy Nakayama, M.D.
PAST RESEARCH DAY GUEST SPEAKERS

2005  Robert B. Jaffe, M.D., M.S.
       Fred Gellert Endowed Chair in Reproductive Medicine & Biology, University of California, San Francisco, “Angiogenesis and Ovarian Cancer”

2004  Diana W. Bianchi, M.D.
       Chief of the Divison of Genetics in the Department of Pediatrics at Tufts-New England Medical Center, Natalie V. Zucker Professor of Pediatrics and Obstetrics and Gynecology
       “Circulating Fetal Nucleic Acids on Maternal Blood: Origin and Diagnostic Applications”

2003  Roy M. Pitkin, M.D.
       Former Editor, Obstetrics and Gynecology, Clinical Obstetrics and Gynecology
       Emeritus Professor and Chairman of Obstetrics and Gynecology, University of California, Los Angeles School of Medicine, “Obstetric-Gynecologic Research, 1953 - 2002”

2002  James R. Scott, M.D.
       Professor, University of Utah, Department of Obstetrics and Gynecology, Editor of Obstetrics & Gynecology, Co-Editor of Clinical Obstetrics and Gynecology, “Pregnancy in Transplant Patients”

2001  William Droegemueller, M.D.
       Clinical Professor and Chairman Emeritus, University of North Carolina, Department of Obstetrics and Gynecology, Associate Editor of Obstetrics and Gynecology,
       “Don’t Look Back...Someone is Gaining on You”, A Discussion of Mentoring

2000  Robert Israel, M.D.
       Chief of Gynecology, University of Southern California, Department of Obstetrics and Gynecology
       Associate Editor of Obstetrics and Gynecology, “Endometriosis: A Continuing Conundrum”

1999  David A. Grimes, M.D.
       Vice President of Biomedical Affairs Family Health International
       Associate Editor, Obstetrical and Gynecological Survey, Contraception
       Former Professor and Vice-Chairman, Department of Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco
       “Evidence-based Medicine in Obstetrics and Gynecology: the Paradigm for the Next Century”

1998  Roy M. Pitkin, M.D.
       Editor, Obstetrics and Gynecology, Editor, Clinical Obstetrics and Gynecology, Former Professor & Chairman of Obstetrics & Gynecology, University of California, Los Angeles School of Medicine, “The Peer Review System in Medical Publishing”

1997  John T. Queenan, M.D.
       Professor and Chairman of Obstetrics and Gynecology, Georgetown University School of Medicine & Chief of Georgetown University Hospital since 1980, Editor-in-Chief of Contemporary Obstetrics and Gynecology

1996  Moon Kim, M.D.
       Richard L. Neiling Chair, Professor & Vice-Chairman of Obstetrics and Gynecology, Ohio State University, University Medical Center, Associate Editor, The American Journal of Obstetrics and Gynecology, “Fertility and Environment”
PAST RESEARCH DAY AWARD RECIPIENTS

First Place Award

2005    Reni A. Y. Soon, M.D.
        “Comparison of Active Phase and Second Stage of Labor in Adolescents and Adults”

2004    Scott D. Eaton, M.D.
        “EKG Changes Occuring with Magnesium Administration for Preterm Labor”

2003    Sapna M. Janas, M.D.
        “Rate of Complication from Third Trimester Amniocentesis Performed at the Fetal
        Diagnostic Center”

2002    Ian A. Oyama, M.D.
        “Local Anesthetic for use in Colposcopic Biopsies”

Melissa J. Lawrence, M.D.
        “Impact of Fetal Fibronectin Testing at Kapi‘olani Medical Center”

2001    Seema Sidhu, M.D.
        “Randomized, Double-Blind Trial of Rectal Misoprostol Versus Oxytocin in
        Management of the Third Stage of Labor”

2000    Deborah D. Geary, M.D.
        “TDx Surfactant/Albumin Ratio and Lamellar Body Count: Effect of Blood and
        Meconium Contaminants on Fetal Lung Maturity Assays”

1999    Steven M. Nishi, M.D.
        “Sample Adequacy of Endocervical Curettage (EEC) Compared with Endocervical
        Brush”

1998    Julie Ann Henriksen, M.D.
        “Nitric Oxide in the Human Placenta”

1997    Cheryl Leialoha, M.D.
        “Uriscreen, a Rapid Enzymatic Urine Screening Test for the Detection of Bacteriuria in
        Pregnancy”

1996    Christine Brody, M.D.
        “Vaginal Birth After Cesarean Section in Hawaii: Experience at Kapiolani Medical
        Center for Women and Children”
RESEARCH DAY PROGRAM

Wednesday, February 8, 2006

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<td>8:30 a.m.</td>
<td>Registration/Continental Breakfast/Coffee and Tea Service</td>
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<tr>
<td>8:45 a.m.</td>
<td>Welcome and Introduction of Speaker by Kenneth Ward, M.D., Chair</td>
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<td>9:00 a.m.</td>
<td>“Whither Toxaemia”, James M. Roberts, M.D.</td>
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<td>9:45 a.m.</td>
<td>Chief Residents’ Research Presentations</td>
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<td>9:45 a.m.</td>
<td>Renee L. Sato, M.D.</td>
<td>“Antepartum Seafood Consumption and Mercury Levels in Newborn Cord Blood”</td>
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<td>10:00 a.m.</td>
<td>Jerrelyn Inocencio-Diaz, M.D., M.P.H.</td>
<td>“BNP The CBC for Fluid Overload”</td>
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<td>10:15 a.m.</td>
<td>Grace K.Y. Wong, M.D.</td>
<td>“Proteinuria in Pregnant Women with Urinary Tract Infection”</td>
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<tr>
<td>10:30 a.m.</td>
<td>Stefanie M. Ueda, M.D.</td>
<td>“Utility of Clinical Tumor Markers to Identify Patients with High Risk Cervical Dysplasia and Cancer”</td>
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<td>10:45 a.m.</td>
<td>Bradley W. Sakaguchi, M.D.</td>
<td>“Flexible Sigmoidoscopy for Colorectal Cancer Screening in an Ob/Gyn Resident Clinic: A Feasibility Study”</td>
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<td>11:00 a.m.</td>
<td>Buffet Lunch (Hyatt Regency Ballroom) and Judges’ Deliberations</td>
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<td>12:00 p.m.</td>
<td>Awards Presentation - Lynnae Millar, M.D. and James Roberts, M.D.</td>
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<td>12:30 p.m.</td>
<td>Closing</td>
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RENEE L. SATO, M.D.
Renee Lynal Sato, M.D.

University of Hawaii, John A. Burns School of Medicine, Honolulu, Hawaii

Honors/Awards:
- Clinical Honors: Psychiatry, Pediatrics
- Honored Internal Medicine NBME Exam 2000-2002 - Ruth E. Black Scholarship
- 2000 -Kenneth O. Rewick Educational Aid Grant
- 1999-2001 - Dr. Hans & Clara Zimmerman Foundation Scholarship
- 1998 - Dr. Shigeru Horio Memorial Scholarship

B.A. Psychology, Cornell University, Ithaca, New York
Honors/Awards: Dean’s List for 2 years
- 1993 - University of Hawaii Regent’s Scholarship, Sterling Scholar Runner Up, National Merit Scholarship Commendation

Hobbies & Interests: Dance, Country, Horseback riding, Taiko drumming, Carpentry, Escrima

Place of Birth: Honolulu, Hawaii

Research Experience:
John A. Burns School of Medicine, Honolulu, Hawaii
- *Michael Aaronoff, M.D., January 2006 – present, “Effect of Liquid Based Cytology and HPV testing on Detection Rates of Precancerous Lesions.”
- *Chao Chen, M.D., April 2000 – present, “Treatment of Overactive Bladder Syndrome with Urethral Dilatation”

Cornell University, Ithaca, New York,
- *Professor David Field, Cognition and Perception, January – May 1997
- *Professor David Dunning, Social Psychology, January – May 1997
- *Professor Timothy DeVoogd, Neurobiology and Biopsychology, August – Dec 1996

University of Hawai’i, John A. Burns School of Medicine, Manoa, Hawaii
Publications:


Grants:
Hawaii Medical Service Association, Research Foundation Grant – For research on methylmercury levels in newborn cord blood. 2004-2005.

University of Hawaii Foundation, Student Research Travel Grant – For presentation of research at the American College of Emergency Physicians Scientific Assembly, Chicago, October 16, 2001.

University of Hawaii Foundation, Student Research Travel Grant – For presentation of research at the American Academy of Pediatrics Annual Meeting, Chicago, October 29, 2000.

American Lung Association of Hawaii, Student Research Training Grant for research on asthma mortality (December 1995).

ANTEPARTUM SEAFOOD CONSUMPTION AND MERCURY LEVELS IN NEWBORN CORD BLOOD

Renee Sato, M.D., Gaylyn Li, M.D., and Steve Shaha, Ph.D.

OBJECTIVE: To determine the level of fetal mercury exposure by measuring mercury levels in newborn cord blood and to analyze the association with fish consumption during pregnancy.

STUDY DESIGN: A total of 308 women meeting eligibility criteria were enrolled in the study. Of these, 275 completed a dietary survey and following delivery, cord blood was collected and analyzed for mercury levels.

RESULTS: The mean mercury level in cord blood was 4.82 mcg/L, with 28.3% of participants with measured mercury levels above the U.S. Environmental Protection Agency’s recommended reference dose (5.8 mcg/L). A significant relationship was noted between amount of fish consumed during pregnancy and rising mercury levels in cord blood.

CONCLUSIONS: In an island state with high levels of fish consumption women were three times more likely to have elevated cord blood mercury levels as compared to the national average. More education is needed to spread awareness of State and National recommendations for fish consumption in pregnancy.
JERRELYN J. INOCENCIO-DIAZ, M.D., M.P.H.

Jerrelyn Javier Inocencio-Diaz, M.D., M.P.H.

University of California at Davis School of Medicine
Honors/Awards:
1999- Pilipino Medical Association of Northern California
1998-1998- Roy & Ruby Dami Scholarship

MPH, University of California School of Public Health, Los Angeles, California
Honors/Awards:
1993-Populations Fellows Program Appointment with USAID
1991-Traineeship in Community Health Award

B.S. Psychobiology University of California, Riverside, California

Language Fluency: Tagalog, and Spanish

Hobbies & Interests: Basketball, Hiking

Place of Birth: Subic, Zambales, Philippines

Research Experience:
1992 – Women, Infant and Child Nutrition Program, Los Angeles, California, Research Consultant
1991-1993 – University of CA School of Public Health, Los Angeles, California, Research Assistant

Publications:

Medi-Cal Managed Care Position Paper. Inocencio, Jerrelyn, MPH; 11/1993; CA Association of Local Health Directors.

BNP: THE CBC FOR FLUID OVERLOAD

Jerrelyn Inocencio-Diaz, M.D., M.P.H., Tod C. Aebly, M.D., and Janet Burlingame, M.D.

INTRODUCTION:

Brain Natriuretic Peptide (BNP) has been shown to be an excellent biochemical marker for cardiac dysfunction in non-pregnant patients. It has also been shown to distinguish cardiogenic versus non-cardiogenic causes of dyspnea, and to reflect acute changes in pulmonary capillary wedge pressures during heart failure in non-pregnant patients.

BNP has the potential for streamlining the evaluation of pregnant patients presenting with dyspnea, especially those in labor when rapid fluid shifts and intravascular volume changes commonly occur. As an initial step, one needs to establish normative values of BNP during the labor process.

OBJECTIVES:

Establish normative values for BNP during the latent and active phases of the first stage of labor in term patients without medical complications.

HYPOTHESIS:

We will be testing the null hypothesis of no significant difference between BNP measurements during the latent and active phases of first stage of labor.

METHODS:

This is a descriptive study evaluating normal levels of BNP in labor. The study population includes all complicated laboring patients admitted to Kapiolani Medical Center for Women and Children (KMCWC). Participants will have their BNP levels drawn during the latent phase and active phase of the first stage of labor. From prior studies, BNP has a baseline of 49 units with a standard deviation of 9 in the third trimester of pregnancy. To be clinically important, the BNP will need to increase to at least 100 units during active phase. We will need 12 patients for an 80% chance that the study will detect that difference between BNP levels in latent and active phase at a 5.0 percent level of significance. To allow for the possibility that one third of the patients will drop out, our goal is to enroll 18 patients.

RESULTS:

Data collection is in progress.

CONCLUSION:

Final conclusions are pending. We expect there will be no significant difference in BNP levels in laboring patients who do not experience hypoxia or fluid overload. If this is true, elevated BNP levels in labor would suggest cardiac dysfunction. Further studies evaluating BNP levels in pregnant patients with hypoxia incorporating the results of chest x-rays, EKGs, echocardiograms and spiral CT scans would be useful to determine if BNP measurement is indeed an accurate marker for cardiogenic causes of hypoxia in pregnancy.
GRACE K.Y. WONG, M.D.
Grace Kar-Ying Wong, M.D.

Honors/Awards:
2005, 2004, 2003 - Dr. Roy Nakayama Award for Stats & Medical Records
2004 - Berlex Award for Best 2nd year Resident for Excellence in Teaching Residents
2003 - Outstanding 1st year Resident for Excellence in Medical Student Teaching

University of Hawaii, John A. Burns School of Medicine, Honolulu, Hawaii
Honors/Awards:
1998 - “Honors” in Pharmacology - Recipient of E.E. Black Scholarship

B.S. Biology (accelerated completion), Massachusetts Institute of Technology, Cambridge, Massachusetts
Teaching Assistant - Introduction to Experimental Biology Course
UROP Researcher

Hobbies & Interests: Walking the Dog, Musical Compilations, MIT Club of Hawaii Treasurer; Guest speaker to high school students on the pursuit of a medical education.

Place of Birth: Hong Kong

Research Experience: Student Researcher, Undergraduate Research Opportunities Program in the MIT Fermentation and Microbiology Laboratory, 1996-1998


Language Fluency: Chinese (Fluent in Cantonese)
PROTEINURIA IN PREGNANT WOMEN WITH URINARY TRACT INFECTION

Grace K. Wong, M.D., Lynnae Millar, M.D., Steve Shaha, Ph.D., and Michael Savala, M.D.

HYPOTHESIS:
Urinary tract infections will minimally affect the amount of protein excreted over a 24-hour period.

OBJECTIVE
To determine the range of proteinuria attributable to urinary tract infection in a pregnant patient.

METHODS:
Antepartum patients of at least 18 years of age with a confirmed urinary tract infection of >100,000 CFU/ml of a single uropathogen were assigned to the study group. Controls had either no growth or mixed flora on urine culture. A 24-hour urine collection was completed for each subject. Exclusion criteria included history of chronic hypertension, pregestational diabetes, history of renal disease or surgery, or preeclampsia diagnosed during pregnancy or at time of delivery.

RESULTS:
Thirty patients were enrolled, however three patients were excluded from the study. One developed preeclampsia at the time of delivery, one was diagnosed with polycystic kidney disease, and one had inadequate specimen collection. There were two subjects each in the control and study arms with greater than 300mg protein per 24 hours. Patients were separated into three groups for analysis, those with low (0-116 mg/24h), intermediate (117-299 mg/24h), and high (greater than or equal to 300mg/24h) protein levels. The rate of proteinuria was similar in patients with and without urinary tract infection (Chi-Square test, P = 0.078). The study has a statistical power of 0.818.

CONCLUSION:
There is no significant difference in total protein excreted between pregnant women with or without urinary tract infection. Protein levels of greater than 300mg per 24 hours were found in two healthy pregnant subjects. This is important as this level of protein is commonly used as criteria for preeclampsia in the third trimester.
STEFANIE M. UEDA, M.D.

New York University School of Medicine,
New York, New York
Honors/Awards:
  M.D. with Honors Mayaguez Medical
  Spanish Program

B.A. English, Stanford University,
Stanford, California
Honors/Awards:
  1995-2001 Dr. Hans and Clara Zimmerman
  Scholarship
  1998-2002 Dr. James Nakamura Scholarship

Hobbies & Interests: Tennis, Movies

Place of Birth: Honolulu, Hawaii

Research Experience:
Research Assistant, NYU - Department of Pediatrics, 1998-2002
Clinical Research Assistant, University Health Alliance - Honolulu, Hawaii, 1997
Clinical Research Assistant, Kapiolani Medical Center - Pediatric Orthopedics Honolulu, Hawaii, 1997
Research Assistant, Stanford Women’s Health Initiative, 1995-1997
Research Assistant, Queen’s Medical Center- Pulmonology, Honolulu, Hawaii, 1995

Publications:
“A Novel Role for Frequentin, a Ca²⁺-Binding Protein, as a Regulator of Kv4 K⁺-Currents” -- PNAS 2001; 98(22)12808-13.


“Successful Treatment of Benign Bone Cysts and Tumors with Autogenous Marrow Aspiration Graft” -- Abstract presented at the 1998 Pediatric Orthopaedic Society of North America Annual Meeting

“Comparing ER Asthma Management Practices to the NIH Algorithm in a Large Urban Hospital” - Abstract presented at the 1997 American Lung Annual Meeting
UTILITY OF CLINICAL TUMOR MARKERS TO IDENTIFY PATIENTS WITH HIGH RISK CERVICAL DYSPLASIA AND CANCER

Stefanie M. Ueda, M.D., Jeffrey L. Killeen, M.D., and Michael E. Carney, M.D.

BACKGROUND:
The natural history of cervical neoplasias appears unpredictable with 1/3 to 1/2 of CIN lesions regressing without intervention; therapeutic targeting aids in screening and selecting patients at risk and elucidating treatment response.

OBJECTIVE:
To determine if a pattern of tumor suppressor, oncogene, and growth factor expression (specifically HER-2/neu, progesterone and estrogen receptors (ER/PR), p53, Ki67, bcl-2, VEGF, and COX-2) exists in the progression of cervical cancer utilizing the widely applicable process of immunohistochemistry.

Materials and Methods: Paraffin sections from 130 cervical biopsy, cone, and hysterectomy specimens collected from January 2000 to December 2004 were obtained from the surgical pathology repository at a tertiary care center with a primarily Asian and Polynesian patient population. HER-2/neu, p53, ER/PR, and Ki67 expression in normal, low and high grade dysplasias, and invasive carcinomas were measured via automated immunohistochemical analysis. VEGF, bcl-2, and COX-2 levels in these same cases were subjectively scored from 1-3+ by a single pathologist. Demographic variables were acquired from operative anesthesia and admission records.

RESULTS:
Twenty seven percent of samples came from patients who smoked; no significant differences existed between groups (p=0.379). Ki-67 index rose (p=0.097) with worsening dysplastic change (18-41%) but dropped with invasive carcinomas (23%). Greater HER-2/neu staining occurred in high grade lesions and invasive carcinomas (p=0.021) but average intensity measured only 0.58, with >2.2 being of prognostic significance because of candidacy for Herceptin therapy by breast criteria. ER (1.9-14.2%) and PR (2.0-6.1%) expression decreased across cervical neoplasias, exhibiting a penchant for parabasal cells (p=0.029). p53 levels, in contrast, increased with tumor severity (2.3-6.0%, p=0.049). Minimal bcl-2 staining manifested in most lesions (<5%, p=0.079), but like VEGF and COX-2, no clear pattern of expression became apparent.

CONCLUSIONS:
HER-2/neu, p53, and ER/PR measured immunohistochemically appear to correlate with the progression of cervical dysplasia to invasive cancer, whereas VEGF, bcl-2, and COX-2 demonstrate inconsistent staining to predict persistent or more aggressive disease. Molecular pathways independent of HPV that participate in the late events of cervical malignancy need to be further investigated as adjuncts to the common Pap smear.
BRADLEY W. SAKAGUCHI, M.D.

Bradley W. Sakaguchi, M.D.

Honors/Awards:
2004 - Berlex Award for Best 2nd year Resident for Excellence in Teaching Residents

Surgery Internship: Fitzsimons Army Medical Center, Aurora, Colorado
General Surgery Resident: Tripler Army Medical Center, Honolulu, Hawaii

Uniformed Services University of the Health Sciences
Bethesda, Maryland
Honors/Awards:
Dean’s Outstanding Academic Achievement Award in Clinical Concepts

B.S. Biology, Indiana University, Indiana
Honors/Awards: Honors Graduate
Varsity Gymnastics Team
Biology Club Scholarship Recipient
Interfraternity Scholarship Council

Hobbies: Investing, Gardening and Landscaping

Place of Birth: Honolulu, Hawaii

Research Experience:

Indiana University, Undergraduate Honors Research. Dept. of Biology. 1985-86. “Sequence of Late Expressing Developmental G Protein in Xenopus sp. Embryo”.


Tripler AMC, Dept. of Emergency Medical Services. 2000-2001 “Real Time Remote Ultrasound Evaluation of Blunt Abdominal Trauma in the Field or Remote Setting.” Funded for $150,000 through TATRC.
Flexible Sigmoidoscopy for Colorectal Cancer Screening in an Ob/Gyn Resident Clinic: A Feasibility Study

Bradley W. Sakaguchi, M.D., John Lowry, M.D., M.B.A., and Tod C. Aeby, M.D.

BACKGROUND:
According to the American Cancer Society in 1997, approximately 131,000 Americans were diagnosed with colorectal cancer and approximately 55,000 died from this disease. Flexible sigmoidoscopy (FS) with fecal occult blood testing (FOBT) is an established screening tool that can be performed by primary care physicians. Currently, flexible sigmoidoscopy is only offered to patients 30 percent of the time. This study is the first of its kind to explore the feasibility of performing FS in an Ob/Gyn resident training clinic.

METHODS:
Fourteen women underwent FS. Eleven completed the procedure as three patients were excluded from the study. A resident and family physician faculty member performed all exams. Data included: age, time to complete procedure, depth of sigmoidoscopy, percent of mucosal surface examined, pathology, and patient response to procedure. Time to completion and depth were compared to a prior study in a family practice training program. Data was analyzed with descriptive analysis, t-test and linear correlation.

RESULTS:
The average age of women enrolling in the study was 57.3 years. Mean time to complete study was 15.27 minutes (13.59 – 19.49, CI 95%) and mean depth of exam was 54.54 cm (52.56 – 59.52, CI 95%). Standard deviations were 2.41 and 2.84 respectively. There was a positive linear correlation noted between depth of exam and increased time to complete exam (Correlation coefficient = 0.67). Both time of completion and depth of exam were significantly improved over a prior study with FP residents. (p < .02 and p < .001 respectively).

CONCLUSIONS:
Flexible sigmoidoscopy is a needed and underutilized tool to detect colorectal cancer. This study demonstrates the potential feasibility of training Ob/Gyn residents in this procedure in their role as primary care physicians for women. There is no difference in training parameters compared to at least one FP training program and there is some evidence that Ob/Gyn residents may have a significant advantage in training for this procedure.