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Chair’s Message

Dear Friends,

It is with great pleasure that I share with you our 2009-2010 Annual Report. It has been an exciting time for the Miller School of Medicine as well as for our department. We have been actively working toward fulfilling our mission – providing excellent patient care, training emerging physicians, and participating in breakthrough research.

Following national trends in healthcare, in the summer of 2010, UHealth - University of Miami Health System implemented an electronic medical records system called UChart, which allows physicians to order lab tests, view results, and send prescription information to pharmacies, among other things. The system also includes a component called MyUhealthChart, a secure online portal patients can use to access their medical records anywhere they have access to the Internet.

In the last two years our health system has adopted the UCare (U Can Achieve Real Excellence) initiative, which serves as the driving force for changes in customer service, employee satisfaction, and financial growth across the entire UHealth system. Under UCare, we have adopted the Five Pillars Model, which provides a foundation for setting organizational goals in the categories of service, quality, finances, people, and growth. We have established clear milestones and a time line in which we would like to reach these. This gives us an objective way to evaluate our success.

Recognizing the importance of diverse specimens in research, the department is leading efforts to create a labor and delivery biorepository. This multidisciplinary project has the potential to greatly impact research conducted at the University of Miami as it will collect a large volume of diverse specimens allowing researchers to conduct the work needed to discover new life-saving treatments for diseases such as blood cancers, sickle cell, aplastic anemia, diabetes, heart disease, and autoimmune diseases.

Under new leadership, our residency program provides physicians in training with greater learning opportunities by adding a rotation at Memorial Healthcare System in Broward County. The new rotation gives residents a chance to work in the private setting and to gain additional hands-on surgical experience. We are committed to the doctors of tomorrow and are confident that the changes we have made to our residency program will help them become skilled obstetrician-gynecologists.

I look forward to continuing to share our progress and our achievements. With your support, I know we can remain South Florida’s leading provider of research-powered, comprehensive care for women of all ages.

Warm regards,

Leo B. Twiggs, M.D.
Professor and Chair, Department of Obstetrics and Gynecology
University of Miami Miller School of Medicine
Clinical Service Chief, Jackson Memorial Hospital
## Key Statistics

### Deliveries

<table>
<thead>
<tr>
<th>Location</th>
<th>FY2010*</th>
<th>FY2009*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson Memorial Hospital</td>
<td>4,316</td>
<td>5,034</td>
</tr>
</tbody>
</table>

**PERCENT CHANGE -14%**

### Number of Procedures by Location

<table>
<thead>
<tr>
<th>Location</th>
<th>Procedure</th>
<th>FY2009**</th>
<th>FY2010**</th>
</tr>
</thead>
<tbody>
<tr>
<td>UM Infertility Clinic</td>
<td>IVF Cycles</td>
<td>129</td>
<td>132</td>
</tr>
<tr>
<td>Fetal Therapy</td>
<td>Surgeries</td>
<td>N/A</td>
<td>108</td>
</tr>
<tr>
<td>UM/Sylvester</td>
<td>OR Procedures</td>
<td>217</td>
<td>155</td>
</tr>
<tr>
<td>University of Miami Hospital</td>
<td>OR Procedures</td>
<td>290</td>
<td>417</td>
</tr>
<tr>
<td>Boca Raton Community Hospital</td>
<td>OR Procedures</td>
<td>193</td>
<td>128</td>
</tr>
<tr>
<td><strong>TOTAL SURGERIES (Non-JMH)</strong></td>
<td></td>
<td>829</td>
<td>940</td>
</tr>
</tbody>
</table>

**PERCENT CHANGE +13%**

**PERCENT CHANGE UMH +43%**

### Surgical Procedures Jackson Memorial Hospital (Non-OB)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>FY2009*</th>
<th>FY2010*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynecologic Surgery</td>
<td>837</td>
<td>454</td>
</tr>
<tr>
<td>Gynecologic Oncology Surgery</td>
<td>229</td>
<td>175</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1,066</td>
<td>629</td>
</tr>
</tbody>
</table>

**PERCENT CHANGE - 41%**
<table>
<thead>
<tr>
<th>Specialty</th>
<th>FY 2009**</th>
<th>FY 2010**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics</td>
<td>11,777</td>
<td>12,399</td>
</tr>
<tr>
<td>Gynecology</td>
<td>20,781</td>
<td>22,377</td>
</tr>
<tr>
<td>Gynecologic Oncology</td>
<td>4,631</td>
<td>4,808</td>
</tr>
<tr>
<td>Reproductive Endocrinology and Infertility</td>
<td>3,568</td>
<td>2,999</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>9,760</td>
<td>10,451</td>
</tr>
<tr>
<td>Urogynecology</td>
<td>2,744</td>
<td>3,025</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>53,261</strong></td>
<td><strong>56,059</strong></td>
</tr>
</tbody>
</table>

PERCENT CHANGE +5%

* Jackson Fiscal Year runs from October 1 – September 30.
** University of Miami Fiscal Year runs from June 1 – May 31.

A woman is the center of her family.
Grant Funding

Grant funding at work

Esperanza Dominguez has been HIV positive for all of her 23 years. But as she waited to be taken to an operating room at Jackson Memorial Hospital to undergo a C-section to give birth for the first time, she was thrilled.

“I never thought I’d be able to have a baby,” said Dominguez, one of the many women being treated by Miller School HIV experts to prevent or reduce HIV virus transmission from mothers to unborn children. The availability of these modern therapies has reduced the rate of transmission to 2 percent or less, according to the Centers for Disease Control and Prevention.

Dominguez contracted the virus from her mother; Dominguez said doctors are not sure if the transmission happened during labor and delivery or through breastfeeding. At the onset of the AIDS epidemic in the 1980s little was known about perinatal transmission and how to prevent it. That was then. Dominguez’s specialized treatment to avoid her transmitting the virus to her baby took place at the Prenatal Immunology (PRIM) Clinic at Jackson Memorial Hospital, the single largest obstetrical HIV service in the United States.

Researchers at the Miller School have long led the way in developing these therapies. Gwendolyn Scott, M.D., professor of pediatrics and director of the Division of Pediatric Infectious Diseases and Immunology, and Mary Jo O’Sullivan, M.D., professor emeritus of obstetrics and gynecology, were authors on a landmark study revealing that treating infected women with the antiretroviral drug Zidovudine (AZT) in pregnancy and during delivery, and then treating infants with AZT during the first six weeks of life, dramatically reduced the percentage of babies born with HIV. Margaret Fischl, M.D., professor of medicine and director of the AIDS Clinical Research Unit participated in many of the initial studies in adults leading to the FDA approval of Zidovudine.

In the past five years, the PRIM Clinic reported a perinatal transmission rate of zero for the 150 to 170 patients cared for each year.

Amanda Cotter, M.D., M.S.P.H., director of the perinatal HIV service and associate professor of obstetrics and gynecology, leads a multidisciplinary team at PRIM, including experts from the Departments of Obstetrics and Gynecology, Pediatrics, and Psychiatry and Behavioral Sciences. Cotter is also a member of the U.S. Department of Health and Human Services Perinatal Taskforce, which writes the national guidelines on management of HIV in pregnancy.

In most places around the country, women receive prenatal care at one clinic and HIV care at a separate clinic but because Cotter is a maternal-fetal medicine specialist, she provides both medical and obstetrical care in one place. The clinic also provides child birth classes, counseling, and HIV screening services for newborns. Women are also seen postpartum and encouraged to remain under regular care.

“We try to empower them and teach them how they can take care of their own health,” said Cotter, who performed Dominguez’s C-section.

Dominguez’s baby boy weighed eight pounds—and tested negative. After four months he will be discharged from screening.
### GRANT FUNDING FY 2010

**June 1, 2009 - May 31, 2010**

#### FEDERAL GRANTS (Principal Investigator, P.I., Initiated)

<table>
<thead>
<tr>
<th>Date Submitted</th>
<th>Funding Agency</th>
<th>P.I.</th>
<th>Grant Title</th>
<th>Total Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2009</td>
<td>HRSA</td>
<td>JoNell Potter, Ph.D.</td>
<td>Ryan White Part C Outpatient EIS Program</td>
<td>$992,281</td>
</tr>
<tr>
<td>July 2009</td>
<td>HRSA</td>
<td>JoNell Potter, Ph.D.</td>
<td>Implementing a Comprehensive Electronic Data System</td>
<td>$84,891.17</td>
</tr>
<tr>
<td>April 2010</td>
<td>NIH Through University of Pennsylvania</td>
<td>Peter Takacs, M.D., Ph.D.</td>
<td>Risk Factors as Predictors of Ectopic Pregnancy</td>
<td>$90,680</td>
</tr>
</tbody>
</table>

**TOTAL $1,167,852**

#### FEDERAL GRANTS (Collaborative/Network)

<table>
<thead>
<tr>
<th>Date Submitted</th>
<th>Funding Agency</th>
<th>P.I.</th>
<th>Grant Title</th>
<th>Total Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2009</td>
<td>NIH</td>
<td>Mary Jo O’Sullivan, M.D.</td>
<td>WHI Extension</td>
<td>$336,876</td>
</tr>
<tr>
<td>March 2010</td>
<td>HRSA</td>
<td>JoNell Potter, Ph.D.</td>
<td>AETC (AIDS Education and Training Centers)</td>
<td>$142,153</td>
</tr>
</tbody>
</table>

**TOTAL $479,029**

#### INDUSTRY GRANTS (Sponsor’s Protocol)

<table>
<thead>
<tr>
<th>Date Submitted</th>
<th>Funding Agency</th>
<th>P.I.</th>
<th>Grant Title</th>
<th>Total Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2009</td>
<td>Columbia Laboratories</td>
<td>Ruben Quintero, M.D.</td>
<td>Short Cervix Study</td>
<td>$87,780</td>
</tr>
<tr>
<td>July 2009</td>
<td>Tibotec Pharmaceuticals LTD</td>
<td>Amanda Cotter, M.D., M.S.P.H.</td>
<td>A single arm, open label study to assess the pharmacokinetics of Darunavir/Ritonavir and/or Truvirine in HIV</td>
<td>$74,287.50</td>
</tr>
<tr>
<td>March 2010</td>
<td>Pharma Mar S.A. Sociedad Unipersonal</td>
<td>Joseph A. Lucci III, M.D.</td>
<td>Phase II Clinical and Pharmacokinetic Trial of PM000104 (Zalypsis)</td>
<td>$72,945</td>
</tr>
<tr>
<td>March 2010</td>
<td>Hoffman - La Roche</td>
<td>Joseph A. Lucci III, M.D.</td>
<td>A randomized, double blind, placebo controlled, parallel group, multicenter study</td>
<td>$122,004</td>
</tr>
<tr>
<td>April 2010</td>
<td>Columbia Laboratories</td>
<td>Ruben Quintero, M.D.</td>
<td>Short Cervix Study Amendment</td>
<td>$80,000</td>
</tr>
</tbody>
</table>

**TOTAL $437,017**

**TOTAL FUNDING FY 2010 = $2,083,898.17**
## Site Disease Group Funding

### FY 2010 June 1, 2009 - May 31, 2010

<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>Agency</th>
<th>Total Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph A. Lucci III, M.D.</td>
<td>Women’s Cancer Association</td>
<td>$50,000</td>
</tr>
<tr>
<td>Fiona Simpkins, M.D. and Joyce Singerland, M.D.</td>
<td>Gynecologic Cancer Foundation</td>
<td>$50,000</td>
</tr>
<tr>
<td>Fiona Simpkins, M.D. and Joyce Singerland, M.D.</td>
<td>American Cancer Society</td>
<td>$50,000</td>
</tr>
<tr>
<td>Dene Wrenn, M.D.</td>
<td>Women’s Cancer Association</td>
<td>$41,000</td>
</tr>
<tr>
<td>Nathalie McKenzie, M.D. and Fiona Simpkins, M.D.</td>
<td>Pfizer Drug Only Phase I/II Nelfinavir Cervical Cancer</td>
<td>$50,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$241,000</strong></td>
</tr>
</tbody>
</table>

**Physician scientist joins department**

A commitment to offering patients cutting-edge medicine led the department to recruit a passionate and dedicated physician scientist who could help bring new treatments to women suffering from gynecologic cancers.

In August 2008, Fiona Simpkins, M.D., who had recently completed a fellowship in gynecologic oncology at Cleveland Clinic in Ohio and a cancer research fellowship at the National Cancer Institute, joined the department as an assistant professor of obstetrics and gynecology.

As a physician scientist, 60 percent of Dr. Simpkins’ time is spent on research and the remaining time is spent caring for patients. Her primary research goal is to identify new molecular targets and develop novel strategies for therapeutic intervention in gynecologic malignancies with the ultimate goal of bringing them to the clinic. There is clear evidence that estrogen drives proliferation in a subset of ovarian cancers. Estrogen receptor (ER) is expressed in 67% of ovarian cancers. A major problem in ovarian cancer is that some patients do not initially respond and if they do initially respond, most develop anti-estrogen resistance. Dr. Simpkins’ present funded research focuses on improving the efficacy of anti-hormonals for estrogen receptor positive ovarian cancer by targeting estrogen receptor associated signaling pathways.

“We hope to identify more effective molecular targeting drug combination therapies to delay or prevent anti-estrogen resistance in recurrent ovarian cancer,” said Dr. Simpkins.

She is also investigating the role of cancer stem cells in ovarian cancer. Cancer stem cells have been implicated in the development of drug resistance. Cancer stem cells comprise a subpopulation of cells capable of self-renewal and are resistant to chemotherapy.

“By characterizing such subpopulations, and determining which signaling pathways drive their growth, we may develop better strategies to target these subpopulations and overcome drug resistance,” said Dr. Simpkins. Stem cell research in ovarian cancer has minimally been explored, she added.

Dr. Simpkins has been designated the Phase I Clinical Trial Leader for the Division of Gynecology Oncology. She is passionate about bringing new drugs to the bedside for gynecologic cancers. She is the principal investigator for a phase I dose-escalation study to assess the safety and biological activity of recombinant human interleukin-18 (Sb-485232) in combination with pegylated liposomal doxorubicin (Doxil) for recurrent ovarian cancer patients. She has other phase I trials in the pipeline for gynecologic cancers.

As a clinical trialist, Dr. Simpkins also works closely with gynecologic oncology fellows in identifying promising therapies that can be introduced in the clinical setting. Currently, Dr. Simpkins is working with fellow Nathalie McKenzie,
M.D., in studying Nelfinavir, an anti-viral and AKT inhibitor as a therapeutic agent to treat cervical dysplasia and cervical cancer.

Dr. Simpkins’ research is funded in part by the American Cancer Society, who awarded her $40,000 for the study, “Improving the Efficacy of Anti-hormonal for Estrogen Receptor Positive Ovarian Cancer by Targeting Estrogen Receptor Associated Tyrosine Kinese Pathways.” She also holds the Mary Jane Welker Ovarian Cancer Award from the Gynecological Cancer Foundation ($50,000) for, “Targeting the MEK Signaling Pathway in Combination with Estrogen Receptor Blocked or PI3 Kinase/MTOR Inhibition in Ovarian Cancer Cells.”

In 2011, Dr. Simpkins may be celebrating another award. She applied for the National Institutes of Health’s K08 Career Development Award and received a usually fundable score. More information will be available in February.

“Our success in recruiting Dr. Simpkins and those of her caliber is an example of our continued partnership with Sylvester and their leadership,” said Leo B. Twiggs, M.D., chair of the Department of Obstetrics and Gynecology and a practicing gynecologic oncologist. “Adding someone like her to our team supports our mission to incorporate cutting edge science into individual cancer treatment plans for our patients.”

### Faculty and Staff

**Faculty and Staff by the Numbers**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time Faculty</td>
<td>36</td>
</tr>
<tr>
<td>Full-time Staff</td>
<td>129</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>165</strong></td>
</tr>
</tbody>
</table>

**Education**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents</td>
<td>36</td>
</tr>
<tr>
<td>GYO Fellows</td>
<td>4</td>
</tr>
<tr>
<td>Urogynecology Fellow</td>
<td>1</td>
</tr>
<tr>
<td>Diagnostic Ultrasound Fellow</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>42</strong></td>
</tr>
</tbody>
</table>

**Administration**

**Office of the Chair**

- Leo B. Twiggs, M.D., Chair
- Ruth Srebrenik, Vice Chair for Administration
- Salih Yasin, M.D., Vice Chair,
  Director of Obstetrics and Patient Safety
- Ira Karmin, M.D., Vice Chair, Chief of Service,
  Gynecology and Women’s Services at University of Miami Hospital, Associate Director, Residency Program
- Joseph A. Lucci III, M.D., Associate Chair, Director of Medical Education
- Carlos Medina, M.D., Associate Chair, Director of Gynecologic Services at Jackson Memorial Hospital
- Angela Fusté, Director of Finance and Operations

**Administrative Personnel**

- Yamira Cuervo, Administrative Assistant to Dr. Salih Yasin
- Gretchen Kroepil, Administrative Assistant
- Maria Padilla, Executive Assistant to Ruth Srebrenik
- Nancy Rivero, Executive Assistant to Dr. Leo B. Twiggs
- Betsabet Sanchez, Financial Analyst
- Marietta Suarez, Human Resources Manager
- Jacqueline Taylor, Communications Manager

**Medical Education: Administration**

- Zusel Matos, Senior Medical Education Manager
- Tameka Collins, Senior Program Coordinator, Clerkship

**Finance/Billing Administrative Personnel**

- Marty Fernandez, Finance Manager, Division of Research and Special Projects
- Maria Gort, Billing Manager

**Practice Site Managers/Administrators**

- Cheryl Dold, Senior Practice Manager, Division of Diagnostic Ultrasound
- Niurka Vazquez, Senior Practice Manager, Division of General Obstetrics and Gynecology
- Kimberly Pacheco, Practice Manager, Division of Maternal-Fetal Medicine
- Monica Polk, Senior Division Administrator, Division of Maternal-Fetal Medicine
- Rana Robinson, Senior Practice Manager, Divisions of Reproductive Endocrinology and Urogynecology
- Iracema Salazar, Supervisor, Division of Gynecologic Oncology

**Nurse Supervisors**

- Lilia Corral, R.N.
- Teresa Rodriguez, R.N.
Faculty

Leadership

Leo B. Twiggs, M.D.
Chair, Professor (Division of Gynecologic Oncology)
Chief of Service, Jackson Memorial Hospital

Salih Yasin, M.D.
Vice Chair, Director of Obstetrics and Patient Safety, Jackson Memorial Hospital
Associate Professor (Division of General Obstetrics and Gynecology)

Ira Karmin, M.D.
Vice Chair
Chief of Service, Gynecology and Women’s Health Services, University of Miami Hospital
Associate Director, Residency Program
Assistant Professor (Division of General Obstetrics and Gynecology)

Joseph A. Lucci III, M.D.
Associate Chair, Director of Medical Education
Professor, Director of the Division of Gynecologic Oncology

Carlos Medina, M.D.
Associate Chair, Director of Gynecologic Services at Jackson Memorial Hospital
Professor, Director of the Division of Urogynecology and Reconstructive Pelvic Medicine

Division of Gynecology/Generalists

Tarek Bardawil, M.D., Assistant Professor
Luis Caldera-Nieves, M.D., Assistant Professor
Nahida Chakhtoura, M.D, Assistant Professor
Christopher Estes, M.D., Assistant Professor
Jorge Garcia, M.D., Assistant Professor
Ira Karmin, M.D., Assistant Professor
Paul Norris, M.D., Assistant Professor
Amanda Richards-Bullock, M.D., Associate Professor
Jaime Santiago-Lopetegui, M.D., Assistant Professor
Karen Simmons, M.D., Associate Professor
Karen Tang, M.D., Assistant Professor

Generalists specializing in gynecologic ultrasound

Usha Verma, M.D., Ultrasound Director, Associate Professor
Francisco Cruz Pachano, M.D., Assistant Professor
Richard Strassberg, M.D., Assistant Professor

Generalists specializing in obstetrics

Salih Yasin, M.D., Director of Obstetrics, Associate Professor
Rabah Laoun, M.D., Assistant Professor
Janice Moscoso, M.D., Assistant Professor
Cristina Saiz, M.D., Assistant Professor
Division of Maternal-Fetal Medicine
Rubén Quintero, M.D., Division Director, Professor
Samir Beydoun, M.D., Professor
Gene Burkett, M.D., Professor
Amanda Cotter, M.D., Associate Professor
Makbib Diro, M.D., Associate Professor
Elvire Jacques, M.D., Assistant Professor
Eftichia Kontopoulos, M.D., Associate Professor, Director of Obstetrical Ultrasound

Division of Gynecologic Oncology
Joseph A. Lucci III, M.D., Division Director, Professor
John P. Diaz, M.D., Assistant Professor
J. Matthew Pearson, M.D., Assistant Professor
Samer Schuman, M.D., Assistant Professor
Fiona Simpkins, M.D., Assistant Professor
Leo B. Twiggs, M.D., Professor
Nathalie Dauphin-McKenzie, M.D., Fellow
Andrea Papadia, M.D., Fellow
Eric Schroeder, M.D., Fellow
Dené Wrenn, M.D., Fellow

Division of Reproductive Endocrinology and Infertility
George Attia, M.D., Division Director, Associate Professor
Arthur Shapiro, M.D., Professor

Division of Urogynecology
Carlos Medina, M.D., Division Director, Professor
Peter Takacs, M.D., Ph.D., Professor, Director, Gynecologic Translational Research
Sujata Yavagal, M.D., Fellow

Division of Research and Special Projects
JoNell Efantis Potter, Ph.D., Division Director, Director, Women’s HIV Program, Associate professor
Mary Jo O’Sullivan, Medical Director, Professor Emeritus
Amanda Cotter, M.D., M.S.P.H., Director, HIV Perinatal Service, Associate Professor
Diann Fernandez, A.R.N.P., Director, Clinical Trials
Yvette Rivero, Assistant Director, Clinical Trials

Nurse Practitioners
Nelly Diaz-Mendez, A.R.N.P.
Faith Doyle, A.R.N.P.
Jamile Munajj-Brown, A.R.N.P.
Lindsay Smith, A.R.N.P.
Patricia Yali, A.R.N.P.
Divisions Overview

Practice Site Locations

Medical Campus

University of Miami Hospital
1400 N.W. 12th Avenue, Main Lobby
Miami, FL  33136

Suite 3: Gynecology, routine obstetrics, urogynecology, menopause/post-menopause management, minimally invasive and robotic surgery.

Suite 5: Reproductive endocrinology and infertility services and gynecology.

University of Miami Hospital
West Professional Building
1321 N.W. 14th St.
Miami, FL  33136

Suite 201: Gynecology, routine obstetrics, office procedures, pregnancy counseling, and family planning.

Professional Arts Center
1150 N.W. 14th St.
Miami, FL 33136

Suite 300: Diagnostic ultrasound

Suite 507: Routine and high-risk obstetrics

Jackson Memorial Hospital
1611 N.W. 12th Ave.
Holtz Center, fourth floor
Miami, FL  33136

Fetal therapy and labor and delivery.

Sylvester Comprehensive Cancer Center at the University of Miami
1475 N.W. 12th Ave.
Miami, FL  33136


South Miami

Kendall Medical Center
8932 S.W. 97th Ave.
Miami, FL  33176

Routine obstetrics and gynecology, high-risk obstetrics, urogynecology, ultrasound services, and gynecologic oncology.
Broward County

Miramar Memorial Hospital
1951 S.W. 172nd Ave.
Miramar, FL  33029

Suite 305: Urogynecology

Palm Beach County

Sylvester Comprehensive Cancer Center at Deerfield
1192 East Newport Center Dr.
Deerfield Beach, FL  33442

Suite 100: Gynecology, gynecologic oncology, and urogynecology.

UM Physicians at Boca Raton
3848 FAU Blvd.
Boca Raton, FL 33431

Suite 305: Gynecology and in-office procedures.
The Divisions

The Department of Obstetrics and Gynecology at UHealth - University of Miami Health System is comprised of six divisions and offers comprehensive services for women of all ages. As part of the region’s only university-based health system, the department provides patient care that is driven by the latest advances in the field and by research conducted at the University of Miami Miller School of Medicine.

The Department of Obstetrics and Gynecology is committed to excellence and quality care that is personal and compassionate. The OB/GYN team includes 36 highly-trained physicians who are experienced in subspecialties such as gynecology, gynecologic oncology, routine and high-risk obstetrics, reproductive endocrinology and infertility, diagnostic ultrasound, and urogynecology.

SERVICES

GYNECOLOGY

New Appointments: 305-243-4530
Main Office: 305-585-5160

Specializing in treatment and management of:

Abnormal bleeding and menstrual disorders
• Uterine fibroids and endometriosis
• Prolapse
• Menopausal symptoms
• Cervical dysplasia
• Abnormal Pap smears

Other services include:

• Well-woman exams
• Adolescent and pediatric gynecology
• Contraceptives
• HPV vaccine
• Treatment of vaginal infections and sexually transmitted diseases
• Management of miscarriage
• Management of unintended pregnancies

SURGERY

• Endometrial ablation
• Laparoscopy
• Hysteroscopy
• Robotic surgery
• Outpatient sterilization (Essure), performed in-office
OBSTETRICS

- Confirmation of pregnancy
- Prenatal care, follow-up care of routine pregnancy through delivery, and post-partum visits

Labor and delivery is handled by UHealth physicians at Jackson Memorial Hospital.

Less invasive surgical technology offers better outcomes

Shondra Miller had been experiencing irregular periods for a few months. She was not in pain, but felt a discomfort that told her something was definitely wrong.

Miller, a 27-year old mother of one, came to the emergency room at Jackson Memorial Hospital and it was then that she learned that she had an ovarian cyst, a common condition affecting women of reproductive age.

Most cysts are harmless, but some may be cancerous or cause problems such as rupturing, bleeding and pain. Some women may not experience any symptoms and cysts are discovered by chance during an ultrasound or a routine physical exam. Some women, however, may experience irregular menstrual periods, pain during sexual intercourse, exercise, or during urination or bowel movements.

Shortly after the ER visit, Miller made an appointment to see Tarek Bardawil, M.D., assistant professor of obstetrics and gynecology. Dr. Bardawil monitored the cyst for a few months and prescribed contraceptives to help regulate Miller’s cycle. The cyst was benign, but its size was concerning. It was larger than five centimeters. Dr. Bardawil recommended that Miller have it removed.

“Hearing that I would need to have surgery shook me up,” said Miller. “I had never even been in the hospital, except for when I had my daughter.”

Dr. Bardawil explained that the surgery was minor and that she would go home shortly after the procedure, but Miller was still nervous.

“I was scared. I just wanted everything to be over,” she said.

Since Miller had no major previous pelvic surgeries and this procedure was elective rather than an emergency case, she was a good candidate for single-incision laparoscopic surgery (SILS). SILS involves making a small incision in the patient’s navel through which a multichannel port is then inserted. The port is used to introduce the scope and surgical instruments into the abdomen.

“Single-incision laparoscopic surgery is becoming more popular and used across several surgical specialties,” said Dr. Bardawil. “I predict that over the next decade most procedures will be performed through single-incision laparoscopic surgery.”

SILS is not a new concept but with improvements in surgical equipment and technology, the procedure has been rapidly evolving over the past few years. Instead of requiring multiple incisions, as traditional laparoscopic surgery did, SILS requires only a single 1.5 to 2 centimeter-incision (slightly smaller than the diameter of a nickel). Since the number of incisions is reduced, there is less scarring, pain and complications that may be associated with additional ports used in traditional laparoscopy.

In traditional surgery, incisions for this type of procedure may have been as large as six inches and may have required a patient to spend a few days in the hospital post-surgery.

After her procedure Miller was able to go home the same day. The surgery did not damage the ovary or affect reproductive

Continued on the next page
“I was a little sore for a couple of days but as time progressed I felt fine,” she said. “It wasn’t as bad as I thought it would be.” And as for scars, Miller said, “You wouldn’t notice unless I pointed it out.”

**Expert physician and staff save mom and baby**

Yaquelin Suarez is a nurse in the Department of Anesthesiology at Jackson Memorial Hospital. Her experience in the medical field told her that her diabetes and her age, 38, would make her first-time pregnancy a high-risk one. She knew she would have to take extra precautions to ensure a healthy outcome for both her and her baby.

But what Suarez could not imagine was that near the end of her pregnancy she and her baby would find themselves on the brink of death.

At 31 weeks, Suarez experienced a stabbing pain in her abdomen after having dinner. She thought it would eventually pass, but at 1 a.m., it was still there. Her husband called 911 and then paramedics rushed Suarez to the nearest hospital, where she was admitted into the emergency room.

Although a doctor was on call, he was not physically present at the hospital, said Suarez. “The nurses would call him and report on what was going on and he would order tests. I was there for four hours and they couldn’t figure what was wrong,” she added.

Suarez was frustrated. She was not experiencing contractions and all the tests performed at the hospital had come back normal, except for the fact that she had fluid in her belly. She had done everything right during her prenatal course up until this point – she had even sought specialized care at UHealth - University of Miami Health System, which offers services in maternal-fetal medicine (high-risk pregnancies), in addition she complied with all her prenatal visits and tests necessary for her high risk condition.

During her pregnancy, Salih Yasin, M.D., vice chair for the Department of Obstetrics and Gynecology at UHealth and director of Obstetrics and Patient Safety at Jackson Memorial Hospital Women Hospital Center, closely monitored Suarez.

“Dr. Yasin would tell me that I was one of his easiest patients,” said Suarez. “My blood pressure and my blood sugars were all under control.”

At her neighborhood hospital she was checked for possible gallbladder or kidney stones and for liver issues. She had ultrasounds done. No one could explain why she was in so much pain. A nurse told her she was probably just going into early labor. Suarez was given magnesium sulfate, used to slow down contractions, and Demerol, for pain.

At 5:30 a.m., Suarez’s husband called Dr. Yasin to let him know that they would be checking out of the hospital and heading to Jackson.

At Jackson Memorial Hospital, Suarez was taken to OB/GYN Triage, which is staffed by certified nurse midwives (CNMs) at all times. In addition, on the premises there are at least two OB/GYN attending physicians, an anesthesiology team, nurses, and other support staff. Physicians have 24/7 access to ultrasound testing.

Suarez was first seen by midwife Yvonne Antoine upon her arrival at 6:30 a.m. Antoine had already received instructions via phone from Dr. Yasin.

“At that point I began experiencing contractions. Without ordering an ultrasound or any other tests, Yvonne told me I was bleeding internally and that the baby’s heart rate tracing was abnormal. The baby was going to be born at that moment,” said Suarez.
At 7:00 a.m., she was taken to the labor floor, where Dr. Yasin met her. He quickly assessed her and determined the need for an emergency C-section. At 7:20 a.m., only twenty minutes later, baby Isabella was born weighing just a little over three pounds. Isabella was admitted to the Neonatal Intensive Care Unit (NICU), which is ranked among the nation’s best by U.S. World and News Report.

“When the baby was born, her heart wasn’t beating,” said Dr. Yasin. Initially the baby was intubated but within minutes, the neonatal intensive care team was able to revive her and she improved quickly. The breathing tube was removed a few minutes later. “It really is a miracle that she made it,” said Dr. Yasin.

Dr. Yasin determined that Suarez had lost a gallon of blood. Her uterus had ruptured and she had been bleeding internally. The magnesium sulfate administered at her neighborhood hospital may have worsened her condition, causing her to bleed further. Because magnesium sulfate relaxes the uterus so that it won’t contract, the blood was able to flow more freely through the hole in the uterus. After delivering the baby, Dr. Yasin repaired Suarez’s uterus.

“If I had not come to Jackson I would have died. The baby would have died,” said Suarez. “The team at Jackson has the expertise and the knowledge to handle these types of emergencies because they have dealt with them before. They are not guessing. They know exactly what they are doing. This was my experience.”

It’s difficult for Dr. Yasin to say with certainty why Suarez experienced internal bleeding. One theory is that a surgery Suarez had in 2004 for the removal of fibroids weakened the uterine wall.

“It could be that with the strain and added pressure of the advancing pregnancy, the uterine wall gave way, leading to rupture and bleeding,” said Dr. Yasin.

Fortunately, Suarez’s story has a happy ending. After two months in the NICU, Isabella went home a healthy baby. At four months, she was weighing 11 pounds, a weight her pediatrician says is normal for her age.

MATERNAL-FETAL MEDICINE (HIGH-RISK OBSTETRICS)

New appointments: 305-243-4530
Main Office: 305-585-5610

Specialized care for pregnant women with diabetes, high blood pressure, cardiac disease, lupus, infectious diseases, recurrent pregnancy losses, and multiple pregnancies

• Management of high-risk pregnancy

At Jackson Memorial Hospital women with complicated medical conditions can receive the specialized services they need. A maternal-fetal medicine specialist is available for consultation on the labor floor 24 hours, 7 days a week – a unique service found only at Jackson.

Jackson’s Women’s Hospital Center provides world-class care, and Jackson’s Holtz Children’s Hospital boasts one of the best neonatology units in the nation. There are multiple newborn intensive care units available on-site, allowing the delivery of timely critical care.

For babies diagnosed with life-threatening conditions, the department offers fetal therapy services.

FETAL THERAPY CENTER
University of Miami/Jackson Memorial Medical Center

Tel. 305-585-6636 or 305-243-8771

• Laser surgery for twin-twin transfusion syndrome (TTTS)
• Laser surgery for selective intrauterine growth restriction in monochorionic twins
• Treatment for TRAP sequence and other discordant monochorionic twins

Continued on the next page
• Treatment for fetal lower urinary tract obstruction
• Amniotic band syndrome
• Fetal tissue biopsy
• Fetal shunt procedure for pleural effusion
• Intrauterine intravascular transfusions
• Cordocentesis
• Treatment for iatrogenic rupture of membranes/amniopatch

A high-risk pregnancy becomes the perfect pregnancy

Almost two years ago, Mary Donovan met the man she describes as the love of her life. She knew immediately that she wanted to have a family with him. Without even trying, she was pregnant.

“I was very surprised,” said Donovan. “I could not have been happier.”

Donovan is 42 years old and this is her first pregnancy. People ask her all the time why she waited this long and she answers, “I just hadn’t met the right person yet.”

Like Donovan, many women today are having children later in life. According to the American Society for Reproductive Medicine, one in five women in the United States has her first child after age 35 – what doctors call advanced maternal age.

“The live birth rate to women of advanced maternal age has increased steadily over the last 15 years,” said Amanda Cotter, M.D., M.S.P.H., associate professor of obstetrics and gynecology. Dr. Cotter is a maternal-fetal medicine specialist, experienced in caring for women with complicated pregnancies.

A pregnancy is considered high risk due to many factors including age, weight, a previous history of complicated pregnancies, pre-existing health conditions like diabetes, high blood pressure, or cardiac disease, or because a woman is carrying more than one baby, like in the case of twins or triplets.

There are many risks associated with advanced maternal age. These can include a higher incidence of Down syndrome or other birth defects in the baby, miscarriage or premature birth, and complications such as gestational diabetes or high blood pressure.

“Given the fact that I have worked with sick children most of my career and when you know all the potential things that can go wrong, you worry more,” said Donovan, a registered nurse at Miami Children’s Hospital.

In addition to her age, a clotting disorder classified Donovan’s pregnancy as high risk. At UHealth – University of Miami Health System, when a woman is deemed high risk, she is cared for by a maternal-fetal medicine specialist and an obstetrician. Donovan was cared for by Dr. Cotter and Obstetrician Rabah Laoun, M.D., assistant professor of obstetrics and gynecology.

“A maternal-fetal medicine specialist plays a vital role in the care of this group of patients,” said Dr. Laoun. “They are a valuable source of information during pre-conceptual counseling and genetic testing. They also help co-manage existing conditions or the increased risk of developing illnesses during pregnancy and right after pregnancy.”

As part of standard obstetrical care, all mothers are offered screening tests for Down syndrome and other chromosomal
birth defects. These are often performed during the first or second trimester, sometimes using special ultrasound. Women are also given the choice of undergoing a diagnostic test like amniocentesis or chorionic villus sampling (CVS) that can more accurately determine the presence of an anomaly. Because women over the age of 35 are at an increased risk of having a baby with a defect, Dr. Cotter performed a CVS on Donovan. Fortunately, the results were negative.

Dr. Cotter remained as a consultant throughout the pregnancy, while the routine obstetrical care was provided by Dr. Laoun.

“It’s a unique situation having two doctors, but because they work as a team and communicate so well, I always felt I was receiving double the amount of care by two great physicians,” said Donovan. “When you are high risk and your first pregnancy is at age 42, that is extremely reassuring.”

Knowing she was in good hands provided Donovan, a Fort Lauderdale resident, with enough of an incentive to drive for an hour to the University of Miami Miller School of Medicine campus to see her doctors.

“They are worth every minute of the commute. I could have gone to a hospital right down the street from my house, but I wanted to be confident that I was getting the best care,” she said.

Despite the odds being against her, Donovan’s pregnancy was free of complications. Close to 50 percent of women over the age of 40 undergo c-sections, but Donovan’s delivery was a natural one. The baby was healthy, weighing six pounds, 12 ounces and measuring 19 inches.

“I had the perfect pregnancy. No morning sickness and minimal weight gain,” said Donovan.

She attributes this not only to the care she received at UHealth, but also to her positive attitude.

“Your first pregnancy is scary and I wasn’t sure what would happen, but throughout I kept positive and kept the mantra, ‘healthy baby, healthy mom.’ That was all that mattered to me.”

**Surgery in the womb corrects life-threatening condition in twins**

Jennifer Robles is the mother of two healthy twin boys. Looking at them today, one would never imagine that at some point during their development their lives were at stake.

During a routine sonogram at 23 weeks, Robles found out that her babies were suffering from twin-to-twin transfusion syndrome, a condition which causes one fetus to receive more blood than the other. Nutrients are dispersed unevenly, resulting in abnormal development of both babies. The condition affects up to ten percent of pregnancies in which identical twins share a placenta. If left untreated, in more than 90 percent of the cases, the condition results in death of one or both babies.

Robles, a thirty-one year old medical assistant from Cooper City, was scared. This was her first pregnancy.

“I didn’t know what to think or what to say,” she said.

Robles was referred to Ruben Quintero, M.D., director of the Division of Maternal-Fetal Medicine and the Fetal Therapy Center at the University of Miami Miller School of Medicine/Jackson Memorial Medical Center. Dr. Quintero is a pioneer in the field of fetal therapy and is best known for developing new tools for minimally invasive surgery, making it possible to operate on babies in utero who weigh less than a pound. He also developed the selective laser technique used to treat twin-to-twin transfusion syndrome.

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Dr. Quintero and his team, including fetal surgeon Eftichia Kontopoulos, M.D., have extensive experience in the assessment and management of twin-to-twin-transfusion syndrome. Together they have treated close to 2,000 cases in the span of their careers.

“He explained the condition and all our options,” said Robles of her meeting with Dr. Quintero.

The options were limited and some were drastic.

Robles could choose to have the pregnancy monitored, but forgo invasive interventions. She could select to have amnioreduction, a procedure in which a fine needle is used to remove excess amniotic fluid from around the fetus receiving too much blood. The procedure helps decrease the risk of rupture of the membranes and premature labor and temporarily relieves pressure on the umbilical cord. The downside is that amnioreduction does not treat the cause of twin-to-twin transfusion syndrome, only its effects. The fluid usually accumulates again and the procedure may have to be repeated, increasing bleeding or infection risks and the possibility of injuring membranes.

Other options included cord ligation, in which a knot is tied around the umbilical cord of one of the twins to stop its heart from beating, allowing the remaining twin to survive. Robles could also opt for pregnancy termination – ending the lives of both babies. Or, she could choose selective laser surgery in the womb, a procedure that closes off connecting blood vessels on the placenta, preventing the babies from sharing blood. Although the surgery posed a small risk – one or both babies could suffer neurological damage – it offered a great likelihood that both babies would survive.

Robles opted for surgery.

“There was no doubt in my mind. And my husband and I were on the same page. We put our faith in Dr. Quintero. It was clear to us that he knew what he was doing,” said Robles.

Dr. Quintero made a small incision in Robles’ abdomen and used special instruments to enter the womb to repair placental vessels, making it possible for the twins to now receive adequate amounts of blood. He has used similar techniques to treat other conditions in utero, like congenital diaphragm defects and blocked urinary tracts.

The surgery, which is completed in less than an hour, is conducted using conscious sedation, meaning anesthesia is used locally, allowing the mother to be alert. The mother is able to watch Dr. Quintero at work via a monitor in the operating room. The technology Dr. Quintero uses is so advanced that the camera accompanying surgical instruments can capture detailed images of the fetuses.

“I could see them in my belly – their hands, their feet. It was amazing” Robles said.

According to Dr. Quintero, the surgery has a more than a 90 percent chance of success.

“We completely flipped the coin,” said Dr. Quintero, referring to survival rates of fetuses affected by twin-to-twin transfusion syndrome.

The babies were born vaginally at 35 weeks without complication. Today they are six months old and doing fine.

“They just got their vaccines and are each seventeen pounds,” said Robles.

**DIAGNOSTIC ULTRASOUND**

New Appointments 305-243-4530, medical campus; 305-270-3437, Kendall Medical Center

Accredited by the American Institute of Ultrasound in Medicine, the Division of Diagnostic Ultrasound provides services by a team of maternal-fetal medicine specialist physicians, gynecologists, and dedicated sonographers.

Using state of the art ultrasound equipment, our specialists provide:

- Routine obstetrical ultrasounds
- Detailed (Level II) ultrasound, first and second trimester screening (nuchal translucency)
• Fetal well-being evaluations
• Doppler studies
• Genetic consultation for suspected chromosomal or fetal anomalies
• Invasive procedures for women who have a significant risk for known genetic or hereditary disorders, abnormal ultrasounds or a family history of genetic diseases
• Management of maternal diseases affecting pregnancy
• Ultrasound-guided fetal blood transfusion and other invasive procedures
• Gynecologic/gynecologic oncology diagnostic ultrasounds

GYNECOLOGIC ONCOLOGY

New Appointments 305-243-2233

Trained specialists in gynecologic oncology (cancer involving the ovaries, fallopian tubes, uterus, cervix, vagina and vulva) offer the following services:

• Consultation and comprehensive management of gynecologic cancer
• Management of abnormal Pap smears and other diagnostic exams
• Chemotherapy and radiotherapy
• Minimally invasive and robotic surgery

This division also offers patients access to one of the only certified genetic counselors specializing in cancer genetics in South Florida. Genetic counselors test patients and their families for the genes that put them at a higher-risk for hereditary cancer syndromes.

Gynecologic cancer specialist helps patient achieve motherhood

Thirty-one-year-old Gail Soares didn’t think any harm would come from skipping a Pap smear or two over the years. She was young, healthy, and had no history of cancer in her immediate family.

“It’s uncomfortable so you keep putting it off until something happens that gives you a reason to go there,” she said, referring to visiting the gynecologist.

A reason finally did present itself. Soares, a marketing manager working in the hospitality industry, was experiencing abnormal bleeding. Her doctor told her she had a cyst and that it was nothing to worry about. However, during a later visit, a Pap smear test revealed that she had cervical cancer.

To make matters more complex, she was pregnant with her first child. She and her boyfriend had been together for three years and were looking forward to forming a family. The doctor told her that she should begin treatment right away and that her best option would be to terminate the pregnancy. Soares sought a second opinion and obtained the same answer. But her desire to be a mother would not allow her to accept this as an option.

She came to the University of Miami Miller School of Medicine and saw Joseph A. Lucci III, M.D., director of the Division of Gynecologic Oncology for the Department of Obstetrics and Gynecology at UHealth – University of Miami Health System and Co-Leader of the Gynecologic Oncology Site Disease Group at Sylvester Comprehensive Cancer Center.

Continued on the next page
He told her there was a way to begin treatment and also continue the pregnancy.

“Cervical cancer in pregnancy offers a lot of challenges,” said Dr. Lucci. “There is a careful balance to keep in treating the mother and caring for the baby. The risks all depend on how far along the pregnancy is. The longer the mother delays treatment, the greater the risk of cancer progression,” he said.

Dr. Lucci sees one or two cases a year of women with cervical cancer who are pregnant. Although cervical cancer does not directly affect the baby, it can cause abnormal bleeding in the mother and this can prompt early delivery.

“It was a big risk but he promised me he would try for the best possible outcome,” said Soares. “UM has become my family. Dr. Lucci and his team gave me a chance when no one else would. Me and my son are alive and healthy thanks to them.”

Early in the pregnancy, Dr. Lucci performed a cone biopsy, removing the bulk of the cancer. Soares then had a C-section at 34 weeks and a hysterectomy right after.

“I was able to have my baby. That was the happiest day of my life,” said Soares.

Although Soares had been seeing a UHealth maternal-fetal medicine specialist, Dr. Lucci offered to perform the C-section.

“I was so excited he was willing to do this because we had a longer relationship and I was more comfortable with him,” she said.

Soares has now been cancer-free for two years. And though once she was reluctant to visit the gynecologist, she now follows-up regularly with Dr. Lucci every six months.

After her experience, she recommends that women follow the recommended guidelines for getting a Pap smear. This is advice Dr. Lucci strongly agrees with.

“Detection at an early stage allows us to provide the patient with more options for treatments and greater preservation of health,” he said.

In early stages, when the disease is confined to the cervix, cervical cancer is more than ninety percent curable, said Dr. Lucci. When cervical cancer is treated early in its development, options include surgery, which results in minimal loss of reproductive function. In its advance stage, cervical cancer can require chemotherapy and radiation and may even include additional surgery, which can damage sexual and reproductive function.

Soares also adds, “If you are showing any abnormal signs and you are not getting any answers, get a second or even third opinion. If I had listened to the first doctor, I wouldn’t have my son.”

**REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY**

Tel. 305-243-8642

Our specialists provide services for women experiencing infertility, recurrent miscarriages, excessive hair growth, and conditions like Polycystic Ovarian Syndrome, endometriosis, and menopause.

Our comprehensive infertility services include:

- Artificial insemination (IUI)
- Controlled ovarian stimulation
- Endoscopic surgery (laparoscopy, hysteroscopy)
- In vitro fertilization (IVF)
- Intracytoplasmic sperm injection (ICSI)
Three’s a charm for couple seeking to expand family

Jennifer and Neal Rosenblum always knew they wanted to have a family. Six months after getting married, Jennifer was pregnant with their first child, a son. A few years later, the Rosenblums planned on having a second child, a brother or sister for Alex.

But things didn’t work out as planned.

Neal was diagnosed with prostate cancer and needed a radical prostatectomy. His health would improve dramatically but the procedure would render him sterile. Although the news of the prostatectomy was a heavy blow, the Rosenblums would not be defeated.

Prior to Neal’s surgery, the Rosenblums froze his sperm. Then they went to an infertility specialist and opted for artificial insemination. For most couples in their situation, this would have been a viable option, although the rate of pregnancy is not as high as in vitro fertilization (IVF). But artificial insemination presented a problem.

“We are both positive carriers for Gaucher’s,” said Jennifer.

The Rosenblums are Ashkenazi Jews, a population with a high incidence of Gaucher’s Disease, a genetic metabolic disorder in which harmful quantities of a fatty substance accumulate in the spleen, liver, lungs, bone marrow, or brain, causing extensive neurological damage. In some individuals, Gaucher’s can be deadly. In 2006, before her husband was diagnosed with cancer, Jennifer was forced to terminate a pregnancy; the fetus had tested positive for Gaucher’s.

The couple then looked into IVF, which would allow them to screen the developing fetus for Gaucher’s. In IVF, a man’s sperm and the woman’s egg are combined in a laboratory dish, where fertilization occurs. The resulting embryo is then transferred to the woman’s uterus, where it can develop naturally. Usually, two embryos are placed in the woman’s uterus at one time. Each attempt is called a cycle.

The Rosenblums went through two unsuccessful IVF cycles, but before calling it quits they decided they wanted to try it one more time, this time with a new doctor.

“It if didn’t work for us this third time, then that was it for us,” said Jennifer.

After seeing an article in The Miami Herald about the University of Miami Infertility Center, Jennifer made an appointment to see the center’s director, George Attia, M.D.

“We really liked Dr. Attia – his kindness and honesty. We could tell he was a caring man,” she said.

Dr. Attia knows that couples like the Rosenblums sometimes feel discouraged or frustrated. He has this advice to offer those facing similar circumstances, “The most important thing for them to do is to consult with someone who is honest about the numbers – their probability of getting pregnant given the options available to them.”

Additionally, in finding the right center, couples should do their homework.

“They should be prepared to have an intelligent conversation with the doctor and be able to determine when they should seek a second opinion if they are not comfortable with what they are told,” said Dr. Attia. A specialist should also be board certified in reproductive endocrinology and infertility, he added.

For the Rosenblums, IVF treatment with Dr. Attia proved successful. Jennifer recalls going in for her first ultrasound and telling Dr. Attia with tears in her eyes that he had given her the best gift anyone could ever give her.
The pregnancy proceeded normally until week ten when Jennifer experienced subchorionic bleeding – her placenta had become detached from the uterus. She rushed to the emergency room at a nearby hospital for treatment.

“When I was in the ER, Dr. Attia gave my husband his cell phone number and told him we could call him if we needed anything,” said Jennifer. “He wasn’t even my doctor anymore. His job was done. I was pregnant.”

Jennifer went home and was on bed rest for most of the pregnancy. The baby was born eight weeks early. She named him Andrew Nissim. His middle name means miracle in Hebrew.

“After everything we’ve been through. This baby is a miracle,” she said.

The Rosenblums, Neal is 43 and Jennifer 39, have their hands full for the time being caring for both of their sons, but they haven’t closed the door on the possibility of a third child.

“If we choose to do it again, I wouldn’t hesitate to choose Dr. Attia,” she said.

UROGYNECOLOGY

New Appointments: 305-243-4530

Main Office: 305-585-5160

- Urinary incontinence (loss of bladder control)
- Uterine prolapse (the falling or sliding of the uterus from its normal position in the pelvic cavity into the vaginal canal)
- Vaginal wall prolapse (the vagina loses its normal shape and sags into the vaginal canal or outside of the vagina)
- Bladder and urethral pain
- Pelvic floor dysfunction (when the pelvic floor muscles are weakened)
- Recurrent urinary tract infections
- Other conditions affecting the pelvis including complications from previous surgeries and pain
- Diagnostic procedures

Prolapse patient finds relief after reconstructive surgery

At first, Soledad Varona thought that what was happening to her was normal. The kind of thing that happens when you grow older.

The 63-year old mother of three felt a strange sensation in her pelvic area. She describes feeling a ball protruding out of her vagina. At first she wasn’t too concerned, but as the discomfort increased, she knew something was definitely wrong.

She was forced to walk with her legs open, to avoid pain and skin irritation, and this caused her so much embarrassment that she avoided going out. She also had trouble urinating and defecating. She even had trouble speaking.

“I felt like I couldn’t breathe,” she said.

She went to a series of doctors. The first doctor told her that it appeared that her discomfort was due to hemorrhoids. A second doctor told her that she should work on improving pelvic muscle strength and recommended that Varona practice Kegel exercises, improve her diet, and refrain from strenuous activities. Varona did as she was told but saw little improvement. She then sought help from a third doctor who told her she had a cyst that required surgery.

The surgery was a success and the cyst proved to be benign. At a follow-up appointment, Varona’s doctor reported that everything appeared well. Several months later, she began to feel pain and discomfort again. She returned to the physician
who had removed the cyst. It was then that Varona was diagnosed with prolapse and told that she would need to see a specialist.

“I was in so much pain. I felt like I couldn’t take it anymore. My greatest fear was that I would have to put up with this for the rest of my life,” she said.

Varona urged her daughter, who is her primary caregiver, to find her a new doctor, someone at the University of Miami. She knew the school had a solid reputation and she felt it would be the right place to find an expert, someone she could trust.

“After everything that I had gone through, I didn’t want to take my chances anymore. I spent four years dealing with this problem,” she said.

The search led to Peter Takacs, M.D., Ph.D., professor of obstetrics and gynecology at the University of Miami Miller School of Medicine. Dr. Takacs is one of two doctors in the Department of Obstetrics and Gynecology who is fellowship-trained in urogynecology and reconstructive pelvic surgery, a relatively new specialty dedicated to the study and treatment of pelvic disorders in women.

After examining Varona, he diagnosed her with uterine and bladder prolapse. Her uterus and bladder had fallen out of place and entered the vaginal cavity.

“There are not many doctors who specialize in the management of pelvic organ prolapse,” said Dr. Takacs. “Patients tend to see a lot of physicians before they find a properly trained physician who can treat their problems.”

According to Dr. Takacs, training for urogynecology has been in existence since the mid 1990s.

Although prolapse is more common among older women, Dr. Takacs said that if it is causing symptoms, the condition is not normal at any age. Symptoms to pay attention to include pelvic pain, pressure, or sexual dysfunction. And although the condition is common, Dr. Takacs said this doesn’t mean that it should go untreated.

There are several treatment options available for women suffering from this condition. The first option is what’s called a pessary, a silicone or plastic ring-shaped device that is inserted into the vagina to hold the uterus or other prolapsed organs in place. It may be a temporary or permanent form of treatment, depending on the degree of prolapse a woman is facing.

Another option is surgery, which Varona opted for. During the surgery, Dr. Takacs removed her uterus through an abdominal incision and then strengthened the walls of the vagina using natural ligaments. The removal of the uterus is not always necessary but it was the best approach for this particular case, said Dr. Takacs. Varona’s prolapsed bladder was repaired vaginally.

Patients undergoing this type of surgery remain in the hospital up to three days. At home, full recovery can take up to six weeks, depending on the degree of prolapse.

“Until I had this surgery, all I did was suffer,” said Varona. “I can’t thank Dr. Takacs enough for what he has done for me. He treated me with dignity, respect, and kindness.”

Varona is now walking and performing other daily activities, like voiding, without any problems.

“I have my life back,” she said.
DIVISION OF RESEARCH AND SPECIAL PROJECTS

Led by JoNell Potter, Ph.D., the department’s research division identifies federal, industry, foundation, state and local venues for research funding.

Areas of interest include:

- Pernatal HIV
- Gestational Diabetes
- Cervical Cancer
- Menopause
- Infertility
- Polycystic Ovarian Syndrome
- Family Planning
- Premature birth
- Sexually Transmitted Diseases
- Minimally Invasive Laparoscopy
- Pelvic Floor Dysfunction

The division also oversees HIV services offered to HIV positive women at the following sites:

**Prenatal Immunology Clinic**
Jackson Memorial Hospital Ambulatory Clinic West
1611 NW 10th Ave. Clinic 4B
Tel. 305-243-5645

**Primary HIV Clinic**
Jackson Memorial Hospital Ambulatory Clinic East
1611 NW 10th Ave., first floor

Free HIV testing is provided on Mondays and Tuesdays.

The Florida Caribbean (AETC) AIDS Education and Training Center provides HIV education, HIV updates, mini-residency and nurse preceptorships.
Department to create Labor and Delivery Biorepository

The Department of Obstetrics and Gynecology is in the process of establishing a labor and delivery biorepository that will have a significant impact on research at the university.

The project is approved by the university’s Internal Review Board and will be implemented once funding is secure. All patients delivering at Jackson Memorial Hospital will have the opportunity to donate biological samples to the biorepository. Samples include blood, urine, and cord blood, which will be processed to isolate RNA and DNA. Additionally, women participating will contribute clinical data such as demographics, past medical history, obstetric and gynecologic history, and social history. Data will be linked to biological samples through assigned numbers so that researchers can follow participants and their future pregnancies.

More than 4,000 women of diverse ethnic make-up deliver at Jackson annually. Currently, umbilical cords are disposed of after delivery, unless patients have opted to store cord blood in a private stem cell bank, which can often be costly. One goal of the biorepository is to eventually team up with other Miller School researchers who can extract stem cells from cord blood, thereby making these diverse samples available to national banks.

The population on which the Labor and Delivery Repository will be founded represents the most underserved and highly at-risk groups. By systematically collecting samples and medical information for women delivering at Jackson Memorial Hospital, researchers can start to address the health disparities that exist among these groups. The biorepository can help researchers, for example, examine the genomics of preterm birth, the health and economic effects of which are far-reaching.

As an institution dedicated to the progress of medicine through research and to high-quality patient care, the repository provides an opportunity to contribute to research that has the potential to greatly improve the quality of life for many people.

“We are excited about all the possibilities that the repository represents,” said Leo B. Twiggs, department chair. “We look forward to further developments on this project and to being able to share our progress with our faculty, staff and patients.”
Medical Education

Residency Program makes significant improvements

The Department of Obstetrics and Gynecology, in affiliation with Jackson Memorial Hospital, has a solid reputation for providing residents with the opportunity to train under renowned doctors at a hospital with close to 5,000 annual deliveries and approximately 50,000 visits to clinics and the triage area.

After a major overhaul, including new leadership, the residency program obtained accreditation from the Accreditation Council for Graduate Medical Education (ACGME) for two more years beginning in October 2010.

A recent decline in surgical cases at the hospital (due mostly to the inability of patients to meet their co-pays) presented a challenge in providing residents with adequate surgical experience. To address this issue, the department implemented a series of changes to not only provide residents with more time in the operating room, but to also improve the overall quality of residents’ educational experience. In January 2010, the residency program added a six-week rotation at Memorial Healthcare System (Broward County). In the Memorial system, a private healthcare system comprised of four hospitals, residents have the opportunity to operate several times a day, on multiple days.

“If you do something several times a day, several days in a row, you are likely to be more proficient,” said Joseph A. Lucci III, M.D., associate chair and medical education director for the Department of Obstetrics and Gynecology. “The kind of intensive surgical experience we now provide is very beneficial to the acquisition of skills,” he said.

In the Memorial system, residents also have the opportunity to shadow community physicians in their private offices, thereby observing a wide range of pathologies, given large clinic volumes.

As the residency program’s leader, Dr. Lucci, along with residency program associate director Ira Karmin, M.D., has also implemented other changes, such as formal ultrasound training. First year residents now spend six weeks performing obstetric and gynecologic ultrasounds under the supervision of ultrasound technicians and department faculty. At the end of the rotation, their skills are assessed by Usha Verma, M.D., the department’s director of gynecologic ultrasound. Residents then go through a certification process that confirms that they have acquired fundamental ultrasound skills.

“Although our residents were exposed to ultrasound before, there was no formal process in place that documented and validated this experience,” said Dr. Lucci.

Under Dr. Lucci’s leadership, residents now receive more protected academic time and immediate feedback. Three hours of didactic lectures are scheduled every Thursday afternoon. On the last Thursday of the month, residents are tested on the month’s lecture topics. Exam scores are used to track acquisition of knowledge and improvement over time. Additionally, Dr. Lucci adds that this helps residents hone test-taking skills in preparation for annual exams administered by the Council on Resident Education in Obstetrics and Gynecology (CREOG).

In an effort to provide residents with a better working environment, the department reduced the number of 24-hour on calls to only one per week. In the past, it was not uncommon for residents to have multiple 24-hour calls, especially during the weekend.

Last, the residency program now demands that residents complete two research projects – double the amount required in the past. Residents must submit a case report during their third year of the program and must have completed at least one clinical trial by their last year of training. Their research work is presented during their last year at the annual meeting of the William A. Little Society, the department’s alumni association.

“I’m very proud of the improvements we have made to the residency program,” said Leo B. Twiggs, department chair. “As a team we have made the necessary changes to ensure that we provide our residents with the best experience possible.”
ABOUT THE PROGRAM

The program offers 36 categorical positions (nine at each level) as part of its fully accredited four-year residency program. The department values diversity and prides itself in selecting physicians from different social, ethnic, geographic and academic backgrounds. Aside from providing residents with comprehensive training in the discipline of obstetrics and gynecology, the department aims to engage residents in a lifelong commitment to the promotion of women’s health care.

Through lectures, small group conferences, individual instruction, independent reading, and direct patient care, residents will acquire knowledge and skills in:

- Gynecology
- Gynecologic Oncology
- Obstetrics and Ambulatory Surgery
- OB/GYN Triage
- Primary and Ambulatory Care
- Reproductive Endocrinology and Infertility (REI)
- Research
- Ultrasound
- Urogynecology

To satisfy program requirements, residents must complete:

- 10 weeks of training in gynecology
- 24 weeks of training in gynecologic oncology
- 24 weeks of training in maternal-fetal medicine
- 24 weeks of training in obstetrics
- 5 weeks of training in reproductive endocrinology and infertility
- 18 weeks of training in surgery
- 6 weeks of training in ultrasound
- 5 weeks of training in urogynecology
- 43.5 months of training at continuity clinics
- 23 months of training in electives which include primary care, outpatient clinic/ultrasound, subspecialty rotation, and consult service
- A case report and a clinical trial and present findings during the fourth year of the program

APPLICATION AND INTERVIEW PROCESS

The ideal resident for this program is compassionate, well-rounded and has a strong interest in serving in the multiethnic, multilingual, dynamic South Florida community.

The department uses the Electronic Residency Application Service (ERAS) to process applications and participates in the National Residency Matching Program (NRMP). The deadline to apply is November 1.

If applicants are chosen for an interview, they can expect to be notified sometime between November and December. Interviews usually take place during the first two Thursdays of December and the first two Thursdays of January, although this is subject to change.
RESIDENT AWARDS, PUBLICATIONS, AND PRESENTATIONS

January 2009 – August 2010

Kathleen Brookfield, M.D., Ph.D., M.P.H.

Awards


- In 2009, Dr. Brookfield received an honorable mention for the John M. Thorp, Jr., M.D. Resident and Fellow Research Award for her study, “Disparities in Survival Among Women with Invasive Gynecologic Cancer: a Problem of Access to Care.”

- First place for her presentation, “Risk Factors for Maternal Death from Trauma During Pregnancy: Can We Predict which Patients will have a Poor Outcome?” at the William A. Little OB/GYN Alumni Society annual scientific meeting held April 17-19, 2009 at the Palms Hotel in Miami Beach, FL.

- First prize for the presentation, “Risk Factors for Maternal Death from Trauma During Pregnancy: Can We Predict Which Patient Will Have a Poor Outcome?” Florida Obstetric and Gynecologic Society (FOGS) held August 14-16, 2009 in Boca Raton. Part of the 2009 Florida Section of the American College of Obstetricians and Gynecologists (ACOG) Resident Paper Competition. The competition was open to all OB/GYN residents in the State of Florida.

- First prize and $1,000 for her presentation, “Duration of Membrane Rupture and Perinatal Transmission of HIV: Does the Four Hour Rule Still Apply?” at the Florida Obstetric and Gynecologic Society meeting held August 6-8, 2010 at the Fountainebleau Hotel in Miami Beach. Presenters represented seven residency programs.

Publications

- Coauthored, “Will Patients Benefit from Regionalization of Gynecologic Cancer Care,” published in the January 6, 2009 issue of Public Library of Science ONE.


Presentations

- “Malignant Ovarian Tumors in the Pediatric Population: Is Ovary-Preserving Resection Justified?” and, “Will Patients Benefit from Regionalization of Gynecologic Cancer Care?” at the Academic Surgical Congress held February 3-5, 2009 in Fort Myers, FL, along with other authors.

- “Ovarian Hyperstimulation Syndrome and Thyroid Storm Due to Choriocarcinoma After Uncomplicated Term Pregnancy,” at the American Institute of Ultrasound in Medicine meeting held in New York, April 2-5, 2009 (coauthors Luis Roca, M.D., Anna Suarez, M.D., and Victor Gonzalez-Quintero, M.D., M.P.H.).

Yvette Cordova, M.D.

Awards

- Placed second for her presentation, “Risk Factors for Cervical Lacerations After Vaginal Delivery,” at the William A. Little OB/GYN Alumni Society annual scientific meeting held April 17-19, 2009 at the Palms Hotel in Miami Beach, FL.

Presentations


Lina Echevarria, M.D.

Presentation

- “Multi-imaging Approach to Diagnosis and Management of Conjoined Twin Gestation,” at the American Institute of Ultrasound in Medicine meeting held April 2-5, 2009 in New York. Coauthors Jill Osit, ultrasound technician, and Victor Gonzalez-Quintero, M.D., M.P.H.

Amy Flick, M.D.

Presentations

- “Late Preterm Births Infants: A Serious National Public Health Problem,” at the Society for Maternal-Fetal Medicine’s annual meeting held in San Diego, CA, in January 2010. Coauthors Ana Hernandez, M.D., Lesley de La Torre, M.D., Adrian Marimon, M.D., Humberto Elejalde, sr. database analyst, Amanda Cotter, M.D., M.S.P.H., and Victor Gonzalez-Quintero, M.D., M.P.H.
Elizabeth Gonzalez, D.O.

Poster

- “Chorioamnionitis and Intrapartum Invasive Monitoring,” at the Society for Maternal-Fetal Medicine’s annual meeting held in January 2009 in San Diego, CA. Coauthors Gregory Guell, M.D., Anupama Kathiresan, M.D., Francisco Cruz-Pachano, M.D., Lunthita Duthely, data manager, and Victor Gonzalez-Quintero, M.D., M.P.H.

Marc Gualtieri, M.D.

Awards

- Membership into Alpha Omega Alpha Honor Medical Society. One of three residents from the entire institution receiving this honor for exemplary contributions to medical education.

Publications


Presentations


- Coauthor on, “Caldesmon Expression is Decreased in Women with Anterior Vaginal Wall Prolapse,” at the 24th annual meeting of the International Urogynecological Association held June 16-20, 2009 in Lake Como, Italy.

Anupama Kathiresan, M.D.

Awards

- In 2009, Dr. Kathiresan received an honorable mention for the John M. Thorp, Jr., M.D. Resident and Fellow Research Award for her studies, “A Comparison of Blood Loss with Vasopressing versus a Combination of Vasopressing and Tourniquets in Abdominal Myomectomies,” and Malnutrition as a Predictor of Poor Postoperative Outcomes in Gynecologic Cancer.”

Posters


- “Malnutrition as a Predictor of Poor Postoperative Outcomes in Gynecologic Cancer Patients,” presented along with Kathleen F. Brookfield, M.D., Ph.D., M.P.H., Ty Swartzlander, Samer Schuman, M.D., and Joseph A. Lucci III, M.D., at the American College of Obstetricians and Gynecologists (ACOG) annual meeting held May 2-6, 2009 in Chicago, IL.
Adrian Marimon, M.D.

Presentations


- “Is Abnormal Placentation Associated with Small for Gestational Infants?” oral presentation along with Lucia Gaitan, M.D., Lucy de la Cruz, M.D., and Victor Gonzalez-Quintero, M.D., M.P.H. at the American Institute of Ultrasound in Medicine meeting held April 2-5, 2009 in New York.

Posters


Luis E. Roca II, M.D.

Publications


Presentation

- “The Impact of Congenital Anomalies on the Rate of Preterm Birth and Low Birth Weight in the U.S.,” presented along with Lesley De La Torre, M.D., Adrian Marimon, M.D., Humberto Elejalde, sr. database analyst, Carmen Tudela, M.D., and Victor Gonzalez-Quintero, M.D., M.P.H. at the International Society of Perinatal Medicine Scientific meeting held January 2009 in San Diego, CA.

Eric Schroeder, M.D.

Awards

- Third place for the presentation, “Surgical and Oncological Outcomes of Obese Patients Who Undergo Radical Surgery for Stage IB1 Cervical Carcinoma,” at the William A. Little OB/GYN Alumni Society annual scientific meeting held April 17-19, 2009 at the Palms Hotel in Miami Beach, FL.

- Tied for third place for the presentation, “Surgical and Oncologic Outcomes of Obese Patients Who Undergo Radical Surgery for Stage IB1Cervical Carcinoma,” at the annual meeting of the Florida Obstetric and Gynecologic Society (FOGS) held August 14-16, 2009 in Boca Raton, FL, part of the 2009 Florida Section of the American College of Obstetricians and Gynecologists (ACOG) Resident Paper Competition. The competition was open to all OB/GYN residents in the State of Florida.

Continued on the next page
• Best Presentation by a Fourth Year Resident for his lecture, “Ovarian Cancer Survival After Regionalization of Care,” presented at the annual William A. Little Obstetrics and Gynecology Society Meeting, held April 23-25, 2010 at the Diplomat Country Club in Hallandale, FL.

Posters

• “Development of Pregnancy-Related Hypertension in Women with Gestational Diabetes,” along with Francisco E. Cruz-Pachano, M.D., Amy A. Flick, M.D., Niki Istwan, R.N., Debbie Rhea, M.P.H., and Victor Hugo Gonzalez-Quintero, M.D., M.P.H., at the American College of Obstetricians and Gynecologists (ACOG) annual meeting held May 2-6, 2009 in Chicago, IL.

Jessica Stine, M.D.

Awards


Presentation

• “Transperitoneal versus Extraperitoneal Para-Aortic Lymphadenectomy in Patients with Cervical Cancer,” at the Western Association of Gynecologic Oncologists meeting held on June 11, 2010 in Santa Barbara, CA. The study was coauthored by Andrea Papdia, M.D., Michael Stine, D.O., Karen Nishida, M.D., and Joseph A. Lucci III, M.D.

Poster

• “Episiotomy and Rates of 3rd and 4th Degree Laceration in a Teaching Institution,” presented along with Lesley de la Torre, D.O., Eric D. Schroeder, M.D., Michael Stine, D.O., senior database analyst Lunthita Duthely, and Victor Gonzalez-Quintero, M.D., M.P.H. at the American College of Obstetricians and Gynecologists’ 58th Annual Clinical Meeting held May 15-19, 2010 in San Francisco, CA.

Michael Stine, D.O.

Presentation

• “Placental Accessory Lobes and Adverse Pregnancy Outcome,” presented along with Jessica Stine, M.D., Alex Mejia, M.D., Rita Romaguera, M.D., and Victor Gonzalez-Quintero, M.D., M.P.H. at the American Institute of Ultrasound in Medicine meeting held in New York, April 2-5, 2009.


• Succenturiate lobe paper at the 2007 William A. Little meeting.

Poster

Subha Sundaram, M.D.

Award

In 2009, honorable mention for the John M. Thorp, Jr., M.D. Resident and Fellow Research Award for her study, “Pregnancy Outcomes in Perinatally HIV Infected Women.”

Publications


Poster

- “Pregnancy Outcomes in Perinatally HIV Infected Women,” presented along with Carmen Tudela, M.D., Victor Gonzalez-Quintero, M.D., M.P.H., and Amanda Cotter, M.D., M.P.H., at the Society for Maternal-Fetal Medicine’s annual meeting held in San Diego, CA, in January 2009.

Carmen Tudela, M.D.

Poster

- “Gender Pair in Twin Gestations and the Risk of Prematurity and Low Birth-Weight,” presented along with Lesley de la Torre, D.O., Elizabeth Gonzalez, M.D., Jean Marie Stephan, M.D., Humberto Elejalde, sr. data programmer, Amanda Cotter, M.D., M.S.P.H., and Victor Gonzalez-Quintero, M.D., M.P.H., at the Society for Maternal-Fetal Medicine’s Annual Meeting held February 2010.

Enrique Vazquez-Vera, M.D.

Publications

- “Thrombocytopenia in Pregnancy,” coauthored with Victor Gonzalez-Quintero, M.D., published on WebMD, an on-line resource for patients looking for medical news or information on a variety of health topics (October 2009).

Presentation

- “Are Women with Hyperthyroidism at Risk for Intrauterine Fetal Demise?” presented along with Yvette Cordova, M.D., Lesley De la Torre, M.D., Eric Schroeder, M.D., Francisco Cruz-Pachano, Lunthita Duthely, data manager, and Victor Gonzalez-Quintero, M.D., M.P.H., at the International Society of Perinatal Medicine Scientific meeting held January 2009 in San Diego, CA.

Poster

- “Are Women with Hypothyroidism at Risk for Intrauterine Fetal Demise?” presented along with Dr. Vazquez-Vera, along with Yvette Cordova, M.D., Lesley De La Torre, M.D., Francisco Cruz-Pachano, M.D., Eric Schroeder, M.D., data manager Lunthita Duthely, and Victor Gonzalez-Quintero, M.D., M.P.H., at the Society for Maternal-Fetal Medicine’s annual meeting held in San Diego, CA, in January 2009.

- “Vaginal Births After Cesarean (VBAC) Trends in an Academic Institution,” along with Albert Triana, M.D., Francisco Cruz-Pachano, M.D., Lunthita Duthely, data manager, Amanda Cotter, M.D., M.P.H., and Victor Gonzalez-Quintero, M.D., M.P.H.
RESIDENCY PROGRAM

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Joseph A. Lucci III, M.D.
Associate Chair, Director of Medical Education

Ira Karmin, M.D.
Associate Director, Residency Program

Zusel Matos
Senior Manager, Educational Programs

Fellowship Programs

Gynecologic Oncology

The Gynecologic Oncology Fellowship Program at the University of Miami Miller School of Medicine is a four-year program dedicated to training obstetricians and gynecologists to become gynecologic oncologists with excellent skills in clinical care, teaching and research and who are committed to a career in academic medicine. The program consists of two clinical years and two years of research.

The educational aspect of the program begins with 20 months in the laboratory. The fellow will spend four months on ancillary rotations (nutrition, pathology, surgical oncology and SICU) and the last 24 months will be spent on the gynecologic oncology services at Jackson Memorial Hospital, Sylvester Comprehensive Cancer Center, and University of Miami Hospital.

Program Contacts
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Zusel Matos
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Ultrasound

The three-year fellowship program in diagnostic ultrasound trains fellows to provide improved and integrated care to patients and prepares them for a career in academic medicine.

Approximately 17,000 scans are performed annually at three facilities. Also, 700 amniocentesis procedures and 200 sonohysterograms are performed per year. Other procedures performed by faculty physicians include intrauterine transfusions and ultrasound-guided gynecological procedures such as drainage of abscesses or management of cervical and tubal ectopic pregnancies. These services are offered to a large volume of patients, exposing fellows to a wide variety of pathologic processes and imaging studies.

The fellowship focuses on interpreting ultrasounds, performing advanced ultrasounds and ultrasound-guided procedures. The ultrasound fellow is also responsible for supervising residents during their rotation in ultrasound and assisting in resident education and training.

Fellows work at least three full days in ultrasound services. Two days a week, the ultrasound fellow has clinical responsibilities that include coverage of Labor and Delivery, OB/GYN triage, gynecology clinic, gynecology O.R.,
and private practice. Fellows are expected to participate in at least two research projects and publish one paper in the ultrasound field. The fellow is also encouraged to present at least one research project at a national conference. Educational curriculum for fellows meets the American Institute of Ultrasound in Medicine guidelines for ultrasound education. During the duration of the program, the fellow will be encouraged to obtain American Registry for Diagnostic Medical Sonography certification.

Program Contacts
Usha Verma, M.D.
Director, Diagnostic Ultrasound Fellowship
uverma@med.miami.edu

Urogynecology and Reconstructive Pelvic Surgery

The three-year fellowship in female urogynecology and reconstructive pelvic surgery includes a wide range of experiences in diagnostics including urodynamics, cystoscopy, and anorectal physiologic testing. The emphasis of this training is on pelvic floor disorders including prolapse, urinary and fecal incontinence, chronic pelvic pain, urethral instability, pelvic floor muscle spasm, interstitial cystitis, urogenital anomalies and sexual dysfunctions.

Surgical experience focuses on advanced laparoscopic approaches as well as extensive vaginal reconstruction work. Fellows are expected to participate in protected research time involving basic science research and clinical trials. They are also expected to present at national annual meetings.

Program Contacts
Carlos Medina, M.D.
Director, Female Pelvic Medicine and Reconstructive Surgery Fellowship
cmedina@med.miami.edu

FELLOWS PUBLICATIONS, PRESENTATIONS AND AWARDS

Gynecologic Oncology Fellows

Nathalie Dauphin McKenzie, M.D.

Awards

• Selected by peers for membership into the Beta Chapter of Alpha Epsilon Lambda Graduate Honor Society. The national honor society recognizes members for scholastic achievement, leadership, and commitment to social service. There are thirty chapters of the organization across the United States. The induction ceremony was held Wednesday, October 14, 2009 at the University of Miami, Gables campus.

• Best Presentation by a Fellow for her lecture, “Non-Vaccine Oncogenic HPV Types are More Common in High Grade Lesions of HIV,” presented at the annual William A. Little Obstetrics and Gynecology Society Meeting held April 23-25, 2010 at the Diplomat Country Club in Hallandale, FL.

Publications


• Coauthor on the article, “Assessing the Acceptability of Self-Sampling for HPV among Haitian Immigrant...
Women: CBPR in Action,” published November 27, 2009 in the online version of Cancer Causes and Control. The lead author is Lindley Barbee and other coauthors include Eric Kobetz, Janelle Menard, Nicole Cook, Jenny Blanco, Betsy Barton, and Pascale Auguste.

Presentations


- “HIV Protease Inhibitors are Associated with Regression of Cervical Dysplasia,” at the ERUOGIN meeting held February 20, 2010 in Monaco. The meeting aimed to develop a full review of current scientific developments in the field of cervical cancer control and to highlight recent medical advances. It also gave attendees a chance to exchange information on early detection, new diagnostic and therapeutic procedures, and prevention strategies including screening and HPV vaccination.

Posters

- “Non-16 and -18 HPV types are more Prevalent in HIV-infected Women with CIN III,” and “The Association Between Use of HIV Protease Inhibitors and Regression of Cervical Dysplasia,” at the Society of Gynecologic Oncologists’ 41st Annual Meeting on Women’s Cancer, held March 14-17, 2010 at the Moscone West Convention Center in San Francisco, CA.

Namita Khanna, M.D.

Posters

- “A Regimen of Outpatient Intraperitoneal Carboplatin for Optimally Cytoreduced Advanced Ovarian Cancer,” at the Society for Gynecologic Oncologists 40th Annual Meeting on Women’s Cancer held February 5-8, 2009 at the Henry B. Gonzalez Convention Center in San Antonio, TX.


Andrea Papadia, M.D.

Award

- Second place in the fellows category for the presentation, “Experimental Therapy with Growth Hormone Releasing Hormone Antagonist in Gynecologic Malignancies,” at the William A. Little OB/GYN Alumni Society annual scientific meeting held April 17-19 at the Palms Hotel in Miami Beach, FL.

Presentation

Posters

- “Experimental Therapy of ES-2 Human Platinum Resistant Ovarian Cancer with GHRH Antagonist JMR-132 or with Targeted Cytotoxic Analogue of Somatostatin AN-162,” and “Concordance between Frozen and Permanent Section in Predicting Risk of Lymph Nodal Involvement in Endometrial Cancer,” at the Society for Gynecologic Oncologists 40th Annual Meeting on Women’s Cancer held February 5-8 at the Henry B. Gonzalez Convention Center in San Antonio, TX.

- “Effective Treatment of Triple-Negative Breast Cancer with Targeted Cytotoxic Somatostatin Analogue AN-162 [AEZS-124],” presented at the 2009 Annual Meeting of the American Society of Clinical Oncology held May 29-June 2 in Tampa, FL.

- “Surgical Outcome of Radical Abdominal Hysterectomy in Obese Women with Cervical Cancer,” presented along with Diana English, M.D., Ramon Sanchez-Rauder, M.D., J. Matthew Pearson, M.D., Samer Schuman, M.D., and Joseph A. Lucci III, M.D., at the Society of Gynecologic Oncologists’ 41st Annual meeting on Women’s Cancer held March 14-17, 2010 at the Moscone West Convention Center in San Francisco, CA.

Dene Wrenn, M.D.

Award

- Awarded a Women’s Cancer Association (WCA) grant to study endometrial cancer in May 2010.

Ultrasound Fellows

Clara Croce, M.D.

Presentations


Francisco Cruz-Pachano, M.D.

Publication

- Featured in the May and June 2010 issues of *Ob.Gyn. News*. The publication mentioned the findings of Dr. Cruz-Pachano’s research, that the best clinical predictors of adenomyosis on ultrasound are a heterogeneous myometrium, myometrial cysts, striations, and increased vascularity in the area of interest. The June issue mentions Dr. Cruz-Pachano’s other study, “A New Developing Indication for the Gynecologic Ultrasound: Difficult Pelvic Exam.”

Presentation

- A lecture on ectopic pregnancy and sexually transmitted diseases at the Pediatric Emergency Medicine weekly meeting on September 24, 2009 in the Holtz building.

- “A New Developing Indication for the Gynecologic Ultrasound: Difficult Pelvic Exam,” and “Increasing the Continued on the next page
Accuracy of Transvaginal Ultrasound to Diagnose Adenomyosis: Which Finding is Best?” at the American Institute of Ultrasound in Medicine’s annual meeting, held March 24-27, 2010 in San Diego, CA.

Poster

- “Maternal Obesity and Suboptimal Evaluation of Fetal Anatomy by Fetal Organ at Less than 20 Weeks,” along with Enrique Vazquez-Vera, M.D., Carmen M. Tudela, M.D., Alex Mejia, M.D., Victor Gonzalez-Quintero, M.D., M.P.H., and Usha Verma, M.D., at the American College of Obstetricians and Gynecologists (ACOG) annual meeting held May 2-6, 2009 in Chicago, IL.

Urogynecology Fellow

Sujata Yavagal, M.D.

Presentation

- Coauthor on, “Comparison of Tension Free Vaginal Tape and Transobturator Tape in Women with Stress Urinary Incontinence Undergoing Concomitant Anterior Vaginal Wall Repair.” 30th Annual Scientific Meeting of the American Urogynecologic Society held September 24-26, 2009 in Hollywood, FL.

Core Clerkship in Obstetrics and Gynecology

The Core Clerkship in Obstetrics and Gynecology for University of Miami medical students provides six weeks of exposure in obstetrics and gynecology. The majority of students rotate through obstetrics and gynecology or gynecologic oncology in three-week blocks. During this time, students participate in labor and delivery, inpatient wards, clinics, ultrasound and the operating room at Jackson Memorial Hospital (JMH). Faculty work with students in all settings, while residents provide day to day teaching and clinical guidance at JMH, with midwives, nurses and ultrasound technicians also contributing to student education.

The didactic curriculum consists of weekly sessions with students in one group for lectures and break-out sessions in small group exercises. Clerkship students also take part in a session at the UM/Jackson Patient Safety Center, participating in a birthing simulator and pelvic model and IUD insertion training. Students have the option to participate in the care of patients seeking abortions. Students are assigned in groups of four to seven to a faculty group advisor with whom they meet weekly throughout the clerkship to discuss cases. The clerkship also requires a structured exercise in evidence-based medicine.

Ultimately, the students learn from patients, who come from diverse cultural, socioeconomic and educational backgrounds, and who present many and extreme manifestations of disease. This provides the curious and compassionate physician-in-training an invaluable opportunity to learn the fundamentals of caring for women’s reproductive health needs.

Electives are available for fourth year UM and other medical students in maternal-fetal medicine, gynecologic oncology, gynecology, urogynecology, reproductive health/family planning, and infertility.

2009-2010 clerkship developments:

- The JMH clinical experience was revised to include three weeks of general OB/GYN rotation for all students, rounded off by three-one week segments of gynecologic oncology, labor floor nights, and other community exposures. This blend allows all students to enjoy continuity with a resident team, and exposure to key subspecialties and community practice.

- While the rotation at Boca Raton was discontinued, week-long experiences with several other community faculty have been added to the clinical curriculum including Jean-Baptiste Charlot, M.D., at the Center for Haitian Studies in North Miami, Rafael Perez, M.D., in South Miami, Elizabeth Etkin-Kramer, M.D., in Miami Beach, Leo Blachar, M.D., in Doral, and Elizabeth Updike, M.D., in Kendall. Victor Gonzalez-Quintero, M.D., M.P.H., in Kendall and Ricardo Estape, M.D., and Nicolas Lambrou, M.D., in South Miami are providing exposure to
maternal-fetal medicine and gynecologic oncology.

- In collaboration with Leo Tamariz, M.D., of Internal Medicine, and Stefanie Brown, M.D., of Pediatrics, the department will offer a novel cross-clerkship curriculum in evidence based medicine. With the help of Jorge Garcia, M.D., assistant professor of obstetrics and gynecology, students were taught skills to communicate with patients of low health literacy.

- A new fourth year elective in ambulatory gynecology with Dr. Garcia was also developed and piloted, with initial evaluations from participating students being overwhelmingly positive.
Faculty Focus

FACULTY PUBLICATIONS AND PRESENTATIONS*

January 2009 – August 2010

* Publications are listed under lead authors and second authors. In cases where a faculty member was an additional author (third, fourth, etc.), the publication was not listed under his/her name.

Gene Burkett, M.D., Professor

Presentations

• “Fetal Monitoring Through Pregnancy,” Grand Rounds, Department of Family Medicine, University of Miami Miller School of Medicine, March 11, 2009.


• “Systemic Lupus in pregnancy,” Jackson Memorial Hospital’s Lupus Support Group, October 24, 2009. One of three University of Miami physicians invited to speak to the group.

• Lectures on induction of labor, pre-term labor, and diabetes in pregnancy, North Shore Medical Center’s Jesse G. Keshin Continuing Medical Education Lecture Series. The lectures took place on July 26, September 27, and October 25, respectively.

• Lecture on induction of labor, Hialeah Hospital, July 26, 2010. The event offered continuing medical education for all obstetricians in the community.

Nahida Chakhtoura, M.D., Assistant Professor

Presentations


Posters

• “A Multidisciplinary Women’s Clinic to Improve Patient Satisfaction and Resident Training in a Safety-net Health System,” at the Academy Health National Research Meeting held on June 28, 2009 in Chicago, IL. Coauthor Jorge Garcia, M.D.

Abstracts

• “Project Prevent: Cervical Cancer Screening through Service Learning,” at Women’s Health 2009: The 17th Annual Congress held in March 2009 in Williamsburg, VA. Coauthor Megha Garg, fourth year medical student.

• “Effect of Women’s Comprehensive Clinic and Curriculum on Resident Knowledge and Attitudes Related to Women’s Health,” presented at the Society of General Internal Medicine National Meeting held May 13-16, 2009 in Miami Beach, FL. Coauthor Jorge Garcia, M.D.
Amanda Cotter, M.D., M.S.P.H., Associate Professor

Publications

- “Amniocentesis Prior to Physical Exam-Indicated Cerclage in Women with Midtrimester Cervical Dilation: Results from the Expectant Management Compared to Physical Exam—Indicated Cerclage International Cohort Study,” and “Does Indomethacin Prevent Preterm Birth in Women with Cervical Dilation in the Second Trimester?” Published in the January 2009 issue of the American Journal of Perinatology. Principal investigator for the Global Network for Perinatal and Reproductive Health at the University of Miami Miller School of Medicine, along with coauthors.


Presentations

- “Prevention of Perinatal Transmission of HIV: The Miami Experience,” Grand Rounds, Department of Internal Medicine and Infectious Diseases and the Center for Applied Research, University of Miami Miller School of Medicine, April 7, 2009.

- “Management of HIV in Women,” at the Annual AIDS Education and Training Center (AETC) Meeting held May 1-2, 2009 in Orlando, FL.


- “Perinatal Issues,” at Keeping with the Pace XVIII: An HIV Update held August 26, 2009 at the Hilton University of Florida Conference Center in Gainesville, FL.

- “Human Immunodeficiency Virus (HIV) for the MFM Specialist,” as part of the Society for Maternal-Fetal Medicine’s Fellow Lecture Series. Held as an online meeting, March 3, 2010.


Christopher Estes, M.D., Assistant Professor

Publications


Presentations


- “Essure: Office Hysteroscopic Sterilization,” at Memorial University Medical Center on July 9, 2010 in Savannah, GA.
Jorge Garcia, M.D., Assistant Professor

Presentations


- “Pregnant Women and Tobacco,” at the First Annual Florida Tobacco Summit held May 13 and 14, 2009 in Orlando, FL.

Posters

- “Effect of Women’s Comprehensive Clinic and Curriculum on Resident Knowledge and Attitudes Related to Women’s Health,” at the Society of General Internal Medicine National Meeting held May 13-16, 2009 in Miami Beach, FL. Coauthor Nahida Chakhtoura, M.D.

- “A Multidisciplinary Women’s Clinic to Improve Patient Satisfaction and Resident Training in a Safety-net Health System,” at the Academy Health National Research Meeting held on June 28, 2009 in Chicago, IL. Coauthor Nahida Chakhtoura, M.D.

Eftichia Kontopoulos, M.D., Associate Professor

Publications


Presentations

- “Comprehensive Sonographic Evaluation of Multiple Gestation,” and “Ultrasound Assessment of Twin-to-Twin Transfusion Syndrome,” presented via teleconference on December 5, 2009 at the Fourth Advanced Course of Ultrasound in Obstetrics and Gynecology in Athens, Greece.


- Coauthor on several abstracts presented at the Society for Maternal-Fetal Medicine’s 30th Annual Meeting – The Pregnancy Meeting, held February 1-6, 2010 in Chicago, IL.
  
  “Amniotic Fluid Volume Normalization Post Sequential Selective Laser Photocoagulation of Communicating Vessels for Twin-Twin Transfusion Syndrome.”

  “Postoperative Middle Cerebral Artery Peak Systolic Velocity Changes Confirm Physiological Principles of the Sequential Laser Technique for Twin-Twin Transfusion Syndrome.”

  “Physiological Basis of the Quintero Staging System.”

• “Antenatal Hydronephrosis: When to Intervene?” at the 37th Pediatric Nephrology Seminar, hosted by the University of Miami Miller School of Medicine’s Department of Pediatrics, Division of Pediatric Nephrology, held March 11-14, 2010 in Miami Beach, FL.

Carlos Medina, M.D., Professor

Publication

• “The Impact of CYP2D6 Genetic Polymorphisms on Postoperative Morphine Consumption,” published in Volume 10, Number 5, 2009 issue of the journal Pain Medicine. Coauthor Peter Takacs, M.D., Ph.D., along with others.

Presentations

• FIGO [International Federation of Gynecology and Obstetrics], member of the Pelvic Floor Taskforce, held May 9-12, 2010 in Palermo, Italy.

Posters

• Three poster presentations at the 24th Annual Meeting of the International Urogynecological Association held June 16-20, 2009 in Lake Como, Italy. Coauthor Peter Takacs, M.D., Ph.D.

These included:

“Transcriptome Profiling of Vaginal Wall in Women with Pelvic Organ Prolapse.” Coauthors Keith Candiotti, M.D., and Mehdi Nassiri, M.D.

“Differential Expression of Fibulins in the Uterosacral Ligaments of Women with Uterine Prolapse.” Coauthors Keith Candiotti, M.D., Mehdi Nassiri, M.D., and Sujata Yavagal, M.D.

“Caldesmon Expression is Decreased in Women with Anterior Vaginal Wall Prolapse.” Coauthors Marc Gualtieri, M.D., Mehdi Nassiri, M.D., Alessia Fornoni, M.D., and Keith Candiotti, M.D.

Paul Norris, M.D., Assistant Professor

Presentations

• Panelist on the topic of “Abortion Care Private Insurance,” at the annual National Abortion Federation meeting held March 2009 in Portland, OR.

• “Changing Trends in Contraception,” Grand Rounds, Department of Family Medicine, University of Miami Miller School of Medicine, November 18, 2009.

• Lecture at “Sex and a Healthier You Regional Forum,” sponsored by the National Women’s Health Resource Center and the Association of Reproductive Health Professionals. November 20, 2009 at Jackson Memorial Hospital.

J. Matthew Pearson, Assistant Professor

Presentations

• “Robotic Surgery in Gynecologic Oncology,” at the Coral Lakes Unit of the PAP Corps on February 16, 2009 at the Coral Lakes Country Club, Boynton Beach, FL.

• Lecture on ovarian cancer at a U.S. Virgin Islands Chapter meeting of the American Cancer Society held August 2009. The lecture was part of the activities planned by the organization to observe Ovarian Cancer Awareness Month.

Continued on the next page
As part of the awareness campaign designed by The American Cancer Society to educate the public and health care providers on the symptoms, diagnosis and management of ovarian cancer, lecture on September 2, 2009 at the Charlotte Kimelman Cancer Institute in St. Thomas. On September 4, lecture at the Christiansted Public Library in St. Croix.

JoNell Potter, Ph.D., Associate Professor

Publication


Rubén A. Quintero, M.D., Professor

Publications


Presentations

- “Fetoscopic Laser Ablation for TTTS and IUGR in MCDA Twins,” via webcast for the 25th Annual Fetus as a Patient International Congress held March 6-8, 2009 in Sydney, Australia.

- “Sealing Fetal Membranes After Endoscopic Surgery,” at the New Strategies for Prevention of Preterm Birth Symposium held April 4, 2009 at University Hospital of Zurich in Switzerland.

- “Fetal Therapy: Present and Future,” at the 14th Annual Meeting of the Congreso Latinoamericano de Ultrasonido (Latin American Ultrasound Association) and the Sixth Annual Meeting of the Congreso Dominicano de Sonografía (Dominican Sonography Association). The meetings were held June 21-23, 2009 in Punta Cana, República Dominicana.

- “IV Simposio de Residentes de Ginecología y Obstetricia,” at the Universidad Libre Seccional in Cali, Colombia. The symposium was held September 25-26, 2009. Three lectures covering the subjects of twin-twin transfusion syndrome, selective intrauterine growth restriction in monochorionic twins, and the future of fetal therapy.

- “Twin-Twin Transfusion Syndrome Stages I and II: A Critical Analysis,” at the 9th World Congress of Perinatal
Medicine held October 24-28, 2010 in Berlin, Germany.

- “Minimally Invasive Fetal Procedures,” at the Sanford H. Cole, M.D., Memorial Ob/Gyn Symposium hosted by Baptist Health South Florida on January 22, 2010 in Miami, FL.

- “Advances in Fetal Therapy,” Grand Rounds, Department of Pediatrics, University of Miami Miller School of Medicine, January 26, 2010.

- “Update on Fetal Therapy,” at the February 10, 2010 meeting of the Miami OB/GYN Society, held at the Coral Gables, FL.


At this meeting, the following abstracts were presented by Dr. Quintero and coauthors:

- “Amniotic Fluid Volume Normalization Post Sequential Selective Laser Photocoagulation of Communicating Vessels for Twin-Twin Transfusion Syndrome.”

- “Postoperative Middle Cerebral Artery Peak Systolic Velocity Changes Confirm Physiological Principles of the Sequential Laser Technique for Twin-Twin Transfusion Syndrome.”

- “Physiological Basis of the Quintero Staging System.”


- “Fetal Surgery,” at the Holtz Children’s Hospital conference, “Care of the Sick Newborn.” April 5-8, 2010 at the University of Miami/Jackson Memorial Medical Center.

Amanda Richards-Bullock, M.D., Assistant Professor

Presentation

- “Osteoporosis and Vitamin D,” 2010 Cutting Edge Medical Seminar on April 11, 2010 in Key West, FL.

Cristina Saiz Rodriguez, M.D., Assistant Professor

Poster


Continued on the next page
Samer Schuman, M.D., Assistant Professor

Presentations


Poster

- “Processing Sentinel Nodes: When and How Many?” at the Society of Surgical Oncology’s 62nd Annual Cancer Symposium held March 4-8, 2009 at the Phoenix Convention Center in Phoenix, AZ.

Karen Simmons, M.D., Associate Professor

Presentation

- “Domestic Violence and Sexual Abuse,” on July 22, 2009 for the Department of Physical Therapy at the University of Miami, Coral Gables campus.

Fiona Simpkins, M.D., Assistant Professor

Poster

“The Role of Estrogen ERα and Src in Ovarian Cancer Growth,” at the Society for Gynecologic Oncologists 40th Annual Meeting on Women’s Cancer held February 5-8 at the Henry B. Gonzalez Convention Center in San Antonio, TX.

Peter Takacs, M.D., Ph.D., Professor

Publications


- “Cellular Proliferation in Female Pelvic Organ Prolapse: A Pilot Study,” published in the *Archives of Gynecology*
Presentations


• “Cellular Proliferation in Female Pelvic Organ Prolapse: The Effects of Estrogen, Progesterone and Polypropylene Mesh,” at the 30th Annual Scientific Meeting of the American Urogynecologic Society, held September 24-26, 2009 in Hollywood, FL.


• “Diagnosis and Treatment of Female Interstitial Cystitis,” “Complications and Outcomes of Abdominal Sacral Colpopexy for the Management of Vaginal Prolapse,” and “The Outcome of TVT vs. TOT Midurethral Sling with Concomitant Anterior Repair,” presented at the XXIX Annual Meeting of the Hungarian Society of Obstetrics and Gynaecology, held May 19-22, 2010 in Debrecen, Hungary.

• “Novel Treatment Options for Female Urinary Incontinence,” Grand Rounds, Department of Internal Medicine, University of Miami Miller School of Medicine. July 28, 2010.


Posters

• Three poster presentations at the 24th annual meeting of the International Urogynecological Association held in Lake Como, Italy, June 16-20, 2009. Coauthor Carlos Medina, M.D.

These included:

“Transcriptome Profiling of Vaginal Wall in Women with Pelvic Organ Prolapse.” Coauthors Keith Candiotti, M.D., and Mehdi Nassiri, M.D.

“Differential Expression of Fibulins in the Uterosacral Ligaments of Women with Uterine Prolapse.” Coauthors Keith Candiotti, M.D., Mehdi Nassiri, M.D., and Sujata Yavagal, M.D.

“Caldesmon Expression is Decreased in Women with Anterior Vaginal Wall Prolapse.” Coauthors Marc Gualtieri, M.D., Mehdi Nassiri, M.D., Alessia Fornoni, M.D., and Keith Candiotti, M.D.

Leo B. Twiggs, M.D., Professor

Presentations

- “The Human Immunologic Response: Lessons Learned from the Success of the HPV Cancer Prevention Vaccine,” at the Ninth Annual Cancer Conference held September 25 and 26, 2009 at the Aultman Cancer Center, Northeastern Ohio Universities College of Medicine in Canton, OH. The event showcased presentations from nationally recognized physicians on new developments in cancer research and treatment.

- “A Case of Metastatic Gestational Trophoblastic Neoplasia Complicated by Tumor Lysis Syndrome, Heart Failure and Thyrotoxicosis,” presented along with Samer Schuman, M.D., at the XV World Congress on Gestational Trophoblastic Diseases held November 12-15, 2009 in Kochi, India.

- “The Clinically Unifying Concept of Human Genital Papilloma Viral Infection and Expression, Revisiting the Genital Neoplasia Papilloma Syndrome,” Grand Rounds for Wayne State University School of Medicine, Detroit Medical Center, Department of Obstetrics and Gynecology. March 9, 2010 at Sinai-Grace Hospital, Detroit, MI.

- “Multimodal Spectroscopy as a Triage Test for Women at Risk for Cervical Neoplasia: Results of a 1,607 Subject Pivotal Trial,” presented along with Nahida Chakhtoura, M.D., at the American Society for Colposcopy and Cervical Pathology (ASCCP) Biennial meeting in Las Vegas on March 24-27, 2010.

- “Update on HPV Vaccines,” and “Immunology of HPV Infection,” presented as co-director of the HPV course in conjunction with George Washington University Medical Center. April 14-19, 2010, Dubai, United Arab Emirates and Beirut, Lebanon.

Salih Yasin, M.D., Associate Professor

- “High-Risk Obstetrics and the Neonate,” and “Communication, Team Building, and Patient Safety in the Obstetrical Department,” Wellington Regional Medical Center on February 20, 2010 in West Palm Beach, FL. The event was eligible for two CME credits and two CEU credits.

FACULTY AWARDS

Amanda Cotter, M.D., M.S.P.H., Associate Professor

- Recognized by students at the Miller School of Medicine for her commitment to providing obstetrical care to HIV positive women. The students belong to the Organization of Student Representatives (OSR), an entity reporting to the Association of American Medical Colleges (AAMC). The OSR nominated Dr. Cotter for a national award, Humanism in Medicine, sponsored by the AAMC and the pharmaceutical Pfizer. This award annually honors medical school faculty physicians who embody the finest qualities of a healer and teacher. The AAMC OSR nominates physicians nationwide based on seven defining characteristics of humanism in medical education: positive mentoring skills, compassion, collaboration, tolerance, sensitivity, community service activity, and observance of professional ethics.

Although Dr. Cotter did not win the national award, students presented her with a plaque on March 6, 2009 during the Miller School’s Freshman Pinning Ceremony.

- Awarded the “Victor Hugo Gonzalez-Quintero Award” at resident graduation held June 12, 2009 at the Mayfair Hotel, Coconut Grove, FL. The award honors the recipient for being a good mentor and for being passionate about their research.
Fiona Simpkins, M.D., Assistant Professor


- 2009-2010 recipient of the Mary-Jane Welker Ovarian Cancer Research Grant ($50,000). The grant is awarded by the Gynecologic Cancer Foundation (GCF) Awards Committee and will be used to work on her research, “Targeting the MEK Signaling Pathway in Combination with ER Blockade or P13K/MTOR Inhibition in Ovarian Cancer Cells.”

JoNell Potter, Ph.D., Associate Professor

- Tapped on March 12, 2010 by the Iron Arrow Society, the highest honor attained at the University of Miami. Based on Seminole Indian tradition, Iron Arrow recognizes those individuals in the university community who exemplify love of alma mater, character, leadership, scholarship, and humility.

Salih Yasin, M.D., Associate Professor

- Received a Patient’s Choice Award (January 2009). Every month, a company called MDx Medical surveys more than 40,000 patients across the U.S. Patients provide online feedback about their experiences with their doctors. They rate various components such as bedside manner, doctor-patient face time, degree of follow-up, courtesy of office staff, and overall opinions. According to MDx Medical, of the nation’s 720,000 active physicians, less than five percent earn the Patients’ Choice Award.

- Recipient of the 2010 “On-Time Physician Award,” a part of the Patients’ Choice, a website where patients rate and vote for their favorite doctors. According to Vitals.com, who handles the awards, of the nation’s 720,000 active physicians listed on their website, less than 3% were accorded this honor by their patients in 2009. Patients said they felt Dr. Yasin respected their time. They reported that on average appointment wait times at Dr. Yasin’s clinic were less than 10 minutes, compared to the national average of over 21 minutes.

EXPERT SOURCES

In The News FY 2009 - FY 2010

George Attia, M.D., Associate Professor


- HealthDay News, September 28, 2009. Commented on a study by Italian researchers who say they have identified the mechanism by which chemotherapy can rob a woman of her ability to have children. The news wire story was used by more than 100 media outlets. [http://news.health.com/2009/09/29/scientists-discover-how-chemo-can-make-women-infertile/](http://news.health.com/2009/09/29/scientists-discover-how-chemo-can-make-women-infertile/)
Gene Burkett, M.D., Professor


- Miami Herald, May 9, 2010. Interviewed by the Miami Herald on a story about the increasing number of C-sections in the State of Florida. Kendall Regional Medical Center reported a rate of 61.5 percent, and South Miami Hospital is up from 44 percent to 59 percent.

- HealthDay News, April 29, 2010. Quoted by in the story, “Severe Morning Sickness Passed from Moms to Daughters: Debilitating condition can sometimes require hospitalization, experts point out.” The story was featured by more than 100 media websites, including Bloomberg Businessweek, http://www.businessweek.com/lifestyle/content/healthday/638631.html.

- WSVN Channel 7 News, April 26, 2010. Interviewed regarding LightTouch, a device currently awaiting Food and Drug Administration approval. Researchers hope the device, along with a Pap smear, will help doctors detect cervical cancer earlier.


- Jackson Memorial Health System magazine JHS Connections, November 2009 issue. Featured in, “Delivering Stories of Hope,” about one of the families whose stories is shared in a quilt displayed at the entrance of the NICU (Neonatal Intensive Care Unit) on the fourth floor of the Holtz building. The family was cared for by Dr. Burkett. The story is on page 10: http://www.jhsmiami.org/workfiles/JHSConnectionsNov09.pdf

Nahida Chakhtoura, M.D., Assistant Professor

- Ivanhoe Broadcast June 2010. Interviewed on LightTouch, a device that uses light to detect abnormal cells in the cervix.

- NBC Local News, April 15, 2009. The story focused on Nahida Chakhtoura, M.D., and Project Prevent, the Miller School of Medicine’s cervical cancer screening program. Project Prevent offers cervical cancer education, screening and vaccination to underserved women in Miami-Dade, Broward and Monroe Counties.

- Jackson Memorial Hospital’s magazine, JHS Connections, January 2009. The article, “Delivering Miracles,” discusses the benefits of delivering at Jackson Memorial Hospital and tells the experience of WSVN Channel 7 reporter and anchor Dave Kartunen and his wife. Dr. Chakhtoura delivered their baby.

Amanda Cotter, M.D., M.S.P.H., Associate Professor


Elvire Jacques, M.D., Assistant Professor

- Miami Herald, August 2009. Quoted in a Miami Herald story featuring Jackson Memorial Hospital nurse Kate Yeadaker. Dr. Jacques said of working with Yeadaker, “No one takes her job more seriously. But at the same time, few people are able to bond with the patients like her, because she has that music in her heart, you know? She uses it to relate to them. And it works.”

- May 2009. Participated in a news conference that discussed a unique surgery performed on an infant at Jackson
Memorial’s Holtz Children’s Hospital in March. Ramzi Younis, M.D., professor of otolaryngology, surgically removed a nearly 2-pound tumor that was growing from the infant’s mouth. Dr. Jacques took care of the baby’s mother during her pregnancy. The Miami Herald featured a front page article and several local and national TV stations also ran stories on the surgery. Dr. Jacques and Dr. Younis also appeared on the CBS Early Show on Friday, May 29.

Joseph A. Lucci III, M.D., Professor

• WSVN Channel 7 News, March 2010. Quoted in a story about Jody’s Couture for Cancer. The fashion fundraiser selling designer clothing and accessories was held March 20 at the Miami Beach Convention Center to raise money for women’s cancer research at Sylvester Comprehensive Cancer Center. The benefit was organized to honor Jody Katz, who lost her battle to cancer at age 52.

Ruben Quintero, M.D., Professor

• Al Rojo Vivo, Telemundo national and international feature news program, May 10, 2010. Featured on a story about fetal therapy and the latest advances in the field, including a shunt that he developed to treat lower urinary tract obstruction in fetuses.

• WSVN Channel 7 News, April 12, 2010. Interviewed on the topic of a breakthrough shunt that he invented.

• December 2009. News of the VIII Annual Meeting of the Iberoamerican Society for Prenatal Diagnosis and Therapy, a conference organized primarily by Dr. Quintero, president of the society, appeared in several news outlets including CNN.com, DailyHerald.com, TradingMarkets.com, and MSN.com.

• Jackson Memorial Health System magazine JHS Connections, November 2009. Featured in a story about a mother and fetus treated for a blood incompatibility. The care that Dr. Quintero provided saved the baby’s life. Page 6: http://www.jhsmiami.org/workfiles/JHSCollectionsNov09.pdf

• September 29, 2009. Commented on a fetal heart study conducted by researchers at Harvard University who say that infants born with a rare heart defect may have better outcomes when surgery to repair the heart is done while the infant is still in the womb. The HealthDay interview was posted by major news websites including US News, ABC News, Forbes, Business Week, Yahoo, NBC iVillage, USA Today, and Discovery.

• Medicine, Miller School of Medicine quarterly magazine, August 2009. Featured in an article about the school’s fetal therapy program.

• Several newspapers reported Dr. Quintero’s hiring:

The Coral Gables Gazette, February 12, 2009
South Florida Sun-Sentinel, February 2, 2009
Miami Herald, January 21, 2009
El Nuevo Herald, January 21, 2009
Diario Las Americas, January 16, 2009
St. Petersburg Times, January 15, 2009

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Amanda Richards, M.D., Assistant Professor

• *SOBeFit* magazine, November 2009. Quoted in an article that discusses the effects of wine on women’s sexual health.

Leo B. Twiggs, M.D., Professor


• *Upscale* magazine, October 2009. Interviewed about the pros and cons of the HPV vaccine. The story will appear in the magazine’s December/January issue.

Salih Yasin, M.D., Associate Professor

• *A Baby Story*, The Learning Channel, March 29, 2010. Quoted regarding one of his patients, who was the focus of the reality-based program, which follows a mom from pregnancy through delivery.


• WSVN Channel 7 News, December 24, 2009. Interviewed about a patient, Jackson Memorial Hospital’s first pediatric heart transplant recipient. Dr. Yasin paired up with the heart transplant team (led by Marco Ricci, M.D.) to care for the woman during pregnancy and delivery.

• HealthDay News, November 18, 2009. Interviewed regarding the increase in the rate of pre-term births in the U.S. The story was posted by more than 100 media outlets.

• ABC Local News, October 26, 2009. Interviewed on transplant patients and pregnancy.
