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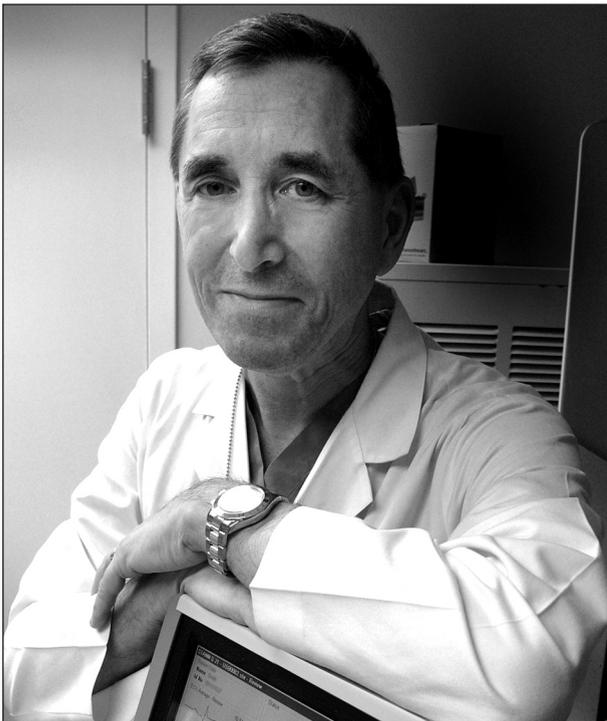
## The Journal of Reproductive Medicine<sup>®</sup>

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## A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the November-December 2012 Editor-in-Chief's page. We are focusing on several articles in this issue that will be of interest to obstetricians and gynecologists.



Lawrence D. Devoe, M.D., Editor-in-Chief

### In This Issue:

- **Cancer-related Maternal Mortality: Findings from the State of Hawaii**  
K. Y. Terada, S. A. Harvey, J. Davis and J. Burlingame

Does pregnancy influence survivorship of patients with cancer? Because only 1 in 1,000 pregnant women will develop malignancies, this has been a challenging question that requires the survey of very large populations. The authors have examined death certificates over a 16-year period in Hawaii and included women who died from cancer within 1 year of a live birth. Also examined were the types of malignancies in those patients, who were then compared to reproductive-aged nonpregnant controls. Of interest is their finding that 2 types of cancer, leukemia and primary brain malignancy, had a significantly increased risk of mortality while mortality was lower for genital tract malignancies when occurring in pregnancy. While death certificates cannot explain such findings, these observations could help in the counseling of women who are pregnant or contemplating pregnancy with these higher-risk malignancies.

- **Effect of Hysteroscopic Resection of Incomplete Uterine Septum on in Vitro Fertilization Outcome**  
C. Atabekoğlu, E. A. Taşkın, B. Berker, B. Özmen, S.

*İşbacı and M. Sönmezer*

Many preexisting conditions result in a diagnosis of primary infertility. In this retrospective study the investigators looked at 50 infertile patients who had incomplete uterine septa. After hysteroscopic resection their outcomes were compared with 100 patients without such abnormality, with all patients receiving the same in vitro fertilization protocol. All of the primary end points, clinical pregnancy rate, miscarriage rate and implantation rates were similar. The importance of this finding is that if an incomplete uterine septum is taken out of the picture, such patients might expect to have outcomes similar to patients without this uterine malformation. Although this is encouraging news, there is a cautionary note in the finding that cumulative rates of first trimester wastage were still higher in the patients who had hysteroscopic resection. While this result was not statistically significant, due to the limited size of this study, clinicians providing care for such patients should be careful in explaining the ultimate value of this minor procedure.

- ***Resident Education in Pediatric and Adolescent Gynecology: From a Residency Program Director's Perspective***

*S. R. Nayak, C. Racek and J. S. Sanfilippo*

Obstetrics and gynecology residency education is undergoing significant changes in its implementation and evaluation as this is being written. Tracking training milestones will be a program requirement, and this process will apply to all of the residency education objectives. This survey of residency program directors, albeit a limited sample from the size of the response (54/240), looked at the perceived quality of pediatric and adolescent gynecologic education. The important finding from this survey is that the majority of the respondents reported that their residents did not feel that they received sufficient training in this discipline. How important is this result? That will depend on whom you ask. As most graduating residents will become generalists, their practice populations may vary widely in the proportion of adolescent or pediatric patients. Further, since there are already specialists in pediatric and adolescent care, such physicians may feel comfortable in referring complex problems to such providers. The question that remains, given the increasing limitation on work hours for residents and the increasing volume of essential cognitive and procedure knowledge that is required, is how should such apparent training deficiencies be remedied? Perhaps, as is becoming more frequently the case, clinical simulations assembled by experts in the field would be a nice start.