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## A Note from the Editor-in-Chief

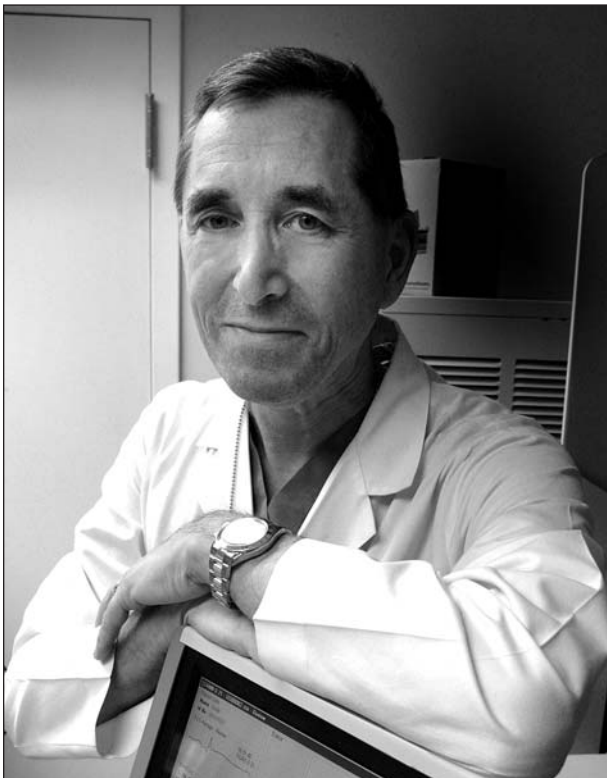
Lawrence D. Devoe, M.D.

Welcome to the July–August 2010 Editor-in-Chief’s page. In this issue I will focus on two epidemiologic studies concerning precancerous and cancerous gynecologic conditions and an interesting paper dealing with the effects of the revised residency

training schedules and cognitive performance.

### *In This Issue:*

- *Effect of Patient Age on Outcomes and Compliance in Women with Minimally Abnormal Pap Tests*  
J. S. Carter, Y. H. Sage, O. Vragovic, L. Rosen and E. A. Stier



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

The authors investigated a group of women who had Pap tests performed in their institution over a 42-month period. The defining characteristics of this group were a mildly abnormal reading of either ASCUS/high-risk HPV or LSIL. Their outcomes of interest were detection rates of CIN2 or CIN3 and compliance as measured by follow-up. While nearly one-third never returned for follow-up, their detection rates of the above lesions were at or exceeded those reported in the large ASCUS-LSIL Triage Study (ALTS), which has served as a reference for those managing these conditions. It is important to recognize that, while the PAP test has made a major impact on reducing the occurrence of invasive cervical cancer and subsequent cancer-related mortality since its inception, these improvements are dependent on accuracy of interpretation and follow-up of abnormal results. Carter and colleagues show that in a high-risk socioeconomic demography, noncompliance crosses age divisions and is not simply related to the behavior of younger patients. Although this study focused on premalignant conditions, most of which are not expected to progress to overt cancer, 8% of those studied

will develop CIN3, which is a precursor of invasive cervical cancer. These findings stress the importance of developing clinical strategies that will motivate patients with abnormal cervical cytology to seek follow-up.

- ***Effect of Cigarette Smoking on Epithelial Ovarian Cancer Survival***

*Y. J. M. Ioffe, R. G. Elmore, B. Y. Karlan and A. J. Li*

Ovarian cancer remains one of the most challenging and, unfortunately, fatal gynecologic malignancies in the United States. It is well known that one of the major issues in treating this disease stems from the increased likelihood that it will be detected in more advanced stages than other reproductive system tumors. While a number of clinical approaches have been developed to improve survivorship, patient outcomes are still dependent on stage at diagnosis and success of initial cytoreductive surgery. In this retrospective review Ioffe et al examine another important epidemiologic variable, cigarette smoking, as a modifier of patient outcomes. As smoking is well known to have deleterious effects on patient health in general, its effects on specific health problems such as gynecologic cancer are not as well known. While the relationship between cigarette smoking and cervical cancer has been strengthened by numerous epidemiologic studies, the same effect on ovarian cancer has been less well studied. This study seems to put forward some compelling evidence that cigarette smoking will adversely affect both duration of progression-free survival and disease-specific survival after accounting for a number of other important clinical covariables. Although the underlying basis for these effects is not known and may not be known for some time, this is information that should be shared with patients and health professionals alike since smoking is a potentially modifiable behavior with successful counseling and pharmacotherapy.

- ***The Effect of the Night Float Rotation on Annual In-Training Examination Performance***

*R. W. Driggers, R. J. Chason, C. Olsen and C. M. Zahn*

For the majority of the past decade, obstetric-gynecologic residents in United States training programs have had their work hours deliberately limited to no more than an average of 80 hours per week. This change in allowable duty time has necessitated a significant change in how that time is distributed for residency training. Most programs have developed a shift-work schedule for a portion of their residents based on a night-call only or "float" rotation. While such rotations have been in place for a number of years, very little is known about how such changes in normal work routines may affect resident training in general or measures of resident performance in specific. While it is beyond the scope of this paper to go into depth on the relationship of cognitive performance and altered circadian rhythms, it would be important to either confirm or deny the effects of changes in resident rotation on objective, measurable performance standards. The CREOG in-training examination has long been an accepted yard-stick to track resident performance regarding fund of knowledge and problem-solving skills. Although performance on this examination should reflect long-term rather than short-term resident activities, the design of this study focuses specifically on how a short-term change in resident schedule impacts test performance. Therefore, it appears reassuring that this element of resident schedule change had little if any measureable effect on test scores. However, this outcome is only a small part of larger, more important questions remaining to be answered, including improved patient outcomes (morbidity, mortality) and longer term outcomes regarding postresidency clinical performance of residents with overall shorter residencies in terms of measured hours.