



Spring
2024

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mission

Deliver better health and hope to all women and their families through compassionate care, innovation, education and discovery

vision

Set the global standard of excellence and lead the future of women's health care

core values

- Excellence
- Integrity
- Innovation
- Diversity and Inclusion
- Teamwork
- Continuous Improvement
- Community
- Advocacy



Message from the chair

Whether caring for patients, conducting research or educating tomorrow's health care providers, ob/gyns across the U.S. are being impacted by the current state of women's health. Daily, we are reminded of this.

Weeks before this publication was finalized, Alabama's Supreme Court ruled that frozen embryos are considered children, and potential devastating effects on infertility treatments are now headline news. For those who yearn to grow their families through assisted reproductive technology (ART), including freezing embryos, this decision presents new challenges. Fortunately, it appears Alabama's legislature will protect ART, but news like this reminds us of the challenges and unknowns that face women's health today.

Duke Fertility Center is nationally ranked with success rates for in vitro fertilization that are consistently above national rates. Our team of reproductive endocrinology and infertility specialists takes great pride in achieving this status. Duke Fertility Center continues to be a leader in this subspecialty — but the landscape of REI now includes many unknowns that could have broad implications.



REI Division Chief **Steve Young, MD, PhD**, was featured on NPR's "Here and Now" podcast *IVF: A former patient in the South tells her story.*

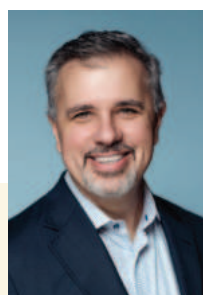
In May of 2023, North Carolina's General Assembly passed a sweeping law that severely restricts access to abortion from the earliest stages of pregnancy, banning abortion care after 12 weeks (with exceptions for life-limiting fetal anomalies, cases of rape or incest, and maternal medical emergencies). The repercussions of this, and the impact on Duke Ob/Gyn in a post-Roe world, have been challenging and disheartening to say the least. We continue to see increased volume at our Family Planning Clinic as patients from neighboring states with even



more restrictive abortion bans seek care at Duke. We are steadfast in assuring that abortion is safe, legal and accessible to all patients as current laws allow. We will provide comprehensive educational opportunities to residents, and to fellows in our new Complex Family Planning Fellowship.

And as we navigate this landscape, we are committed to improving the maternal health crisis. Black women are three times more likely to die in childbirth than white women. Health care disparities impact outcomes. There is work to be done — but we are making progress. In 2021, we made a commitment to reducing maternal morbidity by 50% in five years and eliminate racial disparities. Already we are making significant progress. In just three years, severe maternal morbidity across Duke Health has decreased by 40%. In 2023, we saw the lowest maternal morbidity rate since 2018 (with an increased volume of nearly 900 deliveries in 2023, compared to 2018).

Through multidisciplinary care models health systemwide, Duke's high-risk pregnancy care is nationally recognized. These efforts, and many other examples of how we provide exceptional, compassionate care — and most importantly, hope — are highlighted in this annual publication. Thank you for being a part of this journey.



RESIDENCY CLASS OF 1998
UROGYNECOLOGY FELLOWSHIP CLASS OF 2001

Matthew D. Barber, MD, MHS
W. Allen Addison, MD, Distinguished Professor
Chair, Department of Obstetrics and Gynecology

By the numbers

Data reflects Fiscal Year 2023
(7/1/22 - 6/30/23)

Clinic visits include only new and return visit types



OUR PEOPLE

105 Faculty
13 Consulting & Adjunct Faculty

- 41 General Ob/Gyn and Community Practices
- 17 Maternal-Fetal Medicine
- 15 Women's Community & Population Health
- 8 Gynecologic Oncology
- 8 Urogynecology
- 6 Reproductive Endocrinology & Infertility
- 5 Reproductive Sciences
- 3 Minimally Invasive Gynecologic Surgery
- 2 Pediatric and Adolescent Gynecology

Ob/Gyn Staff:

73 directly employed
500+ Staff (RN, MA, etc.)
36 Residents
17 Fellows
60+ PA/NP/CNM
200+ Students per year (MD, PA, NP)

42 New grants and awards

RESEARCH

61 Total funded research projects (new and continuing)

36 Available clinical trials

321 Peer-reviewed publications

92 Active protocols

60% **\$7,673,208** TOTAL FEDERAL NIH FUNDING
Direct \$5,850,110 • Indirect \$1,823,098

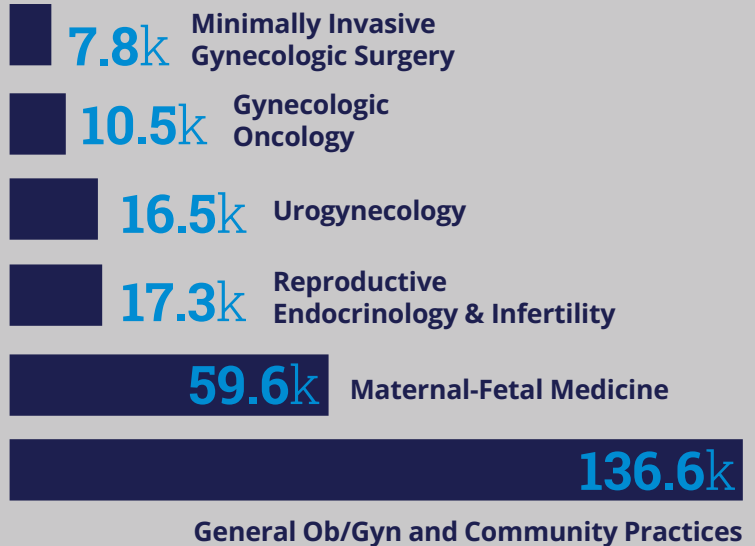
14% **\$1,781,260** TOTAL NON-FEDERAL FUNDING
Direct \$1,406,196 • Indirect \$375,064

26% **\$3,357,227** TOTAL FEDERAL NON-NIH FUNDING
Direct \$2,206,870 • Indirect \$1,150,357

2019-2023

24% INCREASE in lives touched

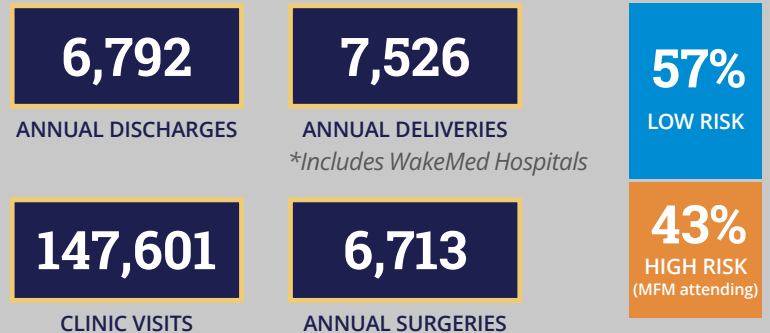
PROCEDURES PERFORMED



PATIENT CARE

248,343

TOTAL ARRIVED VISITS



65,337 PATIENTS SEEN by a Duke Ob/Gyn provider in the Duke University Health System



Research

in this section:

- Awards
- Innovation with AI-based tools in urogynecology
- BIRCWH Scholar spotlight

4

KURe Renewal Awarded

Cindy L. Amundsen, MD, principal investigator and director of the Multidisciplinary K12 Urologic Research Career Development Program, and program specialists **Friederike L. Jayes, DVM, PhD**, and **Rebecca Kameny, PhD**, were awarded \$3.8 million over five years by NIH's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). This renewal award will lead to 15 years of continued funding, which

has thus far supported 14 early-career researchers. The program's strengths are a commitment to multidisciplinary clinical, translational and basic research, structured mentoring relationships and a focus on individualized career development. Success is facilitated through strong institutional support, experienced leadership and highly skilled, dedicated mentors.



click or scan

Faculty Contribute to AUGS Expert Consensus National Urogynecology Research Agenda, Featured in Educational Resources



Cassandra Kisby, MD, MS (Residency Class of 2018), and **Nazema Siddiqui, MD, MHSc** (Urogynecology Fellowship Class of 2010), have contributed to the *American Urogynecologic Society (AUGS) National Urogynecology Research Agenda 2023: A Path Forward for Advancing the Treatment and Management of Pelvic Floor Disorders*. Developed by the AUGS Scientific Committee, the document serves as an expert consensus guidance for academicians in the field of urogynecology. The publication is a resource about where research stands in urogynecology, with suggested next directions.



Cindy Amundsen, MD, is featured in an educational resource article with an accompanying activity sheet focused on what causes problems with the lower urinary tract, published by Futurum Careers. Dr. Kisby is highlighted in a profile about her work as a physician-scientist, mentorship and clinical training. She addresses using regenerative medicine technologies (such as stem cells) to help women who have pelvic floor disorders or were born with differences in bladder and gynecologic anatomy. As a clinician-scientist, she has a diverse research profile that includes work involving 3D printing.



CAREER DEVELOPMENT BIRCWH Scholar Spotlight



New Duke research shows that women are less likely than men to receive bystander CPR — this could be due in part to concerns about inappropriate touching or harm to the victim. To address this, **Audrey Blewer, PhD, MPH**, suggests that using a CPR manikin with female breasts may be used to train people.

Dr. Blewer is a Building Interdisciplinary Research Careers in Women's Health (BIRCWH) K12 institutional career development program scholar. BIRCWH provides support and funding for Duke faculty whose research focuses on women's health. Dr. Blewer will work to understand mechanisms that influence whether a bystander decides to perform CPR on a woman and use that information to develop interventions.



Learn more about...



Duke Ob/Gyn
National Leadership
Roles



Global Health Spotlight



GOAL: Eliminating cervical cancer and what it means for women, girls

“We’re in a lucky place to have the technology and tools to do it. So, the next century of women and girls will benefit from them.”

Megan Huchko, MD, MPH

Duke
GLOBAL HEALTH
INSTITUTE

Vaccine Research by Geeta Swamy, MD, Receives \$2.2 Million Funding from CDC for CISA Project



The Duke Human Vaccine Institute (DHVI) successfully recompleted for a five-year, indefinite delivery/indefinite quantity (IDIQ) contract from the Centers for Disease Control and Prevention (CDC) Immunization Safety Office to serve as one of eight medical research centers for the Clinical Immunization Safety Assessment Project (CISA). Under this new award, DHVI will receive \$2.2 million for Dr. Swamy to lead a study to assess the safety of simultaneous mRNA COVID-19 and inactivated influenza vaccines in pregnant participants, which is timely given the recent approval of RSV vaccine in pregnancy. The contract is managed by DHVI, but this study in pregnant participants will be conducted through the Duke Perinatal Clinic’s research team, which has also worked in the CDC network for many years.



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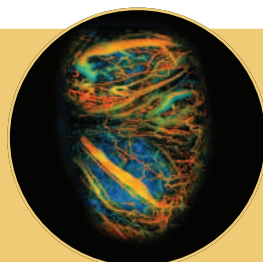
NIH Awards \$3 Million R01 Grant to Liping Feng, MD, and Pathology Team for PFAS Study



The National Institutes of Health has awarded a \$3 million, five-year R01 grant starting in April 2023 to **Liping Feng, MD**, and her team to support their investigation of the effects of perinatal per- and polyfluoroalkyl substances (PFAS) exposure on immune response to vaccination during pregnancy and in offspring after birth through altered cellular immunity and gut microbiota. They will also examine the antibody transfer from the maternal compartment to offspring through the placenta and breast milk by disrupting endocrine signaling and antibody transfer pathways.



Dr. Feng is principal investigator on the study, which is a collaboration with **Herman Staats, PhD**, and **Chelsea Landon, DVM, PhD**. It will make significant contributions to fill the knowledge gap regarding PFAS immunotoxicity during early life for policy makers and critical information for the cause and benefit of breastfeeding, especially in highly contaminated regions.



Researchers Create Real-Time View of Placental Development in Mice

Dr. Feng and colleagues at Duke’s Pratt School of Engineering have developed a new method to visualize the growth of a placenta throughout a mouse’s pregnancy. By coupling an implantable window with ultrafast imaging tools, the approach provides the first opportunity to track placental development to better understand how the organ functions during pregnancy. The research was selected for the cover of *Science Advances*.



Urogynecology Study Using AI-based Tools Awarded \$2.65 Million through NIDDK

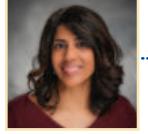
A research team at Duke, led by Principal Investigator **Nazema Siddiqui, MD, MHS** (Urogynecology Fellowship Class of 2010), has been awarded a four-year, \$2.65 million R01 grant through the National Institute of Diabetes and Digestive Kidney Diseases (NIDDK) to study overactive bladder (OAB) and how artificial intelligence (AI)-based tools and algorithms could potentially be used to help with treatment options. The grant began Feb. 1.

When patients have urinary urgency, frequency and/or nocturia — with or without urgency incontinence — they are considered to have OAB. Male and female patients of all age groups can develop OAB, but this condition becomes extremely common in women over age 40. Post-menopausal women in particular are more likely to suffer from urgency urinary incontinence, which takes a toll on physical and social function, as well as overall health and vitality.

Currently, all patients with OAB are treated with the same algorithm. This “one-size fits all” algorithm often results in repeated medical visits, high health care costs and marginal long-term improvement in symptoms. However, for years clinicians have suspected that there are several underlying factors contributing to OAB symptoms, and specifically several subtypes that could potentially respond differently to treatments, according to Dr. Siddiqui. She notes, for example, in women, there is early evidence of a subtype with dysbiosis, where a shift in the urinary microbiome may contribute to irritative symptoms in the bladder. If dysbiosis is the cause of irritative bladder symptoms, treatments to re-establish a healthy microbiome may be more effective for some patients than what is routinely prescribed for OAB.

The research team’s aim is to determine if OAB subtypes exist, and to further develop an AI-based tool that would allow clinicians to better target the right therapy to the right patient. To do this, data from over 4,000 patients gathered

in two large-scale NIH cohort studies will be used. Predictive modeling, which is a type of clinically informed AI, will be utilized to evaluate subtypes and to see if patients from different subtypes respond differently to common therapies using microbiome profiles. The goal is identifying ways for patients with OAB who are seen in clinic to receive more effective, targeted therapy from the start, instead of putting them on a care pathway where they may eventually progress through five or six treatments (with all of the associated office visits).



For years, non-cancerous gynecologic issues, like OAB, have received far too little attention despite the high impact that they have on people’s daily quality of life. Duke has several investigators that are leading the way in how to sensibly use AI in health care. I am thrilled to incorporate these data scientists with our microbiome research team so that together we can apply innovative, cutting-edge technologies to improve an area of women’s health where better therapies are desperately needed.”

In addition to Dr. Siddiqui as corresponding PI, co-investigators are urogynecologist **Eric Jelovsek, MD, MEd, MSDS** (Residency Class of 2003); **Li Ma, PhD**, Duke Department of Statistical Science; and **Charles Page, PhD**, Duke Department of Biostatistics & Bioinformatics. Collaborators include co-PI **Lisa Karstens, PhD** (Oregon Health & Science University); and co-investigator **A. Lenore Ackerman, MD, PhD** (UCLA).



Credit: generated by AI
in Adobe Firefly

- How Duke Ob/Gyn is leading the way in innovative, multidisciplinary patient care
- Impact on high-risk pregnant patients

Making Pregnancy Safer: Inside the Effort to Reduce Maternal Mortality

BY MARY-RUSSELL ROBERSON

In the U.S., giving birth is more dangerous than in other wealthy nations. Much more dangerous.

“Despite being highly industrialized and having advanced medical care available, we have the highest rate of maternal mortality of any developed nation,” said **Brenna Hughes, MD, MSc**, vice chair for quality and safety and division chief of Maternal-Fetal Medicine at Duke. “We also see that the maternal mortality rate is multifold higher in Black women than white women.”



What’s worse, maternal rates for all racial and ethnic groups in the U.S. are rising. There have been ups and downs, with a significant uptick during the COVID-19 pandemic, but overall, “it’s been going up for decades,” according to maternal-fetal medicine specialist **Jerome “Jeff” Federspiel, MD, PhD** (Maternal-Fetal Medicine Fellowship Class of 2022).



At Duke, we have a large focus on trying to address maternal morbidity and mortality, and in particular, trying to focus on racial disparities.”

— Dr. Brenna Hughes

A multifaceted problem requires a multifaceted approach, and Duke Health physicians are tackling this one in the clinic, with system-wide protocols, and through research.

Standardized Protocols for All

Maternal mortality is defined as death during pregnancy or anytime within 42 days of having been pregnant. Dr. Federspiel said that mortality during delivery has actually decreased, but rates are rising for the time periods before and after, often due to cardiovascular conditions caused or worsened by pregnancy.

The reasons behind the increase are many, but one important factor is the prevalence of cardiovascular disease and cardiovascular risk factors among Americans — including women of child-bearing age.



“Women are becoming pregnant at older ages now,” said **Cary Ward, MD**, associate professor of medicine in the Division of Cardiology. “They are coming into pregnancy with obesity, diabetes and sometimes a history of cardiovascular disease.”

People with diabetes or high blood pressure are at higher risk of complications such as pre-eclampsia, a condition involving high blood pressure that can occur during pregnancy or soon after delivery. If diagnosed early,





Decreasing Health Disparities for Black Women:

2020 to 2023 noted a decreasing rate of maternal morbidity for Black women from 6.67% to 4.13%

2020
2023

6.67%

4.13%

Source: Duke Maternal Morbidity Dashboard

pre-eclampsia can be treated. Left untreated, it can lead to death.

One way to diagnose pre-eclampsia early is to give patients a blood pressure cuff to take home and have a nurse call regularly to check the numbers. The Division of Maternal-Fetal Medicine tracks the implementation of protocols such as this one using detailed dashboards, which include racial and ethnic data to ensure consistent treatment across all groups.

That's important because Black women in the U.S. are about two-and-a-half times more likely to die during pregnancy, childbirth or postpartum than white women.

"There are all kinds of potential reasons for that," said Dr. Hughes, ticking off items like lack of access to health care and healthy food combined with generations of structural racism, all of which increases risk for cardiovascular disease, obesity and diabetes.

But even Black women who have health insurance, economic resources and no pre-existing conditions have higher maternal mortality rates than white women. That indicates bias in the delivery of care.

To help eliminate the potential for bias at Duke, Dr. Hughes said the quality team and the Equity, Diversity and Inclusion team in the Maternal-Fetal Medicine division work together to develop and implement standardized protocols for

specific high-risk conditions. And they follow up if protocols are not applied, to identify — and address — barriers to their implementation.



The goal is to apply the protocols to everyone with those high-risk conditions to minimize the impact of any implicit bias when providing care."

— Dr. Brenna Hughes

The Duke Pregnancy Heart Center

Many heart-related problems can become more dangerous during pregnancy. In fact, cardiovascular complications are a leading cause of maternal mortality. "We have to remember that pregnancy is a huge stressor for the cardiovascular system," Dr. Ward said. "Cardiac output goes up by 50 percent and then it has to reverse itself in 48 hours after delivery."

To address this challenge, cardiologist Dr. Ward created the Duke Pregnancy Heart Center with obstetrician Dr. Federspiel and anesthesiologist **Marie-Louise Meng, MD**, assistant professor of anesthesiology, who has specialized expertise in caring for both obstetric and cardiology patients. **Dana McComb, RN**, serves as the care navigator for patients to help deliver multidisciplinary care as seamlessly as possible.



The Pregnancy Heart Center ensures safer pregnancies for women with a history of pre-existing cardiovascular disease or congenital heart disease, as well as those who develop cardiovascular problems during pregnancy.

The team runs a weekly multidisciplinary clinic to see patients who need specialized care to stay healthy and safe during pregnancy, delivery and postpartum. During monthly meetings, team members develop care plans for each patient.

Patients include women with congenital heart defects or mechanical heart valves who may have been told in the past that they'd never be able to have children. The team also cares for women with serious pre-existing heart disease like heart failure or previous heart attacks. And many of the center's patients have conditions that began in pregnancy, such as gestational diabetes or hypertension.

Dr. Ward hopes the center will grow to become a referral center for pregnant patients with complex cardiology issues. She and the team are also educating cardiology and obstetrics trainees and providers in the community about how to recognize and respond to cardiovascular issues before, during and after pregnancy.

Research to Improve Outcomes

In addition to providing clinical care and education, Duke physicians also participate in research to help make pregnancy safer in the U.S.

Dr. Federspiel, for example, is working to help quantify the risks of various cardiovascular conditions, from coronary artery disease to a history of heart attacks. The data will make it easier for physicians to counsel patients with those conditions who are considering becoming pregnant.

He also does research on blood clots after childbirth, including when and how to treat them most effectively.



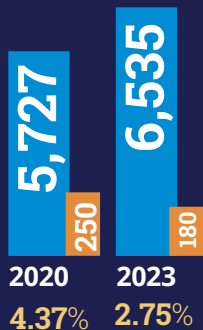
We see the whole gamut. There aren't many other centers in the Southeast developing as much experience as we are."

— Dr. Cary Ward

Decreasing Maternal Morbidity

Duke's maternal morbidity rate has **decreased since 2020**, despite an increase in delivery volume.

2023 saw the **lowest maternal morbidity rate since 2018** (with an increased volume of nearly 900 deliveries)



- Delivery Year
- Maternal Morbidity Rate
- Number of Deliveries with Maternal Morbidity Event
- Number of Deliveries

Source: Duke Maternal Morbidity Dashboard



Amanda Craig, MD; Jennifer Gilner, MD, PhD; and Anne West Honart, MD, MPhil.

Duke is also one of the 14 primary clinical sites in the Maternal-Fetal Medicine Units (MFMU) Network, established by the National Institute of Child Health and Development. Dr. Hughes is the principal investigator of the MFMU site at Duke. The network carries out large-scale clinical trials to answer questions that can guide practice. One of the trials enrolling now is investigating whether treating sleep apnea during pregnancy decreases the development of pre-eclampsia.

Other MFMU trials underway aim to identify the best ways of preventing preterm birth.

Previous trials run by MFMU are already influencing practice, including one about the safest time to induce labor (39 weeks), and another about whether steroids given to mothers who go into labor between 34 and 36 weeks reduces respiratory symptoms in the babies.

Taking a Wider View

Drs. Hughes, Federspiel and Ward agree that better natal care and research are only part of the solution to high maternal mortality rates in the U.S.

“Speaking from a public health background,” Dr. Federspiel said, “a lot about people’s health outcomes isn’t determined by what happens in childbirth and delivery.” He pointed to the “pernicious effects of racism throughout the life course” and said, “African American and Black patients arrive with a higher burden of comorbid conditions and that’s not a reflection of individual decisions, but a lifetime burden of exposure to racism.”

Better preventative care in childhood and young adulthood would help all racial and ethnic groups have safer pregnancies. For those without health insurance, which includes nearly 8 million women of reproductive age, preventative care can be out of reach.

“Universal health care would potentially decrease [maternal mortality] a lot. People have higher mortality in pregnancy when they come into pregnancy with worse underlying health disorders. There is a misconception that people who are pregnant are young and healthy, but many are not healthy. Really focusing on preventative health care as a nation would probably be the most important thing we could do.

— Dr. Brenna Hughes



Duke Ob/Gyn Perinatal Quality Collaborative of North Carolina (PQCNC) Sepsis Project

“Duke participates in the Perinatal Quality Collaborative of North Carolina (PQCNC). This partnership with PQCNC and the other participating hospital sites throughout North Carolina supports the development and implementation of evidence-based measures to prevent, rapidly identify and treat conditions that



contribute to the morbidity and mortality of the birthing population,” said **Heather Talley, MSN, CPPS, RNC-OB, C-EFM, CNML**, Administrative Director of Quality & Safety, Women’s Services for Duke University Health System.

“Our physicians, nurses and care leaders work as expert team members who help to shape the PQCNC initiatives and their goals and as hospital-based team members who implement these changes within the patient care space. This partnership builds on the work already in place and validates the improvements through the review of outcomes measures. Duke is committed to creating systems that help to make pregnancy safer for all pregnant patients and to sharing best practices that can support safer birthing experiences for women throughout North Carolina.”

SMART AIMS:

- Improve identification and prompt treatment to improve sepsis care and outcomes.
- Implement a screening tool and patient education for pregnant and postpartum patients.
- Administer appropriate antibiotics within one hour.
- Implement escalation of care protocol.
- Review of all sepsis cases to improve care and reduce bias.

MEASUREMENT STRATEGY: 100% OF...

- Patients screened for sepsis
- Patients who screen high-risk receive appropriate and timely follow-up
- Patients receive education about Urgent Postpartum Warning Signs
- Maternal sepsis cases receive multidisciplinary case review
- Maternal sepsis cases are followed by a Patient Event Debrief with the patient

Duke's Placenta Accreta Program Makes the Birth Experience Unique for PAS Patients

Maternal-fetal medicine specialist **Jennifer Gilner, MD, PhD** (Residency Class of 2013; Maternal-Fetal Medicine Fellowship Class of 2016) has dedicated her career to caring for patients with complicated pregnancies, and during her years at Duke, has honed particular expertise in one of the most dangerous conditions of pregnancy: the Placenta Accreta Spectrum (PAS). Inspired by innovative PAS care approaches conceived by Duke's Gynecologic Oncology Division in the early 2000s-2010s, Dr. Gilner built on this foundation to develop one of the few maternal-fetal medicine-driven full-spectrum PAS care programs in the nation.

Full-spectrum PAS care requires patient risk-factor recognition, targeted ultrasound-based diagnostics, multiteam delivery coordination, unique surgical skills, post-surgical follow up and continuous patient support during and after the pregnancy. Dr. Gilner and partners **Anne West Honart, MD, MPhil** (Duke faculty since 2021), and **Amanda Craig, MD** (Maternal-Fetal Medicine Fellowship Class of 2022), have refined their PAS surgical approach to achieve patient outcomes significantly improved over national averages.

Nurse navigator **Dana McComb, BSN, RN**, ensures there is continuity, support and direct connection for patients from the time of PAS diagnosis through postpartum recovery. Collaboration and continuous care integration with the Duke Fetal Diagnostic Center (ultrasound unit), Duke Women's Anesthesiology, Duke Interventional Radiology and Duke Neonatology provide a comprehensive model for patients experiencing this fearsome pregnancy complication.

While the exact cause of PAS remains incompletely understood, what currently is known is that in affected pregnancies, the developing placenta forms an abnormal and dangerous connection to the muscle of the uterus — usually in patients with prior cesarean delivery or other prior ob/gyn surgical procedures. The rapidly growing placenta can disrupt the normal shape and integrity of the uterus, and it remodels the blood vessel supply, introducing the risk of life-threatening blood loss at the time of labor and/or delivery.

"The rate of PAS is rising in the U.S., and the threat to pregnant people and their babies remains high, in part because many cases are not recognized until delivery — when dangerous bleeding has already started."

— Dr. Jennifer Gilner, who serves as medical director of the Duke Birthing Center.

For more severe forms of PAS, the most common and safely proven therapy is to undergo hysterectomy at the time of the baby's delivery. With the distorted anatomy from abnormal placental location and massive blood flow to the pregnant uterus, this surgery can be extremely morbid in inexperienced hands or in hospitals with inadequate blood transfusion or ICU resources, Dr. Gilner notes.

Timely referral to a high-volume center with appropriate expertise in diagnosis and planning, and a well-developed care program, are strongly tied to reduced blood loss, reduced organ injury, lower risk of intensive care unit admission and overall safer pregnancy journey for patients — and the Duke PAS Care Program is a leading example of this concept, according to Dr. Gilner.

In the recently published Clinical Expert Series: Placenta Accreta (*Obstetrics & Gynecology*, July 2023), guidance about PAS prediction and goals for future research are identified.



Sonographer Jo-Ann Pelton, BS, RDMS, RT, and Dr. Jennifer Gilner



In the North Carolina area and surrounding region, referral to the Duke Placenta Accreta Care Program **at or before 26 weeks gestation** is recommended.

Duke_PAS@duke.edu



Credit: generated by AI
in Adobe Firefly

The Future of AI

Ensuring that the next generation of high-risk pregnancy specialists are on the cutting edge in an ever-changing care model is something Dr. Gilner prioritizes. Her goal is to find new and more effective ways to approach the complexities of PAS. Under Dr. Gilner's mentorship, Maternal-Fetal Medicine Fellowship alumnus [Luke Gatta, MD](#) (Class of 2023), conducted a study focusing on the validation of the International Society of Ultrasound in Obstetrics and Gynecology (ISUOG) consensus for reporting PAS, which is endorsed by the Society for Maternal-Fetal Medicine (SMFM). Validation of the ISUOG consensus checklist to see if it can distinguish PAS detected in the operating room, and utilization of AI for prediction models, are currently being evaluated at Duke.

In 2022, Drs. Gatta and Gilner, along with maternal-fetal medicine specialists [Sarah Ellestad, MD](#); [Brita Boyd, MD](#); and [Anthony Swartz, BS, RT\(R\), RDMS](#), were awarded a Duke Artificial Intelligence SPARK Award for the proposal titled "LAIPPAS (Leveraging Artificial Intelligence to Predict Placenta Accreta Spectrum)," which will forge collaboration with the Duke Center for AI in Radiology.

Duke Institute for Health Innovation (DIHI) Maternal Early Warning System: DMEWS

The Duke Division of Maternal-Fetal Medicine and Duke Birthing Center nursing leadership have collaborated with DIHI to develop tools that can identify patients at risk of serious pregnancy complications such as hemorrhage and sepsis before they happen.

Next year, the DMEWS will start testing machine learning models in clinical workflows to predict hemorrhage and sepsis. Prominent features for postpartum hemorrhage include the key analytes (e.g., platelets), information extracted from

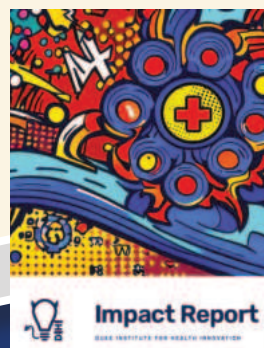
The advancements in DMEWS represent a milestone in ongoing efforts to improve the quality of maternal health care. This is achieved by leveraging state-of-the-art machine learning and large language techniques. DMEWS improves the well-being of mothers and infants and strengthens Duke's position as a leader in health care innovation.

prenatal ultrasounds (e.g., estimated fetal weight, placental abnormalities, amount of amniotic fluid) and comorbidities (e.g., prior hemorrhage, history of in vitro fertilization).

The DMEWS team's work compares its hemorrhage model to the Association of Women's Health, Obstetric and Neonatal Nurses' (AWHONN) model in Duke's instance of Epic®. Its models extract real-time data. As such, they require much less data entry and provide more complete data than traditional screening tools. Particularly, the DMEWS extracts features from ultrasounds, notes, analytes and flowsheets from prior encounters, allowing the model to make informed predictions about baseline risk before intrapartum data is even entered.

The DMEWS is kicking off a sequence of rigorous data, prediction, user interface and workflow validation with maternal-fetal medicine physicians and leaders. In brief, these efforts ensure that this solution clearly and consistently presents the clinicians with the right data about the right patient at the right time.

CREDIT: DIHI IMPACT REPORT 2024



click or scan

Read more about DMEWS in
the DIHI 2024 Impact Report



WATCH THEIR
STORY

Patient Care Impact Highlight

The Ellington family



Read more about questions patients often have for maternal-fetal medicine specialists on Duke's cardio-obstetric team: *Can I Get Pregnant If I Have a Heart Condition?*

Duke High-Risk Pregnancy Experts Help Heart Transplant Recipient Have a Safe Pregnancy and Healthy Baby

BY ESTHER L. ELLIS

Brianna Ellington had a stroke on her 18th birthday, only months after the birth of her second child. Three months later she had a heart transplant at Duke University Hospital. When she discovered she was pregnant with her third child, Ellington turned to the high-risk pregnancy experts at Duke Health for help. They worked with Ellington throughout her pregnancy to ensure she and her baby were safe. "They were there for every move," Ellington said. "They made me feel confident in myself."

An Unwelcomed Birthday Surprise

Ellington's stroke was a complete shock because she appeared to be in good health — she'd recently given birth to her second child and nothing seemed unusual. After extensive tests, doctors determined that Ellington's heart muscles had weakened so badly during her second pregnancy that she needed a new heart as soon as possible. She underwent a heart transplant at Duke University Hospital after being bedridden in the hospital for three months.

Pregnancy After Heart Transplant

When Ellington found out she was pregnant with her third child three years later, she worried about the possible complications and sought help at the Duke Pregnancy Heart Center.

Maternal-fetal medicine specialist **Jerome "Jeff" Federspiel, MD, PhD**, explained the risks. "We talk about what is it like to be pregnant when you've had a stroke, when you've had heart failure, and a heart transplant," said Dr. Federspiel.

Heart transplant recipients are at high risk for heart complications during pregnancy. Ellington's history of stroke made the risk of birth complications for her and her baby even higher. Dr. Federspiel assured Ellington that whether or not she moved forward with the pregnancy, she would have support. "He told me he was going to be by my side the whole way," she said. "He made me feel really safe when I was scared."

Receiving care at the Duke Pregnancy Heart Center meant Ellington had a team of specialists trained in high-risk obstetrics, cardiology and anesthesiology working together to support her. "The Pregnancy Heart Center allows us to see high-risk women with heart conditions in one place, to care for them," said cardiologist **Cary Ward, MD**. Throughout her pregnancy, Ellington routinely met with specialists who adjusted her medications, answered her questions and monitored her and her unborn baby.

Complications Lead to an Early Delivery

At 33 weeks pregnant, Ellington was admitted to Duke University Hospital with preeclampsia, a condition characterized by dangerously high blood pressure. A week later, doctors delivered her baby, Landon, by cesarean section after monitoring detected he was in distress. "The scariest part of the whole pregnancy was the delivery," said Ellington. Following his birth, Landon was transferred to Duke Regional Hospital where he spent a week in the neonatal intensive care unit (NICU). Ellington was healthy enough to go home within days of her delivery.

Happy and Healthy a Year Later

More than a year later, Ellington and her son are happy and healthy, and Ellington said she is grateful she had a resource like the Duke Pregnancy Heart Center. "What I would say to another woman experiencing what I went through is to not to give up and to trust Duke," said Ellington. "Duke really took care of me."

click or scan



Duke Ob/Gyn presented
2023 After Hours Virtual Grand Rounds:

*Special Care for Pregnant Hearts. A Multidisciplinary
Approach to Pregnant Patients with Cardiovascular Disease*

Ob/Gyn Team Wins Kirkland Award at Duke Health Quality and Safety Conference

Hypertensive disorders of pregnancy (HDP) are the second leading cause of maternal mortality in the U.S. and are a major contributor to postpartum deaths. Current recommendations are for clinical follow up with assessment of blood pressure within three days after discharge for severe HDP, and no later than seven to 10 days after delivery for all patients with HDP; however, at Duke, this was only occurring 40% of the time.

As part of Duke's commitment to reduce maternal morbidity by 50% in five years and work toward eliminating disparities, a team of interdisciplinary collaborators from the Duke University Health System, led by **Kathleen Zacherl, MD** (Quality and Safety in Women's Health Fellowship Class of 2023), implemented a multi-pronged set of interventions. The goal was to increase the percentage of postpartum follow-up blood pressure checks from 40% to 70% in patients with HDP at Duke University Hospital within nine months. Interventions implemented to date include standardizing education, developing tip sheets, implementing new SmartPhrases, standardizing visit types, emphasizing telehealth over in-person visits and ensuring education is available in multiple languages. Thus far, the results have been remarkable, with the rate of completed visits for blood pressure checks within seven days of discharge increased to 66% —



Pictured with Richard Shannon, MD, chief quality officer, Duke Health, and chief medical officer and senior vice president, DUHS (far left); and Jonathan G. Bae, MD, CPPS, associate chief medical officer for patient safety and clinical quality, DUHS (far right), are Tiffanie Ferrera; Ashley Personius; Heather Talley; Karley Whelan; Dr. Kathleen Zacherl; and Dr. Emily Sterrett.

just shy of their goal. The project was the recipient of the Rebecca Kirkland Award at the 2023 Duke Health Quality and Safety Conference.

Exciting future interventions that the team is working on include direct scheduling by obstetrics unit staff and remote blood pressure monitoring using an innovative patient platform, which has been implemented at Duke University Hospital and is being trialed at Duke Regional Hospital.

The Alliance for Innovation in Maternal Health (AIM), which is led by ACOG, revised its maternal safety bundle on severe hypertension in pregnancy to state that those patients with severe HDP should have a postpartum blood pressure check within three days of birth hospitalization discharge.



I didn't know you could get postpartum preeclampsia, and this is my third child."

— Duke Health patient interviewed as part of the HDP project



IMPORTANT FACTS

- » More than half of pregnancy-related deaths occur **postpartum**.
- » Rates of **successful short-interval blood pressure checks** are 30-50% nationally.
- » **Patients with hypertension** are particularly at risk, with hypertension being one of the leading causes of death in the first week after delivery.
- » Reports of using **telehealth and remote blood pressure monitoring** have been highly successful in improving patient access to care, with studies showing visit completion reaching 90%.
- » Duke has **successfully implemented the first phase of its HDP program**, through which patients identified with HDP are discharged from Duke University Hospital with a blood pressure machine for continuity of care and monitoring. A pilot is now underway for expansion at Duke Regional Hospital.

BY SUSAN GALLAGHER, DUKE DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES



READ FULL
STORY

Delivering comprehensive behavioral health care for patients with high-risk pregnancies is crucial throughout the perinatal and postpartum periods. To support this need, an interdisciplinary team of clinicians comprised of psychiatrists, psychologists, maternal-fetal medicine specialists and a family medicine social worker are partnering to ensure treatment for psychiatric concerns are addressed cohesively.

This collaboration between the Duke Departments of Psychiatry and Behavioral Sciences and Obstetrics and Gynecology has been critical, “because particularly in pregnancy and postpartum, treatment for psychiatric concerns can’t wait. Sometimes we need to make sure we’re acting now to care for Mom in order to support a good outcome for delivery or promote a healthy attachment with baby,” notes **Julia Tarr, MSW, LCSW**.



Tarr supports three Duke Perinatal high-risk obstetrics clinics. Patients are referred to the clinics from other Duke obstetrics practices, the Durham County Health Department and other ob/gyn practices across North Carolina. The only outpatient behavioral health clinician embedded in Duke Ob/Gyn, Tarr works on-site in the Durham high-risk obstetrics clinic, where she can get a “warm hand-off” to a patient from a provider who has identified a behavioral health concern in that patient.



Tarr works collaboratively with colleague **Bernadette Vereen, MSW, LCSW-A**. Vereen triages and schedules patients requiring medication management or therapy, as well as meeting with patients to share resources such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), diaper trains, places that provide baby clothing and support groups. She also sees a few patients each week for psychotherapy. Vereen noted:

“It’s really important to me to ensure a good fit between patient and provider, and also to just be a welcoming voice, because a lot of the patients have faced so much adversity, and it’s a very scary period. It’s nice to be that person who can assure them, ‘You’re here, you’re safe and we just want to support you — whatever that looks like for you.’”

— Bernadette Vereen, MSW, LCSW-A



Sarah Dotters-Katz, MD, MMPHE, a maternal-fetal medicine specialist, underscores the complex needs of the patients the team cares for.

“Many of our patients have underlying social risk factors, such as poor access to care, housing and food insecurity, or substance use disorders, that complicate how we care for them and their pregnancies,” she explained.

While managing their day-to-day demands, Tarr and Vereen also try to focus on building referral systems and partnerships that will help them provide the best, most seamless care to their patients at Duke as well as in the patients’ home communities. They also meet regularly with a broader team of clinicians and trainees for educational seminars, case consults and long-term planning for addressing perinatal behavioral health needs both within the high-risk obstetrics clinics and across the Duke University Health System.



Duke Alumni in Inaugural SGO BRIDGES Cohort

In 2023, the Society of Gynecologic Oncology (SGO) announced the inaugural cohort of the BRIDGES Research Initiative Scholars, comprised of early-career professionals selected through a competitive application process to participate in a year-long clinical trials development program. BRIDGES scholars include gynecologic, medical and radiation oncologists, as well as fellows-in-training from the U.S. and Canada who come from academic and community hospital backgrounds.

They plan to develop trial concepts spanning from Phase I/II treatment trials to interventional, surgical and prevention studies under the guidance of expert mentors.

Inaugural cohort scholars included Gynecologic Oncology Fellowship alumni **Lauren Cobb, MD** (Class of 2017); **Allison Puechl, MD** (Class of 2020; Residency Class of 2017); and faculty **Leah McNally, MD, MHS**, Gynecologic Oncology Fellowship director.



click or scan

New Residency Program Leadership

Brittany Davidson, MD (Gynecologic Oncology Fellowship Class of 2016), was appointed residency program director as of July 2023. She previously was the program's associate director. **Latoya Patterson, MD, MPH** (Residency Class of 2016), continues her role as associate program director, along with

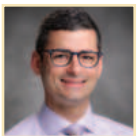
Anne West Honart, MD, MPhil. Under the leadership of **Beverly Gray, MD**, who led the program for eight years, the program continued as one of the top training programs in the country and is now ranked number six in the country by Doximity.



*for 2023

Complex Family Planning in the News

MEDIA COVERAGE HIGHLIGHT



Clayton Alfonso, MD (Residency Class of 2017), was interviewed for the article "As states toughen abortion laws, early prenatal testing is more common," which was one of Duke Health's most impactful stories in the first quarter of 2024, and Duke Ob/Gyn's in the last six months.



- ABC News coverage (with affiliates) — estimated 6.8 million impressions (the number of times the story reached viewers)
- Associated Press coverage (with affiliates*) — estimated 5.3 million impressions
**This includes Time magazine and U.S. News & World Report*
- Scripps stations (with affiliates) — 800,000 impressions
- Additional coverage: Yahoo News, MSN News, AOL.com



New Fellowships at Duke Ob/Gyn

The Minimally Invasive Gynecologic Surgery (MIGS) fellowship began in fall 2023.

Stephanie Lim, MD (Residency Class of 2023), is the first trainee match for the program. Click or scan the QR code to hear more from Dr. Lim and about the fellowship experience at Duke.



The Department of Ob/Gyn has been approved for fellowship training in **Complex Family Planning** by the ACGME. The inaugural two-year fellowship program will begin in the 2024-2025 academic year. Hear



more about the program from Director **Beverly Gray, MD**, and Associate Director **Jonas Swartz, MD, MPH**.

Education Spotlights

Erica Odukoya, MD, MPH



click or scan



Resident **Dr. Odukoya** is the recipient of the 2024 Golden Apple Award. The Golden Apple Award is the highest teaching award presented by the Duke University School of Medicine student body to

recognize outstanding dedication to medical student education. Only one resident award is given each year across all Duke residency programs. This honor is a proud testament to the dedication Duke Ob/Gyn residents, faculty and advanced practice providers have toward educating our medical students.

Dr. Odukoya was presented with this prestigious award during the annual Duke School of Medicine Student-Faculty show, for which Duke was a Gold sponsor.

Latoya Patterson, MD, MPH

In addition to her role as associate residency program director, **Dr. Patterson** is Duke Ob/Gyn's associate director of diversity, inclusion and community engagement. She is highlighted in this video about her commitment to community service.



Ravyn Njagu, MD

Resident **Dr. Njagu** participated in Duke Ob/Gyn's Global Health elective program, a four- to six-week clinical experience at Kilimanjaro Christian Medical Centre (KCMC) in Moshi, Tanzania. She shares her story.



LEARN MORE ABOUT THE GLOBAL HEALTH ELECTIVE PROGRAM



I applied to residency the summer Roe v. Wade was overturned and it was deeply important to me to match at a program that valued my efforts and passion for abortion advocacy. Despite the obstacles we face politically in North Carolina, I continue to feel the full weight of my program's support in my desire to provide comprehensive, evidence-based reproductive health care to my patients."



Shelby Davis-Cooper, MD
Residency Class of 2027

TikTok Videos Detail Patient Pain, Infertility with Endometriosis

BY STEPHANIE LOPEZ

With over 301 million views, popular TikTok videos related to endometriosis focus on patient experiences involving chronic pain and infertility, specifically in-vitro fertilization.

The videos, analyzed by a team of Duke Health researchers, provide a unique window into the real-life experiences of patients with the chronic condition, in which tissue similar to the lining of the uterus grows outside the uterus. Endometriosis is often stigmatized and underdiagnosed — patients often suffer for years before getting a diagnosis — so the social media conversations can be instructive to both patients and doctors.



Duke Health researchers **Arleen Song, MD, MPH**, minimally invasive gynecologic surgeon, and resident **Jenny Wu, MD**, led the study published June 5, 2023 in *BJOG: An International Journal of Obstetrics & Gynaecology*. “TikTok is a growing space for reproductive health



awareness and advocacy,” Dr. Wu said. “We wanted to understand what people were saying about endometriosis, which occurs in about 10 percent of women during their reproductive years. We found that patients with the disease used the platform to share their diagnosis, the way their symptoms have impacted their lives

and find community.” The researchers used a web application to download and compile information on the top 100 most-liked TikTok videos tagged #endometriosis. Of the videos analyzed, 83% of content creators were patients and 17% were health care professionals.

A majority of videos highlighted a patient’s experience with chronic pain and infertility. A quarter of videos highlighted distrust of health care and 15% highlighted a perceived delay in diagnosis. Videos discussing hormonal treatments were negative or ambiguous in tone.

“This study highlights the symptoms and stories of many of my patients,” Song said. “We found that patients were looking for solutions outside established health care and there’s a distrust of hormonal treatment. This is an opportunity for us to understand this communication gap and to improve our care of these patients.”

Additional authors of the study include Melissa Greene, Allison Bickett and Jonas Swartz, MD, MPH. The study received funding support from the National Institute of Child Health and Human Development of the U.S. National Institutes of Health (K12HD103083).



click or scan

National Forum on Best Practices to Address Health Misinformation: Healthcare Readiness and Response

In November 2023, the Duke University School of Medicine co-hosted a National Forum on Best Practices to Address Health Misinformation: Healthcare Readiness and Response. Other co-hosts were RTI International, an independent, nonprofit organization dedicated to conducting research that improves the human condition, and the Coalition for Trust in Health and Science, an organization with over 70 groups working together to advance trust and factual science-based decision making. The Duke Clinical and Translational Science Institute,

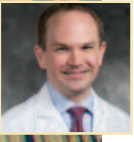


Resident Jenny Wu, MD, makes a point during a panel discussion. With Dr. Wu are (from left): Haider Warraich, MD, of Harvard Medical School; Andrea Anderson, MD, of George Washington School of Medicine and Health Sciences; and Hussain Lalani, MD, MPH, MSc, of Harvard Medical School.

which houses the Duke Program on Medical Misinformation, also played an important role in organizing the event. The event was designed to highlight innovations and provides space for attendees to help develop best practices and interventions for health care organizations and their partners to address medical misinformation.

Maternal-Fetal Medicine

Samuel Bauer MD, MBA, Selected for SMFM Development Committee



Dr. Bauer was selected to join the Foundation for the Society for Maternal-Fetal Medicine (SMFM) Development Committee (three-year term) and to serve on American College of Obstetricians and Gynecologists (ACOG) Committee on Clinical Practice Guidelines for Obstetrics (2024-2025).

Geeta Swamy, MD, Duke Centennial Trailblazer



A professor of obstetrics and gynecology in the Division of Maternal-Fetal Medicine, **Dr. Swamy** (Maternal-Fetal Medicine Fellowship Class of 2004), is a member of the National Vaccine Advisory Committee and a consultant to the World Health Organization, where her expertise has advanced national and international efforts to evaluate the safety and efficacy of vaccines in pregnant women.

During the pandemic shutdown, she appeared on *The Today Show* to discuss the COVID-19 vaccine. She oversees the Duke Office of Research Initiatives, Duke Office of Scientific Integrity, Office of Research Administration, Office of Research Contracts and the Duke Health IRB.



Urogynecology

Cindy Amundsen, MD, Honored for 20+ Years of Leadership

Dr. Amundsen, who led the department's Urogynecology Fellowship for more than 20 years, was celebrated at the 2023 American Urogynecologic Society (AUGS) Pelvic Floor Disorders Week. **Amie Kawasaki, MD**, current fellowship director, and **Cassandra Kisby, MD, MS**, associate fellowship director (pictured at right with Dr.

Amundsen), announced the newly created Dr. Cindy Amundsen Fellow Travel Fund, created in Dr. Amundsen's honor.

Dr. Amundsen's career has been recognized nationally and internationally for her groundbreaking work in urogynecology. In 2017, the National Association for Continence honored her at the AUGS annual meeting with the Rodney Appell

Continence Care Champion Award. The award is the among the most prestigious recognitions in the field of continence care, presented to those whose distinguished careers and outstanding contributions in research, clinical practice and patient education have made them role models for others in the discipline. She has been commended for success with treating patients who often do not respond to first- or second-line therapies. Her research has focused on applying rigorous methods to test tools used for evaluation of lower urinary tract symptoms, studying safer surgical approaches and testing novel therapies for lower urinary tract dysfunction, including urinary incontinence.

For more than two decades, she has mentored surgeon/scientists and has been an advocate for patient education and awareness about bladder health at every stage of life, encouraging her patients to maintain good bladder health and to seek expert advice when problems arise.

Dr. Amundsen, the Roy T. Parker, MD, Distinguished Professor of Obstetrics and Gynecology, led the first multicenter trial comparing Botox therapy to InterStim therapy for women with refractory urgency urinary incontinence. The results of this study were published in the *Journal of the American Medical Association*.

In 2021, Dr. Amundsen was the recipient of the Career Mentoring Award in Clinical/Population Health Science from the Duke University School of Medicine. Winners of this award demonstrate excellence in numerous aspects of mentoring, including accomplishments of individual mentees, programs implemented by the mentor or by exceptional creativity in mentoring.



When making donations with this link, please note "In honor of Dr. Amundsen" so that funds are directed there

Pediatric and Adolescent Gynecology

Expanding Pediatric and Adolescent Gynecologic Care

To enhance the expertise and patient care options for children and adolescents, Duke Health's gynecology team recently welcomed **Tara Streich-Tilles, MD, MPH**. Dr. Streich-Tilles brings specialized training in the medical and surgical care of children, adolescents and young adults with gynecologic concerns, and comprehensive, inclusive and impactful care to the community.

Reproductive Sciences

Faculty Recognized by Duke School of Medicine Dean in State of the School Address

Friederike L. Jayes, DVM, PhD, was recognized at the Duke University School of Medicine's State of the School Address by Dean **Mary Klotman, MD**, for her work to develop a more convenient, less invasive treatment for uterine fibroids — one of the most common and under-studied issues in women's health. The research is in partnership with North Carolina Central University colleague **Darlene Taylor, PhD**. They were spotlighted and recognized for their research partnership to improve women's health. Their fibroid injection research is now one of the published case studies that are highlighted/explained under the framework of the Translational Science Benefits Model (TSBM) by the Duke Clinical and Translational Science Institute and Washington University St. Louis (the home of the TSBM).

Women's Community and Population Health

Jonas Swartz, MD, MPH, Presented with Dogwood Award

Dr. Swartz, medical director of Family Planning at Duke Health, was awarded a 2023 Dogwood Award by North Carolina Attorney General **Josh Stein**. These awards are given out annually to recognize people who are working to improve the health, safety and well-being of their fellow North Carolinians. Dr. Swartz was among 34 recipients selected for the recognition. He has been a staunch supporter of women's reproductive rights and has played an integral role in the Duke Reproductive Health Equity and Advocacy Mobilization (DREAM) Team to advocate for policies that preserve and enhance women's health care access.

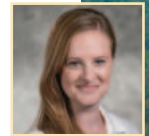
Beverly Gray, MD, Receives Leonard Tow Humanism Award

The Leonard Tow Humanism in Medicine Award is presented by the Arnold P. Gold Foundation. This honor is awarded to faculty members who demonstrate outstanding compassion in the delivery of care; respect for patients, their families and health care colleagues; and demonstrated clinical excellence. **Dr. Gray** was also recently featured in Duke University School of Medicine Dean **Mary Klotman, MD**'s Friday Message on the topic of reproductive rights and women's health.

Gynecologic Oncology

Duke Ranked in Top 50 Recruiting Sites for Women's Cancer Clinical Trials

Duke's University Medical Center is ranked number 20 among top recruiting sites for clinical trials by the Gynecologic Oncology Group (GOG) Foundation/NRG Oncology. NRG Oncology is a National Cancer Institute National Clinical Trials Network (NCTN) group focused on improving outcomes for adults with cancer through multi-center clinical research. It brings together the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG) and the GOG — each recognized internationally as a research leader.



20



Promising Gyn Onc Cancer Regimens Presented

At the 2023 International Gynecologic Cancer Society Annual Global Meeting in Seoul, South Korea, Duke Cancer Institute gynecologic oncologist **Angeles Alvarez Secord, MD, MHSc** (Residency Class of 1998, Fellowship Class of 2001), presented real-world data from the DCI Endometrial Cancer Molecularly Targeted Therapy (EMCT2) Consortium regarding pembrolizumab and lenvatinib for endometrial cancer patients. "While the FDA-approved combination of pembrolizumab and lenvatinib regimen improved survival compared to standard chemotherapy for endometrial cancer patients, the side effects are significant," said Dr. Secord.



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Inaugural Andrew Berchuck, MD, Gynecologic Oncology Endowed Lecture Presented

The inaugural lecture took place on May 31, 2023. **Daniel Clarke-Pearson, MD**, former chief of the Division of Gynecologic Oncology in the Duke Department of Ob/Gyn, presented a historical and moving talk, with many anecdotes about the progress of the Division of Gynecologic Oncology, titled "Reflections on Gynecologic Oncology at Duke: Lessons Learned." Save the date for the 2024 lecture: Wednesday, May 15.



LEARN MORE
about our endowed
lectures

*Pictured: Dr. Clarke-Pearson
and Dr. Berchuck.*

Dr. Secord served as the 55th president of the Society of Gynecologic Oncology (SGO) from March 2023-March 2024. Her theme, "The Power of Shared Purpose: Transforming Gynecologic Cancer Care," focused on synergistically leveraging partnerships to prevent, overcome and eradicate gynecologic cancers. She also worked closely with the Foundation for Women's Cancer (FWC) and the Institute of Surgical Excellence to organize the Celebration of Champions fundraiser (which raised over \$155,000 for gynecologic cancer research and awareness). She is the recipient of the 2022 SGO Best Clinical Science Award for the abstract titled "Genomic Alterations, Molecularly Targeted Therapy and Race: Real World Data from the Endometrial Cancer Molecularly Targeted Therapy Consortium." In the fall of 2023, she was honored by the American Association of Obstetricians and Gynecologists Foundation (AAOGF) for her exceptional service and was recognized as the outgoing chair of the Scholar Committee. She served on the AAOGF Board of Trustees since 2015 and served two terms as chair of the Scholar Committee.



Faculty at National Cancer Prevention Forums



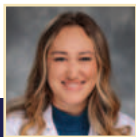
Gynecologic oncologist **Haley Moss, MD, MBA** (Gynecologic Oncology Fellowship Class of 2019), represented the Department of Veterans

Affairs and Duke University at the Biden Cancer Moonshot's White House Cervical Cancer Forum at the White House on Jan. 25. The forum is working on mobilizing a national effort to eradicate cervical cancer through collaborations between the federal government, academic medical centers, nonprofit organizations and industry. Dr. Moss, who serves as director of the U.S. Department of Veterans



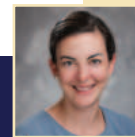
Affairs' Breast and Gynecologic Cancer System of Excellence, also was highlighted in the Society for Gynecologic Oncology's Women's

Cancer News in a blog titled "Serving Veterans with Gynecologic Cancer: An Update on Available Programs and New Partnerships."



SGO 2023-2024 Honors & Awards

At the Society of Gynecologic Oncology (SGO) Annual Meeting on Women's Cancer in March 2024, Gynecologic Oncology fellow **Pamela Peters, MD**, was honored as the recipient of the SGO 2023 Best Clinical Science Award for her abstract "Turning Up the Heat: Oncolytic Virus MEM-288 Induces Anti-tumoral Immune Response in Pre-Clinical Models of High Grade Serous Ovarian Cancer." Faculty **Emma Rossi, MD**, received the Surgical Mentor Award.



Dr. Moss and Brittany Davidson, MD (Gynecologic Oncology Fellowship Class of 2016), participated in the American Cancer Society national roundtable on cervical cancer in October 2023. The annual meeting reinforced the importance of sharing personal stories and ending fear, shame and guilt felt by patients with cervical cancer and was a forum for discussing the latest research on HPV vaccination and primary HPV screening.



Alumni

Explore our interactive alumni map

Duke Ob/Gyn is proud to provide information about our recent alumni (2000-2023). If you are an alumna/alumnus, please fill out the survey at the bottom of the page.

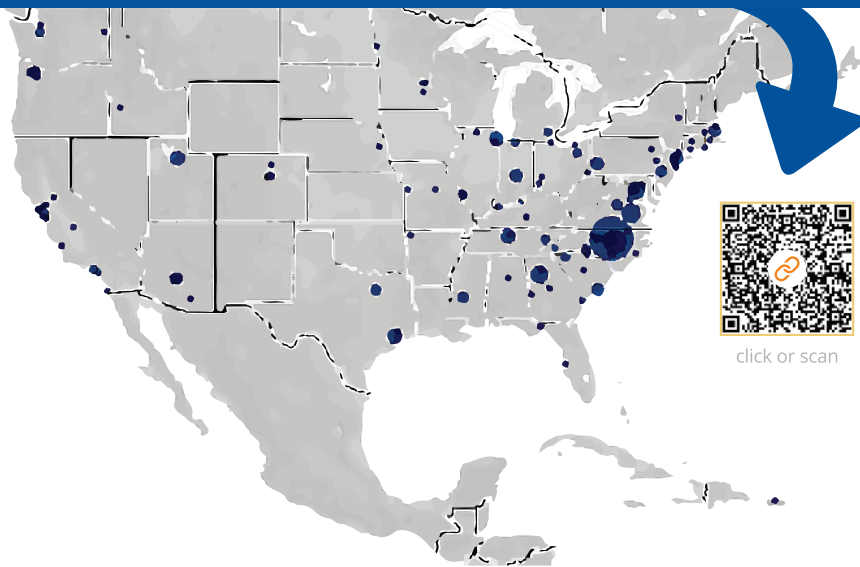
**ALUMNI JOBS
BY SECTOR:**

130
COMMUNITY/
NON-ACADEMIC

140
ACADEMIC

3 chair
2 vice chair
1 dean

duke.is/DukeObGynAlumniMap



MAP USAGE TIPS:

- The interactive map is best viewed from a desktop or laptop computer (not tablets or mobile devices)
- Hover over a blue dot on the map below to see information about alumni
- Use the interactive key at the right to change your search terms
- Scroll out to see the full U.S. map, including Hawaii

**We want to
hear from you!**



Is your information on the interactive map up to date? Please fill out the survey so that your current information is included.



save
the date




2024 Carter Society Annual Meeting

**OCTOBER 3 - 5, 2024
PORTLAND, OREGON**





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