OUR MISSION AT THE UNIVERSITY OF KANSAS MEDICAL CENTER IS TO PROVIDE EXCELLENCE IN THE AREAS OF ACADEMIA, RESEARCH AND PATIENT CARE FOR THE HEALTH CARE OF WOMEN AT ALL STAGES OF THEIR LIVES.
DEAR ALUMNI AND FRIENDS,

It is a privilege to provide you this copy of our 2012 Annual Report. It has been some time since the last was prepared and distributed, so this one will summarize many of the changes that have occurred since we began our rebirth. When I joined the KU family a short seven years ago, the Department was reeling from the impact of a rapidly changing academic healthcare environment. Less than a dozen clinical faculty (and just one basic scientist) were overwhelmed with the responsibility of training 120 medical students and 12 residents — and, simultaneously, hemorrhaging School of Medicine resources. The combination was not sustainable for the School of Medicine, and other partners were unwilling to invest further in our future. Today, I am pleased to report the Department is financially sound, experiencing exponential growth, and about to achieve the vision I first outlined seven years ago — a balance of teaching, research, and service that work synergistically in a fiscally sound fashion.

Twenty-two clinical and five research faculty contributed to our Department in 2012. They included a vibrant generalist core of 11 practitioners and 12 fellowship-trained physicians representing all subspecialties — physicians who provided regionally unique care through our seven Centers of Excellence. Since 2006, the number of deliveries and their complexity has increased some 50%, and the number of ambulatory visits increased by 67%. Our residency program increased the number of trainees by a third (while average USMLE scores of matched applicants increased from about 194 to more than 230), and the number of KUMC medical students selecting OB-GYN for their career rose to be among the highest of all non-primary-care specialties (for the past two years, the students included some of those academically in the top five percent). And we were one of a select few universities funded by the NIH for the only two training vehicles relevant to OB-GYN — The Women’s Reproductive Health Research Program (WRHR) and The Building Interdisciplinary Research Careers in Women’s Health (BIRCWH). In 2012, US NEWS AND WORLD REPORT named us the leading provider of women’s services in the region. Seven years ago, we were not even an honorable mention in Kansas City.

There are a few areas I feel deserve special mention. The KU Center for Advanced Reproductive Medicine has become a regional leader, growing IVF volume almost 6 times, while providing the only dedicated Fertility Preservation and Early Pregnancy Loss programs in the region. The KU Center for Minimally Invasive Surgery is a unique service led by fellowship-trained gynecologists. Center members performed more than 300 robotic surgeries last year, demonstrating a depth and breadth of skill and experience unmatched in the region. The Division of Gynecologic Oncology, a core program of the NCI-designated Comprehensive Cancer Center, has seen surgical
and patient volumes more than double and initiated vibrant research investigations. Its members provide a range of surgical options, including robotic radical hysterectomy. As an NCI-designated facility, their patients have access to the newest treatment modalities otherwise not available in the region. The KU Center for Urogynecology and Pelvic Floor Disorders offered state-of-the-art urodynamic testing and minimally invasive therapy such as nerve stimulation, also not available elsewhere in the region. The KU Center for Advanced Fetal Care provided one-stop care for fetal diagnosis and therapy for such disorders as fetal anemia, twin-to-twin transfusion, and early onset IUGR. As the only such unit within the region, it experienced a more than 128% increase in volume. Specialty programs were provided for the management of multiple gestation, preterm birth, and diabetes mellitus with stellar results. Simply stated, I believe your Department is leading the way in academic women’s specialty care — and there is more to come!

Growth has not decreased, but rather increased quality. Success rates for IVF were the worst in the city in 2006 and are now among the best in the region. The Department represents the London-based PROMPT Foundation (Practical Obstetric Multi-Professional Training) in the United States, offering the only obstetrical simulation course in the world demonstrated by randomized study to significantly improve patient outcomes after obstetrical emergency. Over the five years that PROMPT training has been required of all healthcare workers in the KU Hospital Labor Suite, the total cesarean section rate has declined from 32% to 23%, and the rates of hypoxic ischemic encephalopathy and brachial plexus injury after shoulder dystocia have each declined 50%.

Such growth and development simply would have been impossible had we been confined to the facilities available seven years ago. Since 2006, we have activated an office in south Johnson County that provides the home for the Center for Advanced Reproductive Medicine. With KUH, we designed and built a state-of-the-art Labor Suite that competes with any in Kansas City. Most recently, we moved into new, dramatically expanded space in the on-campus Medical Office Building.

Our reach nationally and internationally continues to grow. In 2012, Dr. John Calkins continued to ably represent KUMC and the region at ACOG, and Dr. Thomas Snyder at CREOG. Dr. S. Sam Kim, Chief of Reproductive Endocrinology, was elected President of the International Society for Fertility Preservation and published a related state-of-the-art text. We will publish our PROMPT experience in the upcoming year and begin to offer the PROMPT programs to obstetric units across the United States with the expectation of improving patient outcomes and reduced medical liability. Funded by the Vietnam Educational Foundation, I made two trips to Vietnam to set up training programs to reduce their very high maternal mortality rate. One of the hospitals I visited performs 60,000 deliveries per year. Dr. Ebenezer Babalola, our Chief of Urogynecology, traveled to Nigeria where he spent several weeks repairing numerous genital fistulas which typically result from obstetric complications. I am proud the Department hosts a dozen some obstetricians gynecologists annually from other countries. Think of the opportunities each of these relationships hold for a unique resident elective!
While it is always dangerous to predict the future, our growth is not over. Reproductive Endocrinology will double in size in 2013. We will launch our seventh Center of Excellence — tentatively titled the KU Center for Sexual Health and Body Wellness. This Center will be staffed by a multidisciplinary team of faculty, including gynecologists, urologists, sexologists, psychologists, and physical therapists dedicated to the treatment of disorders ranging from chronic reproductive organ/genital pain to repair of body image after disfiguring trauma (whether surgical or medical), to management of life-changing issues.

We will expand Maternal Fetal Medicine by another 20-40% and bring services to our patients’ communities, enhancing accessibility. Also in 2013, we will address the fact that resident duty hour restrictions necessitate a dedicated night shift by being one of the first in the nation to hire a full-time nocturnist who will provide in-house coverage of the Labor Suite four nights per week. Heretofore, the night shift was covered by rotating faculty who worked the next day, and as a result generated minimal resident and medical student didactic opportunity. Now, when clinical duty does not call, the nocturnist will conduct both structured and unstructured didactic sessions with the residents and students. In 2013, we will begin the endowment of a resident fund to support resident electives abroad. Lastly, faculty will publish at least two new books (they already publish five), including one targeted for the obstetric patient.

While US NEWS AND WORLD REPORT may not be the perfect index for quality and comprehensiveness of healthcare, it is as good a surrogate as is available, and I hope to lead off the annual report announcing that the Department is in the top 50 nationwide within the next two years. Regardless, there is much to be proud of at your KUMC Department of Obstetrics and Gynecology. I encourage you to visit our developing website (http://www.kumc.edu/obgyn) and welcome you to tour our facility or call with questions at any time.

Best personal wishes,

CARL P. WEINER M.D., M.B.A.

The K.E. Krantz Professor and Chair, Obstetrics and Gynecology | Professor, Molecular and Integrative Physiology
Director, Center for the Developmental Origins of Adult Health and Disease
University of Kansas School of Medicine | Kansas City, KS 66160
Dr. Ebenezer Babalola, a fellowship trained physician in Female Pelvic Medicine heads the Department’s Division of Female Pelvic Medicine and Reconstructive Surgery. As one of the newest subspecialties in Obstetrics and Gynecology, Dr. Babalola and his team perform innovative urogynecology techniques for the diagnosis and treatment of urinary and fecal incontinence as well as pelvic floor disorders, thus attracting patients from across a multi-state area. His experience with fistula repair is unmatched in the region. To ensure the continuum of care the division has comprehensive and advanced diagnostic facilities such as video and multichannel urodynamics, office cystoscopy, and fluoroscopy facilities for radiological investigations of pelvic floor disorders, as well as sacral neuromodulations.

In addition to basic and routine procedures, rehabilitation and corrective surgery are performed for the following conditions:

- Vaginal prolapse (vaginal hysterectomy, cystocele, rectocele, enterocele)
- Incomplete or inadequate emptying of the bladder
- Urinary frequency, urgency, nocturia
- Frequent urinary tract infections
- Mesh erosion, eroded slings, surgical complications
- Fecal incontinence
- Rectal fullness or prolapse and hemorrhoids
- Congenital anomalies of the female genital part such as vaginal agenesis/MRKH
- Vaginal stenosis or non-functional vagina (narrowing of the vaginal diameter and length requiring corrective surgery)
- Developmental variations of the female genital part requiring further corrective surgery
- Pelvic pain (endometriosis, interstitial cystitis, chronic pain syndromes)
- Pudendal neuropathy

The center also offers non-surgical treatments such as medications, pelvic exercises, biofeedback, electric stimulation, behavioral & dietary modifications and mechanical devices. When conditions continue to interfere with a patient’s quality of life, several surgical procedures are also available such as vaginal, abdominal, laparoscopic or robotic-assisted laparoscopic techniques. The corrective surgeries for pelvic and bladder conditions can be perform, either as outpatient procedures which results in minimal post-operative pain and a shorter recovery time or, as in most complex situations a brief hospital stay may be required.

Dr. Ebenezer Babalola

ONE OF THE NEWEST SUBSPECIALTIES IN OBSTETRICS AND GYNECOLOGY...
ATTRACTION PATIENTS FROM ACROSS A MULTI-STATE AREA.
Dr. Kimberly Swan joined the Center for Minimally Invasive and Robotic surgery within the Department of Obstetrics and Gynecology at the beginning of 2012. She took over the position from Dr. Carrie Wieneke. During her first year, she and her colleagues Drs. Reddy and Wieneke have performed a variety of surgeries to improve the lives of women. These surgeries have all been done with the least invasive procedures possible and, although they cannot be done in the clinic, the recovery from laparoscopic and robotic surgery is about 1/3 the time of an open procedure, with a much smaller surgical incision. The robotic surgery also enhances conventional laparoscopy, allowing more difficult cases to be performed in a less invasive fashion, allowing patients to have shorter hospital stays and an enhancement in their recovery process, allowing for a shorter return to normal function.

The types of conditions that have been treated include abnormal bleeding, fibroids, pelvic prolapse, ovarian cysts and pelvic pain. Dr. Swan is particularly proud of her ability to provide a robotic approach to treat advanced endometriosis.

Other faculty members are also active in performing robotic surgeries. This includes Dr. Colleen Milroy who performs myomectomies, Dr. Ebenezer Babalola who performs Sacrocolpolopexies, and many of the Department’s faculty who perform robotic hysterectomies, as well as our oncology team who also performs robotic surgeries. The Department looks forward to the continued development of these procedures as treatment options for our patients.

Allowing patients to have **shorter hospital stays** speeding their return to daily life
DR. KIM’S LIVE BIRTH

KU has one of the few fertility preservation programs in the country offering hope for patients recovering from malignancy or for patients who would like to wait to conceive. “It’s amazing because we know how to freeze sperm, blood cells, and embryos, but freezing eggs has always been a problem,” said Dr. Sam Kim, who heads the Department’s Reproductive Endocrinology and Infertility Clinic. By bringing a frozen egg from thawing, to fertilization, to birth, we can offer new options to our patients. The first procedure was completed in 2011, resulting in a beautiful baby girl born in May of 2012. This was the first time, the procedure has been completed in Kansas and the surrounding community.

The Division also offers a full range of infertility treatment options such as AI, IVF, intracytoplasmic sperm injection and frozen embryo transfer, all of which are experiencing high levels of success. The Division also offers the only recurrent early pregnancy loss program in the region.

ENHANCING OB-GYN RESEARCH & CARE

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A tremendous resource of the KU Women’s Health Specialty Centers is our office in Overland Park located at I-435 and Nall Ave. The office has allowed us to provide greater community access for all of our specialists: minimally-invasive, urogynecology, maternal-fetal medicine, and reproductive medicine. The office has convenient access to the Kansas City metropolitan area and attracts patients as far away as Emporia, KS, Omaha, NE, and Tulsa, OK. The office’s location, ample parking, and updated facilities all add to the patient experience and provides access to academic faculty physicians in a community office setting.

We have also seen rapid growth in our Center for Advanced Reproductive Medicine who practice exclusively at the Overland Park office. In December 2012, we finished our second expansion in 3 years to accommodate this growth. With our most recent addition, we expanded our andrology, endocrinology and embryology labs, added three recovery rooms, and improved our physician consult and nursing education areas. These additions will allow the Center to continue growing for years to come.

Our Overland Park office has also taken on greater importance with the University of Kansas Hospital’s purchase of the Indian Creek Campus just west of our office. Patients in need of a surgical treatment option after being seen at our Overland Park office may have the option of having their procedure performed across the street.

THE CLINICAL CENTERS: FOUNDING AND MILESTONES

2006
KU CENTER FOR HIGH RISK PREGNANCY

2006
KU CENTER FOR ADVANCED FETAL CARE

2007
KU CENTER FOR ADVANCED REPRODUCTIVE MEDICINE

2008
KU CENTER FOR MINIMALLY INVASIVE AND ROBOTIC SURGERY

2009
KU CENTER FOR UROGYNECOLOGY AND PELVIC FLOOR REPAIR

2012
NCI DESIGNATION FOR THE KU CANCER CENTER

2013
KU CENTER FOR SEXUAL HEALTH AND BODY WELLNESS
Seven years ago, the Department focused on the provision of sound education in OB-GYN and primary care for women. While these goals remain, they are now greatly expanded to reflect the philosophy that you cannot teach effectively without asking probing questions about the care you provide, and then seeking answers to those questions. The growth in Department-sponsored research is as exciting as that in the clinical arena, placing us in the position to compete nationally for funding and internationally for attention. In 2012, the Research Division brought in over $1.2 million in funding and presented 8 abstracts at national and international research meetings.

Yafeng Dong, Ph.D., who is both mentor and molecular biologist, leads the Division. In 2012, he was funded by an R03 from NICHD and partnered with Dr. Carl Weiner on a range of projects, including biomarkers discovery, regulation of myometrial quiescence and labor, and the impact of chronic hypoxia on the fetal brain. An U01 award from the CDC supported the research for biomarkers of disease. The collaboration has resulted in three patent filings.

In 2012, the Division included 5 additional fulltime research faculty who mentored 4 postdoctoral fellows. Adam Krieg, Ph.D., joined the Department from Stanford and focuses on hypoxia gene regulation. A COBRE award from the NIH funded his efforts. Juan Arroyo, Ph.D., investigated aspects of the impact of fetal hypoxia on brain development. A K99 award from NICHD funded his research. Clifford Mason, Pharm.D. Ph.D., studies the impact of obstetric disease on placental drug transport and the mechanisms underlying myometrial quiescence. Originally funded as a Building Interdisciplinary Research Careers in Women’s Health (BIRCWH) scholar, Dr. Mason received a perfect score from the NICHD for his K99 submission; 2012 was the first of five years of funding. Warren Nothnick, Ph.D., received RO1 funding for his studies in the role of miRNA in endometriosis. Finally, our newest faculty member, Dr. Helen Zhou, submitted her first independent grant proposal seeking new biomarkers for ovarian cancer.

On the translational side of research, 2012 saw the addition of a second Women’s Reproductive Health Research Program (WRHR) scholar. The WRHR scholars, both members of the Division of Maternal Fetal Medicine, have 75% protected time for their educational and research activities. Our senior scholar, Dr. Gene Lee, is seeking to objectively define and then characterize the fundamental mechanisms of labor dysfunction. His first project is to identify the
maternal cell free plasma transcriptome associated with labor dysfunction. Several markers of interest have already been identified. Dr. Devika Maulik is our latest WRHR scholar. Dr. Maulik is characterizing the folate pathway during pregnancy and among nonpregnant females of reproductive age. Her work is a collaboration with J. Steven Leeder, Ph.D., Pharm.D. at Children’s Mercy Hospital and has received additional funding support from St. Luke’s Hospital. Her preliminary findings suggest racial differences in folate reserve that appear resistant to folic acid supplementation.

The Department’s capacity for clinical research was also significantly enhanced in 2012. First, Catherine Satterwhite, Ph.D., of the Department of Epidemiology and Preventive Medicine, joined our Department on a part-time basis to assist faculty in the development and analysis of their own and resident initiated research projects. Prior to joining the KU family, Dr. Satterwhite was a CDC reproductive epidemiologist. In 2012, our residents presented 5 abstracts at national meetings—2 were oral presentations. Second, we recruited Linda Samuelson, R.N., as our clinical research coordinator. Not only did Linda oversee more than a half dozen clinical studies in 2012, she brought order to the research efforts of multiple investigators from outside the Department interested in enrolling our patients. More than half her efforts were industry-sponsored, generating important salary dollars.

The opportunity for cross-campus collaborative research is great at the University of Kansas, and our activities grew again in 2012. Sarah Kieweg, Ph.D., from the KU School of Engineering, received exploratory funding with Dr. Sam Kim to develop technology to enhance the preservation of human oocytes being stored for later fertilization. In a second project, Dr. Weiner joined Sarah on a successful RO3 application (Biomechanical & Computational Molecular Design of Microbicide Delivery Systems) to develop an instrument to evaluate the effectiveness of drug delivery systems across the vaginal mucosa. In yet, a third project Dr. Weiner, Dr. Kieweg, and Dr. Sara Wilson, (also KU School of Engineering) received seed funding to devise instruments to measure the total force (maternal, uterine and physician) required to accomplish a vaginal delivery.

We believe that the Division of Research is well poised for future growth. Please check our website periodically for a description of active clinical research studies and the results of completed ones. We would love your participation whenever feasible. In this current era of NIH funded clinical networks, it is difficult for a smaller unit like KUMC to achieve top 10 ranking. It is our express goal, however, to make the top 20 by 2015.
In recognizing that healthcare is a two-way street, the Department continues to develop its ties to the local community while maintaining a strong relationship with its patient population. On the evening of October 15, 2012, in the Beller Conference Center on the KUMC campus, the Department hosted an educational outreach program. This unique form of community outreach was in direct response to continual requests from not only patients but from people throughout the regional community seeking to learn more about the programs and services available within the Department. This was an opportunity to introduce the breadth and depth of the Department’s clinical, research and educational programs to the Kansas City community.

The evening started with a general introductory session directed by Department Chairman, Dr. Carl Weiner, who presented an overview of the Department’s structure, accomplishments and future directives. He summarized the achievements of the Department; such as, the increased national rankings, growing research programs, the creation of future clinical programs and the growing accomplishments throughout our resident education program.

The program then moved into divisional breakout sessions on General Obstetrics, Female Pelvic Medicine, General Gynecology, Maternal Fetal Medicine, Gynecological Oncology and Reproductive Endocrinology & Infertility. This model provided a unique opportunity to allow the attendees to partake in the educational sessions and then meet their presenters on an individual basis to have their specific questions answered.

Due to the overwhelming response from the program attendees, this event will be hosted once again in 2013 with an expanded format.
YOU HAVE QUESTIONS, WE HAVE ANSWERS.
As the clinical programs in the Department continue to grow, it is only appropriate that 2012 saw the creation of the Departments’ first dedicated Grateful Patient Program. The original intent of this program was to create a user-friendly “front door” for the Department that would ease the anxiety of clinical experiences for patients and family members. However, the program has transcended its original mission, permeating the culture of our patients, as well as gaining support from our faculty. In effect, the Grateful Patient Program is impacting the overall delivery of healthcare services throughout the Department.

Before patients even enter our clinic, they can visit our website and read the grateful patient stories and view the patient photos. They can also do this once they arrive in our clinics by viewing this information in our grateful patient books located in our waiting rooms. The primary goal of this process is for our patients and families to achieve a sense of calm as they relate to the experiences of those who have gone through similar healthcare challenges. Assuring people that they are not alone in their healthcare journey can make all the difference. Patients are often looking for avenues to support and honor not only their doctors but their entire healthcare team, ranging from the nurses to the residents to the faculty. This program has been a wonderful way for patients who feel gratitude for their healthcare team to give back with either a financial gift or the gift of telling their story.

The patients participating in this program come from all divisions of the Department, creating a total picture of the depth of services available to our diverse patient population. By creating this total picture, many patients are able to establish connections and services for friends and family who have needs in all areas of Obstetrics and Gynecology. Once they have an established relationship with our team, they feel good about recommending other areas of healthcare that they or their loved ones need to engage in.

Hopefully, this program will continue to grow and allow our patients the opportunity to experience their healthcare services as a “two-way street”, with communications flowing easily between the patient and their healthcare team, establishing the best possible outcomes for their healthcare journeys.
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

GENERAL OBSTETRICS AND GYNECOLOGY

John Calkins, MD
Linden Collins, MD
Meredith Griffin, MD
Madhuri Reddy, MD
Thomas Snyder, MD
Danielle Staecker, MD

Emily Steinbis, MD
Kimberly Swan, MD
Carrie Wienke, MD
John Wiley, MD
Ebenezer Babalola, MD

UROGYNECOLOGY & PELVIC FLOOR REPAIR

MATERNAL-FETAL MEDICINE

Janet Andrew, MD
Gene Lee, MD
Devika Maulik, MD
Carl Weiner, MD, MBA
GYNECOLOGICAL ONCOLOGY

Julia Chapman, MD  Gary Johnson, MD  Evelyn Reynolds, MD

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

S. Samuel Kim, MD  Sacha Krieg, MD, PhD  Colleen Milroy, MD

RESEARCH

Yafeng Dong, PhD  Adam Krieg, PhD  Clifford Mason, PhD

Not pictured: Helen Zhou, MD

BRINGING HIGHLY QUALIFIED FACULTY TO THE PATIENT WITH PHYSICIANS WHO PROVIDE REGIONALLY UNIQUE CARE THROUGH OUR SEVEN CENTERS OF EXCELLENCE
The Department’s residency program continues to produce highly trained Obstetricians and Gynecologists with excellent clinical and surgical skills. Clinical training is supported by an extensive curriculum that is reviewed and revised annually to maximize resident training needs. Residency program leadership has worked with the residents to develop a curriculum that incorporates the variety of learning styles present in today’s graduating medical students. As such, our curriculum includes traditional lecture, interactive web-based programs, multidisciplinary conferences, and simulation medicine.

Of the 2012 graduating class, Dr. Linden Collins joined the Department’s faculty, Dr. Kimberly Brey joined the Lincoln Center group in Topeka, and Dr. Alhambra Frarey has joined the faculty at the University of Pennsylvania.

At the end of 2012, after an illustrious career and a long association with the Department, Dr. Thomas Snyder retired. Dr. Snyder said that, although he will miss practicing medicine, he has many interests that he is looking forward to pursuing in his retirement. Dr. Snyder received his medical degree from KU in 1973. He then went on to complete his residency and a fellowship in Gynecologic Oncology and Surgery, both at KU. He served in the United States Air Force as a staff gynecologist and director of Gynecologic Oncology at Keesler Air Force Base in Biloxi, Mississippi and as Chairman of the Department of Obstetrics and Gynecology at Maxwell Air Force Base. After his service in the military, he went into private practice in Salina, Kansas, until he returned to KU as faculty in 1986. He then joined the faculty at Wake Forest University before he stayed until he returned to KU in 2002 to teach general gynecology and obstetrics and gynecologic surgery. He has been involved with the Department since 1969, and his departure will leave us all a little sadder.
In 2012, in addition to his clinical and teaching duties, Dr. John Calkins served in two different leadership positions at the national level. The first was the Past-Chair of District VII of the ACOG. That was a three year term that followed his three years as Chair of the District. The College keeps their past chairs engaged in the District to help provide “corporate memory” for the new officers. Dr. Calkins has spent a total of 15 years serving in various officer positions for the District (Program Chair, Treasurer, Vice-Chair, Chair and Past Chair). There are currently 12 districts within the College. District VII is composed of 8 states (Alabama, Arkansas, Kansas, Louisiana, Mississippi, Missouri, Oklahoma, and Tennessee) and Mexico. While District Chair, he also served on the Executive Board of the College. The District meets every fall for the Annual District Meeting that includes both scientific programs as well as an Advisory Council meeting. Currently, he is transitioning to a role on the Advisory Council of the District as the person in charge of coordinating communication going forward to keep past officers involved in District activities.

Dr. Calkins second officer position this past year has been President of the Central Association of Obstetricians and Gynecologists. That is a regional organization that includes the 32 states that are not abutting on an ocean (the Atlantic or Pacific). That group meets every fall with a scientific program that incorporates original research presentations plus “hot topics” in ob/gyn, the latter of which Dr. Calkins organized. While at the meeting, Dr. Calkins gave his presidential address focusing on the importance in mentoring our younger physicians.

The Department is extremely proud of Dr. Calkins. His efforts continually raise the standard of care for the profession.
LECTURES AND PRESENTATIONS

Dr. Carl Weiner

“Chronic Fetal Hypoxia and Brain Injury: The fall of Dogma.” 28th Annual Conference on Obstetrics, Gynecology, Perinatal Medicine, Neonatology, and the Law, Costa Rica, 1/2/12-1/6/12.


“Cell free plasma RNA in pregnancy complications.” 11th World Congress in Fetal Medicine, Kos, Greece, June 27, 2012.

Dr. John Calkins
“Mentoring: More Important yet More Challenging than Ever”. That presentation was given in October in Chicago.

Dr. S. Sam Kim
International Conference and Hands-on Courses on Fertility Preservation (2012), Palermo, Italy. Invited speaker; Fertility Preservation: practice guidelines

ASRM 2012 Symposium (2012), San Diego, CA, invited speaker; The genomic and proteomic consequences of ovarian tissue cryopreservation

Fertility Preservation: from endometriosis to ovarian tissue cryopreservation (2012), Brussels, Belgium, Chairman and panel discussant

PEER REVIEWED PAPERS


**ABSTRACTS**


Mason CW, Dong Y, Buhimschi IA, Buhimschi C, Weiner CP. Purkinje Cell Protein 4 (PCP4) Repression in Human Myometrium During Preterm Labor: Society for Maternal Fetal Medicine, February 9-11, Dallas, TX, 2012.


Dong Y, Zhou H, Artigues A, Villar M, Weiner CP. Vimentin Suppression Enhances the Fetal Inflammatory Response In Endothelium During Chronic Hypoxia. Society for Maternal Fetal Medicine, February 9-11, Dallas, TX, 2012.

**PATENTS**


**CURRENT DEPARTMENT PUBLICATIONS FOR 2012**

**ADDITIONAL BOOKS CURRENTLY IN PUBLICATION**

*Anesthesia and the Fetus*

*Principles and Practice of Fertility Preservation*

*High Risk Pregnancy Management Options*

*When to Screen in Obstetrics and Gynecology*

*The Complete Guide to Medications During Pregnancy & Breastfeeding*

*Drugs for Pregnant and Lactating Women*

*Normal Values in Pregnancy*
“There is no foot too small that it cannot leave an imprint on this world.”

Twin to Twin Transfusion Syndrome
Gaige & Wyatt

2012

Twin to Twin Transfusion Syndrome
5K Run
When Stephanie was diagnosed with Twin to Twin Transfusion Syndrome (TTTS) early in her pregnancy, she knew the outcome for her and her twin boys Gaige and Wyatt was not good. However, she and her husband Brad were so grateful for the care and support that they received from Dr. Weiner and his team that they wanted to do something to give back. Stephanie has always enjoyed running so she decided to organize a 5K run. Although Stephanie and Brad live in a small rural community, the outpouring of support was amazing, and the event held on October 13th raised over $3200 for Dr. Weiner’s TTTS work. Stephanie said, “It is my hope that someday, families won’t have to go through what we did.”

In early 2012, the Department announced a future commitment of $500,000 through an estate gift from Dr. Misha Curtis, a 1979 graduate of the program. The generous donation will be used to create an international guest lectureship, providing students 1-2 weeks of intensive training by uniquely qualified professors from abroad. Dr. Curtis felt these challenging new courses “would render KU graduates even more competitive with the graduates of other residency programs.” The addition of these courses will leave a tremendous legacy for the residency program and ensure that future classes enjoy the same exceptional educational training Dr. Curtis received at the University of Kansas, which “enabled her to have a long and successful professional life.”

“Would render KU GRADUATES even more competitive with the graduates of other residency programs.”
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**WWW.KUMC.EDU/OBGYN**
ANOTHER WEBSITE PENDING
5C
Center for Advanced Fetal Care
Center for Urogynecology and Female Pelvic Medicine
Center for High Risk Pregnancy