Chair: Todd R. Griffin, MD
Residency Program Director: Melissa Henretta, MD, MPH
Associate Residency Program Director: Elizabeth Garduno, MD, MPH
RRD Program Director: Richard Bronson, MD
RRD Program Committee: Deborah Duttge, Dianne Hummel, Kathy Molloy

Department Faculty:
Kristen Alarcon, NP
Cecelia Avila, MD, MPH
Ebenezer Babalola, MD, MSc
David Baker, MD
James Bernasko, MD, CDE
Jennifer Blaber, MD
Richard Bronson, MD
Nancy Bowden, NP
Lauri Budnick, MD
Christine Campagna, PA-C
Kristen Clemens, CM
Christine Conway, MD
Michael Demishev, MD
Marlo Dombroff, PA-C
Sarah Fairchild, PA-C
Evangelia Falkner, CNM
Heather Findletar, CNM, DNP
Maria Fisher, CNM
Elizabeth Garduno, MD, MPH
Diana Garretto, MD
David J. Garry, DO
Jennifer Griffin, NP
Todd Griffin, MD
Amy Hall, CNM
Melissa Henretta, MD, MPH
Kimberly Herrera, MD

Josephine LoPiccolo, MD
Cynthia Mann, MD
Maryatheleena Matis, MD
Natalie Semenyuk, MD
Evan Stolarz, MD
Norma Wolkin, MD

Martin L. Stone, MD—Deceased
Professor Emeritus and Founding Chairman
36th Annual Residents & Fellows Research Day

The Martin L. Stone, MD Visiting Lecturer and Judge

Bobbie S. Gostout, MD
Professor and Chair, Gynecology
Mayo Clinic
Rochester, MN

JUDGES

Mark A. Talamini, MD
Professor and Chair
Department of Surgery
Chief of Surgical Services
Stony Brook Medicine

Deborah Davenport, MD
Three Village Women’s Health
Clinical Assistant Professor
Stony Brook Medicine

RESIDENTS

Chiefs
Kir-Wei Chen, MD
Kelly Danylyshyn-Adams, MD
Sarah Park, MD
Angeline Seah, MD

PGY-3
Amy DeMarco, MD
Jaclyn Nunziato, MD
Jessica Parker, MD
Andre Plair, MD
Jenny Zhang, MD

PGY-2
Isabel Eisner, MD
Any Kutsenok, MD
Kathryn Minic, MD
Jennie Ou, MD
Odette Taha, MD

PGY-1
Ayisha Buckley, MD
Sara Kim, MD
Dijana Poljak, MD
Hannah Valdes, MD

FELLOWS

Maternal Fetal Medicine
Nadia Kunzier, DO
Sevan Ani Vahanian, MD
Malini Persad, MD, MPH

Minimally Invasive Surgery
Xun Lian, MD

3rd Year
2nd Year
1st Year
PROGRAM

8:30-8:35  Welcome & Introduction - Residents and Fellows Research Day Program Director
Richard A. Bronson, MD

Amy DeMarco, MD  Faculty Advisor: Joseph Chappelle, MD

8:50-9:00  Discussion and Questions—Discussant: Ebenezer Babalola, MD

9:00-9:15  Patient Understanding & Satisfaction of the Informed Consent Process in Labor & Delivery
Jenny Zhang, MD  Faculty Advisor: Elizabeth Garduno, MD, MPH

9:15-9:25  Discussion and Questions—Discussant: Melissa Strafford, MD

9:25-9:40  Hospital Readmission Rates following Hysterectomy for Benign Conditions
Andre Plair, MD  Faculty Advisor: Michael Pearl, MD
Melissa Henretta, MD
Todd Griffin, MD

Contributors: Natalie Crnosija, MPH
Jessica Parker, MD

9:40-9:50  Discussion and Questions—Discussant: Christine Conway, MD

9:50-10:05  Fetal Surveillance Using Middle Cerebral Artery (MCA) Doppler Velocimetry in Pregnancies Complicated by Diabetes
Sevan Ani Vahanian, MD  Faculty Advisor: Wendy Kinzler, MD

10:05-10:15  Discussion and Questions—Discussant: Gerald Quirk, MD, PhD

10:15-11:00  Poster Presentations

11:00-11:15  Factors Influencing Ovarian Cancer Readmission in New York State
Jessica Parker, MD  Faculty Advisor: Melissa Henretta, MD

11:15-11:25  Discussion and Questions—Discussant: Joyce Varughese-Raju, MD

11:25-11:40  Maternal and Neonatal Factors Associated with Histologic Chorioamnionitis
Jaclyn Nunziato, MD  Faculty Advisor: Joseph Chappelle, MD

11:40-11:50  Discussion and Questions—Discussant: Diana Garretto

11:50-12:50  A Gratifying Career: Owning the Pathway
Bobbie Gostout, MD

12:50-1:50  Lunch
POSTER PRESENTATIONS

The Utility of Blood Cultures in Patients with Postpartum Fever
Jennie Ou, MD
Faculty Advisor: Joseph Chappelle, MD

Postpartum Sterilization: A Retrospective Study of Factors Leading to Unfulfilled Postpartum Sterilization Requests
Kathryn Mince, MD
Faculty Advisor: Melissa Strafford, MD

Patient Satisfaction with Same Day Discharge Following Laparoscopic Hysterectomy
Isabel Eisner, MD
Faculty Advisor: Jennifer Blaber, MD

The Effect of Early Post-Operative Catheter Removal on Patient Satisfaction in Gynecologic Oncology
Anya Kutsenok, MD
Faculty Advisor: Michael Pearl, MD

Comparison of Urinary Retention and Patient Satisfaction with urinary Catheter Removal at 12 vs 24 hours in Women Undergoing Cesarean Delivery
Odette Taha, MD
Faculty Advisor: Joseph Chappelle, MD

CONTINUING MEDICAL EDUCATION CREDIT

PROGRAM OBJECTIVES

The purpose of this program is to provide a forum for discussion of original research findings and for the introduction, development, and review of new and most accepted approaches to the discipline of Obstetrics and Gynecology. Upon completion of the program, participants should be able to apply medical problem-solving skills, practice new approaches to manual and surgical skills, and utilize skills in evaluating new information.

CONTINUING MEDICAL EDUCATION CREDITS

The School of Medicine, State University of New York at Stony Brook, is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The School of Medicine, State University of New York at Stony Brook designates this activity for a maximum of 5 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

DISCLOSURE POLICY

All those in control of CME content are expected to disclose any relevant financial relationship with a commercial interest (defined as any entity producing, marketing, reselling or distributing health care goods or services consumed by or used on patients) that relates to the content that will be discussed in the educational presentation.

All commercial relationships that create a conflict with the planners, speakers and author’s control of content must be resolved before the educational activity occurs.

ACOG COGNATE CREDITS

The American College of Obstetricians and Gynecologists has assigned 5 cognate credits to this program.
GRADUATING RESIDENTS & FELLOW

Dr. Kir-Wei Chen was born in Taiwan, but grew up in Florida, with a short stay in Centereach, NY. He attended undergrad at the University of Florida, Gainesville and Boston University Medical School, where he met his wife. His wife also attended Stony Brook for her residency in Internal Medicine.

After graduation Kir-wei will be joining an ObGyn practice in Florida to work alongside his father.

Dr. Kelly Danylyshyn-Adams is a California girl at heart. She spent her childhood riding the waves and flipping off diving boards in the oceans and pools near LaJolla, CA, earning her way to a division one diving scholarship at George Washington University in Washington, DC. During this time, with the help of her family, she circumnavigated the globe (twice!) and decided she was meant to care for women while fighting for their rights as the president of GWU Chapter of the Feminist Majority Leadership Alliance. She then decided to pursue her dream of being a doctor and attended the Royal College of Surgeons in Ireland. After her sub-internship at UCSD, Kelly moved to Stony Brook with her longtime partner Chris Kennedy and dog Jillian. After graduation, Kelly will be joining the private practice of Women’s Health Specialists in Appleton, WI.

Dr. Sarah Park grew up in Thailand, New York and Florida. She attended undergrad at Wellesley College where she majored in Neuroscience and minored in Jewish Studies. She continued her education at the University of Medicine and Dentistry of New Jersey—New Jersey Medical School and began residency at University of Medicine and Dentistry of New Jersey —Robert Wood Johnson University Hospital and transferred to Stony Brook as a PGY-2 to be with her husband. She also served as a Second Lieutenant in the New Jersey Army National Guard—Medical Command. Her plans after graduation are to work as locus tenems on Long Island while her husband finishes his residency. After that, Dr. Park will continue her journey in Philadelphia.

Dr. Angeline Seah was born in the Philippines and at the age of six, she and her mother, Myrna Balageo, immigrated to the United States. Angie grew up in Far Rockaway, Queens until high school when she moved to Lawrence H.S. in Nassau. She attended undergrad at Stony Brook University, on scholarship with Honors College and worked as a resident assistant while double-majoring in Psychology and Biology with a focus on Neuroscience. During undergrad, she was an EMT with SBVAC and mentor to BIBAK, NY youth. In 2008, Angie graduated Magna Cum Laude and a Phi Beta Kappa member and continued on to medical school at Stony Brook. She chose Stony Brook for residency because it was a program with opportunities to do what you are passionate about. After graduation, Dr. Seah will join South Bay ObGyn while husband, David Soohoo completes residency.

Dr. Nadia Kunzier was born and raised in Syracuse, NY. She was a gymnast from the age of two and competed competitively from the age of six throughout college. She also competed in Slalom Skiing and earned national titles in both gymnastics and skiing. As an undergrad she attended SUNY Environmental Science and Forestry and Syracuse University. With her athletic background, Nadia strives to create a core of health in prevention and was drawn to attend New York College of Osteopathic Medicine in Long Island. She then trained as a general ObGyn at Winthrop University Hospital and stayed on as a fellow in Maternal-Fetal Medicine at the combined program of Winthrop University Hospital and Stony Brook Medicine. After graduation, Dr. Kunzier will be travelling with her two year old son, husband and two yellow labs before joining as a full-time faculty Maternal Fetal Medicine specialist at Winthrop University Hospital.
Non-invasive Hemoglobin Monitoring: A Method of Measuring Blood Loss in Cesarean Delivery?

A. DeMarco MD, E. Young, D. Lee, J. Chappelle MD

Background: Obstetrical hemorrhage is a leading cause of maternal morbidity and mortality worldwide. Prompt and accurate estimation of blood loss during a cesarean delivery (CD) is necessary to expedite the diagnosis and treatment of hemorrhage, however visually estimating blood loss is inaccurate. Transcutaneous hemoglobin monitoring enables rapid, continuous, real-time measurements and has been validated in multiple non-obstetric settings. The aim of this study is to investigate the ability of the Masimo device to measure blood loss during a CD.

Methods: Women with term, singleton pregnancies undergoing scheduled CD were consented to participate in this prospective, non-blinded, observational study. The Masimo Radical-7 Pulse CO-oximeter was used to continuously record hemoglobin (SpHb) values preoperatively, during the CD, and for 8 hours postoperatively. These values were then compared with laboratory hemoglobin (Hb) measurements obtained preoperatively and on the morning of postoperative day number 1 to determine if blood loss could be accurately determined in real-time. Statistical analysis was performed using Friedman, Bland Altman, and Wilcoxon rank sum tests, as well as Spearman correlations.

Results: Thirty-four women were assessed for eligibility, 20 of whom agreed to participate in the study and were enrolled. Data was obtained on 13 women. Bland Altman testing demonstrated agreement between preoperative Hb and SpHb values, with a bias of 0.85±1.05, comparable to previous reports. The women experienced a significant drop in Hb between preoperative and postoperative values (11.5 g/dl to 9.5 g/dl, p=0.001). There was no significant difference among SpHb preoperative values (median=10.62) when compared to any postoperative time point (p=0.873). There was no correlation between the change in SpHb and Hb values.

Conclusions: This study demonstrates the inability of the Masimo Radical-7 to non-invasively measure blood loss during a CD, as SpHb showed poor accuracy and no trending ability when compared with laboratory values. These findings are supported by prior studies showing poor performance of the Masimo device in conditions involving large changes in intravascular volume, especially during hemorrhage, and in the context of regional anesthesia. Caution should be taken when attempting to utilize this device in an obstetric population undergoing CD.
Patient understanding and satisfaction of the informed consent process in Labor and Delivery

Jenny Zhang MD, Elizabeth Garduno MD, MPH

Introduction

Informed consent is a vital component of patient autonomy. Previous studies have found that despite having signed consent forms for treatment, many patients do not understand their options, risks, and benefits. In obstetrics there is an expectation for a perfect outcome, which makes the women’s understanding of the risks extremely important. Consents in obstetrics are often obtained in the midst of emergent situations or while the women is in severe pain, which may hinder their understanding. The impact of these factors on the consent process has not yet been studied. The objective of this study is to gain insight into our current consent process and to determine if situational factors effect women’s understanding of the forms they sign.

Methods

We performed a prospective cross-sectional study amongst postpartum women who were admitted for delivery at Stony Brook University Hospital between 12/2015 and 3/2016. Women were provided a survey to complete in their own time in which they were asked to recall information from the consent process and to rate their satisfaction with the process. A Total Recall Score (TRS) was calculated from a summation of the answers from the questionnaire as well as separate scores for labor consent (V-score), surgical delivery consent (C-score) and for blood transfusion consent.

Results

252 women were recruited in this study, of which 60% (155) returned completed surveys. As women’s’ pain scores increased, their TRS decreased (42.53 vs. 35.09; p = 0.0166). There were no other significant factors affecting TRS, including planned or unplanned nature of the admission. A history of a prior vaginal delivery was associated with a higher V-score (71.43 vs. 42.86; p<0.001). Similarly, a history of a prior cesarean delivery, a scheduled cesarean delivery, and a pain score < 5 were associated with a higher C-score.

Conclusion

Women may not adequately understand the components of informed consent, particularly in painful situations such as labor. The ethical and medicolegal significance of this finding are considerable as obstetrics is a field of medicine where the plan may change quickly and perfect outcomes are expected. This study demonstrates an opportunity for improvement in the consent process in obstetrics.
Background: Hospital readmission rate is used as a marker of quality of care and is linked to medical reimbursement. Hysterectomy is the most common major gynecologic procedure performed in the United States. However, there currently are only a few published studies utilizing a large interhospital database assessing readmissions following benign hysterectomy.

Objectives: To analyze the impact of patient, procedure, and surgical volume factors on 30-day hospital readmission after hysterectomy for non-urogynecologic, benign hysterectomies and to describe the characteristics of such readmissions.

Methods: The New York State SPARCS database was utilized, analyzing data on hysterectomies performed for non-urogynecologic, benign indications from 2007-2014. Risk factors analyzed included: patient characteristics, procedure type, length of hospital stay, hospital academic status, NYS hospital region, and annual surgical volume by hospital and surgeon. Outcomes for the analysis include 30-day total hospital readmission rate and descriptive characteristics of hospital readmissions. Initial univariate analyses were used to specify the parameters for larger multivariate analyses.

Results: In total, 132,943 hysterectomy index encounters were analyzed with a total of 5,896 (4.43%) 30-day hospital readmissions. Younger age (<54 years old), Black race, Medicare and Medicaid insurance, academic medical center status, total hysterectomy (vs. supracervical), open surgical procedures, certain admission diagnoses (endometriosis, GYN infection, hemorrhage/anemia), comorbidities, postoperative complications, and increasing length of stay were found to correlate with both increasing rates of hospital readmissions. Surgeon volume did not correlate with hospital readmissions. Hospital region did not correlate with hospital readmissions. “Unspecified Infectious Disease” (28.67% of readmission diagnoses), “Other” diagnoses (17.83%), and “Digestive/Gastrointestinal” diagnoses (12.93%) were the leading diagnoses for readmissions. “Other” procedures (a conglomerate group not related to gastrointestinal, gynecologic, urologic, wound-related, or infectious disease conditions), “Gastrointestinal” (10.03%), and “Infectious Disease” (6.87%) were the most common types of procedures performed during a readmission. The length of stay for readmissions ranged from 0-155 days with a mean of 5.772 and median of 4. The cost of hospital readmissions ranged from $913.66 - $875,108.14 with a mean of $30,132.04, a median of $18,071.76, and a total of $177,658,510.79 over 8 years.

Conclusions: Multiple factors were found to correlate hospital readmission. The unexpected results included the association of younger age and academic medical center status with increasing readmission rates as well as the lack of a clear advantage of increasing surgeon volume. This data can be used to help practitioners, hospitals,
Fetal Surveillance Using Middle Cerebral Artery (MCA) Doppler Velocimetry in Pregnancies Complicated by Diabetes

Sevan A Vahanian1, MD (fellow), Wendy L Kinzler2, MD, Hui Chen2, MD, Iman Saleh2, MD
Martin Chavez2, MD, Anthony Vintzileos2, MD

Objective: To determine the association between abnormal MCA Doppler parameters and adverse perinatal outcomes in pregnancies complicated by diabetes mellitus.

Methods: This was a retrospective cohort study of singleton pregnancies complicated by gestational or pregestational diabetes in a single institution from 2009 to 2011. Patients were identified through a query of the perinatal database; those who underwent fetal surveillance with MCA Doppler velocimetry were included. We routinely obtain MCA Doppler studies with antenatal testing although the information is not used to guide management. Exclusion criteria were estimated fetal weight less than the 10th percentile, suspected fetal anemia, known fetal chromosomal abnormalities, major congenital anomalies, or incomplete records. Abnormal MCA Doppler parameters were defined as either pulsatility index or resistance index less than the 5th percentile compared to previously established nomograms. Baseline maternal and obstetric factors were collected. Neonatal outcomes were compared between those who had normal MCA Doppler parameters versus abnormal MCA Doppler parameters within one week of delivery. Parametric and non-parametric tests were used; P < 0.05 was considered significant.

Results: Of the 104 patients identified; 86 had normal MCA Doppler parameters and 18 had abnormal MCA Doppler parameters. There were no differences between the groups in terms of maternal characteristics including age, race, BMI, type of diabetes, insulin use, HgA1c, mode of delivery, and smoking history. There were more cases of preeclampsia in the abnormal MCA Doppler group (22.2% vs 13.9%) but not chronic hypertension (16.7% vs 16.2%), although this did not reach statistical significance. In terms of neonatal outcomes, the abnormal MCA Doppler group had more preterm deliveries (55.6% vs 16.3%, P = 0.006), antenatal betamethasone administration (44.4% vs 6.9%, P = 0.007), and NICU admission (94.4% vs 59.3%, P < 0.001). Neonatal hypoglycemia, hyperbilirubinemia, birthweight, Apgars, and cord pH were not significant. There were no cases of shoulder dystocia or fetal demise in either group.

Conclusions: Abnormal MCA Doppler parameters are strongly associated with preterm delivery and NICU admission in pregnancies complicated by diabetes. Ongoing studies should focus on the potential role of MCA Doppler velocimetry in evaluated and predicting adverse perinatal outcomes in pregnancies complicated by diabetes.
Factors Influencing Ovarian Cancer Readmission in New York State
Jessica Parker, MD, Melissa Henretta, MD, MPH

Background: As health care costs rise in the United States, 30-day readmission has become a target for reform, both to assess hospital performance and decrease cost. Ovarian, fallopian tube, and peritoneal cancer patients often undergo radical surgery, have comorbid conditions, and disease sequelae that can contribute to hospital readmission. Identifying readmission rates, factors contributing to readmission, and the cost of readmissions is an important start to improve quality of care and decrease cost. While earlier studies have evaluated readmission at single institutions, this study aims to determine factors influencing readmission for ovarian, fallopian tube and peritoneal cancer in New York State (NYS) across hospital systems.

Methods: The NYS Statewide Planning and Research Cooperative System (SPARCS) database collects patient level details for all inpatient and outpatient encounters. After Stony Brook University Hospital Institutional Review Board approval and with NYS Department of Health approval, data were extracted from January 2008 through December 2014. Patients age 18 and above admitted to a hospital facility with a diagnosis of ovarian, tubal, or peritoneal cancer were included in this study. We identified the total number of ovarian, fallopian, and peritoneal cancer patients admitted, the number of patients with readmissions within 30 days, data on indication for readmission (ICD-9 codes), location, hospital type (academic, teaching, and community), and cost.

Results: A total of 14,803 unique patients were admitted with a diagnosis of ovarian, fallopian tube, or primary peritoneal cancer during the study period. Of these patients, 712 (4.8%) had an episode of readmission within 30 days of discharge, and 217 of those had more than one series of readmission. After bivariate analysis, the factors statistically associated with 30-day readmission were hospital type and NYS region (p=.000 and p=.0023, respectively). Controlling for these factors, logistic regression revealed that length of stay was a statistically significant factor for readmission. Cost was analyzed for index and 30-day readmissions and readmissions were as costly as index admissions.

Conclusion: In the largest study of ovarian, fallopian tube, and primary peritoneal cancer patient readmissions published to date, hospital type, region of care, and length of stay were significant contributors to hospital readmission. Differences in regions and hospital types may be a reflection upon quality of care. Readmission continues to impact the healthcare cost burden.
Maternal and Neonatal Factors Associated with Histologic Chorioamnionitis

Jaclyn Denise Nunziato, MD, MS; Malini Devi Persad, MD, MPH; Eric Rios-Dios, MD; Cynthia Kaplan, MD; Natalie Crnosija, MPH; Joseph Chappelle, MD

Objective:
To determine the maternal and neonatal factors associated with histologically confirmed chorioamnionitis.
To create a model for the clinical diagnosis of chorioamnionitis based on histologically confirmed chorioamnionitis.

Introduction: Chorioamnionitis affects up to 4% of all births in the United States. At Stony Brook Hospital it commits the neonate to admission to the neonatal intensive care unit and triggers antibiotic therapies for both the neonate and the mother. Recent literature has highlighted the side effects of these treatments. The ability to identify those infants at greatest risk for development of sepsis could allow earlier identification, aid in targeted therapies, decrease unnecessary antibiotic treatment, and alleviate the over utilization of hospital resources.

Methods: A retrospective cohort study of women diagnosed with intrapartum chorioamnionitis at Stony Brook University Hospital between January 2011 and December 2012 was performed. Chorioamnionitis was defined as maternal temperature of 100.4 with maternal and/or fetal tachycardia, or fever >101.1. Pregnancies complicated by fetuses with known abnormalities or with PPROM were excluded. Maternal demographics, intra-partum data and neonatal data were collected. Maternal and neonatal factors were examined to determine their correlation with placental confirmed chorioamnionitis.

Results: We identified 383 women with a clinical diagnosis of chorioamnionitis of which 261 were confirmed on placental pathology. We found several factors associated with placental confirmed chorioamnionitis. There was an independent association between maternal tachycardia (p=.034) and fetal tachycardia (p=.012) but the association did not persist in the logistic regression model. Logistic regression demonstrated a significant association between GBS+ (p=0.03), meconium at rupture (p = 0.03), fever at the time of delivery (p=<0.001), and fever < 3 hours (p=<0.001). Women diagnosed with chorioamnionitis at the time of delivery had a 75% reduced odds of having placental confirmed pathology, and a 68% reduced odds if fever <3 hours. No neonates had positive blood cultures or were diagnosed with sepsis.

Conclusions: The diagnosis of chorioamnionitis has significant implications for women and their neonates. We have identified several factors that are associated with histologically confirmed chorioamnionitis and attempted to build a model for those patients at a higher risk of developing this diagnosis. Timing of fever in relation to delivery may be useful clinically and warrants further investigation. Chorioamnionitis remains a common and important clinical problem and additional research is needed to aide in our ability to determine which women and neonates will benefit from treatment.
## RESIDENT AWARDS—PAST RECIPIENTS

### The Martin L. Stone, MD Award

*In Recognition of Commitment, Dedication and Enthusiasm in the Teaching and Nurturing of Medical Students*

<table>
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<th>Year</th>
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### The Robert L. Barbieri, MD Research Award

*Formerly the Resident Research Award*

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