Department of Obstetrics, Gynecology and Reproductive Medicine

37th Annual Residents & Fellows Research Day

June 23, 2017

Stony Brook University Hospital
Stony Brook, New York
Department of Obstetrics, Gynecology and Reproductive Medicine
Stony Brook Medicine
37th Annual Residents and Fellows Research Day

Chair:
Todd R. Griffin, MD

Residency Program Director:
Elizabeth Garduno, MD, MPH

Associate Residency Program Director:
Melissa Strafford, MD

RRD Program Director:
Richard Bronson, MD

RRD Program Coordinators:
Dianne Hummel
Kathy Molloy

Department Faculty:
Kristen Alarcon, NP
Christina Arcieri, CNM
Cecelia Avila, MD, MPH
Ebenezer Babalola, MD, MSc
David Baker, MD
James Bernasko, MD, CDE
Jennifer Blaber, MD
Richard Bronson, MD
Nancy Bowden, NP
Stacey Brosnan, CNM
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
Jessica Hilsenroth, CNM
Arlene Kaelber, MD
Pamela Koch, CNM
Christina Kocis, CNM, DNP
Dorota Kowalska, MD
Katherine Marshall, RPA-C
Goldie McBride, CM
Alisa Mignone, NP
Joan Nastasi, CNM
Juliana Opatich, MD
Christina Pardo-Maxis, MD, MPH
Michael Pearl, MD
Melissa Peskin-Stolze, MD
J. Gerald Quirk, MD, PhD
Lisa Rimpel, MD
Michelle Salz, CNM
Carrie Semelsberger, NP
Natalie Semenyuk, MD
Kathleen Sharrott, CNM
Amanda Sini, CNM
Melissa Strafford, MD
Eva Swoboda, MD
Ann Visser, CNM
Rakiya Watts, CNM
Lee Weiss, MD
Vandy Wiencek, NP

Martin L. Stone, MD—Deceased
Professor Emeritus and Founding Chairman
37th Annual Residents & Fellows Research Day

The Martin L. Stone, MD Visiting Lecturer and Judge

Joseph Schaffer, MD
Frank C. Erwin Jr. Professor of Obstetrics & Gynecology
UT Southwestern Medical Center
Dallas, TX

JUDGES

Wayne Waltzer MD
Professor and Chair
Department of Urology
Director, Renal Transplantation
Stony Brook Medicine

Daniel Kenigsberg, MD
Long Island IVF
Clinical Assistant Professor
Stony Brook Medicine
RESIDENTS

Chiefs
Amy DeMarco, MD
Jaclyn Nunziato, MD
Jessica Parker, MD
Andre Plair, MD
Jenny Zhang, MD

PGY-3
Isabel S. Eisner, MD
Anya Kutsenok, MD
Kathryn Mince, MD
Jennie Park Ou, MD
Odette Taha, MD

PGY-2
Ayisha Buckley, MD
Sara Kim, MD
Lindsey Michel, MD
Dijana Poljak, MD
Hannah Valdes, MD

PGY-1
Shantel Jiggetts, MD
Christina Johnson, MD
Anita Patel, MD
Doreen Panzarella, MD
Cara Staszewski, MD

FELLOWS

Maternal Fetal Medicine
Sevan Ani Vahanian, MD 3rd Year
Malini Persad, MD, MPH 2nd Year
Cheryl Dinglas, MD 1st Year

Minimally Invasive Surgery
Xun Lian, MD
PROGRAM

8:00 - 8:05  Welcome & Introduction - Residents and Fellows Research Day Program Director
            Richard A. Bronson, MD

8:05 - 8:25  Patient satisfaction with same-day discharge following laparoscopic hysterectomy
            Isabel S. Eisner, MD  Faculty Advisor: Jennifer Blaber, MD

8:25 - 8:35  Discussion and Questions—Discussant: Todd Griffin, MD

8:35 - 8:55  Optimal Duration Of Urinary Catheterization After Cesarean Delivery
            Odette Taha, MD  Faculty Advisor: Joseph Chappelle, MD

8:55 - 9:05  Discussion and Questions—Discussant: Lauri Budnick, MD

9:05 - 9:25  Postpartum Sterilization: A retrospective study of factors leading to unfulfilled postpartum sterilization requests
            Kathryn Mince, MD  Faculty Advisor: Melissa Strafford, MD

9:25— 9:35  Discussion and Questions—Discussant: Elizabeth Garduno, MD

9:35—10:35  Poster Presentations/Coffee Break

10:35-10:55  Predictors of Metformin Failure in the Treatment of Gestational Diabetes
              Jennie Park Ou, MD  Faculty Advisor: Kimberly Herrera, MD

10:55-11:05  Discussion and Questions—Discussant: Diana Garretto

11:05-11:25  When it rains, it pours: Obstetric hemorrhage and its current management at Stony Brook University Hospital
              Anya Kutsenok, MD  Faculty Advisor: Melissa Henretta, MD

11:25—11:35  Discussion and Questions—Discussant: James Bernasko, MD

11:35—12:35  Pelvic Organ Prolapse: Are all Bulges Created Equal?
              Joseph Schaffer, MD

12:35—2:30  Awards Luncheon
POSTER PRESENTATIONS

Post Abortal Retained Products of Conception
Ayisha Buckley, MD
Faculty Advisor: Joseph Chappelle, MD

Postpartum Utilization of Narcotics for Analgesia
Sara Kim, MD
Faculty Advisor: Joseph Chappelle, MD

Incidence of Postpartum Hemorrhage Pre and Post Pitocin Protocol Implementation
Lindsey Michel, MD
Faculty Advisor: Melissa Strafford, MD

Postoperative Pain Control Following Cesarean Birth
Dijana Poljak, MD
Faculty Advisor: Joseph Chappelle, MD

Patient Understanding of Intrapartum Course
Hannah Valdes, MD
Faculty Advisor: Diana Garretto, 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 4 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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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 4 cognate credits to this program.
GRADUATING RESIDENTS

Dr. Amy DeMarco grew up on the North Shore of Long Island in Shoreham. Amy loves Long Island for the beautiful beaches, opportunities to sail and running trails. She attended Colgate University for undergraduate studies and completed a premedical postbaccalaureate program at Columbia University. Dr. DeMarco went to medical school, right here, at Stony Brook University. After graduation, Dr. DeMarco will be staying locally and joining the private practice of Stony Brook Gyn/Ob.

Dr. Jaclyn Nunziato attended Villanova University for undergraduate studies and received a Master’s degree in Molecular Biology but continued to Loyola Stitch School of Medicine to fulfill her dream of becoming a doctor. Through the phenomenal mentorship and educational curriculum she found her passion for taking care of women. Dr. Nunziato pursued residency at Stony Brook to be at an academic medical center and to be closer to home. After graduation Dr. Nunziato is excited to be an academic generalist at the large faculty practice of Virginia Tech’s Carilion Clinic. To the junior residents: “In the hardest days ahead try and remember how lucky we are to take care of people during their most vulnerable times. You have the ability to make a difference in someone’s life every day. That is a gift.”

Dr. Jessica Parker was born in a small town outside of Pittsburgh but grew up in Florida and attended the University of Florida for both undergraduate and medical school. Jessica was looking for a residency program that would prepare her to either become a generalist or to apply for fellowship, and a place that felt like home away from home. When she left her interview she thought Stony Brook felt like family. In 2015, Jessica completed the Brunschwig Residency in Gyn Oncology at Memorial Sloan-Kettering Cancer Center. Dr. Parker is one of the Administrative Chief Residents and most recently, was inducted into the Alpha Omega Alpha Medical Honor Society. After graduation, Dr. Parker will be moving to Dallas to start a fellowship in GYN Oncology at UT Southwestern Medical Center.

Dr. Andre Plair grew up in Queens sampling some of the finest pizza in the world. He attended Harvard College where he received a B.A. in biochemistry and multiple rugby bruises. He moved to Washington D.C., where he obtained a M.S. in biochemistry, and later worked at the Emergency Care Coordination Center at the Department of Health and Human Services. Andre then obtained his medical degree from SUNY Downstate Medical Center where he was Student Medical Council President and a member of the Gold Humanism Society. Andre was attracted to Stony Brook for the family-like interactions within the department, its academic standing, clinical exposure and proximity to Momma Plair. Andre will be taking the last OB/GYN resident Y chromosome with him to his fellowship in Female Pelvic Medicine and Reconstructive Surgery at Wake Forest University Hospital this July.

Dr. Jenny Zhang grew up in the Hudson Valley in Poughkeepsie, New York and attended Tufts University for her undergraduate education. A New Yorker at heart, she returned to attend medical school at New York Medical College. When choosing where to pursue her residency training in Obstetrics & Gynecology, she was drawn to the warm and collegial people she met at Stony Brook. In the past 4 years, she has made lifelong friends in addition to receiving invaluable clinical and surgical training. Following her graduation, Dr. Zhang will continue to provide the best surgical care to women with complex gynecologic conditions, staying at Stony Brook for a Fellowship in Minimally Invasive Gynecologic Surgery.
**GRADUATING FELLOWS**

Dr. Julie Lian emigrated to the United States from China when she was five years old and lived in Brooklyn for most of her childhood. Julie lived in Manhattan while attending Hunter College and then Weill Cornell Medical College for medical school. Dr. Lian completed her residency at Stony Brook in June 2015 and was delighted to stay for the 2 year MIS fellowship. She has had an invaluable educational experience for the past 6 years. She is excited to continue her career at Stony Brook as part of the faculty in July. Julie is looking forward to starting the next chapter of her life with her husband Justin and their black cat Smartie.

Dr. Sevan Vahanian has lived on Long Island for most of her life. She attended Barnard College in Manhattan and spent her junior year abroad in the United Kingdom where she participated in a medical program geared towards American pre-medical undergraduates. She attended medical school at Stony Brook and completed her OB/GYN residency at Winthrop University Hospital. Her three years in the combined Stony Brook and Winthrop Maternal-Fetal Medicine fellowship have been rewarding both professionally and personally. She has had the privilege of taking care of many of her childhood friends during their pregnancies. During the same three years, she got engaged to and married her high school sweetheart, Scott Lustig, and this past February, gave birth to their darling baby boy, Liev. Her immediate plans are to spend the summer at home with Liev before starting her next new adventure as an attending physician in the fall!
**Patient satisfaction with same-day discharge following laparoscopic hysterectomy**

Isabel S. Eisner, MD, Jennifer Blaber, MD

**Objective:** To evaluate patient satisfaction with same-day discharge following minimally invasive hysterectomy.

**Methods:** This is a retrospective review of patients who had laparoscopic hysterectomies with same-day discharge from 2014 to 2016 at a university hospital. Patients were excluded if they had other unrelated procedures performed or had surgery for non-benign indications. The consent and interview process took place via telephone. A modified version of the Surgical Satisfaction Questionnaire (SSQ-8) was administered. Demographic and perioperative information from the medical record was collected. We aimed for a minimum sample size of 50 women. Degree of satisfaction was evaluated assigning numerical values to answers in the questionnaire. A statistical analysis using chi square analysis and multivariate analysis with logistic regression was performed.

**Results:** There were 82 eligible patients identified. Of these, 49 were successfully contacted via telephone and chose to participate; one was later excluded as she had had a myomectomy rather than a hysterectomy. Three women declined to participate. The remaining women could not be reached after multiple attempts. Of the women surveyed, 88%-95% reported being “very satisfied” or “satisfied” with their postoperative pain control, their recovery time, and the results of their surgery. 93% would recommend the surgery to somebody else, and 91% would still have surgery if they “had to do it again”. When asked if they would prefer to stay in the hospital overnight, 51% responded “yes” or “probably”, and 49% responded “no” or “don’t think so”. One person was unsure. There was no statistically significant difference in the participants based on collected demographic characteristics or perioperative factors. Patients who were satisfied with going home had a higher uterine weight than patients who would have preferred to stay (670.1g vs 447.5g, p <0.05). Spanish language was associated with having preferred to stay in the hospital overnight (100% of Spanish language participants, n = 5; vs 44% of English language participants, n=43; p <0.05). However, when using multivariate analysis to control for any other patient characteristic, these associations were no longer significant.

**Conclusion:** Patient responses overwhelmingly indicated a high level of satisfaction with surgical experience, as well as with recovery. The question of whether patients would have preferred an overnight stay was equivocal. Time between surgery and survey was recorded, and was found to not be of statistical significance in analysis of whether the patient would have preferred an overnight stay. The patients least likely to be satisfied were Spanish speakers and patients with a lower uterine weight.
Optimal Duration Of Urinary Catheterization After Cesarean Delivery

Odette Taha, MD, Joseph Chappelle, MD

Background: Cesarean sections are the most commonly performed surgery in the world and indwelling urinary catheter placement is the standard of care in developed countries. Benefits of catheterization include bladder decompression to aid in better visualization, as well as preventing urinary retention, as patients undergoing cesarean delivery typically receive regional anesthesia. However, urinary catheterization has associated risks such as urinary tract infection (UTI), patient discomfort and decreased motility which increase with the duration of catheterization. Although there have been studies evaluating utilizing one-time catheterization preoperatively in the developing world, there have been no studies investigating the ideal length of indwelling urinary catheterization.

Objectives: Our primary outcome was to evaluate time to first ambulation, length of stay, and patient satisfaction in women undergoing cesarean delivery who have had their urinary catheter removed at 24 vs 12 hours. Our secondary outcome was to compare rates of urinary retention between the two groups.

Methods: In January 2017 Stony Brook Hospital changed the protocol for post-cesarean delivery catheterization from 24 hours in duration to 12 hours. We performed a quality assurance, non-inferiority study. To assess our primary outcome, we performed a survey that assessed discomfort due to the catheter, time to first ambulation, and overall satisfaction with delivery experience. For the women who agreed to take the survey, their demographic, operative and postoperative data was then collected. We also collected information on treatment for UTI, recatheterization for retention, time to first void after catheterization, pain scores, time to first ambulation, and length of stay. The study was powered to detect a 20% difference in the primary outcome and a ten-fold increase in urinary retention.

Results: Two-hundred and eighty women completed the survey. 125 women had their catheters removed at 24 hours and 155 at 12 hours. The two groups were statistically similar in regards to demographics, medical comorbidities, type of anesthesia, or the number of cesarean deliveries. There was also no difference in reported discomfort, dysuria, difficulty urinating, time to ambulation, overall pain, or satisfaction.

Women who had their catheters removed at 12 hours took on average 30 minutes longer to void for the first time (3.0±1.6 vs. 3.6±1.9, p=0.002). More women in the 24 hour group (37.2% vs. 21.5%, p=0.004) would have preferred an earlier removal. Although it did not reach the level of significance, 2 women in the 12 hours group had urinary retention vs. 0 in the 24 hour group (p=0.2).

Conclusion: We found that that there was no difference in the time to first ambulation, dysuria, or overall patient satisfaction. Earlier removal is associated with a clinically non-significant increase in time to first void and less desire for earlier removal. Although this study demonstrated no difference in urinary retention, a larger study would be needed to rule-out a less dramatic increase. Overall, urinary catheterization greater than 12 hours seems to infer no medical benefits for women undergoing cesarean delivery.
Postpartum Sterilization:  
A retrospective study of factors leading to unfulfilled postpartum sterilization requests

Kathryn A. Mince, MD, Melissa Strafford, MD

Objectives: Identify factors associated with non-completion of post-partum sterilization in women who desire permanent sterilization via post-partum tubal ligation/bilateral salpingectomy at our institution. We aim to identify which methods of contraception were selected by patients if they did not obtain post-partum sterilization.

Methods: This is a retrospective population study of women who presented to Stony Brook University Hospital for delivery and consented for postpartum sterilization between July 1, 2014 and March 30, 2016. All women who delivered with faculty providers or midwives who consented for sterilization were included. Exclusion criteria include patients delivered by private physicians and those under the age of 21. Maternal demographics, medical, surgical, and obstetrical histories, delivery characteristics, and postpartum course were collected from the hospital’s medical record system.

Results: A total of 459 patients were including in this study. 381 (83%) of these patients received post-partum sterilization and 78 (17%) did not. 78% of patients who did not receive sterilization had a vaginal delivery (p<0.001). Insufficient/no Medicaid consent (20.73%), patient changed her mind (18.29%) and prior abdominal surgeries (15.85%), were the three largest barriers outside of having a vaginal delivery to receiving sterilization. 48.28% were discharged with no contraception plan if sterilization was unable to be performed.

Conclusions: At our institution, many of our patients’ sterilization requests are fulfilled. Having a vaginal delivery as well as Medicaid sterilization requirements provide barriers to our patients receiving post-partum sterilization. Unfortunately, many patients whose requests are unfulfilled do not receive or have an alternative plan of contraception upon discharge.
Predictors of Metformin Failure in the Treatment of Gestational Diabetes

Jennie Park Ou, MD, Malini Devi Persad, MD, MPH, James Bernasko, MD, J. Gerald Quirk, MD, PhD, Kimberly Herrera, MD

Objective: To determine the metformin failure rate and determine factors predictors of metformin failure in the treatment of gestational diabetes (GDM).

Introduction: Oral hypoglycemic agents such as metformin are used to treat GDM given the ease of administration and comparable efficacy to insulin. However, not all women are able to obtain adequate glycemic control with metformin. Prior studies have shown failure rates of metformin ranging from 25-46%.

Methods: A retrospective cohort study of women with GDM placed on metformin between 2013-2016 was conducted, using ICD 9/10 codes to identify patients. Our exclusion criteria were patients with pre-existing DM, or not treated with metformin initially. Women were placed into two groups: metformin success (patients not requiring insulin therapy) or failure (patients requiring the addition of, or, transition to insulin). Glycemic targets were fasting blood glucose <90mg/dl, and 1h postprandial blood glucose <130mg/dl. Maternal, pregnancy, and neonatal factors were collected and compared between the 2 groups. Parametric and non-parametric statistical analyses were performed as appropriated. A p value of <0.05 was defined as statistically significant.

Results: Of the 146 women meeting inclusion criteria, 21 (14.4%) failed metformin. The failure group was more likely to have 3 abnormal values on a 2-hour 75 g oral glucose tolerance test (OGTT) (36.8% vs 14.1%, p=0.02) and have higher average fasting blood glucose levels (107.06 mg/dl vs. 96.99 mg/dl, p=0.001). Although not significant, the failure group was diagnosed at an earlier gestational age (GA) (22.65 vs. 25.62 weeks, p=0.09). Maternal and neonatal characteristics were not different between groups.

Conclusion: Our study demonstrated a 14% metformin failure rate in GDM. Women with 3 elevated values on the 2-hour OGTT and elevated fasting blood glucose may not adequately respond to metformin therapy.
When it rains, it pours: Obstetric hemorrhage and its current management at Stony Brook University Hospital

Anyka Kutsenok, MD, Dijana Poljak, MD, Andre Plair, MD, Rishimani Adsumelli, MD, Ramon Abola, MD, Melissa Henretta, MD

Objective: To determine outcomes for obstetrical patients who were transfused 3 or more units of packed red blood cells (prbcs)

Methods: This is a retrospective analysis of all pregnant patients with fetuses greater than 23 weeks gestation who delivered between 1/1/11 - 12/31/16 and who were transfused three or more units of prbcs during the peripartum period at Stony Brook University Hospital. IRB approval was obtained (#87550-13). Patients were identified by blood bank records. Data collected included: patient demographics, medical/surgical/obstetric history, labor course, mode of delivery, hemorrhage event, estimated blood loss (EBL), management of hemorrhage, and postpartum course.

Results: There were 23,964 deliveries during the study period, 172 (0.72%) received at least three units prbcs. Of the 172, 34 patients were excluded. Of the 138 included patients, 97 (70.3%) delivered via cesarean section (CS), of which 21 (21.6%) were emergent CS and 51 (52.6%) were repeat CS. Six patients were originally admitted for trial of labor after CS; only two delivered by vaginal delivery (VD).

The mean total EBL was 2508 ml (450-9000ml). The mean units transfused were: prbcs 5.4 (3-22), fresh frozen plasma 2.3 (0-17), platelets 0.6 (0-7).

Thirty-two hysterectomies were performed. Of these, three (9.4%) were after VD, 20 (62.5%) were at the time of CS, and nine (28.1%) were re-operations. Two patients underwent exploratory laparotomy that did not result in hysterectomy. Of the 32 hysterectomies, 16 were secondary to abnormal placentation (accreta, increta, percreta). Of these 16 cases, only six of the hysterectomies were planned.

Twenty-seven patients (19.5%) underwent interventional radiology consultation and uterine artery embolization (UAE). Of these 27 patients, seven underwent UAE prior to hysterectomy, eight underwent UAE after hysterectomy, and 13 underwent UAE independent of hysterectomy.

Thirty-two patients underwent dilation and curettage, 20 after VD and 12 after CS. Of the 20 VD, 11 (55%) had pathology consistent with retained products of conception. Of the 12 CS, only two (16.7%) had documented retained products of conception. Of all 32 patients, five ultimately underwent hysterectomy and ten UAE.

Thirty-five patients had another service called in consultation. Ten patients underwent consultation from multiple teams (gynecologic oncology, urology, maternal fetal medicine, and general surgery), nine patients - gynecologic oncology, five patients - maternal fetal medicine, three patients - general surgery or urology, ten patients - OB/GYN generalist consultation (six initially managed by midwives).

There were zero maternal deaths.

Conclusion: This single institution retrospective review shows that obstetrical hemorrhage is a rare but serious event. From review of the data collected, there is not a standardized use of a transfusion protocol. Additionally, the rate of consultation of other providers is low, despite the severity of illness of these patients. To improve the quality of care delivered to these high risk patients, a modification to the postpartum hemorrhage protocol to automatically involve a consulting service may be strongly considered.
### RESIDENT AWARDS—PAST RECIPIENTS

**The Martin L. Stone, MD Award**

*Outstanding Resident in Recognition of Dedication, Commitment, and Service to fellow Residents*  
*Resident of the Year Award*

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<td>Brian McKenna, MD</td>
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<td>JoAnna Paolilli, MD</td>
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<td>Hera Sambaziotis, MD</td>
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<td>2002</td>
<td>Joyce Rubin, MD</td>
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**The Robert L. Barbieri, MD Research Award**  
*Formerly the Resident Research Award*

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<td>Deborah Davenport, MD</td>
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<td>Malini Persad, MD</td>
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<td>Marian Zinnante, MD</td>
<td>2015</td>
<td>Angeline Seah, MD</td>
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<td>Jaclyn Nunziato, MD</td>
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