

JOHNS HOPKINS Gynecology & Obstetrics

NEWS FROM THE JOHNS HOPKINS
DEPARTMENT OF GYNECOLOGY AND OBSTETRICS

WINTER 2020



The new
Johns Hopkins
Fertility Center
will offer services
— such as
hysteroscopy, egg
retrieval and in
vitro fertilization,
pictured — in one
central location.

Coming in 2020

Newly Expanded Fertility Center at Johns Hopkins

A new clinical space will streamline patient experience, foster clinical collaboration, and bolster research.

JOHNS HOPKINS DIVISION OF REPRODUCTIVE ENDOCRINOLOGY AND Infertility has steadily expanded over the past several decades, from early in vitro fertilization research by Howard and Georgeanna Jones in the early 1980s to the current breadth of services offered to patients in an outpatient setting. But next year, says **Valerie Baker**, chief of the Division of Reproductive Endocrinology and Infertility, the program will undergo a dramatic expansion with its move to a new space scheduled to open in 2020.

The new fertility center is being custom built to be patient-centered, Baker says. One focus: increasing efficiency for individuals and couples receiving services.

“It’s no secret that fertility treatments can be stressful for patients and their partners,” Baker says. “We’re hoping to lessen the stress by being very respectful of their time and needs.”

Toward that end, the space will allow providers to offer all services centrally: For example, patients will be able to receive diagnostic services and treatments such as hysteroscopy, egg retrieval, and dilation and curettage in the same location. The center will also foster teamwork between all members of the care team, including nurses, physicians, embryologists, medical assistants, financial coordinators and patient service coordinators. For processing and storing eggs, sperm and embryos, the center is slated to include an assisted reproductive technologies lab designed to evolve with emerging technologies and to foster the development of new treatments.

The fertility center has long provided multidisciplinary care for patients, maintaining strong relationships with providers throughout Johns Hopkins to treat fertility-related issues such as fibroids, endometriosis and gynecological cancers. However, says Baker, the improved space will offer easy access to even more specialists within the health system, allowing providers to form close collaborations that can improve outcomes. For example, the center will work with obesity specialists who recently moved into the same outpatient location — a partnership that could help patients increase pregnancy rates due to the

documented connection between obesity and infertility. Urologists will also have clinics in Pavilion III, providing a close connection to experts who treat a variety of conditions that impact male fertility.

The new center won’t just focus on treatments that can help current patients, says Baker: “Its broad research program will help patients far beyond the health system into the future.” In fact, Johns Hopkins physician-researchers are leading translational research studies aimed at finding better interventions for a variety of conditions, including endometriosis and fibroids. In the next several months, Baker says, the center will become the hub for a multisite trial to better understand why frozen embryo transfers are linked to pre-eclampsia in pregnancy and how the risk of this serious health problem could potentially be minimized. The trial, which compares patients who undergo a transfer during a natural cycle to those who use hormones to regulate their cycle, will use Johns Hopkins as the data coordinating center and the single institutional review board.

“From the early days of fertility research here, we’ve always looked for new ways to improve the care we provide for our patients,” Baker says. “Our new center will help us do that even better.” ■

“THE NEW CENTER’S BROAD RESEARCH PROGRAM WILL HELP PATIENTS FAR BEYOND THE HEALTH SYSTEM INTO THE FUTURE.”

— VALERIE BAKER



To refer a patient, please call 410-847-3835.



Andrew J. Satin, M.D.
Director,
Johns Hopkins
Department of
Gynecology and Obstetrics

In the Department of Gynecology and Obstetrics, we pride ourselves on extraordinary patient care, research and education. Those areas will be bolstered for years to come thanks to an exciting new collaboration with the Allegheny Health Network and Highmark Health, highlighted in this newsletter.

Through this collaboration, we have formed one of the largest single-site research initiatives — combined, we perform nearly 20,000 obstetric deliveries and 20,000 gynecologic surgeries a year — which will allow us to look at best practices and outcomes, and cooperate on clinical trials. We will have the chance to apply our Precision Medicine Analytics Platform (PMAP) to women's health on a scale that has not been done before, which will allow us to seek connections between treatments and outcomes that we wouldn't see with a smaller data set. We will share knowledge through combined subspecialty conferences. We at Johns Hopkins will learn about Allegheny's value-based care and workflow efficiencies, and we will welcome their residents to our research labs.

Most importantly, with such a robust set of data, what we find will directly impact our patients as well as theirs.

Regarding our mission of excellence in education, we are also pleased that our efforts have been recognized by *U.S. News & World Report*, which ranked us #2 in Best Obstetrics and Gynecology Programs in its Best Grad Schools rankings.

Though we are not defined by such accolades, it is wonderful to see the tremendous effort and innovation of our faculty and staff acknowledged — which is why I am equally glad to share Edward E. Wallach was recently presented with a lifetime achievement award by the American Society for Reproductive Medicine.

And finally, I am delighted to announce that we recently named two new endowed professorships in the department. **Valerie Baker**, who is leading our new fertility center (featured on page 4), was named the first Richard W. TeLinde and Edward E. Wallach Professor of Gynecology and Obstetrics. This professorship is supported by the family of Howard and Georgeanna Jones. And, thanks to a generous donation by the Drew family, **Victoria Handa** was named the first Drew Family Professor in the Department of Gynecology and Obstetrics. The professorship will focus on urogynecology.

To learn more about our 2019 accomplishments, visit bit.ly/Ob-Gyn

MEDICAL TRAINING

Johns Hopkins Ranks #2 in *U.S. News*' Best Obstetrics and Gynecology Programs

A LONG WITH RESEARCH AND PATIENT care, teaching is at the core of Johns Hopkins' mission — and by objective measures, it's something at which the Department of Gynecology and Obstetrics excels. In this year's *U.S. News & World Report* rankings for Best Medical Schools, Johns Hopkins' Obstetrics and Gynecology Program scored #2 in the nation.

The reason for this high ranking is multifold, says **Victoria Handa**, director of the Department of Gynecology and Obstetrics at Johns Hopkins Bayview Medical Center. A key part is the strength of the faculty within the Johns Hopkins University School of Medicine, she explains. Not only are the faculty highly trained and experienced in their specialty and subspecialties, but many are also nationally and internationally recognized leaders in the field. For example, **Andrew Satin**, who directs the Department of Gynecology and Obstetrics at Johns Hopkins Medicine, serves as president of the American Board of Obstetrics and Gynecology. **Valerie Baker**, new director of the Division of Reproductive Endocrinology and Infertility, is president elect of the Society for Assisted Reproductive Technology.

"Because of their positions and accomplishments, our leaders are able to guide our trainees with cutting-edge perspectives in the field," Handa says.

Johns Hopkins' multiple campuses and status as a quaternary referral center also gives

trainees broad exposure to manage common and rare diseases, adds **le-Ming Shih**, the Richard W. TeLinde Distinguished Professor in the Department of Gynecology and Obstetrics and principal investigator of the Specialized Program of Research Excellence (SPORE) of Ovarian Cancer, one of the largest grants awarded by NIH. Trainees can rotate at medical centers such as The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center and several affiliated community hospitals, including Howard County General Hospital, Sibley Memorial Hospital and Suburban Hospital. Patients also come to Johns Hopkins from across the country and around the world to seek care for rare diseases.

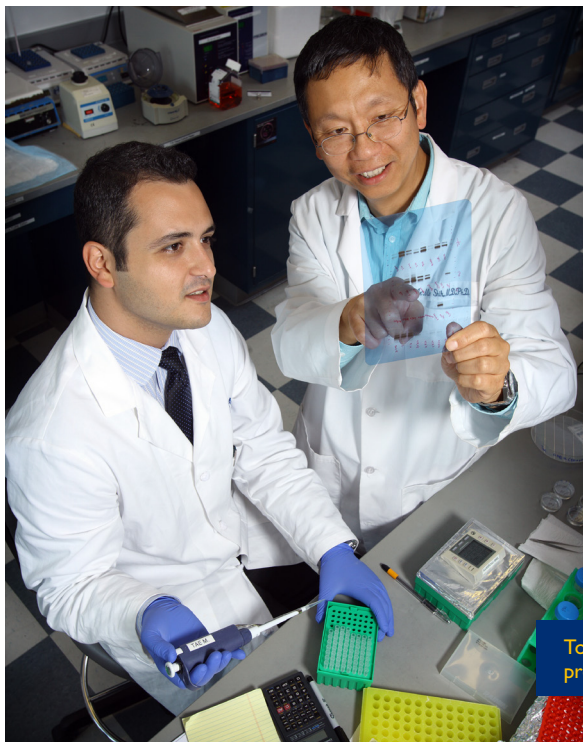
"Our top-notch gynecologic cancer research, including the SPORE and the TeLinde Gynecologic Cancer Research Program," says Shih, "offers our trainees unique translational experience including clinical trials together with well-structured clinical training. This makes them into stronger physicians and leaders."

Trainees also benefit from the wealth of research opportunities taking place within the department, says **James Segars**, director of the Division of Reproductive Science and Women's Health Research. While basic and clinical research in obstetrics and gynecology are relatively rare at other academic medical centers, both are common at Johns Hopkins. Multiple trainees are gaining experience now at Segars' own lab, which focuses on endometriosis and uterine fibroids, and those of his colleagues within the department.

Trainees benefit from career-management opportunities provided by the department, Segars adds. Classes are open to both junior faculty and trainees, covering topics such as presentation skills, time management, career planning, and reviewing and writing papers and grants.

Although the programs within the department already attract a large number of qualified applicants — 900 for the nine intern slots available last year — the department isn't resting on its laurels, Segars says. It's constantly striving to improve, offering more and varied research and learning opportunities.

"If you look at where our trainees end up after Hopkins, a number of them are division directors, chairs, or deans in their institutions," Segars says. "Our program is creating the leaders of the future in this field." ■



le-Ming Shih, right, and a former resident look at a film that shows proteins expressed by ovarian cancer cells.

To learn more about our education programs, visit bit.ly/ObGynEd

"BECAUSE OF THEIR POSITIONS AND ACCOMPLISHMENTS, OUR LEADERS ARE ABLE TO GUIDE OUR TRAINEES WITH CUTTING-EDGE PERSPECTIVES IN THE FIELD."

— VICTORIA HANDA





Outside of government-sponsored multicenter networks, the new collaboration will create one of the largest women's health research opportunities in the U.S.

To learn more about our research initiatives, visit bit.ly/ObGynResearch

Johns Hopkins Gynecology and Obstetrics and Allegheny Health Network Form New Women's Health Research Collaborative and Educational Initiative

COLLABORATIONS IN MEDICINE — forged between providers, between researchers, or with patients themselves, among others — are a key factor in providing better women's health. That's why the Johns Hopkins Department of Gynecology and Obstetrics is excited to announce a new collaboration with Allegheny Health Network (AHN), an eight-hospital system with facilities located in Western Pennsylvania, says department director **Andrew Satin**.

This new joint research platform between Johns Hopkins and AHN will have numerous benefits, and the goal is for thousands of patients to participate each year, he explains.

"We're creating a community of collaborators who are operationally integrated and programmatically focused on raising the standards of excellence in patient care, research and education to benefit women of all ages and stages of life," Satin says.

Women's health care providers within AHN have long referred patients to Johns Hopkins for rare and complex quaternary services, such as gynecological oncology, fetal surgery and fertility preservation. Having a formalized relationship will help ease the

pathway for these referrals, says Satin, as well as for second opinions within subspecialties.

Patients within AHN will also have easier access to clinical trials through Johns Hopkins, giving them the chance to participate in clinical trials testing new therapies. Working together on collaborative research may include future studies that pool data from their tens of thousands of deliveries and gynecological surgeries and hundreds of thousands of ambulatory visits annually to better answer tough questions in gynecological research — findings that have the potential to change practice beyond the two health systems.

"Outside of national multicenter collaborative networks sponsored by the government, our new partnership will create one of the largest women's health research opportunities in the country," Satin says.

Providers within the participating institutions will have access to interdisciplinary care conferences, allowing experts to regularly learn from each other about best practices and the latest research. The collaboration will also spur other learning opportunities between Johns Hopkins and AHN at all levels, from faculty to trainees, Satin says.

"This is collectively expanding all our resources to do what both systems do best: advancing discovery and innovation in terms of patient care and expanding our education platforms to train a new generation of leaders in our field," Satin says. "We truly see this as a win-win for both systems and all of our patients." ■

The Johns Hopkins Gyn/Ob and Allegheny Health Network Collaborative at a Glance:

- Establishes a formalized pathway for referrals and second opinions within subspecialties
- Allegheny Health Network patients will have easier access to clinical trials through Johns Hopkins
- Collaboration forms one of the largest single-site research initiatives, with the ability to propose research studies that can combine data on deliveries, gynecological surgeries and ambulatory visits
- Clinicians will participate in interdisciplinary care conferences and shared learning opportunities

RESEARCH

Clinical Trial Roundup

The Department of Gynecology and Obstetrics has several ongoing clinical trials. They include:

- Clinical Trial of Combined Fostamatinib and Paclitaxel in Ovarian Cancer, a phase I, open-label, non-randomized multicenter dose-escalation study within Johns Hopkins Ovarian Cancer SPORE, with the primary objective to determine the maximally tolerated dose (MTD) of fostamatinib when administered with weekly paclitaxel in women with recurrent platinum-resistant ovarian, fallopian tube, or primary peritoneal cancer. Goals for this trial are to identify the dose of fostamatinib to use in combination with paclitaxel for the treatment of ovarian cancer and to estimate the efficacy of this combination in a small cohort of women with ovarian cancer.
- Combination ATR and PARP Inhibitor (CAPRI) Trial With AZD6738 and Olaparib in Recurrent Ovarian Cancer (CAPRI), a study within Johns Hopkins Ovarian Cancer SPORE evaluating the combination of olaparib and AZD6738 for the treatment of recurrent ovarian cancer. Goals for this research are to determine whether the combination of olaparib and AZD6738 is safe and tolerable for women with ovarian cancer and to determine the efficacy of the combination of olaparib and AZD6738 in women with ovarian cancer.
- Origins in Child Health and Resilience in Development (ORCHARD), a study to identify and assess multilevel risk factors for disease development (obesity,

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RESEARCH

Clinical Trial Roundup

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neurodevelopment disorders), including molecular, clinical and social risk factors during pregnancy and childhood. The research team hopes to be better able to explain the factors driving susceptibility to disease in the local community, leading to the discovery of preventive and therapeutic strategies to ameliorate the burden of chronic disease in children. Pregnant women who are 20 weeks and less may join this study. Participants have blood and urine draws, and oral and vaginal swabs collected. Several questionnaires are also completed. Participants receive up to \$60 in compensation. Please contact ircfm@jhu.edu for more information.

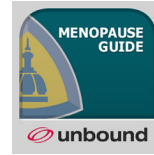
- Effects of Simvastatin on Uterine Leiomyoma Size, a phase II double-blinded clinical trial to determine feasibility, safety and preliminary clinical efficacy of simvastatin to reduce

leiomyoma size. Women with symptomatic fibroids planned to undergo surgical management for fibroids such as hysterectomy or myomectomy will be screened for participation. The eligible women will undergo pre-study evaluation to ascertain study eligibility. The study will enroll 60 participants in total, half will receive simvastatin and the other half will receive a placebo. The study drug and placebo will be an add-on to the participants ongoing medical management of fibroids until surgery. The participants will be monitored at intervals for the effect of the drug on fibroid size and symptoms using ultrasound and quality of life questionnaires.

To learn more about our research and clinical trials, visit bit.ly/ObGynResearch

New Menopause App for Providers

Developed by **Wen Shen, M.D., M.P.H.**, the Johns Hopkins Menopause Guide app helps health care providers of all disciplines practice menopause medicine and support the health and wellness of aging women. The Guide organizes details of symptoms, treatment, special topics and management tools into easily accessible, quick-read entries. Content is updated regularly and is designed to help residents and practitioners make decisions at the point of care.



To download the app, visit bit.ly/MenopauseApp

Explore Our Online Resource for Physicians: Clinical Connection

Connect with Johns Hopkins health care professionals sharing insights on the latest clinical innovations and advances in patient care.

Scan the QR code or visit hopkinsmedicine.org/clinicalconnection

While you're there, sign up for the Clinical Connection e-newsletter.



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This newsletter is published for the Johns Hopkins Department of Gynecology and Obstetrics by Johns Hopkins Medicine Marketing and Communications.

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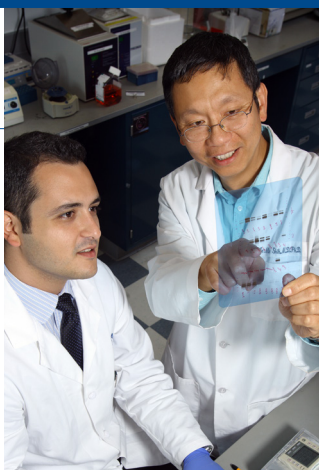
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