Reefer, Cassandra S CIV (US)

From:

Kucera, Calen W Capt USAF USARMY MEDCOM BAMC (US)

Sent:

Thursday, March 28, 2019 12:49 PM

To:

Reefer, Cassandra S CIV (US)

Subject:

FW: Kucera, Calen, 2 Abstracts, American College of Obstetricians and Gynecologists

Annual Clinical and Scientific Meeting, 5/3/19 to 5/6/19 (UNCLASSIFIED)

Signed By:

calen.kucera.1@us.af.mil

Classification:

UNCLASSIFIED

CLASSIFICATION: UNCLASSIFIED

----Original Message----

From: Whetstone, Robert A CIV USARMY MEDCOM BAMC (US)

Sent: Monday, February 25, 2019 3:40 PM

To: USARMY JB San Antonio MEDCOM BAMC Mailbox BAMC IRB

<usarmy.jbsa.medcom-bamc.mbx.bamc-irb@mail.mil>; Kucera, Calen W Capt USAF USARMY MEDCOM BAMC (US) <calen.w.kucera.mil@mail.mil>; Kucera, Calen W Capt

USAF USARMY MEDCOM BAMC (US) <calen.w.kucera.mil@mail.mil>

Cc: Aviles, Jutta A CIV USARMY MEDCOM BAMC (USA)

<jutta.a.aviles.civ@mail.mil>

Subject: RE: Kucera, Calen, 2 Abstracts, American College of Obstetricians and Gynecologists Annual Clinical and Scientific Meeting, 5/3/19 to 5/6/19 (UNCLASSIFIED)

CLASSIFICATION: UNCLASSIFIED

Abstract #1: BAMC PAO has reviewed the following abstract with no observations. Otherwise approved 2.25.19

Abstract #2: BAMC PAO has reviewed the following abstract with no observations. Otherwise approved 2.25.19

VERY RESPECTFULLY,

ROBERT A. WHETSTONE Deputy, Communications Division Brooke Army Medical Center 210.916.5141 (office) 210.529.2766 (mobile)

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----Original Message-----

From: USARMY JB San Antonio MEDCOM BAMC Mailbox BAMC IRB

Sent: Monday, February 11, 2019 2:27 PM

To: Whetstone, Robert A CIV USARMY MEDCOM BAMC (US)

<robert.a.whetstone.civ@mail.mil>; Newman, Lori A CIV USARMY MEDCOM BAMC

(US) <lori.a.newman.civ@mail.mil>

Subject: PAO: Kucera, Calen, 2 Abstracts, American College of Obstetricians and Gynecologists Annual Clinical and Scientific Meeting, 5/3/19 to 5/6/19

(UNCLASSIFIED)

CLASSIFICATION: UNCLASSIFIED

Email: calen.w.kucera.mil@mail.mil , Calen.kucera.1@us.af.mil and usarmy.jbsa.medcom-bamc.mbx.bamc-irb@mail.mil

Research: Abstract #1 - Yes - C.2018.076d

Abstract #2 - No

Author: Kucera, Calen
Dept: OB/GYN
Type: Abstract

Venue: American College of Obstetricians and Gynecologists Annual Clinical

and Scientific Meeting,

Date: 5/3/19 to 5/6/19

Title: Abstract #1 - Trends in Utilization of

Brachytherapy in Cervical Cancer in a Single Military Medical Center

Abstract #2 - Robotic Assisted Abdominal Cerclage for

Cervical Insufficiency: A Surgical Video

Thank you,

Dennis Mitchell, CIM
Sr. Training and Education Coordinator
Post Approval Compliance Monitoring and Training (PACM&TO) BAMC Human
Subject Protection Office, DCQS
(210)916-7837

Dennis.R.Mitchell8.civ@mail.mil

----Original Message----

From: Weir, Larissa F Lt Col USAF USARMY MEDCOM BAMC (US)

Sent: Monday, February 11, 2019 1:24 PM

To: USARMY JB San Antonio MEDCOM BAMC Mailbox BAMC IRB

<usarmy.jbsa.medcom-bamc.mbx.bamc-irb@mail.mil>

Cc: Kucera, Calen W Capt USAF USARMY MEDCOM BAMC (US)

<calen.w.kucera.mil@mail.mil>

Subject: PAO Approval (UNCLASSIFIED)

CLASSIFICATION: UNCLASSIFIED

Good afternoon -

Please see updated 1271 and correct abstracts for Dr. Kucera.

Please advise if you have questions.

V/r

Larissa F. Weir, MD, FACOG Lt Col, USAF, MC SAUSHEC OB/GYN Residency Program Director OB/GYN Staff Physician SAMMC

Office: 210-916-6006 Pager: 210-513-0113 Cell: 210-286-2242

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PUBLICATION and PRESENTATION CLEARANCE FORM

For use of this form, see BAMC Memo 70-1; proponent agency is MCHE-CI

I. SUMBISSION CATEGORIZATION Other: describe below Project/ institution or submission description (Other): Robotic Assisted Abdominal Cerclage for Cervical Insufficiency: A Surgical Video II. SUMBISSION INFORMATION Submission Type: (select Abstract one) Other Area of Research: (select one is applicable) Intended Venue (Conference Name and location) / Journal Name American College of Obstetricians and Gynecologists Annual Clinical and Scientific Meeting 03May-06May2019 Date(s) of event External Venue Audience Title of Submission: Robotic Assisted Abdominal Cerclage for Cervical Insufficiency: A Surgical Video III. PRIMARY BAMC AUTHOR (List the first names author with BAMC affiliation) Calen Kucera Name: Capt / MD Rank / Degree Air Force Corps / Other E-mail address: calen.kucera.1@us.af.mil Department or Service OBGYN BAMC MTF: Please submit this Cover sheet with the following: Documentation of Department or Service Chief Approval

- The item (publication or presentation) to be reviewed by PAO
- if it will require MEDCOM PAO approval, include an EXSUM

Robotic Assisted Abdominal Cerclage for Cervical Insufficiency: A Surgical Video

Calen W. Kucera, MD, MPH, Capt, USAF, MC; Tienka Baker, DO, MAJ, MC, USA

Background: Cervical insufficiency is defined as the inability of the cervix to retain a pregnancy in the second trimester in the absence of labor or contractions. The result is preterm delivery and associated neonatal morbidity and mortality. In select patients with cervical insufficiency abdominal cerclage has proven to increase chances of a live birth. Laparoscopic abdominal cerclage placement has been shown to be effective and safe when compared to open abdominal cerclage. We present a surgical video of robotic-assisted abdominal cerclage placement.

Case: A 31-year-old gravida 5, para 0-1-4-0, with history of recurrent pregnancy loss and infertility presents for abdominal cerclage placement. Her obstetric history is significant for 2 first trimester spontaneous abortions, a 20-week delivery and 2 second trimester deliveries after a failed McDonald cerclage and Shirodkar cerclage respectively. The patient underwent a robotic-assisted abdominal cerclage placement at Brooke Army Medical Center in October 2017 and had a spontaneous conception in December 2017. She was then started on hydroxyprogesterone caproate injections at 16 weeks and currently maintains a viable pregnancy beyond 24 weeks with an estimated due date of October 4, 2018.

Discussion: Robotic-assisted abdominal cerclage is a safe and effective method for cerclage placement with decreased morbidity compared to traditional open procedures. It also can provide improved visualization and increased dexterity from traditional laparoscopy. We provide this surgical video for education and demonstration of a surgical approach to robotic-assisted abdominal cerclage placement.

The view(s) expressed herein are those of the author(s) and do not reflect the official policy or position of Brooke Army Medical Center, the U.S. Army Medical Department, the U.S. Army Office of the Surgeon General, the Department of the Air Force, the Department of the Army or the Department of Defense or the U.S. Government.