Busy Summer in San Diego:

5 New Fellows, 6 New Interns and a New Chair Converge On UC San Diego

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Letter from the Chair

Dear Colleagues,

To my future colleagues, it is with deepest humility that I accept the role of your department chair. I’ve gotten to know the rich history of our department over the past year, and I am thoroughly impressed with you and honored that you have chosen me.

First, a bit about myself. I immigrated to this country as a child from Germany of Ghanaian parents. We landed in Miami, and I stayed there until completion of my residency training at the University of Miami. I first moved to New York to complete my fellowship in maternal-fetal medicine at the Mount Sinai Hospital and was recruited to Columbia after fellowship training. I was married in my late 30s, so I only go by Gyamfi (Jam-fee) and not Bannerman! I spent the next 16 years at Columbia where I had many jobs. In the first few years I oversaw the high-risk clinics, the fourth-year student clerkships, and the resident electives, while being a student and completing an MS in Biostatistics. In the middle years, I became the alternate principal investigator for the MFMU network, the associate and then full fellowship director, and the chair of the department’s committee on advancement and promotions. In the final 5 years, I became the PI of the MFMU, the Vice Chair for Faculty Development, and received the Ellen Jacobson Levine and Eugene Jacobson endowed chair related to communications. I was fortunate to receive my first R01 funding fairly early in my career and have somehow maintained continuous funding for the past 12 years. I always tell my fellows, “You can’t do clinical research without being clinically active,” which I hope to maintain. I say all these things not to pat myself on the back but to show that I’ve been there and I get it. I value the clinical work, the research, and trainee education. They are intertwined and cannot exist in silos, certainly not at an academic center of excellence. I’ve also had the fortune of having many national leadership roles, which have taught me the importance of diversity in thought, geography, race, ethnicity, gender, politics, and all of the intangibles that make us unique individuals.

I plan to spend the first several months getting to know all the members of the department, preferably in person and in your environment, pandemic-permitting. Please do not be surprised as we schedule these meetings, as it is my way of getting to know you. My early goals are few, since I would like to learn the needs of the department. In my past role as a communications chair, I have a deep understanding of the importance of branding, marketing and media presence. I understand the importance of philanthropic support, research infrastructure, and the academic mission that keeps us in academic medicine. Our department’s rank in NIH funding, 4th in the nation of all OB/GYN departments, has nothing to do with me, yet brings me extreme pride. The need to support and maintain this mission cannot be underscored sufficiently.

Finally, I left a job I enjoyed in a leap of faith to take the next step and be a part of a great institution. The goodbyes were difficult, but the time had come. As the philosopher, C.S. Lewis once stated, “There are far better things ahead than any we leave behind.” I cannot thank you enough for the warm welcome. Taking over from Charlie Nager’s excellent lead will be a pleasure, and Linda Brubaker is a gift to us all. I greet you all with warmest regards.

Thank you!

Cynthia Gyamfi-Bannerman MD MS
Professor and Chair
Department of Obstetrics, Gynecology & Reproductive Sciences

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Department Rises to 4th in NIH Funding
Kudos to our researchers.
The Department of Obstetrics, Gynecology and Reproductive Sciences was ranked Fourth in the Nation for Total NIH Research Funding, 2020. Congratulations to all.

UC System Settles with Elsevier
Just as the last issue of FQ was being distributed, the University of California concluded a multi-year negotiation with Elsevier Publishing. The progressive agreement restores UC San Diego’s access to the wide range of clinical journals Elsevier provides, while insuring better dissemination of research advances worldwide.

Research Day Awards
The Department of Obstetrics, Gynecology and Reproductive Sciences Research Day highlighted the work of the outstanding trainees in our programs.

Congratulations to
Michelle Lam, MD for garnering the Outstanding Clinical Research Award
&Duygu Ozmadenci, PhD on receiving the Outstanding Translational Research Award

Congratulations to our Outstanding Educators
Alice Sutton, MD who received the Whitehill Prize for Excellence in Teaching
&Marianna Alperin, MD Who was awarded the APGO Excellence in Teaching Award
&Charles Nager, MD who was recognized with the ACOG/CREOG National Faculty Award.
&Gina Frugoni, MD For receiving the SASGOG Faculty Award.
&Sheila Mody, MD Who was elected to the UC San Diego Academy of Clinician Scholars

Funding News
Nemi Shah (FPMRS fellow) received $25,000 AUGS foundation grant to study transcutaneous posterior tibial nerve stimulation vs. sham for overactive bladder. To be conducted at Kaiser as a “COVID friendly” clinical trial.
Kellie Breen-Church has received a UC San Diego/UC-LA Diabetes Research Center Pilot and Feasibility grant for $45,000 starting 7/1/21. “Neural Mechanisms for Stress-Induced Diabetes Development”
Karen Tonsfeldt (Assistant Project Scientist in REI) has received a UC San Diego Senate Grant for $15,000 with a start date of 6/1/21. “Kisspeptin/Kiss1R as novel regulators of sex differences in pain”
Irene Su has been notified that she will receive the three-year Award: California Breast Cancer Research Project - Community Research Collaboration Full Award Evaluating a multi-component oncofertility care intervention.
A Day in the Life of an Ob/Gyn Intensivist

Scott Harvey, MD

A 34 year old woman at 28 week’s gestation arrives in respiratory failure from a viral infection. She requires an emergent intubation, invasive line placement, initiation of fetal monitoring, and transfer to the intensive care unit. Observing the fetal cardiotocographic tracing, changes to the mechanical ventilator are made, and minor modifications from the standard ICU bundled protocol are implemented to optimize the maternal-fetal dyad during critical illness...

Cases like this have incorporated the blend of intensive care and obstetrics and recently created the subspecialty of Critical Care Obstetrics.

My interest in Critical Care Obstetrics began when caring for patients in the setting where an Intensivist was not available, requiring our team of obstetricians and perinatologists to provide ICU level of care on a myriad of patient conditions. I distinctly remember several cases where I felt overwhelmed and unsure of proper treatment principles, where delivery and transferring the patient to another hospital was the best we could do. All the while, I was reading about cases that exemplified the evolution of critical care in pregnant patients and felt we could do more. The maternal mortality rate during this time was rising sharply, piquing my interest to treat this vulnerable cohort of patients. Moreover, I wanted to find ways to implement practices to prevent ICU admissions through protocols, education, and training. I matriculated into a Surgical/Trauma Intensive Care Fellowship that incorporated management principles for the treatment of shock, hemorrhage, respiratory failure, sepsis, and other illnesses, and began to make connections of optimizing physiology for maternal benefit. I was able to utilize tools and technology from the intensive care practice to translate them into caring for ill pregnant patients.

As a new attending physician in Hawai’i, the majority of my clinical care had been either in inpatient obstetrics at a Women and Children’s hospital or staffing the Adult Surgical/Trauma Intensive Care Unit at Hawai’i’s level one trauma center. As the obligate Intensivist for the Woman and Children’s hospital, I cared for all ICU admissions from the obstetric, gynecologic, and gynecology oncology service lines who became critically ill or required invasive monitoring. Yielding the benefits of learnt principles in both obstetrics and critical care, I was able to provide input and leadership in quality improvement projects, practice protocols, and most importantly, training and education of physicians and hospital staff. It is my passion to teach the interaction of critical care physiology and its impact on maternal conditions. My greatest achievement has been watching my colleagues and trainees recognize and treat these conditions, preventing clinical deterioration as they recognized the disease pathophysiology unfolding. To have a wider impact, several Obstetric Intensivists and I worked with the Society of Critical Care Medicine to create a course on the Fundamentals of Critical Care Support: Obstetrics, now a world-wide two day curriculum focused on bridging critical care and obstetric medicine.

Reflecting upon my first few weeks into my new position at UC San Diego Health, I have been so excited to observe the team-based care, collaboration, and patient dedication from my colleagues, residents, and hospital staff while they employ amazing clinical care and instruct educational principles. I am thoroughly enjoying my hospitalist position with the primary appointment of performing clinical work on the obstetrics units. Starting soon, I will begin rounding in the Surgical Intensive Care Unit for approximately one week per month to keep up-to-date on the newest ICU principles to share with the OB/GYN department.

I look forward to immersing into quality improvement projects and hospital-based education/training with the established teams, and watching our learners grow into amazing clinicians.
**The Intern Files:**

Fimbria Quarterly (FQ) asked the class of 2025 to share a little about themselves and why they chose UCSD to be their home.

**Keri Cowles, MD**
University of North Carolina

I chose to train at UC San Diego because I knew that it would be a place where I could thrive both professionally and personally. One of the moments that I knew that UC San Diego was the right program for me was on my interview day when Dr. L said to us, "If you don't love to teach, this may not be the right place for you." That sentence stuck out to me because I want to train in that kind of environment, as both a learner and a leader, and I am excited to work with faculty and residents that are passionate about investing in others.

I started taking pottery classes in medical school and it has become my favorite pastime! The pottery studio is a place where I can leave the outside world behind and be truly present in the creative process. There’s just nothing like the feeling of drinking coffee out of a mug that you made from a little lump of clay. I will be transporting my home studio to San Diego with me so if anybody wants to try out a new hobby my door is open!

**Rafa Ifthikhar, MD**
University of Pittsburgh

I was drawn to UC San Diego for its diverse patient population, dedication to social justice and community engagement, and opportunities to train with leaders in OBGYN. I had a great time on my interview day as well - all of the residents and faculty I met were so engaging, passionate, and supportive!

In my free time I enjoy going to coffee shops, playing tennis, traveling, and trying new restaurants (I am a total foodie!)

**Milli Desai, MD**
UC San Diego

I am excited to be at UC San Diego for residency because the people at this institution are humanistic leaders and teachers. As the only academic medical center in San Diego county, UC San Diego’s clinical training and research opportunities in all areas of women’s health are unique. Because San Diego does not have a county hospital, I think UC San Diego plays an important role in achieving health equity and reproductive justice in the region. I grew up speaking many languages at home in my immigrant family (Mauritian Creole, Gujarati, Hindi), and hope to pass these on to my son - for now I am very content with 8 month old incoherent babbles.

**Jenny Koenig, MD PhD**
Tufts University

On the interview trail, UC San Diego really stood out as uniquely aligning with my values – I had found a program where kindness and compassion toward ourselves, each other, and our patients would form the foundation of all interactions. I was also really impressed by the quality of clinical and surgical training and by the breadth of research opportunities available across all divisions of OB/GYN. I am excited and honored to work with the many accomplished residents, fellows, and faculty members here, and am equally excited to move back to sunny Southern California after 8 long winters in Boston!

I have had a passion for dancing and being on stage for as long as I can remember, and only recently "retired" from performing after finishing my PhD in 2019. I look forward to a new era of safe outdoor venues as the performing arts world rebuilds and reimagines itself post-COVID, and can't wait to go see some shows with new friends and colleagues at UC San Diego.
Milestone

“Better than the Promise”

Linda Brubaker Completes Her Tenure as Interim Chair

It’s a fine line for most interim chairs as they assume management of a department. They want to avoid charting a new direction for the department that may not be in the incoming chair’s vision, but at the same time, they want to make sure that a department keeps running and maintains its vigor. When Charles Nager surprised Dean Steven Garfin with his wish to step down as the head of the Department of Obstetrics, Gynecology, and Reproductive Sciences, he assured Dr. Garfin he had an outstanding interim chair ready to step in.

A year later, the titular pronouncement by Dean Garfin “Better than the Promise” sums up a year of leadership by Linda Brubaker. Dr. Brubaker was someone with experience as a dean in a medical school and as a chief diversity officer. Both would be key to the coming year.

Dr. Brubaker stepped in almost seamlessly at the beginning of the 2019-2020 academic year. Initially, she made small tweaks to tune, rather than alter, the course of the department. Communications were improved. However, she would be tested by events that one suspects she could not predict when she accepted the interim position from Dr. Nager.

Linda took the reigns just as the COVID-19 pandemic bloomed, national unrest was increasing as the nation tried to understand its own institutional prejudices, and within the school of medicine the model for clinical compensation was increasingly considered broken. These were urgent and immediate challenges that could not be pushed back to the next chair. Plans were put in place to address COVID across all the clinical divisions. A new workgroup on cultural understanding and adaptation within the department was implemented, the Culture and Justice Quorum. Notably, the most advanced plan for a new compensation model within the School of Medicine came directly from our department. Any chair could be proud to have dealt with these immense challenges over the course of a normal term of service. Dr. Brubaker dealt with all of them in a single year. She did so with wit, grace and compassion, teaching many of us to communicate, and mentor, by example. Thank you for an amazing, educational, year of leadership.

The Intern Files, con’t

Payton Ottum, MD
UC San Diego

Having been a medical student at UC San Diego, I knew my training and opportunities here would be excellent. But the biggest reason I chose UC San Diego was because of the incredible people I would continue to learn from, work alongside, and care for during residency.

I lived in Santiago, Chile for three years prior to starting medical school. My experience living abroad was transformative and informs who I am both personally and professionally. I am passionate about providing patient-centered, humanistic care and medical education.

Kellie Schueler, MD
University of Chicago

UC San Diego was my first interview and I still remember logging off the Zoom amazed by the program’s kind and enthusiastic ethos. In the end I chose UC San Diego because of the culture of kindness, diverse training settings, and commitment to reproductive rights and underserved populations. I’m also from the West coast and have been dreaming of coming back to California!

While I can’t wait to explore all aspects of women’s health through OBGYN, I’m most passionate about reproductive justice, preventative women’s health, and global health. In medical school, I focused my research pursuits on improving access to full-spectrum family planning services and investigating racial and ethnic disparities in maternal health. I grew up climbing mountains and running trails in Oregon and am excited to explore all of the great outdoor activities San Diego has to offer. I’ll be moving to San Diego with my virologist husband, Pat, and well as my dog and cat.
MEET THE PROJECTS SCIENTISTS:
Critical to our research mission

Assistant Project Scientists are extremely valuable members of our research enterprise in the department. These accomplished Ph.D. researchers are specialist faculty that provide leadership, mentoring, and research prowess within our laboratories. In this final part of a two part series, we will meet Drs. Kyucheol Cho, Priya Pantham, and Scott Lindsay-Hewitt. Please let them introduce themselves to you!

PRIYA PANTHAM, PHD
Assistant Project Scientist,
Louise Laurent Lab

I am from New Zealand, and completed my PhD at the University of Auckland before migrating to the US in 2014. My research background is in applying high through-put multi-omics approaches to investigate placental function in obstetric disorders such as preeclampsia, preterm birth, and intrauterine growth restriction. I am currently funded by a K99 Pathway to Independence Award from NIH/NICHD, with Professor Louise Laurent as my primary mentor. I am investigating placental extracellular vesicles (EVs) as a link between placental and renal dysfunction in preeclampsia. I use next generation sequencing to profile urinary EV extracellular RNA in normal pregnancy and preeclampsia, and computational methods to identify RNA biomarkers and understand disease pathology. I also mentor students and clinical fellows in a variety of other projects including identification of extracellular RNA biomarkers for placenta accreta. Apart from my research, I am an involved member of the University of California Union of Postdocs and Academic Researchers (UAW local 5810) and am a Head Steward representing Academic Researchers at UCSD.

Scott Lindsay-Hewitt, PhD
Associate Project Scientist,
Louise Laurent Lab

I was born and raised in the United Kingdom. I completed my M.Res. in computational biology at the University of York, and my Ph.D. in molecular genetics at the University of Leeds. Searching for a warmer climate, I made the move to San Diego in 2008. I carried out my postdoctoral training in Dr. Steven Wasserman’s laboratory in the Division of Biological Sciences (DBS) at UCSD.

KYUCHEOL CHO, PHD
Assistant Project Scientist,
Heidi Cook-Andersen Lab.

I was born and grew up in Gangneung, a small city on the east coast of South Korea. I got a BS/MS degree in Biology and Biochemistry at Korea University in Seoul, Korea, studying of mechanisms of eukaryotic transcription initiation. I came to the US to obtain my PhD in Cellular and Developmental Biology at the University of Texas, MD Andersen Cancer Center. During my PhD training in Dr. Pierre Mccrea’s lab, I researched the roles of a cadherin:catenin complex during neural tube formation, neural crest cell migration and skin development using Xenopus as a model. It was during this period that I became fascinated by the complexity, harmony and efficiency of development and determined to study these questions in my research career. I came to San Diego to research at The Salk Institute as a Postdoctoral Fellow in the laboratory of Dr. Dennis O’Leary. There I investigated how the axons of retinal ganglion cells are projected to the mouse mid-brain during the development of the visual system. Since joining Dr. Heidi Cook-Andersen’s lab in 2016, my work has focused on discovering the mechanisms that control the oocyte-to-embryo transition which underlie the very beginning of development of a new organism from parental gametes. In collaboration with Dr. Jennifer Dumdie, a former graduate student, I discovered that the mRNA decay activator Zfp36L2 is essential for transcriptional silencing and developmental competence in mouse oocytes (Developmental Cell, 2018). More recently, I have been focused on the early embryo, where I am working to understand how transcription is reactivated in the zygotic genome after fertilization and how oocytes might set the stage for this process.

There, I worked on innate immunity and development in Drosophila melanogaster. I later joined Dr. James Posa-kony’s laboratory (DBS) where I worked on gene regulation in D. melanogaster. I recently joined Dr. Louise Laurent’s laboratory where I will be working on projects aimed at separating and characterizing extracellular RNA carriers in human biofluids. The hope is that extracellular RNAs could serve as biomarkers for the prediction and diagnosis of pregnancy complications, as well as a wide range of other diseases and physiological states. I am excited to join the department and I look forward to meeting you all!
At the Frontier:
What’s in a Genome?
Ovarian Cancer May Hint at its Future Course.

The guiding concept of personalized medicine is that unique features present in each patient’s disease may guide their treatment strategy. Researchers at UC San Diego Department of Obstetrics, Gynecology and School of Medicine have looked at public data in a new way to try to gain insight into whether common features of ovarian cancer could predict patient risk of rapid disease. Using advanced statistical approaches, they looked at more than 20,000 genes across all 23 pairs of chromosomes, and were able to identify a group of 14 changes on 10 chromosomes that are found in tumors which may help oncologists develop treatment plans for patients with ovarian cancer. The changes were strongly prognostic for survival, and may predict which patients are likely to do well on standard of care treatment and which are candidates to be fast-tracked to clinical trials.

The surprising part of the investigation was that some changes found in tumors were associated with less aggressive disease. In many cases, researchers will look at only one gene, or perhaps a group of co-operating genes that are suspected to play a role in promoting tumor aggression. In this study, however, the investigators assumed nothing about any gene. “A number of regions we identified were associated with a better outcome,” noted Ryon Graf, the lead author in the study, “Many times, the focus is only on identifying regions that lead to poorer outcome. We identified any changes that altered outcome. Some of these were good news.”

The regions on the chromosomes identified were home to dozens of genes in some cases, or as few as a single gene in others. Used collectively, researchers were able to group patients into those whose disease followed a “typical” course, those that did very well and appeared more likely to be cured, and those whose disease advanced quickly and were good candidates for intensive monitoring and alternative approaches by oncologists. The senior author on the study, Dwayne Stupack, described it this way; parameters improved the precision by which oncologists can predict a given patient’s risk. “Integration with available clinical testing was a key consideration when we started this study,” Graf emphasized, “we need to develop novel therapies for the future, but we also need tools to help bring personalized medicine to patients now.” Graf cautioned that while the statistical associations were very strong, validation in a other patient groups will be needed to reinforce this work.

“This is exciting, because it provides excellent rationale to focus future studies on the new genes located in these regions. We already have proof that they are important to cancer, but we don’t understand why. These clues could aid in the development of novel therapies we might never have considered.” As noted in the work, Graf has lost family members to cancer.

The work was recently published in JAMA network Open. The work was performed by Ryon Graf, PhD, Ramez Eskander, MD, and Dwayne Stupack, PhD of UC San Diego, together with Leo Brueggeman, a graduate student from the University of Iowa. Dr. Graf is currently a scientist at Foundation Medicine.

Marielle Meurice MD is joining UCSD Complex Family Planning Fellowship program after completing her residency at UC Irvine. She is originally from Iowa City, Iowa. She attended Northwestern University for undergraduate and returned to her hometown for medical school at the University of Iowa. She initially became interested in family planning as a medical student, where she saw the barriers that patients encountered in getting reproductive health care, both locally and globally. She is interested in clinical research and excited to complete the CREST program during fellowship. Outside of work, she can’t wait to explore San Diego’s many amazing neighborhoods, restaurants, and beaches!

Ioana Bondre chose UCSD for her fellowship in gynecologic oncology because she wanted to receive excellent clinical training and research opportunities in a supportive and collaborative environment. Ioana found kindred spirits during the interview process, remarking that it was readily apparent that all the faculty and fellows were genuine, kind, committed to their mission to learn, teach, and share their passion for patient care. After 8 very hot years in Houston, TX, she is excited to enjoy the beautiful San Diego weather and beaches with her husband, cat and 2 dogs. In her free time, Ioana loves exploring new (vegan) restaurants and coffee shops, traveling, and hosting dinner parties for her friends.

Kelsey Pinson MD chose to stay at UC San Diego because of the desire to continue working with the people, patient population, and institution that she has come to know and love. In particular, she knew that she would receive excellent MFM training here. Kelsey has been a swimmer since she was young and she continued through four years of college at Dartmouth. In San Diego, Kelsey began open water swimming and is slowly getting used to swimming with wildlife like seals and fish! She is excited to live for another 3 years on the best coast.
Structural racism erodes a key mission of our vocation – our calling to care for those who are ill, improve health and prevent disease. The members of the UC San Diego Department of Obstetrics, Gynecology and Reproductive Sciences committed ourselves to actively strive to be anti-racist over a year ago, following the murder of George Floyd. With the support the virtually every department member, and the active engagement of over 30 ambassadors, we established the Culture and Justice Quorum.

The Quorum meets regularly to provide anti-racism training, discussion actions and activities to advance our anti-racist goals and support each other in this important work. The Quorum is co-led by Michael Morales, our business officer and vice chair of administration, along with our past interim chair, Linda Brubaker MD. The group has interacted with other entities within the UC San Diego system to help raise awareness of opportunities to foster a culture that promotes equity and justice for our patients, staff, trainees and faculty.

The group has implemented changes to UC San Diego's use of a race-based VBAC calculator, providing counseling appropriate to the current evidence. Happily, existing evidence has recently been updated with a VBAC calculator that has eliminated the race variable. Other initiatives include plans to assess our department climate using a modified institutional scorecard designed by medical students at UC Davis as part of the White Coats for Black Lives movement.

As we learn and our view broadens, there is much work to do to combat structural racism, including updating art throughout the institution to reflect diversity and reducing economic and other barriers for prenatal patients with socioeconomic challenges. We are committed to this work and appreciate the verbal and financial support of like-minded individuals.

Join Us!
UC San Diego’s Specialty Programs In Obstetrics and Gynecology

The division of Obstetrics and Gynecology boasts a number of specialty clinics, each led by leaders in their fields. Today we will touch on the menopause service and the diabetes and pregnancy program.

Menopause Clinic

Menopause is a natural process that simply means the end of menstruation. As a woman ages, there is a gradual decline in the function of her ovaries and the production of estrogen, progesterone and testosterone. The decline of estrogen can lead to symptoms, including hot flashes, night sweats, vaginal dryness, and mood changes.

Natural menopause usually occurs between the ages of 45 to 55. It becomes official when a woman has not experienced a menstrual period for 12 consecutive months. Some women experience menopause at younger ages due to premature ovarian failure, cancer therapy, or surgical removal of both ovaries. The UCSD General Gynecology division offers routine and specialized and comprehensive gynecological care for menopausal patients.

Our menopause health program is the first of its kind in San Diego. A multidisciplinary service designed to meet the complex needs of women approaching or experiencing natural, surgical, or premature menopause. These services include preventive services and health maintenance screening.

Dr. Kathryn Macaulay coordinates the UCSD Menopause Health program. She is a board-certified gynecologist with expertise in menopause management, and is a North American Menopause Society (NAMS) Certified Menopause Practitioner. Dr. Macaulay consults with menopausal patients at UC San Diego clinical sites in La Jolla, Encinitas and Carmel Valley. She offers individualized counseling regarding lifestyle and evidence-based treatment options for menopausal symptoms. This includes cancer screening services and osteoporosis management.

Dr. Macaulay also has expertise in treatment of cancer survivors with menopausal symptoms and is very active in training future gynecologists and primary care physicians about the latest recommendations in menopause management.

DAPP: Diabetes & Pregnancy Program

Women with diabetes need comprehensive, specialized care before and during pregnancy. Working with a specialist to manage blood sugar before and during pregnancy can decrease the risk of complications and make it more likely for a mother to carry their baby to term.

The UC San Diego Health, Diabetes and Pregnancy Program (DAPP) cares for the diverse population of women with diabetes in San Diego County. This program is designed to provide comprehensive care of patients with diabetes through a multidisciplinary approach following the California Diabetes and Pregnancy Program guidelines.

Involved with the program are 6 certified diabetic educators (CDEs), nutritionists and social workers all overseen by Dr. Sandy Ramos, the current DAPP Director. This program provides prenatal care to approximately 480-500 patients with gestational diabetes, 120 patients with Type 2 diabetes and 40 patients with Type 1 diabetes each year. As a clinical program in an academic center, DAPP provides cutting edge diabetes care from preconception to postpartum utilizing the latest technology available. This includes the use of sophisticated insulin pumps and continuous glucose monitoring, with the aim of improving both maternal and neonatal outcomes among women with diabetes.

Patients are also given the opportunity to participate in clinical trials such as the Medical Optimization of Management of Pregnancy with Overt Diabetes (MOMPOD) trial, a randomized clinical trial of Metformin as an adjunct to insulin for the treatment of Type 2 diabetes. DAPP provides primary obstetrical care for complicated patients with diabetes or is able provide consultative services to comanage patients with gestational diabetes.
When Charlie Nager was planning his retirement and asked me to consider serving as Interim Chair, I expected my time in this role would be brief (a few months) – note to self, do not agree to be Interim Chair during a pandemic! Although I have been in the role longer than anyone would have anticipated, there has been much good. There are so many wonderful things that I have experienced working in this capacity.

First and foremost, I saw a dedicated faculty really dig in to provide clinical care amidst challenges and learn about COVID – how to care for patients with COVID, how to protect others, how to protect themselves and how to provide clinical care using telemedicine. I witnessed countless examples of the exemplary professionalism and resilience of UCSD clinicians, despite personal risks, emotional and physical exhaustion and difficulty sustaining personal and professional well-being. Second, I saw a talented group of executive leaders (Vice Chairs and Division Directors) who demonstrated commitment to the core of our tripartite mission which continues to stand strong with outstanding clinical care, innovative creation of new knowledge and impactful educational programs. Third, I got to know the department staff, who impressed me with their creativity (DJ Nando!) and work ethic.

Although these individuals were working in different ways, they stepped up to assist and facilitate new ways of working together. We all owe them a debt of gratitude! Fourth, I had the opportunity to work closely with Michael Morales, our department business officer and vice-chair of administration. I was able to see up close his financial acumen, innovative approaches to thorny issues, attention to detail, humanism, capacity for work, department and institutional commitment and ability to build relationships that benefit our department. If you haven’t thanked Michael and his team, please do so in a meaningful way.

Now, we look forward to a new era of growth as we prepare for the long-awaited transition to our new permanent department chair, Dr. Cynthia Gyamfi-Bannerman. The visionary leaders on the department’s Executive Leadership team have the talent and drive to make our outstanding department ever better. I look forward to seeing them all in action, assisting Dr. Gyamfi-Bannerman execute her vision for the department. It has truly been an honor to provide transitional leadership alongside my colleagues.

Thank you for this privilege. /LB

We are proud of the contributions of our fellows, who leave UC San Diego well-trained, confident, and accomplished. We wish them well in their coming endeavors.

PAIGE ANGLIN MD
Reproductive Endocrinology and Infertility:
to: Kaiser Permanente (San Diego, CA)

LINDSEY CHARO MD
Gynecologic Oncology
to: South Coast Gynecologic Oncology (San Diego, CA)

NICOLE ECONOMOU MD
Complex Family Planning
to: UC Davis Medical Center (Sacramento, CA)

MARY RIEGER MD
Female Pelvic Medicine and Reconstructive Surgery
to: Ascension Seton Medical Center (Austin, TX).

KATHY ZHANG-RUTLEDGE MD
Maternal Fetal Medicine:
to: Obstetrix Maternal-Fetal Specialists of Houston (The Woodlands, TX)