

# Ob.Gyn. News

www.obgynnews.com

VOL. 40, No. 12

The Leading Independent Newspaper for the Obstetrician/Gynecologist—Since 1966

JUNE 15, 2005



©MIKE LEVIN

The laborist profession offers obstetricians predictable and limited work hours, said Dr. Louis Weinstein.

## Laborist Movement Poised to Take Off

BY ROBERT FINN  
San Francisco Bureau

SAN FRANCISCO — Ten hospital systems in the United States have started or are about to start using “laborists”—physicians whose sole focus is managing the patient in labor—Louis Weinstein, M.D., reported at the annual meeting of the American College of Obstetricians and Gynecologists.

Using laborists makes sense, said Dr. Weinstein of Jefferson Medical College in Philadelphia. Laborists are expected to improve patient care and ease burnout among obstetricians.

The laborist profession offers obstetricians predictable and limited work hours, while offering private ob.gyns. less disruption to their office and operating room schedules. It also offers women in labor the benefit of prompt, continuous, and efficient care.

Dr. Weinstein demonstrated the laborist business model by calculating what it would cost a hospital to maintain 7-day, 24-hour coverage by a team of laborists. It would take four physicians, each working four 10.5-hour shifts each week. For the sake of the calculation, Dr. Weinstein assumed that the laborists would each earn \$175,000 per year, and they would be given 1 week of CME time and 3 weeks of vacation annually. The

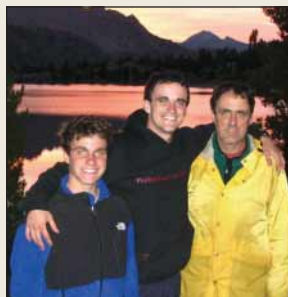
hospital would have to provide a total of 12 weeks’ vacation coverage for the time the laborists were away.

The laborists would receive benefits worth 28% of their salaries, and they would be covered under the hospital’s liability policy at a cost of about \$60,000 per laborist per year. The total annual cost to the hospital would be \$1.2 million.

This scenario would make economic sense only in a hospital performing at least 2,000 deliveries per year, he said. If laborists handled half of those deliveries at \$1,200 per delivery, that would

See **Laborist** page 6

### INSIDE



#### The Rest Of Your Life

Leisure is the solace you need to keep a healthy balance.

PAGE 37

#### Breast Cancer

Moderate exercise reduces the risk of breast cancer recurrence by 20%-50%.

PAGE 25



#### Clinical Pearls

“Good luck with this one!”  
Dr. Bruce L. Flamm talks about words you hate to hear.

PAGE 47

## Early Herceptin Use Cuts Breast Ca Recurrence in Half

‘Stunning’ results when used as adjuvant tx.

BY JANE SALODOF MACNEIL  
Southwest Bureau

ORLANDO, FLA. — Trastuzumab, a monoclonal antibody that was developed to fight one of the most aggressive forms of breast cancer, cut recurrences by 52% when used as adjuvant therapy in two large phase III trials that were unblinded early by the National Cancer Institute.

A third international trial that included 5,100 women in 39 countries similarly found that the risk of recurrence fell 46% when trastuzumab (Herceptin) was used once every 3 weeks for 12 months after completion of chemotherapy for primary breast cancer.

Oncologists greeted the outcomes with rock-star-style applause at a special session during the annual meeting of the American Society of Clinical Oncology. In a comment echoed by other prominent physicians, discussant George W. Sledge, M.D., described the magnitude of improvement as “the most stunning result I have seen in an adjuvant trial in my entire career.”

Dr. Sledge, codirector of the Indiana University Cancer Center in Indianapolis, added that the results were “true and strong ... across the board,” with every subgroup of patients in the three trials showing significant survival benefits.

See **Herceptin** page 4

## Exercise Affects Risk of Sudden Cardiac Death

BY BRUCE JANCIN  
Denver Bureau

NEW ORLEANS — A little bit of exercise can be a dangerous thing for a woman.

New data from the Nurses’ Health Study show the risk of exercise-triggered sudden cardiac death is higher in occasional exercisers than in women who are total couch potatoes—but that this risk is markedly diminished by regular exercise, William Whang, M.D., said at the annual meeting of the Heart Rhythm Society.

Indeed, the risk of exercise-associated sudden cardiac death

was significantly lower in women who engaged in about 4 or more hours of moderate to vigorous physical activity per week than in less frequent exercisers or sedentary women, according to Dr. Whang of Massachusetts General Hospital, Boston.

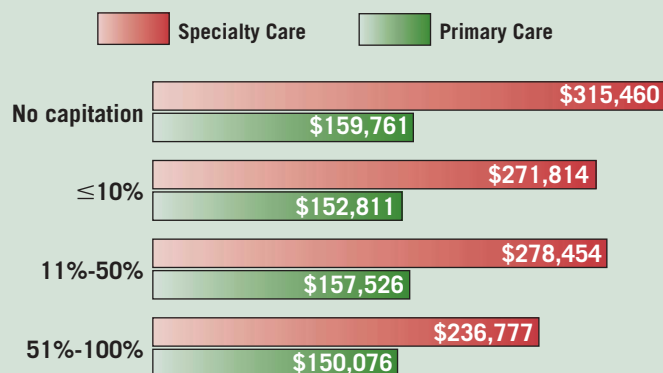
Nurses’ Health Study investigators defined moderate to vigorous physical exertion as involving at least five metabolic equivalents. Examples include jogging, swimming, brisk walking, tennis, bicycling, aerobics, and lawn mowing.

Exercise is known to transiently increase the risk of ven-

See **Exercise** page 6

### VITAL SIGNS

#### Percentage of Capitation Tied to Median Physician Compensation



Note: Based on responses from 1,876 medical group practices in 2003.  
Source: Medical Group Management Association

# Hormonal Contraception Tied to Shedding of HSV-2

BY MICHELE G. SULLIVAN  
Mid-Atlantic Bureau

**B**acterial vaginosis, high-density group B streptococcus colonization, and the use of hormonal contraceptives each is independently associated with an increased risk of genital tract shedding of herpes simplex virus type 2, Thomas L. Chernes, M.D., and colleagues at the University of Pittsburgh reported.

These increased risks could be key factors in HSV-2 transmission. "Because hormonal contraceptives are used by more than 100 million women worldwide, and because bacterial vaginosis and vaginal GBS colonization are two of the most common genital tract conditions present among women of reproductive age, even modest associations between these variables and genital tract shedding of HSV-2 would result in substantial attributable risks for transmission of the virus," they reported (*Clin. Infect. Dis.* 2005;40:1422-8).

The researchers followed 330 HSV-2-positive women for a year. The women were 18-30 years; 65% were black. Every 4 months, they collected behavioral data, vaginal swabs and smears, and a blood sample from each woman.

In the multivariate analysis, genital tract shedding was associated with recent HSV-2 seroconversion (OR 3), high-density group B streptococcus colonization (OR 2.2), bacterial vaginosis (OR 1.9), and the use of either depot medroxyprogesterone acetate or oral contraceptives (OR 1.8). Genital tract shedding was not associated with vaginal intercourse, new sexual partner, or douching.

The association with bacterial vaginosis and high-density GBS colonization was somewhat of a surprise, the researchers

said. "A number of recent studies have demonstrated that [bacterial vaginosis] is associated with significant alterations in the concentrations of several immunomodulatory cytokines, compared with the concentrations of these cytokines associated with normal vaginal flora."

Oral contraceptives may influence shedding by different means, the researchers said. Suppression of estrogen and progesterone may alter the T cell-mediated immune response, and thereby increase shedding. Additionally, women who use oral contraceptives can have larger areas of cervical ectopy, which may facilitate genital tract shedding.

Since the increased risk was the same for both oral and injectable hormonal contraceptives, and cervical ectopy is more commonly associated with the oral form, it may not be the predominate mechanism responsible for increased viral shedding, they said.

Previous studies on the subject have reached varying conclusions, Katherine LaGuardia, M.D., medical affairs director for Ortho Women's Health, Ortho-McNeil Pharmaceutical, Inc., said in an interview. "This study really doesn't shed any new light on this issue," she said. "The definitive study, which would control for both sexual behavior and hormonal contraception, has yet to be done."

It's important to continue stressing to women that no hormonal contraceptive method protects against sexually transmitted infection. "Although safe and effective when used as labeled, these methods don't protect against infection," Dr. LaGuardia said. "Using a condom along with hormonal methods offers the best protection against both pregnancy and STIs, including HIV." ■

# Work Model May Ease Burnout

Laborist from page 1

bring in \$1.2 million per year, making the program "revenue neutral" from the hospital's perspective.

But hospitals would come out ahead if the use of hospitalists improved patient safety such that even one lawsuit were avoided every 5 years, Dr. Weinstein said.

Beyond these economic calculations are the benefits to individual obstetricians and to the profession of obstetrics and gynecology. Dr. Weinstein pointed to studies showing a very high rate of burnout among ob.gyns., which he attributed in part to their hectic and unpredictable schedules and to work weeks well in excess of 40 hours.

Dr. Weinstein said he proposed the laborist model in 2003, modeling it on the rapidly growing hospitalist movement among internists (*Am. J. Obstet. Gynecol.* 2003;188:310-2). While some criticize the hospitalist movement for a disruption in care when the hospitalist becomes responsible for a patient, stud-

ies have demonstrated a high degree of patient satisfaction and significant reductions in resource utilization while maintaining good clinical outcomes.

Hospitalists themselves report a high level of job satisfaction, a long-term commitment to remaining in the field, and the lowest burnout rates of any medical specialty.

For the laborist model to succeed, there must be buy-in by the medical staff. "Clearly, if everybody says, 'Well, I'm not going to let the laborist do my deliveries,' then it won't work," Dr. Weinstein said.

Additionally, laborists would have to receive respect from other ob.gyns. Finally, "You have to have the right personality to be a laborist," Dr. Weinstein said. "It's someone who really wants to work hard, needs to respond quickly and efficiently, but who also understands that when it's their time to go [off shift], they go with good handoffs to the next laborist." ■

# Infrequent Activity Ups Risk

Exercise from page 1

tricular arrhythmias, although experts agree this is greatly outweighed by the many well-documented health benefits of physical activity. The Nurses' Health Study is the first large study to focus on exercise as a triggering event for sudden cardiac death in women.

Although the study began in 1976, self-reported assessments of physical activity weren't included for the first time until 1986. Every 2-4 years since, participants have updated their physical activity level as part of detailed follow-up questionnaires.

with just a 3.2-fold increase in those who exercised at least 2 hours weekly.

As the amount of self-reported weekly exercise increased, the overall risk of sudden cardiac death—exercise-related or otherwise—decreased, even after controlling for hypertension, body mass index, hyperlipidemia, and diabetes. (See box.)

"The inflection point seems to be about 4 hours per week," the physician noted. Women who engaged in at least that amount of moderate to vigorous physical activity had a substantially lower overall



Regular physical exertion reduced women's risk of exercise-induced sudden cardiac death, but sporadic exercise was riskier than none at all.

For this analysis, Dr. Whang reported on 69,901 women, mean age 57 years at baseline, who were free of a history of cardiovascular disease, stroke, or cancer. There were 151 sudden cardiac deaths in this cohort during 1986-2004. Information on the circumstances surrounding these deaths was gathered from medical records, next of kin, and autopsy reports.

Investigators defined sudden cardiac death occurring during or within 1 hour after moderate or vigorous physical activity as exercise related. With a case-crossover study design in which subjects served as their own controls, the relative risk of sudden cardiac death occurring during or shortly after exercise was increased 20.9-fold over physically inactive periods among the women who exercised less than 2 hours per week, compared

long-term risk of sudden cardiac death than less frequent or non-exercisers.

Dr. Whang stressed that despite the transient increase in sudden cardiac death risk occurring during exertion, the absolute risk of such an event remained extremely low. There were only nine such deaths during follow-up. The overall risk of sudden cardiac death in the study population was one case per 73.2 million hours of follow-up. There was one case per 21.9 million hours of moderate to vigorous physical exertion.

At baseline—well before the U.S. surgeon general's groundbreaking report on the importance of physical exercise began to reshape American attitudes—fully 54% of participants in the Nurses' Health Study reported getting less than 1 hour per week of moderate to vigorous exercise. Only 31% reported 2 or more hours weekly. ■

