

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

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-----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
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-----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
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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

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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. SUBMISSION CATEGORIZATION

Other: describe below

Project/ institution or submission description (Other):

Robotic Assisted Abdominal Cerclage for Cervical Insufficiency: A Surgical Video

II. SUBMISSION INFORMATION

Submission Type: (select one)

Abstract

Area of Research: (select one is applicable)

Other

Intended Venue (Conference Name and location) / Journal Name

American College of Obstetricians and Gynecologists Annual Clinical and Scientific Meeting

Date(s) of event

03May-06May2019

Audience

External Venue

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)

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Calen Kucera

Rank / Degree

Capt / MD

Corps / Other

Air Force

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Department or Service

OBGYN

MTF:

BAMC

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.

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