

RANZCOG Annual Scientific Meeting

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Karyn is currently a fifth year medical student at the Dunedin School of Medicine. Growing up in rural West Auckland, Karyn strongly values community and family. She has a passion for women's health and rural medicine. Apart from her academic interests, her hobbies include reading, baking and outdoor sports.

The 2011 Royal Australia New Zealand College of Obstetrics & Gynaecology (RANZCOG) Annual Scientific Meeting (ASM) was held at the Melbourne Convention Centre between the 27th and 30th of November, and was my first conference experience. The theme of this year's ASM was "Today's Science; Tomorrow's Practice", which was particularly relevant.

As a 4th year medical student, my introduction to research has been a positive one. Over the 2010-2011 summer break, I conducted a research studentship under Dr Celia Devenish and Dr Noelyn Hung, investigating the effects of maternal smoking on the developing placenta. This research was subsequently accepted for a poster presentation at the RANZCOG ASM alongside approximately 60 other posters from registrars, consultants and research institutions from across Australia, New Zealand, and as far afield as the UK and Canada.

Throughout medical school we are taught that our medical practice ought to be based on both basic and clinical scientific evidence. The RANZCOG ASM offered me a chance to experience the translation from research to clinical medicine first hand, and become a part of it with my own research. Many studies were presented and topics included discussion regarding further evidence behind our current practice, how some treatments have no scientific basis, promising new treatments and studies which revealed a fresh understanding of diseases that have long baffled clinicians.

Dr Alan Trounson, President of the Californian Institute for Regenerative Medicine, spoke of recent breakthroughs in stem cell research, including the development of iPS cells: mature adult cells that can be induced to be pluripotent and go on to become any cell type in the human body. Professor Michael Quinn, of the Department of Obstetrics and Gynaecology at Melbourne University, lectured about the results and consequences of uncontrolled cell growth and new, less invasive techniques in the treatment of vulval and cervical cancers. He also presented new research indicating that many ovarian cancers may not, in fact, originate in the ovary. He instead suggested that they might result from the "dripping" of tubal cells from intestinal origin onto the ovary surface or develop from endometriosis tissue. Consequently, he recommends prophylactic removal of the fallopian tubes for prevention of ovarian cancer.

Other topics included the development of an RNA measurement for maternal blood to monitor the hypoxic status of a fetus *in utero*, presented by Dr Tong and his team, which is particularly useful in the monitoring of intra-uterine growth restricted (IUGR) fetuses. IUGR was a key focus of this year's ASM, with debate raging as to the right time to deliver preterm babies. This is a delicate balancing act between ensuring adequate growth and oxygenation of the baby while working to prevent the adverse outcomes associated with preterm birth. Dr Jane Norman, Professor of Maternal and Fetal Medicine at Edinburgh University, contributed to this debate with her work on preventing preterm birth with the use of anti-inflammatory agents as well as conventional tocolytics.

In addition to attending presentations, I networked with clinicians and researchers from all around the world, along with many of the RANZCOG registrars and president, Dr Rupert Sherwood. I learnt how to perform trans-vaginal ultrasounds, and as well as how to estimate the age of a fetus with measurements. I also practiced inserting a Mirena intra-uterine device on a robotic simulator that gave real world feedback, such as resistance to inserting instruments, and performed a post insertion ultrasound to check the positioning of the device after insertion. I also learnt what operations such as mesh prolapse repair and mid-urethral sling procedures involved with the help of demonstrations by the Johnson & Johnson sales representatives using anatomical models and surgical instruments.

For me the conference theme: "Today's science; tomorrow's practice" ran deeper than the translation of scientific research into every day clinical practice as this experience was more about the transformation of a research studentship into a passion for clinical practice in obstetrics and gynaecology and the desire to one day make this a reality. It is hard to believe that I boarded my plane to Australia with feelings of trepidation regarding the conference. I was asking myself: was I making a mistake attending a prestigious obstetrics and gynaecology conference without even having completed the attachment at medical school? Would I even understand what they were talking about? However, I need not have worried as I was greeted with the same warmth and sense of collegiality as the fellow attendees.

I would strongly encourage every medical student to attend as many conferences as they can while they are still at medical school to gain exposure to and develop a greater appreciation of the different medical specialties. I believe it is in the best interest of the schools to make medical student registrations mainstream and easily available to enable students to attend such conferences. In the increasingly competitive environment of specialty training, I see no down sides in fostering a passion for medical specialties among students. The RANZCOG ASM conference experience was invaluable and will be a treasured moment during my time at medical school.



Photo 1: Karyn Anderson and RANZCOG President Rupert Sherwood, RANZCOG ASM 2011

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