Analysis of reproductive endocrinology & infertility CREOG subject scores: A multi-institution study. M. Payson, A. Armstrong, P. Nielsen, R. Robinson, J. Ernest, R. Alvero. Walter Reed Army Medical Center, Washington, DC; National Institute of Health, Washington, DC; Madigan Army Medical Center, Tacoma, WA; San Antonio Uniformed Health Education Consortium, San Antonio, TX; Wake Forest University, Winston-Salem, NC; University of Colorado Health Sciences Center, Aurora, CO.

OBJECTIVE: To determine if poor performance on the REI subject exam can be prospectively predicted by examining the relationship between REI subject scores, USMLE scores, and other subject scores.

DESIGN: Retrospective analysis.

MATERIALS AND METHODS: The USMLE scores and postgraduate year 1–4 CREOG scores of 34 residents at 6 accredited residency programs were reviewed. The associations between scores were examined by Spearman rank correlation in a pooled analysis.

RESULTS: REI subject scores were significantly correlated to USMLE exam scores (p<0.0001) and this relationship was strongest in the PG3 and PG4 years. REI subject scores were also significantly correlated to subject scores in the other areas of gynecology, obstetrics, and gyn oncology as well as to overall performance on the examination (p<0.0001). There was no significant difference between institutions in performance.

CONCLUSION: CREOG scores provide objective validated information about fund of knowledge in subspecialty areas. With the strong correlation between USMLE scores and CREOG scores, USMLE scores can be used to prospectively identify residents who may benefit from additional mentorship and remediation early in their training. In this era of work hours restrictions, prospective mentoring can most efficiently utilize faculty and residents’ most precious resource: time.

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Family size in the Polycystic Ovary Syndrome (PCOS). M. Pall, K. Stephens, R. Azziz. Cedars-Sinai Medical Center, Los Angeles, CA; University of Alabama, Birmingham, Birmingham, AL; Cedars-Sinai Medical Center/UCLA, Los Angeles, CA.

OBJECTIVE: PCOS is a familial disorder inherited as a complex genetic trait. Because PCOS affects reproductive function we have hypothesized that the number of siblings available would be less (i.e., smaller nuclear trait. Because PCOS affects reproductive function we have hypothesized that the number of siblings available would be less (i.e., smaller nuclear family size) in the families of PCOS patients than in similar non-affected women. We undertook the following study to test this hypothesis.

DESIGN: A prospective cohort analysis.

MATERIALS AND METHODS: The study included 182 patients with PCOS and 61 healthy eumenorrheic non-hirsute control women residing in the same geographic area. PCOS was defined per the recommendations of a 1990 NIH-sponsored conference, including: (i) ovulatory dysfunction, defined as either oligomenorrhea (cycles > 35 day intervals), or a day 22–24 progesterone level ≤4 ng/mL if cycles were more frequent; (ii) hirsutism and/or elevated total or free T, or DHEAS levels; and (iii) exclusion of a 1990 NIH-sponsored conference, including: (i) ovulatory dysfunction, defined as either oligomenorrhea (cycles > 35 day intervals), or a day 22–24 progesterone level ≤4 ng/mL if cycles were more frequent; (ii) hirsutism and/or elevated total or free T, or DHEAS levels; and (iii) exclusion of other causes of polycystic ovarian syndrome. The objects of the study were: to prospectively identify patients with PCOS and 61 healthy eumenorrheic non-hirsute control women residing in the same geographic area. PCOS was defined per the recommendations of a 1990 NIH-sponsored conference, including: (i) ovulatory dysfunction, defined as either oligomenorrhea (cycles > 35 day intervals), or a day 22–24 progesterone level ≤4 ng/mL if cycles were more frequent; (ii) hirsutism and/or elevated total or free T, or DHEAS levels; and (iii) exclusion of other causes of polycystic ovarian syndrome. The objects of the study were: to prospectively identify patients with PCOS and to compare the number of siblings available to those of control women.

RESULTS: In the control group, probands had a mean age of 42.5 ± 12.1 yrs, and 20% were Black with the remainder being White. 35/61 (57%) had at least one sister and 46/61 (75%) one brother, while 5/60 (8%) had no siblings at all. In the PCOS group, mean proband age was 36.4 ± 8.2 yrs, and 10% were Black with the remainder being White. Overall, 114/182 (62%) had at least one sister and 113/182 (62%) one brother, and 39/182 (21%) had 9% had no siblings. The mean number of siblings, particularly brothers, was less for PCOS patients than controls (Table).

CONCLUSION: PCOS is a common endocrine disorder affecting reproductive function. Our data is consistent with the concept that families who are at risk for developing PCOS are less fertile, and consequently have lesser number of siblings. This would significantly limit our ability to recruit sufficient number of first-degree relatives for adequately powered genetic studies of PCOS. Furthermore, this data supports the hypothesis that the mothers of PCOS patients also are relatively affected by the disorder, resulting in a reduced number of children.

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