



Pictured at the ribbon cutting for Women & Infants' new Obstetric Evaluation Unit are, left to right: Angelleen Peters-Lewis, RN, PhD, senior vice president of patient care services and chief nursing officer; Dr. Roxanne Vrees, medical director of emergency obstetrics & gynecology; Dr. Maureen Phipps, chief of obstetrics & gynecology; Mark Marcantano, president; Dr. Ray Powrie, Care New England chief medical quality officer and senior vice president for quality and clinical effectiveness; and Tracey Casala, nurse manager, emergency obstetrics and gynecology.

Women & Infants Unveils Obstetric Evaluation Unit

PROVIDENCE – Women & Infants Hospital held a ribbon-cutting ceremony on April 3 for its new Obstetric Evaluation Unit in the Division of Emergency Obstetrics and Gynecology. This new, state-of-the-art, seven-bed unit, an expansion to the hospital's current Emergency Department, will serve as a dedicated space to provide high quality, efficient care to obstetric patients. In addition, the Obstetric Evaluation Unit will foster a more integrated model of care between the Emergency Department and the hospital's Labor, Delivery and Recovery Unit.

The expansion increases the Emergency Department's bed capacity by 60% to 19 total beds, and also provides two dedicated ultrasound rooms, a three-bed triage bay, and a dedicated infant resuscitation area for Women & Infants' neonatal intensive care unit team to safely and effectively evaluate infants following an imminent delivery.

"This new unit provides a beautiful, state-of-the-art space for pregnant women. Our new space will improve a patient's experience by reducing emergency department wait times, enabling health care providers to see patients sooner and streamlining care," said **MAUREEN G. PHIPPS, MD, MPH**, chief of obstetrics and gynecology at Women & Infants Hospital, executive chief of obstetrics and gynecology at Care New England Health System, Chair and Chace-Joukowsky Professor in the Department of Obstetrics & Gynecology and assistant dean for teaching and research in women's health at The Warren Alpert Medical School of Brown University.

ROXANNE VREES, MD, medical director of emergency obstetrics and gynecology at Women & Infants, said, "Our new Obstetric Evaluation Unit allows our highly skilled team to continue to provide efficient, high quality care while emphasizing our dedication to a family-centered model." ❖

Women & Infants Researchers Present Study at National Conference

Work uses technology to isolate cancer in the sentinel lymph node

PROVIDENCE – A team of researchers from Women & Infants Hospital of Rhode Island's Program in Women's Oncology and Division of Pathology and Laboratory Medicine presented the results of a study evaluating the use of sentinel lymph node dissection in women with vulvar malignancies, and then follow the patients for complications and recurrence.

The team – **DRS. RICHARD G. MOORE, DARIO ROQUE, CAROLYN MCCOURT, ASHLEY STUCKEY, PAUL A. DISILVESTRO, JAMES SUNG, MARGARET STEINHOFF, CORNELIUS GRANAI III, AND KATINA ROBISON** – presented their work at the annual meeting of the Society of Gynecologic Oncologists (SGO) in Tampa. The oral presentation was part of the main plenary session at the meeting.

The study is entitled "Isolated sentinel lymph node biopsy with conservative management in women diagnosed with vulvar cancer." Using radioactive dye and blue dye, gynecologic oncology surgeons are able to identify and remove just the sentinel node.

"The object of this study was to examine the sentinel lymph node alone in women with squamous cell carcinoma of the vulva and evaluate their recurrence in the groin and any complication rates," Dr. Moore explains. "We discovered that removing just the sentinel node had decreased complication while maintaining a low rate of further occurrence of malignancy.

"This should be considered an option for women with squamous cell carcinoma of the vulva."

The study, the largest prospective trial on sentinel lymph node dissection among women with vulvar cancer in the United States, included 73 women with 69 undergoing sentinel node dissection. Fifty-seven of those women were managed conservatively. Three experienced groin recurrences, for a recurrence rate of 5.2 percent.

Women whose sentinel node tested negative for metastasis were followed clinically without further treatment. Women with metastasis to the sentinel lymph node underwent full groin node dissection and were then followed by standard treatment protocols. ❖