

Title: An Interdisciplinary Approach to Female Genital Cutting/Mutilation in Medical Education

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Workshop Biography:

Background: Female genital cutting/mutilation (FGC/M) is defined by the World Health Organization as any procedure that intentionally alters, removes, or otherwise causes injury to the female genitalia for nonmedical reasons. In recent decades, gynecologists, urologists, and plastic surgeons have developed techniques for therapeutic reconstruction. Despite the strong interest and growing humanitarian crisis of FGC/M, a recent unpublished study by University at Pennsylvania (UPenn) demonstrated that FGC/M is not included in standard medical school curricula, with only 21.3% of students having been exposed to the topic.

Content: The goal of this interdisciplinary workshop is to explore recent strategies employed by the University at Buffalo's Human Rights Initiative and Department of Plastic Surgery at UPenn to improve clinician understanding of FGC/M. To do so, our workshop will (1) define FGC/M prevalence in the United States, common complications, and surgical repair options, (2) characterize shortcomings in current FGC/M medical training, and (3) model a FGC/M curriculum for implementation in academic institutions and residency programs.

Instructional Methods: A lecture-style presentation will be given to educate attendees on the practice of FGC/M and identified shortcomings in medical curriculum. Participants will then be asked to construct and share their own FGC/M curriculum, including learning objectives and methods, based on their personal experiences and/or the previously administered presentation. A hybrid powerpoint lecture/video presentation will be given outlining our proposed curriculum. An open discussion will be held, providing a space for suggestions, questions, and reflections.

Title: Demystifying How To Develop a Student-Run Asylum Clinic Research Repository

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Background: The student-run asylum clinic (SRAC) model was established by the Physicians for Human Rights Asylum Program in 2010 to provide forensic medical evaluations to asylum seekers in the United States. Academic collaboration within the SRAC model provides a unique opportunity for research. However, regulations surrounding this vulnerable population, as set by Institutional Review Boards, can be complex. The Human Rights Initiative (HRI) at the Jacobs School of Medicine and Biomedical Sciences, in partnership with local asylum law attorneys, aims to demystify the steps to ethically and effectively establish an asylum seeker research repository at SRACs.

Methods: To operationalize a research repository, an IRB must define and justify the target population, objectives, endpoints, document source (legal vs. medical), and research design. Prospective in nature, this model requires the consent of the asylum client by SRAC staff with access to an interpreter and a consent “short form”. Legal outcome data collection is automated through email surveys to immigration lawyers. A codebook is developed and informed by the standard legal practices and definitions of asylum law. Affidavits are qualitatively coded to create a research repository.

Results: A legal, ethical, and operationalized research repository has been successfully developed.

Conclusion: Having research guidelines educated by asylum court practices allows for investigation of medical affidavit translation and impact within the legal and medical setting. This data can be critical in illuminating (1) what affidavit components correlate with case outcomes (2) bias/inequity in the medical affidavit process, and (3) barriers to care for asylum seekers.

Title: Surgical Reconstruction of Female Genital Cutting: Access and Development

Authors: Chloe Cottone, Erinn Mangona, Sarah Barnett, Alyssa Reese, Gabriela Funez-dePagnier, Ashley E. Chang, Katherine Foote, Kathryn Hobika, Kim Griswold, Ivona Percec

Background: Female genital cutting (FGC) is defined by the World Health Organization as any procedure that intentionally alters, removes, or otherwise causes injury to the female genitalia for nonmedical reasons. In recent decades, surgeons have developed techniques for FGC reconstruction. It remains unknown how many individuals with FGC seek reconstructive treatment. With no unifying billing code for FGC reconstruction, many codes have gained popularity. The purpose of this project was to (1) uncover how many individuals with FGC undergo reconstruction and (2) review the literature to identify current patterns of CPT code use for FGC reconstructions.

Methods: A retrospective review was conducted within the U.S. Collaborative Network of TriNetX. ICD-10 N90.81 was used to identify patients who have undergone FGC. Consultation with an FGC reconstructive surgeon and literature review identified reconstructive CPT codes: 12041, 12041, 13132, 14041, 15004, 15240, 15773, 56441, 56800, 56810. Individuals who have undergone FGC and received reconstruction were tabulated. Individuals who developed neoplasm or a physical trauma event within 3 years leading to a reconstructive code were excluded.

Results: 3,740 individuals with FGC were identified. 106 (2.8%) have undergone at least one reconstructive procedure without a preceding neoplasm or trauma event. Literature review identified a plethora of reconstructive codes with variance within and among surgical disciplines.

Conclusion: Few individuals with FGC are undergoing reconstructive procedures. CPT coding for FGC reconstruction remains highly decentralized among and within surgical disciplines. Further research should be conducted to better understand barriers to reconstructive care.