Department of Obstetrics & Gynaecology

24th Annual Paul Harding Research Awards Day 2026

Wednesday, May 13, 2026

Kings University College - 266 Epworth Ave, London, ON N6A 2M3

DEADLINE for abstract submission is **February 27, 2026,** at **11:59 PM**

ABSTRACT GUIDELINES

General Information

- All abstracts must be accompanied by **a completed and signed Conflict of Interest Disclosure in order to be accepted.**

- Undergraduate students (Medical, Honors), Graduate students (MSc, PhD), residents, postdoctoral and clinical fellows are eligible to participate in the submission of abstracts for oral or digital poster presentations.

- Complete the "OBGYN Research Day – Abstract Submission" online.
    - Do not send in duplicate forms, if you need to make a change to the submission, please contact Samantha Kreamer at Samantha.kreamer@lhsc.on.ca .
    - After you have successfully completed the submission, you will receive an e-mail notification confirming receipt of your abstract. Please ensure you type in the correct email address, so you receive this confirmation. If you have not received an email within 2 business days, please contact Samantha Kreamer.
    - Ensure you submit a conflict of Interest Disclosure and include Samantha.kreamer@lhsc.on.ca as a recipient so we receive a copy.
    - **Your submission WILL NOT be considered without this form.**

- An Abstract Example for each submission type is enclosed. The electronic abstract must be submitted by the deadline date – February 27, 2026, **at 11:59 PM**
- **ALL presenter slides will be due for submission by Wednesday, May 6th, 2026,** please email your completed presenter slides to Samantha Kreamer at Samantha.kreamer@lhsc.on.ca

Submitting Guidelines

- Maximum word count is 250 words (body of abstract only; not including title, authors, affiliations and funding sources)

- Author information to be typed in upper- and lower-case letters; include initials and last name, and department
- Please cite funding sources for the research, or state not applicable

Abstract Examples

1. PGY1 proposal for the Residents' Scholarly Project:

PERINATAL MARIJUANA USE IN CANADA: A QUALITATIVE STUDY EXPLORING PATIENT DECISION-MAKING

T. Taylor[1]
[1]Departments of Obstetrics and Gynaecology, Schulich School of Medicine and Dentistry

The legalization of marijuana in Canada raises concerns about its increased use during pregnancy, despite health organizations cautioning about potential negative effects. Pregnant women often consider various information sources that may conflict with healthcare providers' advice, leading to continued use. Notably, women who use marijuana during pregnancy may perceive less risk now that it is widely available for consumption. This study aims to explore how pregnant women in Canada decide to use marijuana during pregnancy. Using a constructivist grounded theory approach, the research will initially involve purposive recruitment of pregnant marijuana users, with subsequent participants selected through theoretical sampling, possibly including healthcare professionals and women who ceased marijuana use during pregnancy. To encourage candid participation, recruitment materials will emphasize confidentiality and a non-judgmental approach. Data analysis will be inductive and iterative, integrated with data collection to refine the interview guide and sampling strategy. The multi-disciplinary research team, encompassing obstetricians and a non-clinician with expertise in women's studies, will employ reflexivity to ensure research integrity. Anticipated outcomes include peer-reviewed publications and presentations at national forums, with potential implications for medical education, such as developing simulation scenarios for training healthcare professionals in patient counseling on marijuana use during pregnancy.

Funding: Not applicable

Tips on how to write a clear Proposal abstract:

- Start with the context: Briefly state the background and the problem.
- Identify the gap: Clearly articulate what is missing in the current understanding or practice.
- Present the research question or scholarly aim: Frame the primary focus of the work. Explain the significance of your project
- Describe the methodology: Outline the project design
- Discuss anticipated outcomes: Indicate expected results, publication, and broader impacts.

2. Works-in-progress (open to all):

THE MECHANISTIC BASIS OF KIM-1 MEDIATED SUPPRESSION OF METASTATIC RENAL CELL CARCINOMA

J. Smith[1]
[1]Department of Physiology and Pharmacology, Schulich School of Medicine and Dentistry

Renal cell carcinoma (RCC) is the most common type of kidney cancer. One-third of patients present with metastatic disease associated with a 5-year survival rate of 10%. KIM-1, type-1 transmembrane glycoprotein, is widely expressed in RCC tumours and believed to suppress metastasis; however, the underlying mechanism is unknown. Activation of heterotrimeric G-protein, Gα12 by lysophosphatidic acid (LPA) receptor has shown to drive metastasis in RCC via small GTPase, ADP Ribosylation Factor 6 (Arf6). We hypothesize KIM-1 inhibits RCC metastasis by binding to and inhibiting Gα12 activation via its cytosolic domain. We will generate human 786-O RCC cell lines expressing either full-length KIM-1 or KIM-1 cytosolic domain truncation mutant (KIM-1-Δcyto) using CRISPR/Cas9. We will test the ability of full-length KIM-1 and KIM-1-Δcyto to interact with and inhibit LPA-stimulated Gα12 activation using Bioluminescent Resonance Energy Transfer and biochemical Arf6 activation assay in these cell lines. We will compare metastatic potential of two cell lines using Matrigel invasion assay and in vivo lung metastasis model in Rag1-/- Balb/c mice. We anticipate KIM-1-Δcyto will show significantly lower Gα12 interaction and a significant increase in Gα12 and Arf6 activation compared to full-length KIM-1. This is expected to result in greater invasion capacity in Matrigel and in vivo assays with KIM-1-Δcyto expressing 786-O cells exhibiting a significant increase in migrated cells and lung nodules compared to full-length KIM-1 expressing cells. Our studies will identify amino acids mediating interaction between KIM-1 and Gα12 to suppress RCC metastasis. This will allow design of novel therapeutic agents that can suppress metastasis in RCC.

Funding: Not applicable

3. Oral Presentation:

"EVERYTHING NEW IS HAPPENING ALL AT ONCE": A QUALITATIVE STUDY EXPLORING EARLY CAREER OBSTETRICIAN/GYNAECOLOGISTS' PREPAREDNESS FOR THE TRANSITION TO PRACTICE

N. Wiebe, A. Hunt, T. Taylor[1]
[1]Departments of Obstetrics and Gynaecology, Schulich School of Medicine and Dentistry

The transition from residency training into practice is associated with an increasing risk of litigation, burnout, and stress. Yet, we know very little about how best to prepare graduates for the full scope of independent practice, beyond ensuring clinical competence. Thus, we explored the transition to practice (TTP) experiences of recent Obstetrics and Gynecology graduates to understand potential gaps in their perceived readiness for practice. Using constructivist grounded theory, we conducted semi-structured interviews with 20 Obstetrician/Gynaecologists who graduated from 9 Canadian residency programs within the last 5 years. Iterative data collection and analysis led to the development of key concepts and themes. Three inter-related themes encompassed our participants' descriptions of their TTP experience and preparedness. "Existing practice gaps" included areas of unpreparedness highlighted by new graduates. These fit within 5 domains: *clinical experiences*, such as managing unfamiliar low-risk ambulatory presentations; *logistics*, such as triaging referrals; *administration*, such as hiring or firing support staff; *professional identity*, such as navigating patient complaints; and *personhood*, such as boundary-setting between work and home. "External modifiers" represented various factors that either mitigated or exacerbated the identified practice gaps. Finally, the theme "Retrospective clarity" captured a shared sense among participants that they had underestimated many challenging realities of practice. Existing practice gaps are multi-dimensional and perhaps not realistically addressed during residency. Instead, TTP mentorship and training opportunities must extend beyond residency to ensure that new graduates are equipped for the full breadth of independent practice.

Funding: Dept of Ob/Gyn

PRESENTATION GUIDELINES

The Department of Obstetrics and Gynaecology Annual Paul Harding Research Awards Day represents an important opportunity for an expanded showcase of our Department's research activities.

All abstracts selected for presentation will be published in an electronic booklet that will be distributed to conference attendees. By submitting an abstract, authors agree to have their abstract published in this booklet.

Digital Poster Presentations - Digital posters will showcase:

1. PGY1 proposal for the Residents' Scholarly Project, AND
2. Works-in-progress (open to all)

Presenters will be allotted a 3-minute presentation time. A laptop will be available to present slides.

Presenters must be available to discuss their digital posters during the designated discussion session.

Content:

- Restricted to 3 slides that capture introduction/background, methods, preliminary findings (if applicable), and next steps.
- Any text on slides should be brief and well organized.
- The presentation should make clear the significance of your work.

Oral Presentations

Oral presentations will showcase completed works.

Presenters will be allotted a 10-minute presentation time with 5 minutes available for questions. The moderators will be responsible for timing the presentations.

PowerPoint Guidelines:

Kindly ensure that all PowerPoint presentations are created in Widescreen (16:9) format. This will help proper alignment when the slides are integrated into a comprehensive PowerPoint presentation.

JUDGES, CATEGORIES & JUDGING CRITERIA

Judges

Judges will include anonymous faculty members who represent various disciplines within the Department

Categories

1. Best digital poster - Work in Progress (open to all)
2. Best oral presentation (resident/fellows/medical students)
3. Best oral presentation (graduate students incl. postdocs)
4. Most promising new PGY1 project proposal (no monetary award, but will be voted on by all attendees)

1st and 2nd Prizes will be awarded in each category.

Judging Criteria

Presentations will be evaluated based on the following criteria using a scale of 1 (poor) to 5 (excellent):

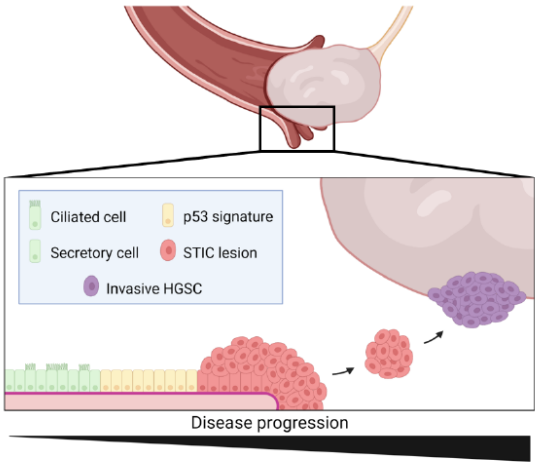
	1	***2***	***3***	***4***	***5***	***SCORE***
Clarity of Presentation	Presentation is disorganized, objectives and relevance to OB GYN are unclear		Presentation is somewhat organized; objectives and relevance are somewhat clear but could be more concise.		Presentation is highly organized, with clear, concise objectives and well-explained relevance to OB GYN.	
Quality of Scholarly Idea and/or Methodology	Project design and methods are poorly chosen or explained; significant methodological flaws		Adequate project design and methods, with minor flaws or areas for improvement.		Exceptionally well-chosen and executed project design and methods; rigorous and thorough.	
Innovation and Originality	Little to no originality or innovation in scholarly question or approach.		Some original elements in scholarly question or approach, but largely based on existing paradigms		Highly original and innovative scholarly question or approach, challenging existing paradigms	
Engagement and Response During Discussion	Minimal engagement; struggles to address questions or clarify points		Moderately engaging; responds to questions adequately but may lack depth or clarity in responses		Highly engaging; provides clear, insightful responses to questions, demonstrating deep understanding	

Overall Impact and Relevance	Limited or unclear potential impact on clinical practice or policy in OB GYN.		Some potential impact, but not highly influential or transformative		Strong potential to significantly influence clinical practice or policy in OB GYN	
					FINAL SCORE	

Example slides for Digital Posters (Courtesy of J. Haagsma)

High-grade serous ovarian carcinoma (HGSC)

HGSC progression



- Fallopian tube precursor with universal *TP53* mutation[1]
- Spheroid-mediated colonization of ovary and peritoneal organs[2]
- Late stage 5-year survival rate of <30%[3]
- Immunotherapy has yielded promising results in other cancers[4]
- Understanding the HGSC immune microenvironment has therapeutic and prognostic value

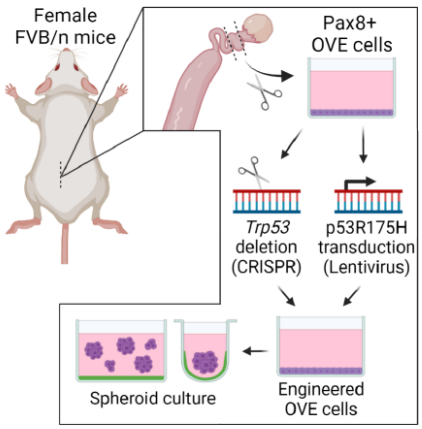
Hypothesis:

Trp53 mutation and spheroid culture alter inflammatory signaling in HGSC precursor cells

Western 1 Schulich MEDICINE & DENTISTRY

p53 mutations alter inflammatory gene sets in OVE spheroids

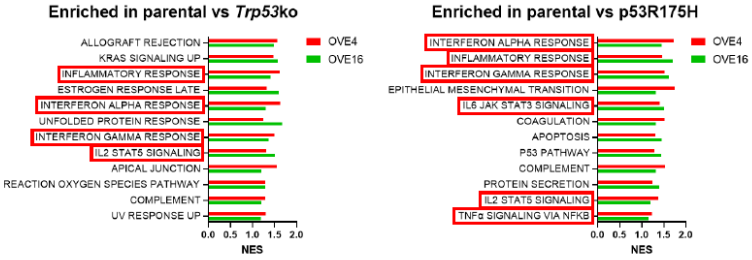
HGSC precursor model



OVE cells received from Dr. Barb Vanderhyden (U. of Ottawa)

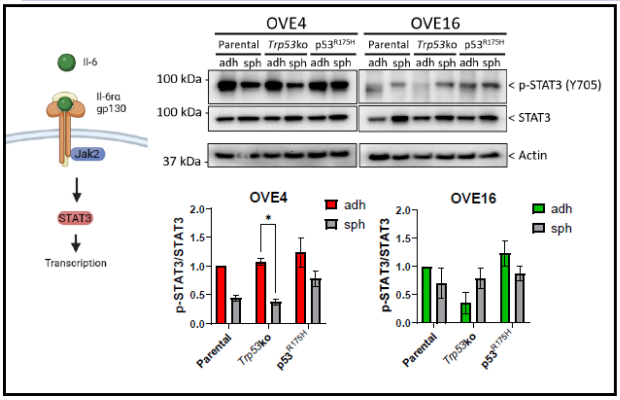
- Precursor model based on *Trp53* mutation in mouse oviductal epithelial (OVE) cells
- Spheroids cultured in ultra-low attachment plates
- Global gene expression analysis identified altered inflammatory gene sets due to *Trp53* mutations in OVE spheroids

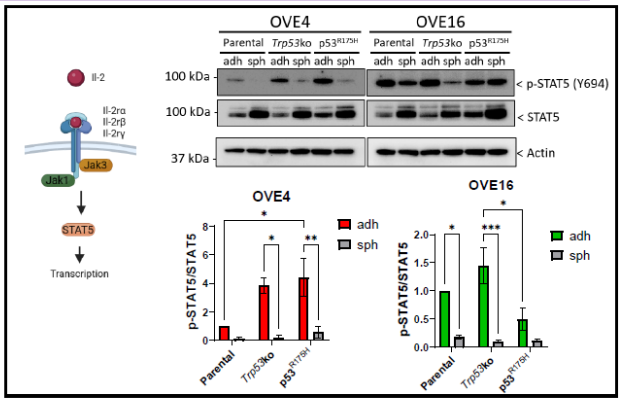
Global gene expression analysis



Haagsma *et al.*, 2023

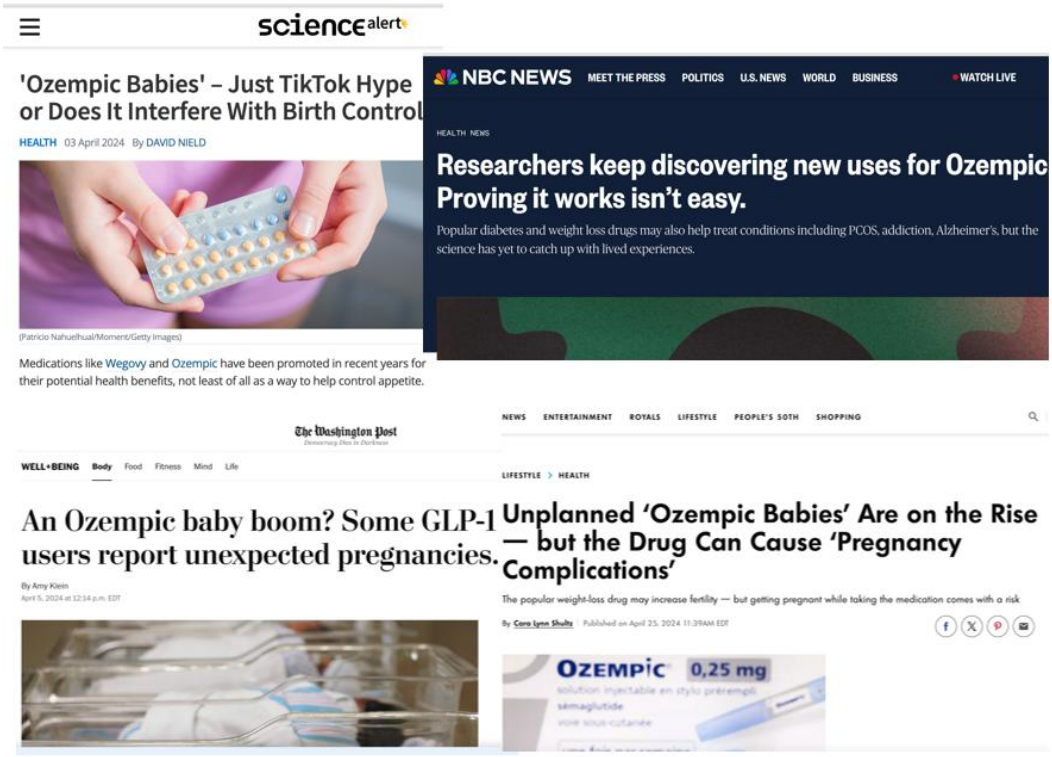
Spheroid culture reduces inflammatory transcription factor activation





- Inflammatory gene sets identified by global gene expression analysis involve STAT transcription factor activity
- OVE cells cultured as spheroids have reduced STAT3 and STAT5 phosphorylation compared to monolayer cells

Example slides for Project Proposals (Courtesy of S. Tunio)



Introduction

- PCOS affects in **1 in 5** women of reproductive age[1] and women with PCOS are more likely to experience hospital admissions, diabetes, obesity, and other health issues[2]
- **GLP-1 receptor agonists** are widely used in managing T2DM and obesity[3] and show promise in treating hyperandrogenemia[5,7,8] insulin resistance, obesity, menstrual regularity[8,9] and subfertility in overweight and obese women with PCOS[4,5,6,7]
- However, GLP-1 RAs are **not** shown to be safe in pregnancy and may reduce fetal weight and growth and result in delayed ossification and skeletal variants[10]

1) Carmina, E., & Lobo, R. (1999). Polycystic ovary syndrome (PCOS): arguably the most common endocrinopathy is associated with significant morbidity in women. *The Journal of clinical endocrinology and metabolism*, 84 6, 1897-9. https://doi.org/10.1210/JCEM.84.6.5863.
2) Hart, R., & Doherty, D. (2015). The potential implications of a PCOS diagnosis on a woman's long-term health using data linkage. *The Journal of clinical endocrinology and metabolism*, 100 3, 911-9. https://doi.org/10.1210/jc.2014-3886
3) Kleo, J., & Oelbey, V. (2022). Glucagon-like Peptide-1 Receptor Agonists in the Management of Type 2 Diabetes Mellitus and Obesity: The Impact of Pharmacological Properties and Genetic Factors. *International Journal of Molecular Sciences*, 23. https://doi.org/10.3390/ijms23074451.
4) Jensterle, M., Janež, A., Fliers, E., Deurloo, J., Vrtačnik-Bokal, E., & Siegelaar, S. (2018). The role of glucagon-like peptide-1 in reproduction: from physiology to therapeutic perspective. *Human reproduction update*, 25 4, 504-517. https://doi.org/10.1093/humupd/dmz010. (for PCOS)
5) King, C. C., & He, B. (2020). Insulin Sensitizers for Improving the Endocrine and Metabolic Profile in Overweight Women With PCOS. *The Journal of Clinical Endocrinology and Metabolism*, 105, 2950 - 2963. https://doi.org/10.1210/clinem/dgaa337.
6) Bednarz, K., Kowalczyk, K., Cwiklinska, A., Cieslo, D., Czarkowski, W., Kristia, D., Nowak, A., & Madej, P. (2022). The Role of Glp-1 Receptor Agonists in Insulin Resistance with Concomitant Obesity Treatment in Polycystic Ovary Syndrome. *International Journal of Molecular Sciences*, 23. https://doi.org/10.3390/ijms23169184.
7) Lainas, E., Malek, R., & Davis, S. (2017). GLP-1 receptor agonists in the treatment of polycystic ovary syndrome. *Expert Review of Clinical Pharmacology*, 10, 401 - 408. https://doi.org/10.1080/17512433.2017.1292125.
8) Tenor, E., Lordachi, J., Böttcher, B., & Toth, B. (2022). Non-Hormonal Treatment Options for Regulation of Menstrual Cycle in Adolescents with PCOS. *Journal of Clinical Medicine*, 12. https://doi.org/10.3390/jcm12010367.
9) Jensel, A., & Deborde, M. (2018). GLP-1 Receptor Agonist Liraglutide Increased IVF Pregnancy Rates in Obese Women with PCOS and Previous Poor Response to First-Line Reproductive Treatments. *Diabetes*. https://doi.org/10.2337/DB18-1465-P.
10) Muller, D., Stevens, D., Mastrandrea, A., Holleman, F., Painter, R., & Siegelaar, S. (2023). Effects of GLP-1 agonists and SGLT2 inhibitors during pregnancy and lactation on offspring outcomes: a systematic review of the evidence. *Frontiers in Endocrinology*, 14. https://doi.org/10.3389/fendo.2023.1225155.

Proposed Methods

- The study will be a systematic/scoping review of current research, while also comparing this treatment option with metformin
- This will hopefully be followed by a retrospective case series/qualitative study of patients with PCOS who are already prescribed GLP1-RAs (vs. metformin)

Potential Impact

- **Research:** Explore future directions, including prospective studies on the use of GLP-1 RAs for PCOS.
- **Clinical Practice:** Expand treatment options for healthcare providers treating PCOS, utilizing the potential benefits of GLP-1 RAs.
- **Patient Outcomes:** Enhance treatment alternatives for women with PCOS, possibly improving symptomatic management and long-term health prospects through the use of GLP-1 RAs.
- **Health Policy:** Improve the accessibility and affordability of GLP-1 receptor agonists for women with PCOS, thereby supporting broader patient access to these medications.