

95% CI 1.05-15.2,  $p < 0.05$ ) and acne (OR 43.0; 95% CI 2.26-817.1,  $p < 0.05$ ) compared to AA. AA were less likely to believe that birth control would prevent further UIP than CA (OR 16.0; 95% CI 2.84 to 90,  $p < 0.01$ ). Astoundingly, despite their recent UIP, 13% of females in our sample stated they were not likely to use any form of contraception post-partum, which was similar across ethnic groups.

**CONCLUSIONS:** Our preliminary data shows a disproportionate lack of positive perceptions regarding contraception among AA, which may be a factor leading to its non-use and subsequent UIP in this population. Understanding the disbelief among AA women that birth control effectively prevents pregnancy is the first step to the development of culturally targeted education and intervention for pre- and post-partum contraception in order to reduce UIP.

**Supported by:** No financial support was necessary for the completion of this study.

**O-215** Wednesday, October 21, 2015 12:15 PM

**DISPARITIES IN ONCOFERTILITY KNOWLEDGE AMONG CANADIAN BREAST CANCER SURGEONS.** S. Yee,<sup>a</sup> K. Glass,<sup>b</sup> S. Foong,<sup>c</sup> E. Kennedy,<sup>d</sup> M. Seminsky,<sup>c</sup> E. Warner.<sup>c</sup> <sup>a</sup>University of Toronto, Toronto, ON, Canada; <sup>b</sup>CREATe Fertility Centre, Toronto, ON, Canada; <sup>c</sup>Regional Fertility Program, Calgary, AB, Canada; <sup>d</sup>Mount Sinai Hospital, Toronto, ON, Canada; <sup>e</sup>Sunnybrook Health Sciences Centre, Toronto, ON, Canada.

**OBJECTIVE:** Breast cancer (BC) is the most common cancer in women of reproductive age, the majority of whom will receive gonadotoxic chemotherapy. Surgical oncologists are in a crucial position to initiate early fertility discussion to facilitate timely fertility preservation (FP) referral. However, the literature consistently shows suboptimal referral rates. Inadequate FP knowledge may be a contributor. This study examined factors associated with disparities in FP knowledge among Canadian BC surgeons.

**DESIGN:** Prospective study, knowledge translation intervention.

**MATERIALS AND METHODS:** SPOKE: Surgeon & Patient Oncofertility Knowledge Enhancement is one of 5 components of the panCanadian RUBY research program for young women with breast cancer (YWBC). We aim to improve breast surgeon FP knowledge and referrals. The lead BC surgeon from each of the 29 RUBY sites across Canada was invited to participate in a pre-intervention semi-structured telephone interview. Demographics, FP knowledge, attitudes & practice data were collected. Surgeon knowledge (based on 7 questions) was rated as good or inadequate by 2 independent investigators blinded to other responses.

**RESULTS:** A total of 28/29 surgeons (97%) participated. Twenty (71%) stated that they routinely or usually discussed fertility issues, while 8 (29%) infrequently or never had discussions. Although all surgeons were aware of the negative impact of chemotherapy on fertility, 13 (46%) had inadequate FP knowledge. Among the 15 surgeons who were rated to have good FP knowledge, 80% routinely or usually discussed fertility issues with their patients versus 62% of the 13 others. Good FP knowledge was significantly associated with higher percentage of practice devoted to BC ( $p < .05$ ). Strong trends ( $p = 0.06$ ) were seen for an association between female gender, younger age and better knowledge (see table).

**CONCLUSIONS:** We identified disparities in oncofertility knowledge among Canadian BC surgeons who treat YWBC which may affect FP discussions and referrals. In the next phase of the SPOKE study, surgeons will be provided with an oncofertility "toolbox" including a lecture, a one page FP option grid with versions for surgeon and patient, as well as individual site troubleshooting. Successful modification of knowledge and practice patterns by our interventions will be evaluated in 2-3 years.

Surgeon Demographics	Good Knowledge (n=15)	Inadequate Knowledge (n=13)	Chi-square p-value
Female gender (n=16)	11 (73%)	5 (39%)	.06
< 45 years old (n=14)	10 (67%)	4 (31%)	.06
>= 50% of practice devoted to breast cancer (n=19)	13 (87%)	6 (46%)	.02

**Supported by:** Canadian Breast Cancer Foundation & Canadian Institutes of Health Research (#OBW139590).

**O-216** Wednesday, October 21, 2015 12:30 PM

**REGIONAL DIFFERENCES IN ELECTIVE SINGLE EMBRYO TRANSFER: IS LOCATION EVERYTHING?.** J. D. Kapfhamer,<sup>a</sup> K. M. Summers,<sup>a</sup> G. Ryan,<sup>a</sup> E. M. Munch,<sup>a</sup> B. Collura,<sup>b</sup> G. D. Adamson.<sup>c</sup> <sup>a</sup>University of Iowa Carver College of Medicine, Iowa City, IA; <sup>b</sup>RESOLVE: The National Infertility Association, McLean, VA; <sup>c</sup>PAMF Fertility Physicians of Northern California, Saratoga, CA.

**OBJECTIVE:** Previous studies suggested significant regional differences in access to United States IVF centers(1), and some suggested that limited access is associated with patient decisions regarding number of embryos to transfer. Our objective was to investigate whether attitudes regarding elective single embryo transfer (eSET) and multifetal reduction are associated with geographic region.

**DESIGN:** Retrospective descriptive analysis of cross-sectional on-line survey.

**MATERIALS AND METHODS:** An anonymous survey regarding eSET preferences and experiences was distributed through social media over a five-week span in 2014. This study focused on survey participants who completed at least one IVF cycle with embryo(s) transferred or who were planning to undergo IVF. Participants were grouped into US census regions (West, Midwest, South, and Northeast). Outcome variables included preference for single embryo transfer (defined as transferring one embryo when multiple were available) vs. multiple embryo transfer (MET), and potential likelihood of undergoing multifetal reduction if advised by a provider. Bivariate analyses were performed using chi-squared for comparison of proportions among groups. Significant associations ( $p < .05$ ) were included in a subsequent logistic regression analysis.

**RESULTS:** 759 of 888 participants met inclusion criteria. The largest percentage of survey participants (36%) came from the South, with 26%, 21% and 17% percent from the Midwest, Northeast and West respectively. When compared to the Midwestern participants, participants in the South (OR 1.96[1.14-3.38]), West (OR 2.74[1.47-5.1]) and Northeast (OR 1.96[1.07-3.61]) were significantly more likely to express a preference for eSET. Participants in the Northeast would be more likely to consider multifetal reduction (OR 1.86[1.18-2.95]) when compared to the Midwestern participants. There were no differences between the Midwest, South, and West with regard to the question of multifetal reduction.

**CONCLUSIONS:** Patients in the Midwest may be the least likely to elect eSET when compared with the other 3 US census regions. This may be due to sociocultural differences or to relative rurality and limited IVF access, making it more difficult for patients to travel for multiple IVF cycles. Targeted educational efforts may be particularly useful in this region. At the same time, patients in the Midwest may be less likely to consider multifetal reduction, at least in comparison to those in the Northeast. This may also be a result of sociocultural/religious differences or to a relative lack of education regarding the risks of multiples, and it represents another opportunity for targeted education in this region.

**References:**

1. Nangia AK, Likosky DS, Wang D. Access to assisted reproductive technology centers in the United States. *Fertility and Sterility* 2010;93(3):745-61.

**Supported by:** 1. Auxogyn, Inc., Menlo Park, CA. 2. RESOLVE: The National Infertility Association.

## EARLY PREGNANCY 2

**O-217** Wednesday, October 21, 2015 11:15 AM

**ENDOMETRIOSIS IS A COMMON DENOMINATOR IN UNEXPLAINED PREGNANCY LOSS AND INFERTILITY BASED ON BCL6 TESTING.** D. Slizewski,<sup>a</sup> R. Crowe,<sup>a</sup> S. L. Young,<sup>b</sup> B. A. Lessey.<sup>a</sup> <sup>a</sup>Ob-Gyn, Greenville Health System, Greenville, SC; <sup>b</sup>Ob-Gyn, UNC School of Medicine, Chapel Hill, NC.

**OBJECTIVE:** Endometriosis affects over 176 million women and is associated with infertility and pelvic pain. BCL6 is a transcriptional repressor that could confer progesterone resistance. Previously presented data suggest that BCL6 immunostaining can predict endometriosis with sensitivity and specificity that exceed 93%. Our objective was to examine the prevalence of endometriosis and other causes of implantation failure in unexplained early pregnancy loss and compare that to unexplained infertility and fertile controls.

**DESIGN:** Laboratory analysis of prospectively collected, mid-luteal endometrium from normal fertile women, those with unexplained infertility (UI), and those unexplained recurrent pregnancy loss (uRPL).

**MATERIALS AND METHODS:** Subjects were recruited under an IRB approved protocol. Each subject underwent LH-timed endometrial biopsy. BCL6 RNA and protein were examined using immunohistochemistry