THE UNIVERSITY OF BRITISH COLUMBIA
Postgraduate Medical Education
Faculty of Medicine

CELEBRATE UBC PGME SCHOLAR DAY 2025!

Thursday, October 16, 2025

*The first PGME Scholar Day is a new initiative that highlights the outstanding scholarly work of our postgraduate trainees. This event is open to all residents across all UBC PGME programs and features resident-led oral presentations in **research**, **quality improvement** and **more!***

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Introduction

Welcome to the First Annual PGME Scholar Day!

Today's event celebrates resident-led scholarship in research and quality improvement and recognizes the creativity, dedication, and hard work that go into these projects.

Scholar Day is also about connection, bringing together residents, faculty, program directors, administrators, and colleagues from across PGME to learn from one another and share ideas that will help advance patient care and medical education.

We'd like to thank our Faculty Leads for their guidance, our organizing team for their support, and most of all, our residents for their inspiring contributions.

We hope you enjoy the presentations and leave today with new insights, new connections, and a deeper appreciation of the important scholarship happening across PGME.

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PGME Scholar Day 2025 Judges

Dr. Esther Lee, MD, MCS, FRCPC

Pediatrician, Complex Care Program, British Columbia Children's Hospital
Palliative Medicine Specialist, Canuck Place Children's Hospice
Faculty Lead, Quality Improvement and Patient Safety, PGME, UBC

Dr. Joseph Leung, MD, MPH

Adult Endocrinologist, Vancouver General Hospital
Faculty Co-Lead, Research, PGME, UBC

Dr. Alice Mui, BSc, PhD

Director of Master of Science in Surgery
Associate Member, Department of Biochemistry and Molecular Biology
Faculty Co-Lead, Research, PGME, UBC

Dr. Sian Spacey, BSc., MBBS, FRCPC

Director, UBC Headache Clinic
Program Director, Clinician Investigator Program
Clinical Associate Professor, Neurology, UBC

Dr. Rochelle Stimpson, MD

Family Physician, BC Centre for Disease Control (BCCDC)
Clinician Instructor, Department of Family Practice, UBC

PGME Scholar Day Schedule 2025

Paetzold Lecture Theatre, Vancouver General Hospital

Zoom: Meeting ID 98852 703740 Passcode 703740

8:00	**Opening Remarks & Introductions**		**Dr. Parvathy Nair, PGME Assistant Dean** **Dr. Alice Mui & Dr. Joseph Leung, PGME Research Faculty Co-Leads** **Dr. Esther Lee, PGME Quality Improvement & Patient Safety Faculty Lead**
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Author: Dr. Alex Lee
Program: Clinician Investigator Program

Presentation time: 8:05-8:15am

Title: Operative Notes Under Pressure: Assessing Large Language Models Across Emergency General Surgery Case Complexity

Authors: Alex H. Lee[1], Andrzej Buczkowski[1]

Affiliations: [1]Division of General Surgery, University of British Columbia, Vancouver, BC

Background: Large language models (LLMs) are increasingly applied to clinical documentation, yet their utility in high-acuity surgical settings is poorly understood. Emergency general surgery (EGS) presents unique challenges for documentation, including time pressure, unpredictable anatomy, and rapidly evolving intraoperative scenarios. These factors demand precise, contextually aware operative reports, raising important questions about the reliability of LLMs in such environments.

Objective: We aimed to evaluate LLM performance in generating operative notes across varying levels of EGS procedural complexity to inform future adoption and workflow improvement.

Methods: Five publicly available LLMs were prompted to generate operative notes for nine surgical vignettes spanning three EGS diagnoses (inguinal hernia, biliary disease, bowel obstruction), each modelled at three escalating levels of complexity. Prompts contained only the primary procedure(s), diagnosis, and essential patient context. Two surgical reviewers scored the notes across five domains: clinical/anatomical accuracy, procedural fidelity, level of detail, documentation quality/format, and overall surgeon acceptability. Each domain was rated on a five-point Likert scale, and composite scores out of 25 were calculated.

Results: Average composite scores across the nine procedures for each LLM ranged from 17.4 to 23.0. LLMs generally performed well in low-complexity scenarios, demonstrating logical steps and clinical accuracy. Documentation quality/format and surgeon acceptability were scored lower than other domains. As complexity increased, performance also declined, particularly in documentation of intraoperative decision-making, surgical detail, and alignment with surgeon expectations. Common issues included inadequate description of complications, anastomotic technique, and justifications for bailout or damage control strategies. One LLM consistently outperformed others across all five domains. Inter-rater reliability was high (Cohen's $\kappa > 0.80$).

Conclusions: While LLMs show strong potential for routine operative note generation with minimal prompting, they relatively underperform in complex EGS scenarios. Enhancing clinical reasoning and surgeon-aligned output will be critical for future deployment in high-acuity surgical settings.

Author: Dr. Muhammad Uzair Khalid
Program: General Surgery

Presentation time: 8:15-8:25am

Title: Artificial Intelligence versus the Multidisciplinary Committee for Rectal Cancer Management

Authors: Muhammad Uzair Khalid[1], Alina Wang[1], Charbel El-Kefraoui[1], Julian Wang[1], Terry Phang[1], Carl Brown[1], Amandeep Ghuman[1], Manoj Raval[1], Ahmer Azhar Karimuddin[1]

Affiliations: [1]Department of Surgery, St. Paul's Hospital, University of British Columbia, Vancouver, BC

Background: As rectal cancer management evolves, the multidisciplinary committee (MDC) becomes increasingly important in integrating expertise to optimize patient outcomes. Current artificial intelligence large language models (AI-LLMs) have demonstrated preliminary capacity to apply medical guidelines to specific patient scenarios.

Objective: This study assesses the ability of publicly available AI-LLMs (Gemini®, Grok®, ChatGPT®) to predict rectal cancer MDC recommendations.

Methods: Adult patients presented to the MDC at a Canadian tertiary hospital with a new diagnosis of rectal adenocarcinoma prior to March 2025 were sequentially and retrospectively included in the study. Baseline demographic characteristics were recorded. Redacted patient vignettes were presented to each AI-LLM, and concordance between AI-LLM and MDC management recommendations was graded on a five-point Likert scale by three independent reviewers. The Cohen's κ coefficient was used to assess inter-rater agreement, and descriptive statistics, odds ratios, and multivariable regression used to assess each AI-LLM's performance. $p<0.05$ was considered significant.

Results: One hundred patients were included, with a median age of 61 years (range: 38-90). Most patients were male (70%), with a mean Charlson comorbidity index of 4.37 (range: 2-10). All 4 stages of rectal cancer were represented. Gemini had the highest average concordance with MDC recommendations (3.89/5), with ChatGPT (3.33/5) and Grok (3.01/5) showing promise. Forty-nine (49%) patients received at least one AI-LLM recommendation that was rated as highly discordant by at least one reviewer. Grok and Gemini concordance with MDCs increased with positive nodal status when patients have more limited options for management ($p<0.05$).

Conclusions: AI-LLMs have some ability to replicate MDC recommendations, but they struggle significantly with nuance. With further improvements, AI-LLMs can have a future role in healthcare decision support and guideline integration.

Author: Dr. Philip Edgcumbe
Program: Diagnostic Radiology

Presentation time: 8:25-8:35am

Title: Augmented Reality-Guided DIEP Flap Harvest: A Feasibility Study

Authors: Philip Edgcumbe[1] , Tony Jiang, Carson Studders, Amber Lu, Kathryn V. Isaac[2]

Affiliations: [1]Department of Radiology, UBC, Vancouver, BC
[2]Division of Plastic Surgery, Department of Surgery, UBC, Vancouver, BC

Background: CT angiography (CTA) is commonly used to identify perforators for deep inferior epigastric perforator (DIEP) flap harvest, resulting in an average reduction of 33.9 minutes for flap dissection. A key challenge in utilizing preoperative CTA data is the surgeon's ability to accurately translate perforator locations and vessel trajectories onto the patient during surgery. This study investigates the application of Augmented Reality (AR) to enhance the use of preoperative imaging, with the goal of improving DIEP flap planning and harvest precision.

Methods: Software and hardware was developed for the Apple Vision Pro to support AR integration in DIEP flap reconstruction. With institutional ethics approval, patients undergoing DIEP flap reconstruction consented to AR use in this single-surgeon feasibility trial. Segmented anatomy visualized in AR included abdominal soft tissue layers (skin, subcutaneous tissue, fascia, rectus muscle), the deep inferior epigastric artery, perforators, and their intramuscular course. Preoperatively and intraoperatively, the surgeon manipulated the AR visualizations to assess vessel trajectories and calibers, aiding in perforator selection and flap design.

Results: The average reprojection error in the phantom model was 2.1 mm. Three patients underwent AR-assisted DIEP flap reconstruction. Automatic registration with the optical tracker was achieved in an average of 7 seconds (n=3), with a reprojection error of less than 1 cm. Further manual refinement improved accuracy to approximately 2 mm, requiring an average of 72 seconds (n=3). Intraoperatively, accurate registration was confirmed between the AR visualizations and the real patient-specific anatomy following pedicle dissection.

The use of AR delineated vascular anatomy in relation to the rectus muscle, fascia, and subcutaneous tissue. AR enabled real-time visualization and interaction with CTA images and segmented anatomy, enhancing perforator selection, fascial incision planning, and intramuscular pedicle dissection.

Our conclusion is that AR enables accurate translation of preoperative imaging for DIEP flap planning and intraoperative guidance. Based on this feasibility study, a randomized controlled trial is planned to evaluate its impact on operative time, surgical safety, and decision-making.

Author: Dr. Emily O'Reilly Presentation time: 8:35-8:45am

Program: Radiation Oncology

Title: Effect of Same-Day Volumetric Modulated Arc Therapy on Resource Utilization in Rapid Access Palliative Radiotherapy Clinics Using a Radiation Oncologist-Initiated Automated Planning Script

Authors: Emily O'Reilly, MD[1]; Maryam Golshan, PhD[2]; Nick Chng, PhD, FCCPM[3]; Leigh Bartha, BSc, ACT[4]; Leanna Drummond, BSc, RTT[4]; David Hoegler, MD, FRCPC[5]; Nathan Becker, PhD, FCCPM[2]; Benjamin Mou, MD, FRCPC[5].

Affiliations: [1]BC Cancer Vancouver, Radiation Oncology; [2]BC Cancer Kelowna, Medical Physics; [3]BC Cancer Prince George, Medical Physics; [4]BC Cancer Kelowna, Radiation Therapy; [5]BC Cancer Kelowna, Radiation Oncology.

Background: Rapid access palliative (RAP) radiotherapy (RT) clinics enable patients to access urgent same-day consultation, simulation, and treatment.

Objective: This study aimed to examine the effect of same-day Volumetric Modulated Arc Therapy (VMAT) implementation using the Northern Plan Automation Service Treatment Planning Automation Service (NoPAUSE-TPAS) on throughput in RAP-RT clinics at a regional cancer centre.

Methods: This retrospective study included all patients seen in RAP-RT clinics between February-August 2024 following introduction of NoPAUSE-TPAS, compared to a data set from January-July 2019. Baseline characteristics were analyzed using descriptive statistics. Utilization rates of same-day VMAT were assessed along with various quality measures.

Results: RAP-RT clinics saw 202 patients in 2024 and 213 in 2019. In 2019, 195 patients received RT to 249 sites, compared to 189 patients who received RT to 246 sites in 2024. Most patients (70%) received RT to one site. Bone was the most common site treated (71%). The most common fractionation was 8Gy/1 (57%). Of the bone metastases, 66.5% were treated with a single fraction in 2019, compared to 81.4% in 2024. Most patients (94.9% in 2019 and 90.5% in 2024) started RT the same date as consultation. Within the 2024 cohort, 54.1% of sites were treated with an unplanned technique and 45.9% with VMAT. Of the sites treated, 78.0% were eligible for NoPAUSE-TPAS. Of the eligible sites, 58.9% of received treatment with VMAT, with 84.9% of these delivered on the same date as consultation. Median time for NoPAUSE-TPAS optimization was 12 minutes.

Conclusions: Same-day VMAT using NoPAUSE-TPAS was implemented in RAP-RT clinics with no scheduling changes impacting patient throughput and similar resource utilization compared to historical data. Utilizing automation technology to improve efficiency can enable same-day VMAT for palliative RT.

Author: Dr. Hedi Zhao
Program: Clinician Investigator Program

Presentation time: 8:45-8:55am

Title: Scaphoid Advanced Fixation Equipment (SAFE) – A Novel Approach to Scaphoid Fracture Management

Henry (Hedi) Zhao MD MTM[1], Ashvin Moro BASc[2], Matthew Hickey PhD[2], Alexander Seal MD[1], Nicholas Carr MD[1], Antony Hodgson PhD[2]

1. Division of Plastic and Reconstructive Surgery, University of British Columbia
2. Department of Mechanical Engineering, University of British Columbia

Background: Scaphoid fractures represent 60–85% of all carpal bone fractures in adults, with an annual incidence of approximately 12.4 per 100,000 individuals. These injuries carry substantial economic and functional burdens. While surgical fixation offers superior outcomes compared to non-operative management, the procedure is technically demanding due to the difficulty in accurately aligning the guidewire along the scaphoid's central axis. To address this, we developed the Scaphoid Advanced Fixation Equipment (SAFE), a novel, adjustable drill guide that uses computer vision to calculate precise drilling parameters.

Objective: This study aims to evaluate the accuracy and precision of SAFE in pre-clinical settings and additionally procure qualitative data on usability.

Methods: SAFE was tested on synthetic models and porcine specimens. To assess the operator's ability to accurately identify the entry point, three expert hand surgeons (>10 years' experience) independently selected optimal guidewire entry points on seven synthetic scaphoids. An optical navigation system (NDI Polaris Vega) quantified the selection coordinates. The device's performance was evaluated on five models using coordinates generated by our custom SAFE image-analysis software. Final guidewire positions were confirmed fluoroscopically. Iterative usability testing was conducted using prototype devices in porcine wrists to simulate operative conditions.

Results: Expert-selected entry points showed a mean deviation of 1.79 mm (SD 0.43 mm) from the cumulative mean of their selections. SAFE consistently achieved precise, central-axis guidewire placement without cortical breach in all test models. User feedback emphasized improved procedural confidence, with specific suggestions for enhancing the mounting interface and coordinate reference system. No device-related failures were encountered.

Conclusion: SAFE demonstrated high accuracy and reproducibility in guidewire placement, addressing a key technical challenge in scaphoid fixation. By improving procedural consistency and reducing variability across operators, SAFE may enhance patient outcomes. Further development in cadaveric models and clinical trials is underway to validate its clinical utility.

Author: Dr. Taewoong Chae
Program: Orthopedic Surgery

Presentation time: 8:55-9:05am

Title: 3D MRI and 3D CT reconstructions provide comparable accuracy in the evaluation of femoroacetabular morphology: a systematic review

Authors: Helen Crofts[1], Taewoong Chae[1], Jumanah Altwalah[2], Adnan Sheikh[2], Mark McConkey[1], Parth Lodhia[1]

Affiliations: [1]Division of Orthopaedic Surgery, University of British Columbia, Vancouver, BC
[2]Department of Radiology, University of British Columbia, Vancouver, BC

Background: Femoroacetabular Impingement (FAI) syndrome is increasingly common in adolescents and young athletes. Early diagnosis is essential to prevent progression to osteoarthritis. While CT scans are the gold standard for assessing bony morphology, they expose young patients to radiation. Three-dimensional (3D) Magnetic Resonance Imaging (MRI) offers a radiation-free alternative and may be a viable replacement for CT in diagnosing FAI syndrome.

Objective: To compare the accuracy of 3D MRI and 3D CT in evaluating the bony morphology of the acetabulum and proximal femur.

Methods: A systematic review was conducted according to PRISMA guidelines. Medline, Embase, Cochrane, and PubMed were searched in November 2023 using keywords such as “hip,” “MRI,” and “three dimensional imaging.” Studies comparing 3D MRI and 3D CT reconstructions of the hip for bone assessment were included. Exclusion criteria were review articles, book chapters, technique papers, case reports, and non-English publications. Two independent reviewers assessed studies for inclusion and evaluated quality using the QUADAS-2 tool. Data extracted included patient demographics, imaging protocols, correlation coefficients, and angle measurements.

Results: Of 608 screened articles, 10 met inclusion criteria, comprising 249 hips (including 13 cadaveric). QUADAS-2 indicated low risk of bias in all studies. Five studies performed volumetric analysis, finding no significant difference in bone volumes between MRI and CT models. Two studies showed excellent agreement in identifying CAM deformities with both modalities. MRI segmentation and reconstruction took equal to up to two hours longer than CT in most cases.

Conclusions: 3D MRI is accurate in assessing acetabular and proximal femoral bony anatomy compared to 3D CT in both clinical and cadaveric studies. While 3D MRI techniques are more time-intensive, they offer a promising radiation-free alternative for evaluating FAI syndrome in young patients.

Author: Dr. Melissa King
Program: Cardiac Surgery

Presentation time: 9:05-9:15am

Title: British Columbia's 10-Year Experience of Open Descending Thoracic Aortic Repair Using Left Heart Bypass Versus Venoarterial Extracorpeal Membrane Oxygenation

Authors: Melissa King[1], Jason Faulds[2], Yuliya Voloshyn[2,3], Eimaan Singh Shergill[2], Jong Moo Kim[1], Michael Janusz[1], Joel Price[1]

Affiliations: [1]Department of Cardiac Surgery, University of British Columbia, Vancouver, BC
[2]Department of Vascular Surgery, University of British Columbia, Vancouver, BC
[3]Faculty of Medicine, University of British Columbia, Vancouver, BC

Background: Open repair of descending thoracic aortic disease (DTAs) carries significant risks including mortality and end-organ malperfusion. Optimal perfusion methods are needed to facilitate safe replacement of the affected aorta. The conventional method is left heart bypass (LHB), and an emerging strategy is venoarterial extracorpeal membrane oxygenation (VA-ECMO). Selecting the optimal perfusion strategy is critical for successful repair and minimizing the risk of perioperative malperfusion.

Objective: Our objective was to report clinical outcomes after open DTA repair using a LHB or VA-ECMO strategy and describe the potential benefits of the different strategies.

Methods: A retrospective review was conducted of DTAA surgeries performed in British Columbia from 2013-2023. Inclusion criteria were adult patients undergoing open surgery with a LHB or VA-ECMO approach. Exclusion criteria were iatrogenic or traumatic aortic injury, and endovascular surgery. Data collected included patient demographics, mortality data, aortic complications (stroke, neurological deficit, organ failure), and surgical complications (re-operations, transfusion rates, re-interventions).

Results: We identified 28 patients who underwent VA-ECMO DTA repair, and 100 patients who underwent LHB DTA repair. The VA-ECMO group had a higher percentage of patients with a previous stroke, and the LHB group had a higher percentage of patients with dyslipidemia, peripheral arterial disease, and previous cardiac surgery. There was no significant difference between bypass pump time, intra-operative transfusion requirements, and days intubated. There was no paraplegia in the VA-ECMO group, and paraplegia occurred in 2% of the LHB group. The VA-ECMO group had no in-hospital mortality, and the LHB group had 4% in-hospital mortality.

Conclusions: DTA repair with a VA-ECMO approach is safe with comparable outcomes to the conventional LHB strategy. The VA-ECMO strategy may confer the benefit of improved survival compared to LHB.

Author: Dr. Kenneth Ong
Program: Neurosurgery

Presentation time: 9:15-9:25am

Title: Early versus Late Mobilization Following Chronic Subdural Hematoma Surgery: A Systematic Review

Authors: Kenneth Ong[1], David Chang[2], Kelsey Cruz[1], Alexander D. Rebchuk[1], Serge Makarenko[1]

Affiliations: [1] Department of Neurosurgery, University of British Columbia, Vancouver, BC, Canada
[2] Department of Medicine, University of British Columbia, Vancouver, BC, Canada

Background: Chronic subdural hematoma (cSDH) is a prevalent neurosurgical condition, particularly in the elderly. In cases of surgical evacuation, there is conflicting evidence regarding the impact of early versus late mobilization on patient outcomes.

Objective: To synthesize the literature to determine whether early versus late mobilization affects rates of recurrence, functional recovery, and complications in patients following surgical evacuation for cSDH.

Methods: Medline, Embase, Scopus, and Web of Science databases were queried to identify studies comparing early and late mobilization protocols in cSDH patients following surgical evacuation. Two independent reviewers screened articles, extracted data on patient demographics, intervention definitions, and key outcomes (recurrence, functional recovery, complications, length of hospital stay). A qualitative and quantitative synthesis of findings was performed.

Results: Of the 1295 identified articles, four studies comprising 622 patients were included. Early mobilization was typically defined as ambulation ≤ 48 hours post-surgery, and late mobilization as bed rest for ≥ 48 hours or more, though definitions varied between studies. A pooled analysis found no significant difference in recurrence rates between the early and late mobilization groups. Two studies reported reduced medication complications in the early mobilization group. Early mobilization demonstrated a trend towards improved functional outcomes and reduced length of hospital stay.

Conclusion: Early mobilization after cSDH surgery may reduce postoperative complications and potentially improve recovery without appearing to affect recurrence rates. However, data interpretation was limited by heterogeneous study designs, definitions of mobilization, and outcome measures. Further multicenter trials with consistent protocols and outcome scales are warranted to further establish optimal mobilization strategies.

Author: Dr. Bonnie Niu
Program: General Surgery

Presentation time: 9:25-9:35am

Title: Lessons Learned: A Review of Canadian Appendectomy Malpractice Litigation Cases

Authors: Bonnie Niu MD[1]; Dr. Christina Schweitzer MD, FRCSC[1]; Dr. Sam Wiseman MD, FRCSC[1]

Affiliations: Department of General Surgery, University of British Columbia, Vancouver, BC

Background: Malpractice litigation is a concern for all physicians, and retrospective reviews of malpractice cases can identify areas to improve patient safety and quality of care. Appendectomies remain one of the most common emergency operations that General Surgeons perform across the country, and review of litigation cases could help improve patient outcomes and surgical practice, contribute to better discussions for risk reduction, and better inform physician consent conversations with patients related to surgical risks.

Objective: The objective of this study is to review the appendectomy surgery malpractice litigation case law in Canada to:

1) Understand patterns and demographics of appendectomy surgery complications
2) Provide risk mitigation strategies for appendectomy surgeons
3) Develop recommendations related to appendectomy to improve quality of patient care

Methods: This retrospective study of previous malpractice litigation case law was performed using cases obtained from the publicly accessible Canadian Legal Information Institute (CanLii). Cases were included if they related to malpractice in the surgical management of emergency appendectomies where a general surgeon was a defendant. Cases were reviewed by two investigators then by a third where there was incongruity.

Results: There were 299 cases that resulted from the search, 12 of which met study criteria; several that are discrepant between two investigators are currently under review. Five cases (5/12) pertained to misdiagnosis, three cases (3/12) to post-operative complication management, three cases (3/12) to non-disclosure of intra-op complications or findings and one case (1/12) to inadequate management of biopsy result.

Conclusions: These findings suggest following closely in post-operative course those patients who undergo a complicated appendectomy with a low threshold to investigate and treat, to document potential differentials where there is diagnostic uncertainty and to document and disclose intraoperative complications to patients.

Author: Dr. Charbel El-Kefraoui
Program: General Surgery

Presentation time: 9:35-9:45am

Title: Preliminary Results from the SUPERHERO Study – Standardizing Use of Pain Medication to Eliminate Post-Robotic Hernia Repair Opioids: A Prospective Cohort Study

Authors: Charbel El-Kefraoui[1,2], Matthew Walker[1,2], Yuwei Yang[1,2], Chieh Jack Chiu[1,2], Adam Meneghetti[1,2], Rachel Liu Hennessey[1,2]

Affiliations: [1] Division of General Surgery, Department of Surgery, Faculty of Medicine, Faculty of Medicine, University of British Columbia, Vancouver, BC, Canada
[2] Division of General Surgery, Department of Surgery, Vancouver General Hospital, Vancouver, BC, Canada

Background: Canada is facing an epidemic of opioid misuse, exacerbated by physician prescription habits. Surgeons play a significant role in the opioid crisis. Thus, minimizing postoperative opioid use remains a critical goal in surgical care.
Abdominal wall reconstruction (AWR) traditionally involves significant opioid consumption. Robotic-assisted techniques may improve pain management and decrease narcotic use. This prospective cohort study evaluates the impact of robotic-assisted AWR in reducing opioid consumption.

Methods: Patients undergoing elective AWR were enrolled into either a robotic-assisted or open surgery group. A standardized pain management protocol was implemented in the robotic group and a multimodal analgesic protocol (including epidurals) was implemented in the open group. Primary outcomes included total inpatient opioid consumption (in oral morphine equivalents [OME]), and opioids prescribed at discharge. Secondary outcomes included pain scores, patient satisfaction, and postoperative opioid consumption.

Results: Fourteen patients were included in this analysis (robot-assisted [8], open [6]). Baseline patient characteristics were similar between groups. In-hospital opioid use was significantly lower in the robotic group (199±27 OME) compared to the open group (789±32 OME, p=0.016). Despite the difference in opioid consumption, reported pain scores were comparable between groups. The robotic group had a significantly shorter hospital length of stay (1.5±0.8 days vs. 5.7±1.2 days). No significant difference was observed in the amount of opioids prescribed at discharge; however, patients in the robotic group consumed a smaller proportion of their prescribed opioids (~25% vs. ~50%). There were no differences between groups in postoperative pain levels, functional impact of pain, or need for additional medical care for inadequate pain control.

Conclusion: Robotic-assisted AWR may be associated with a significant reduction in opioid consumption, without compromising pain control. These findings suggest that robotic surgery, in combination with a standardized pain regimen, may play a role in reducing opioid use in AWR.

Author: Dr. Jean Wang
Program: Internal Medicine

Presentation time: 9:45-9:55am

Title: Safety and Efficacy of Methadone Rapid Titration Protocols in Opioid Use Disorder: A Systematic Review

Authors: Jean Zhuo Wang[1], Brittany Dennis[2,3], Paxton Bach[2,3]

Affiliations:

1. Department of Medicine, University of British Columbia, Vancouver, BC
2. Division of Social Medicine, University of British Columbia, Vancouver, BC
3. British Columbia Centre on Substance Use, Vancouver, BC

Background: Methadone is an effective, first-line treatment for opioid use disorder, however current guidelines recommend slow titration to minimize risk of toxicity, which may require weeks to months to achieve therapeutic dose. Protocols that titrate faster than current guidelines have been described in the literature, with early data suggesting they can be performed safely and achieve therapeutic dose earlier. This systematic review seeks to evaluate the safety and efficacy of methadone rapid titrations in patients with opioid use disorder.

Methods: We performed a comprehensive search of MEDLINE, EMBASE, Cochrane CENTRAL, and psycINFO for articles examining rapid methadone initiation protocols in patients with opioid use disorder, reporting on outcomes of methadone toxicity, death, overdose, or retention. Screening and eligibility assessment were performed in duplicate, and a standardized form was used for data extraction.

Results: Of 4297 records screened, 29 studies were included in the review representing 16154 participants. A wide variety of methadone rapid titration schedules were described, including increasing by 10 to 20 mg per day. The most common protocol (6 studies) started at 40 mg, with 10 mg as needed doses every 3 hours up to 70 mg on day one. 63 deaths occurred among 1473 patients, with 61 deaths identified from two studies that pre-selected coroner's cases undergoing autopsy after starting methadone. There were no deaths in studies conducted during the fentanyl era (after 2013), and overdose rates were less than 1% across all studies. Sedation events were often mild, after which most patients continued methadone. Two studies suggested improved retention rates with higher methadone doses during the first week of induction.

Conclusions: Methadone induction is a high-risk period; however adverse events were overall low with methadone rapid titration protocols. Contextual application of rapid methadone titration to specific populations with close monitoring is needed for safe implementation.

Author: Dr. Sarenna Lalani
Program: Obstetrics & Gynecology

Presentation time: 10:15-10:25am

Title: South Asian Women's Healthcare in Canada

Authors: Sarenna Lalani[1,2], Lori Brotto[1, 2], Cassidy Cardle[2, 3], Hayal Muslu[2, 4]

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Background: Negative sexual health experiences are disproportionately prevalent among ethnic minorities, with South Asian women being particularly vulnerable to adverse outcomes. There are many potential barriers to care within this population, including cultural stigma, discrepancies between traditional beliefs and medical recommendations, language barriers, geographic challenges, and mistrust of Western healthcare systems. These barriers are not only frustrating for patients, but can correlate to adverse outcomes including later diagnoses and treatment, and higher morbidity and mortality.

Objective: This cross-sectional study examines the vulvovaginal and sexual healthcare experiences of South Asian adults assigned female at birth in Canada, compared to a sample of White adults. By comparing these groups, the research aims to understand differences in attitudes, emotional responses, and acceptance of treatments related to sexual and vulvovaginal health. The study focuses on identifying barriers that may prevent South Asian women from accessing women's healthcare services.

Methods: Participants will complete an anonymous online survey including questions about past experiences, affective responses, and satisfaction with their sexual and vulvovaginal health. The survey will also explore potential barriers to accessing vulvovaginal healthcare and examine the influence of provider characteristics, such as gender, on the acceptability of treatments. We aim to recruit 300 total participants, with at least 200 being South Asian-identifying.

Results: The study is in progress; the final results are to come.

Conclusions: We endeavour to determine whether South Asian participants report different levels of sexual and vulvovaginal health distress and dysfunction, experiences of shame and embarrassment, acceptance of vulvovaginal treatments, and/or differing levels of trust in healthcare providers compared to White participants.

Author: Dr. Ella K. Barrett-Chan
Program: Obstetrics & Gynecology

Presentation time: 10:25-10:35am

Title: Window of Opportunity for Cancer Prevention: Metachronous BRCA-associated Breast and Ovarian Cancers in British Columbia

Authors: Ella K Barrett-Chan MD[1], Rona Cheifetz MD MEd FRCSC[2], Shirley S. T. Yeung BSc (Pharm), ACPR, MSc[2], Alicia Tone PhD[3], Anna V. Tinker MD, FRCPC[2], Sophie Sun MD[2], Kasmintan (Intan) Schrader MBBS, FRCPC, PhD, DABMG[2], Janice S. Kwon MD, FRCSC, MPH[2]

Affiliations:

1. University of British Columbia, Vancouver, British Columbia, Canada.
2. BC Cancer, Vancouver, BC, Canada.
3. Ovarian Cancer Canada, Toronto, Ontario, Canada

Objectives: To evaluate patients with metachronous BRCA-associated breast and ovarian cancer in British Columbia, Canada.

Methods: This was a retrospective population-based cohort study from the Hereditary Cancer Program High Risk Clinic (HCP HRC) from 1998-2022 and Provincial Pharmacy between 1995-2024. The Pharmacy database was first searched for those prescribed olaparib for advanced-stage high-grade serous ovarian cancer (HGSC) as a surrogate for BRCA pathogenic variant (PV) and linked to those prescribed a breast cancer treatment protocol either before or after olaparib. Patients with metachronous ovarian and breast cancer diagnoses from the HCP HRC were identified.

Results: From HCP HRC there were 336 breast and 50 ovarian cancer patients, of whom 10 and 3 developed metachronous ovarian and breast cancer, respectively (crude rates 3% and 6%). From the Pharmacy database, an additional 194 patients had HGSC, of whom 17 (8.8%) received prior breast cancer treatment, and 3 (1.5%) had subsequent breast cancer treatment. In total there were 27 patients with breast cancer and metachronous ovarian cancer, and 6 patients with ovarian cancer and metachronous breast cancer. The median age at first cancer diagnosis was 51 years (range 32-71), and the median interval to second cancer was 6 years (range 0-31). Of the 27 with breast cancer first, 15 had BRCA testing after that initial diagnosis, and of the 15 who had BRCA testing, 10/15 (67%) subsequently had risk-reducing bilateral salpingo-oophorectomy (RRBSO) at a median age of 58.5 years (range 42-72). Of the 6 patients with ovarian cancer then metachronous breast cancer, the median interval between cancers was 5 years (range 2-11). None had risk-reducing mastectomy, but 5/6 had breast cancer surveillance. Three of these patients subsequently passed of ovarian cancer recurrence.

Conclusions: These data demonstrate a relatively long time interval between BRCA-associated breast and ovarian cancers, suggesting a window of opportunity for earlier intervention to reduce the risk of the 2nd cancer.

Author: Dr. Faisal Alsadoun
Program: Medical Oncology

Presentation time: 10:35-10:45am

Title: Real-world Outcomes and Toxicity with Belzutifan in the Treatment of Von Hippel–Lindau Disease: A Single Centre Canadian Experience

Authors: Faisal Alsadoun[1], Anna Pasco[2] Maryam Soleimani [1,2]

Affiliations: 1 University of British Columbia / 2 BC Cancer, Vancouver Centre, BC, Canada.

Background: Von Hippel–Lindau (VHL) disease is an autosomal dominant disorder caused by mutations in the *VHL* gene, predisposing individuals to the development of various neoplasms, including but not limited to cerebellar and spinal hemangioblastomas (CHB and SHB, respectively),pheochromocytomas, pancreatic neuroendocrine tumours (pNET), and renal cell carcinoma(RCC). Belzutifan, an oral HIF-2α inhibitor, offers a novel systemic approach to manage VHL-associated lesions. This study aimed to evaluate the real-world effectiveness and safety of belzutifan in patients with VHL disease at the provincial British Columbia (BC) Cancer VHL Clinic in Vancouver, Canada.

Methods: We undertook a retrospective review of patient records between April 2022 and December2024. Patient demographics, types of VHL related tumors, treatment responses, and adverse events were collected and recorded in a centralized database. Tumor response was assessed according to RECIST 1.1 criteria, categorized as complete response (CR), partial response(PR), stable disease (SD), or progressive disease (PD). Additionally, treatment toxicity and dose reductions were evaluated.

Results: Twenty seven patients were started on belzutifan between August 2022 and October 2024. Median age was 37 years (range 21-64). Amongst these, 52% (n = 14) were females and 48%(n = 13) were males. The most common subtype was type 1 VHL (85%; n = 23). In patients with CHB (n = 25), objective response rate (ORR) was 68% (all PR, no CR) and SD was seen in24% (n = 6). One patient had progression of the cystic component of their CHB. In those with SHB (n = 24), ORR was 54% (46% PR, 8% CR) with SD seen in 46%. In pancreatic lesions(including pNET and cystadenomas; n = 24), ORR was 71% (all PR; no CR). In patients with solid renal lesions (n = 22) ORR was 73% (PR 68% [n = 15] and CR 5% [n = 1]) and SD 27%(n = 6). No patients developed new lesions in any affected areas while on belzutifan. The most common side effects experienced were grade 1 anemia (59%; n = 16) and fatigue (52%;n = 14). Grade 2 hypoxia was reported in 14.8% (n = 4). Dose reductions or temporary treatment break were required in 62.5% of patients (n = 15), most often for anemia (40%; n = 6)and fatigue (53%; n = 8). Amongst these 15 patients, 2 were able to re-escalate to full dose without recurrence of side effects. No patients required permanent treatment discontinuation.

Conclusions: Our real-world outcomes demonstrate that belzutifan is effective in treatment of VHL disease and generally being well-tolerated. Further research into long-term outcomes, efficacy for other VHL-associated lesions, such as pheochromocytomas and delineation of mechanism of resistance may expand its therapeutic utility.

Tables:

Site of disease (number of patients)	Partial response as best response	Stable disease as best response	Progressive disease as best response	Complete response as best response
Cerebellar (25)	17 (68%)	6 (24%)	1 (4%)	0
Spine (24)	11 (46%)	11 (46%)	0	2 (8%)
Pancreatic (24)	17 (71%)	7 (29%)	0	0
Renal (22)	15 (68%)	6 (%27)	0	1 (5%)

Author: Dr. Sarah Keyes
Program: Internal Medicine

Presentation time: 10:45-10:55am

Title: Delays in Hydroxyurea Initiation for Patients with Sickle Cell Disease in British Columbia

Authors: Sarah Keyes[1] MD, Angelina Marinkovic[1,2] MD FRCPC, Hayley Merkeley[1,2] MD FRCPC

Affiliations: [1]Department of Medicine, University of British Columbia, Vancouver, BC [2]Red Cell Disorders Program of British Columbia, St Paul's Hospital, Vancouver, BC

Background: Sickle cell disease (SCD) is a hereditary hemoglobinopathy characterized by abnormal hemoglobin S that polymerizes to result in vaso-occlusive episodes, chronic hemolysis, and progressive end organ dysfunction. Hydroxyurea is the mainstay treatment, reducing complications and improving overall survival. Timely access to therapy is crucial, but many patients new to British Columbia (BC) experience delays given healthcare system constraints.

Objective: Characterize the causes and consequences of delayed hydroxyurea initiation in these patients.

Methods: A retrospective review was conducted on patients with SCD new to the Adult Red Cell Disorders Program of BC between January 1, 2022, and February 28, 2025. Data collected included patient demographics, disease characteristics, hydroxyurea start date, reasons for treatment delay, and related morbidities prior to treatment. Descriptive analyses were applied.

Results: 57 patients were included in the study, 61.4% female and 78.9% of African descent. The predominant genotype was Hb SS (75.4%), followed by Hb SC (21.1%). Over half (52.6%) had no prior hydroxyurea use before relocating to BC, and of those who had (43.9%), about half discontinued it after moving due to lack of access. On average, patients waited 1 year and 8 months after relocating for their first consultation, and an additional 14 months before starting hydroxyurea. In total, 64.9% experienced a delay in treatment, primarily due to delays in referral to a hematologist (40.5%) and in obtaining medication coverage (29.7%). Among the 35 patients who experienced delays, 24 had SCD-related complications prior to starting hydroxyurea, including 51 vaso-occlusive crises and 12 episodes of acute chest syndrome leading to 14 emergency visits and 40 hospital admissions. No mortalities occurred during the study timeframe.

Conclusions: Delays in initiating hydroxyurea among SCD patients new to BC are common and primarily caused by delays in referrals and coverage barriers, which lead to high rates of avoidable complications.

Author: Dr. Grace G Kim
Program: Internal Medicine

Presentation time: 10:55-11:05am

Title: Assessing the Impact of Elexacaftor/Tezacaftor/Ivacaftor on Workplace Productivity and Activity Impairment in People Living with Cystic Fibrosis in Canada as Part of the CAN-IMPACT-CF Study.

Authors: Grace G Kim[1], Jonathan Rayment[2], Lara Bilodeau[3], Felix Ratjen[4] , Bradley S. Quon[1,5]

Affiliations: [1] Faculty of Medicine, University of British Columbia, Vancouver, BC; [2] BC Children's Hospital, Vancouver, BC; [3] Institut universitaire de cardiologie et de pneumologie de Québec, Quebec City, QC; [4] The Hospital for Sick Children, Toronto, ON; [5] Division of Respirology, St. Paul's Hospital, Vancouver, BC

Background: Clinical trials and observational studies have shown significant improvements in lung function, nutritional outcomes and quality of life with the use of elexacaftor/tezacaftor/ivacaftor (ETI). No studies to date have reported on the impact of ETI on workplace productivity. This study assessed the long-term impact of ETI on patient-reported outcome measures of workplace productivity and activity impairment (WPAI) and determined which aspects of quality of life as measured by the cystic fibrosis questionnaire-revised (CFQ-R) correlated the strongest.

Methods: We used data collected from people with CF (pwCF) participating in the CAN-IMPACT-CF Study, a multi-centre observational study examining the real-world effectiveness of ETI in Canada. We compared WPAI outcomes before and after 1 year of ETI therapy using a paired t-test. The correlation between WPAI outcomes and CFQ-R domains were examined with Spearman's Rho.

Results: This sub-study included 100 pwCF enrolled in the CAN-IMPACT-CF Study with WPAI data, 51 of whom were working. Absenteeism represents percent of work missed and presenteeism represents percent impairment at work. Absenteeism (12.1% vs 4.6%, p=0.061), presenteeism (27.9% vs. 7.2%, p=<0.0001), and productivity loss (30.7% vs 10.6%, p=0.0003) decreased after 1 year of ETI compared to baseline. The absolute change in productivity loss for working individuals was inversely correlated with relative changes in the CFQ-R (n=41) physical domain (ρ=-0.37, p=0.0009), role domain (ρ =-0.39, p=0.0005), and respiratory domain (ρ =-0.40, p=0.0003). Overall, activity impairment (n=98) was reduced (29.7% vs. 16.3%, p<0.0001) and inversely correlated with relative changes in the CFQ-R (n=80) physical domain (ρ=-0.57, p <0.0001), role domain (ρ =-0.46, p<0.0001), and respiratory domain (ρ=-0.53, p<0.0001).

Conclusions: Our real-world study suggests that starting ETI has significant impacts on improving workplace productivity and reducing activity impairment for pwCF after 1 year and this correlates most closely with the physical, role and respiratory domains of the CFQ-R.

Author: Dr. Maheshver Shunmugam
Program: Ophthalmology

Presentation time: 11:05-11:15am

Title: An Update on Viral Conjunctivitis Treatment Strategies: A Narrative Literature Review

Authors: Maheshver Shunmugam [1,†], Francesca Giovannetti [2,†], Sonia N. Yeung [1] and Alfonso Iovieno [1,*]

Affiliations: [1]Department of Ophthalmology and Visual Sciences, University of British Columbia, 2550 Willow Street, Vancouver, BC V5Z 3N9, Canada
[2]Department of Sense Organs, Sapienza University of Rome, 00161 Rome, Italy
[*]Author to whom correspondence should be addressed.
[†]These authors contributed equally to this work.

Background: Viral conjunctivitis is a highly contagious ocular condition that significantly impacts patient quality of life and healthcare resources. Despite its self-limiting nature, the condition remains a significant public health concern due to its high transmissibility, prolonged symptoms, and potential complications such as subepithelial infiltrates (SEIs).

Objective: This review aimed to synthesize and evaluate current management strategies for adenoviral conjunctivitis and provide an evidence-based treatment framework.

Methods: A systematic literature search of PubMed and the Cochrane Library was conducted, identifying 25 eligible studies published between 2009 and 2024 that focused on clinical interventions including supportive care, antiseptics, corticosteroids, antivirals, and immune modulators.

Results: The findings indicate that while supportive therapy and hygiene measures remain central to care, antiseptic agents, specifically povidone–iodine, and topical steroids offer additional benefit in reducing symptom duration and complications. Combination therapies integrating antiseptics, corticosteroids, and immunomodulators show promise for more severe cases, especially those complicated by SEIs.

Conclusions: This review proposes an evidence-based comprehensive, multimodal approach management algorithm while highlighting the need for future research in antiviral development and diagnostic innovation to avoid mistreatment and unnecessary antibiotic use.

Author: Dr. Yvette Y. Yao
Program: Internal Medicine

Presentation time: 11:15-11:25am

Title: Adherence to Quality Benchmarks in Barrett's Esophagus at a Tertiary Referral Centre

Authors: Yvette Y. Yao[1], Caleb Roda[2], Daniel M. Koerber[2], Angad Walia[3], Pedram Tavakoli[3], Samantha Pang[3], Ellie Taylor[3], Michelle R.X. Yu[2], Douglas Motomura[3], Eric Lam[3], Robert A. Enns[3], Wei Xiong[3], Neal C. Shahidi[3]

Affiliations: [1]Department of Internal Medicine, the University of British Columbia Faculty of Medicine, Vancouver, BC, Canada; [2] Department of Gastroenterology, the University of British Columbia Faculty of Medicine, Vancouver, BC, Canada; [3]St. Paul's Hospital, Vancouver, BC, Canada

Background: Barrett's Esophagus (BE) is a premalignant condition with an approximately 0.5% annual risk of developing esophageal adenocarcinoma. BE guidelines emphasize adherence to key quality indicators, including measuring anatomic landmarks (Prague classification), adherence to biopsy protocols (Seattle protocol), and surveillance at recommended intervals. However, variation in endoscopic practices may affect adherence and clinical outcomes.

Objective: To assess adherence to established BE quality indicators in a tertiary referral centre.

Methods: We conducted a retrospective study of consecutive patients with histologically confirmed intestinal metaplasia (with goblet cells) from January 2012 to January 2024, identified through a validated histopathology registry at St. Paul's Hospital. Diagnosis of BE was based on the presence of ≥1 cm of visible columnar epithelium above the gastric folds during index esophagogastroduodenoscopy. Quality indicators evaluated included documentation of landmarks/extent of BE (Prague Classification), biopsy protocol adherence (Seattle Protocol), and adherence to guideline-recommended surveillance intervals. Continuous variables were summarized as median (IQR); categorical variables as counts (%).

Results: Preliminary analysis identified 253 patients with BE diagnosed between January 2012 and March 2015. The median age was 61 years (IQR 17), with most being male (n=196, 77.5%). Neoplastic BE was identified in 81 patients (33.3%), including at index esophagogastroduodenoscopy (24.7%) and during surveillance (42.0%). The median time from BE diagnosis to low-grade dysplasia, high-grade dysplasia and esophageal adenocarcinoma was 12 months (IQR 48 months), 13 months (IQR 47 months) and 48 months (IQR 33 months), respectively. Prague classification was documented in only 23.3% of cases. Biopsy protocol adherence was high (86.6%), while adherence to surveillance recommendations was moderate (57.7%).

Conclusions: While biopsy protocol adherence was strong, documentation of BE anatomic landmarks and surveillance practices were suboptimal. Standardized management pathways may improve early dysplasia detection in BE.

Author: Dr. Bachviet Nguyen
Program: Internal Medicine

Presentation time: 11:25-11:35am

Title: Safety of Vedolizumab in Pregnancy: An Updated Systematic Review and Comprehensive Meta-Analysis

Authors: Bachviet Nguyen[1], Stephanie Quon[1], Astrid-Jane Williams[2,3], Yvette Leung[2,3]

Affiliations: [1]Department of Medicine, University of British Columbia, Vancouver, BC; [2]Division of Gastroenterology, University of British Columbia, Vancouver, BC; [3]The IBD Centre of British Columbia, Vancouver, BC

Background: Vedolizumab is increasingly used as an advanced therapy for inflammatory bowel disease (IBD), however there is limited data on the safety of this medication in pregnant patients with IBD.

Objective: To evaluate the safety of vedolizumab during pregnancy by synthesizing recent evidence on maternal, fetal, and neonatal outcomes.

Methods: A systematic review and meta-analysis was conducted following PRISMA and MOOSE guidelines and registered on PROSPERO. MEDLINE, Embase, CENTRAL, Scopus, and PubMed were searched from inception to June 25, 2025 for cohort studies and randomized control trials evaluating vedolizumab exposure during pregnancy in individuals with IBD. Outcomes of interest included live birth, preterm birth, early pregnancy loss, cesarean delivery, congenital malformations, small for gestational age (SGA), and composite perinatal complications. Random-effects meta-analyses were performed using the restricted maximum likelihood estimator. Heterogeneity was assessed using I^2 and τ^2, and publication bias was explored using Egger's test.

Results: Eight cohort studies (five prospective, three retrospective) met inclusion criteria. Vedolizumab exposure was associated with increased odds of preterm birth (pooled OR = 1.33; 95% CI: 1.12-1.59; I^2 = 74.1%) and cesarean delivery (OR = 1.27; 95% CI: 1.03-1.57; I^2 = 0%), but not with early pregnancy loss (OR = 0.96; 95% CI: 0.54-1.71), congenital malformations (OR = 1.42; 95% CI: 0.86-2.34), SGA (OR = 1.10; 95% CI: 0.70-1.73), or perinatal infections/NICU admission (OR = 2.00; 95% CI: 0.98-4.10).

Conclusions: Vedolizumab exposure during pregnancy in individuals with IBD was not associated with increased odds of early pregnancy loss, congenital malformations, or composite perinatal complications. However, increased odds of preterm birth and cesarean delivery were observed, potentially reflecting underlying disease severity. These findings support further prospective studies allowing comparison of different biologics with the ability to control for disease activity in order to fully understand the complex interactions between IBD and pregnancy

Author: Dr. Alyssa Zucchet
Program: Developmental Pediatrics

Presentation time: 11:35-11:45am

Title: Examining the Socioeconomic and Sociodemographic Differences Between Families Seeking Public vs. Private Autism Diagnoses in British Columbia, Canada.

Authors: Alyssa Zucchet[1], Abigail Shore[2]

Affiliations: [1]Sunny Hill Health Centre, BC Children's Hospital, 4480 Oak St, Vancouver, BC, V6H 3N1, Canada
[2]Department of Obstetrics and Gynecology, University of British Columbia, Vancouver, BC

Background: The rates of autism spectrum disorder (ASD) are rising, with recent figures from British Columbia (BC) quoting a prevalence of 1 in 30 children. With rising rates, the burden on public diagnostic services is increasing, with the waitlist often being several years long. Families can access private diagnostic assessments faster but at a high cost, often between $3000-5000. With early intervention being associated with better outcomes and government funding available to assist with access to services for autistic children, there is incentive for early diagnosis. Due to diagnostic barriers and benefits of early diagnosis, we aim to investigate the relationship between socioeconomic factors and location of autism diagnosis (public vs. private).

Objectives: To investigate the socioeconomic and sociodemographic differences between families seeking public vs. private autism diagnoses in BC.

Methods: This population study links multiple datasets, including the perinatal registry, births and deaths registry, medical services plan (MSP) consolidation files, BC Autism Assessment Network (BCAAN) data, and Ministry of Education Data. Participants include all children born in BC between 2000-2019. The databases include demographic data on perinatal factors, patient location/community size, neighbourhood income quintiles (NIQ), presence of intellectual disability, and sociodemographic variables (ie. maternal country of birth, premium subsidy accessed at birth, etc.). Through multinomial logistic regression, we are currently comparing publicly and privately diagnosed children to non-autistic children using these variables.

Results: The database includes 923140 children. In preliminary analyses, subjects with a lower NIQ were more likely to receive a public autism diagnosis and less likely to receive a private diagnosis compared to subjects of higher NIQ. Analyses are ongoing.

Conclusions: Population level linked datasets will allow us to examine the impact of socioeconomic and sociodemographic factors on whether families seek a public or private autism diagnosis in BC, which has implications on timely access to services.

Author: Dr. Nathan Katz
Program: Orthopedic Surgery

Presentation time: 11:45-11:55am

Title: Understanding Educator Perceptions of ADHD in Postgraduate Medical Education

Authors: Dr. Nathan Katz[1], Dr. Faizal Haji[2], Dr. Laura Farrell[3]

Affiliations: [1]Department of Orthopedic Surgery, University of British Columbia, Vancouver, BC, [2]Division of Neurosurgery, University of British Columbia, Vancouver, BC,[3]Regional Associate Dean, Vancouver Island, Faculty of Medicine, University of British Columbia & Academic Director, Vancouver Island, UBC Distributed Programs, University of Victoria

Background: Postgraduate medical education (PGME) is a demanding environment in which residents with attention-deficit/hyperactivity disorder (ADHD) may face challenges related to time management, organization, and sustained focus. Although awareness of neurodiversity in medicine is increasing, there is limited research on how surgical educators perceive and respond to residents exhibiting ADHD-related behaviours.

Objective: To explore how surgical educators in British Columbia understand adult ADHD, interpret associated behaviours in residents, and perceive their role in supporting neurodiverse learners.

Methods: This is a qualitative study grounded in a constructivist paradigm. Semi-structured interviews are being conducted with surgical educators across multiple surgical specialties in British Columbia. Interviews are transcribed and analyzed using reflexive thematic analysis to identify patterns in how participants conceptualize ADHD and respond to related behaviours in the clinical learning environment.

Results: Preliminary findings reveal variability in educator understanding of ADHD, ranging from recognition of neurodevelopmental traits to skepticism about adult diagnoses. Participants identified difficulties in distinguishing between professionalism concerns and ADHD-related behaviours. Many expressed uncertainty about accommodation processes and a perceived lack of institutional guidance. These early themes point to the risks of stigma, inappropriate remediation, and inconsistent support for residents with ADHD.

Conclusions: Surgical educator perceptions of ADHD significantly shape the experiences of residents with ADHD in PGME. Addressing knowledge gaps through targeted faculty development and clearer institutional policies may help reduce stigma and promote more equitable learning environments.