“ACOOG is passionately committed to excellence in women’s health. With integrity, we shall educate and support osteopathic health care professionals to improve the quality of life for women. In doing so, we will provide opportunities for fellowship and joy in our profession.”
Dear ACOOG Family,

The “Season” is upon us. Thanksgiving and the events of the next several weeks will (hopefully) give us time to regroup and reflect. With so much dysfunction in the world and after a very tumultuous election season I believe we are all in need of repair. The world is at a very important crossroad in “It’s” evolution and the tenets of the Osteopathic Profession have never been more important. The Human Race as a body is subject to the same important beneficial interactions of mind, body and spirit that lend itself to healing. There is little doubt that both our planet and the Human Race need a great deal of healing. Every culture / religion on earth (although spoken or expressed in different way) has the same (two) important recommendations – that we love our neighbors and our Prime Creator (in whatever form you believe that to be). So in the days to come and in that spirit I ask that we all continue on the path of service to others.

As I mentioned in my previous letter, learn (or continue to practice) meditation. For important reasons it is being discussed in the media around the world. At this year’s AOA BOT meeting I learned of the dramatic increase in stress, burnout and suicides amongst our colleagues. When practiced (even as a small fraction) within a community the benefits have been significant (please refer to the Washington DC study that produced a dramatic reduction in crime). The Osteopathic community is a small but mighty group. We can have the same positive effect on our communities as we have had on Medicine – “living each day as an example of what an Osteopathic physician should be”.

I hope to see many of you at our upcoming Annual meeting. As usual the venue and the education will be spectacular. Our College has set a course to address the educational needs of our membership in ways that are both timely and forward thinking – you’re going to love us even more. Best wishes for a “Season” filled with love and wonder and for a ‘rebalancing’ of our world. With hopes of peace on Earth and good will to all creation … I remain in your service...Love to you all.

Jimmy,

James J Perez, DO, FACOOG(Dist)
President of ‘The ACOOG’ 2016-2017

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Message from the Executive Vice President

Michael J. Geria, DO, FACOOG, (Dist.)

Dear Colleagues,

It certainly has been an interesting fall season, full of surprises. As the country prepares for a new administration and possible changes in healthcare (again), rest assured that the ACOOG will continue to be an advocate for women’s healthcare.

Turnout for the 2016 Fall Conference in Cleveland was wonderful. I was especially impressed by the number of Osteopathic medical students in attendance. I extend my thanks to the program chairs Rupesh Patel, DO and Rosalyn Miller, DO and to Thomas Dardarian, DO and the members of the Continuing Medical Education Committee. Also, a special note of thank to the ACOOG staff as well. The student program was outstanding. Many programs directors including Drs. Perez and Boes helped make it a success. The program included a lecture on what makes a strong applicant to an OB/GYN residency program as well as mock interviews and an OMT workshop.

The single accreditation system application process continues. Approximately 50% of the Osteopathic programs which have applied for ACGME accreditation have been successful on their initial application. The deadline for all four-year programs, which of course includes OB/GYN, to apply is December 31st 2016 and is rapidly approaching.

To review some basic information regarding the Single Accreditation System (SAS), once a program submits its application to the ACGME it automatically achieves pre-accreditation status. It is not an initial accreditation and the program will still be accredited by the American Osteopathic Association. The program will still participate in the Osteopathic Match until the program receives initial accreditation. At that time the program will participate in the ACGME match and be able to accept non-osteopathic graduates into their programs. When a program submits their application for ACGME accreditation they must however, follow ACGME guidelines that meet their standards even while in pre-accreditation status. The AOA and ACGME have committed multiple resources to assist programs in achieving ACGME accreditation. The AOA has offered the services of outside consultants at AOA expense to assist programs in achieving ACGME accreditation.

The AOA continues to be in transition. As they phase out the residency accreditation business, they focus more on member services and board certification. Even in light of the SAS, the AOA will still offer Osteopathic Board Certification to graduates of ACGME accredited programs.

The ACOOG website has been completely revamped and bugs have been exterminated. The college continues to press forward in the world of ever developing electronic technology. Members will now have greater access to information and easier ways to pay their dues, register for conferences, and perform their CME attestation. Kudos to the ACOOG staff and all of their efforts on this monumental task.

The ACOOG remains committed to be the primary resource in Osteopathic education for women’s health. We will continue our visiting professor program as part of that commitment and dedication to educating our osteopathic students. The ACOOG will continue to work with the AOA for CME activities and other educational opportunities including OMED in Philadelphia in the fall of next year.

I look forward to seeing all of you at the 84th Annual Conference,

March 26-31, 2017 in Palm Desert!

From all of us at the ACOOG, I wish you and your families a wonderful and safe Holiday Season.

Sincerely,

Michael J. Geria, DO, MS, FACOOG(Dist) CS
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Case Study:
A 51 year-old woman presents to the office with a complaint of hot flushes and night sweats. These symptoms started within the past year, but have become more bothersome over the past two months. She has had difficulty concentrating at work and notices increased irritability with her family and co-workers. Her last menses was 12 months ago. She has a history of hypertension which improved with a 50-lb weight loss 2 years ago. She takes a multivitamin with calcium daily. She has a family history of heart disease in her father. No history of breast cancer. She is a non-smoker. She has done some research on various treatment options, but is unsure of what would be best for her. How do you counsel this patient about the best treatment options?

In the aftermath of the Women’s Health Initiative (WHI), counseling patients regarding appropriate treatment options for menopausal symptoms has become more complex. Prescriptions for menopausal hormone therapy (MHT) have decreased dramatically due to concerns of risk outweighing benefit, specifically with regard to cardiovascular disease, stroke, dementia, and breast cancer. Providers may still be uncertain regarding the current opinions of MHT and reluctant to prescribe it. This article will review information from the WHI and prior studies and summarize the most recent studies that support use of MHT in menopausal women, with focus on the cardiovascular risks. With heart disease still the leading cause of death for women, this is an important and impactful consideration in treating menopausal women.

Two trials are commonly cited as evidence of cardiovascular disease risk with relation to use of MHT. The first, the Heart Estrogen/progestin Replacement Study (HERS), found no benefit for use of MHT in women with established coronary artery disease. This 4-year study employed a regimen of oral conjugated equine estrogen (0.625 mg) plus 2.5 mg medroxyprogesterone acetate taken on a daily basis versus placebo. The incidence of mortality due to coronary disease, and non-fatal MI, was similar between the two groups. There was a 50% increase in the risk of cardiovascular events during the first year of the study. However, as the study progressed the risk of cardiovascular events declined.

The second study, the Women’s Health Initiative, was a large randomized, controlled trial intended to investigate the use of menopausal hormone therapy as a primary prevention measure for cardiovascular disease. It also evaluated other endpoints including stroke, thromboembolic disease, hip fracture, breast cancer, colorectal cancer, diabetes mellitus, and dementia. This study enrolled women ages 50-79 with approximately 16,600 patients in the estrogen-progestin arm, and 10,700 patients in the estrogen-alone arm. Women in the estrogen-progestin arm were more likely to develop coronary heart disease compared to placebo, with a hazard ratio of 1.24 over a 5.6-year period. This equates to approximately 6 more coronary events per 10,000 women/year. As in the HERS trial, the risk of events was increased in the first year on hormone therapy. In the estrogen-alone arm, there was no demonstrable decrease in coronary heart disease risk after 6.8 years (RR-0.91), with the overall risk being neutral. Both arms of the study were terminated early due to adverse outcomes and an unfavorable Global Health Index (a measure of risk versus benefit for this study).

Reanalysis of the data from WHI, along with previous data from observational studies, suggests that a woman’s age or time since menopause may affect the risk of coronary heart disease in women on MHT. Women ages 45-55 have very little coronary calcium, a marker for coronary heart disease. However, once women reach menopause, the amount of coronary calcium

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increases significantly within a few years in those not taking hormone therapy. It is theorized that estrogen’s effects on vasculature varies with the time of initiation of the hormone. If started prior to plaque formation, the antiatherogenic effects of estrogen predominate, including improved arterial wall compliance and endothelial function, decreased blood pressure, decreased coronary calcification, and a favorable lipid profile. A study of cynomolgus monkeys who underwent oophorectomy and were fed an atherogenic diet demonstrates this concept. Those who were started on estrogen-alone or estrogen with medroxyprogesterone acetate immediately after oophorectomy showed a reduction in coronary atherosclerotic plaque of approximately 50-70%. However, when hormone therapy was initiated at two years after oophorectomy, there was no effect on the extent of coronary artery plaque. Similarly in the WHI, women in the 50-59 age group using estrogen-alone had a decreased risk of coronary heart disease (RR=0.56), although the risk was found to increase with increasing age. Coronary heart disease risk was not age-associated in the 60-69 or 70-79 age group. Instead the increase in coronary events was found to be associated with time since menopause in these two age groups.

Several factors seem to be responsible for the increased risk of coronary events with older age and longer interval since menopause. Estrogen, specifically oral formulations, creates a hypercoaguable state, increasing hepatic production of clotting factors and decreasing production of anti-clotting factors. It also causes an increase in C-reactive protein, a significant marker for cardiovascular risk, as well as matrix metalloproteinase activity. MMP2 and MMP9 have been associated with plaque instability and rupture, leading to thrombus formation and ultimately coronary events. Another contributing factor is the loss of arterial estrogen receptors which increases with length of estrogen deficiency. The effect is most pronounced in areas of atherosclerotic plaque.

With this reanalysis indicating a trend toward cardioprotective effects of younger postmenopausal women using MHT, several studies have sought to address this issue. The most notable is the Kronos Early Estrogen Prevention Study (KEEPS). This study was a multicenter, 5-year trial that began in 2005 and recruited over 700 women. Each participant was given either 0.45 mg of conjugated equine estrogens orally, 50 micrograms weekly transdermal estradiol, or placebo patch and tablets. Micronized progesterone 200 mg daily for 12 days of each month was used for endometrial protection; women not taking an active estrogen were given placebo tablets. The study evaluated carotid intima-media thickness and coronary artery calcium (CAC) scores as measures for atherosclerosis and coronary artery disease. Carotid studies indicated similar rates of progression of arterial wall thickness in all three groups: low-dose oral estrogen, transdermal estrogen, and placebo. In women with CAC scores of 0 at the onset of the study, development of new CAC (an increase of 5 units or more) was 10.8% with oral-CEE, 12.8% with transdermal estrogen, and 14.3% with placebo. Women with existing CAC had higher rates of developing further CAC but the estrogen treatment groups still trended lower than placebo, and overall the differences were not significant.

Another trial, the Early versus Late Intervention Trial with Estradiol (ELITE) was a single-center, randomized, double-blinded and placebo-controlled trial designed to evaluate the effect of timing of initiation of MHT on progression of atherosclerosis. Carotid artery intima-media thickness was followed throughout the study along with computerized tomography (CT) of the coronary vessels to assess coronary atherosclerosis. Six-hundred forty-three postmenopausal women were enrolled and divided into two groups: early postmenopause—less than 6 years, and late postmenopause—greater than or equal to 10 years. The hormone regimen consisted of oral estradiol, 1 mg per day, plus vaginal progesterone in a sequential fashion (for women with an intact uterus), versus placebo. Over the course of approximately 5 years, there was less progression of CIMT with oral estradiol therapy vs placebo (0.0044 mm/year vs 0.0078 mm/year) in the early postmenopause group. In the late postmenopause group, the rates of progression were similar and
not statistically significant (0.0100 mm/year with estradiol, 0.0088 mm/year with placebo). CT assessment of coronary atherosclerosis did not differ significantly between the estradiol and placebo groups for either early or late postmenopause.

Other trials, such as the Danish Osteoporosis Prevention study, the Estrogen in Prevention of Atherosclerosis Trial (EPAT) and the Women’s Estrogen Lipid-Lowering Hormone Atherosclerosis Regression Trial (WELL-HART) have provided evidence that early initiation of MHT does not have a detrimental effect on the progression of atherosclerosis and coronary heart disease.

Overall, these findings support the belief that early initiation of MHT does not have significantly harmful effects on atherosclerosis and coronary disease, and appears to have beneficial effects. Data also suggests similar conclusions regarding cognition and dementia, with early initiation of MHT having no significant effect on cognition. It is believed the vascular effects of estrogen noted in the atherosclerosis studies could lead to less neurologic ischemia and cognitive deficits. The issue of stroke remains controversial, but some evidence suggests the risk may again vary with age of initiation of MHT. The dose and route of administration, type of MHT, and a woman’s individual risk factors also affect stroke risk. Venous thromboembolism risk is increased with MHT, with no difference between age groups. However, as with stroke, the absolute risk of VTE in women ages 50-59 is low. With regard to VTE, the route of administration may be the most significant factor, with transdermal preparations demonstrating no increased risk. Breast cancer risk is a complex issue, affected by route and type of MHT. What is clear is therapy longer than 5 years with a combined regimen or 7 years with estrogen alone, appears to increase the risk. All of these issues are important in considering and prescribing MHT.

We do not have to shy away from use of MHT for fear of increased cardiovascular risks or events. Controversy surrounding the use of MHT and cardiovascular disease since the WHI has been replaced by evidence from several randomized controlled trials which supports a neutral to beneficial effect of MHT on cardiovascular disease risk. Symptomatic, newly menopausal women seeking treatment should be offered ALL treatment options, ranging from lifestyle changes to menopausal hormone therapy to non-hormonal alternatives. Determination of the most appropriate therapy for each patient should incorporate her individual health, health risks, and personal preferences.

The current “take home” points with regard to use of menopausal hormone therapy given available data:

- For women less than 60 years of age or within 10 years of menopause who are appropriate candidates, the benefits of MHT generally outweigh the risks.

- Early initiation of MHT does not pose the same risks for cardiovascular disease as initiation in older women (over age 60 and greater than 10 years from menopause).

- Duration of therapy recommendations vary with type of MHT. For combined estrogen-progestin therapy, a duration of approximately 3-5 years decreased the risk of breast cancer. With estrogen alone, breast cancer risk did not increase with 7 years of use, and potentially longer.

- Low-dose estrogen (less than 0.625 mg oral CEE or 2 mg oral estradiol daily) is effective for treatment of vasomotor symptoms with fewer adverse effects.

- Individualization is KEY. A woman’s overall health must be considered, including her own risk for cardiovascular disease/atherosclerosis, breast cancer, and other medical problems. Her preferences regarding types of treatment should also play a role, and the decision regarding therapy should be made together.

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REFERENCES


11. Wharton W, Gleason CE, Miller VM, Asthana S. Rationale and design of the Kronos Early Estrogen Prevention Study (KEEPS) and the KEEPS cognitive and affective sub study. Brain Research 2013. 1514: 12-17.


ACOOG CME Quiz:

This CME is available to ACOOG MEMBERS ONLY.

The ACOOG, accredited by the American Osteopathic Association, anticipates up to 0.5 hours CME credit pending AOA approval. CME will be submitted to the AOA office quarterly. Visit our website at www.acoog.org. Newsletter CME will remain on the ACOOG website for 24 months to provide the opportunity to complete questions about each article.
Modern medical technologies are constantly advancing. Medical researches utilizing digital informatics leading to cutting-edge diagnostic and therapeutic interventions and resulting in updates on clinical guidelines for evidence-based medicine [1,2]. Such is currently the case with questioning the necessity of the pelvic examination and frequency of the Well Woman visit. Due to insufficient data to support its ongoing use in the digital era; the basic procedure itself, as well as the need for an annual assessment by a gynecologist continue to generate substantial debate in the United States. In moving forward with this discussion, it is critical for us to remember the fundamental elements of the Well Woman examine and principles that have guide us to care for patients using these practices still apply- in some ways, now, more than ever.

Well Woman visits serve a dual purpose: to promote and maintain healthy lifestyles, and to minimize potential health risks in order to sustain higher life expectancy with good quality of life. In order to achieve these goals, during Well Women visits, patients are divided into four groups by physiologic age: (1) 13-18 years-old or adolescent; (2) 19-39 years-old or reproductive; (3) 40-64 years-old or peri-menopausal to menopausal; and (4) age 64 and above or postmenopausal [3]. These divisions are important, as each age group has indicators and risks factors specifically screened for during each Well Woman visit.

Screening

In the era of digital health, electronic medical records under the Affordable Care Act (ACA) have enabled physicians to build customized templates to facilitate Well Woman visits that include all of the appropriate ICD-10 codes. These templates should be tailored individually to enhance acquisition of a detailed obstetrical and gynecological history. During the interview and screening portion of these visits, any chief complaint should be noted. An annual assessment should also be completed, including a review of the patient’s gynecologic history and a complete past medical and surgical history. This assessment should include extensive documentation of allergies to medications, foods and other substances such as latex; a medication reconciliation, including current use of complementary and alternative medicine; a complete social history with tobacco, alcohol and other drug use; and a family medical history. Once reviewed, this information is then added into the patient’s medical record and made available for future use by the patient and her providers.

Ideally, attention should be paid to each patient’s lifestyle, including living situation and physical activities; dietary and nutritional status, and emotional and psychiatric issues, and sexual practices. Each of these plays an important role in the patient’s current and future health, as does the next item on the list: screening for cancer. Emergent changes in cancer mortality data from American Cancer Society (ACS) have demonstrated that, in women, cancer of the lung is the most lethal, followed by breast, colorectal, ovarian and uterine cancer. Assessments made during the Well Woman visit should therefore include age-appropriate screening for risk factors for these cancers. Risk factors for breast cancer are of particular concern. The ACS estimated that in 2016 there will be more than 246,000 new cases of breast cancer, making it the most common female cancer in the US [4]. Assessment for common etiologies of female mortality from stroke, ischemic heart disease, and...
diabetes is warranted and extremely valuable in age-appropriate groups.

The life-saving and healthcare-cost-saving potential of this portion of the Well-Women exam is difficult to over-estimate: increased doctor-patient communication results in greater patient satisfaction as well as some proven improved health outcomes [2,5].

Physical Evaluation and Counseling

The physical portion of an annual examination includes vital signs; a BMI (body mass index) measurement; and a lymph node, breast, abdominal, and pelvic examination. The rectovaginal examination may be done on indicated patients. Pelvic examination consists of three parts: (1) external inspection of external genitalia, urethra meatus, vaginal introits, and perianal region; (2) internal speculum examination of vagina and cervix and; (3) the bimanual examination of cervix, uterus, and adnexal [6].

As previously mentioned, the necessity of performing a pelvic examination during a Well Women visit has generated debate, and rightfully so. Pelvic examinations require women to remove clothing from waist downwards, to wear disposable paper gowns, and to be placed in a dorsal lithotomic position while awaiting examination. This position is uncomfortable for women, and the question of whether the potential benefits of this portion of the exam outweigh the discomforts is appropriate. Here is our point-of-view, based on years of experience and a knowledge of the literature: for symptomatic women with abnormal uterine bleeding, vaginal discharge, pruritus and discomfort, pelvic pain, infertility, or change of bowel and/or bladder functions, pelvic examination is warranted. However, for low-risk and asymptomatic women, insufficient data exists to either support or refute the practice of annual pelvic examination.

Here is the most recent evidence: in 2014, “Screening Pelvic Examination in Adult Women,” was published in the Annals of Internal Medicine. The included studies evaluated the ability of pelvic examination to accurately identify infections like BV and PID, and gynecological malignancies excluding cervical cancer from 1946 through January 2014. The pooled results indicated that pelvic examination had low diagnostic accuracy for both bacterial vaginosis and ovarian cancer [7]. It made no other claims regarding the ability of pelvic examination to diagnose other gynecological pathologies, such as PID and cervical cancer.

As a direct result of this meta-analysis, on July 1, 2014, the American College of Physicians (ACP) issued a new guideline: recommending against the use of screening pelvic examinations in asymptomatic, non-pregnant, adult women. On June 25, 2016, the United States Preventive Services Task Force (USPSTF) released a draft statement regarding the use of pelvic examination in asymptomatic, non-pregnant adult women. The statement reported that there was insufficient evidence regarding the benefits and risks associated with the pelvic examination to make a recommendation either for or against it, and opened their website to public comment [8]. In response to the USPSTF’s statement, major American newspapers wrote articles entitled, “Pelvic Exams May Not Be Needed” (The New York Times, June 28, 2016) and “The Days of the Dreaded Annual Pelvic Exam for Women May Be Numbered” (The Washington Post, June 28, 2016) [9,10]. On June 28, 2016, the American College of Obstetrics and Gynecology (ACOG) released its own statement: reaffirming its recommendation for annual pelvic examinations in women above the age of 21.

After the Physical Exam: Laboratory Tests, Counseling, and Immunizations

Armed with the above information, health care providers can assist patients in understanding the current conflicting recommendations and decide for necessity of the pelvic examination. The remainder of the visit must include standard of age and risks appropriate laboratory tests; age-appropriate counseling; and recommended immunizations.
The laboratory testing guidelines are as follows based on age and risk factors (for patients who have no recent results documented elsewhere):

- Cervical cytology testing
- Sexually transmitted infections testing such as Chlamydia and Gonorrhea, hepatitis C virus
- Human Immunodeficiency Virus (HIV)
- Diabetes testing, cardiovascular, renal and liver testing
- Thyroid-stimulating hormone testing
- Mammography, colon cancer testing
- Osteoporosis testing

The counseling guidelines based on age groups are as follows [11-13]:

1. For the adolescent group: contraception and sexually transmitted infections, patient self-image, and nutritional status.

2. For the reproductive group: conception with folic acid supplementation, family planning options, life style modification with exercise and weight issues, smoking cession, cervical and breast cancer screening.

3. For the peri-menopausal-to-postmenopausal group: vasomotor symptoms, pelvic organ prolapsed, incontinence, lung, colorectal, cervical and breast cancer screening, osteoporosis screening and life style modification, and discontinuation of certain screening tests.

In accordance with national guidelines, the following are recommended vaccinations to discuss during Well Women visits (in the age-appropriate groups) if they have not been received or documented elsewhere [2]:

- Diphtheria and reduced tetanus toxoids and acellular pertussis vaccine booster
- Hepatitis B vaccine
- Human papillomavirus vaccine
- Annual influenza vaccine
- Measles-mumps-rubella vaccine
- Meningococcal conjugate vaccine
- Varicella vaccine Zoster Vax or Pneumovax

**Conclusion**

In the US, women used to see gynecologists annually for cervical cancer screening and pelvic examination. In the new era of the digital health, clinical guidelines were updated for both frequency of the cervical cancer screening and the pelvic examination. Cervical cancer screening intervals have been revised to every 3 years for women of age between 21 and 29; and every 5 years for women above age of 30. As a result of these changes and recent study results, pelvic examination intervals are encountering challenges by the medical experts and patients. While we await sufficient evidence regarding the benefits of annual pelvic exams, it is important to remember that there are many established indicators for patients to continue receiving annual Well Women visits with gynecologists. Benefits of these visits include extensive screening, basic physical exams and laboratory tests, counseling, and preventative medicine services. Far from being expendable for lack of extensive supporting evidence regarding one small aspect of the encounter, Well Women visits meet and generally exceed their basic goals by improving and maintaining patient health overall.

Though this digital era with its EMRs, population health management, and trends towards all-evidence-based practices has imbued our field of medicine with some challenges and consternations,
The Modern Well Woman:
Frequency of the Well Woman Visit and Necessity of Pelvic Examination in the Digital Era

(Continued from Page 12)

gynecologists should embrace the opportunity provided by Well Women visits to address and digitally document all pertinent health issues from health maintenance to referrals and e-Prescribing, with an eye towards establishing enhanced communication and bonding with patients. It is for this reason, we believe, that ACOG reaffirmed the frequency of Well Women visits as an annual phenomenon. As for the indications for pelvic examination, ACOG recommends, and we affirm, that the best course of action involves shared communication and decision making between patients and their gynecologists. In the spirit of offering the best care to our patients, we echo the USPSTF’s call for more research on both the benefits and harms of pelvic examination at time of the annual Well Woman visit. This ongoing research and discussion is vital to the continual improvement of our field in the digital era, and to ensure that the risks of this epoch, with its emphasis on rigorous research and high-level evidence, do not unwittingly outweigh the benefits of excellent, frequent, and dependable patient care.

Bibliography


10. Ariana Eunjung Cha. “The days of the dreaded annual pelvic exam for women may be numbered” The Washington Post (2016).


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Takeko Takeshige, DO, FACOOG
We enter medicine with our hearts and souls on fire ready to serve humanity. By the time we complete medical training many of us have anxiety, PTSD, depression—even suicidal thoughts. Why? Medicine is stressful. Many of us work 100 hour weeks surrounded by suffering and death. We may deliver a stillborn, try to save a teenager with a gunshot wound, and then rush into the next room to help a lady having a heart attack—all within an hour, with no debriefing or emotional support. Medical training glorifies physical and emotional self-neglect and endorses teaching by intimidation and public humiliation. Bullying, hazing, and sleep deprivation is the norm in many of our finest hospitals and clinics. And if we seek psychological support, we’re mandated to report it on all job applications.

Doctors who complain about inhumane working conditions are often labeled with “burnout,” a “resilience deficiency” or even “disruptive.” They’re mandated to resiliency classes so they can learn mindfulness, deep breathing, or yoga. Victims get instructed in work-life balance, boundaries, and other ways to conform to their workplace abuse.

Anger, grief, and depression are normal responses to a sick medical system that forces us to submit to inhumane working conditions. “Burnout” blames the individual. Physicians may then feel unfit for the profession they once loved. The most vulnerable among us may leave medicine. Some may consider suicide.

“Burnout” and similar labels are dangerous to the individual and also distract from the real diagnosis—human rights abuse. (FYI: Meditation, yoga, and taking deep breaths are not treatments for human rights violations.)

The United Nations Declaration of Human Rights Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. Article 24: Everyone has the right to rest and leisure, including reasonable limitation

(Continued on Page 15)
of working hours and periodic holidays with pay.

Doctors, if you on a 36-hour shift in the ICU and have not eaten or pooped all day, you are experiencing multiple human rights violations. Patients, if you’re in the hospital and your doctor is bullied, abused, hypoglycemic, and sleep deprived, you should be very, very concerned. Human rights violations will adversely impact your care.

So docs, how do you know if you’re experiencing human rights violations at work? 1) You don’t get lunch or bathroom breaks. 2) You are forced to work multiple-day shifts. 3) You are not allowed to sleep. 4) You are forced to see unsafe numbers of patients. 5) You can never seem to find “work-life balance.” 6) You are threatened verbally, financially—even physically. 7) You are bullied. 8) And if you ask for help, you’re called a slacker or worse.

If any of this seems familiar, it’s not your fault. You are a victim of abuse. So what should you do? Your goal should not be to cope with abuse. Your goal should be to stop it. Taking deep breaths will not end your abuse. If you’re being abused, speak up. If you’re complicit with abuse, you perpetuate the cycle on the next generation.

Other countries get in big trouble for human rights abuse. Why should US health care get a pass?

Highlights
2016 Fall Conference

October 5-9, 2016
Renaissance Cleveland, Cleveland, OH

Past Presidents Honorary Lecture

Eric Carlson, DO presents the ACOOG Past President Honorary Lecture to Patrick Catalano, MD.

OMM Workshop

Third and Fourth Year Medical Students participated in Mock Interviews
## New Members

Welcome new members! The Board of Trustees approved the following new members at the October 2016 meeting in Cleveland, OH.

### New Regular Members

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Nicole Abell, DO</td>
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<td>Nina Amelio-Simulcik, DO</td>
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<td>Anastasia Arab, DO</td>
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<td>Christopher Benavente, DO, FACOOG</td>
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<td>Kristen Black, DO</td>
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<td>Kaitlyn Brunner, DO</td>
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<td>Sandy Bui, DO</td>
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<td>Tovah Buikema, DO</td>
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<td>Kacy Carpenter, DO</td>
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<td>Lena Carr, DO</td>
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<td>Rosalinda Carrizales, DO, FACOOG</td>
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<td>Jennifer Caruso, DO</td>
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<td>Jessica Chandler, DO</td>
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<td>Cassandra Cook, DO</td>
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<td>Nicole Davis, DO</td>
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<td>Justin Deaton, DO, FACOOG</td>
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<td>Palak Doshi, DO, FACOOG</td>
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<td>Ashley Dupuis, DO</td>
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<td>Natalie Eiland, DO</td>
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<td>Beverly Eisenhuth, DO</td>
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<td>Michael Engel, DO, FACOOG</td>
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<td>Maggi Forgue, DO</td>
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<td>Lauren Fuller, DO</td>
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<td>Heidi Gaston, DO</td>
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<td>Lori Gore-Green, DO, FACOOG</td>
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<td>Erin Grey, DO</td>
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<td>Martin Hallam, DO</td>
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<td>Debra Klueger, DO, FACOOG</td>
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<td>Lindsay LaCorte, DO</td>
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<td>Rachel McLean, DO, FACOOG</td>
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<td>Amanda Souza, DO</td>
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<td>Sarah Steele, DO</td>
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<td>Mollie Strauchon, DO, FACOOG</td>
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<td>Rachael Sullivan, DO</td>
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<td>Corey Teagarden, DO</td>
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<td>Tiffany Thompson, DO</td>
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<td>Arina Tutunik, DO</td>
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<td>Cristina Tzilinis, DO, FACOOG</td>
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<td>Julie Wiley, DO</td>
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<td>Kristen Witham, DO</td>
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<td>Christina Wood, DO</td>
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<td>Helen Yang, DO</td>
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### Life Membership Applications

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<td>Michael Kenner, DO, FACOOG</td>
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<td>Jerome Markowitz, DO, FACOOG</td>
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<td>Timothy McGuinness, DO, FACOOG</td>
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<td>Natasha Chinn, MD</td>
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**ACOOG CME**

**Calendar of Events**

84th Annual Conference
March 26-31, 2017
JW Marriott Desert Springs
Palm Springs, CA

86th Annual Conference
March 24-29, 2019
Hilton Riverside
New Orleans, LA

2017 Fall Conference
October 7-11, 2017
Philadelphia, PA

87th Annual Conference
March 29-April 2, 2020
Hilton La Jolla Torrey Pines
San Diego, CA

85th Annual Conference
April 8-13, 2018
Waldorf Astoria Bonnet Creek
Orlando, FL

(Continued on Page 19)
AOBOG News

Computer-Based Testing is Here!

Beginning in 2017, the Primary Written Exam (for initial certification) and the Primary OB/GYN OCC Exam will be offered at computer-based testing centers across the U.S. This means you will be able to take the exam closer to you!

These exams will no longer be offered in conjunction with the ACOOG Annual Conference (OCC) or the Spring Oral Exams (Written). After you have applied for the exam and your application is approved, you will receive instructions on how and when to register for your testing center.

What is the MOST COMMON mistake physicians make in registering for the OCC Exam?

Physicians often mistake “registering for OCC” as registering for the OCC exam. This is a 3-part process that requires separate registration for:

1. the general OCC process;
2. the OCC exam; and
3. the PPA modules.

When you are logged into the AOBOG website, please click the separate links on the left-hand side under the heading “OCC”. You can register for the OCC process at any time prior to registering for the OCC exam. You must be registered for the general OCC process to access either of the other registrations.

You are eligible to take the OCC exam in the final three years of your OCC cycle (i.e. if your certificate expires in 2019, you can take the exam in 2017, 2018, or 2019). Please make sure you are registered for both the general OCC process and the exam before arriving at the exam site. If you are unsure what you are registered for, please feel free to contact the AOBOG office – they would be happy to help.

Most of the PPA modules are hosted by a third-party vendor, O-CAT. Once you have registered for the general OCC process, a link will open for you to access the O-CAT website. Please note, when you register with O-CAT, you will need to set up a username and password with that account – there is also a $295 subscription fee for O-CAT, good for two years of unlimited access.

AOBOG Leadership Changes

We would like to thank Dr. Lee Irving for his many years of dedicated service to the AOBOG. Dr. Irving is retiring from the board after 25 years. Dr. David Boes will be replacing Dr. Irving as Vice Chair of AOBOG.

The AOBOG would like to extend a warm welcome to its newest board members – Dr. Deborah Herchelroath and Dr. Paul Whitham. Dr. Herchelroath is now the chair of the Primary Written Exam Committee, and Dr. Whitham will lead the OCC Exam Committee.

Become an AOBOG Examiner!

The AOBOG continues to recruit certified generalists (actively practicing both OB and GYN), and subspecialist OB/GYN physicians to participate in Board activities, which include test development and the administration of oral exams. The Board and examiners meet twice a year for exams, with training provided to new examiners. Show yourself as a “cut above” by committing to the future of osteopathic OB/GYN – you’ll earn CME, contribute to your own lifelong learning, and become part of a great group of OB/GYN leaders! For more information or to apply, please visit the AOBOG website or email the AOBOG at aobog@osteopathic.org.

The AOBOG would like to extend a warm welcome to its newest examiners: Dana Ambler, DO; Nicole Dolan, DO; Teresa Hubka, DO; and Jennifer Nichols, DO.

2017 Examination Schedule

All examination applications are exclusively available on the AOBOG website. View the entire calendar of upcoming exams in 2017 at www.aobog.org/pages/calendar. 2017 exam dates will be posted this summer.

Visit the AOBOG website (www.aobog.org) for up-to-date information about certification, examinations, applications and Osteopathic Continuous Certification (OCC).
Help Patients Heal Naturally

- Eliminate Stretch Marks
- Reverse Pregnancy Gain
- Reduce Cellulite
- Treat Neuropathy
- Lose Weight
- Drop Inches
- Tighten Loose Skin
- Disappear Fine Lines and Wrinkles
- Heal Acne

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The Aesthetics Market had increased over 467% in the last 6 years. With minimally invasive and non invasive categories having 982% growth.

Would you like to help 16 new patients a month, and make $22,400 extra cash in the same month? This is exactly what our AVERAGE client does.

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1. Bring People in the Front Door
2. Convert them to your Favorite Patients
3. World Class Clinical Protocols and Treatments for Amazing Consistent Results


All with a 100% Money Back Guarantee
LAS VEGAS AREA
OBGYN PHYSICIAN JOB OPPORTUNITY

Title: Obstetrics and Gynecology Physician
Permanent OB/GYN Needed for
Henderson, Nevada

Profession: Physician

Location: Henderson Wellness & OBGYN
1552 W. Warm Springs Rd.,
Suite 100
Henderson, NV 89014 (702) 933-5544

Opportunity
Job Description: OB/GYN needed for the Henderson/Las Vegas suburbs location:
• A well-established and thriving OB/GYN practice in Henderson, seeks a physician to join their cohesive, busy practice.
• 1 in 2 OB On-Call. Joining 1 OBGYN and 1 Gyn office doctor.
• Affiliated hospitals have OB Hospitalists for emergency coverage.
• No ER or Drop-in Calls from hospital emergency rooms.
• Readily available perinatology consults for high risk pregnancies.
• Gyn Oncologists, in the area, available to assist difficult cases and to continue learning new techniques or sharpen current skills.
• Looking for physician available now or after residency completed

For more information, please contact me directly at 702-222-7777
or email your CV and references to holly@DesertTreatment.com

Quick Facts
Private Practice Office Hours:
Monday -Thurs: 8 am - 5 pm
Friday: 8 am - 2 pm
Excellent, competitive compensation
Family friendly location (Office next to High School and Parks)
Enjoy the Las Vegas Strip (hotels, casino, shows, shopping, restaurants, clubs, concerts)

Benefits
Great health benefits for physician and family
401K
Vacation
CME

OB/GYN POSITION AVAILABLE / EASTSIDE OF SEATTLE 3 MILES FROM MICROSOFT

Patient population is highly educated. The practice is high end clientele and, in general, is cooperative and easy to work with. Osteopathic manipulation used along with standard ob/gyn practices.

Office open 4 days a week, surgery on the 5th day of the week. Shared call; ob volume about 10 patients each per month per doctor, so very little disturbance on off hours.

Small office with fabulous staff makes this practice a unique and pleasurable work place.

Please check out our website http://www.thewomenscenterbellevue.com/.
If interested in further inquiry, pls email us at info@thewomenscenterbellevue.com

(Continued on Page 22)
REPRODUCTIVE ENDOCRINOLOGY POSITION AVAILABLE – NEW JERSEY

We are a well established free standing, private, single physician Infertility/IVF center (The Center for Reproductive Medicine and Fertility), recruiting a BE/BC Reproductive Endocrinologist who is interested in joining a busy private practice.

We are located in Voorhees, New Jersey, a suburban community approximately 25 minutes east of Philadelphia, about 1 hour and 45 minutes south of New York City. The community has superb public schools and is a great place to raise a family. Our Infertility Center is situated adjacent to Virtua Hospital - Voorhees Division, which houses the largest and newest Obstetrical Service in the State of New Jersey, performing more than 6000 deliveries each year. Virtua Hospital is also a teaching affiliate of Thomas Jefferson University with OB/GYN residents assigned to the Obstetrical and Gynecology Services at all times. Our Infertility Center is a relatively new, free-standing building, with a state of the art CAP certified IVF laboratory where we perform ICSI, blastocyst culture, PGS, and embryo/oocyte vitrification. We have a fully equipped operating room for egg retrievals and minor surgery. Currently we perform approximately 130 fresh retrievals and 140 frozen embryo transfers per year, while maintaining active egg donor and gestational carrier programs. Our existing physical facility can easily accommodate another physician, and our IVF laboratory could easily perform 400-500 cases per year, with no physical changes required.

Our practice provides highly individualized care with the opportunity to know patients personally while managing and providing their care. We have developed a very strong physician, internet, and patient referral network. Our practice is growing rapidly at the present time, and we anticipate continued growth. Visit our website at louismanara.com

Interested individuals may send resume and/or express interest at manara99@gmail.com.

Contact Information:
Center for Reproductive Medicine and Fertility
200A Route 73
Voorhees, New Jersey 08043
Tel. 856-767-0009

TOP RURAL HOSPITAL – WISCONSIN

Beaver Dam Community Hospital (BDCH) is seeking a board certified/board eligible Obstetrician/Gynecologist to join our successful multi-specialty group practice in Beaver Dam, Wisconsin. You will be practicing the full scope of Ob/Gyn with the opportunity to use your robotic skills with our daVinci robot, if desired. Beaver Dam Community Hospital is regionally and nationally recognized for quality of care, a great place to work and in December 2015 was designated for the second time as a “Top Rural Hospital” by the Leap Frog Group for demonstrating quality and patient safety. BDCH is the first, and only, Wisconsin hospital to earn this distinction.

Practice Highlights
• Employed practice model
• All deliveries attended by Family Medicine or Pediatrician
• 350 deliveries annually

Candidate Description
• Board certified/board eligible
• Allopathic or Osteopathic physicians
• Robotic interest is a plus
• 3-5 years of experience is ideal
• 2017 graduates will be considered

Compensation & Benefits
• Competitive compensation and comprehensive benefit packages
• Compensation is based upon candidates experience and training
• BDCH compensation package is developed to meet the needs of each candidate

This picturesque community, located in south central Wisconsin on Beaver Dam Lake, is surrounded by rich farmlands. Beaver Dam is situated just 40 minutes northeast of Madison, 90 minutes northwest of Milwaukee, 90 minutes south of Appleton, and 2 1/2 hours north of Chicago. You will find Beaver Dam a flourishing city with a progressive business and industrial climate.

Please contact Kathy Murray at 1-800-678-7858 x63550, email kmurray@cejkasearch.com, or visit us at www.cejkasearch.com.
MATERNAL AND FETAL MEDICINE
PHYSICIAN OPPORTUNITY, ALLEGHENY
HEALTH NETWORK, PITTSBURGH, PA

The Department of Obstetrics and Gynecology at the Allegheny Health Network, Pittsburgh, Pennsylvania, is seeking full-time, Maternal and Fetal Medicine Physician to provide care for the AHN patients at West Penn Hospital and Jefferson Hospital in Pittsburgh. Allegheny Health Network is academically affiliated with both Temple University School of Medicine as well as Drexel University School of Medicine. The division has a robust delivery network and ample support staff and colleagues.

Qualifications include:
• Board Certified in Maternal Fetal Medicine
• Leadership experience preferred but not required
• Position open to international medical graduates with US residency training
• Excellent interpersonal skills
• Research interest and experience.
• Experience with teaching and working with residents and fellows

Practice Highlights:
• Compensation at or above MGMA/AMGA median
• 3 year agreement
• Tiered annual department (MFM) productivity bonus
• Signing bonus
• Quality incentive bonus plan in development
• Malpractice coverage including “tail”
• 1:7 call schedule
• No requirement to be present at deliveries

Primary hospital coverage:
• West Penn Hospital
• Jefferson Hospital

Average annual deliveries:
• West Penn Hospital - 500
• Jefferson Hospital - 300

EPIC

In addition to the Maternal Fetal Medicine Program, AHN features:
• Two Level III neonatal ICU and one Level II neonatal ICU.
• The region’s first Infant Apnea Center was created at West Penn Hospital many years ago
• The Jones Institute, provides couples facing infertility an array of fertility options, including intrauterine insemination, in vitro fertilization and a comprehensive local donor egg program.

The physician will be employed by the Allegheny Clinic of the Allegheny Health Network. Total compensation package will be commensurate with experience. Benefits include: medical, dental and vision insurance; life insurance; short-term disability; long-term disability; flexible spending account; cash balance retirement plan; 403(b) retirement savings plan; 457(b) deferred compensation plan; paid vacation and CME allowance; paid sick days; paid holidays; possible relocation assistance, work-life balance program; day care center; fitness club; credit union; and paid bereavement days.

The Allegheny Clinic is an integrated network of primary and specialty care providers committed to achieving the highest level of patient satisfaction and clinical performance. Based in Pittsburgh, the organization includes over 900 physicians who practice in communities throughout Western Pennsylvania. Our physicians - along with a group of dedicated, compassionate nurses and support staff - provide a wide range of diagnostic, clinical and preventive services to patients of all ages. The Allegheny Health Network is recognized as the healthcare quality and personalized service leader in its market.

Allegheny Health Network and its affiliates prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, or national origin. Allegheny Health Network and its affiliates take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, national origin, protected veteran status or disability.

Pittsburgh, Pennsylvania is a city of neighborhoods, hills and bridges. Pittsburgh has 3 major sports teams, Steelers, Pirates and Penguins and thousands of fans. Great place to live, good schools, nice family friendly communities. Voted one of the best cities in the US. Please contact Kathy Murray at 1-800-678-7858 x63550, email kmurray@cejkasearch.com, or visit us at www.cejkasearch.com.

(Continued on Page 24)
OB-GYN FOR OUTPATIENT PRACTICE AT VALLEY HEALTH CENTER – GILROY

Santa Clara Valley Medical Center (SCVMC) is seeking a full-time BC/BE obstetrician-gynecologist to join our dynamic, nurturing ob-gyn practice at our Valley Health Center-Gilroy in Gilroy, CA. Affiliated with the Stanford University School of Medicine, SCVMC is a public teaching hospital located heart of Silicon Valley. We offer competitive compensation, comprehensive benefits, paid malpractice, satisfying professional environment, and an unparalleled opportunity to serve the community. SCVMC is an Equal Opportunity Employer. Please submit your letter of intent and CV to roya.rousta@hhs.sccgov.org.

OB-GYN FOR WOMEN’S HEALTH IN CUSTODY

Santa Clara Valley Medical Center, a public teaching hospital, affiliated with Stanford University School of Medicine, located in the heart of Silicon Valley in San Jose CA is seeking a part-time BC/BE obstetrician-gynecologist for outpatient women’s healthcare in our County custody health setting. SCVMC offers competitive compensation and a dynamic professional environment. SCVMC is an Equal Opportunity employer.

Please submit your letter of intent and CV to Roya Rousta at roya.rousta@hhs.sccgov.org.

OB/GYN RESIDENCY PROGRAM DIRECTOR OPPORTUNITY IN TAMPA, FL AREA

Job Summary
HCA West Florida is seeking an OB/GYN Program Director to lead Brandon Regional Hospital in the development and implementation of a new OB/GYN Residency Program. Anticipated start of the program is July 2017. This is an exciting opportunity for an experienced, motivated leader to have input on building a multi-site program from the ground up. Brandon Regional Hospital is located in Brandon, Florida and is part of the greater Tampa Bay area.

Qualifications:
- Must hold a current certification in the specialty by the American Board of Obstetrics and Gynecology (ABOG)
- Requisite specialty expertise and documented educational and administrative experience acceptable to the RRC
- Willing to combine Administrative and Diagnostic (teaching) Responsibilities
- Must be able to obtain a Florida Medical License and appropriate medical staff appointment
- Have strong administrative and team building skills
- Excellent interpersonal and communication skills
- Must have a minimum of 5 years clinical experience in Obstetrics and Gynecology after completion of a residency in the specialty

Candidates with recent scholarly activity such as peer reviewed funding, publication of original research or review articles in peer-reviewed journals, chapters in textbooks, publication or presentation of case reports or clinical series at scientific society meetings, or participation in national committees or educations organizations highly encouraged to apply.

Contact Information: Email: Randy.Mitchell@HCAHealthcare.com

WOMEN’S HEALTH AT ARROWHEAD REGIONAL MEDICAL CENTER

The Department of Women’s Health at Arrowhead Regional Medical Center (ARMC) is seeking a Maternal-Fetal Medicine (MFM) Fellow. The educational program is a 36 month progressive course of specialty training designed to prepare osteopathic Obstetrician-Gynecologists as specialists in MFM, through didactic training, hands-on research, and extensive clinical activity.

ARMC is located in the heart of San Bernardino County, in beautiful Southern California. It’s only a short drive to the scenic mountain recreational areas of Lake Arrowhead and Big Bear, or to the beaches of the sunny SoCal coast, or to the spas or golf courses of Palm Springs. ARMC is a state of the art 456 bed facility, trauma center, with a 30 bed level II NICU,

(Continued on Page 25)
and is a Baby-Friendly designated hospital. It is also home to a residency training program for 16 Ob/Gyn residents. There are currently 4 staff perinatologists, 2 fellows, 1 geneticist, a genetics counsellor and research assistant in the Division of MFM at ARMC, and 9 staff perinatologists at the Rady Children’s Hospital / Sharp Mary Birch site.

For more information contact Kristy Roloff, DO MPH at roloffk@armc.sbcounty.gov, call Madeleine Collado (fellowship coordinator) at (909)580-3496, or visit OBGynDO.com to download an application.

FELLOWSHIP IN FPMRS

Advanced Urogynecology of Michigan P.C. along with Beaumont Health is now a fully accredited site for Female Pelvic Medicine and Reconstructive Surgery fellowship by the ACOOG/AOA. This is a 3-year fellowship program.

Dr. Salil Khandwala is the fellowship director and the director of Urogynecology and FPMRS at Beaumont Health - Oakwood Campus. Dr. Khandwala has extensive experience in the field of FPMRS and was part of the first group to be board certified in this field. Dr. Khandwala is part of the UITN (Urinary Incontinence Treatment Network) and also the PFDN (Pelvic Floor Disorders Network), both under the auspices of the NIH.

The fellowship allows extensive clinical, research and teaching opportunities. Our program provides comprehensive exposure to urogynecologic issues, colorectal issues and pertinent urology issues with the focus being on innovation and outcomes improvement.

You will be provided with a full range of educational opportunities involving the bladder (incontinence, pain, and fistula), vagina (prolapse, pain), and bowel (fecal incontinence, constipation, and IBS).

Additional faculty members are Dr. Craig Glines (osteopathic education), Dr. Richard Sarle (urology) and Dr. Ganesh Deshmukh (colorectal).

Program inquiries should be directed to Ms. Amanda Henry at admin@augm.org (preferable) or contact us at 313-982-0200. Please also visit our website at www.augm.org

MATERNAL FETAL MEDICINE FELLOWSHIP

PinnacleHealth Maternal Fetal Medicine is currently accepting applications for a Maternal Fetal Medicine Fellowship position at Pinnacle Health Harrisburg Hospital, PA, sponsored through LECOM and Pinnacle Health System for the July 2017 start date. Francis J. Martinez, DO, FACOOG is our Fellowship Program Director. The program is a 36-month fellowship training in maternal and fetal medicine approved by the American Osteopathic Association and the American College of Osteopathic Obstetricians and Gynecologists. It is designed to provide the osteopathic fellow with advanced and concentrated training and board preparation in maternal and fetal medicine. To assure the quality training for each fellow, the program is designed to train three (3) fellows or less at any given time. Harrisburg Hospital is a 640-bed hospital and part of the Pinnacle Health System and performs approximately 5,000 deliveries annually. The fellowship education is provided by dedicated and experienced faculty.

Please contact Patricia Suhr, Program Coordinator at psuhr@pinnaclehealth.org, www.mfmcp.com, 717-231-8640 or Patricia Suhr, PinnacleHealth Maternal Fetal Medicine, 100 S. Second Street, Suite 4B, Harrisburg, PA, 17101.

MFM-FELLOWSHIP LECOM

Wellspan Health/Lake Erie College of Osteopathic Medicine are proud to announce the availability of a first year fellowship opening in Maternal-Fetal Medicine at York Hospital with a position start date of July 1st, 2017. Our fellowship program is an affiliation of Lake Erie College of Osteopathic medicine and York Hospital/Wellspan Health, and is accredited through the American Osteopathic Association. It is a three-year program involving direct patient care and a combination of didactic education and clinical research leading to

(Continued on Page 26)
board eligibility in Maternal-Fetal Medicine. Each program year is currently filled, and this is the next available slot.

Our program includes complete maternal and fetal risk assessment and management of pre-conceptual, prenatal, intrapartum, and postpartum complications. We provide a full range of fetal diagnostic ultrasound and antenatal testing, with accreditation through the AIUM. The fetal echocardiography lab is directed by MFM and is independently accredited through the ICAEL. Invasive maternal and fetal diagnostic and therapeutic procedures include amniocentesis, CVS, fetal vesicocelesis/thoracentesis, cordocentesis, and fetal transfusion medicine. Surgical training in the placement of both elective and emergent/rescue cerclage and prophylactic cervico-isthmic permanent cerclage is included in the program. The perinatal center staff includes five MFM physicians, certified perinatal sonographers, genetic counselors, a perinatal nurse practitioner, and antenatal testing staff.

Maternal high-risk transports are via ambulance and helicopter and we are a regional center for the management of diabetes in pregnancy. Rotations are scheduled in the second and third years at the Fetal Diagnosis and Therapy Center at the Children’s Hospital of Philadelphia, as well as Medical Genetics.

York Hospital is a 558 bed institution located in York, PA and is the largest obstetrical care provider in south central Pennsylvania with approximately 3400 deliveries; it is the main teaching hospital and trauma center for our region. The NICU has 38 bassinets and 24-hour coverage by 6 full time neonotologists, as well as neonatal nurse practitioners. Full time research support is available at the main campus through the Emig Research Center.

Program inquiries and requests for applications can be sent to Tina DeBlick, 717-812-3074 or tdelblick@wellspan.org More information regarding our program, York Hospital, and Southcentral Pennsylvania is available via our medical education website: http://www.yorkhospital.edu/. Questions regarding the program can be directed to Tina DeBlick or the MFM Program Director, James Hole, DO, 717-851-2722, in MFM, through didactic training, hands-on research, and extensive clinical activity.

ARMC is located in the heart of San Bernardino County, in beautiful Southern California. It’s only a short drive to the scenic mountain recreational areas of Lake Arrowhead and Big Bear, or to the beaches of the sunny SoCal coast, or to the spas or golf courses of Palm Springs. ARMC is a state of the art 456 bed facility, trauma center, with a 30 bed level II NICU, and is a Baby-Friendly designated hospital. It is also home to a residency training program for 16 Ob/Gyn residents. There are currently 4 staff perinatologists, 2 fellows, 1 geneticist, a genetics counsellor and research assistant in the Division of MFM at ARMC, and 9 staff perinatologists at the Rady Children’s Hospital / Sharp Mary Birch site.

For more information contact Kristy Roloff, DO MPH at rolloffk@armc.sbcounty.gov, call Madeleine Collado (fellowship coordinator) at (909)580-3496, or visit OBGynDO.com to download an application.

ASSISTANT PROFESSOR AND CHAIR OF OBSTETRICS AND GYNECOLOGY COLLEGE OF OSTEOPATHIC MEDICINE

Marian University College of Osteopathic Medicine (MU-COM) seeks an Assistant/Associate Professor of Obstetrics and Gynecology and Chair of the Department of OB/GYN. Reporting to the Chair of Clerkship Education, this position contributes to the education of pre-doctoral osteopathic medical students at Marian University.

Ideal candidates must have knowledge of and commitment to the mission of Marian University. The successful candidate must be a DO or an MD and have or be eligible for an unrestricted license to practice in Indiana. The candidate must be certified by the AOA or ABMS in OB/GYN. There must be a strong background in medical education, with an interest in teaching, scholarship and service.

The Assistant Professor will:
• Prepare and give lectures in large and small groups
• Design and implement student assessments in

(Continued on Page 27)
written, oral and skills testing format, including patient history and physical examination

- Provide competency based evaluations and remediations
- Design and implement clerkship experiences in OB/GYN to include creating syllabus, providing on-line instruction of commonly seen condition in OB/GYN, creating competency requirements for procedures, supervising volunteer OB/GYN faculty preceptors, and designing continuous improvement activities using student, preceptor, and facility assessment instruments
- Provide leadership in student advisement, administrative duties, and scholarly activities
- Other duties as assigned.

As Department Chair of OB/GYN, the Assistant Professor also will:

- Oversee volunteer clinical faculty preceptors in MU-COM clerkships in OB/GYN;
- Create and revise as needed OB/GYN clerkship syllabi for presentation to the Curriculum Committee;
- Design a continuous quality improvement plan for assessment and improvement of OB/GYN clerkship experiences;
- Assist in faculty development for OB/GYN clinical faculty; and
- Encourage and support scholarly activity on the part of OB/GYN clinical faculty.

Located within 10 minutes of downtown Indianapolis, Marian University is one of the nation’s preeminent Catholic institutions of higher learning, and ranks in the Top 25 of US News & World Report’s list of Midwest Region colleges, as well as Money magazine’s list of Top 10 schools in Indiana “For Your Money”. Marian University was founded in 1937 by the Sisters of St. Francis, Oldenburg, Indiana, and the Franciscan Values that the Sisters ingrained into the university’s culture are still prevalent today. The university has experienced tremendous growth in the past 10 years under the leadership of President Daniel J. Elsener, including the opening of the Marian University College of Osteopathic Medicine in 2013 – the state’s first new medical school in 110 years. In 2012, Marian University’s football team captured the NAIA national championship in just its sixth year of existence. Marian University is also home to the most successful collegiate cycling program in the nation, which currently holds 30 national titles.

For best consideration, submit a CV with a statement of teaching philosophy and research interest as well as three (3) professional references to hr@marian.edu. Applications will be received until the position has been filled.

Marian University is An Equal Opportunity Employer

GENERAL OBSTETRICIAN/GYNECOLOGIST

Immediate opening for 2 BC/BE OB/GYN physicians to join growing private practice in thriving, family friendly, health minded Orlando, FL suburb. Twenty minutes from downtown, 1 hour to beach, and close to all area attractions. Abundant, affordable lakefront real estate, and 300+ days of sunshine per year. 1:4 call with no ER/walk in coverage duties. Hospital has 24/7 OB hospitalist program who sees all triage patients. Office is located within community hospital which is state of the art, with new Da Vinci Xi robot. Two year competitive income guarantee.

For more information contact Nicole at 352-241-7050 or submit your CV to southlakeobgyn@hotmail.com

FELLOWSHIP IN FPMRS

Advanced Urogynecology of Michigan P.C. along with Beaumont Health is now a fully accredited site for Female Pelvic Medicine and Reconstructive Surgery fellowship by the ACOOG/AOA. This is a 3-year fellowship program.

Dr. Salil Khandwala is the fellowship director and the director of Urogynecology and FPMRS at Beaumont Health - Oakwood Campus. Dr. Khandwala has extensive experience in the field of FPMRS and was part of the first group to be board certified in this field. Dr. Khandwala is part of the UITN (Urinary Incontinence Treatment Network) and also the PFDN (Pelvic Floor...
Disorders Network), both under the auspices of the NIH.

The fellowship allows extensive clinical, research and teaching opportunities. Our program provides comprehensive exposure to urogynecologic issues, colorectal issues and pertinent urology issues with the focus being on innovation and outcomes improvement.

You will be provided with a full range of educational opportunities involving the bladder (incontinence, pain, and fistula), vagina (prolapse, pain), and bowel (fecal incontinence, constipation, and IBS).

Additional faculty members are Dr. Craig Glines (osteopathic education), Dr. Richard Sarle (urology) and Dr. Ganesh Deshmukh (colorectal).

Program inquiries should be directed to Ms. Amanda Henry at admin@augm.org (preferable) or contact us at 313-982-0200. Please also visit our website at www.augm.org

MATERNAL FETAL MEDICINE FELLOWSHIP

PinnacleHealth Maternal Fetal Medicine is currently accepting applications for a Maternal Fetal Medicine Fellowship position at Pinnacle Health Harrisburg Hospital, PA, sponsored through LECOM and Pinnacle Health System for the July 2017 start date. Francis J. Martinez, DO, FACOOG is our Fellowship Program Director. The program is 36-month fellowship training in maternal and fetal medicine approved by the American Osteopathic Association and the American College of Osteopathic Obstetricians and Gynecologists. It is designed to provide the osteopathic fellow with advanced and concentrated training and board preparation in maternal and fetal medicine. To assure the quality training for each fellow, the program is designed to train three (3) fellows or less at any given time. Harrisburg Hospital is a 640-bed hospital and part of the Pinnacle Health System and performs approximately 5,000 deliveries annually. The fellowship education is provided by dedicated and experienced faculty. Please contact Patricia Suhr, Program Coordinator at psuhr@pinnaclehealth.org, www.mfmc.org, 717-231-8640 or Patricia Suhr. PinnacleHealth Maternal Fetal Medicine, 100 S. Second Street, Suite 4B, Harrisburg, PA, 17101.

MFM-FELLOWSHIP LECOM

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84th Annual Conference
March 26-31, 2017
Program Chairs: Eav Lim, DO & Jennifer Nichols, DO
84th Annual Conference

WELCOME!

It is our pleasure to invite you to the 84th Annual Conference of the American College of Osteopathic Obstetricians and Gynecologists. This conference has been carefully designed to meet the unique educational needs of ACOOG members, offering thorough scientific assessment of a variety of clinical topics and controversial issues that OB/GYNs face today. In addition to cutting edge presentations, this year’s schedule provides an opportunity to participate in four breakout sessions. We hope you will register for the 84th Annual Conference.

Thank you for supporting ACOOG through your membership.

LOCATION & LODGING

JW Marriott Desert Springs
74855 Country Club Drive
Palm Desert, CA 92260

Group ID: ACOOG

A 2.8-mile drive from Interstate 10, this luxury hotel, spa and golf resort in Palm Desert is 4.3 miles from the El Paseo shopping district.

Contemporary-style rooms have luxe en suite bathrooms, plus free Wi-Fi, 37-inch flat-screen TVs and iPod docks, plus minifridges, and tea and coffeemaking equipment. Upgraded rooms add balconies and sitting areas with pull-out sofas; some suites feature baby grand pianos.

Dining options including a Japanese steakhouse and a sushi bar. There’s also a spa, 2 18-hole golf courses and 3 palm-lined pools, as well as tennis courts and a kids’ club.

ACOOG Rate $245.00
84th Annual Conference

CONFERENSTE OVERVIEW

LEARNING OBJECTIVES

Those participating in this activity will receive information that should allow them to...

• Enhance the skills needed to diagnose and manage common and uncommon clinical challenges faced in a modern OB/GYN practice.
• Address current and future OB/GYN practice issues.
• Apply advances in technology and therapeutics to facilitate improved patient care and outcomes.

CREDIT STATEMENTS

The AOA Council on Continuing Medical Education approves this program for 30 credits of AOA Category 1A CME for The American College of Osteopathic Obstetricians & Gynecologists. Physicians should only claim credit commensurate with the extent of their participation in the activity.

A completed attestation form and post-course evaluation are required to receive CME credit and a certificate of attendance.

ACCREDITATION

The American College of Osteopathic Obstetricians & Gynecologists is accredited by the American Osteopathic Association to award continuing medical education credits to physicians. This activity has been planned and implemented in accordance with the Policies of the Council on Continuing Medical Education of the American Osteopathic Association.

PHOTOGRAPHY DISCLAIMER

Registration and attendance at, or participation in ACOOG meetings and other non-CME activities constitutes an agreement by the registrant to ACOOG’s use and distribution of the registrant’s or attendee’s image or voice in photographs, videotapes, electronic reproductions and audiotapes of such activity.

PRINTED SYLLABUS

In a continued effort to go green, there will not be a printed syllabus. However, if you would like to order a printed copy of the syllabus make sure to indicate on the registration form. The cost is $45 and must be pre-ordered with your registration. Printed copies will NOT be available on site. Check the ACOOG website one week prior to the conference to download the syllabus.

PHOTOGRAPHY DISCLAIMER

Registration and attendance at, or participation in ACOOG meetings and other non-CME activities constitutes an agreement by the registrant to ACOOG’s use and distribution of the registrant’s or attendee’s image or voice in photographs, videotapes, electronic reproductions and audiotapes of such activity.

PRESIDENTIAL CELEBRATION

More information will be provided as we get closer to the event.

Thank you!
Preliminary 84th Annual Conference

SUNDAY (March 26, 2017)

8:00 AM-12:00 PM ACOOG Board of Trustees meeting
12:00 - 5:00 PM EARLY REGISTRATION

Subspecialty Pre-Course - GYN ONC

1:00-1:50 PM  Optimal Surgical Debulking  3:00-3:50  Sentinel Node
Mark Miller, DO  Jeffrey James, DO
1:50-2:40  BRCA & Recurrent Ovarian Cancer  3:50-4:40  Nerve Sparing Radical Hysterectomy
Guiseppe Del Priore, MD  Ajit Gubbi, DO
2:40-3:00  Break  4:40-5:00 PM Question and Answer Session

OMM Pre-Course

2:00-5:00 PM  OMM Workshop
Drew Ambler, DO

MONDAY (March 27, 2017)

6:30-7:30 AM  Resident Reporter Orientation Breakfast
6:30-7:30  REGISTRATION/BREAKFAST/EXHIBITORS
7:30-7:45  Presidential Welcome
7:45-8:30  Gail Goldsmith Memorial Lecture
8:30-9:15  Kick Start the Morning - GYN ONC
TBD
9:15-10:00  Fear of the Retroperitoneal Space
Mark Miller, DO
10:00-10:45  BREAK WITH EXHIBITORS
10:45-11:30  Amniotic Fluid Embolism
Miranda Klassen
A Patient Perspective/Patient Safety
11:30-12:15 PM  Patient Safety
Eric Carlson, DO & William Bradford, DO
12:15-1:30 PM  LUNCH WITH EXHIBITORS
1:00-1:50 PM  Optimal Surgical Debulking
Mark Miller, DO
1:50-2:40  BRCA & Recurrent Ovarian Cancer
Guiseppe Del Priore, MD
2:40-3:00  Break
3:00-3:50  Sentinel Node
Jeffrey James, DO
3:50-4:40  Nerve Sparing Radical Hysterectomy
Ajit Gubbi, DO
4:40-5:00 PM Question and Answer Session

TUESDAY (March 28, 2017)

7:00-7:30 AM  REGISTRATION/BREAKFAST/EXHIBITORS
7:30-8:15  Distinguished Fellows Honorary Lecture
TBD
8:15-9:00  Obesity in Pregnancy
Danielle Henderson, DO
9:00-9:45  Mosquito Borne Illnesses & The Effect on Pregnancy - ZIKA Update
Drew Ambler, DO
9:45-10:15  BREAK WITH EXHIBITORS
10:15-11:00  Patient Satisfaction in a Press Ganey World
Danielle Henderson, DO
11:00-11:45  The Art of Giving a Deposition
Louis E Jakub, Jr, JD
11:45-12:45 PM  ACOOG MEMBERSHIP LUNCHEON
12:45-1:30  Optimal Image Modality
TBD
1:30-2:15  Improving Bowel Function After Major Surgery
Shawn Lybarger, DO
2:15-3:00  Vaginitis (New Testing & Treatments)
Linda Karadsheh, DO
3:00-3:45  Neurological Symptoms During Pregnancy
Divya Singhal, MD
Preliminary 84th Annual Conference

WEDNESDAY (March 29, 2017)

6:30-7:00 AM  REGISTRATION/BREAKFAST/EXHIBITORS
7:00-7:15  AOF Presentation
Stephen Downey
7:15-7:45  AOA President-Elect
TBD
7:45-8:15  ACOG President-Elect
TBD
8:15-8:30  Postgraduate Thesis Award Winner
TBD
8:30-9:15  MEFACOOG Distinguished Lecture
TBD
9:15-10:00  Barbara Hawkes Lecture
TBD
10:00-10:30  BREAK

10:30-12:00 PM  New Fellows Ceremony / President’s Day Program

12:00-1:00  LUNCH
1:00-1:45  BREAKOUT GROUPS
1:45-2:30  BREAKOUT GROUPS
2:30-2:45  BREAK
2:45-3:30  BREAKOUT GROUPS
3:30-4:15  BREAKOUT GROUPS

continued ...WEDNESDAY (March 29, 2017)

BREAKOUT GROUPS

Breakout I

1:00-1:45  Recurrent Pregnancy Loss - What to Test, How to Treat
Tara Budinetz, DO
1:45-2:30  Thyroid in the Reproductive Age Woman: Why is REI Sending Us All of These Patients on Synthroid?
Dana Ambler, DO
2:45-3:30  Non-Epithelial Ovarian Tumor
Guiseppe Del Priore, MD
3:30-4:15  CIS in Premenopausal Women
Shawn Lybarger, DO

Breakout II

1:00-1:45  Thrombocytopenia in Pregnancy
Lisa Thiel, DO
1:45-2:30  MFM - Lecture
Lucie V Moravia, DO, MPH
2:45-3:30  Urinary Incontinence
Dominique El-Kawand, MD
3:30-4:15  Urologic Injuries in Gynecologic Surgery; Recognition and Management
Salim Wehbe, MD

Meetings:
1:30p-3:00 PM  Re-Org Board of Trustees

Event:
6:30-10:00 PM  Presidential Celebration
### THURSDAY (March 30, 2017)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:30 -8:00</td>
<td><strong>Breakfast Symposium - TENTATIVE</strong></td>
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<tr>
<td>7:30 -8:00</td>
<td><strong>BREAKFAST</strong></td>
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<tr>
<td>8:00-8:45</td>
<td><strong>Kick Start the Morning - REI</strong></td>
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<tr>
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<td><strong>New Hot topics/Stump the Doc</strong></td>
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<td>David Forstein, DO</td>
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<tr>
<td>8:45-9:30</td>
<td><strong>Updates &amp; Treatment of PCOS</strong></td>
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<td></td>
<td>Tara Budinetz, DO</td>
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<tr>
<td>9:30-10:15</td>
<td><strong>Managing Patients With Secondary Amenorrhea</strong></td>
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<td></td>
<td>David Forstein, DO</td>
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<tr>
<td>10:15-10:30</td>
<td><strong>BREAK</strong></td>
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<tr>
<td>10:30-11:15</td>
<td><strong>Diagnosis &amp; Treatment of Endometriosis</strong></td>
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<td></td>
<td>Jennifer Gell, MD</td>
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<tr>
<td>11:15-12:00</td>
<td><strong>Dangers &amp; Traps of Ectopic Pregnancies</strong></td>
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<td>Kurt Barnhart, MD</td>
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<tr>
<td>12:00-1:00</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>1:00-1:45</td>
<td><strong>Whose Eggs, Whose Uterus, Whose Sperm? Options...</strong></td>
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<td>Dana Ambler, DO</td>
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<tr>
<td>1:45-2:30</td>
<td><strong>Family Law: Same Sex Marriage, Gestational Carrier, Surrogate</strong></td>
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<td>Tawnya Yetter, JD</td>
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<td>2:30-3:15</td>
<td><strong>Updates on PGS</strong></td>
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<td></td>
<td>Jennifer Gell, MD</td>
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### FRIDAY (March 31, 2017)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:30-7:00</td>
<td><strong>BREAKFAST</strong></td>
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<tr>
<td>7:00-7:45</td>
<td><strong>Kick Start the Morning - MFM</strong></td>
</tr>
<tr>
<td></td>
<td><strong>New Hot Topics/Stump the Doc</strong></td>
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<tr>
<td></td>
<td>Roger Packard, DO &amp; Corrina Muller, DO</td>
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<tr>
<td>7:45-8:30</td>
<td><strong>Pre-Conceptual Checklist</strong></td>
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<td></td>
<td>Corrina Muller, DO</td>
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<tr>
<td>8:30-9:15</td>
<td><strong>Cardiovascular Disease in Pregnancy</strong></td>
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<td></td>
<td>Roger Packard, DO</td>
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<tr>
<td>9:15-9:30</td>
<td><strong>BREAK</strong></td>
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<tr>
<td>9:30-10:15</td>
<td><strong>Hypertension &amp; Pre-Eclampsia</strong></td>
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<td></td>
<td>Corrina Muller, DO</td>
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<tr>
<td>10:15-11:30</td>
<td><strong>Venous Thromboembolism</strong></td>
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<td>Lisa Thiel, DO</td>
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<tr>
<td>11:30-12:15</td>
<td><strong>Surgical complications from OB/GYN procedures</strong></td>
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<td></td>
<td>Natalie Godbee, DO</td>
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<td>12:15 PM</td>
<td><strong>Adjourn</strong></td>
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Great Things to Do in Palm Desert, CA!

The Living Desert
47900 PORTOLA AVENUE
PALM DESERT, CA 92260
http://www.livingdesert.org/

Desert Adventures Red Jeep Tours & Events
74794 LENNON PLACE SUITE B
PALM DESERT, CA 92260
http://red-jeep.com/

Adventure Hummer Tours
105 TWIN PALMS
PALM SPRINGS, CA 92264
http://www.adventurehummer.com/

The Gardens on El Paseo
73545 EL PASEO
PALM DESERT, CA 92260
http://www.thegardensonelpaseo.com/

Palm Springs Art Museum
101 MUSEUM DRIVE
PALM SPRINGS, CA 92262
https://www.psmuseum.org/

Palm Springs Art Museum in Palm Desert
72567 HIGHWAY 111
PALM DESERT, CA 92260
https://www.psmuseum.org/palm-desert

Children’s Discovery Museum of the Desert
71701 GERALD FORD DRIVE
RANCHO MIRAGE, CA 92270
http://cdmod.org/

Boomers! Palm Springs
67700 E PALM CANYON DRIVE
CATHEDRAL CITY, CA 92234
https://www.boomerspalmsprings.com/

McCormick’s Palm Springs Collector Car Auctions
244 N INDIAN CANYON DRIVE
PALM SPRINGS, CA 92262
http://www.classic-carauction.com/

Palm Springs Aerial Tramway
1 TRAMWAY ROAD
PALM SPRINGS, CA 92262
https://www.pstramway.com/
**PLEASE PRINT**

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<td>Last Name*</td>
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<tr>
<td>AOA # *</td>
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</table>

**Degree**
- DO
- MD
- Other

**Address**

**Apt. or Suite**

**City**

**State**

**Zip**

**Guest Badge**


Please list any dietary restrictions / ADA compliant accommodations.

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* Required ** Adults only; includes entrance to Exhibit Hall only, daily meals not included. Please call the ACOOG office for guest meal package pricing.

**Refund Policy:** Written cancellation of registration by **March 01, 2017** will be subject to a **$50** processing fee. No refunds will be given after this date.

**Special Needs:** In accordance with the Americans with Disabilities Act, every effort has been made to make this conference accessible to people of all capabilities.

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### GENERAL SESSION

<table>
<thead>
<tr>
<th>Physician Member (Regular, Senior, Fellow, DF)</th>
<th>$800</th>
<th>$900</th>
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<tbody>
<tr>
<td>Non-Member Physician</td>
<td>$1,200</td>
<td>$1,400</td>
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<tr>
<td>Life Member</td>
<td>$525</td>
<td>$625</td>
</tr>
<tr>
<td>Affiliate Member (Non-physician member)</td>
<td>$525</td>
<td>$625</td>
</tr>
<tr>
<td>Candidate (Resident member)</td>
<td>$400</td>
<td>$500</td>
</tr>
<tr>
<td>Non-Member Resident</td>
<td>$500</td>
<td>$600</td>
</tr>
<tr>
<td>Student Member</td>
<td>$50</td>
<td>$0</td>
</tr>
<tr>
<td>Non-Member Student</td>
<td>$250</td>
<td>$350</td>
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For Daily registration rate please contact the ACOOG office at 817-377-0421.

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**SUPPLEMENTAL SESSIONS**

<table>
<thead>
<tr>
<th>Sub-Specialty Pre-Course GYN ONC</th>
<th>Day</th>
<th>Time</th>
<th>CME</th>
<th>Limit</th>
<th>Fee</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>March 26, 2017</td>
<td>1:00-5:00 PM</td>
<td>4</td>
<td>100</td>
<td>$150</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Pre Course OMM Workshop</th>
<th>Day</th>
<th>Time</th>
<th>CME</th>
<th>Limit</th>
<th>Fee</th>
<th>Residents</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>March 26, 2017</td>
<td>2:00-5:00 PM</td>
<td>3</td>
<td>100</td>
<td>$125</td>
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</table>

Workshops and supplemental sessions are space limited. Your registration will be returned if a session has reached maximum capacity. Medical students may audit workshops free of charge if space is available.

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**ADDITIONAL EVENTS**

<table>
<thead>
<tr>
<th>ADULT- Full Presidential Celebration: Seated Dinner, Drinks, &amp; Dance Ticket</th>
<th>Day</th>
<th>Time</th>
<th>Cost Per Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 29, 2017</td>
<td>6:30-10:00 PM</td>
<td>$95</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>ADULT - Presidential Celebration: RECEPTION ONLY (Late Evening Drinks and Dancing)</th>
<th>Day</th>
<th>Time</th>
<th>Cost Per Ticket</th>
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</thead>
<tbody>
<tr>
<td>March 29, 2017</td>
<td>8:00-10:00 PM</td>
<td>$40</td>
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<table>
<thead>
<tr>
<th>CHILD - Presidential Celebration Ticket</th>
<th>Day</th>
<th>Time</th>
<th>Cost Per Ticket</th>
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<tbody>
<tr>
<td>March 29, 2017</td>
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<table>
<thead>
<tr>
<th>DONATION a Resident/Student Ticket for Presidential Reception ONLY</th>
<th>Day</th>
<th>Time</th>
<th>Cost Per Ticket</th>
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<tbody>
<tr>
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<td>8:00-10:00 PM</td>
<td>$40</td>
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<table>
<thead>
<tr>
<th>DONATION a Resident/Student Ticket for Full Presidential Celebration</th>
<th>Day</th>
<th>Time</th>
<th>Cost Per Ticket</th>
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</thead>
<tbody>
<tr>
<td>March 29, 2017</td>
<td>6:30-10:00 PM</td>
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**MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Black and white printed syllabus (PRE ORDER ONLY - available for pickup onsite at the registration desk)</th>
<th>Amount</th>
<th>Quantity</th>
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<tbody>
<tr>
<td></td>
<td>$ 45</td>
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**PAYMENT**

<table>
<thead>
<tr>
<th>Total Due</th>
<th>Payment Method</th>
<th>Check (payable to ACOOG)</th>
<th>Credit Card (complete below)</th>
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</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Card Type</th>
<th>Visa</th>
<th>MasterCard</th>
<th>Amex</th>
<th>Name on Card</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Card #</th>
<th>Exp. Date</th>
<th>CCV #</th>
</tr>
</thead>
<tbody>
<tr>
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