“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.”

In ACOOG’s continued effort to go green the ACOOG newsletter will no longer be provided in print format. All future ACOOG newsletters will be posted online at acoog.org.
Message from the President

Thomas Alderson, DO, FACOG (Dist.)

Dear Members of the ACOOG:

As I humbly accept the Presidency of the College, I know the coming year will be challenging. We will soon be in the throes of another election cycle.

With it, I am reminded of the embarrassing statements made by government leaders who thought they were experts in women’s health. I believe ACOOG should be a greater voice to the American public for women and their health care. I will ask the Board of Trustees to form a Media Response Committee to address this need. The charge of this Committee will be two fold; One, to form consensus opinions when erroneous statements are made; and Two, to provide an opinion on specific women’s health care concerns, such as the Board of Trustees recently signing on to the Supreme Court Amicus Brief vs. Hobby Lobby. We joined many other women’s health care organizations in support of women’s accessibility to contraception. This case was recently argued in the Supreme Court with a decision expected in June.

Patient safety will continue to be at the forefront of health care. Severe hypertension in pregnancy, post-partum hemorrhage, and thromboembolism in pregnancy have been targeted as safety initiatives to reduce maternal morbidity and mortality. I strongly encourage all of you to reference treatment recommendations as they become available and establish them in your hospitals. Together, the College membership can make a difference in women’s health care.

The single accreditation system presents the College’s greatest challenge. The content of the recent Memorandum of Understanding between the AOA and ACGME is unknown. Considering the consequences, the AOA should be transparent. The agreement was driven by the opening of too many Osteopathic medical schools with not enough Osteopathic residency and fellowship positions to meet the needs of these graduates. Seven years ago the leaders of our College recognized this dilemma and they expressed this concern to the AOA. Our voice was not enough to curtail this expansion. Always being proactive, ACOOG also began Osteopathic Obstetrics and Gynecology fellowships. These have benefited many and further showed the vision of our College. It is unfortunate the AOA and its Committees did not have this same vision. The complex issues of residency standards, certification, maintenance of certification, and CME are left to be resolved. ACOOG should be allowed to participate in the negotiation process on these issues. The AOA, its Committees, and the American Association of Colleges of Osteopathic Medicine do not have the knowledge to represent us fairly. It is unclear if this will be the case. There are many questions but few answers. What is certain is that my passion and that of the Board of Trustees for our osteopathic heritage is no less than yours. If called upon, we will bring that energy to the table.

Our longstanding, congenial relationship with the American College of Obstetricians and Gynecologists reminds me of a quote from Henry Ford, “Coming together is a beginning, keeping together is progress, working together is success”. We have come together and kept together and I look forward to continuing our work together.
Message from the President
(Continued from Page 2)

I have noted the vision of some of our past leaders. These were just a few individuals on a long list of physicians in our College who can be commended for their progressive ideas. Continuation of advocacy for women’s health, patient safety, and the AOA/ACGME unification must be carried on by all of our College members, including the young leaders. Since Dr. Forstein’s initiative, Dr. Geria and I have called upon our young physicians to carry the torch. They have responded. Others will have to follow. Today I have reflected on the past and the future of our College and it made me recall a statement by Winston Churchill, “Our past is our key to our future. Let no one underrate our energies, our potential, and our abiding power for good.”

Thank you for this honor.
Fraternally,

Thomas Alderson, DO, FACOOG
(Dist) - President 2014-2015
2014-2015 Board of Trustees

Thomas Alderson, DO, FACOOG (Dist.)
President

Eric Carlson, DO, FACOOG (Dist.)
President-Elect

James Perez, DO, FACOOG (Dist.)
Vice President

Michael Geria, DO, FACOOG (Dist.)
Past President

Jeannine McMahon, DO, FACOOG
Secretary-Treasurer

Catherine Bernardini, DO, FACOOG
Trustee

Glenn Bigsby, IV, DO, FACOOG
Trustee

Octavia Cannon, DO, FACOOG (Dist.)
Trustee
2014-2015 Board of Trustees
(Continued from Page 4)

Thomas Dardarian, DO, FACOOG (Dist.)
Trustee

David Jaspan, DO, FACOOG
Trustee

Mark LeDuc, DO, FACOOG
Trustee

Timothy McGuinness, DO, FACOOG (Dist.)
Trustee

Marydonna Ravasio, DO, FACOOG
Trustee

Patrick Woodman, DO, FACOOG (Dist.)
Trustee

Molly Ashby, DO
Resident Representative

Steve Buchanan, DO, FACOOG (Dist.)
Executive Vice President

William Bradford, DO, FACOOG (Dist.)
Executive Vice President of Education & Evaluation

Valerie Brennan, CAE
Executive Director
Message from the Executive Vice President

Steve Buchanan, DO, FACOOG, (Dist.)

Dear Valued Member of the ACOOG:

In many ways, it is business as usual in the summertime at ACOOG headquarters here in Texas.

Registration is open for the Fall Conference at the DFW Hilton Lakes Conference Center. After a record attendance in April in Las Vegas, the CME Committee and Program Chairs are ready to meet and exceed your expectations for a superb educational experience. As usual, we have a half day resident research symposium and the CME program is in a venue that is more affordable and easily accessible from the DFW airport. We believe it provides excellent value to the entire membership.

The AOA accredited OBGYN residency and fellowship programs and the residents and program directors are finishing the end of year reports and preparing for the next career steps, whether that be a promotion to a new year of residency training or the start of a career. Some will begin fellowships in subspecialty. And graduating students are ready to take those first call nights and respond to “What would you like to do, Doctor?” In each scenario, the responsibilities only increase.

The only certainty is change. Perhaps by the time you have read this Newsletter, the AOA Board of Trustees will have taken direction from the AOA House of Delegates in either moving into the AOA ACGME Unified Accreditation System for all US graduate medical education or remain independent in the current system. This issue has consumed all segments of the osteopathic profession like no other in recent memory.

The ACOOG has voice and no vote at the AOA Board of Trustees. However, the ACOOG has voice and one vote in the AOA House of Delegates. The ACOOG Board has been engaged in dialogue with AOA leadership at multiple levels over the last two years as the Issues that affect our future are discussed. We have just had another teleconference with AOA leadership and submitted data that will allow the AOA to comment on just recently proposed amendments to ACGME Residency Review Committee policy. If approved by the ACGME, a requirement that all OBGYN residencies have three residents at each year level would put many of our smaller programs at a disadvantage going into the ACGME application process that will begin in 2015.

Outcome measures support the performance of these programs. Where the ACGME Next Accreditation System Milestones purports to go is where these graduates have been. Whether these amendments are approved and implemented is uncertain at this time. We will know by 2015.

All Osteopathic OBGYN residency programs currently approved will be making major decisions individually within each hospital system and sponsoring institution as to whether it will be a go for the application process or plan to close by June 30, 2020. That is the date that the AOA will withdraw from any further GME accreditation if the Memorandum of Understanding signed in April 2014 by all the parties comes to fruition.

At the end of July after the AOA House of Delegates has met and voted this up or down, we will have direction to follow as a Specialty College Postgraduate Evaluation and Standards Committee as to how we will function during this transition.

(Continued on Page 7)
Message from the Executive Vice President
(Continued from Page 6)

The position and concerns of the ACOOG were made clear to the AOA and ACOM leadership in a letter that is on the ACOOG website. After the July meetings, we will update you as to the latest developments in direction of OGME. Please visit the osteopathic.org site for the AOA updates and FAQs as the announcements are made. It is ultimately up to the AOA.

Until that time, it will remain business as usual here in Texas. The ACOOG will remain in full support of every AOA OBGYN residency and fellowship program and keep our Postgraduate Committees fully funded and functioning until told otherwise. ACOOG staff is always available to help.

Please join your colleagues in supporting the mission and vision of the College. Without the dedication and generosity of all our volunteers, the ACOOG would be unable to provide the service to patient care through education. I hope to see you in a few months in Texas.

I remain, in service to the College and,
Fraternally yours,

Steve P. Buchanan DO
Executive Vice President

Steve P. Buchanan, DO, FACOOG
(Dist.)
Executive Vice President
Highlights
81st Annual Conference

April 06-11, 2014

LAS VEGAS, NV

David Forstein, DO presented the Gail Goldsmith Memorial Lecture Award to Charles Hatem, MD.

Michael Geria, DO presented the MEFACOOG Distinguished Lecture Award to Michael McKenna, MD.

Michael Geria, DO, ACOOG President 2013-2014 presented Florian T. Walter, DO with the Mentor of the Year Award.

Barbara Hawkes Memorial Lecture Award presented by Michael Geria, DO to David Forstein, DO.

Congratulations to the newly inducted Distinguished Fellow Thomas Dardarian, DO.

Carolyn Quist, DO presented the AOBOG Lifetime Achievement Award to Ronald J. Librizzi, DO, FACOOG (Dist.).
ACOOG New Fellows
ACOOG Membership News

New Members
Welcome new members! The Board of Trustees approved the following new members at the April 2014 meeting in Las Vegas, NV.

Linzi Stewart, DO
Mary H. Strizzi, DO
Jessica L. Sulkowski, DO
Stacy D. Thomas, DO
Diana M. Topolnycky, DO
Yen Tran, DO
Michelle Von Dielingen, DO
Deborah White, DO
Amanda Whytal, DO
Brandon Wilson, DO
Bryony McCollaugh, DO
Kerri McIntyre, DO
Kelly Menge, DO
Robin Mikel, DO
Lucie Moravia, DO
Diana E. Okuniewski, DO
Samantha Olzeski, DO
Tiffany M Rogers, DO
Whitney Sharp, DO
Elisa Vadakekut, DO
Tanya L. Watson, DO
Amy Wilber, DO
Terri E Younger-Eure, DO

New Regular Members
John David Amsbury, DO
Gyasi Askia, DO
Armando Bernal, DO
Wayland Billings, DO
Israel K. Brown, DO
Ruth Bruce, DO
Julia Burke, DO
John Cherry, DO
Melissa Decker, DO
Ashley De Witt, DO
Misty Dickerson, DO
Stephanie Elliott, DO
Ibrahim Farhat, DO
Michael Fenech, DO
Christine Gorey, DO
Eric H. Grant, DO
Emily Hill Engstler, DO
Leslie Holinsworth, DO
David Jones, DO
Derek T. Juras, DO
Hazem Kanaan, DO
Kirk A. Lammi, DO
Daniel Lee, DO
Meredith T. Mann, DO
Lauryn McNally, DO
Sheila Newcomb, DO
Lee Parks, DO
Nathan Rapp, DO
Jamie Rempe, DO
Kathleen Rinkes, DO
Linda Ross, DO
Tracie Rulewicz, DO
Donna Senciboy, DO
Stella Sien, DO
LaToya T. Smith, DO
Danielle R. Snyder, DO
Deborah Spiers, DO

New Life Members
Keith Brown, DO
William Croff, DO
Gary Meyer, DO
Cynthia Vanata, DO

New Affiliate Member
Vicki Smith, CNM

New ACOOG Fellows
April 2013
Armando Bernal, DO
Vladimir F Breslau, DO
Nicole Bullock, DO
Jill Cousino, DO
Sara De Castellanos, DO
Ashley DeWitt, DO
Menashe Ehrenburg, DO
Stephanie Grosvenor, DO
Stephanie Hail, DO
Dustin Hall, DO
Doroovena Hawkins-Koch, DO
Emily Hill-Engstler, DO
Rafik Hodeib, DO
Karen Hong, DO
Perry Lance Justice, DO
Christopher M Lee, DO
Eav K Lim, DO
Nicole A Long, DO

October 2013
Nichole Adair, DO
Lynn Amicone, DO
Allan Anyumba, DO
Basiouni M Basiouni, DO
Israel K Brown, DO
Julia C Burke, DO
Lindsey Coda, DO
Shannon Couvreur, DO
Heather M Crawford, DO
Kristy G Crawford, DO
Kari C Farris, DO
Rocco Flurio, DO
Kym C Gohn, DO
Eric Grant, DO
Jonelle U Haigh, DO
Amy N Hendrix, DO
Nicole D Henry-DaCosta, DO
Angela Jones, DO
Erin E LeGrand, DO
Chadwick S Leo, DO
Maria N Lin
Wei Ping Lin, DO
Jamie A Lipeles, DO
Angela Mannino, DO
Heidi L Miller, DO
Julie Nguyen, DO
John J Orris, DO
Amy C Peters, DO
Kathleen Rinkes, DO
ACOOG Membership News
(Continued from Page 4)

Donna Senciboy, DO
Sara Staupe Holzgen, DO
Diana Topolnycky, DO
Soujanya Tummuru, DO
Julie Viehmann, DO

New Distinguished Fellows

Thomas Dardarian, DO,
FACOOG (Dist.)

ACOOG Mentor of the Year

Congratulations to Florian T. Walter,
DO, FACOOG for being awarded
the ACOOG Mentor of the Year.

In Memoriam

Melicien Tettambel, DO, FACOOG (Dist)
Life Member - 2013
Thomas Connolly, DO, FACOOG (Dist)
Senior Member - August 2012
Clayton E. Whetmore, DO
Life Member - May 2014

ACOOG has directed that a gift be made in his
memory to MEFACOOG

Highlights

81st Annual Conference
WELCOME & CONFERENCE OVERVIEW
It is our pleasure to invite you to the 2014 Fall 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 and debates, this year’s schedule provides you an opportunity to participate in a hands-on Surgical Skills Workshop (1 to 4 ratio) and OMM workshop. We hope you will register for the 2014 Fall Conference. Thank you for supporting ACOOG through your membership.

LOCATION & LODGING
Hilton DFW Lakes
1800 Texas 26
Grapevine, TX 76051
(817) 481-8444

Situated on 40 lush lakeside acres, the Dallas/Fort Worth hotel is a short drive from downtown and thrilling attractions such as Six Flags, Cowboys Stadium, and the Fort Worth Stockyards. You can also enjoy first-class fishing, golf, and tennis nearby, as well as on-site horseback riding trails.

The newly renovated Hilton DFW Lakes hotel accommodations boast elegant décors that offer a hint of indulgence and the ambiance of home. Stay productive at a large, efficient work station with a fullsized desk and ergonomic chair.

Visit www.acoog.org for a direct link to our hotel home page. Don’t forget to reserve early. Hotel block cutoff date is September 12, 2014.

ACOOG Rate: Deluxe King $168.00, Deluxe Double $168.00
Rate includes free self-parking, entrance to sports club, in room wireless, meeting space wireless and ground transfers to DFW airport. Reservations: 817-481-8444, group ID ACOOG

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.

ACREDITATION
The American College of Osteopathic Obstetricians & Gynecologists is accredited by the American Osteopathic Association to award continuing medical education 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.

CREDIT STATEMENTS
The American College of Osteopathic Obstetricians & Gynecologists has requested that the AOA Council on Continuing Medical Education approve this program for 27.75 credits of AOA Category 1A CME. Approval is currently pending. 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.

SOCIAL EVENT
GET MEDIEVAL!
The Royal Court invites you to join a four-course feast that awaits as you watch the incredible Andalusian stallions perform feats of equine skill. The Knights of the Realm compete in thrilling games on horseback as the pageant unfolds and cheers of the King’s noble guests fill the arena. Skill and strength are measured in combat. Discover which of the Knights shall become Champion.

October 11, 2014 at 7:15 PM
Ticket includes: bus transportation, dinner, cocktail tickets and tax.

PRINTED SYLLABUS
In 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.
WEDNESDAY (October 8, 2014)
8:00 AM-Noon  ACOOG Board of Trustees meeting
11:00 AM- 5:00  EARLY REGISTRATION
1:00-5:00  Resident Research Training Seminar
1:00-5:00  Surgery Workshop at UNT-HSC Bio-Skills Lab
(six procedure stations with cutting edge technology)

THURSDAY (October 9, 2014)  6.75 CME Credits
6:00 AM  REGISTRATION
6:45-7:15  BREAKfast with EXHIBITORS
7:15-7:30  Welcome From the President & Program Chairs
7:30-8:15  How to Keep the Glass Half Full While Navigating the Vagaries of Medicine
Joseph M. Kaczmarczyk, DO, MPH
8:15-9:00  Preconceptual Evaluation of Infertile Couple
Gary Packin DO
9:00-9:45  BREAK WITH EXHIBITORS
9:45-10:30  Medical Management of Ectopic Pregnancy
John Orris DO
10:30-11:15  Recurrent Pregnancy Loss
Gary Packin DO
11:15-12:00 PM  Work up of Anovulation/Amenorrhea
John Orris DO
12:00-1:15  LUNCH WITH EXHIBITORS
1:15-2:00  Update on PROMOTE Study
Kendi Hensel, DO
2:00-2:45  BREAK WITH EXHIBITORS
2:45-3:15  Pulmonary Disease in Pregnancy
Julie Scott, MD
3:15-4:00  Critical Care Topics in Pregnancy
Julie Scott, MD
4:00-4:45  OMT for the Post Partum Patient
Kendi Hensel, DO
6:00-7:30  SYMPOSIUM - Tentative

FRIDAY (October 10, 2014)  7.50 CME Credits
6:30 AM  REGISTRATION
7:00-7:30  BREAKfast with EXHIBITORS
7:30-8:15  Cervical Insufficiency/Shortening:
Current Diagnosis and Treatment
George Davis DO
8:15-9:00  Hypertensive Complications of Pregnancy
Ronald Libribri DO
9:00-9:45  Surgical approach to cervical incompetence
George Davis DO
9:45-10:30  BREAK WITH EXHIBITORS
10:30-10:52  Viral Infections during pregnancy:
Clinical management update
Ronald Libribri DO
10:53-11:15  Vaccinations in Pregnancy – Clinical update
Susan Janecek, DO
11:15-12:00 PM  Placental Abnormalities/Vasa Previa
Yinka Oyelese, MD
12:00-1:30  LUNCH SYMPOSIUM - Tentative
12:00-2:00  CME Committee Meeting
1:30-2:15  Medications in Pregnancy: Which ones are safe?
Yinka Oyelese, MD

SATURDAY (October 11, 2014)  8.25 CME Credits
3:00 AM  REGISTRATION
6:00-6:45AM  BREAKfast SYMPOSIUM - Tentative
6:30-8:00AM  BREAKFAST
8:00-9:00  NSS/Medical Student Education Program
9:00-10:45  Improved Patient Care – Part 1
Gary Packin DO
10:45-12:00  Improved Patient Care – Part 2
G. Kent Mangelson, CFP
12:00-1:15  LUNCH SYMPOSIUM - Tentative
1:15-2:00  Oral Contraceptives – Finding the Right One
Diane Evans, DO
2:00-2:45  Hysteroscopy, Endometrial Ablations, and Other Operative Hysteroscopic Techniques
Hector Chapa, MD
2:45-3:15  Sterility Regret – Time for LARC’s
Diane Evans, DO
3:15-4:00  Update on STIs – Review of CDC Treatment Guidelines
Kollier Hinkle, MD
4:00-4:45  Management of Pelvic Inflammatory Disease 2014
Kollier Hinkle, MD
4:45-5:15  Work-up for The Adnexal Mass
Ralph Anderson, MD
5:15-6:00  Social Event

SUNDAY (October 12, 2014)  5.25 CME Credits
6:00 AM  REGISTRATION
6:00-6:45AM  BREAKfast SYMPOSIUM - Tentative
6:30-8:00AM  BREAKFAST
8:00-8:45  Hematuria
Krishna Das, MD
THINGS TO DO

Dallas Cowboys Stadium Tour
Monday - Saturday from 10:00 AM - 6:00 PM
Sunday 11:00 AM - 5:00 PM
Last tour leaves 1.5 hours before closing
$30 Adults, $25 Child 5-12 and Seniors 65+

Texas Rangers Stadium Tour
Offseason Tour Schedule (October - March)
Sunday and Monday Closed
Tuesday - Saturday
10 a.m. - 4 p.m.
Tours leave every hour, on the hour with the last tour leaving at 4 p.m. each day.

Legoland Discovery Center
M-F 10:00-8:00 PM, Saturday 10:00-9:00 PM
Sunday 11:00-6:00 PM
Adult $21.00, Child $17.00 (3-12)

Sea Life Aquarium
M-Sat. 10:00-9:30 PM, Sunday 11:00-7:00 PM
Adult $21.00, Child $17.00 (3-12)

Grapevine Vintage Railroad
To Stock Yards, departs at 1:00 PM, arrives at 2:15
From Stock Yards, departs at 4:00, arrives 5:30 PM

Grapevine Opry
Saturday performances at 7:30 PM,
Adults $15.00,
Child $10

Grapevine Winery
Create your own personal wine at several locations

Grapevine Historic Square

Grapevine Mills Outlet Mall

Restaurants within walking distance...
Fuddruckers (Hamburgers)
Love & War In Texas (Homestyle)
Big Buck Brewery & Steakhouse
Cozymel’s (Mexican)
* Required  ** Adults only; includes entrance to Exhibit Hall only, daily meals not included. Please call the ACOOG office for meal ticket prices.

Refund Policy: Written cancellation of registration by September 12, 2014 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.

<table>
<thead>
<tr>
<th>GENERAL SESSION</th>
<th>Pre-Registration (payment received by September 12, 2014)</th>
<th>Late Registration (payment received after September 12, 2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Member</td>
<td>$650</td>
<td>$750</td>
</tr>
<tr>
<td>Non-Member Physician</td>
<td>$800</td>
<td>$900</td>
</tr>
<tr>
<td>Life Member</td>
<td>$325</td>
<td>$425</td>
</tr>
<tr>
<td>Affiliate Member</td>
<td>$325</td>
<td>$425</td>
</tr>
<tr>
<td>Resident</td>
<td>$500</td>
<td>$600</td>
</tr>
<tr>
<td>Non-Member Resident</td>
<td>$600</td>
<td>$700</td>
</tr>
<tr>
<td>Student Member</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Non-Member Student</td>
<td>$150</td>
<td>$250</td>
</tr>
</tbody>
</table>

General Session Daily

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>CME</th>
<th>Limit</th>
<th>Fee</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday Only (October 8, 2014)</td>
<td>1:00-5:00</td>
<td>4</td>
<td>24</td>
<td>$550</td>
<td>Free</td>
</tr>
<tr>
<td>Friday Only (October 9, 2014)</td>
<td>2:00-5:00</td>
<td>2</td>
<td>100</td>
<td>$750</td>
<td>Free</td>
</tr>
</tbody>
</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.

<table>
<thead>
<tr>
<th>ADDITIONAL EVENT</th>
<th>Day</th>
<th>Time</th>
<th>Cost Per Ticket</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Event</td>
<td>10/11/2014</td>
<td>7:15-10:00 PM</td>
<td>$85.00</td>
<td></td>
</tr>
<tr>
<td>Donation - MEFACOOG Community Service</td>
<td>N/A</td>
<td>N/A</td>
<td>$25</td>
<td></td>
</tr>
</tbody>
</table>

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

PAYMENT & POLICY

Total Due $ Payment Method □ Check (payable to ACOOG) □ Credit Card (complete below)

Card Type □ Visa □ MasterCard □ Amex Name on Card

Card #: Exp. Date
The Comprehensive Reproductive Physical & The Assessment of Ovarian Reserve

John J. Orris, DO, MBA, FACOG, FACOOG

Approximately 15% of the population will experience difficulty when pursuing conception. The obstacles preventing successful conception and ultimate delivery are many in number. Fortunately, most can be overcome with patient compliance and a proactive OB/GYN.

The purpose of this article is to review and reinforce the steps of a comprehensive reproductive physical. The goal is to bring awareness to the myriad problems which can be identified and addressed prior to a woman requiring the services of a reproductive endocrinologist. A conscious effort must be made early in a woman’s reproductive years to optimize and preserve her fertility potential. While most problems may present in an obvious fashion, many will not. One of the most important concepts surrounding fertility potential is the assessment of ovarian reserve. Ovarian reserve is not something that should be set apart only for those women in their fourth decade of life or only those with signs and/or symptoms of ovarian failure. Ovarian reserve must be viewed as a continuum. The starting point will often define the end. An Osteopathic Obstetrician/Gynecologist has been trained since the first day of medical school to treat patients in a holistic fashion. Patients must be addressed and treated as complete systems rather than focusing on individual parts. A thorough history serves to outline the assets and liabilities related to a woman’s reproductive potential. Having such information will allow physicians to address a patient’s potential physical, emotional, behavioral, financial and environmental reproductive barriers. Every annual exam should include questions which allow the OB/GYN to forecast the desire to attempt pregnancy. This information will allow for prudent preconception counseling.

Following the annual history and physical exam, further investigation must occur in those who are attempting to become pregnant. Most patients will appreciate your interest in their reproductive efforts. The “just relax and it will happen” approach is truly a concept of the past. Look at the patient systematically. Start with the hypothalamic-pituitary-ovarian (HPO) axis. The menstrual history will offer insight with respect to the HPO axis. Regular menses infers that a patient is ovulatory and has sufficient priming of her endometrium with estrogen and rules out outflow obstruction. Pay particular attention to severe dysmenorrhea with regular menstrual cycles. This may be a clue to clinically significant endometriosis which may merit further investigation with laparoscopy. If laparoscopy is performed, take advantage of the general anesthesia and assess for tubal patency with chromotubation. Hysteroscopy should also be performed at this time to document normality of the endometrial cavity. Cervical stenosis which prevents optimal menstrual flow could also be addressed at this time. Cervical stenosis should be suspected with prior cervical procedures and new onset dysmenorrhea. Stenosis can also be simply congenital. In any case, get the most out of any trip to the operating room. Tubal factor should be suspected in those with a history of sexually transmitted infections, endometriosis, peritonitis, and those with a history of pelvic and/or abdominal surgery. A hysterosalpingogram (HSG) is a cost effective way to promptly diagnose tubal occlusion. Prior

(Continued on Page 17)
to initiating pharmacologic intervention, tubal patency should be documented. Similarly, a formal semen analysis should be completed prior to treating the female. Male factor must be addressed prior to treating the female so that each medicated cycle can be effectively optimized.

Ovulatory dysfunction must be promptly diagnosed and addressed in order for a woman to achieve pregnancy. If a woman has a history of irregular menses, laboratory testing and a simple transvaginal ultrasound may help to elucidate the etiology. Polycystic Ovary Syndrome (PCOS) can be diagnosed with the findings of polycystic ovarian morphology on ultrasound with or without physical and/or biochemical signs of androgen excess. Androgen excess with virilization merits prompt referral to a medical or reproductive endocrinologist.

Laboratory assessment for ovulatory dysfunction should start with menstrual day 3 levels of estradiol, follicle stimulating hormone (FSH), prolactin and thyroid stimulating hormones (TSH). Day 3 may have to be induced with a progestin in those with chronic anovulation. Hyperprolactinemia should be investigated and treated appropriately. A dopamine agonist is typically all that is required. Likewise, it is extremely important to document that the patient is euthyroid. The goal of thyroid hormone replacement is to maintain the TSH in the lower half of the normal range, between 0.45 and 2.0 µU/mL. This provides the optimal reproductive potential.

Estradiol and FSH are utilized to cost effectively identify those with hypothalamic, pituitary, and/or ovarian dysfunction. Low levels of estradiol and FSH are associated with hypogonadotropic hypogonadism. FSH levels greater than 10 IU/L in the presence of an estradiol <50 pg/mL suggests diminished ovarian reserve or serves to diagnose hypergonadotropic hypogonadism. Both hypogonadotropic and hypergonadotropic hypogonadism patients merit prompt referral to a reproductive endocrinologist.

If the aforementioned reproductive assessment is performed and the ultimate diagnosis of unexplained primary or secondary infertility is established, further investigation is warranted. A more comprehensive examination of ovarian reserve will allow the clinician to identify those individuals that may have a compromised “reproductive window.” Such patients may benefit from immediate referral for more aggressive interventions such as assisted reproductive technologies (ART). Antral follicle count (AFC) has been utilized to effectively predict a patient’s response to exogenously administered gonadotropins. Antral follicles are those follicles that are relatively large and committed to growth when exposed to FSH. Antral follicle count is closely correlated with ovarian volume. This measurement should be conducted early in the follicular phase (cycle day 3). An antral follicle count of 8-15 follicles on each ovary offers the best probability of ART success. Antimüllerian hormone (AMH) is produced in the granulosa cells of the ovary. The measurement of this hormone provides a numerical value that correlates with antral follicle count. It has been utilized to define the severity of PCOS and identify those with premature ovarian failure. Those with compromised ovarian reserve have less antral follicles and therefore fewer granulosa cells to produce AMH. A study by Reichman and colleagues examining ART cycles demonstrated a 13.3-fold risk of cycle cancellation in patients with an undetectable AMH level when compared to those that
had a level >2.0 ng/mL. For this reason, it is prudent to know a patient's ovarian reserve when implementing more conservative strategies. If tubal factor and/or male factor is the working diagnosis, ART should be implemented when AMH levels are most favorable.

Summary
Continue to include a reproductive assessment as part of the annual gynecologic exam. Identify potential problems early and address such issues proactively. The quest for conception is a dynamic process and the evaluation should be the same. Age must be considered extremely relevant and treatment should be initiated sooner rather than later. Those pursuing pregnancy should be seen at least every three months as this demonstrates that the physician is cognizant of the couple’s endeavors and allows for intervention prior to emotional breakdown. When in doubt, assess ovarian reserve with a combination of day 3 estradiol, FSH and antral follicle count. AMH can be measured at any time during a patient’s cycle. This combination will allow OB/GYN’s to best serve their patients from a reproductive standpoint. Furthermore, your patient will appreciate your Osteopathic integrity.

Bibliography


Neonatal Counseling
(Continued from Page 16)

types of practice and roles, your input is essential! All DOs who complete the entire survey will be awarded 5 specialty 1-B CME credits as our thank you for participating! There is no cost to you for this CME, just a little time! We anticipate that the survey should take no more than 30 minutes to complete. Watch your email for a link to the survey this fall!

Certification Opportunity for FPMRS Physicians
Do you practice Female Pelvic Medicine and Reconstructive Surgery (FPMRS)? The AOBOG offers a Certificate of Special Qualifications in FPMRS. This exam is still in its clinical pathway, which means even if you did not participate in an FPMRS fellowship, but at least 75% of your clinical practice is devoted to FPMRS care, you could qualify to sit for the exam. The clinical pathway is only open until December 31, 2016, so don’t miss out on this great opportunity to further your career by becoming certified in FPMRS. (Information about the requirements to sit for the FPMRS can be found in the Document Library on the website.)

All examination applications are exclusively available on the AOBOG website. View the entire calendar of upcoming exams in 2014 and 2015 at www.aobog.org/pages/calendar.

Visit the AOBOG website (www.aobog.org) for up-to-date information about certification, examinations, applications and Osteopathic Continuous Certification (OCC).
Morris Hospital & Healthcare Center - Southwest of Chicago

Morris Hospital & Healthcare Centers is committed to providing an excellent environment for physicians to practice medicine. As the only hospital in Grundy County, we serve patients from more than 18 communities. Located just 55 miles southwest of Chicago, the steady increase in the number of admissions, births and emergency visits each year is an indication of the growth in the community.

The Morris Hospital medical staff is made up of more than 200 physicians representing nearly 40 medical specialties. As a Level II perinatal care provider, we have the necessary qualifications to care for women who have the potential or likelihood for complicated or high risk deliveries, as well as newborns requiring specialized services. Currently seeking a high quality, patient focused OB/GYN to join a hospital group of 3 busy physicians for multiple healthcare center locations. Applications from new grads will be accepted.

Qualifications:
- M.D. or D.O.
- Board Eligible or Board Certified
- Team Player

Our opportunity provides:
- Comprehensive Benefits Package
- Continuing Medical Educational Options
- Employer provided Malpractice Coverage

For more information about practice opportunities through Morris Hospital & Healthcare Centers, contact our Vice President of Support Services by email (dmahoney@morrishospital.org) or call 815-942-2932, ext. 1470.

OMECO/Oklahoma State University Medical Center

Available – PGY 2: OMECO/Oklahoma State University Medical Center
- Obstetrics & Gynecology Resident - Program Number: 130307
Address: 744 W 9th St, Tulsa, OK 74127-9020
Phone – (918) 586-4522
Contact: Joseph R. Johnson, DO, FACOOG, Department Chair

Working with nearly 4000 obstetrical cases each year, as well as a strong mix of infertility, oncolgical and general gynecological surgery, the resident in the Obstetrics & Gynecology program will have an opportunity to gain significant skill in this specialty. High risk obstetrics, treatment and monitoring techniques, laser therapy, colposcopy, amniocentesis and breast evaluation are among the areas of emphasis. The training includes weekly didactic, clinical and multidisciplinary teaching conferences, and preparation of a scientific paper suitable for publishing and a supportive continuity based training.

OMECO -OSU Medical Center is currently recruiting for a PGY 2 or PGY 3 resident in its Obstetrics and Gynecology Residency Program for the 2014-2015 academic year.

Female Pelvic Medicine and Reconstructive Surgery

Do you already perform a significant amount of Urogyn?
- Are you thinking about possibly taking advantage of the “Alternative Pathway” to become a Board Certified Urogynecologist?
- Is there some Urogynecologic procedures that you are NOT currently doing but would like to learn?

NOW IS THE TIME!!!

The “Alternative Pathway” ends 12/31/2016
Michael J. Coyle DO, FACOOG, FPMRS
Is a case observation site and well respected Tranier/Proctor.
If Interested please call (850)- 313-9868
Or email: Michael.coyle@hma.com

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 2016 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 Diane Shearer, Program Coordinator at dshearer@pinnaclehealth.org, 717-231-8640 or Diane Shearer, PinnacleHealth Maternal Fetal Medicine, 100 S. Second Street, Suite 4B, Harrisburg, PA, 17101.

(Continued on Page 21)
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, 2015. 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 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 vesicocentesis/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 neonatologists and 2 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 Diane Myers, 717-812-3074 or dmyers13@wellspan.org. More information regarding our program, York Hospital, and Southcentral Pennsylvania is available via our medical education website: www.yorkhospital.edu. Questions regarding the program can be directed to Diane Myers or the MFM Program Director, James Hole, DO, 717-851-2722.

MFM FELLOWSHIP
The SJMO Maternal Fetal Medicine (MFM) Fellowship program is fully accredited by the American Osteopathic Association (AOA). This is a three year fellowship and we recruit one fellow per year of training for a total of three fellows. The start day is July 1st of each year.

Overview
Our fellowship provides a three year, in-depth experience and training under the direct supervision of the Program Director, the Director of MFM, and highly skilled faculty members. The overall goal of the MFM Fellowship is to develop excellent clinicians through a patient centered approach to care. Balancing maternal fetal risk and gestational age is a guiding principle of perinatology. Treating the whole patient is our founding osteopathic philosophy and is integrated in all patient interactions. At the completion of the fellowship, each fellow will be able to achieve board certification in Maternal Fetal Medicine by the AOBG. Please email Deneen McCalddy for further information. Mccalldy@trinity-health.org

Recruiting ads can be submitted to ACOOG by fax 817-377-0439, mail at 8851 Camp Bowie West, Suite 275, Fort Worth, TX 76116 or by email to newsletter@acoog.org

Subject: Opportunity Ad
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 each questions about each article.