“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.”

Inside This Issue

Message from the President ................................. 2
Message from the Executive Vice President ........ 3
ACOOG Fall Conference Highlights .................. 5
ACOOG Membership News ................................. 6
Guest Editor ....................................................... 7

Management of Benign Adnexal Masses in Asymptomatic Women
David M. Jaspan, DO, FACOOG & Kuhali Kundu, DO

Earn Your CME 1-B Credits ................................. 10

ACOOG Calendar of Events/AOBOG News .......... 12

82nd Annual Conference Brochure .................... 13

Fellowship/Practice Opportunities .................... 17
Greetings to all,

The first six months of my Presidency has been dominated by the Single Accreditation System and its influence on Osteopathic Graduate Medical Education (OGME), the ABOBOG, and the ACOOG. Through months of meetings and testimony, progress has been made with the Accreditation Council of Graduate Medical Education (ACGME) to address our issues.

First, changes in the ACGME OBGYN Core Requirements have resulted. These changes will provide more latitude for our Osteopathic-focused residency programs to meet ACGME Standards. Second, if agreed upon, an ACGME Osteopathic Recognition Requirement Summary will allow both the ABOBOG and ACOOG to remain as viable entities. Lastly, in December, a white paper by the American Association of Colleges of Osteopathic Medicine (AACOM) outlined pathways for osteopathic-focused programs to meet the requirements set forth in the ACGME Summary statement.

The Single Accreditation System is a five year transition so information will continue to evolve over this period of time. New leaders will be needed to guide us, so do not hesitate to notify our ACOOG staff of your interest in Committee appointments. I would like to thank Dr. Robert Juhasz, President of the AOA, for his support as well as Dr. Steve Buchanan, Executive Vice President and Valerie Brennan, CAE, Executive Director for their advice and guidance during these challenging times.

The next task during my tenure will be to begin the process of filling the position of Executive Vice President of ACOOG due to the upcoming retirement of Dr. Steve Buchanan on October 31, 2015. All in the College should be grateful for Steve’s leadership and the recognition and respect he has brought to ACOOG amongst our peers. The ACOOG Executive Committee will begin the search process in late January 2015. For further details of the transition, please periodically check the ACOOG Member Forum via the website.

I wish all of you the best this Holiday Season and a Happy New Year.

See you in San Diego!

Thomas Alderson, DO, FACOOG (Dist)
Dear Valued Members of the College,

Even in the midst of the maelstrom within Osteopathic Graduate Medical Education (OGME) due to the unfolding AOA/ACGME Single Unified Pathway, there are some bright spots that have appeared recently. The ACGME released the proposed special requirements for all ACGME residencies and fellowships that will aspire to be considered “osteopathic focused”.

The requirements allow any current ACGME approved residency that is in good standing with the Residency Review Committee (RRC) for each specialty to seek the extra status as “osteopathic focused.” Once an RRC has adopted these new proposed requirements, then we could see the beginning of osteopathic focused GME programs within the next two years. It is unclear to me as to how long an existing OGME program must be in the uniquely created pre-accreditation status or initial accreditation status before that program may apply to additionally be considered as osteopathic focused.

I offer a few of the most important items to summarize and guide our ACOOG members as we approach July 1, 2015. That is the earliest date when the application process opens for current OGME programs seeking to attain “pre-accreditation” status during a special window timeframe. Pre-accreditation is a category created just for those OGME programs that are approved by the AOA and in good standing on that date. This is a one-time only application process that will give Pre-accreditation status to a residency or fellowship program up to five years to gain Initial Accreditation or withdraw from the process completely. As the AOA has agreed to terminate its OGME oversight on June 30, 2020, withdrawal from ACGME training will mean OGME program closure.

The proposed requirements address issues among the obstetrics and gynecology programs as to the qualifications of the program director and some key faculty; they must be AOA/POS/AOBOG Board certified. There are no surprises as to who will constitute the pool of applicants; they must be graduates of an LCME accredited US or Canadian MD (USMD or CMD), or COCA accredited (USDO), or International (non USMD) College of Medicine. What is new are the qualifications and prerequisites for a non-USDO applicant to achieve as milestones of osteopathic principles and practice within the osteopathic focused GME programs.

The requirements mandate research and scholarly activity on the part of both faculty and trainees to further the philosophy, science, mechanisms of disease prevention and treatment modalities of osteopathic principles and practice within the osteopathic focused GME programs.

Why is this good news to AOA/ACOOG programs choosing to apply for the new ACGME pre-accreditation status? We now have the target in view that gives hope to a long term osteopathic focused GME experience for qualified graduates with either a DO or MD degree. We also can see validation of our current OGME programs. These programs will hopefully

(Continued on Page 4)
be able to satisfactorily meet and exceed these new requirements without any substantial additional resources of funding that will have not already been expended to meet Initial ACGME accreditation. As our ACOOG President Tom Alderson, DO has written and given oral testimony before the ACGME Board, the new funding requirements for the added administrative burdens for the smaller AOA approved OBGYN residency programs will already be substantial.

I understand almost our entire currently approved OGME OBGYN residency positions are oversubscribed and have remained completely filled for several years. The same is true for currently approved ACGME OBGYN residency programs. We should be pleased that our specialty is highly valued by graduating seniors. It is a good problem to solve if one is in the vanguard.

Program directors are turning good DO candidates away now. This will likely become even more competitive with opening up the pool of applicants for those programs that seek the pre-accreditation status over the next few years. The USDO that has formerly competed for OGME positions only with USDOs will then compete with the same pool of USMD, USDO, CMD and non-USMD graduates that presently compete for ACGME OBGYN positions.

We do not know how many programs will seek osteopathic focused status and be required to hire AOBOG certified program directors and key faculty. We also cannot predict how many USDO applicants will seek out an osteopathic focused ACGME OBGYN residency as their first choice.

Certainly these are risky times. The AOA Board of Trustees is in charge of OGME and AOA/BOS certification. The AOA has nominated qualified AOA/BOS certified osteopathic physicians to the ACGME Board of Trustees to begin January 1, 2015. Four have been elected by the ACGME Board of Trustees to serve. ACOOG Past President David Forstein, DO FACOOG (Dist.) is one of the first four. Congratulations to all four who will continue their lifelong service to the profession in these new roles.

But navigating change makes the satisfaction of doing something unique in GME that much more gratifying.

The framework begins to appear. The first pass blueprint for osteopathic focused ACGME OBGYN has seen light on the national stage. The hour before dawn is the darkest and can be disheartening without hope. We still have opportunity to increase the number of student, candidate, regular and senior members in our College. Only Fellows who have faith in osteopathy that is more than just OMT will remain within.

It is up to the members of this College to decide the fate of our impact on US women’s’ health care. The future of the ACOOG today is tightly bound to how we deal with an educational pathway to professional relevance in the short term up to 2020 when the AOA will cease to accredit OGME as we now know it. Beyond that the stage is set for the impact of DO and MD program directors, core and volunteer faculty and residents and students in single unified programs to take “osteopathic focused” to a new level.

ACOOG and AOBOG will continue to have a collaborative and cooperative leadership role in osteopathic OBGYN. To do any less would be to deny a very long heritage. In 1934, how would the founding President of the ACOOG, Margaret Jones DO, respond to this unforeseen national acceptance of the principles and practice of osteopathic OBGYN? I believe she would embrace it!

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

Steve P. Buchanan, DO FACOOG (Dist.)
Highlights

2014 ACOOG Fall Conference

October 08-12, 2014 - Grapevine, TX

Hilton DFW Lakes & Conference Center

Past Presidents’ Honorary Lecture

Immediate Past President Michael Geria, DO, FACOOG (Dist) presented the Past Presidents’ Honorary Lecture plaque to Joseph M. Kaczmarczyk, DO, FACOOG, MPH.

Lecture Title: How to Keep the Glass Half Full While Navigating the Vagaries of Medicine

The National Student Society - ACOOG and Osteopathic Medical Students attended an educational program on Saturday, October 11, 2014 at 8am-12 (noon). This activity was directed by David Forstein, DO, FACOOG (Dist), APGO Representative of the ACOOG. This activity also included mock residency interviews for medical students with program directors and faculty volunteers from the Osteopathic OBGYN Residency Programs.

MEFACOOG wishes to thank donors whose generous contributions help fund NSS-ACOOG activities.
**New Members**

Welcome new members! The Board of Trustees approved the following new members at the Fall Conference.

**Regular members**

Andrew Adamson, DO  
Allan Anyumba, DO  
Corey Babb, DO  
Rae Bailey, DO  
Sarah Cooper, DO  
Casey Danielsen, DO  
Vita Eizans, DO  
Sarah Garcia, DO  
Erin Garner, DO  
Julie Goodell, DO  
Katie Gualandri, DO  
Jennifer Johnson, DO  
Zaira Jorai-Khan, DO  
Julia King, DO  
Jennifer Klos, DO  
Kiley Manetta, DO  
Andres Martini, DO  
Mark Miller, DO  
Chavone Momon-Nelson, DO  
Eleazar O’Garro, DO  
Chinwe Okonkwo, DO  
Nicole Orwar, DO  
Patricia O’Toole, DO  
Lauren Puretz, DO  
Constantine Raphtis, DO  
Scott Rynearson, DO  
Andrea Sebright, DO  
Lubna Shakir, DO  
Tara Smith, DO  
Julie Viehmann, DO  
Elana Wistrom, DO  
Kerry Wright, DO  

**Life members**

Mark Karnes, DO

**Affiliate members**

Jung Choe, DO

**In Memoriam**

Frank M Weaver, DO, FACOOG (Dist.)  
Died on 12/5/2014

Joseph A. Keuchel, DO, FACOOG (Dist.)  
Died on 9/22/2014

*Rinda P. Ellis, DO, FACOOG  
Died on 2/5/2013

* MEFACOOG regrets that the In Memory donation did not appear in the 2013 Annual Report

IN ACOOG’S CONTINUED EFFORT TO GO GREEN,
WE WILL CONTINUE TO PRINT AND MAIL THE MEFACOOG ANNUAL REPORT.
ALL FUTURE ACOOG NEWSLETTERS WILL BE AVAILABLE ONLINE ONLY.
WATCH FOR THE 2014 YEAR END ANNUAL REPORT IN YOUR MAIL BOX IN FEBRUARY 2015.
MANAGEMENT OF BENIGN ADNEXAL MASSES IN ASYMPTOMATIC WOMEN

Kuhali Kundu, DO
David M. Jaspan, DO, FACOOG

In the United States, a woman has a 5–10% lifetime risk of undergoing surgery for a suspected ovarian neoplasm. Among those who undergo such surgery, the likelihood of being diagnosed with ovarian cancer is 13–21%. The majority of these masses are detected incidentally. Diagnosis is a challenge given the broad differential diagnosis of adnexal masses, including non-gynecological etiologies. The most important factor in narrowing the possibilities is considering the stage of the woman’s reproductive life. Adnexal masses in premenopausal women are likely to be gynecological in origin and benign in nature. In contrast, adnexal masses in postmenopausal women have a higher likelihood of being malignant. The management of an adnexal mass is dependent on the type of mass, the urgency of the presentation, and the degree of suspicion that the mass is malignant. This review will focus on the diagnosis and follow up of benign adnexal masses in asymptomatic women.

Initial assessment of the adnexal mass includes obtaining a complete medical, surgical, reproductive, and family history, performing a complete physical examination, which our opinion should include, a rectovaginal examination. Palpation of an abnormality is likely to be limited, especially in women with a BMI greater than 30. Pelvic examination has a sensitivity of only 45% in the detection of pelvic masses. In asymptomatic women, high frequency, gray-scale transvaginal ultrasonography is the imaging modality of choice. Color Doppler flow identifies the vascular components within a mass and maybe useful in that a benign mass usually does not have any internal flow. Computed tomography (CT), magnetic resonance imaging (MRI), and positron emission tomography (PET) are not recommended in the initial evaluation of the adnexal mass.

Ultrasound findings and follow up recommendations for benign adnexal masses

The Society of Radiologists in Ultrasound (SRU) convened a multidisciplinary consensus conference in 2009 to discuss the management of adnexal cysts in asymptomatic women. The recommended guidelines should dramatically decrease recommendations for follow-up of benign appearing cysts without compromising the detection of malignancy.

Simple Cyst

Sonographic appearance of a normal ovary in a reproductive age woman includes multiple developing follicles, one of more dominant follicles, and a corpus luteum. These follicles range from 1.7 – 2.8 cm and do not exceed 3 cm. Therefore, follicles or simple cysts and the corpus luteum, which has diffusely thick walls and crenulated inner margins, are considered physiologic if less than 3 cm. In the postmenopausal woman, simple cysts up to 1 cm in greatest diameter is considered a normal finding and is of no clinical importance.

A simple cyst is a unilocular, round or oval anechoic space with smooth thin walls, posterior acoustic enhancement, and no internal flow with color Doppler US. Simple cysts up to 10 cm in a patient of any age are likely to be benign, with malignancy rates of less than 1%.

Follow up in asymptomatic women as recommended by the SRU: (see Figure 1)

Hemorrhagic Ovarian Cyst

Classic US features are a complex cystic mass with a reticular pattern of internal echoes and/or a solid-appearance area with concave margins. This pattern is due to the fact that this type of cyst has the greatest blood flow per unit mass in the body. These cysts normally resolve within 8 weeks. According to the SRU, a short interval (6-12 weeks) follow up US is recommended to ensure resolution if the cyst is > 5 cm. If < 5 cm, no further follow up is needed.

Figure 1.

<table>
<thead>
<tr>
<th>Reproductive Age</th>
<th>Postmenopausal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple Cyst</td>
<td>Follow up</td>
</tr>
<tr>
<td>Simple Cyst</td>
<td>Follow up</td>
</tr>
<tr>
<td>&lt; 3 cm</td>
<td>None</td>
</tr>
<tr>
<td>&gt; 3 and &lt; 5 cm</td>
<td>None</td>
</tr>
<tr>
<td>&gt; 5 and &lt; 7 cm</td>
<td>US in 1 year</td>
</tr>
<tr>
<td>Further imaging or surgical evaluation</td>
<td>Further imaging or surgical evaluation</td>
</tr>
</tbody>
</table>

* Small mural nodules may be missed in cysts larger than 7.5 cm

(Continued on Page 8)
Management of Benign Adnexal Messes in a Asymptomatic Women

(Continued from Page 7)

in pre-menopausal woman. A finding consistent with a hemorrhagic cyst in a postmenopausal patient should be considered neoplastic and surgical evaluation should be considered.

Endometrioma
An endometrioma is typically a round homogenous-appearing cyst containing ground glass or low-level echoes within the ovary. A 6 – 12 week follow US can be helpful to ensure that the cyst is not an acute hemorrhagic cyst. If the patient remains asymptomatic, yearly US follow up is recommended to ensure that the cyst is not progressively enlarging or developing solid components as these features raise concern for malignancy. About 1% of endometriomas will undergo malignant transformation. Malignancy is uncommon in endometriomas smaller than 6 cm, and most occur in endometriomas larger than 9-cm. Mean latency period is 4.5 years (range, 1 – 16 years) and majority of women will be older than 45 years.³

Mature Cystic Teratomas or Dermoid Cyst
Classical US features that lead to a confident diagnosis of a dermoid cyst are focal or diffuse hyperechoic components with lines and dots, floating spherical structures, and area of acoustic shadowing. Regardless of age, dermoid cysts can be managed by repeating an US at 6 months to 1 year after the incident imaging study. The purpose of follow up is to ensure stability, if the structure increases in size or central flow on color Doppler US is evident, there may be potential for malignant transformation. The reported rate of malignant transformation for dermoid cysts is 0.17 – 2%; almost exclusively it is a squamous cell carcinoma and tends to occur in women older than 50 years and in tumors larger than 10 cm.

Hydrosalpinx
A hydrosalpinx appears as a tubular shaped cystic mass with short round projections that is seen separate from the ipsilateral ovary. No further imaging or follow up is necessary. However, if the patient is BRCA positive and/or there is a significant family or personal history of malignancy we would suggest the patient is counseled regarding the risk of salpingectomy. Additionally, fertility may be enhanced by the removal of the affected tube.

Ultrasound findings and follow up for indeterminate and malignant adnexal masses
Indeterminate cysts have features that are not classical for a benign or simple cyst, such as multiple thin septations (< 3.0 mm) or internal nodules without color Doppler flow. For reproductive age women a 6 – 12 week follow up US is recommended to rule out a hemorrhagic cyst (refer to the aforementioned description). If the mass is unchanged and diagnosis remains undetermined or equivocal, surgical evaluation should be considered. An MRI can be a valuable adjunct imaging tool in these women when conservative surgery is planned; an adnexal mass can be distinguished between benign and malignant with an overall accuracy of 88% - 93% with MRI.³ In postmenopausal, surgical evaluation should be considered when there is presence of any indeterminate features.

Sonographic features worrisome for malignancy are thick septations (> 3 mm), solid elements with Doppler flow, and focal areas of wall thickening (> 3 mm), ex crescences, and surrounding ascites. Bilaterality and tumors larger than 10 cm have a high likelihood of being malignant. A cyst with a nodule that has internal blood flow and a mural nodule have the highest likelihood of being malignant. Lesions with these features should be further evaluated with surgery rather than follow up imaging.

Management with follow-up serial US imaging
Multiple studies have reported that unilocular ovarian cysts and uncomplicated septate cysts have a very low probability of malignancy and can be monitored with serial ultrasounds. The majority of these low-risk tumors spontaneously resolve, even in post-menopausal women. In 2013, the University of Kentucky Ovarian Cancer Screening Program5 determined that complex ovarian abnormalities or cysts with indeterminate features may resolve when monitored. In this 25- year prospective population-based study, 39,000 women were screened and approximately 7000 women were found to have an abnormal ultrasound. 46.7% of these 7000 had an abnormality identified in their initial scan. With serial follow-up, 60% of these abnormalities resolved over time. Complex abnormalities were more likely to resolve in a year; 80% resolved with a median time to resolution of 7.8 – 8.7 weeks. Surgery was performed on 557 participants identifying 85 malignancies (0.2% of total participants) and 472 non-malignancies (1.19% of total). Serial monitoring significantly reduced false-positive results, PPV = 24.7%. This level of performance is reassuring and comparable to mammography use in breast cancer screening. It is reasonable to avoid a single abnormality as a trigger for surgery and consider following asymptomatic patients with serial ultrasounds.

Surgical management considerations
Surgical management is recommended for adnexal masses that change in internal architecture and increase in size during serial ultrasound evaluations, if a patient becomes symptomatic, or elects for definitive management. Per ACOG,
when a patient with a suspicious or persistent complex adnexal mass requires surgical evaluation, a physician trained to appropriately stage and debulk ovarian cancer, such as a gynecologic oncologist, should perform the operation. 7 Biomarkers can help in comprehensively assessing the need for surgical management and the necessity of involvement of a gynecological oncologist.

CA-125
Cancer antigen 125 is the most widely used biomarker for epithelial ovarian cancer (EOC), and it is approved by the FDA for monitoring response to therapy in women with known EOC. The CA-125 is non-specific and may not be elevated in mucinous tumors. Multiple non-ovarian physiologic and pathologic entities may lead to an elevated CA-125. This includes, but is not limited to pregnancy, menstruation, pelvic inflammatory disease, uterine fibroids, diverticular disease, and pancreatitis. The CA-125 is used off-label by generalists for initial evaluation of an adnexal mass. The literature supports that the specificity and positive predictive value of an abnormal CA-125 is consistently higher in postmenopausal women. However, a markedly elevated value (> 200 U/Ml) in premenopausal women raises a much greater concern for malignancy and referral to a Gynecological Oncologist is recommended. For postmenopausal women with an elevation of CA-125 (> 35 U/Ml) referral to Gynecological Oncologist for surgical management is recommended. Conservative management is justified if an adnexal mass appears benign and the patient has a normal CA-125.

OVA1
The FDA approved the OVA1 test in 2009 to further assess the likelihood of malignancy in women who are planning to have surgery for an adnexal mass. The test incorporates five proteins that are variably expressed in ovarian cancer and determines the probability of malignancy in premenopausal (low < 5 and high > 5) and postmenopausal (low < 4.4 and high > 4.4) women. It is used only after surgical management has been planned due to suspicious clinical or imaging finding to determine if referral to a gynecological oncologist is warranted. The diagnostic performance of OVA1 as a screening test is better when used in combination with clinical assessment (history pelvic exam, imaging, and CA-125) with an overall sensitivity of 95% and specificity of 35%.

Conclusion
Once a diagnosis of a benign adnexal mass is confidently made, it is reasonable to follow patients with serial imaging and reserve surgical intervention for presentations suspicious for malignancy. When considering surgical management, it is imperative to use adjunct imaging and biomarkers to comprehensively assess the need for referral to a gynecologist oncologist.

References:
2. Lyons YA, Soliman PT, Frumovitz MM. The pelvic mass workup – the best strategy for identifying pelvic masses and triaging patients to the appropriate surgeons. Contemporaryob-gyn.net. 2014 Apr.
Earn your CME 1-B Credits at www.acoog.org

These modules are AOA CME that can be part of your 50 In Specialty Credits that AOBOG requires each three year cycle. The ACOOG Directed and Documented Reading Program is a new member benefit which can assist you to maintain your Board certification through CME in meeting your requirement of 120 hours per year to maintain AOA membership.

The CME Committee members have developed and approved important article reading and brief testing to help validate your Life Long Learning. Completion of these straightforward modules are offered without charge to all ACOOG members in good standing. These are also available for a charge to non member physicians as well. Please contact ACOOG headquarters for questions. Each module (5 articles with questions) is worth 2 category 1B credits.

**STEP #1**


(Continued on Page 11)
STEP #2

- ACOOG Home page under “Quick Links” click on “My Profile”
- Under Member Services click on “CME Quizzes”

STEP #3

- Select a module read the reference article and complete the questions
- Two credits for each module completed. Total of 6 credits if you do all three modules.

Thanks go to the CME committee led by Tom Dardarian, DO, FACOOG (Dist) Chair and the members of his working committee. For your Category 1A AOA CME in specialty credits, we hope to see you in one of our two conferences per year that provide 25-30 credits plus additional workshops. ACOOG, in our expanded offerings, endeavors to keep the membership current and on the cutting edge of practice. See you in San Diego, CA in April!
ACOOG Calendar of Events/AOBOG News

CME Calendar of Events

AOBOG NEWS

OCC is Here!
DOs holding time-limited certificates are required to participate in OCC. Here are some important tips for successfully completing OCC:

- Your Practice Performance Assessment (PPA) Modules are due on September 15th of the year your current certificate expires.
- The “Fundamentals of Effective Communication” Module is required as one of your PPAs for each OCC cycle.
- There are links to the PPA module vendor (O-CAT) from both the AOBOG And ACOOG websites.
- You will receive specialty CME for each PPA module you successfully complete.

OCC participation remains optional for diplomates with non-time-limited certificates, but is highly recommended and encouraged. Learn more about what the requirements are and register for OCC on the AOBOG website (www.aobog.org/pages/occ_faqs).

Thank You!
The AOBOG would like to thank all of you who took the time to complete our job task analysis survey this fall. This nationwide research study on practice characteristics and activities of osteopathic OB/GYNs will be used to ensure that AOBOG’s exams reflect the current knowledge and practices of active osteopathic OB/GYNs. The response was fantastic with over 900 physicians completing the survey, and your input will be invaluable!

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 AOBOG website.)

2015 Examination Schedule
All examination applications are exclusively available on the AOBOG website. View the entire calendar of upcoming exams in 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).

82nd Annual Conference
April 12-17, 2015
Loews Coronado Bay
San Diego, CA

2015 Fall Conference
October 21-25, 2015
Orlando, FL
Loews Portofino Bay Hotel at Universal Studios

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**WELCOME & CONFERENCE OVERVIEW**

It is our pleasure to invite you to the 82nd 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 on a daily basis. In addition to cutting-edge presentations and debates, this years schedule provides you an opportunity to participate in hands on workshops. Thank you for supporting ACOOG through your membership. We hope you will register for the 82nd Annual Conference.

**LOCATION & LODGING**

**LOEWS CORONADO BAY**

4000 Coronado Bay Road  
San Diego, CA, 92118  
Phone: 619-424-4000  
Reservations: 1-800-815-6397

Experience San Diego, California’s second largest city, where blue skies keep watch over 70 miles of majestic coastline and a gentle Mediterranean climate and friendly locals create a welcoming vibe all its own.

Bordered by the Pacific Ocean to the west, the Anza-Borrego Desert and the Laguna Mountains to the east, and Mexico to the south, the diverse neighborhoods of San Diego are spread out over 4,200 square miles, offering endless opportunities for exploration and activities.

Spend a day relaxing in one of the many beach communities, then hiking in the east San Diego County mountains. Explore the urban neighborhoods of San Diego’s downtown, from the iconic Gaslamp District to the eclectic community of Hillcrest. Visit the quaint and charming island town of Coronado or the picturesque village of La Jolla. San Diego’s regions are so unique and diverse; there are plenty of options to discover something new each time you visit.

Visit www.acoog.org for a direct link to our hotel home page.

Don’t forget to reserve early. Hotel block cutoff date is March 18, 2015.

ACOOG Rate: Single $199, Double $199  
Reservations: 1-800-815-6397 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.

**ACCREDITATION**

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 30 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.

**PRESIDENTIAL CELEBRATION**

On Wednesday, April 15th, 2015 join us for the Presidential Celebration. Cocktail attire suggested but not required. A ticket must be purchased to attend. Tickets are no longer included in the CME registration fee. Children are welcome at the celebration with the purchase of an additional ticket.
### SUNDAY (April 12, 2015)

- **1:00 PM-5:00 PM**  
  Subspecialty Pre-course in MFM  
  TBD

- **Noon-5:00**  
  Early Registration

- **1:00-6:00**  
  MEFACOOG Golf Tournament

**Meeting:**

- **8:00-12:00 PM**  
  Board of Trustees Meeting

### MONDAY (April 13, 2015)

- **6:30-7:30 AM**  
  Resident Reporter Orientation Breakfast

- **6:30-7:30**  
  Registration/Breakfast/Exhibits

- **7:30-7:45**  
  Presidential Welcome

- **7:45-8:30**  
  Gail Goldsmith Lecture

- **8:30-9:15**  
  Endometrial Hyperplasia and Endometrial Precancers  
  DeEtte Vasques, DO

- **9:15-10:00**  
  Adjunctive OMT in the Management of GYN Problems  
  Anita L. Showalter, DO

- **10:00-10:45**  
  BREAK with Exhibits

- **10:45-11:30**  
  Cervical Cancer Screening Tests: Evaluation and Management of Abnormal Tests and Cervical Cancer Precursors  
  DeEtte Vasques, DO

- **11:30-12:15**  
  An Evidence Based Approach to Non-interventional Management of Normal Labor  
  Anita L. Showalter, DO

- **12:15-1:30**  
  Lunch with Exhibits

- **1:30-2:15**  
  Reinventing the OB/GYN  
  David Jaspan, DO

- **2:15-3:00**  
  Patient Safety Initiatives in Womens Healthcare  
  William Bradford, DO

- **3:00-3:45**  
  BREAK with Exhibits

- **3:45-4:30**  
  ACOBOG OCC Update  
  David Jaspan, DO

- **4:30-5:15 PM**  
  Identification and Management of Laparoscopic Complications  
  Dipak Delvadia, DO

**Meeting:**

- **6:00-7:30**  
  Symposium  
  TBD

### TUESDAY (April 14, 2015)

- **6:30-7:30 AM**  
  Resident Reporter Orientation Breakfast

- **6:30-7:30**  
  Registration/Breakfast/Exhibits

- **7:30-7:45**  
  President's Welcome

- **7:45-8:30**  
  Gail Goldsmith Lecture

- **8:30-9:15**  
  Endometrial Hyperplasia and Endometrial Precancers  
  DeEtte Vasques, DO

- **9:15-10:00**  
  Adjunctive OMT in the Management of GYN Problems  
  Anita L. Showalter, DO

- **10:00-10:45**  
  BREAK with Exhibits

- **10:45-11:30**  
  Cervical Cancer Screening Tests: Evaluation and Management of Abnormal Tests and Cervical Cancer Precursors  
  DeEtte Vasques, DO

- **11:30-12:15**  
  An Evidence Based Approach to Non-interventional Management of Normal Labor  
  Anita L. Showalter, DO

- **12:15-1:30**  
  Lunch with Exhibits

- **1:30-2:15**  
  Reinventing the OB/GYN  
  David Jaspan, DO

- **2:15-3:00**  
  Patient Safety Initiatives in Womens Healthcare  
  William Bradford, DO

- **3:00-3:45**  
  BREAK with Exhibits

- **3:45-4:30**  
  ACOBOG OCC Update  
  David Jaspan, DO

- **4:30-5:15 PM**  
  Identification and Management of Laparoscopic Complications  
  Dipak Delvadia, DO

**Meeting:**

- **6:00-7:30**  
  Symposium  
  TBD

### WEDNESDAY (April 15, 2015)

- **6:30-7:00 AM**  
  Breakfast

- **7:00-7:45**  
  AOA President Elect  
  John W. Becher, DO

- **7:45-8:30**  
  ACOG President Elect  
  Mark S. DeFrancesco, MD, MBA

- **8:30-9:15**  
  MEFACOOG Distinguished Lecture  
  TBD

- **9:15-10:00**  
  Barbara Hawkes Honorary Fellows Lecture  
  TBD

### TUESDAY Continued.....

- **2:15-3:00**  
  Alternative / Complimentary Medical, Nutritional, and Other Supportive Therapies For the GYN Cancer Patient  
  Giuseppe Del Priore, MD

**Meeting:**

- **7:00-8:00 AM**  
  Historian & Membership Committees

- **8:00-11:00**  
  MEFACOOG Board of Trustees Meeting

- **2:00-5:00**  
  AOBG Recertification Exam

- **6:00-7:00**  
  New Fellows Reception

### THURSDAY (April 16, 2015)

- **7:00-8:00 AM**  
  Breakfast

- **8:00-8:45**  
  Cerclage, progesterone, or both?  
  Robert Debbs, DO

- **8:45-9:30**  
  “Vaccination in Pregnancy” Debate  
  Robert Debbs, DO & Francis Martinez, DO

- **9:30-10:15**  
  GDM/Gestational HTN and Impact of Long Term Health  
  Ronald Librizzi, DO

- **10:15-10:30**  
  BREAK

**Meeting:**

- **1:30-3:00 PM**  
  ACOOG Re-Org Board Meeting

**Meeting:**

- **1:30-3:00 PM**  
  ACOOG Re-Org Board Meeting

**Meeting:**

- **1:30-3:00 PM**  
  ACOOG Re-Org Board Meeting

**Meeting:**

- **1:30-3:00 PM**  
  ACOOG Re-Org Board Meeting
**THURSDAY  Continued.....**

- **10:30-11:15**  
  Severe Features of Preeclampsia  
  Robert Debbs, DO

- **11:15-12:00**  
  IUGR  
  Robert Debbs, DO

- **12:00-12:45**  
  Ultrasound “Jeopardy”-Preparing for the Future  
  James Perez, DO & Lori Crites, RN, RDMS

- **12:45-1:45**  
  LUNCH

- **1:45-2:30**  
  Multiple Gestation  
  Francis J. Martinez, DO

- **2:30-3:15**  
  Minor Aneuploidy Markers on Ultrasound  
  Ronald Librizzi, DO

- **3:15-4:00**  
  Colposcopy Update:Technique and Terminology  
  Allen Waxman, MD

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**FRIDAY (April 17, 2015)**

- **6:30-7:00 AM**  
  Breakfast

- **7:00-7:45**  
  ICD-10 Coding Review  
  Pamela Kostantenaco, LPN, CPC, CMC

- **7:45-8:30**  
  Coding Tips for OB/GYN  
  Pamela Kostantenaco, LPN, CPC, CMC

- **8:30-9:15**  
  Thyroid Disorders in Pregnancy  
  Gohar Stepanyan, DO

- **9:15-10:00**  
  Amenorrhea and Androgen Disorders  
  Joseph Gambone, DO, MPH

- **10:00-10:15**  
  BREAK

- **10:15-11:00**  
  PCOS: What’s (Not) In A Name  
  Joseph Gambone, DO, MPH

- **11:00-11:45**  
  Psychiatric Disorders in Pregnancy  
  Lony Castro, MD

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**THINGS TO DO:**

- **COMPLIMENTARY SHUTTLE SERVICE:**
  To Coronado (downtown) and San Diego (Gas Lamp Distric & Seaport Village) 
  will be provided between 6:00pm to 12am on Monday and Tuesday.

- **Head to San Diego’s many beaches, all free to the public, to swim, body surf or hang-ten. Play in the sand, collect seashells or just bask in the sun.**
  - Cardiff-by-the-Sea Beaches
  - Carlsbad Beaches
  - Coronado’s Perfect Beaches
  - Del Mar Beaches
  - Encinitas Beaches
  - Imperial Beach

- **Visit La Jolla Cove and see the magnificent sunset on the ocean. La Jolla Cove is one of the most spectacular natural settings in the world.**

- **Visit downtown San Diego’s Seaport Village for hours of free entertainment, leisurely strolling and window shopping. Enjoy a laid-back day of hanging out in the grass and watching the many passing yachts and ships on picturesque San Diego Bay, or take in the sights from one of the many bay-view eateries.**

- **Stroll through the 16½-block historic Gaslamp Quarter in downtown San Diego and view the renovated turn-of-the-century Victorian architecture, home to boutiques, art galleries, specialty shops and more.**

- **Fly a kite along the grassy field in the Tecolote Shores of Mission Bay Park, a 4,600-acre aquatic park. Here, away from trees and overhead wires, friends and family gather to launch colorful kites into the bay breezes.**

- **Enjoy free organ concerts at 2:00 pm on Sundays at the Spreckels Organ Pavillion in Balboa Park. The Organ Pavillion features one of world’s largest outdoor pipe organs, a San Diego landmark since 1914, where organists play traditional favorites, waltzes and show tunes on enormous 32-foot pipes.**

- **Visit Old Town and witness the living legacy of San Diego history. Guests are also invited to wander free through Old Town’s historic buildings, including the blacksmith shop, Seeley Stables, Stewart House, Estudillo House and the oldest schoolhouse in San Diego.**

- **Stargaze outside the Reuben H. Fleet Science Center in Balboa Park on the first Wednesday of every month. The San Diego Astronomy Association sets up huge telescopes to offer guests a great view of all the stars in the night sky.**

- **Step back in time with a stop in Julian, a century-old gold mining town in the Cuyamaca Mountains. Pick up a free map at the Chamber of Commerce for a self-guided walking tour of the area’s historic sites and later enjoy a slice of homemade apple pie - a Julian specialty!**

- **Go scuba diving or snorkeling off San Diego’s shores and see spectacular creatures of the sea. La Jolla Cove offers some of the clearest waters on the California coast, as well as miles of protected underwater preserves to explore.**

- **Stroll through Balboa Park and marvel at its beautiful Spanish Colonial Revival architecture. While there, take advantage of the park’s variety of offerings, including 15 museums (select museums free on Tuesdays for San Diego residents), free daily park tours, public organ concerts (Sundays), and spectacular gardens (seven are free daily).**

- **Gather family, friends and firewood for a cozy beach bonfire at one of the beaches in San Diego County, including Coronado Beach, La Jolla Shores and Mission Beach.**
**Regulatory Information: Please call the ACOOG office for guest meal package pricing.**

**Refund Policy:** Written cancellation of registration by March 18, 2015 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</th>
<th>Late Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Member (Regular, Senior, Fellow, DF)</td>
<td>$800</td>
<td>$900</td>
</tr>
<tr>
<td>Non-Member Physician</td>
<td>$1,000</td>
<td>$1,100</td>
</tr>
<tr>
<td>Life Member</td>
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<td>$625</td>
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<tr>
<td>Affiliate Member (Non-physician member)</td>
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<td>$25</td>
</tr>
<tr>
<td>Candidate (Resident member)</td>
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<td>$500</td>
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<tr>
<td>Non-Member Resident</td>
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<td>$600</td>
</tr>
<tr>
<td>Student Member</td>
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<td>$0</td>
</tr>
<tr>
<td>Non-Member Student</td>
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<td>$350</td>
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</tbody>
</table>

For daily registration rate please contact the ACOOG office at 817-377-0421.

Pre-registrations will be accepted until March 18, 2015. All registrations received after this date will be processed at the late registration rate. Registrations received after March 25, 2015 will be accepted on site at the registration desk only. Payment must be received in full to process registration. Faxed registrations without payment information will not be processed.

<table>
<thead>
<tr>
<th>Supplemental Sessions</th>
<th>Day</th>
<th>Time</th>
<th>CME</th>
<th>Limit</th>
<th>Fee</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Specialty Pre-Course MFM</td>
<td>April 12, 2015</td>
<td>1:00-5:00 PM</td>
<td>4</td>
<td>100**</td>
<td>$150</td>
<td></td>
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</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 Events</th>
<th>Day</th>
<th>Time</th>
<th>Cost Per Ticket</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEFACOOG Golf Tournament</td>
<td>Sun (4/12)</td>
<td>1:00-6:00 PM</td>
<td>$250</td>
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<tr>
<td>ADULT Presidential Reception ticket</td>
<td>Wed (April 15)</td>
<td>7:00-10:00 PM</td>
<td>$70</td>
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</tr>
<tr>
<td>CHILD Presidential Reception ticket</td>
<td>Wed (April 15)</td>
<td>7:00-10:00 PM</td>
<td>$25</td>
<td></td>
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<tr>
<td>DONATION of a Presidential Reception ticket for Resident or Student</td>
<td>Wed (April 15)</td>
<td>7:00-10:00 PM</td>
<td>$65</td>
<td></td>
</tr>
</tbody>
</table>

**Miscellaneous**

- Black and white printed syllabus (PRE ORDER ONLY - available for pickup onsite at the registration desk) | Amount | Quantity |
  - $45 | |

**Payment**

- Total Due | $ |
- Payment Method | □ Check (payable to ACOOG) □ Credit Card (complete below) |
- Card Type | □ Visa □ MasterCard □ Amex |
- Name on Card |
- Card # |
- Exp. Date |
Practice Opportunities

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 Martha Prud’homme at mprudhomme@acoog.org.

FELLOWSHIP in FPMRS
Advanced Urogynecology of Michigan P.C. along with Oakwood /Beaumont Health is now a fully accredited site for Female Pelvic Medicine and Reconstructive Surgery fellowship by the ACOOG/AOA. The fellowship will start July 2015 and is a 3-year fellowship program.

Dr. Salil Khandwala , the Medical Director of Urogynecology and FPMRS at Oakwood, is the fellowship director. Dr. Khandwala has extensive experience in the field of FPMRS and has had a fellowship program for the past 3 years. The fellowship allows extensive clinical, research and teaching opportunities.

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.

Our program allows extensive exposure to urogynecologic issues, colorectal issues and pertinent urology issues with the focus being on innovation and outcomes improvement.

The additional faculty members are Dr. Craig Glines (osteopathic education), Dr. Sarle (Urology) and Dr. Deshmukh (colorectal). Our center provides a full range of educational opportunities involving the bladder (incontinence, pain, fistula), vaginal (prolapse, pain), bowel (fecal incontinence, constipation, IBS).

Our center is one of the few centers approved for in-office surgeries for incontinence entirely under local anesthesia. 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.

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.

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.

(Continued on Page 18)
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

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, 2016. 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, prenatals, intrapartum, antepartum, 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 vesicoamniocentesis/thoracentesis, cordocentesis, and fetal transfusion medicine. Surgical training in the placement of both elective and emergent/rescue cerclage and prophylactic cervicisthmic 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, 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 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: http://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 ABOG. Please email Deneen Mccalldy for further information. Mccalldy@trinity-health.org
Warm Holiday Greetings!