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

This is an historic time for the American College of Osteopathic Obstetricians and Gynecologists. There is a changing of the guard at hand. The ACOOG Board of Trustees has voted unanimously for Michael J. Geria, DO, to become the next Executive Vice President of the ACOOG. Dr. Geria was born and raised in South Philadelphia. He attained his bachelor’s degree in biology at Saint Joseph’s University in Philadelphia, and graduated with his D.O. degree from the Chicago College of Osteopathic Medicine. He completed his general rotating internship and Obstetrics & Gynecology Residency at the UMDNJ-SOM/Kennedy Memorial Hospitals-University Medical Center in Southwestern New Jersey. He is the Director of Medical Education, Program Director of the Obstetrics & Gynecology Residency and Clinical Clerkship Director of the Inspira Health Network in Vineland, New Jersey. Dr. Geria is a Past President and Distinguished Fellow of the ACOOG, and has served as Chair, and member, of many committees. He is a recipient of the 2001 ACOOG Outstanding Service Award. He has been a member of the AOBOG Board of Trustees, served on the Clinical Exam Committee and is a Clinical Examiner.

I have known Dr. Geria for over twenty years. We attended the same residency program together. I know Michael to be of strong personal conviction, ethics and character. He is a quick read and a straight shooter. There isn’t any aspect of professional service in Osteopathic Obstetrics & Gynecology, to my knowledge, in which Dr. Geria hasn’t played some role, and made some positive influence. Michael is a true dynamo. We are truly blessed as an organization to have Dr. Geria take the helm during this period of ACGME-uncertainty. Under his stewardship, the ACOOG will be on steady footing, and well poised for future academic and professional growth.

Dr. Geria will be recognized as the ACOOG Executive Vice President-designee on August 1st, 2015. From August through October, 2015, Dr. Geria will undergo a process of orientation for his new position under the guidance of Dr. Steve Buchanan. On November, 1, 2015, Dr. Geria will become the ACOOG Executive Vice President. Dr. William Bradford will continue his position as the ACOOG Vice President of Evaluation.

We have been blessed as a college to have Steve Buchanan, DO, steer our ship toward calm waters, and away from rocky shoals, as Executive Director, and then Executive Vice President, of the ACOOG since 1999. As all who have encountered Steve know, he is a southwestern gentleman with a deliberate and courteous manner, served with a warm and friendly wit. It has been Steve’s steady hand, colloquial communication style and warm personal interactions with all who he encounters, which has kept the ACOOG in good stead. Instead of saying good-bye, we’ll borrow the French, “au revoir-until we see you again,” as I know while Steve makes his own way he will still stay amongst his own. While we prepare to send Steve riding off into the sunset, we’ll wish for him that the sun shine warmly on his face, the wind to be at his back, the road to rise to meet him, and may he always drink upstream from the herd.

I encourage all of you to attend the ACOOG Fall Conference at
the Loews Portofino Bay Hotel at Universal Studios in Orlando, Florida, from October 21st-25th, 2015, where you will be able to extend your personal welcome wishes to Dr. Geria, and gratitude to Dr. Buchanan, in addition to obtaining CME from an exceptional program. If you find that you are unable to attend this fall’s conference, please contact the ACOOG Central Office with your well wishes instead...they will be warmly received.

Yours very truly and sincerely,

Eric J. Carlson, DO, MPH, FACOOG (Dist.)
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(Continued from Page 4)

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Message from the Executive Vice President

Steve Buchanan, DO, FACOOG, (Dist.)

We take so much for granted. We believe that the past will lead us to a predictable today and a reasonable plan for tomorrow. In practice, this is oftentimes the case as we begin a new day. On other days, change breaks unannounced, unforeseen and full of opportunity.

We returned home yesterday evening from the week long Annual Business Meeting of the AOA Board of Trustees (BOT) and House of Delegates (HOD) in Chicago. I want to express the gratitude of the College to Eric Carlson, DO, ACOOG President, for representing us at the AOA BOT, and to James Perez, DO, ACOOG President Elect, as Delegate, along with Jeannine McMahon DO, ACOOG Secretary Treasurer, as Alternate Delegate for their representation at the HOD. The workings of the Chicago Association are complex and the volume of policy decisions at the many levels can be a lot to assimilate in a short time.

What a difference a year makes! Last year the AOA BOT and HOD was filled with day long testimony as to the fate of the AOA and the potential impact of the Single Accreditation System (SAS) on US GME, AOA and ACGME approved OBGYN residencies and fellowships and the future of the AOBOG. There was drama and late night caucuses and passions ran high. Resolution H800/A-14* was approved as amended by the House, the SAS would be the future and the past as we knew it was gone.

The sun rose the next day and we all rolled up our sleeves and did what all old and successful 501(c)6 member organizations do; we discerned, adapted and will survive. The AOA approved residencies and fellowships and their Sponsoring Institutions (SI) took a deep and long draught of the ACGME organizational requirements and went to work building new framework for OGME.

ACOOG Postgraduate Evaluation and Standards Committee (PESC) and the AOBOG have worked to educate our program directors through webinars and educational meetings about the process. The residents are being trained and graduating and qualifying for osteopathic certification this year the same as last. As will continue to be for the foreseeable future, nothing in these proposed or approved documents closes a pathway to AOA/BOS/AOBOG certification at the end of a completed AOA-approved or ACGME-accredited OBGYN residency or fellowship. Nor is there any obstruction to those same osteopathic physicians seeking and achieving Fellowship in the ACOOG.

Resolution H800/A-19* required the AOA BOT to report back annually to the House of Delegates from 2015 to 2021 about specific benchmarks of progress as to acceptance of AOA Board certification acceptability/ equivalency for Program Director qualifications. They were pleased to report that only four ACGME Review Committees (RC) specialties have NOT taken this step. OBGYN RC has been one of the nineteen that WILL accept AOA/BOS/AOBOG certification as an acceptable qualification for program director. Of course, all other requirements for Program Director must be met to serve as an ACGME program director. This should be encouraging for those program directors preparing to take their AOA approved programs through the paces toward INITIAL ACGME accreditation.

(Continued on Page 7)
On April 1, 2014 the applications opened for the SIs to become ACGME accredited. Then on July 1, 2015, the applications for PRE- Accreditation for the residencies opened and now the race is on. This is not for the faint of heart. The AOA BOT passed the following resolution B1/A-15* I call this one the “no resident left behind” mandate.

The several RESOLVED statements in the language clarify the timeline for taking the last PGY-1 matriculants for an AOA approved OB/GYN residency program; July 1, 2016. There are specific consequences for those programs that choose NOT to seek ACGME Pre- Accreditation and INITIAL Accreditation by ACGME over the next two years.

There remain however, for the foreseeable future, unavoidable and confusing issues for the current USDO graduates as to which of the two residency match services to apply through and the timeline for moving to the ACGME linked matching system for ALL USDO graduates. Students must stay tuned to the relevant website messaging networks that can inform reliably and timely as to the ACGME approval status of programs as each AOA program progresses through the gauntlet into INITIAL Accreditation by ACGME. Then the only match route to that particular ACGME program will be the match associated with ALL ACGME residencies and fellowships.

And what about those few subspecialty fellowships in gynecologic oncology, maternal fetal medicine, and reproductive endocrinology and infertility that are AOA approved? There is recent news that all ABOG approved OB/GYN fellowships in these three subspecialties will be moving to be ACGME accredited as well. As soon as the ACGME RC for OB/GYN is ready to receive these applications for preaccreditation, we will advise AOA fellowships to proceed when ready. If not, then the last entering class for three year AOA approved fellowship matriculants will likely be July 1, 2017.

On June 30, 2020, one door will close on the operational mission of our College. Until that time, ACOOG will continue to fund the unreimbursed expenses of the AOA approval processes with sufficient staff and executive resources to see that our duty is done. Without the long hours of the many dedicated volunteers of the Postgraduate Evaluation and Standards Committee and the subspecialty consultant groups, none of this would be possible. Without the valiant service of the many, many volunteer faculty in our communities, osteopathic students and residents would not be trained. We cannot thank them enough for their service to education.

We entered the OGME approval process when the medical times were full and the need arose within the AOA. We will depart that process knowing that ACOOG has helped thousands of women over decades of service to receive the benefits of obstetrical and gynecologic surgical care from those compassionate, competent, and caring members of this College.

I remain, in service to the College,

And having the honor of being

Fraternally yours,

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

*all AOA BOT and AOA HOD resolutions and reports are available for review on the osteopathic.org website at


Much has been written about the implementation of a Single Accreditation System (SAS) for Graduate Medical Education (GME) specialty training in prior columns and articles within Inside OME and elsewhere. Osteopathic GME (OGME) is currently accredited by the American Osteopathic Association (AOA) and other GME is accredited by the Accreditation Council on Graduate Medical Education (ACGME). Graduates of osteopathic medical schools currently pursue both pathways for specialty training, with about 60 percent receiving some or all training in ACGME-accredited programs. All that will change by 2020, when all accreditation will fall under ACGME. The AOA, AACOM, and ACGME agreed to this plan a little over a year ago; over the next few months implementation will begin.

One important element of the agreement was the establishment of a mechanism for ACGME-accredited specialty programs to seek Osteopathic Recognition (OR). Programs seeking this designation would be accredited normally by the ACGME Review Committee overseeing that specialty, but would also provide a curriculum that included and incorporated newly-adopted ACGME standards for OR. For example, ACGME-accredited programs in family medicine, internal medicine, pediatrics, or any other specialties could choose to seek OR. The standards for OR would be established and adherence reviewed by a new committee—the ACGME Osteopathic Principles Committee (OPC)—that has been up-and-running since last fall, preparing for implementation.

Medical education for DOs in both medical school and in AOA-accredited residency and fellowship programs is based upon foundational osteopathic principles and practices. These same principles guided the ACGME’s OPC in the development of its standards for OR, and will enable the continuity of osteopathic medical education to take place within the SAS. In addition, under the SAS, these specialty programs will be available to MDs as well as DOs. This will enable a broadening of the training opportunities for all physicians—MDs and DOs—in residency and fellowship training.

One key question being raised in planning the implementation of the SAS is: “Should our program seek to become an ACGME osteopathically-recognized program in the Single Accreditation System?” This is an issue for both programs as well as the institutions in which they are housed. It is a concern of programs that are currently dually accredited by both AOA and ACGME (of which there are several hundred); those programs only accredited by AOA; and those programs only accredited by ACGME. While there are a lot of specific “in the weeds”—type of issues surrounding any decisions along these lines, I want to provide some of my thoughts on this issue.

First, I think DO graduates will prioritize ACGME specialty programs that have osteopathic recognition. There are around 24,500 osteopathic medical students in the nation’s growing DO schools today, of which over 5,000 will graduate in 2015 and 7,000 or more are expected to graduate in 2020. These students chose to pursue an osteopathic medical education pathway to become a physician, and I believe most would like to continue to do so during their GME training. What evidence, you might ask, gives me the justification to say that? In a survey of all senior osteopathic medical students (with an 80 percent response rate) a little over a decade ago, 72 percent of graduating seniors responded yes to the statement, “Are dually-accredited (AOA/ACGME) residency programs in your field more appealing than are residency programs accredited...” (Continued on Page 9)
Implementing the Single Accreditation System for Graduate Medical Education: Seeking Osteopathic Recognition

(Continued from Page 8)

by ACGME only?” I don’t believe there is any evidence to suggest that this sentiment has changed (AACOM conducted a survey in late March of current third-year osteopathic medical students which confirmed that a majority (70.55 percent) would prefer an ACGME-accredited program with osteopathic recognition over one without osteopathic recognition; see full survey results).

I believe that the appropriate conclusion to draw is that if institutions want to be the most competitive for the best, brightest, and most appropriate DO graduates for their residency programs, then they should obtain osteopathic recognition of their ACGME program as they transition into the Single Accreditation System. While the standards for osteopathic recognition have been adopted by ACGME, and the logistics of this process involve several steps, I think that those ACGME programs already dually accredited by AOA should have a clear pathway to maintain that alignment. Likewise, those AOA programs that will be transitioning through ACGME accreditation should have few problems maintaining an osteopathic focus in their programs, since they are already doing so. I encourage all programs and the institutions in which they operate to consider this important issue as they plan their transition in the Single Accreditation System.

Of course there are a number of other reasons why it makes sense to pursue OR as well, and here are a few:

- In a time in which renewed focus is rightly placed on the need to have a health care system that is high quality, patient-centered, and focused on health as well as disease prevention and cost-effectiveness, the primary-care focused osteopathic approach is on target. As Robert Cain, DO, Chair, ACGME Osteopathic Principles Committee, articulated during the 25th Annual Osteopathic Medical Education Leadership Conference in Los Angeles, “Patient care delivered within the context of the four tenets of osteopathic medicine, is aligned to patient-centered, high-value care and the needs of our nation’s health care system.” Maintaining OME within the SAS is a means to that end.

- Distinctive branding—programs that are AOA-accredited have already invested resources in the osteopathic approach and can capitalize on that investment by maintaining that focus. Being an osteopathically-recognized ACGME program under the single accreditation system will help programs solidify their brand and will provide a tangible credential that will have significant meaning and function as an organizational asset.

- While standards and definitions have long existed governing the principles and practice of osteopathic medicine, the changing framework with the SAS offers a great opportunity. As we move through the transition period and begin to integrate and operationalize osteopathic principles and practices into the ACGME system of accreditation, we can use this as an opportunity to further evaluate, research, define, and codify the unique contributions of the osteopathic medical approach to serving the health care needs of our country.

In a recent column AOA President Robert S. Juhasz, DO, provided a number of thoughts on this very topic. I thought the following particularly noteworthy:

“Market forces in this country are aligning in ways that are driving the value of osteopathic medicine. The significant shortage of primary care physicians; patients seeking our high-touch, high-empathy brand of care; our distinctive training and practice of medicine, which aligns neatly with the national demand to deliver high-quality care in a cost-effective way—all of these factors underscore the need for more DO training.”

Clearly, we are living through interesting times. Our profession and its education model are undergoing change. We are provided with the opportunity to engage on a larger stage to deliver the best we have to offer for the health of our country’s residents.
Cell-Free Fetal DNA Analysis and Its Use in Aneuploidy Screening

Niamh Condon, DO, Dawn Hannah, DO, Melissa O’Donnell, MGC/LCGC, Francis Martinez, DO, FACOOG.

Non-invasive aneuploidy screening utilizing maternal serum alpha-fetoprotein (MSAFP) was initially introduced in 1984 as a means to offer “low-risk” women (<35 years old) an adjusted risk for trisomy 21. Patients deemed at increased risk were then offered more invasive diagnostic testing including amniocentesis or chorionic villi sampling (CVS). Screening for other conditions, such as trisomy 18, later evolved. Over the last 30 years, aneuploidy screening has transformed from measuring serum biochemical markers in the second trimester to a combined approach utilizing both biochemistry and nuchal translucency in the first trimester. In 2007, ACOG recommended that all women, regardless of maternal age, be offered prenatal aneuploidy assessment1.

The performance of standard aneuploidy screening to detect trisomy 21 and trisomy 18 ranges from 85% to 95% (using 5% false positive rate). More importantly, however, is the low positive predictive value (PPV) of standard screening methods. Recent studies have indicated a PPV for Down syndrome of less than 5% with standard screening2.3. Thus, greater than 95% of pregnancies with an abnormal screen for Down syndrome are unaffected, resulting in unnecessary anxiety and invasive procedures.

Efforts have been made to find other, more effective methods of aneuploidy screening with higher detection rates while reducing the need for invasive procedures of CVS and amniocentesis. Since the 1990’s, we’ve known that fetal cells are present in maternal blood which could be used to obtain fetal DNA4,5. However, the paucity of fetal cells makes their isolation from maternal plasma difficult to use clinically. Also, fetal cells can persist for years after delivery, which could confuse results from an ongoing pregnancy.6

In 1997, circulating cell-free fetal DNA (ccfDNA) was found in maternal blood, which accounts for about 10% of the total circulating cell-free DNA in maternal plasma7,8. Less than 200 base pairs in length, ccfDNA originates primarily from apoptotic trophoblasts. Unlike fetal cells which can persist for years postpartum in maternal plasma, ccfDNA is cleared from maternal circulation less than 1 hour after delivery9.

The promise of cell-free DNA for aneuploidy detection was realized in 2008 with the use of whole-genome sequencing of these short DNA fragments in maternal plasma, referred to as massive parallel sequencing (MPS)10,11. Circulating cell-free DNA originating from both fetal-placental and maternal sources are sequenced, aligned to the reference human genome and counted. Subtle differences in the amount of DNA expected between euploid and aneuploid can be identified and used for risk assessment. Since then, multiple studies have validated this process to detect common aneuploidies such as Down syndrome12-19.

In 2011, cell-free fetal DNA (or simply cell free DNA) analysis became commercially available for clinical use. The testing is also known as non-invasive prenatal testing (NIPT) or non-invasive prenatal screening (NIPS). A joint Committee Opinion from ACOG and SMFM in December 2012 listed five indications for considering the use of ccfDNA: maternal age 35 years or older at delivery, fetal ultrasonographic findings indicating an increased risk for aneuploidy, history of a prior pregnancy with a trisomy, positive maternal serum screen for aneuploidy, and parental balanced robertsonian translocation increasing the risk for trisomy 13 or trisomy 2120. Based on a meta-analysis of clinical validation and implementation studies, the performance of cell-free DNA analysis far exceeds that of traditional aneuploidy screening methods, with sensitivities of 99%, 96%, and 92% for trisomy 21, trisomy 18, and trisomy 13, respectively, at false positive rates of <0.2% and specificities of >99%21. Furthermore, results from the Cell-free DNA Analysis for Noninvasive Examination

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of Trisomy (NEXT) study published in April 2015 showed that the positive predictive value for trisomy 21 with cell-free DNA testing in the general population (high and low risk pregnancies) is 80.9%, compared with 3.4% for standard screening3.

Several companies now offer aneuploidy screening via cell-free DNA analysis. In the United States, the original four laboratories and their tests are: Sequenom MaterniT21® PLUS; Ariosa (now a Roche company) Harmony™; Verinata (now Illumina) Verifi®; and Natera Panorama™. These laboratories have extended the use of their tests to other companies to market for clinical use. The numerous labs offering cell-free DNA testing allows for competitive pricing and patient billing options. All of these tests have a greater than 98% combined detection rate for the common aneuploidies, including sex chromosome abnormalities. Additionally, all of the laboratories offer testing in singleton and twin gestations, as well as to both “high” and “low” risk pregnancies.

It is also important to note the differences and limitations of each test. The MaterniT21® PLUS and Verifi® tests use massive parallel sequencing and counting of circulating cell-free DNA to report results for several microdeletion syndromes in addition to the common autosomal and sex aneuploidies. The Harmony™ test utilizes selective sequencing and counting of cell-free DNA fragments from targeted chromosomes of interest (21, 18, 13, X, Y). The Panorama™ test uses a different technology that is not based on quantifying DNA fragments. Rather, single nucleotide polymorphisms (SNPS) are used to differentiate fetal from maternal DNA, and a patented algorithm is used to screen for the common autosomal and sex aneuploidies, microdeletions, and triploidy. Unlike the other three tests, the Panorama™ test cannot be used in pregnancies conceived with a donor egg as the maternal genotype is needed for interpretation. It is beyond the scope of this article to discuss every detail of each proprietary test. Therefore it is important to review the information provided by each lab to better understand their respective technologies and determine the benefits/limitations of each test as it applies to your practice.

In clinical use, cell-free DNA screening is complicated by the inability to obtain a result in some cases and the problem of discordant results. Test failures may occur because of laboratory processing errors or technical limitations with the specific test. For instance, some tests require a threshold percentage of circulating feto-placental DNA, referred to as fetal fraction, and low fetal fraction would result in a “no-call” or test failure to produce a result. The causes and clinical implications of low fetal fraction are poorly understood. The test failure rate for each of the four laboratories varies but has substantially decreased over time so as to be similar to other forms of aneuploidy screening.

Discordance between the cell-free DNA result and the actual fetal genotype is influenced by many factors. Twin gestation, for instance, poses a unique clinical challenge. A positive cell-free DNA result in a dichorionic twin gestation will not indicate whether one or both twins are at increased risk, and pregnancies complicated by a vanishing twin can lead to discordant test results for the surviving twin. Another reason for discordant results is chromosomal mosaicism, either placental or maternal (e.g. Turner syndrome). Unknown maternal pathology, such as malignancy, has recently been linked to discordant cell-free DNA results22. A proposed explanation is that the underlying maternal pathology causes an increase in abnormal circulating DNA fragments which would be detected using massive parallel sequencing.

(Continued on Page 24)
When considering its combined benefits and limitations, cell-free fetal DNA is a type of aneuploidy screening, not a diagnostic test. Direct genetic testing via amniocentesis or CVS is recommended to confirm a positive cell-free DNA result. Fetal karyotyping and microarray studies should also be offered when the risk is increased for genetic conditions other than the typical aneuploidies.  

Although cell-free DNA analysis is an accepted screening method in the “high-risk” population, controversy currently exists regarding the clinical implementation of cell-free DNA testing in the general population. In a 2015 joint Committee Opinion, ACOG and SMFM state, “…conventional screening methods remain the most appropriate choice for first-line screening for most women in the general obstetric population.” However, there is strong data from the CARE study and the NEXT study suggesting that cell-free DNA screening can be used reliably in the general obstetric population.  

Many questions remain unanswered about the universal implementation of cell-free DNA screening, such as cost, the role of biochemical markers, and the value of first trimester ultrasound in the early detection of fetal abnormalities. Nonetheless, cell-free fetal DNA analysis has become an important prenatal screening tool for the detection of fetal aneuploidy. Future developments in cell-free DNA technology will further enhance its use as a genetic screening tool for years to come. As obstetricians, it is vital that we have a strong understanding of this technology so that we may provide informed counseling to our pregnant patients and their families.

Please note that the commercial lab information discussed in this article are for general information purposes only and not meant to be all-inclusive of the specific technical aspects of their testing. The authors have no financial disclosures concerning any of the commercial companies mentioned in this article.

Dr. Niamh Condon and Dr. Dawn Hannah are MFM Fellows at the LECOM/PinnacleHealth Maternal Fetal Medicine Fellowship Program. Melissa O’Donnell is the senior genetic counselor at PinnacleHealth Maternal Fetal Medicine. Dr. Francis Martinez is an MFM specialist and director of the LECOM/PinnacleHealth MFM Fellowship Program, Harrisburg, PA.

References


Cell-Free Fetal DNA Analysis and Its Use in Aneuploidy Screening

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25. Cell-free DNA Screening for Fetal Aneuploidy. ACOG/SMFM Committee Opinion # 640; 2015.

ACOOG CME Quiz:

This CME is available to ACOOG MEMBERS ONLY.

The ACOOG, accredited by the American Osteopathic Association, anticipates up to 0.5 hours CME credit pending AOA approval. CME will be submitted to the AOA office quarterly. Visit our website at www.acoog.org. Newsletter CME will remain on the ACOOG website for 24 months to provide the opportunity to complete questions about each article.
Thomas Alderson DO, ACOOG President 2014-15, presents the MEFACOOG Gail Goldsmith Memorial Lectureship Award to Lee A Learnman, MD,PHD.

Eric Carlson DO, ACOOG President 2015-16, presents the Barbara Hawkes Memorial Lectureship Award to Steve Buchanan DO.

Thomas Alderson, DO presents the Postgraduate Thesis Award to Marie Lukosh, DO.

Eric Carlson, DO presents the MEFACOOG Distinguished Lectureship Award to Michael R. Harrison MD.
SUMMER EDITION 2015

President’s Day Awards Ceremony

April 15, 2015

Highlights
82nd Annual Conference

Thomas Alderson, DO, ACOOG President 2014-2015 presented Steve Buchanan, DO with the Distinguished Service Award.

Congratulations to the newly inducted Distinguished Fellow Catherine Bernardini, DO.

Thomas Alderson DO presents Ashley Hood DO, 2014 Fall Conference co-chair with the ACOOG Service Award.

Congratulations to the newly inducted Honorary Distinguished Fellow Valerie Bakies Lile, CAE.

82nd Annual Conference Co-Chair Awards presented by Thomas Alderson, DO to (l) Rupesh Patel, DO and Jeffrey Kozeszuk, DO.

2015-2016 ACOOG President
Eric J. Carlson, DO, FACOOG (Dist.)

Presentation of ACOOG Past President’s plaque to Thomas Alderson, DO by incoming President Eric Carlson, DO.

Congratulations to the newly inducted Honorary Distinguished Fellow Valerie Bakies Lile, CAE.

Teresa Hubka DO MEFACOOG Chair 2014-15 (l) presented the MEFACOOG Commendations for Meritorious Service to Mark Barbee FACOOG(Hon.), Lisa Fritz DO, and Richard Polk DO FACOOG(Dist.)

ACOOG

S U M M E R  E D I T I O N  2 0 1 5

A C O O G  1 5
New Members
Welcome new members! The Board of Trustees approved the following new members at the April 2015 meeting in San Diego, CA.

New Regular Members
Ralph Armstrong, DO
Michelle Auerbach, DO
Michelle Bahn-Palma, DO
Lucy Bucher, DO
Christina Caito, DO
Michael Carter, DO
Sara Castellanos, DO
Virginia Chan, DO
Sara Clymer, DO
Niham Condon, DO
Allison Coyle, DO
Christina Daris, DO
Joan Devine, DO
Sarah Elhusein, DO
Sarah Griffith, DO
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Jennifer Hummel, DO
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Linzi Stewart, DO, FACOOG
Doreen Tadokor, DO, FACOOG
Erica Takimoto, DO, FACOOG
Philip Taylor, DO, FACOOG
Joshua Trinidad, DO, FACOOG
Kushatha West, DO, FACOOG
Alyson Willis, DO, FACOOG
Elana Wistrom, DO, FACOOG
Amy Wynn, DO, FACOOG
Elsie Yeykal, DO, FACOOG
Kristina Yoder, DO, FACOOG

New Affiliate Member
Molrine Andrea Tracey, MD

New ACOOG Fellows

May 2014
William Alter, DO, FACOOG
Ajaykumar Amin, DO, FACOOG
John David Amsbury, DO, FACOOG
Michelle Bahn-Palma, DO, FACOOG
Nickole Bazger, DO, FACOOG
Ruth Bruce, DO, FACOOG
Virginia Chan, DO, FACOOG
Michelle Coates, DO, FACOOG
Niham Condon, DO, FACOOG
Christina Daris, DO, FACOOG
Misty Dickerson, DO, FACOOG
Lina Ea, DO, FACOOG
Stephanie Elliott, DO, FACOOG
Georgina Greil, DO, FACOOG
Alana Jadomski Revoal, DO, FACOOG
Derek Jurus, DO, FACOOG
Alysha Kirkwood, DO, FACOOG
Kirk Lammi, DO, FACOOG
Daniel Lee, DO, FACOOG
Buuloc Luu, DO, FACOOG

October 2014
Cecilia Banga, DO, FACOOG
Linda Barnhart, DO, FACOOG
Esha Behl, DO, FACOOG
Michelle Birkenholz, DO, FACOOG
Jessica Branham, DO, FACOOG
Deanna Brasile, DO, FACOOG
Christina Caito, DO, FACOOG
Jessica Cunningham, DO, FACOOG
Jennifer Gaide, DO, FACOOG
Sarah Garcia, DO, FACOOG
Erin Garner, DO, FACOOG
Julie Goodell, DO, FACOOG
Christine Gorey, DO, FACOOG
Jennifer Hummel, DO, FACOOG
Marc Jean-Gilles, DO, FACOOG
Jennifer Klos, DO, FACOOG
Kayci Lewis, DO, FACOOG
Derek Liang, DO, FACOOG
Elizabeth LoCascio, DO, FACOOG
Myra Mabry, DO, FACOOG
Meredith Mann, DO, FACOOG

(Continued on Page 17)
New Fellows
(Continued from Page 16)

Andres Martiny, DO, FACOOG
Pamela McCool, DO, FACOOG
Amy Park, DO, FACOOG
Stacy Paye, DO, FACOOG
John Ross, DO, FACOOG
Sarah Russell, DO, FACOOG
Michelle Sanders, DO, FACOOG
Alexandra Schmidt, DO, FACOOG
Kirsten Sjostrand, DO, FACOOG
LaToya Smith, DO, FACOOG
Deborah White, DO, FACOOG
Emily Zoulek, DO, FACOOG

New Distinguished Fellow
Catherine Bernardini, DO, FACOOG (Dist)

New Honorary Distinguished Fellow
Valerie Bakies Lile FACOOG (Hon.)

New Life Members
Richard Colman, DO, FACOOG (Dist)
William Egglesfield, DO, FACOOG
Lynne Haspedis, DO, FACOOG
Carol Markiewicz, DO, FACOOG
Lawrence Rogina, DO, FACOOG
Arthur Wittich, DO, FACOOG

ACOOG New Fellows ceremony April 15, 2015
Please plan to join us next year in Fort Lauderdale! 83rd Annual Conference, April 10 - 15, 2016


FRONT ROW (left to right): Nicole Orwar, Ruth Bruce, Pamela McCool, LaToya Smith, Magan Nagy, Michelle Coates, Sarah Russell, Yen Tran.

In Memoriam

Kenneth Tyson, DO, FACOOG
Senior Member - June 2014
Joe S. Rottman, DO, FACOOG
Senior Member - November 2014.

ACOOG has made in memory donations to MEFACOOG in each of their memories.

Please visit our website to view our
ACOOG Award Ceremony book

Please visit our website to view our
ACOOG Award Ceremony book
ACOOG CME

Calendar of Events

83rd Annual Conference
April 10-15, 2016
Marriott Harbor Beach
Ft Lauderdale, FL

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

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

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 your first OCC cycle.
- There are links to the PPA module vendor (O-CAT) from both the AOBOG And ACOOG websites. PPAs are being updated and new PPAs are being added, so be sure to check back often for updates!
- 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_faq).

Certification Opportunity for FPMRS Physicians
Do you practice Female Pelvic Medicine and Reconstructive Surgery (FPMRS)? The AOBOG offers Subspecialty Certification 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. (Please visit www.aobog.org/documents for more information and to see if you qualify.)

Become an AOBOG Examiner!
The AOBOG continues to recruit certified generalists (actively practicing both OB and GYN), and subspecialist OB/GYN physicians to participate in Board activities, which include test development and the

(Continued on Page 19)
administration of oral exams. The Board and examiners meet twice a year for exams, with training provided to new examiners. Show yourself as a “cut above” by committing to the future of osteopathic OB/GYN – you’ll earn CME, contribute to your own lifelong learning, and become part of a great group of OB/GYN leaders! For more information or to apply, please visit the AOBOG website or email the AOBOG at aobog@aobog.org.

CME for JTA Survey
Thank you again to the 900+ physicians who completed the JTA survey last fall. Your input will be invaluable to future exams. The request for CME to all those who participated was approved at the AOA Annual Meeting and will be submitted soon.

New Oral Exam Format Coming This Fall
The format of the Primary Oral Examination will change beginning with the Fall 2015 administration of the exam. Please visit www.aobog.org/documents for more information.

2015 and 2016 Examination Schedule
All examination applications are exclusively available on the AOBOG website. View the entire calendar of upcoming exams in 2015 and 2016 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).
**GENERAL OBSTETRICIAN/GYNECOLOGIST**

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

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

**FELLOWSHIP in FPMRS**

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

Dr. Salil Khandwala, 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

**MATERNAL FETAL MEDICINE FELLOWSHIP**

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

(Continued on Page 20)
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, 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 vesicoentesis/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, 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.

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

Female Pelvic Medicine and Reconstructive Surgery OPPORTUNITIES
- Do you already perform a significant amount of Urogyn?
- Are you thinking about possibly taking advantage of the “Alternative Pathway” to become a Board
Thank you to our 82nd Annual Sponsors!

MEFACOOG Corporate Partner

- Duchesnay USA

Platinum Level

- Duchesnay USA

Silver Level

- Cancer Treatment Centers of America

Bronze Level

- Natera
- Noven Pharmaceuticals, Inc.

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NOVEMBER 2012 15 08/15
2015 FALL CONFERENCE
October 21-25, 2015

Loews Portofino Bay Hotel at
Universal Studios
Orlando, FL

Program Chair:
- Glenn E Bigsby, IV, DO
- James R Lindemulder, DO
2015 Fall CONFERENCE
October 21-25, 2015

WELCOME & CONFERENCE OVERVIEW

It is our pleasure to invite you to the 2015 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 an opportunity to participate in an OMM workshop. We hope you will register for the 2015 Fall Conference. Thank you for supporting ACOOG through your membership.

LOCATION & LODGING
Loews Portofino Bay Hotel at Universal Studios
5601 Universal Blvd, Orlando, FL 32819
1-866-360-7395, Group ID: ACOOG

Nestled along a picturesque bay at Universal Orlando Resort, Loews Portofino Bay Hotel re-creates the charm and romance of the famed seaside village of Portofino, Italy, right down to the cobblestone streets and outdoor cafes. Each guest room is equipped with all the latest amenities to combine the best of Old World hospitality with modern convenience. Hotel guests enjoy impeccable and attentive service, an opulent spa, three themed swimming pools and exceptional dining… plus an exclusive package of theme park benefits, including:

• **SKIP THE REGULAR LINES** with FREE Universal Express Unlimited ride access in both theme parks— a value of up to $89 per person, per day (valid theme park admission required)
• Early Park Admission to The Wizarding World of Harry Potter™, one hour before the theme park opens (valid theme park admission required.)

Don’t forget to reserve early, Hotel block cutoff is September 28, 2015. ACOOG Rate $205.00.

“this year’s schedule provides an opportunity to participate in an OMM Practical Workshop.”
2015 FALL CONFERENCE:

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.

SOCIAL EVENT
Join us at Red Coconut Club Universal CityWalk on Saturday, October 24th 7pm-10pm! We have a great night planned that includes food, beverages, music, and an interactive “Minute to Win It” type competition. If you’ve seen the game show, you know it is fantastically fun and always hilarious!

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.

CREDIT STATEMENTS
The American College of Osteopathic Obstetricians & Gynecologists has requested that the AOA Council on Continuing Medical Education approve this program for 24 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.

PHOTOGRAPHY DISCLAIMER
Registration and attendance at, or participation in ACOOG meetings and other non-CME activities constitutes an agreement by the registrant to ACOOG’s use and distribution of the registrant’s or attendee’s image or voice in photographs, videotapes, electronic reproductions and audiotapes of such an not and activities.
Preliminary 2015 Fall Conference Agenda

WEDNESDAY (October 21, 2015)

8:00 AM - 4:00 PM  ACOOG Board of Trustees meeting
12:00 - 5:00     EARLY REGISTRATION
1:00-5:00        Resident Research Training Seminar
6:30-8:00 PM     TENTATIVE-Dinner Symposium

THURSDAY (October 22, 2015)  5.25 CME Credits

6:45-7:15        REGISTRATION/BREAKFAST/EXHIBITORS
7:15-7:30        Welcome From the President & Program Chairs
7:30-8:15        Trauma in Pregnancy
                ACOOG/ACOEP Joint Session
                Trauma Surgeon Perspective
                ACOOG – Krista Turner, MD
                ACOEP- Nilesh Patel, DO
                Panel Discussion/Q&A
8:15-9:00        Sexual Assault and Domestic Violence
                ACOOG/ACOEP Joint Session
                What the OB-GYN Needs to Know
                ACOOG - Ade Oshinowo, MD
                ACOEP- Tom Green, DO
                Panel Discussion/Q&A
9:00-9:45        BREAK WITH EXHIBITORS
9:45-10:30       When to Call the OB-Pregnant Patients
                ACOOG/ACOEP Joint Session
                Less than 20 weeks – Obstetrics Perspective
                ACOOG - Jim Lindemulder DO
                ACOEP - Steve Parrillo, DO
                Panel Discussion/Q&A
10:30-11:15      When to Call the OB-Non Pregnant Patients
                ACOOG/ACOEP Joint Session
                Post-op Complications in ER
                ACOOG - Ade Oshinowo, MD
                ACOEP - Nilesh Patel, DO
                Panel Discussion/Q&A
11:15-12:00 PM   CV Disasters in Pregnancy
                ACOOG/ACOEP Joint Session
                Critical Care
                ACOOG/ACOEP Joint Session
                ACOOG - Luis Guzzi, MD
                ACOEP - Tom Green, DO
                Panel Discussion/Q&A
12:00-1:15       LUNCH WITH EXHIBITORS
1:15-2:00        Forming Strategies of Clinical Competency
                Committee & Program Evaluation in New
                Academic Environment
                David Jaspan, DO
2:00-2:45        Lesbian Healthcare
                Michele Style, DO and David Jaspan, DO
2:45-3:15        BREAK WITH EXHIBITORS
3:15-4:45        OMM Workshop
                (2nd year residents required to attend)
                Eileen Conoway, DO

FRIDAY (October 23, 2015)  7.5 CME Credits

7:00-7:30        REGISTRATION/BREAKFAST/EXHIBITORS
7:30-8:15        Past Presidents Honorary Lecture
                David L. Wolf, DO
8:15-9:00        Stroke, Thrombosis, PE in the Young Patient
                Alan Wladis, MD
9:00-9:45        Update on Anticoagulation Therapies, NSAID’s
                Risk of Bleeding with Procedures
                Alan Wladis, MD
9:45-10:30       BREAK WITH EXHIBITORS
10:30-11:15      Screening/Imaging of Breast Cancer
                Barb Jaeger, MD
11:15-12:00 PM   Genetic Update in Breast Carcinoma
                Melissa Gilstrap, MS, CGC
12:00-12:15      SPECIAL PRESENTATION
12:15-1:30       LUNCH SYMPOSIUM - Tentative
1:30-2:15        Surgical Diagnosis & Treatment of Breast Cancer
                Louis Bar, MD
2:15-3:00        Reconstructive Technique After Breast Surgery
                Lisa Hunsicker, MD
3:00-3:45        Update on Treatment of Breast Cancer
                Linsey Gold, DO
3:45-4:30        Renal Stones & Other Urological Issues in Pregnancy
                Matthew Oommen, MD
4:30-5:15        Urological Complications in Gyn Surgery
                Matthew Oommen, MD

EVENT
6:30 PM        Retirement Party for Steve Buchanan, DO
contact ACOOG Office for details

MEETINGS:
1:00-3:00      CME Committee Meeting

Last ACOOG Event of the 2013-2015 CME credit cycle for AOA
Category I A!
### SATURDAY (October 24, 2015)  7.5 CME Credits

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 AM</td>
<td>Breakfast Symposium - TENTATIVE</td>
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<tr>
<td>7:30-8:00</td>
<td><strong>BREAKFAST</strong></td>
</tr>
<tr>
<td>8:00-8:45</td>
<td>Urinary Problems and OMM</td>
</tr>
<tr>
<td>Eileen Conoway, DO</td>
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</tr>
<tr>
<td>8:45-9:30</td>
<td>Liability Concerns with Post Partum Depression/EMR Liability</td>
</tr>
<tr>
<td>Lori Barker, JD</td>
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<tr>
<td>9:30-9:45</td>
<td>BREAK</td>
</tr>
<tr>
<td>9:45-10:30</td>
<td>Opiate use in Pregnancy and Labor Perinatology/Neonatology</td>
</tr>
<tr>
<td>Rajan Wadhawan, MD</td>
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<tr>
<td>10:30-11:15</td>
<td>Labor and Cesarean Anesthesia</td>
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<tr>
<td>JLR Anesthesia Orlando FL</td>
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</tr>
<tr>
<td>11:15-12:00 PM</td>
<td>Benign Dermatological Conditions and Treatment</td>
</tr>
<tr>
<td>Jere Mammino, DO</td>
<td></td>
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<tr>
<td>12:00:00-1:15</td>
<td>LUNCH</td>
</tr>
<tr>
<td>1:15-2:00</td>
<td>OMT-Pelvic Pain</td>
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<tr>
<td>Laura Rampil, DO</td>
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<tr>
<td>2:00-2:45</td>
<td>Hypertension Management in Pregnancy/Labor</td>
</tr>
<tr>
<td>Rachel Humphrey, MD</td>
<td></td>
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<tr>
<td>2:45-3:30</td>
<td>Management of the Short Cervix and History of Preterm Delivery</td>
</tr>
<tr>
<td>Rachel Humphrey, MD</td>
<td></td>
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<tr>
<td>3:30-3:45</td>
<td>BREAK</td>
</tr>
<tr>
<td>3:45-4:30</td>
<td>ACGME/AOA Merger Update GME/OPTI/OMM</td>
</tr>
<tr>
<td>Thomas M. Told, DO</td>
<td></td>
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<tr>
<td>4:30-5:15</td>
<td>Osteopathic Medical Schools Update on Growth and Visions</td>
</tr>
<tr>
<td>Thomas M. Told, DO</td>
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</tr>
</tbody>
</table>

### SUNDAY (October 25, 2015)  3.75 CME Credits

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>6:30-8:00</td>
<td>Breakfast Symposium-TENTATIVE</td>
</tr>
<tr>
<td>7:30-8:00</td>
<td><strong>BREAKFAST</strong></td>
</tr>
<tr>
<td>8:00-9:30</td>
<td>OMM Skills Labs - Common Postpartum Complaints (Concurrent Session)</td>
</tr>
<tr>
<td>Eileen Conoway, DO</td>
<td></td>
</tr>
<tr>
<td>8:00-8:45</td>
<td>Routine Salpingectomy at Hysterectomy for Reducing Risks of Ovarian Cancer – Data?</td>
</tr>
<tr>
<td>Anthony Rakowski, DO</td>
<td></td>
</tr>
<tr>
<td>8:45-9:30</td>
<td>What do I do Without the Morcellator?</td>
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<tr>
<td>Steve McCarus, MD</td>
<td></td>
</tr>
<tr>
<td>9:30-9:45</td>
<td>BREAK</td>
</tr>
<tr>
<td>9:45-10:30</td>
<td>Cosmetic Hysterectomy</td>
</tr>
<tr>
<td>Steve McCarus, MD</td>
<td></td>
</tr>
<tr>
<td>10:30-11:15</td>
<td>Adenocarcinoma in-Situ in Young Patients</td>
</tr>
<tr>
<td>Anthony Rakowski, DO</td>
<td></td>
</tr>
<tr>
<td>11:15-12:00</td>
<td>Pre-op Evaluation of the Gynecologic Surgery Patient</td>
</tr>
<tr>
<td>Luis Guzzi, MD</td>
<td></td>
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<tr>
<td>12:00pm</td>
<td>Adjourn</td>
</tr>
</tbody>
</table>

**EVENT**

7:00-10:00 PM  Social Event - Universal City Walk

**MEETINGS:**

8:00-12:00PM  NSS/Medical Student Education Program
12:30-2:00  Residency Fair
2p-3:30  Membership Committee
3:45-5:00  National Student Society

Last ACOOG Event of the 2013-2015 CME credit cycle for AOA Category I A!
2015 FALL CONFERENCE:

**Mission Statement**

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.

**ACOOG Core Values**

ACOOG will foster **INTEGRITY** by:
Treating each person with respect and dignity
Maintaining our values at all times and under any circumstances
Demonstrating responsibility and honesty

ACOOG is **COMMITTED** to:
Promoting excellence in women’s health
Promoting osteopathic education in women’s health
Improving all aspects of our organization
Developing an innovative vision for the future

ACOOG will foster **EXCELLENCE** by:
Promoting educational programs that are innovative, visionary, inclusive and socially relevant
Providing service to members, their patients and the public
Providing avenues for fellowship, communication and teamwork

**ACOOG Vision**

ACOOG will be the premier leader in the physical, emotional and spiritual health of women.
ACOOG 2015 FALL CONFERENCE
REGISTRATION FORM

PLEASE PRINT

First Name* MI
Last Name*
AOA # *
Degree* DO MD Other
Address*
Apt. or Suite
City*
State* Zip*
Contact Tel*
E-mail *
Guest Badge **
Please print name for guest badge (Adults only)

Please list any dietary restrictions / ADA compliant accommodations.

* 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 21, 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.

[√] GENERAL SESSION

<table>
<thead>
<tr>
<th></th>
<th>Early-Registration (payment received by September 18, 2015)</th>
<th>Late Registration (payment received after September 18, 2015)</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>

[√] For Daily registration rate please contact the ACOOG office at 817-377-0421

Pre-registrations will be accepted until September 28, 2015. Registrations received after September 28, 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.

[√] SUPPLEMENTAL SESSIONS

<table>
<thead>
<tr>
<th></th>
<th>Day</th>
<th>Time</th>
<th>CME</th>
<th>Limit</th>
<th>Fee</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMM Workshop (Thursday)</td>
<td>Oct 22, 2015</td>
<td>3:15-4:45</td>
<td>2</td>
<td>100</td>
<td>$100.00</td>
<td>Free</td>
</tr>
<tr>
<td>OMM Skills Labs (Sunday)</td>
<td>Oct 25, 2015</td>
<td>8:00-9:30</td>
<td>Concurrent session</td>
<td></td>
<td></td>
<td></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.

[√] ADDITIONAL EVENT

<table>
<thead>
<tr>
<th></th>
<th>Day</th>
<th>Time</th>
<th>Cost Per Ticket</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Event - (Saturday) includes: dinner and cocktail tickets.</td>
<td>Oct 24, 2015</td>
<td>7:00-10:00 PM</td>
<td>$125.00</td>
<td></td>
</tr>
</tbody>
</table>

[√] MISCELLANEOUS

Black and white syllabus booklet (PRE ORDER ONLY - available for pickup on-site at the registration desk)

<table>
<thead>
<tr>
<th>Amount</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<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 |

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