“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.”
Greetings to my ACOOG Family,

The ACOOG President is asked to send a message along to the membership with the publication of each newsletter. I am taking this opportunity to express my great affection for the ACOOG and its members. I have met so many altruistic and committed individuals during my time serving the ACOOG, that it has truly changed my life…it has changed how I look at my place in my hospital and my community, and it has made me a better person. I became involved with service to the ACOOG through an informal invitation by Laura Dalton, DO, Chair of the ACOOG Continuing Medical Education Committee (CMEC) at that time, to help put a conference together. Dr. Dalton was one of my mentoring attendings from my residency days. I knew at the time neither that Dr. Dalton was involved in service to the ACOOG-CMEC, nor what the ACOOG-CMEC was. After “signing on” to the CMEC crew, I learned that it is truly a hive of busy bees. Those not a part would be surprised as to how much work actually goes into the construction of a conference, as well as the level of details considered...ie. making sure that a wide variety of topics are presented; finding top-notch speakers who are knowledgeable, engaging and available to speak; calculating the perfect blend of lecture length and content material to keep the audience interested; making sure there is an appropriate number of CME hours available for conference attendees; presenting unique social events to take advantage of each venue at hand; the logistics of maximizing the cost of coffee and snack services (very expensive) during breaks in the program; the distance of the bathrooms to the lecture hall; distance of the airport to the hotel venue; likelihood that a direct flight can be made to the venue; and on and on and on. I learned that much energy, and frequently debate, goes into calculating even the very minutest of details. The CMEC appreciates feedback from the conference attendees, but I have found that much of the feedback we have received concerns issues that have already been meted out ad nauseum during committee work.

When I reflect on my involvement of service to the ACOOG, I have realized that the ACOOG is not some distant group of beaurocrats whose mission is to make my life more difficult...which can be easy to think. It is a group composed of obstetrician-gynecologists who practice medicine just like I do, and who work together to make sure that we are all well represented nationally, that we have the resources available to practice evidence-based medicine, and we are best able to acclimate to the process of osteopathic continuous certification AND the ACGME single unified accreditation system.

I have found that being a part of the ACOOG has transformed me from a somewhat skeptical observer to a caretaker and steward. My involvement has greatly helped my understanding with the technical processes of my professional life (the OCC process, board certification, CME requirements, et cetera). My service to the ACOOG has benefited not only the ACOOG, but myself as well...which has truly surprised me. I am grateful that I became involved in service to the ACOOG…and I am likewise grateful that I happened to know someone involved in service who thought of me when she needed help.
Message from the President
(Continued from Page 2)

I would like you to consider this an invitation to become involved, yourself. There are many opportunities within the ACOOG to give of yourself. The following are committees that can use dedicated, thoughtful volunteers... (and there are also a number of ad hoc committees that need help as well):

1- Bylaws Committee
2- Continuing Medical Education Committee
3- Editorial Committee
4- Ethics and Professional Standards Committee
5- Finance Committee
6- Government Affairs Committee
7- History and Traditions Committee
8- Investment Committee
9- Membership and Promotions Committee
10- Postgraduate Evaluation and Standards Committee
11- Postgraduate Evaluation and Standards Subspecialty Subcommittees
12- Strategic Planning Committee

Get started by contacting the ACOOG to volunteer:
8851 Camp Bowie West, Suite 275
Fort Worth, Texas 76116
Phone: 817-377-0421
Toll Free: 1-800-875-6360
Or email: info@acoog.org

Yours fraternally,

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

2015-2016 Board of Trustees

Eric Carlson, DO, FACOOG (Dist.)
President

James Perez, DO, FACOOG (Dist.)
President-Elect

David J Boes, DO, FACOOG (Dist.)
Vice President

Thomas Alderson, DO, FACOOG (Dist.)
Past President

Jeannine McMahon, DO, FACOOG
Secretary-Treasurer

Catherine Bernardini, DO, FACOOG (Dist)
Trustee

Britney Bunot, DO
Resident Representative

Octavia Cannon, DO, FACOOG (Dist.)
Trustee
2015-2016 Board of Trustees

(Continued from Page 4)
Dear Colleagues,

It is hard to believe that another year is at an end. This year marks several milestones, the most prominent being the retirement of our friend and colleague Steve Buchanan, DO, FACOOG(Dist). Dr. Buchanan served the ACOOG in multiple capacities for over twenty years. He leaves a legacy of growth and prosperity for the college. The past few weeks since assuming the job of Executive Vice President and CEO have been filled with much excitement on my part. Many thanks to our Executive Director, Valerie Bakies-Lile and the entire ACOOG staff who have been invaluable to me during this transition period.

The other milestone is the initiation of the Single Accreditation System. You are all aware that the idea of the SAS was brought to reality last year but the process did not begin until this past July. There are still many uncertainties and I am sure bumps in the road. I am confident that our Osteopathic interests will be well represented by Drs. Glines and Jaspan at the OB/GYN RC level.

As we move into 2016, our college and the Osteopathic profession will face new challenges. For as long as most of us can remember, much of what defined us as Osteopathic Physicians were our Osteopathic residency training programs. Over the next four years the American Osteopathic Association will divest itself of residency oversight. We as a profession and as an organization must seek new avenues in which to maintain our Osteopathic philosophy and heritage. Although at first glance, it may seem challenging, there is safety in numbers. Soon, one out of every four medical school graduates in the United States will be an Osteopathic Physician.

Our college is strong and continues to offer quality and innovative CME. The membership continues to grow not only in terms of residency graduates but also in terms of student members. The Fall Conference set yet another record for attendance. Congratulations to program chairs Dr Glen Bigsby and Dr Jim Lindemulder along with Dr Tom Dardarian and the CME Committee.

In closing, best wishes for a safe and happy holiday season, and a prosperous new year. See you in Ft Lauderdale!!

Sincerely,

Michael J. Geria, DO, MS, FACOOG(Dist)
Interstitial Cystitis: Current Recommendations with a Focus on First Line Therapy

Betsy Greenleaf, DO, FACOOG.

Urogynecologist at the New Jersey Urologic Institute

Introduction

In 1808, Dr Phillip Syng Physick, recognized “an inflammatory condition of the bladder producing the same lower urinary tract symptoms as a bladder stone.” Dr Alexander Skene coined the term, “Interstitial Cystitis” in 1887. Dr Guy Hunner published 5 cases of urgency/frequency with “Hunner’s” ulcers in 1915. Dr. Hermon Bumpus, in 1930, was the first to describe hydrostatic distension of the bladder under general anesthesia for the diagnosis and treatment of IC. In 1978, Dr’s Messing and Stamey published “Interstitial cystitis: Early diagnosis, Pathology, and Treatment.”

Despite the recognition of Interstitial Cystitis as a medical condition as early as 1808, there has been little advancement of knowledge. Interstitial Cystitis is difficult to diagnose because of its similarity to other pelvic conditions and lack of definitive testing. The goal of this article is to review the current recommendations with a focus on first line therapy.

American Urology Association Recommendations:

In 2013, the American Urology Association (AUA) performed a systematic review of Interstitial Cystitis literature published between 1983 until 2009. Their goal was to create treatment recommendations that were grounded in evidence based research. They continue to periodically review and update their recommendations accordingly. In addition, the AUA has classified Interstitial Cystitis by the name Painful Bladder Syndrome.

The biggest change in the current recommendations is allowing for a diagnosis based on history alone. The diagnosis criteria has been shortened from 6 months to 6 weeks of irritative bladder symptoms in the absence of other pathology such as infection or neoplasm. This shortened time period to diagnosis prevents a delay in treatment. Earlier time to treatment is to prevent centralization of pain. Centralization occurs with upregulation of neuroreceptors, neurochemicals, and physical changes in the central nervous system after persistent peripheral noxious stimulation. This can occur in as little as three months. Centralized pain is more challenging to treat.

AUA Treatment Guidelines:

1. First Line Therapy
   a. Education about IC/PBD including that there is no single cause or single treatment for this condition. Treatment needs a multidisciplinary and multimodality approach.
   b. Self-care: For example staying well hydrated, and avoiding possible dietary triggers
   c. Stress Reduction

2. Second Line Treatment
   a. Physical Therapy or Manual Therapy (Evidence Strength Grade A)
      i. Avoidance of pelvic floor strengthening
   b. Pain Management
   c. Oral Medications
      i. Amitriptyline (Evidence Strength Grade B)
      ii. Cimetidine (Evidence Strength Grade B)
      iii. Hydroxyzine (Evidence Strength Grade C)
      iv. Pentosan Polysulfate (Evidence Strength Grade B)
   d. Bladder Instillations

(Continued on Page 8)
Interstitial Cystitis: Current Recommendations with a Focus on First Line Therapy

(Continued from Page 7)

i. DMSO (Evidence Strength Grade C)
ii. Heparin (Evidence Strength Grade C)
iii. Lidocaine (Evidence Strength Grade B)

3. Third Line Therapy
a. Cystoscopy under anesthesia with short duration, low pressure (Evidence Strength Grade C)

4. Fourth-line Therapy
a. Intradetrusor botulinum toxin A (Evidence Strength Grade C)
b. Trial of neurostimulation such as Interstim (Evidence Strength Grade C)

5. Fifth Line Therapy
a. Cyclosporine A (Evidence Strength Grade C)

6. Sixth Line Therapy
a. Major Surgery such as cystoplasty or urinary diversion with or without cystectomy (Evidence Strength Grade C)

7. Therapies that are no longer recommended
a. Long term antibiotic usage (Evidence Strength Grade B)
b. Intravesical bacillus Calmette-Guerin (Evidence Strength Grade B)
c. High Pressure, long duration bladder hydrodistension (Evidence Strength Grade C)
d. Systemic long term glucocorticoids (Evidence Strength Grade C)

Evaluation of Lower Urinary Tract Symptoms

Since there is no definitive testing for Interstitial Cystitis, it is important to rule out treatable conditions first. A proper history and physical should be performed to evaluate for the possibility of systemic inflammatory conditions, infections, neurologic disorders, back/spinal conditions, urinary tract pathology, gastrointestinal disease, and pelvic/genital conditions. The patient’s history should help direct further evaluation. Patients with previous radiation therapy should be evaluated for radiation cystitis which will present similarly to Interstitial Cystitis. A history of drug abuse with ketamine can cause an irritative cystitis. Tobacco use increases risk of bladder tumors. Immunodeficient patients can develop cystitis from polyomavirus. Lyme’s disease can also produce irritative urinary symptoms.

To confuse matters further, there are limitations in urine testing. Midstream clean catch samples will not diagnosis urethral causes of irritation. The best samples for bladder causes of infection are those obtained midstream from first morning urine. The predictive value of urine testing goes down throughout the day as the patient hydrates diluting any bacteria. Urinalysis dipstick has a low overall sensitivity of 2.3%. Nitrate positive results have the highest sensitivity 60.9%, specificity 100% and negative predictive value 85.2% in patients with symptoms. Urine cultures can produce false negatives, or positives dependent on sample handling. In patients with lower urinary symptoms it would be reasonable to initially treat for an infectious cystitis. Cochrane reviews have demonstrated that a three day antibacterial therapy for uncomplicated urinary tract infections works well for symptomatic cure. Longer therapies, such as 5-10 days, produce more effective bacterial cures.

Despite being listed as a third line therapy for Interstitial Cystitis, this does not preclude the use of cystoscopy. Cystoscopy is a reasonable method of evaluation for bladder and urethral pathology such as tumors, stones, diverticulae, and urethritis. Urodynamic testing can be employed for assessment of spasmodic conditions, low bladder capacity, or other functional abnormalities.

Symptoms of urgency, frequency, dysuria, pelvic pain, and pelvic pressure may be caused by non urinary tract pathology. Consider evaluation for a pelvic mass, vaginitis, gastrointestinal disorders, and neurologic conditions.

Theories of Interstitial Cystitis

(Continued on Page 9)
Interstitial Cystitis: Current Recommendations with a Focus on First Line Therapy

(Continued from Page 8)

The pathologic process that causes Interstitial Cystitis is unknown. Interstitial cystitis results in a defect in the protective glycosaminoglycan (GAG) layer of the bladder allowing urinary irritants to cause bladder inflammation and pelvic symptoms. Genetic and biochemical research is being performed currently to evaluate altered bladder epithelial expression of HLA Class I and II antigens, decreased expression of uroplakin and chondroitin sulfate, altered cytokeratin profile and altered integrity of the glycosaminoglycan (GAG) layer, defect in Tamm-Horsfall protein, increased expression of interleukin-6 and P2X3 ATP, activation of the NFkB gene, and the presence of Antiproliferative factor.

Theoretical causes of Interstitial Cystitis include viral, genetic, autoimmune, neurologic, allergic disorders and gastrointestinal conditions. Evaluation for pudendal neuralgia or back pathology can determine a downstream reflex sympathetic dystrophy that presents itself as inflammation in the bladder. Leaky gut or intestinal dysbiosis can cause a leaking of chemical irritants into the system which may produce inflammation in other organ systems. This may cause some patients to present with bladder complaints.

First Line Therapy

It is important to start first line therapy as soon as possible. Research has demonstrated a 45% improvement in symptoms with first line therapy (Foster HE J Urol 2010; 183: 1853). It is reasonable to start first line therapy modalities while evaluating the patient for other treatable causes of pelvic complaints.

Education

Patients are often frustrated by chronic symptoms with lack of a diagnosis. On the other hand, a diagnosis can cause distress. Some patients are upset by the label of an illness. The best strategy is to educate the patient on this condition. There exists a plethora of misinformation through “Dr. Internet”. Caution patients about what they read. Provide the patients with reliable informative sources. Patients should understand this is a multifactorial condition that requires a team approach and motivation on their part to successfully treat. Interstitial Cystitis is not going to cause cancer or death. These tend to be the most anxiety producing concerns. Good resources include the American Urologic Association, National Institute of Digestive and Diabetic and Kidney Diseases, American Urogynecology Society, International Pelvic Pain Society and the Interstitial Cystitis Association. Caution should be taken with chat rooms. Though chat rooms and support groups can shield against isolation, there have not been any conclusive studies that consumer based chat rooms offer any benefit.

Exercise

Exercise can produce health benefits especially in chronic pain patients. Educating the patient on these benefits may help them to overcome any initial lack of motivation to increase physical activity. The patient should be made aware that any new activity can initially aggravate pain and discomfort. Patients should start low and slow. For example, our institution will instruct patients to begin with a part of their body that is not in pain, such as the arms. Patients are instructed to increase movement in the arms for 5 minutes three times a week for 2 weeks. Exercise can be increased by time or frequency; such as 5 minutes 5 times a week or 10 minutes 3 times a week twice week. Patients should consider increasing activity ever 2 weeks. Other options such as water based exercise or aqua therapy may be more acceptable to some patients.

Exercise has many positive influences on the prevention of pain. Physical exercise induces suppression in the TLR4 (toll like receptor 4) signaling pathway. This receptor has detrimental effects on immunity and worsening of inflammation. Regular exercise activates central inhibitory opioid pathways: the PAG-RVM (Periaqueductal Gray Region to the Rostral Ventromedial Medulla) responsible for the transmission and sensation of pain. This area is
also related to production of serotonin which plays a role in analgesia. Exercise increases levels of serotonin through other pathways and decreases central excitability of pain receptors. It reduces phosphorylation of NMDA glutamate receptors in the brainstem. Glutamate is an excitatory neurotransmitter that is release by noxious peripheral stimuli. Exercise reduces CREB/pCREB (cAMP response element-binding protein) which has effects on hyperalgesia. Regulatory macrophages which have a role in host defense and healing are increased with exercise. They also cause a blockade of interleukin 10R thus aiding in analgesia.

Exercise studies have demonstrated both immediate and long-lasting analgesia. The sooner a patient can get involved in an exercise program the more protective these neurochemical changes can be.

Psychotherapy

It is not unusual to find pain patients that have a high level of anxiety and depression. There is a “chicken or egg” theory to psychological disorders in pain. Patients with a history of anxiety and depression are more likely to experience pain whereas patients in pain through neurochemical changes can develop anxiety and depression. Thus, addressing the psyche has not only shown improvement in mood and outlook but have shown reversal in pain scores and improvement in physical and neurochemical changes.

Chronic pain can produce reduced volume and density in cerebral gray matter. In a study by Seminowicz et al., 13 patients with pain and 13 controls were assessed using voxel-based morphometry to compare anatomic magnetic resonance imaging scans of each group. The pain patients were subjected to an 11 week protocol of cognitive behavioral therapy. The pain group demonstrated an increase in gray matter in the “bilateral dorsolateral prefrontal, posterior parietal, subgenual anterior cingulate/orbitofrontal, and sensorimotor cortices, as well as hippocampus, and reduced gray matter in supplementary motor area” Gray matter increased above controls. Pain patients demonstrated decreased pain catastrophizing, and decreased report of pain.

Other studies have demonstrated that Cognitive Behavioral Therapy alters the cerebral loop between pain signals, emotions, and cognitions leading to increased access to executive regions of the brain responsible for reappraisal of pain.

Psychotherapy can also aid in treatment of limbic associated pelvic pain. Chronic stimulation of the limbic system by pelvic pain afferents produces an efferent contraction of the pelvic muscles, thus perpetuating the cycle” (B.W. Fenton). The muscle contraction is a splinting process triggered by the protective limbic system. However this is a defective system in pelvic pain patients because it too can add to perceived pain. Direct treatment of muscle spasms improves pain. Psychotherapy has been shown to produce equal results. Therefore combining physical treatment along with psychological therapy has been successful.

Diet

Diet has been a mainstay of Interstitial Cystitis Treatment. Often practitioners will provide patients with the “IC Diet”. Studies of patients with diagnosed IC found that 11% of IC patients don’t regularly eat the “bad” food but they still have symptoms. Forty seven percent of IC patients eat the “bad” food and don’t claim a worsening of symptoms. The mechanism by which foods cause irritative urinary symptoms has not been proven through evidence-based medicine. Theories of urinary pH affecting symptoms have not been proven. Additionally, the ingestion of acidic foods has not been shown to effect urinary pH. Despite not being able to connect directly the effects of acidic foods on urinary symptoms, surveys of IC patients reveal the top irritative offenders to be citrus fruits, tomatoes, vitamin C, artificial sweeteners, coffee, tea, carbonated and alcoholic beverages, and spicy foods. Calcium glycerophosphate and sodium bicarbonate taken orally have been shown to help relieve symptoms.
The IC diet can provide an initial template to follow. Food and symptom diaries may be more beneficial in looking at dietary triggers in individual patients. Teaming up with a functional nutritionist can help in treatment of pain patients.

Diet and intestinal health can affect overall body health. A functional gut provides immune protection, nutrient uptake, and vitamin supply to the body. Any disruption of the mucosal protection of the gut can lead to absorption of inflammatory agents resulting in systemic inflammation, food intolerance, immune system abnormalities, and autoimmunity. Malnutrition and hypovitaminosis can lead to changes in nerves that lead to neuropathy. Stress itself can affect the digestive system causing a decrease in chewing and hypochlorhydria which makes proteins more difficult to digest. Stress causes effects on the hypothalamic-pituitary-adrenal axis by causing decreased gastric emptying and increased colonic motility. Constipation and diarrhea can lead to worsening of pelvic symptoms. Intestinal symptoms can lead to elevated pelvic floor tone and increased pelvic pain.

Dysbiosis, an elevation of harmful bacteria and decrease in the healthy biome of the intestines can lead to body inflammation and immunity derangements. Increased levels of abnormal bacteria can also stimulate Toll like Receptors (TLR 4) adding to the pain response. Stress can also affect the microbiome of the intestines. Gliadin, even in those without gluten sensitivity, can add to intestinal permeability. NSAIDS can cause a reduction in probiotic bacteria. Fluid restriction/dehydration can also have ill effects on intestinal function and the microbiome.

Nutritional support to aid in stress and chronic pain can include increasing omega fatty acids and phosphatidylserine (found in fish) which can aid in a decrease of stress hormones and cortisol response. Omega 3 fatty acid has been shown to decrease the perceived pain response. Sugars should be reduced in the diet. Simple sugars can increase cortisol and the risk of intestinal yeast, which has been shown to convert tryptophan to tryptophol thus decreasing the supply of tryptophan that will convert to serotonin. Zinc can improve intestinal lining integrity. Supplements of lycopene, epigallocatechin gallate (green tea extract), ellagic acid (pomegranate extract), selenium and zinc have demonstrates a decrease in inflammatory modulators and decreases in pain scores. Gut biome can be enhanced by ingesting fermented foods, pistachios, and resistant starches such as raw potato starches, plantain flour, green banana flour and cassava/tapioca starch.

Probiotic supplementation can also help support intestinal immunity. Care should be given in immunosuppressed or immunodepressed patients. Probiotics that have been shown to reduce visceral sensitivity and pain include Lactobacillus farciminis, L paracasei NCC2461, B infantis 35624 and B lactis CNCM I-2494.

Aloe has been shown to have anti-inflammatory, antimicrobial activity, and to increase plasma total antioxidant capacity. Its anti-inflammatory properties occur through a bradykininase activity on vascular permeability. Some studies have demonstrated a support in the gut microbiome.

Quercitin is a bioflavinoid found in seeds, citrus fruits, olive oil, tea and red wine. It exerts an inhibitory effect on mast cells, preventing histamine release. It has also shown to have anti-inflammatory and antioxidant effects. Quercitin was studied as a supplement for Interstitial Cystitis patients and demonstrated a 57% decrease in O’Leary Sant Symptom and Problem scores.

Glucosamine and chondroitin has anti-inflammatory properties. Supplementation with Cystoprotek (chondroitin, glucosamine, hyaluronate, quercitin, rutin) demonstrated Visual Analog Scores for pain to decrease by 43.5-52.1% with 6 to 12 month usage. Chondroitin supplementation demonstrated a 36% lowering in high sensitivity C Reactive Protein (hsCRP) levels and 27% lowering of prostaglandins (PGE-M) over
nonusers. Glucosamine use resulted in 28% lower hsCRP and 24% lower PGE-M than nonusers. Other studies have demonstrated that glucosamine and chondroitin sulfate together have a synergistic response.

Interstitial Cystitis and Complementary and Alternative Medicine Therapies

Effect of time since diagnosis on perceived effectiveness of CAM therapies

<table>
<thead>
<tr>
<th>CAM therapy</th>
<th>Worked significantly better (p ≤ .05) for those diagnosed early (n)</th>
<th>No significant improvement for those diagnosed late (after 1 year and/or greater than 10 years) (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limiting food or beverages that cause flares or strict adherence to an IC diet list</td>
<td>&lt;1 year ago (160) 26 %</td>
<td>&gt;10 years ago (450) 74 %</td>
</tr>
<tr>
<td>Calcium glycerophosphate (Prelief)</td>
<td>&lt;1 year ago (81) 8 %</td>
<td>1–5 years ago (362) 37 %</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5–10 years ago (229) 23 %</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;10 years ago (315) 32 %</td>
</tr>
<tr>
<td>Relaxation</td>
<td>&lt;1 year ago (62) 20 %</td>
<td>&gt;10 years ago (253) 80 %</td>
</tr>
<tr>
<td>Aloe Vera capsules or juice</td>
<td>&lt;1 year ago (44) 12 %</td>
<td>5–10 years ago (127) 35 %</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;10 years ago (195) 53 %</td>
</tr>
<tr>
<td>Yoga</td>
<td>&lt;1 year ago (34) 18 %</td>
<td>&gt;10 years ago (159) 82 %</td>
</tr>
<tr>
<td>Quercetin-containing supplement (CystoProtek)</td>
<td>&lt;1 year ago (30) 26 %</td>
<td>&gt;10 years ago (86) 74 %</td>
</tr>
<tr>
<td>Glucosamine/chondroitin</td>
<td>&lt;1 year ago (24) 13 %</td>
<td>&gt;10 years ago (165) 87 %</td>
</tr>
</tbody>
</table>


Conclusion

Interstitial Cystitis/Painful bladder syndrome should be viewed as a chronic pain syndrome. Early treatment is the key to success. Employing a multimodal approach results in improved success rates. First line therapies of education, exercise, diet, and psychotherapy should be enacted as soon as possible.

References:

4. Balan BJ1, Niemewicz M2, Kocik J2, Jung L3, Skopińska-

(Continued on Page 13)


17. Eysenbach G, J Powell, M Englesakis, C Rizo, A Stern, Health related virtual communities and electronic support groups: systematic review of the online experience from peer to peer interactions- Bmj, 2004 - bmj.com


22. Friedlander J, Barbara Shorter2 and Robert M. Moldwin Diet and its role in interstitial cystitis/bladder pain syndrome (IC/BPS) and comorbid conditions U International Vol 109 Issue 11


40. Jamero D., PharmD, BCOP; Amne Borghol, PharmD; Nina Vo, PharmD Candidate; Fadi Hawawini, DO The Emerging Role of NMDA Antagonists in Pain Management U.S. Pharmacist http://www.medscape.com/viewarticle/744071_4


Interstitial Cystitis: Current Recommendations with a Focus on First Line Therapy

(Continued from Page 14)

45:894.


60. Michael H. Ossipov, Gregory O. Dussor, and Frank Porreca, Central modulation of pain, J Clin Invest. 2010 Nov 1; 120(11): 3779–3787. Published online 2010 Nov 1. doi: 10.1172/JCI43766. PMID: PMC2964993

61. Milspaw, A.T., Training the Brain to Heal Painful Habits, Presented at the International Pelvic Pain Society Annual Conference 2015, San Diego California


(Continued on Page 16)


82. Sluka, K. A., Normal Sedentary Exercise; MODELS OF MUSCLE PAIN: TRANSMITTING THE MESSAGE, Presented at the International Pelvic Pain Society Annual Conference 2015, San Diego California

(Continued from Page 15)


Highlights
2015 Fall Conference

October 21-25, 2015

Loews Portofino Bay Hotel Universal Studios - Orlando, Fl

Eric J. Carlson, DO presents the ACOOG Mentor of the Year Award to Tanya Taival, DO.

Michael J. Geria, DO presents the ACOOG Past President Honorary Lecture to David Wolf, DO, FACOOG (Dist).

Eric Carlson DO, presents ACOOG Services to the Board of Trustees 2012-2015 Award to Glenn Bigsby IV, DO.

Eric J. Carlson, DO presents the ACOOG Lifetime Service Award to Steve P Buchanan, DO, FACOOG (Dist).
New Members
Welcome new members! The Board of Trustees approved the following new members at the October 2015 meeting in Orlando, Fl.

New Regular Members
Sushma Anand, DO
Lauren Britt, DO
Michelle Brunabend, DO
Denise Carnegie, DO
Sandy Cho, DO
Christine Cortadillo, DO, FACOOG
Meghan Cox-Pedota, DO
Neely Elisha, DO
Alma Farin, DO
Michele Finkle, DO
Raechele Fockler, DO
Jennifer Gilbert, DO, FACOOG
Christina Gomez, DO
Danielle Hay, DO
Amy Hertweek-Warner, DO, FACOOG
Timothy Hutchings, DO, FACOOG
Renee Hypolite, DO
Shireen Jayne, DO, FACOOG
Kendra Johnson, DO
Kathryn Jones, DO
Rachel Kaplan, DO
Brad Kasavana, DO
Jun Kim, DO
Jenna Kolodziej, DO
Ashley Lane, DO
Karen Lee, DO
Thuy Mai, DO
Khristin McAfee, DO
Sarah McCormick, DO
Hodon Mohamed, DO
Sara Nicholas, DO
Rochelle Orr, DO
James Patenge, DO, FACOOG
Adrinnna Pinkowski, DO
Lisa Laytaud, DO
Camille Semple, DO, FACOOG
Rajasree Seshadri, DO
Vasiliy Stankovich, DO, FACOOG
Christopher Strauchon, DO, FACOOG

Melissa Suarez, DO
Kristen Terranova, DO
Amanda Walker, DO
Lindsay Wardle, DO
Steven Wenrich, DO, FACOOG
Amy Willcox, DO
Amy Zafarani, DO

Life Membership Applications
Emil Felski, DO, FACOOG
Ray Greco, DO
Valerie Payne-Jackson, DO, FACOOG
William Tindall, DO, FACOOG

Affiliate Membership Applications
James Aikins, MD
Salil Khandwala, MD
ACOOG Calendar of Events

63rd Annual Conference
April 10-15, 2016
Marriott Harbor Beach
Fort Lauderdale, FL

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

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

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

(Continued on Page 21)
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_faqs).

Certification Opportunity for FPMRS Physicians

Do you practice Female Pelvic Medicine and Reconstructive Surgery (FPMRS)? The AOBOG offers a Subspecialty Certificate 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 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.

The AOBOG would like to extend a warm welcome to its newest examiners: Gus Barkett, DO; Jessica Berg, DO; Angela Fleming, DO; Aabeen Hagroo, DO; Kevin Hess, DO; Chadwick Leo, DO; Sadaf Lodhi, DO; K. Daniel Miller, DO; Sara Schallmo, DO; George Stefenelli, DO; Takeko Takeshige, DO; and Bradley Stetzer, DO (MFM).

2016 Examination Schedule

All examination applications are exclusively available on the AOBOG website. View the entire calendar of upcoming exams in 2016 at www.aobog.org/pages/calendar. IMPORTANT REMINDER: The Ob/Gyn OCC Exam is currently offered only once per year!

Visit the AOBOG website (www.aobog.org) for up-to-date information about certification, examinations, applications and Osteopathic Continuous Certification (OCC).
Seeking Full-Time BC/BE Laborist in Fabulous Las Vegas, NV

Women’s Health Associates of Southern Nevada is an OB/GYN specialty practice dedicated to delivering innovative, compassionate care for women and their families. WHASN comprises 18 care center locations in the greater Las Vegas area and 39 board-certified or board-eligible physicians. WHASN manages the laborist programs at four major hospitals in the city.

Full-time employment would include 16 12-hour shifts per month. The perfect candidate would be motivated, energetic, and have at least 2-3 years of experience in general OB/GYN.

Duties will include:
• Evaluating and managing triage patients in labor and delivery
• Performing vaginal deliveries and C-sections
• Assisting with C-sections
• Evaluating ER patients
• Collaborating with labor and delivery nurses and private physicians for the care of patients

We offer:
• Relocation expenses
• Pension benefits
• Medical, dental and vision healthcare coverage

About Las Vegas
• No income tax and low cost of living
• Family-friendly and diverse community
• Adjacent to Lake Mead, Red Rock National Park, Mount Charleston, Hoover Dam, and Grand Canyon
• Easy access to world-class dining, shopping, golf courses and entertainment
• Year-long warm weather with an average of 300 sunny days a year
• Short drive to McCarran International Airport from any part of the city
• Growing healthcare destination

Contact Information
Donna Miller, MD, FACOG
Email: drdmiller@whasn.com
Phone: (702) 577-1781

Women's Health at Arrowhead Regional Medical Center

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

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

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

(Continued on Page 23)
Assistant Professor and Chair of Obstetrics and Gynecology College of Osteopathic Medicine

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

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

**The Assistant Professor will:**

- Prepare and give lectures in large and small groups.
- Design and implement student assessments in written, oral and skills testing format, including patient history and physical examination.
- Provide competency based evaluations and remediations.
- Design and implement clerkship experiences in OB/GYN to include creating syllabus, providing on-line instruction of commonly seen condition in OB/GYN, creating competency requirements for procedures, supervising volunteer OB/GYN faculty preceptors, and designing continuous improvement activities using student, preceptor, and facility assessment instruments.
- Provide leadership in student advisement, administrative duties, and scholarly activities.

**Other duties as assigned.**

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

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

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

Marian University is An Equal Opportunity Employer.

---

**GENERAL OBSTETRICIAN/GYNECOLOGIST**

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

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

(Continued on Page 24)
FELLOWSHIP in FPMRS

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

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

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

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

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

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

MATERNAL FETAL MEDICINE FELLOWSHIP

PinnacleHealth Maternal Fetal Medicine is currently accepting applications for a Maternal Fetal Medicine Fellowship position at Pinnacle Health Harrisburg Hospital, PA, sponsored through LECOM and Pinnacle Health System for the July 2017 start date. Francis J. Martinez, DO, FACOG 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, 717-231-8640 or Patricia Suhr, PinnacleHealth Maternal Fetal Medicine, 100 S. Second Street, Suite 4B, Harrisburg, PA, 17101.

MFM-Fellowship LECOM

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

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

Maternal high-risk transports are via ambulance and helicopter and we are a regional center for the management of diabetes in pregnancy. Rotations are scheduled in the second and third years at the Fetal Diagnosis and Therapy Center at the Children’s Hospital of Philadelphia, as well as Medical Genetics. York Hospital is a 558 bed institution located in York, PA and is the largest obstetrical care provider in south central Pennsylvania with approximately 3400 deliveries; it is the main teaching hospital and trauma center for our region. The NICU has 38 bassinets and 24-hour coverage by 6 full time neonatologists, as well as neonatal nurse practitioners. Full time research support is available at the main campus through the Emig Research Center.

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

OB/GYN Residency Program Director Opportunity in Tampa, FL Area
Brandon Regional Hospital, Brandon, FL

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

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

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

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

Recruiting ads can be submitted to ACOOG by fax 817-377-0439, mail at 8851 Camp Bowie West, Suite 275, Fort Worth, TX 76116 or by email to newsletter@acoog.org
Subject: Opportunity Ad
83rd Annual Conference
WELCOME & CONFERENCE OVERVIEW

It is our pleasure to invite you to the 83rd Annual Conference of the American College of Osteopathic Obstetricians and Gynecologists. This conference has been carefully designed to meet the unique educational needs of ACOOG members, offering thorough scientific assessment of a variety of clinical topics and controversial issues that OB/GYNs face today. In addition to cutting-edge presentations, this year’s schedule provides an opportunity to participate in four breakout sessions. We hope you will register for the 83rd Annual Conference.

Thank you for supporting ACOOG through your membership.

LOCATION & LODGING

Fort Lauderdale Marriott Harbor Beach Resort & Spa
3030 Holiday Drive
Fort Lauderdale, FL 33316
Group ID: ACOOG

Reflect and reconnect when you experience Fort Lauderdale Marriott Harbor Beach Resort & Spa. Highlighted by a pristine, oceanfront location and close proximity to the airport, our luxury Fort Lauderdale beach resort is an ideal getaway from the pressures of life. Enjoy an idyllic private beach with 16 waterfront acres, located near the area’s most popular attractions. Our 22,000-square-foot spa offers a variety of relaxing treatment, a private spa pool and fitness center with ocean views. Three restaurants span our resort, including the upscale 3030 Ocean Restaurant with modern American seafood. Dive into our tropical lagoon pool, sip a cocktail under swaying palm trees, or make memories with a variety of water sports and children’s activities at our Fort Lauderdale beach hotel. Over 100,000 total square feet of event space for spectacular meeting and celebrations. Sea Yourself at Harbor Beach!

ACOOG Rate $249.00
**Learning Objectives**

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

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

**CREDIT STATEMENTS**

The 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. Physicians should only claim credit commensurate with the extent of their participation in the activity. A completed attestation form and post-course evaluation are required to receive CME credit and a certificate of attendance.

**ACCREDITATION**

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

**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.

**PRESIDENTS CELEBRATION**

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

*Thank you!*
# Preliminary 83rd Annual Conference

## SUNDAY (April 10, 2016)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM-12:00 PM</td>
<td>ACOOG Board of Trustees meeting</td>
</tr>
<tr>
<td>12:00-5:00 PM</td>
<td>EARLY REGISTRATION</td>
</tr>
</tbody>
</table>

### Subspecialty Pre-Course - REI

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00-1:50 PM</td>
<td>Fibroids and Infertility</td>
</tr>
<tr>
<td></td>
<td>Jenna McCarthy, MD</td>
</tr>
<tr>
<td>1:50-2:40</td>
<td>Obesity and Reproduction</td>
</tr>
<tr>
<td></td>
<td>Jennifer Nichols, DO</td>
</tr>
<tr>
<td>2:40-3:00</td>
<td>Break</td>
</tr>
</tbody>
</table>

## MONDAY (April 11, 2016)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30-7:30 AM</td>
<td>Resident Reporter Orientation Breakfast</td>
</tr>
<tr>
<td>6:30-7:30</td>
<td>REGISTRATION/BREAKFAST/EXHIBITORS</td>
</tr>
<tr>
<td>7:30-7:45</td>
<td>Presidential Welcome</td>
</tr>
<tr>
<td>7:45-8:30</td>
<td>Surviving the Threat of Burnout</td>
</tr>
<tr>
<td></td>
<td>Gail Goldsmith Memorial Lecture</td>
</tr>
<tr>
<td>8:30-9:15</td>
<td>Cesarean Delivery - Best Practices</td>
</tr>
<tr>
<td></td>
<td>Thomas Dardarian, DO</td>
</tr>
<tr>
<td>9:15-10:00</td>
<td>Wound Care Management in the Obese Patient</td>
</tr>
<tr>
<td></td>
<td>David Jaspan, DO</td>
</tr>
<tr>
<td>10:00-10:45</td>
<td>BREAK WITH EXHIBITORS</td>
</tr>
<tr>
<td>10:45-11:30</td>
<td>Diagnosis and Management of Accreta</td>
</tr>
<tr>
<td></td>
<td>Rupesh Patel, DO</td>
</tr>
<tr>
<td>11:30-12:15</td>
<td>Multifetal Pregnancies</td>
</tr>
<tr>
<td></td>
<td>Eric Carlson, DO</td>
</tr>
<tr>
<td>12:15-1:30</td>
<td>LUNCH WITH EXHIBITORS</td>
</tr>
<tr>
<td>1:30-2:15</td>
<td>Breastfeeding 101 - Reviewing the Benefits</td>
</tr>
<tr>
<td></td>
<td>David Jaspan, DO</td>
</tr>
<tr>
<td>2:15-3:00</td>
<td>Drugs in Pregnancy and Lactation</td>
</tr>
<tr>
<td></td>
<td>Molly Walbrown, PharmD</td>
</tr>
<tr>
<td>3:00-3:45</td>
<td>BREAK WITH EXHIBITORS</td>
</tr>
<tr>
<td>3:15-4:45</td>
<td>Viremia in Pregnancy</td>
</tr>
<tr>
<td></td>
<td>Rupesh Patel, DO</td>
</tr>
<tr>
<td>3:15-4:45</td>
<td>What is This Rash? Dermatology Review</td>
</tr>
</tbody>
</table>

## TUESDAY (April 12, 2016)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00-7:30</td>
<td>New Advances in IVF</td>
</tr>
<tr>
<td></td>
<td>Dana Ambler, DO</td>
</tr>
<tr>
<td>7:00-7:30</td>
<td>Ectopic Pregnancy</td>
</tr>
<tr>
<td></td>
<td>Enrique Soto, MD</td>
</tr>
</tbody>
</table>

### Meetings:

- **6:30-7:30 AM** | Resident Reporters Orientation |
- **7:00-8:00 AM** | Historian & Traditions / Membership & Promotions Committee Meeting |
- **8:00 - 11:00 AM** | MEFACOOG Meeting |
- **2:00 5:00 PM** | Recert Exam |
- **6:30 - 7:30 PM** | New Fellows Reception |
- **8:00-11:00 AM** | MEFACOOG Board of Trustees Meeting |
## Preliminary 83rd Annual Conference

### WEDNESDAY (April 13, 2016)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00-7:30</td>
<td>AOA President-Elect&lt;br&gt;Boyd Buser, DO</td>
</tr>
<tr>
<td>7:30-8:00</td>
<td>ACOG President-Elect&lt;br&gt;Thomas Gellhaus, MD</td>
</tr>
<tr>
<td>8:30-8:30</td>
<td>Research Thesis Award Winner</td>
</tr>
<tr>
<td>8:30-9:15</td>
<td>MEFACOOG Distinguished Lecture&lt;br&gt;TBD</td>
</tr>
<tr>
<td>9:15-10:00</td>
<td>Barbara Hawkes Lecture&lt;br&gt;TBD</td>
</tr>
<tr>
<td>10:00-10:30</td>
<td><strong>BREAK</strong></td>
</tr>
<tr>
<td>10:30-12:00</td>
<td>New Fellows Ceremony / President Day Program</td>
</tr>
<tr>
<td>12:00-1:00</td>
<td><strong>LUNCH</strong></td>
</tr>
<tr>
<td>1:00-1:45</td>
<td>BREAKOUT GROUPS</td>
</tr>
<tr>
<td>1:45-2:30</td>
<td>BREAKOUT GROUPS</td>
</tr>
<tr>
<td>2:30-3:15</td>
<td>BREAKOUT GROUPS</td>
</tr>
<tr>
<td>3:15-3:30</td>
<td><strong>BREAK</strong></td>
</tr>
<tr>
<td>3:30-4:15</td>
<td>OMT for the Antepartum Patient&lt;br&gt;Mark Sandhouse, DO</td>
</tr>
<tr>
<td>4:15-5:00</td>
<td>OMT for CPP&lt;br&gt;Mark Sandhouse, DO</td>
</tr>
</tbody>
</table>

### BREAKOUT GROUPS

#### MFM
- 1:00-1:45: The Evolution of Maternal Genetic Screening<br>Stephanie Kramer, MS, CGC
- 1:45-2:30: Quad screen/NIPT/Genetic Amnio<br>Marc Parrish, DO
- 2:30-3:15: Sono Mini-Course/Aneuploidy Markers<br>Marc Parrish, DO

#### REI
- 1:00-1:45: Infertility Work-Up, Best Practices<br>Jennifer Nichols, DO
- 1:45-2:30: Oocytes preservation & Donation<br>Ellen Wood, DO
- 2:30-3:15: Ethics in Surrogates and Uterine Transplant<br>Kavita Arora, MD

#### FPRMS
- 1:00-1:45: Updates in management of urinary incontinence<br>Earle Pescatore, DO
- 1:45-2:30: Complications of Slings<br>Carlos Roberts, MD
- 2:30-3:15: POP: Options for Management<br>Carlos Roberts, MD

#### GYN ONC
- 1:00-1:45: Gestational Trophoblastic Disease (GTD)<br>Timothy McGuinness, DO
- 1:45-2:30: Endometrial Hyperplasia in Young Adults<br>Tim Chad McCormick, DO
- 2:30-3:15: Borderline Ovarian Tumor<br>Timothy McGuinness, DO

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

### Event:
- 7:30-10:30: Presidential Celebration
### Preliminary 83rd Annual Conference

**THURSDAY (April 14, 2016)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 AM</td>
<td><strong>Breakfast Symposium - TENTATIVE</strong></td>
<td></td>
</tr>
<tr>
<td>7:30-8:00</td>
<td><strong>BREAKFAST</strong></td>
<td></td>
</tr>
<tr>
<td>8:00-8:40</td>
<td><strong>Menopause Management</strong> DEBATE - Conventional <strong>Menopause Management DEBATE</strong> Alternative</td>
<td>Kenneth Johnson, DO Lisa Eng, DO</td>
</tr>
<tr>
<td>8:40-9:20</td>
<td><strong>Menopause Management DEBATE</strong> Alternative</td>
<td>Kenneth Johnson, DO Lisa Eng, DO</td>
</tr>
<tr>
<td>9:20-9:35</td>
<td><strong>Panel Discussion</strong></td>
<td>Kenneth Johnson, DO Lisa Eng, DO</td>
</tr>
<tr>
<td>9:35-10:15</td>
<td><strong>Hormonal Therapy in Specialized Situations</strong></td>
<td>Kenneth Johnson, DO</td>
</tr>
<tr>
<td>10:00-10:15</td>
<td><strong>Break</strong></td>
<td></td>
</tr>
<tr>
<td>10:15-10:30</td>
<td><strong>BREAK</strong></td>
<td></td>
</tr>
<tr>
<td>10:30-11:15</td>
<td><strong>STI’s on the Rise</strong></td>
<td>Diane Evans, DO</td>
</tr>
<tr>
<td>11:15-12:00</td>
<td><strong>Weight loss Strategies</strong></td>
<td>Lisa Eng, DO</td>
</tr>
<tr>
<td>12:00-12:45</td>
<td><strong>When and How to Increase Fetal Assessment</strong></td>
<td>Robert Debbs, DO</td>
</tr>
<tr>
<td>12:45-1:45</td>
<td><strong>Lunch</strong></td>
<td></td>
</tr>
<tr>
<td>1:45-2:30</td>
<td><strong>Breaking Down the Umbilical Cord Gas and Preventing Hypoxemia</strong></td>
<td>Robert Debbs, DO</td>
</tr>
<tr>
<td>2:30-3:15</td>
<td><strong>Complicated Vaginitis - Best practices</strong></td>
<td>Michelle L. Johnson, DO</td>
</tr>
<tr>
<td>3:15-4:00</td>
<td><strong>Let’s talk about Sex - Sexual Dysfunction</strong></td>
<td>Diane Evans, DO</td>
</tr>
</tbody>
</table>

**FRIDAY (April 15, 2016)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30-8:00</td>
<td><strong>Breakfast Symposium-TENTATIVE</strong></td>
<td></td>
</tr>
<tr>
<td>6:30-7:00</td>
<td><strong>BREAKFAST</strong></td>
<td></td>
</tr>
<tr>
<td>7:00-7:45</td>
<td><strong>Psychiatric Disorders in Pregnancy</strong></td>
<td>Fararz Tyeb, DO</td>
</tr>
<tr>
<td>7:45-8:30</td>
<td><strong>Reviewing the Labor Curve</strong></td>
<td>Jennifer Caruso, DO</td>
</tr>
<tr>
<td>8:30-9:15</td>
<td><strong>Analgesia During Labor: Complex Cases</strong></td>
<td>Erik Smith, DO</td>
</tr>
<tr>
<td>9:15-10:00</td>
<td><strong>Clomid vs. Letrazole, and Others</strong></td>
<td>Ellen Wood, DO</td>
</tr>
<tr>
<td>10:00-10:15</td>
<td><strong>Break</strong></td>
<td></td>
</tr>
<tr>
<td>10:15-11:00</td>
<td><strong>New Technologies, Techniques and Training in MIGS</strong></td>
<td>Joseph Hudgens, MD</td>
</tr>
<tr>
<td>11:00-11:45</td>
<td><strong>That’s endometriosis? odd presentations and management</strong></td>
<td>Joseph Hudgens, MD</td>
</tr>
</tbody>
</table>

**Notes:**
- TENTATIVE sessions are subject to change.
- Sessions may overlap with meals and breaks.
- All times are in local time zone.
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 guest meal package pricing.

Refund Policy: Written cancellation of registration by March 16, 2016 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>√</th>
<th>GENERAL SESSION</th>
<th>Pre-Registration (payment received by March 16, 2016)</th>
<th>Late Registration (payment received after March 16, 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Member (Regular, Senior, Fellow, DF)</td>
<td>$800</td>
<td>$900</td>
<td></td>
</tr>
<tr>
<td>Non-Member Physician</td>
<td>$1,000</td>
<td>$1,100</td>
<td></td>
</tr>
<tr>
<td>Life Member</td>
<td>$525</td>
<td>$625</td>
<td></td>
</tr>
<tr>
<td>Affiliate Member (Non-physician member)</td>
<td>$525</td>
<td>$625</td>
<td></td>
</tr>
<tr>
<td>Candidate (Resident member)</td>
<td>$400</td>
<td>$500</td>
<td></td>
</tr>
<tr>
<td>Non-Member Resident</td>
<td>$500</td>
<td>$600</td>
<td></td>
</tr>
<tr>
<td>Student Member</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Non-Member Student</td>
<td>$250</td>
<td>$350</td>
<td></td>
</tr>
</tbody>
</table>

For Pre-registration, please contact the ACOOG office at 817-377-0421.

Pre-registration will be accepted until March 24, 2016. All registrations received after this date will be processed at the late registration rate. Registrations received after March 16, 2016 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>√</th>
<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 REI</td>
<td>April 10, 2016</td>
<td>1:00-5:00 PM</td>
<td>4</td>
<td>100</td>
<td>$150</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.

<table>
<thead>
<tr>
<th>√</th>
<th>ADDITIONAL EVENTS</th>
<th>Day</th>
<th>Time</th>
<th>Cost Per Ticket</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULT Presidential Reception ticket</td>
<td>7:00-10:00 PM</td>
<td>$65</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD Presidential Reception ticket</td>
<td>7:00-10:00 PM</td>
<td>$25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DONATION of a Presidential Reception ticket for Resident or Student</td>
<td>7:00-10:00 PM</td>
<td>$65</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

PAYMENT

<table>
<thead>
<tr>
<th>Total Due</th>
<th>$</th>
<th>Payment Method</th>
<th>☐ Check (payable to ACOOG) ☐ Credit Card (complete below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card Type</td>
<td>☐ Visa ☐ MasterCard ☐ Amex</td>
<td>Name on Card</td>
<td></td>
</tr>
<tr>
<td>Card #</td>
<td></td>
<td>Exp. Date</td>
<td></td>
</tr>
</tbody>
</table>

American College of Osteopathic Obstetricians and Gynecologists
8851 Camp Bowie West, Suite 275 Fort Worth, TX 76116 • Phone: 817-377-0421 • Fax 817-377-0439 • www.acoog.org