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

**Inside This Issue**

**President’s Message** ................................. 2

**Executive Vice President’s Message** .............. 5

**ACOOG 2017-2018 Board of Trustees** .......... 6

**CME Article:**

“HPV ATTRIBUTABLE CANCERS AND THE HPV VACCINE: 10 YEARS OF WISDOM AND THE IMPORTANT ROLE OF THE GYNECOLOGIST” .......................... 8

**Guest Articles:**

“THE QUEST OF ABSOLUTION FOR ABNORMAL UTERINE BLEEDING?” .............................. 12

**OMED 17/2017 Fall Conference Highlights** .... 15

**ACOOG Membership News** ......................... 17

**Calendar of Events** ................................. 18

**Opportunities** ........................................ 21

**85th Annual Conference** ............................ 25
Winter greetings to our ACOOG Family:

Since our Summer ACOOG newsletter, we have moved through the dog-days of summer and are now approaching the winter solstice. While for many of us, that means snow and cold, it also signals the approach of the winter holiday season and family gatherings. I hope that you have time to spend with your family and to appreciate our blessings this holiday season.

At my presidential induction address, I outlined some of my priorities/goals that I hoped to advance during the year I serve as president (and beyond). These included:

- Advocacy for our students through the National Student Society, creating mentoring opportunities and preparation for residency
- Addressing and preparing for challenges and opportunities in women’s health care
- Succeeding in the transition to the single accreditation system
- Continuing our ACOOG heritage of representing our membership and providing an Osteopathic Community for the support, fellowship, and engagement of women’s healthcare professionals

In keeping with the focus of my presidential goals, ACOOG is working to enhance opportunities for osteopathic students to learn more about a career in women’s health care and to interact with ACOOG members. In October at the joint OMED-ACOOG meeting, ACOOG again provided a medical student education program which provided an OMM workshop, a program reviewing Ob-Gyn as a career, and an informational workshop on navigating the process of obtaining audition/sub-internship rotations during the 4th year as well as tips on obtaining an interview and ultimately matching successfully. The workshop again included mock-interviews for the students with Program Directors which has become popular with the students attending.

Many of the students and residents also attended the ACOG Junior Fellows Education Day which included some pertinent topics in women’s health care as well as simulation drills. As a part of OMED, there were also medical student mentoring round tables allowing students to learn more about various specialties and to interact with residents of various specialties.

In keeping with wellness and fellowship, there was a well attended social event with ACOG District III. This allowed for interaction of students, residents, and ACOOG/ACOG members. Of course, the students did not know we were assessing their technical skills through observation of their bowling skills. This evening was enjoyed by all in attendance.

At the BOT meeting in October, ACOOG also officially launched the Council of Postgraduates which had been an ad-hoc committee the past several years. This committee is composed of all the resident representatives that serve on ACOOG committees and is chaired by Emily Henning, DO, PGY-3, who is the resident representative on the ACOOG BOT. This committee will mirror many facets of the NSS and serve as a tool for the residents to communicate. Teresa Hubka, DO serves as the advisor of this committee.

While the ACOOG Visiting Professor Program --which allows for a visiting ACOOG member to present to Ob-Gyn interest clubs at our osteopathic schools-- continues to be popular, we have also looked at alternative ways to reach out to our students at all the schools. Working with the ACOOG-NSS (National Student Society), we just completed our first webinar in November which was primarily directed at 3rd-year medical students. This program focused on how to apply for audition rotations (sub-internships) and residency. This session was well attended, and I believe having the residents on the panel was a benefit as we navigate through

(Continued on Page 3)
the process of change with the single accreditation system.

The webinar panel included myself and two residents and allowed for a presentation, answers to ‘Frequently Asked Questions,’ as well as interaction with the students attending this session. This session --as well as future similar events--will also be posted on the student community ACOOG website. We look forward to presenting future programs including a similar webinar program aimed at 1st and 2nd-year students in early 2018.

The CME program at OMED-ACOOG in Philadelphia was well received by ACOOG and AOA members. Thank you to David Jaspan, DO and Susan Janecek, DO for putting together an excellent program.

At the Fall ACOOG BOT meeting in Philadelphia, we continued to focus on continuing implementation of our recently updated Mission, Vision, Values, and Goals to continue to provide an Osteopathic Community for the support, fellowship, and engagement of women’s healthcare professionals. Each committee has worked towards the implementation of these objectives as well and will continue to do so as we move forward.

We are rapidly moving towards our 85th Annual Meeting in Orlando, Florida, April 8-13, 2018. The Program Chairs, James R. Lindemulder, DO and Cecilia W. Banga, DO have put together what also promises to be an exciting meeting including four breakout sessions and a sub-specialty pre-course on female pelvic medicine/reconstructive surgery. The topics in this session are relevant to the practicing gynecologic generalist. The full program description is posted at the ACOOG website, and early registration is now open.

As you may recall from my presidential speech last March, as well as from my newsletter this past summer, I made an analogy between my goals as president of ACOOG and the evolution of the US space program, noting some similarities with our challenges and opportunities. In keeping with that theme, I am excited to note that there is a presentation at our 2018 Spring meeting titled, ‘The future of the US Space Program and the contributions women have made.’ This year I also had the opportunity to visit the Kennedy Space Center and learn more about our past and future plans for space exploration, as well as the influences and benefits derived in technology that we utilize every day. Diane and I spent two full days exploring and learning. This visit also prompted me to reflect on our past and future opportunities, and --as I borrowed from the space program,-- the belief that “FAILURE IS NOT AN OPTION” for our college. If you have not had the opportunity to visit the Space Center, I would encourage you to do so with your family. The Space Center is only about 45 minutes from Orlando. Please refer to the ACOOG syllabus for the Spring Convention for further information on this and other ‘Things to Do’ in conjunction with attending the annual CME conference.

Speaking of ‘Contributions Women Have Made,’ our President-Elect, Octavia Cannon, DO is being recognized in the January 2018 edition of Oprah Magazine as a representative of Osteopathic Medicine, & Osteopathic Women’s Health Care. Of course, we already knew that Dr. Cannon serves as an ambassador for the Osteopathic Profession as well as ACOOG and look forward to her leading our college in 2018-19. In my presidential address last March, I made reference to the contributions of some of the African American Women to our space program (as seen in the 2017 movie, “Hidden Figures”, including the noted Katherine Johnson, an African American mathematician, who made major contributions to the Space Program, overcoming many prejudicial obstacles. It may come as no surprise that Dr. Cannon and Dr. Johnson were both members of Alpha Kappa Alpha, the first sorority established by and for African-American women. We look forward to the leadership of Dr. Cannon as our incoming President.

As we continue to try and be proactive in addressing the needs of our members, the executive board will be meeting soon to continue to address this topic. In January, we will be meeting as well to plan ahead. My goal is to represent our members, and I welcome your thoughts, comments, and ideas for our college. I will carry this forward to this
Message from the President
(Continued from Page 4)

meeting in Fort Worth, TX. Also, please contact me anytime at boes@msu.edu.

I am honored to serve our college as president and look forward to seeing you at our meeting in warm and sunny Orlando in April.

Happy Holidays!

Warmly,

David J. Boes, DO, FACOOG(Dist)
ACOOG President, 2017-18

ACOOG Headquarters
Valerie Bakies Lile, CAE, FACOOG(Hon)
Executive Director
vblile@acoog.org

Helen Oberbeck
Director of Administration
hoberbeck@acoog.org

Jimmie L. Evans II
Accounting Manager
jevans@acoog.org

Nnamdi Ibegbu
Membership Coordinator
nibegbu@acoog.org

Martha Prud’homme
Program Manager
mprudhomme@acoog.org

817-377-0421 main
817-377-0439 fax
Message from the Executive Vice President

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

Dear Colleagues,

It’s hard to believe that winter is upon us. 2017 is quickly coming to a close. OMED was a great success, and we were afforded, once again, the opportunity to mingle with our friends from ACOG District 3.

Congratulations and thank you for programming chairs doctors Susan Janacek, DO and David Jaspan, DO. Our 2017 Fall Conference in conjunction with the AOA’s OMED conference was quite successful and informative. The Continuing Medical Education Committee under the leadership of Dr. Catherine Bernardini should once again be commended for all their efforts. Also, a special thank you to the ACOOG staff for all of their hard work.

The student program once again was outstanding. Dr. David Forstein returned this year to lead the program. Many programs directors once again helped with the mock interviews. I extend a thank you to all of our members who helped make this annual event a great success. The program included a lecture on what makes a strong applicant to an OB/GYN residency program as well as mock interviews and an OMT workshop. The student turnout continues to be strong and growing.

Since we are on the subject of Dr. David Forstein and the student program, I would like to take this opportunity to congratulate him on his new position as Dean of the Touro College, College of Osteopathic Medicine - Harlem, NY Campus. I am confident that Dr. Forstein will do an outstanding job.

The social event with ACOG District 3 was well attended. Osteopathic student members and osteopathic residents in attendance made the event even more special. As you can imagine, it was a great to be able to get to know some of the students and residents from across the country.

As part of the collaboration with District 3, Osteopathic students and OB/GYN residents were invited to participate in Junior Fellow’s day held at Thomas Jefferson University in Philadelphia.

Lauren Watty, DO, a third year OB/GYN resident at Inspira Health Network in Vineland NJ, gave a presentation on Osteopathic Manipulative Therapy and even treated ACOG President-Elect, Dr. Lisa M. Hollier.

The transition to the single accreditation system is almost to the halfway mark. Approximately 2/3 of the AOA OB/GYN residency programs have achieved initial accreditation. The remaining one third is in the process of achieving the same. I do not doubt that these remaining programs success chapters. 30th of 2020 will be here before you know it. The AOA continues to be a readily available resource for all residency programs making this transition. It is also in a transition and set itself planning for the aftermath of the single accreditation system and its effects on the structure of the AOA and its membership.

With regards to the AOA, there are many changes on the horizon. This past summer’s AOA meeting continued the journey towards many changes in how the AOA will look in the future. There will be more information regarding these changes as we progressed to early and mid-2018.

Our organization remains strong and financially stable. Membership continues to grow, and our strategic plan will carry us into the future with the potential for many positive changes. The move to our new office location is nearly complete. This new location and format are a positive in many ways. This change makes it easier for our staff, reduces our carbon footprint and decreases our overhead expenses.

I look forward to seeing all of you in Orlando at the ACOOG 85th Annual Conference, April 8-13, 2018, Waldorf Astoria Bonnet Creek, Orlando, FL.

In closing, from all of us at the ACOOG, I wish all of you and your families a safe and joyous Holiday Season as well as a prosperous New Year.

Sincerely,
Michael J. Geria, DO, MS, FACOOG(Dist) CS Executive Vice President
2017-2018 Board of Trustees

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

Octavia Cannon, DO, FACOOG (Dist.)
President-Elect

Thomas Dardarian, DO, FACOOG (Dist.)
Vice President

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

Jeannine McMahon, DO, FACOOG
Secretary-Treasurer

Catherine Bernardini, DO, FACOOG (Dist)
Trustee

Sherman Dunn, DO, FACOOG
Trustee

Emily Henning, DO
Resident Representative

W. Ashley Hood, DO, FACOOG
Trustee

(Continued on Page 7)
ACOOG - 2017-2018 Board of Trustees

(Continued from Page 6)

Shruti Iyer, OMS-III
Student Representative

David Jaspan, DO, FACOOG (Dist)
Trustee

Mark LeDuc, DO, FACOOG (Dist)
Trustee

Marydonna Ravasio, DO, FACOOG (Dist)
Trustee

Takeko Takeshige, DO, FACOOG
Trustee

Gregory S. Willis, DO, FACOOG
Trustee

Michael J. Geria, DO, FACOOG (Dist.)
Executive Vice President

William Bradford, DO, FACOOG (Dist.)
Vice President for Evaluation

Valerie Bakies Lile, CAE, FACOOG (Hon.)
Executive Director
This year, the CDC reported approximately 39,800 new cases of cancer are found annually in areas of the body where Human Papilloma Virus (HPV) is often found. Focused HPV strains cause about 31,500 of these cancers accounting for 79% of them. More specifically, these cancers are found in the cervix, vagina, vulva, penis, anus, rectum and oropharynx. Cancers caused by HPV are considered HPV attributable cancers. Table 1 demonstrates the current data by cancer site, gender and HPV type. From a women’s health perspective, alarmingly, 91% of cervical cancers and nearly 70-75% of vulvar and vaginal cancers are HPV initiated.

In 2009 HPV was recognized as a strong contributor of cancer of the oropharynx. In 2014 the incidence of oropharyngeal squamous cell carcinoma (OPSCC) was reported as rising in contrast to the decreasing incidence of carcinomas in other subsites of the head and neck, in spite of the reduced prevalence of smoking. HPV infection, and in particular HPV-16, was recognized as a significant player in the onset of HPV positive OPSCC, with different prognostic characteristics from its HPV negative counterparts. Currently, it is estimated that 70% of OPSCC are HPV attributable.

In 2006 the FDA approved a quadrivalent vaccine, Gardasil®/Silgard®, Merck for the prevention of cervical cancer, and preinvasive disease caused by HPV 16 and 18 as well as genital warts caused by HPV 6 and 11. Indications soon included prevention of HPV related vaginal and vulvar cancers as well as HPV related anal cancer and genital warts in males. In 2009 the FDA approved a bivalent vaccine, Cervarix®, GlaxoSmithKline Biologicals for the prevention of cervical cancer and preinvasive disease by HPV 16 and 18.

In December 2014 the FDA approved Gardasil®9, Merck (HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58) which has since replaced the original Gardasil quadrivalent vaccine. Since Gardasil9 introduction, parents and patients alike question if those given 2 or three doses of prior HPV vaccines should get re-dosed with the new Gardasil9. According to the CDC, these individuals are considered adequately vaccinated. It is also important to note, that the vaccine is still not recommended in pregnancy but breast-feeding is not contraindicated if on a vaccination schedule.

Head to head studies of Cervarix and Gardasil in both women and 12-15 year old adolescents were done. Anti-HPV 16 titers after 5 years were high for both vaccines. However, when measured against a pseudovirion assay, findings were significantly lower for Gardasil than Cervarix for both HPV 16 and 18 possibly affecting long term protection. Anti-HPV 18 titers were shown to be limited in as little as 24 months after vaccination in the Gardasil group and 20% of women had a loss of detectable titer altogether. Cervarix had high titers of both 16 and 18 to 9.4 years post vaccination. Head to head studies with Cervarix and Gardasil9 have not yet started.

Dosing recommendations have recently been updated based on immunogenicity evidence. A two-dose schedule (0, 6-12 months) has the efficacy equivalent to the 3-dose schedule (0,1-2,6 months) IF the HPV vaccination series is initiated before the 15th birthday. The Advisory Committee on Immunization Practices (ACIP) recommends the 2-dose schedule for girls and boys who initiate the vaccination series at ages 9-14 years. The CDC now recommends 11-12 year olds get two doses of HPV vaccine (instead of 3) to protect against HPV attributable cancers. As noted, the second dose should be given 6-12 months after the first.

Since its inception, HPV immunization has been severely under used with utilization as low as 12% in some regions documented in 2011. The 2012-2013 President’s Cancer Panel Annual Report addressed this issue. A letter was written to President Barrack Obama detailing statistics including 1:4 people in the US or nearly 80 million people are infected with at least one type of HPV. Additionally, barriers to utilization were identified which included: missed clinical opportunities, misinformation, mistrust, and lack of knowledge.
insufficient access and cost concerns. Urgency for Action to Prevent Cancer Strategy was outlined to accelerate HPV vaccine uptake in the U.S. The Healthy People Project and the CDC set a goal for a projected 80% UTD vaccination rate by 2020.

The national immunization survey in 2016 by the ACIP demonstrated > 1-dose HPV vaccination coverage in teens 13-17 was 65% for females and 56% for males for a total average of 60.4%. Up to date (UTD) completion of the series was 43.4%. Notable differences were found in vaccination rates that varied by region/state. The region with the highest percentage of teens up to date was the Northeast including: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont reporting 55% UTD. The region with the lowest series completion was the Southwest, which comprised of Arkansas, Louisiana, New Mexico, Oklahoma and Texas at a mere 35% UTD. By and large, the goal is the majority of adolescents will be discussing and receiving their HPV vaccinations as part of their ACIP recommended immunization schedules which are initiated by pediatricians and family practitioners at age 11-12 and not OB/GYNs.

Unfortunately, the numbers presented are nowhere near the projected goals and have left a significant number of teens over the last 10 years unvaccinated. This population has now matured to 20-21 year olds and is presenting to the gynecologist for annual exams, first pap smears and/or birth control discussion. HPV vaccination discussion has not become routine in this setting for many gynecologists. As the poor utilization indicates, it is imperative HPV vaccination becomes a routine part of the standard appointment in women age 13-26.

There is immense opportunity for women’s healthcare specialists to follow up where patients have remained without HPV immunization. A nine-year window for the 18-26 years olds under the FDA guidelines remains as a missed opportunity for immunization. While vaccination is thought to be most beneficial prior to any HPV exposure, multiple studies have shown both men and women who are sexually active and have had prior HPV/dysplasia still have significant benefit from the vaccination. The American College of Obstetricians and Gynecologist (ACOG) Committee Opinion Number 704, dated June 2017 – Human Papilloma Vaccine, recommends educating our older patients regarding the

Table 1 – Source The Center for Disease Control and Prevention

<table>
<thead>
<tr>
<th>Cancer site</th>
<th>Average number of cancers per year where HPV is often found (HPV-associated cancers)</th>
<th>Percentage probably caused by any HPV type</th>
<th>Number probably caused by any HPV type</th>
<th>Percentage probably caused by HPV types 16/18b</th>
<th>Number probably caused by HPV types 31/33/45/52/58</th>
<th>Percentage probably caused by HPV types 31/33/45/52/58</th>
<th>Number probably caused by HPV types 16/18b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervix</td>
<td>11,693</td>
<td>91%</td>
<td>10,600</td>
<td>66%</td>
<td>7,700</td>
<td>15%</td>
<td>1,700</td>
</tr>
<tr>
<td>Vagina</td>
<td>819</td>
<td>75%</td>
<td>600</td>
<td>55%</td>
<td>500</td>
<td>18%</td>
<td>100</td>
</tr>
<tr>
<td>Vulva</td>
<td>3,671</td>
<td>69%</td>
<td>2,500</td>
<td>49%</td>
<td>1,800</td>
<td>14%</td>
<td>500</td>
</tr>
<tr>
<td>Penis</td>
<td>1,181</td>
<td>63%</td>
<td>700</td>
<td>48%</td>
<td>600</td>
<td>9%</td>
<td>100</td>
</tr>
<tr>
<td>Anus</td>
<td>5,229</td>
<td>91%</td>
<td>4,800</td>
<td>79%</td>
<td>4,200</td>
<td>8%</td>
<td>400</td>
</tr>
<tr>
<td>Female</td>
<td>3,416</td>
<td>93%</td>
<td>3,200</td>
<td>80%</td>
<td>2,700</td>
<td>11%</td>
<td>400</td>
</tr>
<tr>
<td>Male</td>
<td>1,813</td>
<td>89%</td>
<td>1,600</td>
<td>79%</td>
<td>1,400</td>
<td>4%</td>
<td>100</td>
</tr>
<tr>
<td>Rectum</td>
<td>772</td>
<td>91%</td>
<td>700</td>
<td>79%</td>
<td>600</td>
<td>8%</td>
<td>100</td>
</tr>
<tr>
<td>Female</td>
<td>528</td>
<td>93%</td>
<td>500</td>
<td>80%</td>
<td>400</td>
<td>11%</td>
<td>100</td>
</tr>
<tr>
<td>Male</td>
<td>244</td>
<td>89%</td>
<td>200</td>
<td>79%</td>
<td>200</td>
<td>4%</td>
<td>&lt;100</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>16,479</td>
<td>70%</td>
<td>11,600</td>
<td>60%</td>
<td>9,900</td>
<td>6%</td>
<td>900</td>
</tr>
<tr>
<td>Female</td>
<td>3,203</td>
<td>63%</td>
<td>2,000</td>
<td>51%</td>
<td>1,600</td>
<td>10%</td>
<td>300</td>
</tr>
<tr>
<td>Male</td>
<td>13,276</td>
<td>72%</td>
<td>9,600</td>
<td>63%</td>
<td>8,400</td>
<td>4%</td>
<td>600</td>
</tr>
<tr>
<td>Total</td>
<td>39,844</td>
<td>79%</td>
<td>31,500</td>
<td>63%</td>
<td>25,300</td>
<td>10%</td>
<td>3,800</td>
</tr>
<tr>
<td>Female</td>
<td>23,330</td>
<td>83%</td>
<td>19,400</td>
<td>63%</td>
<td>14,700</td>
<td>13%</td>
<td>3,100</td>
</tr>
<tr>
<td>Male</td>
<td>16,514</td>
<td>73%</td>
<td>12,100</td>
<td>64%</td>
<td>10,600</td>
<td>4%</td>
<td>700</td>
</tr>
</tbody>
</table>
importance of HPV vaccination in their children as well as the importance in the role during “catch-up” 13-26 years.

In an effort to tie in regional and age related HPV vaccination missed opportunities, two studies were done on college students; one in the North East and one in the South. The University of Mississippi in 2015 polled 383 college students in an anonymous survey assessing knowledge, attitudes, and perceptions related to HPV and HPV vaccinations as well as their stage of vaccination. 47.3% of females were vaccinated compared to 15.8% of males. The survey found most students had basic knowledge of HPV but had low perceptions of their susceptibility to contract HPV – where less than ¼ of respondents agreeing they are at risk for HPV or likely to contract HPV in their lifetime. The University of Virginia did a similar poll of 3000 students in 2016 and found considerably higher vaccination rates than expected with rates double the national average for 18-26 year old women at 74.7% vs 34.5% and 20 times higher for men 18-21 year old men at 51% vs 2.4%.

Additional opportunities for the gynecologist are supported by ACOG are for teens. ACOG recommends teens have their first gynecology visit around age 13-15. This visit is yet another opportunity that may be captured for HPV education and vaccine utilization. FAQ 150 released in May 2017 by ACOG has updated discussions with teens that include HPV vaccination.

Immunization education often queries if a vaccine has any live or actual viral genetic material involved. Both vaccines marketed to date use recombinant DNA technology to generate viral proteins capable of self-assembling into virus-like particles (VLPs). VLPs are made for each HPV type and targeted by the vaccines. HPV VLPs contain no viral genetic material and thus are not infectious but mimic exposures to HPV provoking the immune system to generate antibodies against the specific HPV type. Most common side effects of the vaccines are pain and redness or swelling in the arm where the shot was given, fever, headache or feeling tired, nausea and muscle or joint pain.

HPV Vaccinations have demonstrated significant benefit. Since the approval of the first HPV vaccine in June 2006 through October 2014, 68 countries and 12 territories have adopted a HPV vaccine implementation programs. Nine developed countries including USA, Australia, England, Scotland, New Zealand, Sweden, Denmark, Canada and Germany have follow up of the 3-dose vaccine series. A group of girls under the age of 20 whose vaccination rates were >50% were followed over seven years. The incidence of HPV 16/18 infections were decreased by 64% in that cohort.

National health programs have demonstrated exceptional benefit. Australia, for example, has a National HPV Vaccination Program where the vaccine is provided free to males and females aged 12-13 in school. The program began in 2007 for females and 2013 for males. In August 2016 the BBC reported on a decade of vaccine use in Australia. Prof Ian Frazer said the vaccine could eradicate cancers caused by HPV within 40 years. Prof Frazer, the late molecular virologist Dr. Jian Zhou and a research team used genetic engineering to build a virus replica to create the vaccine. “If we vaccinate enough people we will eliminate these viruses because they only infect humans. And in Australia there's already been a 90% reduction in infections in the 10 years the programme has been running. We know that 170 million doses of vaccine have been given out. In countries like the US where the vaccine isn't so widely taken up, that's a little bit disappointing because cervical cancer still kills several thousand women in the US,” Prof Frazer said.

There have been multiple studies worldwide that have found reductions in HPV infections and related diseases in unvaccinated individuals in a community of vaccinated people. This is a phenomenon known as herd immunity. HPV infections prevented in vaccinated individuals reduce the likelihood of exposure to an unvaccinated individual. Dr. Abbey B. Berenson published an article in this month’s issue of Obstetrics and Gynecology, “Change in Human Papillomavirus Prevalence Among U.S. Women Aged 18-59 years, 2009-2014”. This article evaluated the changes in prevalence of vaginal HPV between vaccinated and unvaccinated women from 2009-2010 and from 2013-2014, stratified by age group. When stratified by age group, significant decline was noted in only one age group, 18-26 year olds over both years studied. Interestingly,
the unvaccinated group in the same age group demonstrated an even greater decrease over time from 19.5% to 9.7%. Herd or community immunity is a secondary benefit of the efficacy of the immunization while the vaccinated population is catching up.

The HPV vaccine has had a rough road. Despite controversy and protests, the first teenage girl was vaccinated over 10 years ago against HPV. Misinformation and the antivaccination movement created public confusion and slow rates of vaccine uptake in the US.

- Despite low utilization, the CDC reported a 56% decrease among teen girls 14 years old since 2006.
- July 2013: uptake among adolescents is disappointingly low.
- May 2015 the American Academy of Pediatrics recommends vaccine for girls and boys.
- December 2015 ACOG says any of the three vaccines are acceptable.
- April 2016: medical society’s support of vaccine – The American Society of Clinical Oncology (ASCO), ACOG, CDC the American Academy of Family Physicians, the American College of Physicians and the Immunization Action Coalition send letters to physicians to increase uptake. In the US, HPV is still the most often refused vaccine according to Medscape’s 2016 Vaccine Acceptance Report.

Ongoing studies and data collection continue to strengthen the evidence that HPV vaccination is low risk and, if administered correctly, could potentially eradicate HPV Attributable Cancers over the next 30-40 years. Gynecologists are pivotal in the success in implementation and execution of the HPV vaccination program for the United States.

References

6. Oliver, S. Vaccine-type HPV prevalence in US declines 71% among teen girls. CDC’s Annual Epidemic Intelligence Service Conference April 26, 2017.
8. The American College of Obstetricians and Gynecologists Committee Opinion Number 704: June 2017
9. Center for Disease Control and Prevention. HPV and Cancer;Morbidity and Mortality Weekly Report, Vaccine Safety; 2017
11. President’s Cancer Panel Annual Report 2012-2013; Accelerating HPV Vaccine Uptake: Urgency for action to prevent cancer

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 12 months to provide the opportunity to complete questions about each article.
THE QUEST OF ABSOLUTION FOR
ABNORMAL UTERINE BLEEDING?

Takeko Takehsige, DO, FACOOG

*Corresponding Author: Takeko Takehsige, Assistant Professor, Department of Clinical Obstetrics and Gynecology, Weill Cornell Medical College, USA

Published: May 18, 2017 at EC Gynecology

Keywords: AUB: Abnormal Uterine Bleeding; MIS: Minimal Invasive Surgery

Introduction

Abnormal uterine bleeding (AUB) represents a clinical dilemma for both clinicians and patients [1]. It refers to any change in the pattern of menstrual bleeding. Those changes include abnormalities in regularity, frequency, heaviness, and duration of menstrual flow during or outside of regularly scheduled menstruation [2]. Often a frequent and vexing symptom experienced by women in their life spans. If left untreated, AUB can lead to problems ranging from reduction in basic quality of life to serious medical complications. If treated, responses are often time-consuming with initial medical followed by surgical for non-responders. Thus, AUB contributes to heavy utilization of healthcare resources, costing over a billion dollars a year and accounting for one-third of gynecological office visits in the United States [3,4]. With the innovation of minimal invasive surgery (MIS), particularly that of operative hysteroscopy, more patients have benefited by reduced bleeding in treatment.

Classification

Depending upon on the duration of blood loss, AUB can be either acute or chronic. Acute AUB is defined by a episode of bleeding outside of pregnancy so severe that acute medical intervention is required [5]. In contrast, chronic AUB is defined as, “bleeding from the uterine corpus that is abnormal in duration, volume, and/or frequency and has been present for the majority of the last 6 months [6]**.

Etiology

AUB can have both local and systemic causes. Locally, it is often attributed to structural abnormalities of the uterus as encapsulated in the acronym PALM (Polyp, Adenomyosis, Leiomyoma, Malignancy and hyperplasia). Systemic or non-structural sources of AUB are summarized by the acronym COEIN (Coagulopathy, Ovulatory dysfunction, Endometrial, Iatrogenic and Not yet classified) [7].

Work Up

Management depends on the etiology. It is therefore of paramount importance to determine the etiology of AUB when assessing patients work up should begin with the basic history taking and physical examination, paying particular attention to the vital signs and the pelvic examination, which must include both a speculum and bimanual examination. For all women of reproductive age, a pregnancy test should be conducted. In all patients, vital signs will determine hemodynamic stability of the patient. The pelvic examination will enable a rapid assessment of blood loss as well as visible and palpable structure abnormalities. Depending upon the results of the history and physical, bearing in mind hemodynamic stability and severity and duration of blood loss, the diagnosis of acute or chronic AUB can be made. Recommended tests include, in addition to a pregnancy test, a complete blood count, blood type, and cross match. Further workup will proceed accordingly.

Management

The management plan will naturally be based upon the results of the above-mentioned workup, the acuity, other co-morbidities (anemia most often), and desire for future fertility. Various medical and
surgical modalities may reduce or cease bleeding achieving, at one end of the spectrum, lifesaving hemodynamic stability, and, at the other end of the spectrum, improving that patient’s quality of life and decreasing the healthcare utilization burden of AUB.

**Medical Therapies for AUB**

Hormonal of estrogen, progesterone or combined can often function to control episodic bleeding for acute AUB and normalize menstrual patterns for chronic AUB. Thus, should be first line treatment if not contraindicated. There is a wide array of options from pills, patches, rings, subdermal implants, intrauterine devices, injections to intravenous drips [8]. Treatment should be individualized and adjusted accordingly to patients’ response and side effects.

Non-hormonal therapy is available as an alternative for patients with contraindications to hormonal therapy or who have opted out. These include antifibrinolytics (tranexamic acid); nonsteroidal anti-inflammatory drugs; iron orally or parentally for anemia; and lifestyle modification with exercise, weight loss (reduce peripheral conversion of adipose tissues to unopposed estrogen), and dietary modification. Dietary modification includes iron-enriched food supply for anemia such as red meat, seafood, beans, peas, dark green leafy vegetables (spinach), dried fruits (raisins and apricots), iron-fortified cereals, breads, and pastas. The lifestyle modification is a valuable adjuvant therapy with great health benefits for other co-morbidities as well.

**Surgical Options for AUB**

Between the inherent risks of surgery itself and the risks due to anesthesia, surgical management of AUB is usually reserved for non-responders who exhaust medical therapy or for patients with symptomatic structural abnormalities of either intrauterine or extrauterine etiologies. Surgical modalities include dilation and curettage (D and C), uterine artery embolization, hysteroscopy, endometrial ablation, myomectomies or hysterectomy.

The choice of surgical procedures depends upon many factors, including etiology of the AUB, acuity of bleeding, hemodynamic stability, co-morbidity, hematologic status, age, fertility desire, and expectation of treatment goal and quality of life for patients. All risks, benefits, and alternatives of procedure should be discussed with patients so informed decision can be made.

As modern technology intrudes into the operation rooms, surgical options for AUB are also evolving. Dilatation and curettage is no longer acceptable as the diagnostic and therapeutic option, for it does not remove pathology and alleviate menstrual cycles [9]. Procedures are now performed with MIS approach of hysteroscopy, laparoscopy, or robot. Hysteroscopy now plays a major role in MIS for diagnosis and treatment in intra-cavitary pathology as it provides direct visualization of the lesions, tubal ostia, endocervical canal, cervix, and vagina. In this way, MIS enables simultaneous removal of the pathology (such as polyps, myomas) via resectoscope, blade, or bladeless resection under guidance of the scope while preserving uterus. There are also advanced operative hystoscopes with automatic fluid management system available to improve patient safety. These include the Myosure and Symphion Tissue Removal System [10]. This system has alarms built in when inflow exceeds certain preset parameters thus enables surgeons to monitor inflow, outflow and fluid deficit visibly to reduce intraoperative complication of fluid overload such as hyponatremia, pulmonary edema while removing pathology. For other structural pathology (fibroids or mass), either laparoscopic or robotic approach with morcellators, electrosurgical or ultrasonic instruments such as harmonic scalpels, ligasure, under MIS principles should be attempted prior to laparotomy.

**Summary**

Abnormal uterine bleeding (AUB) can mean a perplexing medical encounter for patients and a treatment challenge for their physicians. Due to the potential for multi-system involvement and severity, AUB affects not only women’s physical health but also, potentially, her mental health, as recurrent bleeding episodes lead to reduced quality of life.
Modern medical patients, with access to the internet, social media, and smartphones are so-called the educated consumers. Our clients can, and frequently do, access resources prior to and during treatment. This increased level of awareness highlights how all treatment options - both medical and surgical - should be thoroughly discussed with patients and individualized with respect to our patients’ preferences. During these encounters, it is especially important that questions be clarified to avoid confusion and guide the patient making the best choice for her circumstance. It is imperative for treating physicians to offer surgical options, particularly via MIS approaches, when medical therapy becomes futile – or when symptomatic structural pathology do not appear to respond to medical therapy. With chronic AUB, signs and symptoms of anemia or other organ system involvement can compromise women health leading to unsalvaged option of hysterectomies. Operative hysteroscopy, which is now available in physician offices and surgical centers, and is indicated for a patient wishing to preserve her uterus and reserve future fertility. Thanks to new knowledge and technology, practitioners can now prioritize patient safety first and at large, fulfill the population health goals of improving quality of care and population health with reducing costs: intervene for indicated patients with MIS approaches.

Bibliography


9. [NOT A PROPERLY FORMATTED REFERENCE] Ian S Fraser., et al. “The FIGO Recommendations on Terminologies and Definitions for Normal and Abnormal Uterine Bleeding”.


Reprinted with permission of the main author, Takeko Takeshige, DO, FACOOG
Highlights

OMED 17 / 2017 Fall Conference

October 7-10, 2017
Convention Center Philadelphia, PA

OMM Workshop

Third and Fourth Year Medical Students participated in Mock Interviews

Dr Lisa Hollier, ACOG President-elect

2017 Outstanding Resident of the Year

Congratulations to Dr. Bryan Sweeney!
Moments at the ACOOG Booth at the OMED 17
New Members

Welcome new members! The Board of Trustees approved the following new members at the October 2017 meeting in Philadelphia, PA.

New Regular Members

Kevin Galloway, DO, FACOOG  
Anne Merrick, DO, FACOOG  
Jacqueline Mirate, DO, FACOOG  
Erica Takimoto, DO, FACOOG  
Tara Bartlett, DO  
Cory Bennett, DO  
Erin Bouhana, DO  
Caitlin Brazda, DO  
Justin Bruner, DO  
Kristine Bryant, DO  
Britney Bunot, DO  
Emily Burnette, DO  
Jennifer Canan, DO  
Suzanne Cao, DO  
Leigh Christie, DO  
Elizabeth Clayton, DO  
Whitney Crye, DO  
Ericka Dearing, DO  
Brittany Denny, DO  
Thomas Duncan, DO  
Caroline Dustin, DO  
Susan Ezell, DO  
Andrew Felman, DO  
Kristina Galyon, DO  
Carlos Guevara, DO  
Vanessa Hernandez, DO  
Lydia Hostetler, DO  
Alexis Jesikiewicz, DO  
Jessica Kam, DO  
Jessica Kennard, DO  
Ryan Kooperman, DO  
Rachel Kozlowski, DO  
Callie Kuchta, DO  
Kerry Lee, DO  
Nnenna Maduforo, DO  
Jessica Martin-Lafyatis, DO  
Sarah McKenzie, DO  
John Monk, DO  
Jackie Nehls-Feucht, DO  
Lindsey Parker, DO  
Stephanie Rajchel, DO  
Heather Ross, DO  
Bailey Runkles, DO  
Danielle Schirm, DO  
Laura Sheridan, DO  
Simrat Singh, DO  
Larissa Smith, DO  
Josephine Spitzley, DO  
Theresa Tran, DO  
Jana Van Rybroek, DO  
Monica Wirrig, DO  
Jacqueline Witters, DO

Life Membership Applications

Joel Hendryx, DO

Affiliate Membership Applications

Levatino, Anthony, MD  
Tiver-Foran, Faith, MSN, WHNP-BC

In Memoriam

Jeff Koszczuk, DO, FACOOG (Dist)  
Vance Powell, DO, FACOOG (Dist)

The ACOOG Board of Trustees has donated to MEFACOOG in their memory.
ACOOG Calendar of Events
& AObOG News

ACOOG CME

Calendar of Events

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

2018 Fall Conference
October 25-28, 2018
Renaissance Worthington
Fort Worth, TX

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

2019 Fall Conference
October 3-6, 2019
Hyatt Regency Downtown
Columbus, OH

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

(Continued on Page 19)
AOBOG News

Computer-Based Testing is Here!
You can now take exams close to home! The Primary Written Exam (for initial certification) and the Primary OB/GYN OCC Exam are now offered at computer-based testing centers across the U.S. These exams are no longer offered in conjunction with the ACOOG Annual Conference (OCC) or the Spring Oral Exams (Written). After your application is approved, you will receive instructions on how and when to register for the testing center closest to you. (All steps must be taken to sit for the exam.)

OCC Changes
Beginning January 1, 2017, the requirement for OCC Component 4 – Practice Performance Assessment (PPA Modules) has changed to 2 PPA modules per 6-year OCC cycle (previous requirement was 5 PPA modules). Additional PPA module topics are being written and approved. Visit the www.aobog.org website regularly for new topics and PPA modules.

If you are doing a quality improvement (QI) project through your hospital, employer, etc., you may now attest to QI projects to count for PPA Module credit. The online attestation form can be found at physicianportal.osteopathic.org under the heading “Component 4 Attestation.”

Beginning in 2018, the Primary OB/GYN OCC Exam will be offered twice per year – spring and fall. Dates for the 2018 exams are posted in the Calendar on www.aobog.org.

Additional changes will be coming to OCC – look for an announcement in early 2018 for changes that will be taking effect in 2019.

New PPA Topics Available
Two new PPA topics were released this summer – Obesity in Pregnancy; and Depression in Pregnancy and Postpartum. Both of these PPA modules are on the OCAT platform at www.osteopathic-cat.com.

Welcomes and Farewells
The AOBOG would like to thank Dr. John S. Stevens, Jr. for his many years of dedicated service to the board. Dr. Stevens is retiring from the board after 25 years.

The AOBOG extends a warm welcome to its newest examiners: Danielle Henderson, DO; Kimberlee Perkins, DO; J. Todd Robinett, DO; Adrienne Stanley, DO; and Stacey Tremp-Moore, DO.

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 www.aobog.org or email aobog@osteopathic.org.

2018 Examination Schedule:
Spring 2018 Exam Dates and Deadlines: (Applications currently available)

- March 12-17, 2018 – Primary OCC Exam Pearson VUE Testing Centers across the U.S. (final deadline to apply is January 29, 2018)
- April 23-28, 2018 – Primary Written Exam Pearson VUE Testing Centers across the U.S. (final deadline to apply is February 26, 2018)
- April 27-28, 2018 – Primary Oral Exam Rosemont, IL (final deadline to apply is January 22, 2018 or when the cap on candidates has been reached)
- April 27-28, 2018 – Subspecialty Certification and OCC Exams – Rosemont, IL (final deadline to apply is December 18, 2017)
AOBOG News

Fall 2018 Exam Dates and Deadlines:
(Applications will become available on March 1, 2018)

• September 24-29, 2018 – Primary OCC Exam
  Pearson VUE Testing Centers across the U.S.
  (final deadline to apply is August 13, 2018)

• October 19-20, 2018 – Primary Oral Exam
  Rosemont, IL (final deadline to apply is July
  16, 2018 or when the cap on candidates has
  been reached)

• October 19-20, 2018 – Subspecialty
  Certification and OCC Exams – Rosemont, IL
  (final deadline to apply is June 25, 2018)

All examination applications are exclusively
available on the AOBOG website.

View the entire calendar of upcoming exams at
www.aobog.org/pages/calendar. 2019 exam dates
will be posted as soon as they are confirmed. Visit
the AOBOG website (www.aobog.org) for up-to-
date information about certification, examinations,
applications and Osteopathic Continuous
Certification (OCC).
ROWAN UNIVERSITY SCHOOL OF
OSTEOPATHIC MEDICINE
DEPARTMENT CHAIR FOR OBSTETRICS
AND GYNECOLOGY

Gynecology & Rowan University School of Osteopathic Medicine is seeking a Chair for the Department of Obstetrics and Gynecology. In support of the mission, vision and values of Rowan SOM the candidate will provide leadership, direction and development to all teaching, clinical, research, community, and support activities within the Department of Obstetrics and Gynecology. Reporting directly to the Dean of Rowan SOM, the Chair will work closely with the Associate Dean for Clinical Affairs, the Senior Associate Dean for Academic Affairs, the Senior Associate Dean for Research, and other members of the Dean’s Cabinet to fulfill his/her role.

Candidates must hold a D.O. or M.D. degree and be either AOA or ABMS Board Certified in Obstetrics and Gynecology, and have five years of professional experience, including prior experiences in management role. Considered candidates must have the academic and professional experience necessary to qualify at the rank of Professor (preferred) or Associate Professor and must be able to demonstrate and provide examples of leadership (i.e. previous departmental leadership positions, involvement in regional/national organizations etc.), team building (i.e. previous successes, experience, interpersonal skills), academic strength (i.e. teaching experience, research experience, publications), clinical strength (peer recognition, reputation, patient satisfaction) and management strength (coaching, type and quality of management experience, advanced degree with experience).

Salary is competitive and is accompanied by a comprehensive benefits package.

Our clinical campus is located in Southern New Jersey, which is within the Philadelphia metropolitan area approximately eight miles from Philadelphia, one hour from the Atlantic Ocean and two hours from New York City.

Interested candidates must apply online at http://rowanuniversity.hodesiq.com/job-details.aspx?jobid=5407648

---

OB/GYN DECATUR, GEORGIA

Gynecology & Obstetrics of DeKalb is seeking a board certified, board eligible Obstetrician/Gynecologist to join a well-established, six physician private practice in the metro Atlanta area-serving DeKalb Medical Center.

Competitive salary with 401k, medical benefits for physician and family, 25 days of vacation, malpractice insurance and CME allowance. Partner eligible after two years. 1:7 call rotation. Interested candidates please contact- Debra Bennington-Practice Administrator d.bennington@goodobgyn.com

---

OB HOSPITALIST NEEDED FOR CALIFORNIA & ALASKA - FLEXIBLE SCHEDULE, NO CALL

Elevate the standard of women’s healthcare in some of the nation’s most desirable areas. Work for a group that provides an alternative for Board Certified OB/GYNs who want something more—more control over their time, more time with their families, more time to play.

- Board Certified OB/GYN with a minimum 3-5 years experience
- 12 or 24 Hour Shifts
- Full and Part Time Positions Available
- Interim Leadership Positions Available

(Continued on Page 22)
Entrepreneurial and Leadership Qualities is a plus
- Secured Competitive Compensation
- Comprehensive Benefits
- Fully Funded Malpractice Insurance

Interested candidates please contact:
Kelly Hargrove
314-236-4454
khargrove@cejkasearch.com

MFM-FELLOWSHIP LECOM
Wellspan Health/Lake Erie College of Osteopathic Medicine are proud to announce the availability of a first year fellowship opening in Maternal-Fetal Medicine at York Hospital with a position start date of July 1st, 2018. 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 ICAL. 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 eight MFM physicians, certified perinatal sonographers, genetic counselors, two perinatal nurse practitioner, antenatal testing staff and perinatal diabetes education/nutrition.

Maternal high-risk transports are via ambulance and helicopter and we are a regional center for the management of diabetes in pregnancy. 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 Kit Pifer, Program Coordinator at 717-851-3811 or kpifer2@wellspan.org. More information regarding our program, York Hospital, and Southcentral Pennsylvania is available via our medical education website: http://www.yorkhospital.edu/. The Program Director is Dr. James Hole, DO.

MATERNAL FETAL MEDICINE FELLOWSHIP
Pinnacle Health Maternal Fetal Medicine is currently accepting applications for a Maternal Fetal Medicine Fellowship position at Pinnacle Health Harrsiburg Hospital, PA, sponsored through LECOM and Pinnacle Health System. 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.

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

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

Practice Highlights:
- Compensation at or above MGMA/AMGA median
- 3 year agreement
- Tiered annual department (MFM) productivity bonus
- Signing bonus
- Quality incentive bonus plan in development
- Malpractice coverage including “tail”
- 1:7 call schedule
- No requirement to be present at deliveries
- Primary hospital coverage:
  - West Penn Hospital
  - Jefferson Hospital
- Average annual deliveries
  - West Penn Hospital - 500
  - Jefferson Hospital - 300
- EPIC

In addition to the Maternal Fetal Medicine
Practice Opportunities . . .
(Continued from Page 23)

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

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

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

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

Pittsburgh, Pennsylvania is a city of neighborhoods, hills and bridges. Pittsburgh has 3 major sports teams, Steelers, Pirates and Penguins and thousands of fans. Great place to live, good schools, nice family friendly communities. Voted one of the best cities in the US.

Please contact Kathy Murray at 1-800-678-7858 x63550, email kmurray@cejkasearch.com, or visit us at www.cejkasearch.com.

---
ACOOG invites you to be part of our annual conference. 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 85th Annual Conference.

President: David Boes, DO
Program Chairs:
James R. Lindemulder, DO, FACOOG (Dist)
Cecilia W. Banga, DO, FACOOG

Waldorf Astoria Bonnet Creek
14200 Bonnet Creek Resort Ln
Orlando, FL 32821

The American College of Osteopathic Obstetricians and Gynecologists
www.acoog.org
Earn CME category 1A

30 CME credits General Session

Plus!

4 CME credits Sub-Specialty Pre-Course
• Female Pelvic Medicine/Reconstructive Surgery

3 CME credits
• OMM Workshop

LOCATION & LODGING

Waldorf Astoria Bonnet Creek
14200 Bonnet Creek Resort Ln, Orlando, FL 32821
Group ID: ACOOG

The Waldorf Astoria Orlando offers a fabulous location for visiting all of Orlando’s famous attractions. Only 5.5 miles from Walt Disney World, guests will be greeting their favorite characters in no time. Less than an hour away, guests can visit the incredible world of LEGOLAND. Make a splash at SeaWorld or Discovery Cove, both nine miles from the property. Take in a show at the Orlando Shakespeare Theater, only 22 miles distance, or plan a day trip to historic Kennedy Space Center, about 60 miles away. Whatever your Orlando destination may be, allow the Waldorf Astoria Orlando to be your gateway to luxury and fun.

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 AOA Council on Continuing Medical Education approves this program for 30 credits of AOA Category 1A CME for The American College of Osteopathic Obstetricians & Gynecologists. Physicians should only claim credit commensurate with the extent of their participation in the activity. A completed attestation form and post-course evaluation are required to receive CME credit and a certificate of attendance.

PRINTED SYLLABUS

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

PHOTOGRAPHY DISCLAIMER

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

PRESIDENTIAL CELEBRATION

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

ACCREDITATION

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

**Monday April 9, 2018**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30-7:45 AM</td>
<td>President’s Welcome</td>
</tr>
<tr>
<td>7:45-8:30 AM</td>
<td>The Science of Physician Burnout and Mindfulness</td>
</tr>
<tr>
<td></td>
<td><em>Distinguished Fellows Honorary Lecture</em></td>
</tr>
<tr>
<td></td>
<td>Mark Levine, MD</td>
</tr>
<tr>
<td>8:30-9:15 AM</td>
<td>Updates in Endometrial Cancer</td>
</tr>
<tr>
<td></td>
<td>James Aikins, MD</td>
</tr>
<tr>
<td>9:15-10:00 AM</td>
<td>Health Disparities &amp; Poor Birth Outcomes: Understanding How We Got Here So We Can Leave: A Novel Approach To An Age Old Problem</td>
</tr>
<tr>
<td></td>
<td>Terri Major-Kincaide, MD</td>
</tr>
<tr>
<td>10:00-10:45 AM</td>
<td>Exhibits</td>
</tr>
<tr>
<td>10:45-11:30 AM</td>
<td>Global Healthcare - Ups and Downs</td>
</tr>
<tr>
<td></td>
<td>James Aikins, MD</td>
</tr>
<tr>
<td>11:30-12:15 PM</td>
<td>State of The Art Care for Infants With Lethal Anomalies/Resuscitation At The Limits Of Viability: Ensuring Parents And Providers Are On The Same Page</td>
</tr>
<tr>
<td></td>
<td>Terri Major-Kincaide, MD</td>
</tr>
<tr>
<td>12:15-1:30 PM</td>
<td>Lunch w/Exhibits</td>
</tr>
<tr>
<td>1:30-2:15 PM</td>
<td>Preeclampsia Perspective</td>
</tr>
<tr>
<td></td>
<td>William Bradford, DO and Eleni Tsigas</td>
</tr>
<tr>
<td>2:15-3:00 PM</td>
<td>Safety Council Bundle Pre-Eclampsia</td>
</tr>
<tr>
<td></td>
<td>Eric Carlson, DO</td>
</tr>
<tr>
<td>3:00-3:45 PM</td>
<td>Exhibits</td>
</tr>
<tr>
<td>3:45-4:30 PM</td>
<td>A Practice Paradigm to Prevent Physician Burnout</td>
</tr>
<tr>
<td></td>
<td>Debra Herchelroath, DO</td>
</tr>
<tr>
<td>4:30-5:15 PM</td>
<td>Shoulder Dystopia Bundle</td>
</tr>
</tbody>
</table>

**Tuesday April 10, 2018**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30-8:15 AM</td>
<td>Past President’s Honorary Lecture</td>
</tr>
<tr>
<td></td>
<td>TBA</td>
</tr>
<tr>
<td>8:15-9:00 AM</td>
<td>Stump the Professor - FPMRS Panel</td>
</tr>
<tr>
<td></td>
<td>Dr. P. Woodman, Dr. M. Coyle and Dr. J. Meade</td>
</tr>
<tr>
<td>9:00-9:45 AM</td>
<td>Olympic Athletam Feminam: The Identity, Culture and Medical Approach</td>
</tr>
<tr>
<td></td>
<td>Rebecca Rodriguez Regner, DO</td>
</tr>
<tr>
<td>9:45-10:15 AM</td>
<td>Break/Exhibits</td>
</tr>
<tr>
<td>10:15-11:00 AM</td>
<td>Hybrid Fractional Laser Treatment of Genitourinary Syndrome of Menopause</td>
</tr>
<tr>
<td></td>
<td>Michael J. Coyle, DO</td>
</tr>
<tr>
<td>11:00-11:45 AM</td>
<td>Exhibits</td>
</tr>
<tr>
<td>11:45-12:45 PM</td>
<td>ACOOG Membership Meeting-Luncheon</td>
</tr>
<tr>
<td>12:45-1:30 PM</td>
<td>Aeromedical Considerations for Women Pilots</td>
</tr>
<tr>
<td></td>
<td>Gregory Pinnell, MD</td>
</tr>
<tr>
<td>1:30-2:15 PM</td>
<td>Collegiate, Elite and Professional Female Athlete Health. Medical Care to The Retired Athlete</td>
</tr>
<tr>
<td></td>
<td>Rebecca Rodriguez Regner, DO</td>
</tr>
<tr>
<td>2:15-3:00 PM</td>
<td>Future of the US Space Program and The Contributions Women Have Made</td>
</tr>
<tr>
<td></td>
<td>Gregory Pinnell, MD</td>
</tr>
<tr>
<td>3:00-3:45 PM</td>
<td>Top 10 techniques for OMM Integration</td>
</tr>
<tr>
<td></td>
<td>Millicent Channel, DO</td>
</tr>
</tbody>
</table>
Wednesday April 11, 2018
7:15-7:45 AM  AOA President-elect
7:45-8:15 AM  ACOG President-elect
8:15-8:30 AM  ACOOG Postgraduate Thesis Winner
8:30-9:15 AM  MEFACOOG Distinguished Lecture
9:15-10:00 AM  Barbara Hawkes Memorial Lecture
10:00-10:30 AM  Break
(All participants assemble for entrance processional)
10:30-12:00 PM  Awards Ceremony & Presentation of New Fellows

1:00-4:15 PM  BREAKOUT
Ultrasound Refresher
James Perez, DO and Lori A. Crites-Perez, RN, RDMS
1:00-2:00 PM  Breakout Rotation 1
2:00-3:00 PM  Breakout Rotation 2
3:00-3:15 PM  BREAK
3:15-4:15 PM  Breakout Rotation 3

STATIONS:
• First Trimester Scans – Room 1
• Second Trimester Scans – Room 2
• Third Trimester Scans – Room 3

Thursday April 12, 2018
8:00-8:45 AM  Genetic Screening Options for Obstetric Patients
Shania Seibles, DO
8:45-9:30 AM  Logistics of Medical Relief Operations
David Adelstein, DO
9:30-10:15 AM  Training the Next Generation of Osteopathic Physicians
Anita Showalter, DO
10:15-10:30 AM  Break
10:30-11:15 AM  Legal Pearls for the OBGYN
Shania Seibles, DO
11:15-12:00 PM  Alternative OBGYN Practice Models
Draion Burch, DO
12:00-1:00 PM  Lunch on Own
1:00-1:45 PM  Board/MOC Pitfalls, Top 20 Question Discussion
Dianne Evans, DO
1:45-2:15 PM  Current Trends in Transgender Health
Draion Burch, DO
2:15-3:00 PM  Fertility Options and Care in the Transgender Patient
Jennifer Nichols, DO

Friday April 13, 2018
Florida State License Requirements
7:00-7:45 AM  Prevention of Medical Errors
Arnold Mackles, MD MBA LHRM
7:45-8:30 AM  Prevention of Medical Errors
Arnold Mackles, MD MBA LHRM
8:30-9:15 AM  Laws Regarding the Rx of Controlled Substances
Joel Rose, DO
9:15-9:30 AM  Break
9:30-10:15 AM  Professional and Medical Ethics
Michelle Mendez, DO
10:15-11:30 AM  Viral Infectious Disease
Shania Seibles, DO
11:30-12:15 PM  Florida Laws and Rules
Michelle Mendez, DO

Events:
April 11, 2018
Presidential Celebration
7:00-10:00 PM
Details coming soon!

Meetings:
April 11, 2018
Re-Org Board of Trustees
1:30-3:00 PM
April 12, 2018
CMEC Meeting
10:30-12:00 PM
1. **Golf Outing**

2. **Disney Discount tickets purchased at resort**
   - website: undercovertourist.com/orlando/walt-disney-world-resort/

3. **Wine Tasting**
   - website: vintage-vino.com
   - winesforhumanity.com

4. **Orlando Food Tour**
   - website: orlandofoodtours.com
   - orlandotaste.com

5. **Cooking Class**
   - website: gourmetmagic.org/cookingclasses.html

6. **Kennedy Space Center**
   - website: kennedyspacecenter.com
   - ($50 adults/$40 children – before group discount)

7. **Legoland Theme Park**
   - website: https://www.legoland.com/florida/

8. **Private Art Museum tour and Lecture**
   - website: omart.org/
   - 2416 North Mills Ave., Orlando $14

9. **Painting with a Twist**
   - website: paintingwithatwist.com/studio/orlando/calendar/
   - several locations in area ($35 for 2 hrs $45 for 3 hrs)
   - (max 46 people)

10. **Chocolate Tour**
    - website: chocolatekingdom.com
    - ($14 adults/$10 kids – 45 to 60 minutes)

11. **Chocolate Museum**
    - website: wocorlando.com
    - 11701 International Drive Suite 400, Orlando
    - (tour + wine & chocolate $24)

12. **Escape Room**
    - website: buenavista.escaperooment.com

13. **Breakout! The Room Escape Game**
    - website: http://www.roombreakout.com/orlando
    - 8155 Vineland Ave, Orlando, FL, 32821
    - Escapology
    - website: https://www.escapology.com/en/orlando-fl
    - 11951 International Drive, Orlando
    - ($29 for 12 – 84 people – 1 hour)
A COOG 85th ANNUAL 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 guest meal package pricing.

Refund Policy: Written cancellation of registration by March 08, 2018 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 Early-Registration (payment received by March 08, 2018) Late Registration (payment received after March 08, 2018)

Physician Member (Regular, Senior, Fellow, DF) $800 $1,000
Non-Member Physician $1,200 $1,400
Life Member $525 $625
Affiliate Member (Non-physician member) $525 $625
Candidate (Resident member) $400 $500
Non-Member Resident $500 $600
Student Member $0 $0
Non-Member Student $250 $350

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

Pre-registrations will be accepted until March 23, 2018 All registrations received after this date will be processed at the late registration rate. Registrations received after March 23, 2018 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 Day Time CME Limit Fee Residents

Sub-specialty Pre-Course FPM/RS April 8, 2018 1:00-5:00 PM 4 100 $150
Pre Course OMM Workshop April 8, 2018 2:00-5:00 PM 3 100 $125

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 EVENTS Day Time Cost Per Ticket Quantity

ADULT- Presidential Celebration: Seated Dinner Buffet, Drinks, & Entertainment April 11, 2018 7:00-10:00 PM $95

CHILD- Presidential Celebration Ticket April 11, 2018 7:00-10:00 PM $25

√ MISCELLANEOUS Amount Quantity

Black and white printed syllabus (PRE ORDER ONLY - available for pickup on site at the registration desk) $ 45

PAYMENT

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

Card Type ☐ Visa ☐ MasterCard ☐ Amex Name on Card

Card # Exp. Date CCV #
Happy Holidays from the ACOOG staff

THE ACOOG HAS A NEW ADDRESS; HOWEVER, THE PHONE NUMBER AND FAX NUMBER REMAIN THE SAME.

ACOOG
201 Main Street, 6th Floor, Fort Worth, TX 76102, Phone: 817.377.0421, Fax: 817.377.0439

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 12 months to provide the opportunity to complete each question about each article.