“The American College of Osteopathic Obstetricians and Gynecologists is committed to women’s health through the Osteopathic and holistic practice of obstetrics and gynecology.”
Members of the College:

Whew! You made it to the Summer. Although I have looked forward to the challenge and honor of representing you all during this year, everything I had come to expect from my Presidential term has completely been upended. Not only has the COVID-19 pandemic threatened the health and lives of our family, friends, and co-workers but, it has caused us to sequester ourselves at home, not being able to see people important in our lives; it has affected our salaries, threatened the stability of our practices, affected the way each of us do business. We have had to give up vacation travel, recreational activities, religious services, and ACOOG conferences! Since businesses have been closed, and millions have been laid off, we have been thrust into the biggest economic recession since the Great Depression. And although the initial infection “curve” has flattened in most states, a secondary surge of cases has begun, and Infectious Disease experts predict that COVID-19 will be a reality that will be with us for the foreseeable future.

With the backdrop of COVID, we then watched in horror as police officers in Minneapolis subdued an unarmed George Floyd, and kneeled on his neck for almost 9 minutes. This episode sparked weeks of protests across the country, some of which turned violent, reminding us of our country’s racist roots. What should have been an opportunity to open a dialogue for healing became, instead, a trigger for even more violence against our black and brown brothers and sisters. On the eve of June-teenth, which celebrates the end of slavery in the South at the end of the Civil War, the celebration somehow rings hollow. We should do better. We need to do better. What can we do on our part? Let’s get more black and brown professionals by attracting more kids to medicine. We need STEM programs that will attract kids where they live. We need programs to help overcome some of the racial biases in standardized testing inherent in the MCAT, while simultaneously examining the MCAT and trying to fix it. Then we need fair recruitment programs for medical schools to promote diversity and help with financial disparities. I refer you to the ACOOG statement on the Black Lives Matter movement published earlier this June.

And, of course, 2020 is an election year, which sometimes gets lost due to all the COVID and recession coverage. And there is a lot riding on the vote this year: not only are all 435 House of Representative seats up for grabs, but 35 of 100 Senate seats, and of course, the Presidential election looms large. Whatever your politics, it is imperative to have your voice heard and vote. There could be two more Supreme Court Justices who retire in the next 4 years. Roe v. Wade or large portions of it could be brought before the Supreme Court for review, and could potentially be overturned, and this could affect (directly or indirectly) each and every member of the college. The current administration has cut funding to many organizations that we all should be concerned about: the NIH, which is the steward of medical and behavioral research for the Nation; the CDC, which conducts critical science and provides health information that protects our nation against expensive and dangerous health threats, and responds when these arise; Planned Parenthood, which provides STD testing and treatment, birth control, well-woman exams, cancer screening and prevention, hormone therapy, infertility services, and general health care (less

(Continued on Page 4)
than 3% of funds go to abortion service, and NO federal funds go to abortion); the National Cancer Institute, ACA, Medicare, and the EPA. We also need to keep the budgetary target off of Residency funding, to avoid a “pay-to-play” situation, pushing medical education costs from the hundreds of thousands of dollars into the millions. The college had phenomenal leadership from our previous President, Tom Dardarian, who enjoys lobbying and being an advocate for OBGYNs and for DOs in Pennsylvania and in Washington DC. We should emulate Dr. Dardarian and meet with our local lawmakers, expressing our needs, our displeasure at the legislation of medical care, and getting involved, in general. My Presidential platform is two-fold: one of advocacy and education. Find a CAUSE and ADVOCATE for it. Then get involved in teaching SOMEONE. Give back in these two ways.

So, this year is going to be different. Unpredictable. Undoubtedly annoying. But it doesn’t have to control your lives. Be proactive. Participate, “virtually.” Stay connected. And thank you again for allowing me the honor to serve you for the next year!

Patrick J. Woodman, DO, MS; FACS, FACOOG (Dist.)
President - American College of Osteopathic Obstetricians & Gynecologists 2020-2021
Ascension Macomb - Oakland Hospital OBGYN Program
Director
Clinical Professor, Osteopathic Surgical Specialties
Michigan State University College of Osteopathic Medicine
Message from the 
Executive Vice President

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

Dear Colleagues,

Summer is finally here, and our country is in the process of reopening. What an interesting spring. You are all well aware of what makes this year so unique. None of us in our medical careers have experienced anything like this in the past. I will, as I always do in these messages, extend many thanks to the program chairs for this year’s annual meeting. Jennifer Nichols, DO, FACOOG (Dist), and Andrew Zink, DO, FACOOG did a wonderful job preparing an outstanding syllabus for this year’s annual conference. At first, we thought it would be a wash by canceling the meeting in light of the COVID situation. Thankfully we were able to quickly convert an in-person meeting to a virtual meeting. I must extend an extra special thank you to Dr. Catherine Bernardini and her outstanding Continuing Medical Education Committee. In addition to the program chairs and the CME committee, I would like to recognize the outstanding ACOOG staff. Without our wonderful staff, the virtual meeting could have never happened. They scrambled in a short amount of time and prepared the online program. They were available throughout the event to troubleshoot and answer questions from the membership in real time. While the online program may not have always worked for every member as was intended, our staff rallied and gave 110% during these difficult times. In short, they saved the day.

Once again, thank you to our incredible staff, Valerie Bakies Lile, CAE, Jimmie Evans, II, Andy Crim, CHCP, Martha Prudhomme, and Nnamdi Ibegbu.

Congratulations to our new President, Patrick Woodman, DO, FACOOG(Dist), and our newest member of the Executive Committee, Vice President Catherine Bernardini, DO, FACOOG(Dist).

Welcome new board members, DeEtte Vasques, DO, and Eav Lim, DO. Both have served the college well in the past, and I am sure they will continue to do so in the future.

On a more somber note, our country, as you know, is facing some challenges in addition to the worldwide pandemic. It is important for us as physicians to remember why we became physicians, keep a clear head during these tumultuous times, and respect the rights of others. As stated in our Diversity and Inclusion policy, “The ACOOG promotes an environment of respect, fairness, integrity, and inclusiveness in all of its dealings.” We are Osteopathic physicians. We treat the entire person as a whole. We must keep that mantra in mind and help each other, not only physically but also emotionally. We have all been in situations where the patient just needed someone to hold their hand and listen.

Sincerely,

Michael J. Geria, DO, MS, FACOOG(Dist)
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**New Members**
Welcome new members! The Board of Trustees approved the following new members at the 87th Annual Conference in April 2020.

**New Regular Members**

* Senior Member in Bold

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87th Annual Conference

March 30 - April 2, 2020

Virtual Conference

ACOOG Distinguished Fellow Honorary Lecture Award to Bernard L. Lopez, MD, MS, CPE.

MEFACOOG Distinguished Lecture Award to Siroj Misra, DO, FACOFP.

Barbara Hawkes Memorial Lecture Award to Sonja A. Rasmussen, MD, MS.

MEFACOOG The Outstanding Resident of the Year in OBGYN to Marianne C. Krupka, DO.

ACOOG President 2020-2021
Patrick Woodman, DO, FACOOG (Dist)
“LET’S TALK ABOUT SEX” AND THE MENOPAUSAL WOMAN: SEXUAL HEALTH ACROSS THE LIFESPAN

1 Category 2-A AOA CME Credit

Overview
OB/GYNS are comfortable asking younger women questions about their sexual health. However, once a woman passes menopause, the level of comfort decreases. This creates a situation where sexual health is not discussed, and women receive suboptimal care and a lower quality of life as a result.

The ACOG Committee Opinion on sexual health (2019) recommends discussion of sexual health issues across the lifespan. Attention to symptoms of vaginal dryness and discomfort, dyspareunia, and sexual desire issues should be part of the routine evaluation of the menopausal woman. This article will address tools for screening and starting the conversation about sexual health in menopausal women, a review of the changes that occur in the genital tissues due to estrogen deficiency, as well as prospective treatments for these issues.

Instructions
1. Read this article
2. Log into your account at www.acoog.org
3. Click “Education” and “CME” and select this activity’s posttest/evaluation
4. Complete the posttest and evaluation

Your participation will be reported based on when you complete the activity. You will receive a certificate following the activity to the e-mail address you provide.

Please contact ACOOG with questions. (cme@acoog.org)

Target Audience
This activity is designed for obstetricians and gynecologists.

Learning Objectives
To be a lifelong learner, physicians must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Those who participate in this activity will receive information and develop skills that should allow them to:
• Identify appropriate screening tools for sexual dysfunction in women
• Define the Genitourinary Syndrome of Menopause
• Describe the physiologic changes of the genital tract in menopausal women
• Discuss appropriate treatments for sexual dysfunction and dyspareunia in menopausal women

Fee
This activity is offered at no charge to ACOOG Members in good standing.

Release Date: August 1, 2020
Review Date: July 31, 2021

Faculty & Disclosures
This article was authored by:
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Dr. Sundstrom is currently program director for the OB/Gyn residency at Central Michigan University College of Medicine in Saginaw, MI. She graduated from KCOM in 1991, completed a rotating internship at Metropolitan Hospital in St. Louis, MO, and finished her residency training in OB/Gyn at Ingham Regional Medical Center in Lansing, MI, under Dr. David Boes.

Dr. Sundstrom has indicated she has no relevant

(Continued on Page 11)
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Dr. Croco has indicated she has no relevant conflict of interest to disclose.

This article has been peer reviewed.

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Dr. Geria has indicated he has no relevant conflict of interest to disclose.

The ACOOG, any member of the ACOOG CME Committee, or any staff members in a position to influence content have no relevant conflict of interest to disclose.

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System Requirements
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Privacy Policy
This activity complies with ACOOG’s privacy policy (https://www.acoog.org/web/Online/Privacy_Policy.aspx).
A 58-year-old woman, P2002, presents to your office with complaints of sexual intercourse that has become more painful over the past several years. She experienced menopause at age 53. She did not start hormone therapy as she did not have significant symptoms, and was worried about the potential for breast cancer though denies any significant family history. She now notes a progressive increase in discomfort due to vaginal dryness. She feels “irritated,” but denies any rash or vaginal discharge. She denies any change in bath products, lotions, or laundry soap. She and her male partner of 5 years have tried several over-the-counter lubricants, but they have become less effective. She has lost interest in sexual activity in part because of the discomfort and it is affecting her relationship. She is hoping there is something that will help her.

Obstetrician-gynecologists become very comfortable asking younger women questions about their sexual health with regard to disease processes such as sexually transmitted infections and abnormal pap smears. However, once a woman passes menopause, it seems that level of comfort decreases. According to the REVIVE (Real Women’s Views of Treatment Options for Menopausal Vaginal Changes) survey published in 2013, only 7% of menopausal women with symptoms of vulvovaginal atrophy (VVA) indicated their healthcare practitioner initiated a conversation about VVA and how it affected their lives and sexual health. This is despite 50% or more of these women noting VVA symptoms that led to less enjoyment of sex and loss of intimacy. The ACOG Committee Opinion on sexual health (2019) recommends discussion of sexual health issues across the lifespan. Attention to symptoms of vaginal dryness and discomfort, dyspareunia, and sexual desire issues should be part of the routine evaluation of the menopausal woman.

This article will address tools for screening and starting the conversation about sexual health in menopausal women, a review of the changes that occur in the genital tissues due to estrogen deficiency, as well as prospective treatments for these issues. Understanding that female sexual health is a broad and complex topic, issues such as hypoactive sexual desire disorder are not included in this discussion and can be addressed at another time.

Genitourinary Syndrome of Menopause, Sexual Dysfunction, and Sexual Health

The DSM-5 describes five categories of female sexual dysfunction. These categories include Female sexual interest/arousal disorder, Female orgasmic disorder, Genito-pelvic pain/penetration disorder, Substance/medication-induced sexual dysfunction, and Other specified/unspecified sexual dysfunction. This latter category contains “Menopausal-Related Sexual Dysfunction,” which is considered a component of Genitourinary Syndrome of Menopause (GSM). The term, GSM, was introduced in 2014 by The North American Menopause Society (NAMS) and the International Society for the Study of Women’s Sexual Health (ISSWSH). At a consensus conference in 2013, these two societies joined forces to create a better descriptor for the signs and symptoms associated with the decrease in sex steroids in the female body, especially after menopause. Previously termed “vulvovaginal atrophy,” GSM encompasses the additional sexual and urinary symptoms associated with these physiologic changes. Over 50% of postmenopausal women suffer symptoms of GSM and potentially related alterations in their sexual health.

Although several studies have examined women’s sexual health, the SWAN Study (Study of Women’s Health Across the Nation) is one of the largest. This multi-center, longitudinal study is designed...
to examine women’s health throughout the middle years. The study began in 1997 and recruited 3,302 women of diverse backgrounds and aged 42-52, in seven locations across the United States. These subjects have regularly completed standardized assessments of their physical, biological, psychological, and social status during annual visits. Various analyses of SWAN data have shed light on aspects of sexual health such as vaginal dryness, and changes in sexual functioning over the menopausal transition and beyond.

One analysis focused on sexual functioning and compared the effect of menopause transition versus hysterectomy. This data demonstrated a decrease in sexual functioning starting 20 months prior to the final menstrual period (FMP), with a slowing of the decrease after one year beyond the FMP and continuing for 5 years. The decline in sexual functioning was seen immediately after hysterectomy and persisted for approximately 5 years afterward. Another analysis confirmed the relationship between reported vaginal dryness and pain with sexual intercourse. In keeping with other studies, although patients had symptoms of vaginal dryness, fewer than 4% of women reported using any treatment for such.

Vaginal and genital dryness is a classic component of GSM. The genitourinary tract is sensitive to the effects of estrogen. Estrogen aids in maintaining the normal elasticity and rugae of the vagina by inducing proliferation of epithelium, smooth muscle fibers, and collagen. In the hypoestrogenic state decreases in folding and elasticity are noted, along with decreased vaginal secretions, lubrication and vaginal blood flow. These changes can lead to a narrowing of the vaginal introitus, shortening of the vagina, and decreased distance between the urethral meatus and the vagina.

The balance of genitourinary microbiota is also related to the hypoestrogenic state of menopause. Lower levels of estrogen cause epithelial thinning with decreased glycogenated superficial cells, increased intermediate and parabasal cells, and loss of lactobacilli. This leads to an increase in vaginal pH from a normal 3.8-4.5 in premenopausal women to 5.5-6.8 in the postmenopausal woman. The result is a shift in the bacterial environment within the vagina.

These anatomic and physiologic alterations predispose a woman to vaginal infection, trauma, and dyspareunia. Dyspareunia can lead to a fear of intercourse and, therefore, a decrease in frequency of sexual activity. Decreased frequency leads to a further decline in lubrication, potentially creating a situation that is unacceptable for the woman and her partner. It is easy to see how these normal consequences of menopause and aging can affect a woman’s sexual health.

Addressing the Problem

Given the seemingly common nature of sexual dysfunction, how can we as providers attempt to address this problem? Insufficient training in the arena of sexual dysfunction and limited visit times present barriers to the care of women with this issue. The complex nature inherent in the topics of sexual functioning and sexual health may mean follow up visits and extended visits. Initiating these conversations is key. Having screening tools and asking open-ended questions regarding urogenital symptoms help the woman understand all facets of her health and well-being are important to you and to her care.

The ACOG Committee Opinion on Sexual Health outlines a series of questions designed to elicit a comprehensive sexual history from patients. These questions cover partners, practices, STI protection, STI history, and pregnancy prevention. The focus is not exclusively on the risks associated with sexual behavior, but also on the benefits of positive and respectful sexual experiences. Open-ended questions foster a dialogue with the patient and increase the chance of disclosure of issues related to GSM and sexual function. Questionnaires can serve as a “conversation starter” or as an aid for women not completely comfortable with discussions regarding her sexual health. Such tools include the Female Sexual Function Index (used in the aforementioned SWAN study), the McCoy Female Sexuality Questionnaire, the Female Sexual Distress Scale, the Day-to-Day Impact of Vaginal Aging, and
the Sexual Symptom Checklist for Women After Cancer.

Another pathway to the discussion is to review the woman’s medications and inquire about medications that may cause vaginal dryness such as cold or allergy medications, anti-estrogenic drugs, and chemotherapy.

The physical examination may provide findings that could prompt a discussion of GSM and sexual dysfunction.

As noted previously, the lack of estrogen can cause characteristic anatomic changes which may lead to questions regarding painful intercourse of genital dryness and discomfort. Keep in mind this atrophic tissue may be thin and easily traumatized during the pelvic examination. External inspection of the vulva and introitus, along with the speculum and bimanual exams are important in fully evaluating the patient with or without complaints. Women may have difficulty localizing the area of her symptoms, so a mirror may be helpful in identifying troublesome areas and educating the patient regarding the changes in the appearance of her genitalia. It is also important to consider conditions such as lichen sclerosis, lichen planus, allergic reaction, extramammary Paget disease, or vaginitis which mimic GSM. Some clinicians map genital pain symptoms using a cotton swab to lightly touch the vestibule and elicit responses from the patient. Further testing may involve bacteriological studies to determine the acidity of the vagina, cytological examination of vaginal smears, and the vaginal maturation index (a comparison of superficial vaginal mucosal cells to intermediate and parabasal cells).

**Treatment Options for GSM**

Management should be tailored to the woman, accounting for how bothered she is by the symptoms of GSM. As with almost any condition, starting with the least aggressive treatment is preferable. Patient education, psychological interventions, and pelvic floor therapy may have potential benefits for some patients. Pelvic floor physical therapists can employ desensitization techniques and strengthening of the pelvic floor to help reduce symptoms. Although herbal remedies are fairly popular, the Herbal Alternatives for Menopause (HALT) study did not show a beneficial effect from soy, black cohosh, or other herbs for the treatment of GSM.

Most practitioners’ first-line treatments are non-hormonal agents. Personal lubricants for short-term relief and regularly-applied vaginal moisturizers can be effective in reducing discomfort from vaginal dryness. Though these products may be purchased without physician prescription, women may still benefit from guidance regarding the best agents and how to use them. Important characteristics of these lubricants and moisturizers include pH and osmolality, which should closely mirror those of normal vaginal secretions. Products should target osmolality below 1200 mOsm/kg and pH between 3.8 and 4.5. Widely available products that satisfy these criteria include Astroglide Ultra Gentle (945 mOsm/kg, 4.6 pH), Good Clean Love (240 mOsm/kg, 4.7 pH), and Sylk Natural Intimate Moisturizer (877 mOsm/kg, 4.5 pH). Lubricants offering a pH exceeding 4.5—including those marketed to women in menopause (e.g., Balance Activ Menopause with a pH exceeding 5.6)—may cause recurrent UTIs, bacterial vaginosis, and yeast infections.

Laser therapies are uncommon but are worth mentioning given recent studies showing significant improvement in quality of life and sexual activity. Salvatore et al. showed that 85% of women previously not sexually active due to GSM regained a normal sex life at 12 weeks after therapy using CO2 fractional laser. The microablative fractional CO2 laser targets superficial tissue and the non-ablative vaginal Erbium YAG laser remodels deeper tissue. These laser therapies improve vascularity of vaginal mucosa and stimulate synthesis of new collagen. The ACOG practice bulletin addressing female sexual dysfunction (July 2019) does not recommend laser treatment for treatment of sexual dysfunction given the cost and lack of studies assessing safety and long term benefit.
Several pharmacologic approaches may prove successful in the treatment of GSM symptoms.

Ospemifene (Osphena), a third-generation weak selective estrogen receptor modulator was approved by the FDA in 2013 to treat moderate to severe dyspareunia in post menopausal women. It is available in a 60mg daily oral tablet. Ospemifene increases the thickness of the vaginal tissue, increases lubrication, and improves the ratio of parabasal cells to superficial cells of the vaginal mucosa. These positive changes in the vulvovaginal tissues decreased trauma and discomfort during sexual intercourse and may therefore reduce sexual dysfunction. Studies have not shown an increase in endometrial cancer, breast cancer, or deep vein thrombosis associated with use. Ospemifene also produces a stimulatory effect on bone and has been shown to improve bone resorption and formation in postmenopausal women.

Short-term (less than 6 months) transdermal testosterone potentially benefits women with post menopausal sexual interest and arousal disorders, though it has not been shown to be helpful for women suffering from dyspareunia. The patch delivers 300 micrograms of testosterone daily and has potentially non-reversible side effects including hirsuitism and clitiromegaly.

Prasterone (dehydroepiandrosterone (DHEA) or brand-name Intrarosa) 0.5% (6.5mg) is an intravaginal daily agent that the FDA approved in 2016 for post menopausal dyspareunia caused by GSM. DHEA is metabolized to estrogen and androgen which act on the hormone receptors in the vaginal wall to stimulate growth of the vaginal tissues, restore elasticity, and improve lubrication. There are concerns about use of Intrarosa in women with a history of breast cancer.

Hormone therapy is a logical choice for treatment given the key role of hypoestrogenism in the development of GSM. Research regarding treatment of urogenital atrophy has shown that local therapy reduces symptoms of vaginal atrophy by 80-90% while systemic HRT eliminates the symptoms by 75%. A Cochrane survey compiled and assessed results from 30 randomized controlled trials concerning the use of intravaginal estrogen preparations to treat vaginal atrophy. This study failed to identify differences in efficacy among the various non-placebo preparations. Relative to placebo, however, estrogenic preparations were shown to improve vaginal atrophy without evidence of increased adverse events.

Low-dose vaginal preparations are first-line when considering hormonal therapy. Systemic absorption from vaginal preparations is minimal, which minimizes risks of effects on breast or endometrial tissues. Thus, with low-dose vaginal preparations, progesterone need not be prescribed. Important to note, however, is local preparations do not reduce the risk of osteoporosis and do not ease vasomotor symptoms of menopause. Estrace 0.01% and Premarin 0.625 mg/g are vaginal creams used daily for two weeks then 1-3 times weekly for maintenance. For patients who have difficult administering proper daily dosage of a cream or those who find creams to be too messy, tablets may be a preferred option. Tablets Vagifem and Yuvarfem are given with an initial dose of 10 micrograms once daily for 2 weeks followed by maintenance dose 1-2 times per week. Gel capsule TX-004HR (Imvexxy) experiences significantly lower absorption into systemic circulation than the aforementioned tablets. Complete relief of vulvovaginal atrophy from tablets and capsules may take up to 12 weeks. For patients without prolapse who desire local estrogen without daily and weekly applications, Estring is a low-dose vaginal estrogen ring that is placed in the vagina and remains there for 3 months. A vaginal ring may not be the most appropriate treatment for a woman with pelvic organ prolapse, but a woman may prefer its use daily or weekly medication use.

Systemic estrogen preparations may also relieve symptoms of GSM and lower doses are FDA-approved for this use. Low-dose regimens such as transdermal estradiol 12.5 micrograms/day and oral conjugated estrogen as low as 0.3 mg/day are standard starting doses. Although not approved for the treatment of menopausal-related sexual dysfunction and dyspareunia, treating the underlying GSM symptoms may help improve sexual functioning.
Interestingly, a recent study from Mitchell et al. in 2018 has shown no benefit when comparing vaginal estradiol, vaginal moisturizer and placebo. This study enrolled 302 postmenopausal women with self-reported moderate to severe symptoms of vulvovaginal itching, pain, dryness, irritation, or pain with penetration. Over a twelve-week trial the women were randomized to combinations of a vaginal estradiol tablet, a vaginal moisturizer, and placebo. At the end of the twelve weeks there was no demonstrable difference in symptom-relief between the three therapies. The authors conclude that better understanding of GSM and its underlying mechanisms is needed so more treatment options can be made available.

**Treatment of Women at risk for or with a history of breast cancer**

NAMS and ISSWSH released a consensus recommendation in 2018 regarding management of GSM in women with or at high risk for breast cancer. GSM is highly prevalent in women who have had chemotherapy-induced ovarian insufficiency, radiation therapy, or surgical removal of ovaries. A retrospective chart review showed that less than 40% of women treated for breast cancer and experiencing GSM symptoms received any form of treatment for their symptoms. Nonpharmacologic treatment strategy recommendations remain the same for women who fall into this category. Topical lidocaine has been shown to reduce dyspareunia in post menopausal women treated with breast cancer. The recommended dose is 4% topical aqueous lidocaine applied 3 minutes before vaginal penetration.

Pharmacologic or hormonal treatment plans for treatment of GSM for women with breast cancer should be made in collaboration with the woman and her oncology team. In general, systemic and local estrogen treatments, selective estrogen receptor modulators, and intravaginal DHEA remain controversial. Factors that influence individual recommendations for potential use include receptor-status of the tumor and the patient’s quality of life. The consensus statement draws to light the need for more studies regarding the treatment for GSM in women at risk for or with history of breast cancer.

**Conclusion**

Caring for women across their lifespan includes monitoring their sexual health. Although this may be an intensely private topic, surveys suggest that women are interested in having these conversations with their provider and look to them to initiate the discussion. The gynecologist is one of the most appropriate providers to address these issues, and it is incumbent on us to have tools at our disposal to help broach sensitive subjects in a supportive and understanding environment. Early identification and treatment of symptoms of GSM and the anatomic changes associated with estrogen deficiency are key in improving a woman’s quality of life.

**References**

Let’s Talk About Sex” And The Menopausal Woman: Sexual Health Across The Lifespan
(Continued from Page 16)

Change in sexual functioning over the menopause transition: results from the study of women’s health across the nation (SWAN). Menopause (New York, NY), 24(4), 379.


Websites for further learning
Female Sexual Function Index: https://www.fsfiquestionnaire.com/
ACOOG CME

Calendar of Events

2020 Advances In Women’s Health
Virtual Conference
October 15-18, 2020
https://www.acoog.org/web/FC20/

88th Annual Conference
April 11-16, 2021
Hyatt Regency Coconut Point
Bonita Springs, FL

2021 Advances In Women’s Health
October 21-24, 2021
Sheraton Grand Chicago
Chicago, IL

89th Annual Conference
April 3-8, 2022
Grand Hyatt San Antonio Riverwalk
San Antonio, TX

90th Annual Conference
March 26-31, 2023
Manchester Grand Hyatt
San Diego, CA

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AOBOG News

COVID-19 Updates

The AOBOG continues to monitor the ongoing spread of the coronavirus disease 2019 (COVID-19) with the health and well-being of the osteopathic physician community and the public as our top priority. The decision was made to postpone all Spring and Fall 2020 exams and meetings. The Written Exam will take place July 12-August 1 through Pearson VUE’s remote proctoring platform. The board is actively investigating options to reschedule the Oral and Subspecialty Exams (including a remote possibility) and will announce the rescheduled dates and exam format once available.

All physicians who are currently board eligible (or will become board eligible in 2020) were granted a one-year extension on their board eligibility as a result of COVID-19.

AOBOG Innovates OCC Component 3 | Cognitive Assessment

The AOBOG is pleased to announce the launch of its new, innovative platform for Osteopathic Continuous Certification (OCC) Component 3 (Cognitive Assessment). Developed using components of adult learning theory, the longitudinal assessment model delivers content at fixed intervals providing diplomates with a flexible and recurring assessment experience. The platform is online, which makes it available anytime, anywhere. Diplomates receive topics relevant to their attested scope of practice (OB/GYN, OB only, or GYN only).

Primary OB/GYN diplomates with certificates expiring December 31, 2020 began the process earlier this year. Subspecialty diplomates with certificates expiring December 31, 2020, began this spring.

All diplomates holding certificates that expire in 2021-2025 will register to begin the new longitudinal assessment, the year before the expiration of their certificate and begin taking their questions during the year their certificate expires. With the new assessment, the traditional exam fee has been replaced with an annual OCC fee ($300/year for the first certificate, plus $150/year for each additional certificate). Annual OCC fees will be paid at the time of registration.

Visit the AOBOG website to find more information on longitudinal assessment at https://certification.osteopathic.org/obstetrics-gynecology/occ-overview/component-3. The Physician Portal (physicianportal.osteopathic.org) is also a great resource for you to review your OCC requirements and progress.

AOBOG Adds Second Administration of Primary Written Exam

AOBOG now offers the Primary Written Exam twice per year – Spring and Fall. This change will provide residents and practicing physicians more opportunities to take the exam each year. The entire calendar of upcoming exams can be viewed on the AOBOG website at certification.osteopathic.org/obstetrics-gynecology/important-dates/

Become an AOBOG Examiner!

Be the Change | Set the Bar

Join the AOBOG as an examiner and work with cutting edge physicians who are making a difference. For more information or to apply, please visit the Get Involved page on the AOBOG website (certification.osteopathic.org/obstetrics-gynecology/volunteers/) or email aobog@osteopathic.org.

2020 Exam Dates and Deadlines:

- **postponed** - September 25-26, 2020 – Primary Oral Exam – Rosemont, IL (final deadline to apply is June 29, 2020 or when the cap on candidates has been reached)
- **postponed** - September 25-26, 2020 – Subspecialty Certification Exams (initial subspecialty certification only) – Rosemont, IL (application closed)
- November 9-14, 2020 – Primary Written Exam – both at Pearson VUE testing centers and through remote proctoring (final deadline to apply is October 25, 2020)

All examination applications are exclusively available on the AOBOG website.

View the entire calendar of upcoming exams at certification.osteopathic.org/obstetrics-gynecology/important-dates/. Visit the AOBOG website for the most current information about certification, examinations, applications, and Osteopathic Continuous Certification (OCC).
Access **ovarian cancer risk** in an adnexal mass, before surgery with **OVA1plus**.

Outperforming CA-125 for women of all **ages, stages and ethnicities**.

10-15% of Ovarian Cancers occur because of a hereditary genetic cause.

**Our vision is to help transform women’s health with you**

**Identity genetic risk** to optimize detection, prevention, and treatment.

**CONTACT US TO LEARN MORE:**
aspirasupport@vermillion.com
844.277.4721
www.vermillion.com/ACOOG-0520
First Do No Harm: Safe and Effective Management of Pain
Up to 2.50 AOA Category 1-A Credit and AMA PRA Category 1 Credits™
Follow 4 patients suffering with pain as you learn and apply the fundamentals of acute and chronic pain management. The four cases provide a framework for demonstrating safe prescribing of opioid analgesics.

https://my.antidotecme.com/courses/first-do-no-harm/
Stop UTIs before they start

ellura® is the non-antibiotic alternative for UTI prevention with the highest level of bacterial anti-adhesion activity available.

Prevention is more important than ever — recommend ellura for your UTI patients.

To learn more please visit www.ellurahcp.com

You can also request patient materials.
**Boy or Girl?**

Now your patients can find out at 8 weeks!

- 3mL DNA blood draw for gender only. No disease screening.
- >99% accurate at 8+ weeks gestation
- Cash pay and affordable. No insurance required.
- Boy or Girl results emailed directly to patient in 2 days or less.

Have patients eager to find out gender before their 20 week scan? Are standard NIPT tests out of the price range or not covered by insurance?

Finally, an affordable, easy option for patients to begin bonding with their babies sooner and planning ahead.

**Pricing**

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<th>Recommended Retail Price to Patient</th>
<th>Your Clinic Pays</th>
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<tr>
<td>SneakPeek Clinical</td>
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- Kits & materials provided for free to your clinic.
- Your clinic collects retail payment during time of blood draw.
- SneakPeek only bills your clinic $79 after a patient receives their gender result email.
- No up-front costs. Your clinic is always cash-positive.

**Join over 650 clinics now offering SneakPeek Clinical!**


**How to Set Up an Account**

1. Schedule 15 min training phone call to discuss sample collection & logistics with you and your staff.
2. Complete Account Set-Up Form to provide us with your clinic’s information.
3. We send you kits!

Please contact:

SneakPeek Clinical Team

[bizdev@gatewaygenomics.org](mailto:bizdev@gatewaygenomics.org)
INTERNATIONAL CONFERENCE ON GROUP B STREP 2020

Online - no travel necessary!
Hosted by Group B Strep International

Complimentary registration at gbsi.me/ICGBS2020

GROUP B STREP INTERNATIONAL

PROMOTING AWARENESS AND PREVENTION OF GBS DISEASE IN BABIES WORLDWIDE

GBS can infect babies during pregnancy through several months of age
Order complimentary patient materials!
gbsi.me/store
What’s your role?

Part time  Full time
Leadership  Travel

Explore your career possibilities @ obhg.com/clinician-roles
Practice Opportunities

CLINICAL ASSISTANT PROFESSOR-OB/GYN CENTER FOR HEALTH SCIENCES - TULSA

Position Summary:
The Clinical Assistant/Associate Professor of OB/GYN Medicine (Clinical Faculty Non-Tenure) will be responsible for directing both low and high risk obstetrical services and gynecological care of patients in the Department of Obstetrics and Gynecology. Duties will include supervision of residents and medical students in the clinic and hospital settings, participation in didactic exercises, and diagnosis and care of patients in clinics as directed by the Department Chair.

Environmental Hazards:
Possible exposure to hazardous material, hot and cold, blood borne pathogens.

Physical Requirements:
Ability to lift, carry push, and pull 20 pounds, stoop, reach, stand, walk, finger, grasp, feel, talk, hear, see, and perform repetitive motions with or without reasonable accommodations.

IMPORTANT! APPLICANTS PLEASE READ!
For full consideration, please ensure all employment history is correct and complete. An Edit button (on the right) is available which allows you to add information.

Aspirus offers a competitive compensation:
• Up to $200,000 in student loan repayment
• Up to $75,000 Sign on Bonus
• Up to $15,000 Relocation Assistance
• Two Retirement Plans – 403(b) & 457(b)
• Excellent PTO/Vacation Allowance
• Residency Stipend possibilities
• CME Time Off & Allowance
• EPIC EMR System-Wide.

For more information, visit www.Aspirusprovideropps.org
Call 1-800-792-8728
or email PhysicianRecruitment@aspirus.org

Certifications, Registrations or Licensure:
This position requires a Doctor of Osteopathic Medicine or Doctor of Medicine, Board Certification in Obstetrics and Gynecology through the AOBOG or ABOG, Board certified or eligible in Obstetrics and Gynecology, and licensed to practice in Oklahoma.

To apply online for this position please click the link below or copy and paste into your browser.
Position #: 211245 | Reg ID: req6914

Center for Health Sciences - Tulsa
700 N. Greenwood Ave.
Tulsa, Oklahoma, 74106

OB/GYN OPPORTUNITY
ASPIRUS MEDFORD HOSPITAL AND CLINICS – MEDFORD, WISCONSIN

Position Summary:
• Flexible with clinic schedule
• Typical patient load is 15-20 patients per day
• Great team of seasoned, supportive nurses
• Average of 200-250 births per year
• 4 Private delivery rooms
• Nurse triage available for general practice needs
• Level IIIA NICU located at our tertiary center in Wausau, WI
• Level IV Trauma Center
• Will consider full-time or part-time

Recruiting ads can be submitted to ACOOG
by fax 817-377-0439, mail at P.O. Box 17598
Fort Worth, TX 76102 or by email to newsletter@acoog.org
Subject: Opportunity Ad
Your ACOOG DOSE: Delivering Opportunities for Support and Engagement

In keeping with our VALUES, the ACOOG wants to provide a variety of opportunities for engagement and support your practice journey in as many ways as possible. Here are just a few of the ways you can get involved.

COMMITTERS: 112 individual volunteers averaging 9 hours each equals to over 1,288 hours annually. The ACOOG could not serve our entire membership without the service and dedication of our volunteers.

CME FACULTY: Help us provide advanced continuing education for your peers by instructing, teaching an interactive workshop, or writing an online module.

STUDENT/RESIDENT EDUCATION: We conduct multiple educational programs for medical students and residents each year. Faculty and member volunteers are always needed. Contact us if this is your passion!

VISITING PROFESSOR: Visit a College of Osteopathic Medicine to mentor students about choosing ONS as their specialty.

ADVOCACY: You can be an advocate advocate on issues that impact your patients and practice even if you aren’t a full member or are with a non-ACOOG Board or for a specific project.

RESEARCH: Complete research in our focus areas or serve as a resident research mentor.

BOARD OF TRUSTEES: If you have some experience volunteering with ACOOG and would like to do more, perhaps the Board is for you. New skills and perspectives are always valued.

FOUNDATION: the Medical Education Foundation of ACOOG supports educational and research programs within the profession. We welcome you to volunteer on the MTFACOOG Board or for a specific project.

CERTIFICATION: Although the certifying board is a separate entity, it is integral to the advancement of our MISSION. We appreciate the partnership we share and encourage you to consider becoming an ACOOG member.
A Virtual Conference
OCTOBER 16-18, 2020
22 CME Credits
www.ACOOG.org

A New & Improved Livestream Platform
AGENDA

OPTIONAL PRE-COURSES (4 CME CREDITS AVAILABLE):

RAPID FIRE: THE LATEST IN OBGYN

Thursday, October 15
1-3 PM
2 Additional CME Credits

Join us for this fast-paced, fun and informative educational session. A panel of speakers will cover some of the latest advances in OBGYN from research, peer-reviewed articles and ACOG Practice Bulletins. Get summaries and practice points from the latest information!

Session Faculty:

- Brad Irving, DO (Chair)
- Niamh Condon, DO
- Jason Wheatley, DO
- Betsy Greenleaf, DO, MBA

OMM WORKSHOP

Thursday, October 15
3-5 PM
2 Additional CME Credits

Get hands-on at this OMM workshop. Led by Meaghan Nelsen, DO, this workshop will cover various techniques, and allow you to pair up and practice to keep your skill sharp.

GENERAL SESSION (18 CME CREDITS AVAILABLE)

FRIDAY, OCTOBER 16, 2020

(6.75 CME Credits Available)
7:15-7:30 AM President’s Welcome
Patrick Woodman, DO

7:30-8:15 AM TBD
Past Presidential Honorary Lecture

8:15-9:00 AM Racial and Ethnic Disparities in Pregnancy-related Deaths
Wanda D. Barfield, MD, MPH

9:00-9:45 AM Exhibits/Break

9:45-10:30 AM Addiction in Pregnancy
Kristi Dively, DO

10:30-11:15 AM Asthma in Pregnancy
Nathan Lott, DO

11:15-12:00 PM Venous Thromboembolism in Pregnancy
Nathan Lott, DO

12:00-1:15 PM Lunch with Exhibits

1:15-2:00 PM MFM - Diabetes in Pregnancy
Karen Playforth, MD

2:00-2:45 PM MFM - Cardiovascular Disease in Pregnancy
Karen Playforth, MD

2:45-3:15 PM Exhibits/Break

3:15-4:00 PM Infertility Work-Up
Torie Comeaux Plowden, MD, MPH

4:00 PM Adjourn for the Day

SATURDAY, OCTOBER 17, 2020

(7.5 CME CREDITS)

7:30-8:15 AM Vasomotor Symptoms in Menopause
Angela DeRosa, DO

8:15-9:00 AM Sexual Health
Julianne Birt, MD

9:00-9:45 AM Aging and Sexual Health (Panel Discussion)
Angela DeRosa, DO and Julianne Birt, MD

9:45-10:30 AM Break/Exhibits

10:30-11:15 AM Minimally Invasive Gynecology Surgery
Ceana Nezhat, MD

11:15-12:00 AM Immunizations in Pregnancy (Panel Discussion)
12:00-1:00 PM  Lunch  

1:30-2:15 PM  What Happened to Mesh? Why Did It Go Away?  
Jessica Rogers, DO  

2:15-3:00 PM  Interstitial Cystitis  
Jessica Rogers, DO  

3:00-3:45 PM  Lesions of the Lower Genital Tract  
Lisa Flowers, MD  

3:45-4:30 PM  GynOnc - Gestational Trophoblastic Disease  
Rachel Miller, MD  

4:30-5:15 PM  GynOnc - Diagnosis and Treatment of Non-Epithelial Ovarian Cancers  
Rachel Miller, MD  

5:15 PM  Adjourn for the day  

**SUNDAY, OCTOBER 18, 2020**  

**(3.75 CME CREDITS)**  

8:00-8:45 AM  Specialized Medical Care to Survivors of Sexual Assault - The SAFE Project  
Ashley Hamati, OMS-III  
Jan Zieren, DO  

8:45-9:30 AM  Nutrition in Women's Health  
Anne Kennard, DO  

9:30-10:15 AM  Obstetric Care and Infant Mortality  
Jessie Kimbrough Marshall MD, MPH  

10:15-11:00 AM  Bacterial Vaginosis and the Risk for Sexually Transmitted Infections  
Angela DeRosa, DO, MBA, CPE  

11:00-11:45 AM  Best Practices: Gynecological Exams and Care for Women with Intellectual Developmental Disabilities (IDD)  
Jodi Benett, DO  

11:45 AM  Closing Remarks & Adjourn
**REGISTRATION FORM**

**2020 Advances in Women’s Health**

**PLEASE PRINT**

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**Guest Badge **

Please print name for guest badge (Adults only)

Please list any dietary restrictions / ADA compliant accommodations.

* Required  ** Adults only; includes entrance to Exhibit Hall only, daily meals not included. Please call the ACOOG office for meal ticket prices.

Refund Policy: Written cancellation of registration by Sept 15, 2020 will be subject to a $50 processing fee. No refunds will be given after this date.

**GENERAL SESSION**

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<tr>
<td>Physician Member</td>
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For Daily registration rate please contact
The ACOOG office at 817-377-0421 or visit our web site www.acoog.org

Pre-registrations will be accepted until October 2nd, 2020. Registrations received after October 2nd, 2020 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**

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<thead>
<tr>
<th>Day Time CME Fee</th>
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<tr>
<td>Pre-Course: Rapid Fire-Latest Advances in OBGYN</td>
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<tr>
<td>October 15, 2020 1:00pm - 3:00pm 2.00 $90</td>
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<tr>
<td>OMM Workshop</td>
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<td>October 15, 2020 3:00pm - 5:00pm 2.00 $100</td>
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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.

**PAYMENT & POLICY**

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American College of Osteopathic Obstetricians and Gynecologists
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