AMERICAN GYNECOLOGICAL AND OBSTETRICAL SOCIETY

FAIRMONT CHICAGO MILLENNIUM PARK

CHICAGO, IL

SEPTEMBER 11 - 13, 2014

PROGRAM

of the

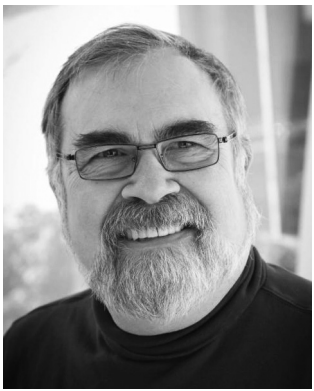
THIRTY-THIRD ANNUAL MEETING

of the

AMERICAN GYNECOLOGICAL

and

OBSTETRICAL SOCIETY



AGOS President
2013 - 2014
Donald R. Coustan, MD
Providence, Rhode Island

THE AMERICAN GYNECOLOGICAL AND OBSTETRICAL SOCIETY

OFFICERS

President
Donald R. Coustan, MD

President-Elect
Larry J. Copeland, MD

Secretary
Charles J. Lockwood, MD

Assistant Secretary
John DeLancey, MD

Treasurer
Laurel Rice, MD

Immediate Past President
Jay D. Iams, MD

MEMBERS AT-LARGE

Deborah Driscoll, MD
Jeffrey Peipert, MD, PhD
Catherine Spong, MD

AGOS COMMITTEES

NOMINATING COMMITTEE

Jay D. Iams, MD, Chair
Deborah Driscoll, MD
Thomas Moore, MD
Kenneth Noller, MD
Nanette Santoro, MD

FELLOWSHIP COMMITTEE

Charles J. Lockwood, MD, Chair
Joshua Copel, MD
John DeLancey, MD
David Gershenson, MD
Lisa Halvorson, MD
Thomas Herzog, MD
Jay D. Iams, MD
Ingrid Nygaard, MD
Maureen Phipps, MD

AUDITING COMMITTEE

Laurel Rice, MD, Chair
Mary D'Alton, MD
Thomas Moore, MD
Robert Resnik, MD

FINANCE COMMITTEE

Laurel Rice, MD, Chair
Donald Coustan, MD
Mary D'Alton, MD
Thomas Moore, MD
Robert Resnik, MD

THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS FOUNDATION (AAOGF)

TRUSTEES

Michael T. Mennuti, MD - President
Carolyn D. Runowicz, MD - Vice-President
Nanette F. Santoro, MD – Secretary-Treasurer
Larry J. Copeland, MD
Donald R. Coustan, MD
Donald J. Dudley, MD

AAOGF SCHOLAR COMMITTEE

Donald J. Dudley, MD, Chair
Ronald D. Alvarez, MD
Larry J. Copeland, MD
Donald R. Coustan, MD
Christos Coutifaris, MD, PhD
Kimberly Leslie, MD
Ingrid E. Nygaard, MD
Jeffrey F. Peipert, MD, PhD
Carolyn D. Runowicz, MD
Nanette F. Santoro, MD
Gerson Weiss, MD

STAFF AND HEADQUARTERS

Amy J. Chetelat, CAE
Administrator
2105 Laurel Bush Rd Ste 201
Bel Air, MD 21015
(443) 640-1051 x103 • Fax: (443) 640-1031
amy@stringfellowgroup.net

The Fellows

of the

American Gynecological

and

Obstetrical Society

Welcome

all Spouses, Significant Others and Guests

to the

Thirty-Third Annual Meeting

SOCIAL AND EDUCATIONAL EVENTS

THURSDAY, SEPTEMBER 11, 2014

*****

CHARLES HUNTER ORATION
8:00 a.m. – 8:45 a.m. • International Ballroom

Rena Wing, PhD
Providence, Rhode Island
"The Epidemic of Obesity"

SPOUSE PROGRAM & BREAKFAST
Breakfast and Art Institute Guided Tour
9:30 a.m. - 11:45 a.m.
Breakfast available beginning at 9:00 a.m. in Regent, 3rd Floor
Departure from the Fairmont at 10:15 a.m. to Art Institute
(111 S. Michigan Ave.)
Social Activity for Spouses and Significant Others of Members and Guests

JOSEPH PRICE ORATION
12:15 p.m. – 1:00 p.m. • International Ballroom

David Nathan, MD
Boston, Massachusetts
"The Diabetes Epidemic: Prevention and Treatment"

WELCOME RECEPTIONS
5:30 p.m. - 7:00 p.m.
State, Cuvee, Regent Rooms

FRIDAY, SEPTEMBER 12, 2014

*****

PRESIDENTIAL ADDRESS
12:00 p.m. – 12:45 p.m. • International Ballroom

Donald R. Coustan, MD
"What can ObGyns do about the diabesity epidemic?"

PRESIDENT'S RECEPTION & TOAST
12:45 p.m. - 2:00 p.m. • International Ballroom Foyer

SATURDAY, SEPTEMBER 13, 2014

*****

THE ABOG ENDOWED LECTURE
10:30 a.m. - 11:15 a.m. • International Ballroom

Catherine DeAngelis, MD, MPH
"Conflict of Interest in Medical Research and Publication"

All Members, Spouses, Significant Others and Guests are Invited to All Social Events

REGISTRATION

International Ballroom Foyer, 2nd Floor

Wednesday, September 10, 2014
5:00 p.m. – 8:00 p.m.
Registration desk located on 3rd Level during these hours.

Thursday, September 11, 2014
6:30 a.m. – 1:00 p.m.

Friday, September 12, 2014
6:30 a.m. – 1:00 p.m.

Saturday, September 13, 2014
7:00 a.m. – 11:15 a.m.

Program Schedule

THURSDAY, SEPTEMBER 11, 2014

Registration in the International Ballroom Foyer
6:30 a.m. – 1:00 p.m.

6:30 a.m. **CONTINENTAL BREAKFAST**
International Ballroom Foyer, 2nd Floor

7:45 a.m. ASSEMBLY AND WELCOME
Donald R. Coustan, MD

In Memoriam
Welcome of New Fellows
Welcome from the Secretary

FIRST SCIENTIFIC SESSION

8:00 a.m. Charles Hunter Oration
"The Epidemic of Obesity"

Rena Wing, PhD
Brown University
Providence, RI

8:45 a.m. Panel Presentation:
"Obesity in Ob/Gyn"

Karen H. Lu, MD
University of Texas, MD
Anderson Cancer Center
Houston, TX

Ritu Salani, MD, MBA
The Ohio State University Medical Center
Columbus, OH

Hyagriv Simhan, MD, MS
University of Pittsburgh Medical Center
Pittsburgh, PA

10:00 a.m. Break

10:30 a.m. Scorecard Update

Jay D. Iams, MD
The Ohio State University
Columbus, OH

10:45 a.m. NIH Updates

Alan DeCherney, MD
NICHD/NIH
Bethesda, MD

Robert Mannel, MD
University of Oklahoma
Oklahoma City, OK

Roberto Romero, MD
Eunice Kennedy Shriver National Institute of Health
Detroit, MI

12:00 p.m. Break & Seating of Guests

12:15 p.m. Joseph Price Oration
"The Type 2 Diabetes Epidemic: Origins, Prevention and Treatment"

David M. Nathan, MD
Harvard Medical School
Boston, MA

FRIDAY, SEPTEMBER 12, 2014

Registration in the International Ballroom Foyer
6:30 a.m. – 1:00 p.m.

6:30 a.m. **CONTINENTAL BREAKFAST**
International Ballroom Foyer

7:30 a.m. AGOS Annual Business Meeting

8:00 a.m. AAOGF Annual Business Meeting

SECOND SCIENTIFIC SESSION

8:30 a.m. Review of AAOGF Scholars Program

Donald Dudley, MD
University of Texas Health Science Center at San Antonio
San Antonio, TX

8:45 a.m. AAOGF Alumni Lecture
"A Research Career made possible by the American Association of Obstetricians and Gynecologists Foundation"

Charles Lockwood, MD
The University of South Florida
Tampa, FL

9:30 a.m. Obesogens

Bruce Blumberg, PhD
University of California Irvine
Irvine, CACA

10:15 a.m. Break

10:45 a.m. Panel Presentation: *"Urogynecology Update"*

John DeLancey, MD
University of Michigan
Ann Arbor, MI

Dee Fenner, MD
University of Michigan
Ann Arbor, MD

Ingrid Nygaard, MD, MS
University of Utah Hospital
Salt Lake City, UT

11:45 a.m. Break & Seating of Guests

12:00 p.m. Presidential Address:
"What can ObGyns do about the diabesity epidemic?"

Donald R. Coustan, MD
Women & Infants Hospital of Rhode Island
Providence, RI

PRESIDENTIAL ADDRESS

Friday, September 12, 2014
International Ballroom
12:00 p.m. – 12:45 p.m.

Donald R. Coustan, MD
Women & Infants Hospital of Rhode Island
Providence, RI

"*What can ObGyns do about the diabesity epidemic?*"

All Members, Spouses, Significant Others and Guests are Invited to Attend

SATURDAY, SEPTEMBER 13, 2014

Registration in the International Ballroom Foyer
7:00 a.m. – 11:45 a.m.

7:30 a.m. **CONTINENTAL BREAKFAST**
International Ballroom Foyer

THIRD SCIENTIFIC SESSION

8:30 a.m. ACOG Update

Hal Lawrence, MD
American College of Obstetrics and Gynecology
Washington, DC

8:45 a.m. ABOG Update

Larry Gilstrap, MD
American Board of Obstetrics and Gynecology
Dallas, TX

9:00 a.m. Panel Presentation: *"Infectious Diseases Update"*

Brenna Anderson, MD
Women & Infants Hospital
Providence, RI

Howard Minkoff, MD
Maimonides Medical Center
Brooklyn, NY

David Soper, MD
Medical University of South Carolina
Charleston, SC

10:30 a.m. The ABOG Endowed Lecture
"Conflict of Interest in Medical Research and Publication"

Catherine DeAngelis, MD, MPH
Johns Hopkins University School of Medicine
Baltimore, MD

11:15 a.m. Adjournment

ABOG ENDOWED LECTURE

The American Gynecological and Obstetrical Society (AGOS) was awarded a grant from the American Board of Obstetrics and Gynecology (ABOG) and the American Board of Obstetrics and Gynecology Education Foundation (ABOG-EF) for the purpose of an endowed lectureship focusing on education in women's health.

The 2014 Endowed Lectureship will be presented by **Catherine DeAngelis, MD, MPH** on "*Conflict of Interest in Medical Research and Publication.*"

Slide presentation for this lectureship will be posted on www.agosonline.org following the program.

Abstracts

Charles A. Hunter Oration

"The Epidemic of Obesity"

Rena Wing, PhD
Brown University
Providence, RI

Obesity is a major health problem, in terms of the number of individuals affected, its detrimental effect on physical and psychological health parameters, and its cost to the nation. In this presentation, Dr. Wing will focus on strategies that can be used to help overweight and obese patients lose weight and improve their obesity-related co-morbidities. Using data from Look AHEAD, a long-term clinical trial of lifestyle intervention in obese individuals with diabetes, Dr. Wing will illustrate both the short- and long-term weight losses that can be achieved, the importance of adherence to treatment recommendations as a predictor of outcomes, and the effect of modest weight losses on a variety of health outcomes. In this presentation she will also discuss new approaches to improving weight loss outcomes, including issues related to the maintenance of weight loss, the dissemination of evidence-based treatment approaches, and delivery of lifestyle interventions at critical time periods related to pregnancy.

Panel Presentation: "Obesity in Ob/Gyn"

Karen H. Lu, MD; Ritu Salani, MD, MBA; Hyagriv Simhan, MD, MS

Karen H. Lu, MD Abstract:
"Prevention of Endometrial Cancer in Obese Women"

Obese women clearly are at increased risk for developing endometrial cancer. While an average woman has a 3% lifetime risk of endometrial cancer, obese women have a 9-10% lifetime risk of endometrial cancer. Among all cancers, the evidence linking body mass index and cancer is strongest for endometrial cancer. While excessive production of extragonadal estrogens (estrone) in the adipose tissue of obese women is presumed to be the major contributor to the risk of endometrial cancer, increased serum estrogen levels alone are unlikely to fully account for this effect. Studies by our group and others suggest that insulin resistance associated with obesity contributes to the increased risk of endometrial cancer. In an animal model of obesity- induced insulin-resistance, we demonstrated that metformin can reverse the estrogen-dependent hyperproliferation in the endometrium, We are currently conducting a prospective, biomarker trial evaluating the use of metformin and/or lifestyle modification as an endometrial cancer chemopreventive strategy in insulin-resistant obese women. In addition, we are developing a polymer-based intrauterine drug delivery system to address the increasing need for conservative approaches for the treatment of women with complex atypical hyperplasia (CAH) and early endometrial cancer. Conservative therapy

is particularly important for two groups of patients, 1) morbidly obese women who are poor surgical candidates, and 2) pre-menopausal women who wish to retain fertility. While oral progestins and the progestin-eluting intrauterine device have been evaluated in this setting, additional drugs and approaches are needed. Pre-clinical studies have shown that inhibition of mTOR signaling in addition to blocking estrogen signaling may further improve response rates. We are currently developing a sustained intrauterine delivery of an mTOR inhibitor in order to expand the conservative therapy options available for women with CAH and low grade, early stage endometrial cancer. Furthermore, this system may provide a foundation for incorporating other drugs for long term intrauterine delivery for applications in chemoprevention and therapeutics.

Ritu Salani, MD, MBA Abstract:
"Bariatric Surgery for the Obstetrician/Gynecologist"

As the incidence of obesity has continued to increase, its effect and impact on surgical management within the field of obstetrics and gynecology has become readily apparent. Efforts to address the potential surgical issues in the obese population begin at the time of pre-operative assessment; thus, we will review topics including the optimization of medical co-morbidities and surgical approach. We will discuss the utilization of specialized instrumentation and equipment to enhance exposure during the procedure, and discuss the prevention and management of post-operative complications in this high-risk population, with specific emphasis on methods for prevention of wound complications. Additionally, we will review topics such as the impact of the surgical management in the obese on the physicians/surgeons as well as the associated health care costs, which are often overlooked. Lastly, we will explore emerging data that includes joint bariatric procedures at the time of gynecologic surgery and its impact on long-term outcomes will be discussed. Though still in its infancy, understanding the best practices in the surgical management of obesity may help improve both short and long term health care outcomes.

Hyagriv Simhan, MD, MS
"Obesity in Pregnancy"

More than one-third (or 78.6 million) of U.S. adults are obese. The estimated annual medical cost of obesity in the U.S. was $147 billion in 2008 U.S. dollars; the medical costs for people who are obese were $1,429 higher than those of normal weight. Approximately 17% (or 12.5 million) of children and adolescents aged 2—19 years are obese. Studies have consistently reported higher rates of preeclampsia, gestational diabetes mellitus, and cesarean delivery (particularly for arrest of labor) in obese women than in nonobese women. Offspring of obese pregnant women carry associated fetal risks, including prematurity, stillbirth, neural tube defects, macrosomia, and childhood and adolescent obesity. The risks of pre-pregnancy obesity are modified by gestational weight gain, with excessive weight gain compounding the risks associated with pre-pregnancy obesity. In this presentation, we will discuss the epidemiology of obesity in pregnancy, as well as the literature on pregnancy-associated risks. We will discuss recent data on biological links connecting obesity to adverse pregnancy outcomes. We will discuss maternal obesity as an agent of programming, and its role in transgenerational promulgation of obesogenic and metabolic/cardiovascular phenotypes.

NIH Updates

Alan DeCherney, MD; Robert Mannel, MD; Roberto Romero, MD

Alan DeCherney, MD Abstract:
"An Update on the NICHD Intramural Program"

The NIH is divided into two branches, the Intramural and the Extramural. Ninety percent of the activities are extramural; this is the portion of NICHD that provides funding to universities and programs outside of the NIH campus. The NIH intramural program is located on the campus: it represents seventeen institutes, and a two-hundred bed hospital. Our institute is the Eunice Kennedy Shriver National Institute of Child Health and Human Development. When Dr. Alan Guttmacher became the director, four years ago, he initiated a Vision Statement with emphasis currently on 1: the study of the placenta 2: contraception and 3: outcome of in-vitro fertilization.

Recently contracts went out to study the effect assisted reproduction and its outcome:

Does ART affect the health of children as they progress into adult hood?

Does non IVF assisted conception lead to chronic pathological conditions?

What is the impact of ART on fertility status of adults who are conceived from ART?

Epigenetic modification of gametogenesis is trans generational inheritance?

From our Branch, I would just like to highlight one study:

It involves fertility preservation in women undergoing gonadotoxic therapy prior to a hemopoetic stem cell transplantation in women with sickle cell disease. Prior to the sickle cell patient having their bone marrow obliterated, we will aspirate their eggs and freeze them for later conception. In 1993 President Clinton initiated the NIH Revitalization Act which paved a way for federal funding for grant applications in regards to human fertilization. In 1996, Representatives, Dickey and Wicker, said these funds could not be used to support any activities involving creation of human embryos for research or creating embryos that would not be used for procreation. This protocol addresses this amendment.

A new branch at the NIH has opened under the leadership of Lisa Halvorson, who just recently joined us from the University of Texas Southwestern. This is the Gynecologic Health and Disease Branch it looks at fibroids, endometriosis, pelvic floor disorders and chorionic pain to mention a few.

Lastly, the Reproductive Medical Network just published in the New England Journal a practice-altering paper comparing letrazol to clomiphene for infertility in polycystic ovaries showing that letrazol was superior to clomiphene. The Program in Reproductive and Adult Endocrinology is part of the Network.

A major concern and a goal of NICHD is the development of physician scientists. We are all aware that

the physician scientist is disappearing. The Statistics group has shown the amount of investigation by all researchers has grown dramatically; The money has been flat for at least the last five years if not greater, but the number of grant applications has increased hence the pay line continues to decrease; yes, this is discouraging as the competition is keen, but the real issue should be addressed. We need a growing group of new physician scientists.

The gynecology and reproductive endocrine portion of NICHD is thriving and over the years many great improvements as well as terrific graduates of our programs continue to provide leadership on the national scene.

Robert Mannel, MD Abstract:
"NCI Support of Gynecologic Cancer Trials – the New World Order"

This year has seen the launching of the new National Clinical Trials Network (NCTN) by the NCI. The process began with the release in 2010 of an Institute of Medicine (IOM) report that evaluated the status and impact of NCI funded clinical trials in cancer. Pursuant to this report, the Director of the NCI tasked Cancer Therapy Evaluation Program (CTEP) to build upon the IOM report and develop a new paradigm for cancer clinical research. A three year process was undertaken culminating in the creation of the NCTN in March 2014.

The legacy adult NCI cooperative group dealing with gynecologic malignancies, the Gynecologic Oncology Group (GOG), merged with the legacy groups Radiation Therapy Oncology Group (RTOG) and the National Surgical Adjuvant Breast and Bowel Project (NSABP) to create the NRG. The NRG was one of only 4 adult cooperative groups to receive grant funding within the new NCTN. Within the NRG structure, gynecologic cancers are represented by one of seven disease site committees. In addition, CTEP established a network of Lead Academic Participating Sites (LAPS) within the NCTN to act as the primary generators of science and accrual for the new network. These grants were given to sites based on a competitive application evaluating accrual and scientific productivity. Early on, several challenges have been encountered. Most notably these include: 1) diminished funding for adult cooperative group infrastructure and trials from the NCI 2) shift of emphasis from large phase III

trials to smaller biologically driven trials 3) restructuring of networks and affiliates 4) loss of advocacy for gynecologic malignancies, 5) substantial and sustained reduction in number and size of NCI/CTEP gynecologic cancer trials.

Gynecologic oncology leadership has communicated to the NCI its concern regarding diminishing trial availability and enrollment. In addition, a new entity has been formed, GOG Foundation, to work with pharmaceutical companies. It is hoped that continued advocacy with the NCI as well as growing involvement directly with the pharmaceutical industry will lead to improved access to clinical trials for gynecologic oncology patients.

Roberto Romero, MD, D.Med.Sci. Abstract:
"Highlights of Scientific and Medical Contributions to Obstetrics and Perinatal Medicine in the Division of Intramural Research, NICHD/NIH"

The Perinatology Research Branch (PRB) and its location: The PRB is the only clinical branch in the Intramural Program of NIH to focus on human pregnancy and unborn children. It is housed at the Detroit Medical Center (DMC) and Wayne State University (WSU) in Detroit, Michigan: the "Michigan Campus" of NIH.

Brief history: The PRB was created by an Act of Congress to address research questions about perinatal events that contribute to the high infant mortality rate in the United States. The leading causes of perinatal mortality are preterm birth and congenital anomalies (Public Law, NIH Revitalization Act of 1993).

Research focus: Preterm Labor

Mechanisms of disease responsible for preterm labor (see "Preterm labor: one syndrome, many causes". Science Aug 2014. 345:6198; 760-765. Also see link to video).

Prediction of spontaneous preterm birth: women with a short cervix (<15mm) at 19-23 weeks of gestation have a 50% risk of early preterm delivery (<33 weeks of gestation) (AJOG 2000 182:1458). Transvaginal sonographic cervical length is superior to transabdominal: the latter method misses 43% of patients with a short cervix (JMFNM 2012 25:1682).

Prevention of preterm birth: an international, multi-center randomized clinical trial including 44 centers showed that vaginal progesterone administered to women with a short cervix led to a 45% reduction in the rate of preterm delivery at <33 weeks, 50% at <28 weeks, and a 61% significant reduction in the rate of RDS. There was no evidence of a "safety signal" (UOG 2011 Jul;38;18-31).

A individual patient meta-analysis showed that vaginal progesterone reduced the rate of preterm birth at <33 weeks, as well as the rate of admission to the NICU, RDS, requirement for mechanical ventilation and composite neonatal morbidity (AJOG 2012 206:124. e1-19).

Universal cervical screening coupled with vaginal progesterone administration can result in economic benefits of $19 million per 100,000 women screened, or $500-750 million dollars per year in the United States alone (UOG 2011 38:32).

An indirect individual patient meta-analysis showed that vaginal progesterone is as effective as cervical cerclage in the reduction of preterm birth in women with a cervical length of <25mm and a history of preterm birth (AJOG 2013 208:42.e1-42.e18).

A blueprint for the prevention of preterm birth: vaginal progesterone in women with a short cervix (JPM 2013 27-44).

Mechanisms of disease for preeclampsia with emphasis on the role of angiogenic and anti-angiogenic factors (NRN 2014 10(8):466-80 and NRN 2014;10(9):531-40).

Imaging with Ultrasound and MRI

Invention of fetal intelligent navigation echocardiography (FINE) (UOG 2013;42(3):268-84). This method allows volumetric examination of the fetal heart and automatic display of diagnostic planes and Virtual Intelligent Sonographer Assistance (VIS-Assistance®).

Fetal venography and measurement of venous blood oxygenation in the fetal brain using susceptibility-weighted imaging (SWI) (J Magn Reson Imaging. 2013 Nov 25. doi: 10.1002/jmri.24476).

The ontogeny of fetal brain connectivity in the perinatal period using BOLD fMRI (Science Translational Med 2013 20:173ra24).

Parameters for the assessment of individualized fetal growth (JMFNM; in press).

Inflammation-related preterm birth

Development of an animal model for cerebral palsy after exposure to bacterial endotoxin in utero (AJOG 2008:199;651).

Nanodevices for the treatment of neuroinflammation leading to cerebral palsy (Science Transl Med 2012 4:130ra46).

Discovery of maternal anti-fetal rejection as a mechanism of disease in premature labor, including the characterization of chronic chorioamnionitis as the most common lesion present in late spontaneous preterm birth (Mod Pathol 2010:23;1000). Description of the fetal

inflammatory response syndrome (FIRS) type II, associated with maternal anti-fetal rejection (AJRI 2013:70;265).

Biomarkers to predict adverse pregnancy outcome

A sensitive and specific test for the risk assessment of stillbirth in the third trimester. A simple blood test at the beginning of the third trimester of pregnancy allows identification of 84% of patients who will have a fetal death with a specificity of 93% and a likelihood ratio of 14 (AJOG 2013: 208(4):287.e1-287.e15).

Risk assessment for early preeclampsia. We have identified that an abnormal PlGF/sEng ratio in the midtrimester has 100% sensitivity and a specificity of 98%, with a positive likelihood ratio of 57 for the identification of those at risk for early preeclampsia (JMFNM 2010 22:1021).

Risk assessment for late preeclampsia. An angiogenic index of <0.3 MoM has a sensitivity of 74% at a fixed false-positive rate of 15% for the identification of severe late preeclampsia. This is the first biomarker to show promise in the assessment of late preeclampsia (JPM 2013 Jan;41(1):27-44).

A method to triage patients suspected to have preeclampsia (JMFNM 2014 Jan;27(2):132-44).

Assessment of angiogenic and anti-angiogenic factors allows classification of women according to the risk for requiring preterm delivery – this approach has been estimated to save the healthcare system in the United States $21 million per year (JMFNM 2011 Oct;24(10):1187-207).

The use of pravastatin to prevent fetal death in patients with a history of massive perivillous fibrin deposition and an anti-angiogenic state (AJOG 2013;208(4):310).

In conclusion, the Perinatology Research Branch of the Division of Intramural Research has a dynamic and strong program to address fundamental question about the mechanisms of disease of the "great obstetrical syndromes", clinical programs, and research activities, as well as a training program in Maternal-Fetal Medicine and Genetics.

Joseph Price Oration

"The Type 2 Diabetes Epidemic: Origins, Prevention and Treatment"

David M. Nathan, MD
Harvard Medical School
Boston, MD

The current world-wide epidemic of type 2 diabetes has been spawned by societal changes in eating behavior and reduced activity levels in the setting of genetic risk. Regardless of its cause, type 2 diabetes causes major morbidity and mortality from relatively specific microvascular and neurologic complications that cause more cases of blindness, renal failure and amputations than any other disease, and from less specific macrovascular disease that increases heart disease and stroke by 2-5 fold. The aggregate annual cost of diabetes in the US is $245 billion, much of which is owing to its complications.

Fortunately, high quality clinical trials have demonstrated effective means of preventing or delaying the onset of type 2 diabetes. Life-style interventions that address risk-promoting behaviors, or metformin, can reduce the development of diabetes by as much as 58%, providing some hope that the current annual incidence in the US of 1.7 million cases can be reduced. In addition, for those persons who "escape" prevention and develop diabetes, the complications can be reduced by at least 50% through the management of hyperglycemia, hypertension and dyslipidemia.

The expectations for a healthy lifespan for the individual who develops diabetes have never been higher; however, the continuing epidemic has provided major public health challenges. The major challenge from the individual and societal perspective is to make primary prevention and secondary intervention as widely available and affordable as possible.

AAOGF Alumni Lecture

"A Research Career made possible by the American Association of Obstetricians and Gynecologists Foundation"

Charles Lockwood, MD
The University of South Florida
Tampa, FL

I am profoundly indebted to the American Association of Obstetricians and Gynecologists Foundation (AAOGF) for its early and pivotal support of my research career in the reproductive sciences. In 1989, because of funding from an AAOGF scholarship, I was able to work in the laboratory of the late Yale Nemerson at Mount Sinai Medical Center in New York City. Dr. Nemerson had made decisive discoveries leading to the modern theory of blood coagulation by establishing that tissue factor, bound to factor VIIa, initiated both the extrinsic and intrinsic pathways of thrombin formation. Beyond my training in basic research techniques, Yale taught me the essential elements of translational research design, crafting grant proposals and scientific article writing. With the unstinting support of my chair, Richard Berkowitz, and my dean, Nathan Kase, I was able to establish a lab, and quickly obtain multiple NIH grants to study basic mechanisms for the hormonal regulation of endometrial hemostasis, extracellular matrix (ECM) turnover and angiogenesis. More than two decades of NIH funding have allowed my lab group to make contributions that help explain basic biochemical processes underlying the normal menstrual cycle, contraceptive-associated abnormal bleeding and

decidual leukocyte trafficking. Corollary studies led to the discovery of markers of prematurity (e.g., fetal fibronectin) and mechanisms for abruption-induced prematurity (e.g., thrombin inhibition of decidual cell progesterone receptor expression). These latter studies have been supported by long standing funding from the March of Dimes. I have endeavored to "pay-back" this original AAOGF support by my work fostering the career of physician scientists as chair the AAOGF endowment (scholars) committee, and though more than a decade of service on the NICHD Reproductive Scientist Development Program selection committee.

"Transgenerational Inheritance of Prenatal Obesogen Exposure "

Bruce Blumberg, PhD
Department of Developmental and Cell Biology and Pharmaceutical Sciences, University of California Irvine, CA, USA

Obesity and metabolic syndrome diseases have exploded into an epidemic of global proportions. Consumption of calorie-dense food and diminished physical activity (the calories in-calories out model) are generally accepted to be the causal factors for obesity. But could environmental factors expose preexisting genetic differences or exacerbate the root causes of diet and exercise? The environmental obesogen model proposes that chemical exposure during critical stages in development can influence subsequent adipogenesis, lipid balance and obesity. Obesogens are chemicals that inappropriately stimulate adipogenesis and fat storage. Tributyltin (TBT) is a high-affinity agonistic ligand for both the Retinoid X Receptor (RXR) and Peroxisome Proliferator Activated Receptor gamma (PPARγ). RXR-PPARγ signaling is a key component in adipogenesis and the function of adipocytes and activation of this receptor heterodimer can elevate adipose mass in rodents and humans. Thus, inappropriate activation of RXR-PPARγ can directly alter adipose tissue homeostasis. We previously showed that TBT promoted adipocyte differentiation, modulates adipogenic genes in vivo, and increased adiposity in mice after in utero exposure. These results are consistent with the environmental obesogen model and suggest that organotin exposure is a previously unappreciated risk factor for the

development of obesity and related disorders. Prenatal and early postnatal events such as maternal nutrition, drug, and chemical exposure are received, remembered and then manifested in health consequences later in life. Based on the observed effects of TBT on adipogenesis, we hypothesized that organotin exposure during prenatal adipose tissue development might favor the subsequent development of adipocytes. We found that prenatal TBT exposure altered the balance of progenitor types in the multipotent stromal stem cell (MSC) compartment predisposing them to form adipocytes at the expense of bone. Intriguingly, prenatal exposure to low, environmentally relevant doses of TBT delivered in drinking water lead to transgenerational effects on adipose depot weight, adipocyte size and gene expression in MSCs in F1, F2 and F3 animals. We also found that prenatal TBT exposure led to increased hepatic lipid accumulation and up-regulated hepatic expression of genes involved in lipid storage/transport, lipogenesis and lipolysis in all 3 generations. Taken together, these results illustrate how prenatal exposure to xenobiotic compounds can have lasting, potentially permanent effects on the offspring of exposed animals.

Keywords: obesogen, PPARγ, nuclear receptors, endocrine disruption, organotins, fetal basis

Panel Presentation: "Urogynecology Updates"

John DeLancey, MD; Dee Fenner, MD; Ingrid Nygaard, MD

Dee Fenner, MD Abstract:
"Update from Female Pelvic Medicine and Reconstructive Surgery"

The subspecialty of Female Pelvic Medicine and Reconstructive Surgery (FPMRS) was officially recognized by the American Board of Medical Specialties in March of 2011. It was through the hard work and dedication of many individuals, especially ABOG leadership, and in remarkable cooperation with the American Board of Urology (ABU) that this new subspecialty was created.

Unlike the other ABOG subspecialties, FPMRS programs are accredited and overseen by the Accreditation Council for Graduate Medical Education (ACGME). The fellowship program requirements, case log collection, and program sight visits are the responsibility of the respective core RRCs. The first programs were approved by the Obgyn RRC in January of 2013. Today there are 45 Obgyn based accredited programs and 8 Urology based accredited programs in top academic departments across the US.

The certification process was created by the ABOG and the ABU in 2012. This process included a "senior" certification route for those already practicing FPMRS. ABOG/ABU gave the first certification examination in June of 2013 followed by a second examination in 2014.

Specialty	2013	2014	TOTAL
OBGYN	685 Senior 15 Fellowship Grads	289 Senior 51 Fellowship Grads	1040
UROLOGY	137 Senior 17 Fellowship Grads	74 Senior 4 Fellowship Grads	232

The final "senior" examination will be given in 2015. The pass rate for the 2013 examination was 86 %, (2014 not available). The Fellowship Graduates are required to take an oral examination with thesis defense to complete the certification process. In all, it is estimated that at the end of the three year "senior cycle" there will be approximately 1000 ABOG/ABU certified FPMRS subspecialists. Recent initiatives that will be reviewed in the presentation include national outcome registries, growth of subspecialty societies, NIH networks, and increasing workforce needs for FPMRS subspecialists.

Ingrid Nygaard, MD, MS Abstract:
"Obesity, Physical Activity, and Pelvic Floor Disorders"

The age-adjusted prevalence of overweight, obesity and extreme obesity amongst U.S. women continues to rise, with 2010 rates of 28%, 36% and 9%, respectively. Pelvic floor disorders are also common: 24% of adult women experience moderate to severe symptoms of at least one pelvic floor disorder. Projections indicate that the number of American women with at least one pelvic floor disorder will increase from 28.1 million in 2010 to 43.8 million in 2050, as the population ages. However, the rising obesity trends may accelerate this as obesity increases the risk of urinary incontinence by about 4-fold and the risk of anal incontinence by about 2-fold. Both surgical and nonsurgical weight loss significantly improve pelvic floor disorder symptoms, in particular urinary incontinence. Physical activity is one of the cornerstones of weight loss programs. Indeed, physical activity has many health benefits, from prevention of osteoporosis and heart disease to alleviation of symptoms of depression and anxiety. A lifelong pattern of greater physical activity can help to alleviate the progressive weight gain of 0.5 to 1 kg per year that women experience during middle age. This may be hindered by urinary incontinence: About one-quarter of women, including nulliparous young women, leak urine during exercise with much higher rates experienced by those doing high-impact sports. Indeed, about one in ten U.S. women describe incontinence as a significant barrier to doing exercise. In contrast, mild to moderate physical activity decreases both the incidence and severity of urinary incontinence in middle-aged women. However, strenuous physical activity in teenagers appears to increase the odds of both stress

urinary incontinence and pelvic organ prolapse in middle-aged women. This presentation will consider the circular associations between obesity, physical activity and pelvic floor disorders.

ACOG Update

Hal Lawrence, MD
American College of Obstetrics and Gynecology
Washington, DC

2014 has been another busy year for the American College of Obstetricians and Gynecologists and our specialty. The first half of 2014 saw another stellar year for our Congressional Leadership Conference, the completion of ACOG's building renovation, the publication of the second edition of Neonatal Encephalopathy and Neurological Outcome and Dr. Robert Wah's inauguration as President of the American Medical Association. I look forward to discussing these topics, ACOG presidential projects, new guidelines and current advocacy efforts.

ABOG Update

Larry Gilstrap, MD
American Board of Obstetrics and Gynecology
Dallas, TX

This presentation will review the new MOC 2015, the implications of the ACGME/OA Unified Accreditation System, "home testing," and international projects (ABOG-I). We will also discuss the new addition to the ABOG Testing Center.

Panel Presentation: "Infectious Diseases Updates"

Brenna Anderson, MD; Howard Minkoff, MD; David Soper, MD

Brenna Anderson, MD Abstract:

Influenza is responsible for approximately 30,000 deaths in the United States annually and many more worldwide. It is one of few highly prevalent illnesses for which there is an effective preventive measure, vaccination. Despite ready availability, vaccination rates remain low among pregnant women and in the absence of mandatory vaccination, healthcare workers. Obstetrician gynecologists play an important role in healthcare maintenance for women, since many women see only their obstetrician gynecologist for all of their healthcare needs. Obstetricians are also the first contact for pregnant women when they become ill. This talk will review the importance of the obstetrician gynecologist in developing a vaccination program in their offices. It will highlight barriers to improved vaccination rates and strategies for overcoming these barriers. The talk will also review the diagnosis and management of influenza-like illness among pregnant women. When women present with influenza-like illness, the utility of testing for influenza infection is unclear. Decisions about which patients should be brought in to the office or emergency room, particularly during times of widespread illness should involve the use of an algorithm that is easy to follow. The talk will provide guidance about use of prophylaxis or treatment for the pregnant and non-pregnant woman.

Howard Minkoff, MD Abstract:

The number of Americans infected with HIV is now slightly over one million, a prevalence that has been fairly stable for many years. But the current HIV epidemic is a very different one then the epidemic that emerged in the 80s and expanded in the 90s. The relative stability in the number of infected individuals belies a decreasing incidence and an increasing life expectancy that have led to a generally unchanging prevalence. The changes in incidence and life expectancy have been ushered in by dramatic advances in the field, many of which have direct relevance to the practice of obstetrics and gynecology. Notable advances include male circumcision, prevention of Mother-to-Child Transmission, prevention of sexual transmission with ART, pre-exposure prophylaxis (PrEP), and an understanding of immune activation's link to non-AIDS clinical events. Other necessary advances that are yet to be achieved include vaccine development and the availability of safe, effective microbicides. In the field of obstetrics the major step forward has been the near elimination of transmission of HIV from mother to child. This can now be accomplished without the use of cesarean section or intrapartum antivirals in the majority of cases. The array of therapeutics available has greatly expanded, and the choice of agents for first-line use in pregnancy continues to evolve, as does our understanding of the particular risks and benefits of different classes of drugs. In gynecology much has been learned about the course of HPV-related cervical diseases, such as the circumstances in which HIV-infected women can be monitored in a manner akin to what is now standard for all women. The use of contraception in HIV-infected women remains somewhat complex, with interactions

between ART and contraceptives, and with potential effects of some contraceptives on risks of HIV acquisition. These issues will be highlighted during this session.

David Soper, MD Abstract:
"Preventing Surgical Site Infection: Approaching Zero Tolerance"

SSIs increase the overall cost of care and increase patient morbidity and suffering. A number of interventions can contribute to our quest for zero tolerance of postoperative infection.

Preoperative preparation of the patient is an important part of an overall preventive strategy. Whenever possible, identify and treat all infections remote to the surgical site, such as skin or urinary tract infections, before elective operation and postpone elective operations on patients with remote site infections until the infection has resolved. Bacterial vaginosis is a known risk factor for surgical site infection suggesting that women should be screened and treated if positive prior to surgery. If hair removal is necessary, remove immediately before the operation, preferably with electric clippers. Adequately control serum blood glucose in all patients with diabetes and particularly avoid hyperglycemia perioperatively. Require patients to shower or bathe using chlorhexidine on at least the night before and on the morning of the day of surgery. Recognition of those patients that are colonized with MRSA can also contribute to using an appropriate prophylactic antibiotic to cover this possibility.

Perform a preoperative surgical scrub using a chlorhexidine-alcohol skin preparation. Chlorhexidine gluconate scrub may be used to perform a vaginal preparation prior to hysterectomy and cesarean delivery. Normothermia protocols are in place in most institutions.

It is time to dose our prophylactic antibiotics based on weight. Currently cefazolin is the most common antimicrobial used for prophylaxis and should be dosed as 1 gram for women <80 kg; 2 grams if 80 to 120 kg; 3 grams if >120 kg. It may be time to extend the spectrum of our antimicrobial regimens for prophylaxis. Wound seromas increase the risk of cellulitis and SSI. Limited study suggests that negative pressure wound therapy may be able to play a role in prevention of seroma in high risk patients. Little evidence is available to guide management of the postoperative incision. More study is needed to determine optimal times of dressing removal and the advisability of continued postoperative incisional care with antiseptics. Monitoring surgeons for their individual rate of preventable SSI with feedback is a meaningful way to improve overall SSI rates.

Invited Guests of Council Candidates 2014

Name	City
Brenna L. Anderson, MD	Providence, RI
Victoria Bae-Jump, MD, PhD	Chapel Hill, NC
Kelly A. Bennett, MD, FRCS(C), MSc	Nashville, TN
Joseph R. Biggio, MD	Birmingham, AL
Linda D. Bradley, MD	Cleveland, OH
Jodi S. Dashe, MD	Dallas, TX
Francine H. Einstein, MD	Bronx, NY
Melissa L. Gilliam, MD, MPH	Chicago, IL
Todd R. Jenkins, MD, MSHA	Brimingham, AL
Kimberly Kenton, MD, MS	Chicago, IL
Helain J. Landy, MD	Washington, DC
Ernst R. Lengyel, MD, PhD	Chicago, IL
Sanaz Memarzadeh, MD, PhD	Los Angeles, CA
Kelle H. Moley, MD	St. Louis, MO
Richard G. Moore, MD	Providence, RI
David O'Malley, MD	Columbus, OH
Bhavana Pothuri, MD, MS	New York, NY
Rini B. Ratan, MD	New York, NY
Nancy C. Rose, MD	Salt Lake City,UT
Ritu Salani, MD, MBA	Columbus, OH
Howard T. Sharp, MD, FACOG	Salt Lake City,UT
Melissa A. Simon, MD, MPH	Chicago, IL
Jason D. Wright, MD	New York, NY

Representatives

American Board of Obstetrics & Gynecology
Mary E. D'Alton, MD
Dee Fenner, MD

American College of Surgeons
Board of Governance & Advisory Council
Larry J. Copeland, MD

Council on Resident Education
in Obstetrics & Gynecology
J. Chris Carey, MD

Liaison Committee for Obstetrics & Gynecology
Charles J. Lockwood, MD

Fellows

Abramowicz, Jacques S. (Annie) . . . . . Detroit, MI
Abuhamad, Alfred Z. . . . . Norfolk, VA
Abu-Rustum, Nadeem R. (Amie) . . . . . New York, NY
Adamson, David (Rosemary) . . . . . Saratoga, CA
Advincula, Arnold (Kristen Tyszkowski) . . . . . Celebration, FL
Al-Hendy, Ayman (Nahed Ismail, MD, PhD) . . . . .Nashville, TN
Alvarez, Ronald D. (Denise) . . . . . .Birmingham, AL
Alvarez-Secord, Angeles . . . . . Durham, NC
Anderson, Garland D.. . . . . Galveston, TX
Anderson, Ted (Cindy Anderson) . . . . . .Nashville, TN
Andrews, William W. (Leeanne) . . . . . .Birmingham, AL
Armstrong, Alicia . . . . . Kensington, MD
Artal, Raul (Michal) . . . . . Palos Verdes Est., CA
Ault, Kevin (Teri Ault) . . . . . Kansas City, KS
Azziz, Ricardo (Cynthia) . . . . . Augusta, GA
Barakat, Richard (Catherine). . . . . New York, NY
Barber, Matthew D. (Heather Barber) . . . . . Cleveland, OH
Barbieri, Robert L. (Ronee). . . . . Boston, MA
Belfort, Michael (Joanne Belfort) . . . . . Houston, TX
Berchuck, Andrew (Amy) . . . . . Durham, NC
Berek, Jonathan S. (Deborah) . . . . . Stanford, CA
Berenson, Abbey B. (Steven) . . . . . Galveston, TX
Berga, Sarah L.. . . . . Winston-Salem, NC
Berghella, Vincenzo . . . . . Philadelphia, PA
Berkowitz, Richard L. (Mary D'Alton, MD) . . . . . New York, NY
Blakemore, Karin J. (Jim Tisdall) . . . . . Baltimore, MD
Blanchette, Howard (Martha Blanchette) . . . . . Valhalla, NY
Blank, Stephanie V. (Jay Musoff). . . . . New York, NY
Blumenthal, Paul D. (Lynne Gaffikin, MD, PhD) . . . Stanford, CA
Bocking, Alan D. (Barbara). . . . . .Toronto, Ontario
Bodurka, Diane C.. . . . . Houston, TX
Bradley, Catherine S. (Phillip Horwitz, MD) . . . . . Iowa City, IA
Branch, D. Ware . . . . . Salt Lake City, UT
Brewer, Molly A.. . . . . Farmington, CT
Brown, Haywood L. (Bobbie) . . . . . Durham, NC
Brubaker, Linda (Warren) . . . . . .Maywood, IL
Bulun, Serdar H. (Lina) . . . . . Chicago, IL

Buster, John E. . . . . Providence, RI
Cain, Joanna M. (Norman Turrill). . . . . Portland, OR
Carey, J. Christopher (Marsha). . . . . .Denver, CO
Carr, Bruce R. (Phyllis) . . . . . Dallas, TX
Carson, Sandra (Joe Leigh Simpson, MD) . . . . . Washington, DC
Casper, Robert F. (Jennifer) . . . . . .Toronto, Ontario
Cass, Ilana (Robert Barnes) . . . . . Los Angeles, CA
Catalano, Patrick M. (Slyvie Hauguel-de Mo) . . . . Cleveland, OH
Caughey, Aaron (Susan Tran, MD) . . . . . Portland, OR
Cedars, Marcelle Ivonne (Ivonne) . . . . . San Francisco, CA
Chalas, Eva (Chris Westermann, MD) . . . . . Mineola, NY
Chambers, Setsuko K. (Keith Joiner, MD) . . . . . Tucson, AZ
Chan, John (Katherine Lok) . . . . . San Francisco, CA
Chang, R. Jeffrey (Carol) . . . . . .La Jolla, CA
Chaudhuri, Gautam . . . . . Los Angeles, CA
Chelmow, David . . . . . Richmond, VA
Chervenak, Frank A. (Judith) . . . . . New York, NY
Chi, Dennis (Hae-Young) . . . . . New York, NY
Chien, Edward K.S. (Kathleen Chien, BS, MBA) . . Cleveland, OH
Clarke-Pearson, Daniel L. (Kathleen) . . . . . Chapel Hill, NC
Coddington, Charles C. (Becki) . . . . . Rochester, MN
Cohn, David (Karen) . . . . . Columbus, Oh
Coleman, Robert L. (Fay Coleman, MD) . . . . . Houston, TX
Coney, PonJola . . . . . Richmond, VA
Connell, Kathleen . . . . . .Aurora, CO
Copel, Joshua A. (Alix) . . . . . New Haven, CT
Copeland, Larry J. (Lisa) . . . . . .Columbus, OH
Coustan, Donald R. (Terri) . . . . . Providence, RI
Coutifaris, Christos (Deborah Driscoll, MD) . . . Philadelphia, PA
Cunningham, F. Gary . . . . . Dallas, TX
D'Alton, Mary E. (Richard Berkowitz, MD) . . . . . New York, NY
Darney, Philip D. (Uta Landy, PhD) . . . . . San Francisco, CA
Davidson, Ezra C. (Joyce Montgomery) . . . . . Los Angeles, CA
DeCherney, Alan H. (Dee Dee) . . . . . Bethesda, MD
DeLancey, John O.L. (Barbara). . . . . .Ann Arbor, MI
Diamond, Michael P. (Meredith) . . . . . Detroit, MI
Divon, Michael Y. (Victoria Minior, MD). . . . . New York, NY
Driscoll, Deborah Anne (Christos Coutifaris, MD) . Philadelphia, PA
Dudley, Donald J. (Helen) . . . . . .San Antonio, TX

Duleba, Antoni (Natalie) . . . . . .La Jolla, CA
Duska, Linda . . . . . .Charlottesville, VA
Ecker, Jeffrey L. (Sarah) . . . . . Boston, MA
Edelstone, Daniel I. (Susan) . . . . . Pittsburgh, PA
Einstein, Mark (Francine) . . . . . .Bronx, Ny
Elovitz, Michal A. (Ari Sherwood) . . . . . .Phildelphia, PA
Eschenbach, David A. (Ann) . . . . . Seattle, WA
Evans, Mark I. . . . . New York, NY
Falcone, Tommaso (Deborah) . . . . . Cleveland, OH
Farias-Eisner, Robin (Terry) . . . . . Calabasas, CA
Faro, Sebastian (Sharon) . . . . . Houston, TX
Fenner, Dee E. . . . . .Ann Arbor, MI
Ferguson, James E. (Lynn) . . . . . .Charlottesville, VA
Fishman, David A. (Mindy) . . . . . New York, NY
Follen, Michele . . . . . New York, NY
Foster, Henry W. (Sandy) . . . . . .Nashville, TN
Fowler, Jeffrey M. (Leslie) . . . . . .Columbus, OH
Fox, Harold E. (Rhea) . . . . . .Baltimore, MD
Fritz, Marc A. . . . . Chapel Hill, NC
Frumovitz, Michael (Karen Frumovitz) . . . . . Houston, TX
Funai, Edmund F. (Maryanne) . . . . . .Columbus, OH
Gallion, Holly H. . . . . Versailles, KY
Gant, Norman F. (Deann) . . . . . Grapevine, TX
Gehrig, Paola A. (Thomas R. Gehrig, MD) . . . . . Chapel Hill, NC
Gershenson, David M. (Michelle) . . . . . Houston, TX
Gibbons, William E. (Rebecca) . . . . . Houston, TX
Gibbs, Ronald S. (Jane) . . . . . .Aurora, CO
Gilbert, William M. (Janice Brown) . . . . . Sacramento, CA
Gilstrap, Larry C. (JoEllen) . . . . . Dallas, TX
Giudice, Linda C. (Sakis Theologis, PhD) . . . . San Francisco, CA
Goff, Barbara A. (Howard Muntz, MD) . . . . . Seattle, WA
Goldberg, Gary L. (Rene Elkin, MD) . . . . . Bronx, NY
Goldenberg, Robert L. . . . . Philadelphia, PA
Goldstein, Steven R. (Kathy) . . . . . New York, NY
Gonik, Bernard (Margaret Anne) . . . . . Detroit, MI
Granai, Cornelius . . . . . Providence, RI
Greene, Michael (Laurei) . . . . . Boston, MA
Greer, Benjamin E. (Sheree Miller) . . . . . Seattle, WA
Gregory, Kimberly D. (Richard Casey, MD) . . . . Los Angeles, CA

Grobman, William (Melissa Gilliam, MD, MPH) . . . . Chicago, IL
Guzick, David S. (Donne Giles, PhD) . . . . . Gainesville, FL
Haas, David (Tanya R. Haas) . . . . . Indianapolis, IN
Halvorson, Lisa . . . . . Bethesda, MD
Haney, Arthur F. (Carroll) . . . . . Chicago, IL
Hankins, Gary D.V. (Barbara) . . . . . Galveston, TX
Hassan, Sonia S. . . . . Detroit, MI
Hatch, Kenneth D. (Rhea) . . . . . Tucson, AZ
Havrilesky, Laura J. (Jeff Welch, PhD) . . . . . Durham, NC
Hernandez, Enrique . . . . . Philadelphia, PA
Herzog, Thomas (Jennifer) . . . . . New York, NY
Hillard, Paula (Arnold Wilson) . . . . . Stanford, CA
Hobbins, John C. (Susan) . . . . . Aurora, CO
Hobel, Calvin J. (Marsha) . . . . . Los Angeles, CA
Hoffman, Mitchel S. (Sylvia) . . . . . Tampa, FL
Hogge, W. Allen (Joan) . . . . . Pittsburgh, PA
Holschneider, Christine H. (Daniel Holschneider, MD) . Sylmar, CA
Hopkins, Michael P. (Mary Kay) . . . . . Canton, OH
Hoskins, William J. (Iffath Hoskins, MD) . . . . . New York, NY
Huh, Warner . . . . . Birmingham, AL
Hull, Andrew . . . . . San Diego, CA
Hunter, Stephen . . . . . Iowa City, IA
Hurd, William W. (Beth) . . . . . Cleveland, OH
Iams, Jay D. (Patricia) . . . . . Columbus, OH
Jamieson, Denise J. . . . . Atlanta, GA
Johnson, Donna (Greg) . . . . . Charleston, SC
Johnson, Julia (Robert Best) . . . . . Worcester, MA
Johnson, Mark P. (Christine Jerpbak, MD) . . . . . Philadelphia, PA
Jones, Howard W. (Pat) . . . . . Nashville, TN
Joseph, Gerald F. (Helen Shaw Joseph) . . . . . Washington, DC
Karlan, Beth Y. (Scott Karlan, MD) . . . . . Los Angeles, CA
Kauma, Scott (Eileen Segretti, MD) . . . . . Pittsburgh, PA
Keefe, David L. (Candy) . . . . . New York, NY
Kiley, Kevin (Babs) . . . . . Albany, NY
Kilpatrick, Sarah J. . . . . Los Angeles, CA
Koos, Brian J. (Mary Pat) . . . . . Los Angeles, CA
Krakow, Deborah (Michael Firestein) . . . . . Los Angeles, CA
Kuller, Jeffrey A. (Susan T. Kuller) . . . . . Durham, NC
Kushner, David M. (Stefanie Kushner) . . . . . Madison, WI

Landers, Daniel V. . . . . Minneapolis, MN
Landon, Mark (Jane Ann) . . . . . .Columbus, OH
Larsen, John W. (Joan) . . . . . Washington, DC
Lawrence, Hal Clifford . . . . . Washington, DC
Layman, Lawrence C. (Krista) . . . . . Augusta, GA
Leach, Richard E. (Marilyn) . . . . . .East Lansing, MI
Learman, Lee A. (Beverly) . . . . . Indianapolis, IN
Legro, Richard S. (Mimi) . . . . . Hershey, PA
Leslie, Kimberly (Jeffrey Dunkelberg). . . . . Iowa City, IA
Levenback, Charles (Ginny) . . . . . Houston, TX
Leveno, Kenneth J. (Margie) . . . . . Dallas, TX
Levy, Barbara S. (G. Gilbert Johnston, MD) . . . . Washington, DC
Liu, James H. (Lynne Liu, PhD) . . . . . Cleveland, OH
Lobo, Rogerio A. (Jesse) . . . . . New York, NY
Lockwood, Charles J. (Nancy) . . . . . Tampa, FL
Lowery, Curtis L. (Ellen) . . . . . .Little Rock, AR
Lu, Karen Hsieh (Charles Lu, MD) . . . . . Houston, TX
Macones, George A. (Alison Cahill, MD). . . . . .St. Louis, MO
Mallett, Veronica T. (Kevin Brisco) . . . . . El Paso, TX
Martin, James N. (Gloria Martin, PhD). . . . . Jackson, MS
Maulik, Dev (Shibani) . . . . . Kansas City, MO
McGovern, Peter . . . . . Westfield, NJ
McGregor, James A. . . . . Los Angeles, CA
Mennuti, Michael T. (Nancy). . . . . Philadelphia, PA
Mercer, Brian M. (Cynthia Greene) . . . . . Cleveland, OH
Merkatz, Irwin R. (Ruth Merkatz, PhD) . . . . . Bronx, NY
Minkoff, Howard L. (Chris) . . . . . Brooklyn, NY
Modesitt, Susan C. (Kacy Scott Burnsed). . . . .Charlottesville, VA
Monk, Bradley . . . . . Phoenix, AZ
Moore, Thomas R. (Margaret) . . . . . San Diego, CA
Murtha, Amy . . . . . Durham, NC
Mutch, David G. (Lynn) . . . . . St Louis, MO
Myers, Deborah (Cliff Meilun). . . . . Providence, RI
Nager, Charles (Karen) . . . . . San Diego, CA
Nelson, D. Michael (Peggy) . . . . . .St. Louis, MO
Newman, Roger B. (Diane). . . . . Mt. Pleasant, SC
Newton, Edward R. . . . . Greenville, NC
Nicholson, Wanda . . . . . Chapel Hill, NC
Niebyl, Jennifer R. (Allan Poots). . . . . Iowa City, IA

Noller, Kenneth L. (Mary) . . . . . Dallas, TX
Norwitz, Errol R. (Ann Hess, MD, PhD) . . . . . Boston, MA
Nygaard, Ingrid E. (Charles Saltzman, MD) . . . Salt Lake City, UT
O'Brien, William Francis (Jo Ann) . . . . . .Ft Meyers, FL
Odunsi, Kunle (Ayo) . . . . . .Buffalo, NY
Oehninger, Sergio C. (Maria) . . . . . Norfolk, VA
Orr, James W. (Vicki) . . . . . Fort Myers, FL
Ory, Steven J. (Kathleen Higgins Ory) . . . . . .Margate, FL
Parisi, Valerie M. (Gary Strong) . . . . . Detroit, MI
Parry, Samuel (Christine Parry) . . . . . Philadelphia, PA
Patrizio, Pasquale (Vanessa) . . . . . New Haven, CT
Paulson, Richard J. (Lorraine) . . . . . Los Angeles, CA
Peaceman, Alan M. . . . . Chicago, IL
Pearlman, Mark (Susan) . . . . . .Ann Arbor, MI
Peipert, Jeffrey F. (Joyce) . . . . . .St. Louis, MO
Pejovic, Tanja . . . . . Portland, OR
Penalver, Manuel A. (Cristina). . . . . Coral Gables, FL
Peterson, Herbert B. (Nancy) . . . . . Chapel Hill, NC
Phillippe, Mark (Sheila). . . . . Boston, MA
Phipps, Maureen (Alan) . . . . . Providence, RI
Platt, Lawrence D. (Wendy) . . . . . Los Angeles, CA
Plaxe, Steven (Angela Scioscia, MD) . . . . . .La Jolla, CA
Puscheck, Elizabeth Ella (Daniel Rappolee, PhD) . . . . Detroit, MI
Quirk, James Gerald (Susan). . . . . .Stony Brook, NY
Raine-Bennett, Tina (Romina kee) . . . . . Oakland, CA
Ramin, Susan M. (Norman Lester) . . . . . Houston, TX
Rayburn, William F. (Pam). . . . . Albuquerque, NM
Rebar, Robert W. (Margo) . . . . . .Birmingham, AL
Reece, E. Albert (Sharon). . . . . Baltimore, MD
Reed, Kathryn L. (Steven Goldman, MD) . . . . . Tucson, AZ
Reindollar, Richard Henry (Ann Davis, MD) . . . . .Lebanon, NH
Repke, John T. (Jaque) . . . . . Hershey, PA
Rice, Laurel W. (Eugene Foley, MD). . . . . Madison, WI
Richter, Holly (Bruce Christianson). . . . . .Birmingham, AL
Roberts, James M. (Jane Butler) . . . . . Pittsburgh, PA
Romero, Roberto (Virginia Sabo) . . . . . Detroit, MI
Rosenn, Barak . . . . . New York, NY
Rosenwaks, Zev (Stacy). . . . . New York, NY
Ross, Michael G. (Janet Levy) . . . . . .Torrance, CA

Rotmensch, Jacob (Nadine Foster) . . . . . Chicago, IL
Rouse, Dwight (Katharine Wenstrom, MD) . . . . . Providence, RI
Rubin, Stephen C. (Anne) . . . . . Philadelphia, PA
Runowicz, Carolyn D. (Sheldon Cherry, MD) . . . . . Miami, FL
Saade, George R. (Yomna Monla, MD) . . . . . Galveston, TX
Sadovsky, Yoel (Elena) . . . . . Pittsburgh, PA
Santin, Alessandro . . . . . New Haven, CT
Santoro, Nanette F. (Alan Glickman) . . . . . Aurora, CO
Satin, Andrew (Gail Seiken, M.D.) . . . . . Baltimore, MD
Sauer, Mark V. (Lynda) . . . . . Saddle River, NJ
Schenken, Robert S. . . . . San Antonio, TX
Schiff, Isaac (Jan) . . . . . Boston, MA
Schlaff, William D. (Lorraine Dugoff, MD). . . . . Philadelphia, PA
Schorge, John O. (Sharon) . . . . . Boston, MA
Schwartz, Peter E. (Arlene). . . . . New Haven, CT
Seeds, John W. (Marie Adele) . . . . . Richmond, VA
Segars, James (Susan) . . . . . Bethesda, MD
Seifer, David B. (Cynthia Meyers Seifer , MD) . . . . Brooklyn, NY
Sheffield, Jeanne S.. . . . . Dallas, TX
Shulman, Lee P. (Laura). . . . . Chicago, IL
Silver, Robert M. (Denise Beaudoin, MD) . . . . Salt Lake City, UT
Simhan, Hyagriv N. (Gabriella Gosman, MD) . . . . Pittsburgh, PA
Simpson, Joe Leigh (Sandra Carson, MD) . . . . . New York, NY
Simpson, Lynn . . . . . New York, NY
Smith, Harriet O. (George L Anisowicz) . . . . . Bronx, NY
Socol, Michael L. (Donna) . . . . . Chicago, IL
Sokol, Robert J. (Roberta) . . . . . Detroit, MI
Sood, Anil (Kelly) . . . . . Houston, TX
Soper, David E. (Susan). . . . . Charleston, SC
Sorosky, Joel (Debra) . . . . . Hartford, CT
Spong, Catherine Y. (Barry Gruver) . . . . . Bethesda, MD
Stehman, Frederick B. (Helen) . . . . . Indianapolis, IN
Stewart, Elizabeth (H. Paul Zellweger) . . . . . Rochester, MN
Strickler, Ronald C. (Diane) . . . . . Detroit, MI
Tan, Seang Lin (Grace Tan, PhD) . . . . . Montreal, Quebec
Taylor, Hugh S. (Kim Taylor, RN) . . . . . New Haven, CT
Thorp, John M. (Joe Carol) . . . . . Chapel Hill, NC
Timor-Tritsch, Ilan E.. . . . . New York, NY
Underwood, Paul B. (Peggy) . . . . . Charleston, SC

Van Le, Linda (Glenn Jaffe, MD). . . . . Chapel Hill, NC
van Nagell, John R. (Elizabeth) . . . . . Lexington, KY
Van Voorhis, Bradley (Toni) . . . . . Iowa City, IA
Wall, L. Lewis (Helen). . . . . St Louis, MO
Wapner, Ronald J. . . . . New York, NY
Weiner, Carl P. (Carol) . . . . . Kansas City, KS
Wendel, George D. (Diane Twickler, MD) . . . . . Dallas, TX
Wenstrom, Katharine D. (Dwight Rouse, MD) . . . Providence, RI
Westhoff, Carolyn . . . . . New York, NY
Wolf, Judith K. . . . . Gilbert, AZ
Woods, James R. (Jocelyn Goldberg, Sch.) . . . . . Rochester, NY
Yankowitz, Jerome (Diana). . . . . Tampa, FL
Yeh, John (Barbara Watson) . . . . . Boston, MA
Zacur, Howard A. (Susan) . . . . . Lutherville, MD
Zinberg, Stanley (Peggy) . . . . . Remsenburg, NY

Life Fellows

Adashi, Eli Y. (Toni). . . . . Providence, RI
Amstey, Marvin S. (Frederica) . . . . . Fairport, NY
Anderson, Barrie (George Wine) . . . . . Iowa City, IA
Barden, Tom P. (Beverly) . . . . . Cincinnati, OH
Bates, G. William (Susanne) . . . . . Brentwood, TN
Beck, R. Peter (Isabella). . . . . Windermere, British Columbia
Betz, George (Trish) . . . . . .Denver, CO
Blechner, Jack N. (Barbara). . . . . Farmington, CT
Boronow, Richard C. (Kathryn) . . . . . Jackson, MS
Bowes, Watson A. (Christine) . . . . . Chapel Hill, NC
Boyce, John G. (Erma) . . . . . .Bridgehampton, NY
Breen, James L. (Mickey) . . . . . Hilton Head Isl, SC
Brenner, Paul F. . . . . N Hollywood, CA
Brinkman, Charles R. (Helen) . . . . . Rancho Mirage, CA
Bump, Richard C. (Kathryn) . . . . . .Zionsville, IN
Caritis, Steve N. . . . . Pittsburgh, PA
Chez, Ronald A. (Vivian Dickerson, MD) . . . . . .Orange, CA
Cibils, Luis A. (Isabel). . . . . Chicago, IL
Clark, Steven Twin . . . . . Brides, MT
Cohen, Carmel J. (Babette) . . . . . New York, NY

Creasman, William T. (Erble) . . . . . Charleston, SC
Creasy, Robert K. (Judith) . . . . . Corte Madera, CA
Crosby, Warren M. (Joanne) . . . . . Oklahoma City, OK
Cruikshank, Dwight P. . . . . Mukwonago, WI
Cruikshank, Stephen H. (Britt) . . . . . Maineville, OH
Curry, Stephen L. (Tonja) . . . . . Celebration, FL
Delgado, Gregorio (Mary) . . . . . Longboat Key, FL
Depp, O. Richard (Kathleen Kuhlman) . . . . . Scottsdale, AZ
Devoe, Lawrence D. (Anne) . . . . . Augusta, GA
Dilts, Preston V. (Mary) . . . . . Frankfort, MI
DiSaia, Philip J. (Patricia) . . . . . Orange, CA
Droegemueller, William (Marlene) . . . . . Morrison, CO
Dunn, Leo J. (Betty) . . . . . Manakin, VA
Easterling, William (Ellyn) . . . . . Chapel Hill, NC
Fishburne, John I. (Jean) . . . . . Savannah, GA
Fowler, Wesley C. (Linda) . . . . . Chapel Hill, NC
Freeman, Roger K. (Dawn) . . . . . Long Beach, CA
Frigoletto, Fredric D. (Martha) . . . . . Boston, MA
Gabbe, Steven G. (Patricia Temple, MD) . . . . . Colombus, OH
Galask, Rudolph P. (Gloria) . . . . . Iowa City, IA
Gall, Stanley A. (Flo) . . . . . Louisville, KY
Garite, Thomas J. (Cathleen) . . . . . Oak Creek, CO
Goodlin, Robert C. (Velma) . . . . . Cameron Park, CA
Gray, Mary Jane . . . . . Philomath, OR
Greene, John W. (Eugenie) . . . . . Lexington, KY
Greiss, Frank C. (Bobbie) . . . . . Mooresville, NC
Grimes, David A. (Kathy) . . . . . RTP, NC
Hale, Ralph W. (Jane) . . . . . Washington, DC
Halme, Jouko K. (Pirkko) . . . . . Chapel Hill, NC
Hammond, Charles B. (Peggy) . . . . . Durham, NC
Haseltine, Florence P. (Alan Chodos, MD) . . . . . Bethesda, MD
Haskins, Arthur L. (Kathryn) . . . . . Charlotte, NC
Hauth, John C. (Suzzon) . . . . . Birmingham, AL
Heinrichs, W. Leroy (Phyllis) . . . . . Menlo Park, CA
Herbst, Arthur L. (Lee) . . . . . Chicago, IL
Homesley, Howard D. (Jane) . . . . . Greenville, NC
Horger, Edgar O. (Polly) . . . . . Columbia, SC
Jaffe, Robert B. (Evelyn) . . . . . San Francisco, CA
Jewelewicz, Raphael (Roni) . . . . . Alpine, NJ

Jones, Howard W. . . . . Norfolk, VA
Kaminetzky, Harold A. (Beverlee) . . . . . .Scotch Plains, NJ
Kase, Nathan . . . . . New York, NY
Kempers, Roger D. (Marcia) . . . . . Naples, FL
Kim, Moon H. (Maria) . . . . . Irvine, CA
Kinch, Robert A.H. (Kathy Keefler) . . . . . .Ft Worth, TX
Kirschbaum, Thomas H. (Ann Reynolds, PhD) . . . . Key West, FL
Krupp, Philip J. . . . . New Orleans, LA
Lagasse, Leo D. (Ann). . . . . .Los Angeles, CA
Langer, Oded (Nieli) . . . . . Knoxville, TN
Leppert, Phyllis C.. . . . . .Durham, NC
Low, James A. (Margery) . . . . . .Kingston, Ontario
Makowski, Edgar L. (Patricia) . . . . . .Highlands Ranch, CO
Malkasian, George D. (Mary) . . . . . .Rochester, MN
Manetta, Alberto (Nancy) . . . . . Irvine, CA
Mann, Leon I. (Katherine) . . . . . West Lebanon, NH
Marchant, Douglas J. (Juliette) . . . . . Wayland, MA
Marshall, John R. (Elaine) . . . . . San Pedro, CA
McDonough, Paul G. (Nicole) . . . . . Augusta, GA
Merrill, James A. (Patricia) . . . . . Moraga, CA
Miller, Frank C. (Patricia) . . . . . Lexington, KY
Miodovnik, Menachem (Victoria). . . . . .Washington, DC
Mishell, Daniel R. (Carol) . . . . . .Los Angeles, CA
Moawad, Atef H. (Fay) . . . . . Burr Ridge, IL
Moghissi, Kamran S. . . . . .Plainwell, MI
Morrow, C. Paul (Jean) . . . . . .Los Angeles, CA
Mortel, Rodrigue (Cecilia). . . . . Hershey, PA
Mueller-Heubach, Eberhard (Cornelia) . . . . . Clemmons, NC
Naftolin, Frederick (Marcie). . . . . .Woodbridge, CT
Niswander, Kenneth R. (Ruth) . . . . . .Davis, CA
Novy, Miles J. (Ellen) . . . . . Beaverton, OR
Pattillo, Roland A. (Patricia) . . . . . .Atlanta, GA
Paul, Richard H. (Alta Jean) . . . . . .Los Angeles, CA
Pearse, Warren H. (Jacqueline). . . . . Mitchellville, MD
Pitkin, Roy M. (Marcia). . . . . La Quinta, CA
Podratz, Karl C. (Roxann) . . . . . .Rochester, MN
Polan, Mary Lake (Frank Bennack, Jr.) . . . . . New York, NY
Pratt, Joseph H. (Hazel). . . . . .Rochester, MN
Prem, Konald A. (Phyllis) . . . . . .Plymouth, MN

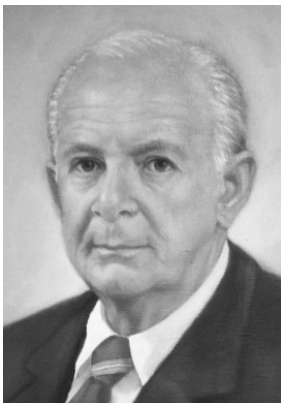
Queenan, John T. (Carrie) . . . . . Washington, DC
Quilligan, Edward J. (Betty) . . . . . Irvine, CA
Resnik, Robert (Lauren) . . . . . Solana Beach, CA
Riddick, Daniel H. (Louisa) . . . . . .Burlington, VT
Rock, John A. (Martha) . . . . . Miami, FL
Sabbagha, Rudy E. (Asma) . . . . . Lake Forest, IL
Sarto, Gloria E.. . . . . Madison, WI
Schneider, Jan (Sandy) . . . . . South Orleans, MA
Schulman, Harold (Rosemarie) . . . . . .Pleasantville, NY
Schwarz, Richard H. (Patricia) . . . . . Brooklyn, NY
Sciarra, John J. (Barbara) . . . . . Winnetka, IL
Scommegna, Antonio (Lillian) . . . . . Chicago, IL
Scott, James R. (Jo) . . . . . Salt Lake City, UT
Shingleton, Hugh M. (Lucy) . . . . . Decatur, GA
Siddiqi, Tariq A. (Elizabeth Clark, MD) . . . . . Cincinnati, OH
Smith, Julian P. (Eleanore) . . . . . Frisco, TX
Spellacy, William N. (Lynn Larsen) . . . . . Sarasota, FL
Speroff, Leon (Sen) . . . . . Portland, OR
Stafl, Adolf (Jarmila) . . . . . Waukesha, WI
Stenchever, Morton A. (Luba) . . . . . Seattle, WA
Sweet, Richard L. (Rhea) . . . . . Sacramento, CA
Symmonds, Richard E. (Dege) . . . . . Rochester, MN
Thiede, Henry A. (Ellen) . . . . . Pittsford, NY
Thompson, John D. (Rita) . . . . . .Atlanta, GA
Tyler, Carl W.. . . . . .Atlanta, GA
Van Dorsten, J. Peter (Brett) . . . . . Charleston, SC
Wallach, Edward E. (Joanne) . . . . . Lutherville, MD
Warren, James C. . . . . Mobile, AL
Weingold, Allan B. (Marjorie) . . . . . Washington, DC
Weinstein, Louis (Andrea Weinstein, RN, PhD) .Edisto Island, SC
Weiss, Gerson . . . . . Newark, NJ
Wentz, Anne Colston (Dennis) . . . . . .Avon, CO
Whalley, Peggy J. . . . . Austin, TX
Wharton, J. Taylor (Mary) . . . . . Houston, TX
Wild, Robert A. (Judy) . . . . . Oklahoma City, OK
Williams, Tiffany J. (Dohna) . . . . . .Englewood, FL
Wynn, Ralph M.. . . . . New York, NY
Young, Bruce K. (Phyllis) . . . . . New York, NY

Honorary Fellows

Anderson, Everett ..... Boston, MA
Battaglia, Frederick C. (Jane) ..... Aurora, CO
Beazley, John M. (Barbara) ..... Brampton, United Kingdom
Benirschke, Kurt (Marion) ..... San Diego, CA
Besser, Mitchell ..... Cape Town, South Africa
Betz, A. Lorris (Ann) ..... Salt Lake City, UT
Bonnar, John (Elizabeth) ..... Dublin, Ireland
Brandt, Allan M. ..... Cambridge, MA
Brundtland, Gro Harlem (Arne Olav) ..... Nice, France
Campbell, Stuart (Jane) ..... London, United Kingdom
Clarkson, Thomas B. ..... Winston-Salem, NC
Cohen, Jordan (Carole) ..... Washington, DC
Cunningham, Bruce A. (Katrina) ..... La Jolla, CA
De Swiet, Michael ..... London, United Kingdom
Diczfalusy, Egon (Ann) ..... Ronninge, Sweden
Drife, James O. (Diana) ..... Belmont Grove Leeds, United Kingdom
El Dana, Lama .....
Holzgreve, Wolfgang (Brigitte) ..... Freiburg, Germany
Klopper, Arnold ..... Aberdeen, Scotland
Longo, Lawrence D. (Betty Jeanne) ..... Loma Linda, CA
Lyle, Margaret .....
MacNaughton, Sir Malcolm C. (Margaret Ann) ... Glasgow, Scotland
Meschia, Giacomo (Irene) ..... Denver, CO
Mintz, Beatrice ..... Philadelphia, PA
Monaghan, John M. ..... Northumberland, United Kingdom
Olefsky, Jerrold ..... La Jolla, CA
Pizzo, Philip (Margaret) ..... Stanford, CA
Richart, Ralph M. ..... New York, NY
Schultz, Stanley G. (Harriet) ..... Houston, TX
Shine, Kenneth (Carolyn) ..... Washington, DC
Symonds, E. Malcolm (Chloe) ..... Nottingham, United Kingdom
Templeton, Allan (Gillian Penney) ..... Aberdeen, Scotland
Turner, Michael (Maeve) ..... Dublin, Ireland
Van Der Merwe, J. V. (Este) ..... Pretoria, South Africa
Van Niekerk, Williem A. (Magriet) ..... Capetown, South Africa
Widnell, Christopher (Anne) ..... Atlanta, GA
Wood, Alastair J. J. (Margaret) ..... New York, NY

In Memoriam

In Memoriam



Robert Griffen Brame, MD
June 14, 2014

Robert Griffen Brame was born on New Year's Eve 1929 in Wendell, North Carolina. His life and career was all things North Carolina. The obstetrician and gynecologists and women of eastern North Carolina are especially indebted to his commitment to equitable, quality clinical care and the education of the physicians who have stayed in North Carolina to care for the rich and poor women of our region. His education and training was dominated by the rich heritage of University of North Carolina. He graduated Phi Beta Kappa from University of North Carolina at Chapel Hill. He received his medical degree from University of North Carolina School of Medicine, Chapel Hill. After an internship at University of Colorado Medical School,

he finished his residency in Obstetrics and Gynecology at University of North Carolina Medical School at Chapel Hill. After two years of post-graduate clinical and research training he embarked on a distinguished career at academic institutions in North Carolina and the mid-Atlantic states.

From 1967-1977, Dr. Brame had held faculty appointments at the Bowman-Gray School of Medicine, University of North Carolina Medical School at Chapel Hill, and Duke University School of Medicine. His publications and academic progress describe a skilled generalist faculty member who practiced and taught with a knowledgeable eye on the patho-physiology of disease. His clinical research focused on practical obstetric al issues, the delivery of safe, efficient medicine, and innovations in care. His academic success led him to be selected as the first Chairman of Obstetrics and at the Brody School of Medicine in 1977. His prior experiences served him well in the curricular and fiscal challenges expected in a start-up community medical school in a grossly underserved region of North Carolina. His tenure as Chair from 1977-1984 was characterized by equitable obstetric and gynecological care to all races and those with varied economic circumstances. Dr. Brame demanded the best from his learners and students. He was an early proponent of "evidenced-based care" and "life-long learning". After he stepped down as Chair in 1984, Dr. Brame remained clinically active as a Professor of Obstetrics and Gynecology at Brody School of Medicine as he served senior administrative roles at the School of Medicine including Assistant Dean of Student Affairs, Director of the Eastern Area Health Education Center, and Associate Dean for Continuing Education. After Dr. Brame left Brody School of Medicine in 1991, he

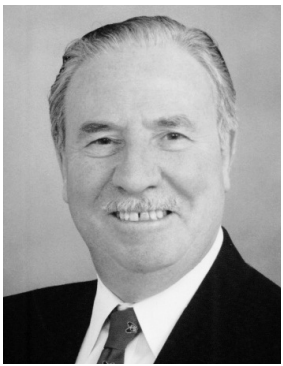
remained a friend and mentor to Brody faculty (including me as the Chair from 1998-2012). The remainder of his career was spent as a senior gynecologist, educator and mentor in other major teaching institutions including starting the Obstetrics and Gynecology Residency Program in Greenville, South Carolina and serving on the faculties of the University of Virginia School Of Medicine, the University of South Carolina School of Medicine, and Carolina's Medical Center.

One of Dr. Brame's legacies at Brody School of Medicine is the commitment that there should be a single standard of care for all patients seen at Brody School of Medicine, East Carolina University, and at Vidant Medical Center. Dr. Brame described his thoughts and efforts to establish the ECU OBGYN department and a uniform standard of care in his paper "The new tertiary obstetrical center: more than men and machines". Brame RG, MacKenna J, Jones DE. N C Med J. 1981; 42(10):705-8. This paper is still timely today as we face health care funding uncertainties.

Robert Brame is survived by one sibling, his sister, Elizabeth Henry of Wendell; his wife of 60 years, Nancy Hounshell Brame, his children Griff Brame and Karen Graham and her husband Don, his grandchildren Andrew, Emily and Will Brame; Dean, Jenny and Matt Graham; and Chris and Holly Colvin. In addition, he will be missed by many nieces, nephews and cousins. Eastern North Carolina will miss him as well.

– Submitted by Edward R. Newton

In Memoriam



Denis Cavanagh, MD
July 24, 2012

Denis Cavanagh was born in Scotland in 1923. During World War II he immediately enrolled in the Royal Air Force with which he served from 1942 until 1947. Denis entered Glasgow University to study medicine, graduating in 1952. He completed training in Obstetrics and Gynecology in 1955. Denis married Margaret Mary McNab during this time. Denis and Margaret moved to the United States where he was a General Surgery resident in Atlantic City in 1956. He was appointed American Cancer Society Fellow in Gynecology at the University of Texas MD Anderson Hospital and Tumor Institute from 1958-1959 under Dr Felix Rutledge. Denis joined the faculty at the University of Miami School of Medicine and remained there from 1959 – 1966.

Denis and Margaret moved to St Louis in 1966 as Professor and Chairman of the Department of Obstetrics and Gynecology at the University of St Louis. During that time, he developed interests in and research into Preeclampsia and Septic Shock. He was joined by Dr Timothy O'Connor from Dublin, and together they wrote seminal texts on Septic Shock in Obstetrics and Gynaecology and Obstetric Emergencies.

During this time, Denis did encounter deep and profound conflicts with political, administrative and even religious issues. He took a stance on abortion in view of his strong beliefs and supported others with the same principles often against the tide of medical and popular opinion. He respected at all times the opinions of others even though he chose to disagree with them on occasions. His conflict with the Dean and administrators at St Louis who he felt had not honored a commitment to build a new women's hospital and develop his department led to him to move to Hobart, Tasmania as the inaugural Professor and Chairman of the Department of Obstetrics and Gynaecology at the University of Tasmania in 1975. After a year in Tasmania, he was persuaded to return to St Louis to his previous post.

After only another year in St Louis Denis was recruited by Dr James Ingram and appointed Director of Gynecologic Oncology at the University of South Florida, and remained in that position from 1977-1999. He started a fellowship program in Gynecologic Oncology recognized by the sub-specialty board of the American Board.

When Margaret died in 1996, he subsequently married Anne, who also came from outside the US. Denis suffered

from a major cerebro-vascular accident in 1999. Although he made a good partial recovery, Denis retired. He spent the last few years of his life becoming gradually weaker and frailer in a care home.

Denis became a US citizen in 1961. He was also a member of the Society of Pelvic Surgeons, The South Atlantic Association of Obstetricians and Gynecologists, the American Association of University Professors, a Fellow of the Royal College of Obstetricians and Gynecologists (Great Britain and Ireland), a Founding Member of the Society of Gynecological Oncologists, and a member of the Board of Directors of the American Cancer Society. He was the recipient of numerous awards in recognition of his tremendous contributions to medicine.

Denis was the author of over 250 articles in peer review journals, 50 textbook chapters and 4 textbooks.

Denis passed away on the 24th July 2012 at the age of 88. He was truly world renowned. His contribution to medicine and life in general was enormous. Denis had many other attributes including a fantastic sense of humor and an incredible intellect. He had a powerful presence that continues to be felt. I was his fellow and colleague – unquestionably the best years of my professional career. Although I never called him Denis and we were a generation apart, Dr. Cavanagh and I were friends.

I hope there are many of you out there who remember him and the great man he was.

– Submitted by Mitchel Hoffman

In Memoriam

Sherman Elias, MD
July 14, 2014

Dr. Sherman Elias died at the age of 67 years from complications related to autoimmune hepatitis. Sherman was born on March 21, 1947 in Rome, Italy, where his parents sought refuge in the aftermath of World War II. His father (Cantor Meyer) and mother (Rachel) then emigrated to the United States and settled in Louisville, where Sherman was raised.

His undergraduate work was taken at University of Louisville, followed by graduation from medical school at the University of Kentucky (1972). His ob-gyn residency was taken at Michael Reese Hospital and University of

Louisville (1972-76). Sherman's Chair at Louisville, John T. Queenan, recognized academic potential, leading to a fellowship (1974-1975) at Yale University to pursue genetics. At Yale, Sherman was greatly influenced by Jeremiah Mahoney and John Hobbins, then performing fetoscopy for prenatal detection of fetal disorders which were not readily detectable. After returning to Louisville to complete his training, Sherman became the first Fellow in Reproductive Genetics at Northwestern University Medical School (1976-78). This unit, envisioned by Chairman John J. Sciarra, was started just one year before by Joe Leigh Simpson and Alice Martin; thus, Sherman not only trained but helped inaugurate a new program and its laboratory at the nascent Prentice Women's Hospital.

Sherman was among the initial cohort of fully trained geneticists who were certified in both Obstetrics and Gynecology and in Medical Genetics. He became certified in 1982 through the very first exam given by the American Board of Medical Genetics. He accrued other exceptional skills. In research he was a recipient of the highly competitive Basil O'Connor Starter Scholar Research Award by the March of Dimes (1981-83). He was one of the few obstetricians/gynecologists to receive a W.K. Kellogg National Fellowship Award (1981-84), beginning a productive collaboration on ethical issues with George Annas.

Sherman was a major contributor to virtually every advance in prenatal genetic diagnosis that has become incorporated into modern obstetrical practice. At Northwestern he also worked with Albert B Gerbie, performing amniocentesis for the Children's Memorial Hospital genetics unit headed by Henry L Nadler that

had previously shown prenatal diagnosis to be safe and accurate. His prior work at Yale was reprised at Northwestern with initiation of a fetal skin biopsy program for genodermatosis, generating the first prenatal detection of harlequin ichthyosis. During those Northwestern years (1976-1986), he was involved in initiating a maternal serum analyte screening program for detecting neural tube defects. Chorionic villus sampling was introduced. Another pursuit included studies with Alice Martin and Carole Ober involving field studies in Hutterite colonies. These data led to Carole's sentinel work elucidating the relationship between parental HLA haplotypes, mate choice, and fertility and reproductive outcome.

In 1986 Sherman moved to University of Tennessee, as Director of the Division of Reproductive Genetics and Associate Chairman for Academic Affairs and Research, Department Obstetrics and Gynecology. This was the era in which Sherman made considerable technical and diagnostic contributions, often with Lee Shulman. A nationwide collaborative NICHD effort validated the safety and accuracy of chorionic villus sampling. The latter part of the 1980s brought a plethora of molecular technologies; Sherman and colleagues were quick to translate. A transformative accomplishment was being the first to detect fetal trisomy (18) in intact fetal cells recovered by fluorescence activated cell sorting. A year later they and two other groups reported fetal trisomy 21 on the basis of nucleated fetal red blood cells enriched from maternal blood.

In 1994 Sherman accepted a position at Baylor College of Medicine (Houston) as Vice Chairman, holding

positions as Professor and Henry and Emma Meyer Chair in Obstetrics and Gynecology and Professor of Molecular and Human Genetics. A NICHD-funded collaborative effort involving national and international colleagues began to optimize fetal cell recovery and to show clinical utility. Although the noninvasive prenatal diagnosis field has now moved toward cell free fetal DNA recovery, Sherman remained active in research on intact fetal cells for noninvasive diagnosis until his death.

In 1998 he became Chairman at the University of Illinois at Chicago, serving until 2003 as William G Arends Chair; Phillip and Beverly Goldstick Professor of Obstetrics and Gynecology and Professor of Molecular and Human Genetics. In 2003, he took his final academic position as John J. Sciarra Professor and Chair, Department of Obstetrics and Gynecology, Feinberg School of medicine, Northwestern University the site from which his photo was taken. Jack Sciarra is credited with the vision for the genetics program in the Northwestern Department of Obstetrics and Gynecology that had begun in 1975. Sherman built a strong research and training program and was instrumental in the planning and design for Northwestern Memorial Hospital's new Prentice Women's Hospital in 2007.

Sherman's breadth and knowledge placed him in an ideal position to inculcate genetics in the obstetrical and gynecologic curriculum. He was an indefatigable lecturer, and his writings not only were intended for peer review audiences but to educate the broader obstetrical community.

Less visible to the ob-gyn community is that he helped assure ob-gyn was a pivotal player as medical genetics became organized. As one example, he served on committees that led to establishment of the American College of Medical Genetics, serving as its first Vice President for Clinical Practice (1992-96). His background in ethics almost uniquely qualified him to represent the ob-gyn community in elite forums and committees. His well-deserved reputation was leveraged by numerous publications. Several now seem prescient, for example a 1994 call (New England Journal of Medicine) for generic genetic counseling that anticipated how soon it would become impractical to counsel in detail on each genetic disorder potentially detectable. He contributed to dialogues on the Human Genome Project and on controversies surrounding embryonic research.

Sherman naturally received substantial peer recognition and was called upon to assume many responsible positions. He was a Distinguished Alumnus at the University of Kentucky and received the University Scholar Award at University of Illinois. He served as Chair of the ACOG Committee on Ethics, and its Committee on Genetics. He was a Director of the American Board of Obstetrics and Gynecologists. Presidencies included the Central Association of Obstetrics and Gynecology, the Society for Gynecology Investigation, and the American Association of Obstetricians and Gynecologists Foundation. He served on 9 editorial boards.

His academic oeuvre included 6 books—2 on reproductive ethics and the law; 4 on prenatal genetic diagnosis or reproductive genetics. Four of these volumes

were edited, but two were, atypically these days, written by Sherman and one other author. He wrote over 350 articles, chapters, and commentaries, the most recently being a March 2014 commentary in the New England Journal of Medicine. His research was predominantly funded by the March of Dimes and NICHD. He also gained funding for the WRHR K-12 program at Northwestern.

Training and mentorship held a special place for Sherman, in particular honing skills in writing and presentations. A distinguished list of reproductive geneticists emanated from units he and colleagues directed. These former Fellows include Marion Verp, Allan Bombard, Lucas Otano, Carole Meyers, Lee Shulman, Susan Gross, Jeffrey Dungan, Owen Phillips, Chris Grevengood, and Helen Ross.

Sherman leaves his wife: Shelley Frockt Elias, JD, MPH and two sons. Benjamin Artman Elias is Vice President, Distribution, Advanced Services for FOX Networks, Los Angeles; grandchildren Eitan Daniel Elias and Abigail Esther Elias. Kevin Meyer Elias, MD received his MD from Vanderbilt University, took his residency in Obstetrics and Gynecology at Brigham and Women's Hospital and now is a Fellow in Gynecologic Oncology at Brigham and Women's Hospital and Harvard Medical School.

Submitted by Joe Leigh Simpson

In Memoriam

Robert Neuwirth, MD
December 17, 2013

On December 17, 2013 Dr. Robert Neuwirth died at the age of eighty from complications of a stroke.

Bob was a gentle soul and visionary gynecologist.

Robert Samuel Neuwirth was born on July 11, 1933 in Flora Park, NY, the only child of Phyllis and Abraham, a doctor. He subsequently received his Bachelor's degree from Yale University in Chemistry in 1955 and his Medical Degree from Yale in 1958. He then completed his residency in Obstetrics and Gynecology at Colombia Presbyterian Hospital in 1962.

He was named head of the Obstetric and Gynecology Department at St. Luke's in 1974 and held that position until 1991, well after the hospital had become the St. Luke's Roosevelt Hospital.

He was a professor at Colombia from 1977-2000. In the past, he served as an examiner for the American Board of Obstetrics and Gynecology from 1982-1988.

Dr. Neuwirth provided new insights and techniques in gynecology many involving minimally invasive surgery. In fact, he was one of the fathers of minimally invasive surgery based on his extensive experience with hysteroscopic procedures, including removal of fibroids and endometrial ablation. He freely passed on these pioneering findings and changes. His enthusiasm for these revolutionary procedures made him a wonderful teacher and raconteur.

Bob was innovative as far as evidence based medicine was concerned, long before everyone else, he did long term follow-up on his surgical patients, who were treated with surgical procedures he developed.

He received a Patent for a technique that they utilized: a balloon in the uterine cavity filled with hot water to cauterize the endometrium.

Dr. Neuwirth was an uncomplicated gentleman and a brilliant gynecologist. He was a wonderful mentor and friend. His students remained loyal to him years after they left his tutelage.

In addition, he was a great thinker, precise and detail oriented; he though deeply about problems that he planned

to solve. I quote form the New York Times obituary, "Bob was a modest man who was not inclined to professional networking or self-promotion. He didn't sell his ideas, he just did his stuff, and people saw he was good and picked it up. Neuwirth is survived by his son Michael and four other children and six grandchildren."

– Submitted by Alan DeCherney

In Memoriam

Alfred I. Sherman, MD, PhD
August 27, 2012

Alfie Sherman passed away on August 27, 2012 in his late 80s, having only retired from practice and operating at age 84. Born in Ontario, Canada, he was a distinguished practitioner, a superior oncologic surgeon, researcher and teacher of Obstetrics and Gynecology.

Alfie came from Central Collegiate in Hamilton, Ontario, was player-manager of Meds football in his first year and returned to Hamilton for his internship at the General Hospital. He served in the Royal Canadian Army Medical Core, after which he began his postgraduate training with a year of pathology at the University of

Rochester, followed by four years of training in ObGyn at Washington University, St. Louis. He stayed on the staff at Washington University. Over his 20 years there in Willard Allen's department, he worked his way up to professor and was presented an award as "Professor of the Decade." He was a talented surgeon, recognized as a Gynecologic Oncologist long before there was an official subspecialty. He established a tumor board with representation of Gynecologic surgeons, pathologists, oncologists and radiation oncologists in the early 1960s – likely among the first in the country.

In 1967 he moved to Wayne State University School of Medicine as Professor of Obstetrics and Gynecology and Chairman of the department at Sinai Hospital in Detroit. He retained the directorship of the residency for many years and trained generations of Obstetricians and Gynecologists. Year after year, he was the major "roastee" (and a well loved one) in the annual residency graduation skit. He won repeated teaching awards from his residents and alumni.

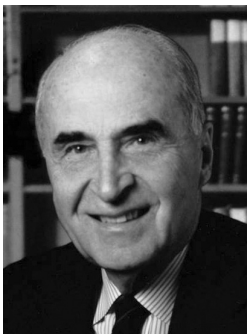
Obtaining a PhD in reproductive physiology from Wayne State University at the age of fifty-four, Alfie authored over two hundred published papers, four books and many chapters. He served as Vice-President of the American Radium Society, received a Certificate of Merit from the Radiological Society of North America, held honorary memberships in the Pacific Northwest and in Japan, and received awards from the World Congress on Fertility and Sterility, the International Society for Gynecologic Pathology and the American Society of Clinical Pathologists. He was a Founding Fellow of the Society of Gynecological Oncologists, and an elected

member of the New York Academy of Sciences. This life of medical service and teaching went on until his retirement as a Professor Emeritus at age 84.

He and Sandra, his support and strength for sixty-seven years, were married in June of 1945, and had three children - one a surgeon. He and Sandra contributed to the community by establishing an annual lectureship on ethical issues in women's health care, an annual award for the Detroit Visiting Nurses Association, and an award to social workers for outstanding care of the Jewish elderly.

– Submitted by Robert J. Sokol

In Memoriam



Edward Stewart Taylor, MD
February 5, 2014

E. Stewart Taylor lived a long, rewarding, and extremely productive life. He died on February 5, 2014 at the age of 102 years in Denver, Colorado. He was a gentle and soft-spoken individual, however strangers quickly realized that he had a keen intellect and was a true scholar. His peers and students revered him as a brilliant clinician, highly skilled surgeon and a superb diagnostician.

Dr. Taylor was raised in the small town of Highmore, South Dakota. Dr. Taylor attended the University of Iowa for college and medical school. His undergraduate degree was received in 1933 and his medical degree awarded in 1936.

While Dr. Taylor was a pre-med student at Iowa he met Ruth Fatherson. They were married during his residency

training program. They were happily married for 65 years until her death in 2005. His wife skillfully copy edited each and every scholarly paper and book during Dr. Taylor's entire career. Dr. Taylor completed a rotating internship at the Hurley Hospital in Flint, Michigan. Subsequently, he became an obstetrics and gynecology resident at the Long Island College Hospital in Brooklyn, New York during the time that Alfred C. Beck M.D. was the Chairman. Dr. Beck was a mentor for Dr. Taylor and extended his residency-informal fellowship to four and a half years. Several years later Dr. Taylor assumed the editorship of Dr. Beck's classic textbook "Obstetrical Practice" for three editions.

After finishing his residency, Dr. Taylor worked in a small clinic in Worthington, Minnesota. He was awaiting his army orders, which arrived in the summer of 1942. Dr. Taylor was Assistant Chief of Surgery of the 400 bed, 107th Evacuation Hospital. His unit landed at Omaha Beach in July of 1944 five weeks after D-Day. When disembarking from the landing craft the other officers carried their gear in duffle bags. Dr. Taylor, always the gentleman, carried a suitcase so that he would have a pressed pair of pants for any important occasion. Dr. Taylor performed more than 1,000 operations during the war from July 10th 1944 to June 25, 1945. After the war in Europe was over, one of the nurses cataloged all the surgical operative records. Dr. Taylor was given a book with a copy of the data dedicated to Dr. Taylor, the "Dean of Women". His nickname resulted from the hospital commander assigning Dr. Taylor to provide medical care for all of the nurses. The commanding General of the U.S. Third Army throughout the European Theater was General George Patton. Dr. Taylor never met General Patton but his reputation was constantly

present in the thoughts of his troops. The members of the 107th Evacuation Hospital were awarded five battle stars: Normandy, France, Ardiens, Rhine, and Germany. Several years after the war Dr. Taylor wrote the following "My war experiences made me see life differently. I believe deeply and still do, that the risk and mortalities of war are unequal and the poor carry the biggest part of the risk. I felt guilty then and I still do. It has made me much more sympathetic to those less fortunate."

After World War II, Dr. and Mrs. Taylor decided to move to Denver. He joined the private practice of Dr. Clarence Ingraham who was the part-time, volunteer Chair of the Obstetrics and Gynecology Department at the University of Colorado School of Medicine. One afternoon, while Dr. Taylor was teaching in the clinic, Ward Darley, the Dean of the School of Medicine, offered him the position of becoming the first full-time Chair of Obstetrics and Gynecology in the history of the school of medicine. Dr. Taylor was only 38 years old at that time but he accepted the offer. His tenure as Chair was from 1947 to 1976. By the mid 1960's the residency program had trained approximately one third of the obstetricians and gynecologists in Denver and its suburbs. At the same time the department had become recognized as one of the best in the country.

Dr. Taylor was a prolific author and editor. He was a member and director of the leading organizations of our specialty. His most rewarding and enjoyable venture was being one of the co-editors for the Obstetrical and Gynecological Survey. With his co-editors, Georgiana and Howard Jones they convinced the publisher to expand the

"Survey" to a monthly journal. During his 25 years as a co-editor he wrote over 3,000 editorial comments for the abstracted articles in the journal. Dr. Taylor alone was the single author for two popular textbooks, Essentials of Gynecology and he revised and updated Dr. Beck's book Obstetrical Practice. Dr. Taylor was a founding member of the American College of Obstetrics and Gynecology. In 1986 he received their distinguished service award. He was President from 1974-1975 of the Association of Professors of Gynecology and Obstetrics. He was a member of the American Board of Obstetrics and Gynecology for eight years and an examiner for more than fifteen years.

Dr. Taylor's initial research interests were premature birth and low birth weight infants and their relationship to complications of pregnancy and poor socio- economic factors. Dr. Harry Gordon, the Chairman of Pediatrics shared Dr. Taylor's interests and together they developed one of the first divisions of Perinatal Medicine in the country. Subsequently, Dr. Taylor and Dr. Paul Bruns recruited to Denver a team of senior investigators to study fetal physiology and fetal growth using sheep as their experimental model. These efforts were supported by a large program grant. The department quickly became a center for research in prematurity and fetal physiology. Dr. Joseph Holmes of the Department of Medicine collaborated with Dr. Taylor in the initial development of obstetrical ultrasound. Dr. Taylor with colleagues, Horace Thompson M.D. and Ken Gottesfeld M.D published several of the early papers concerning the use the ultrasound in obstetrics.

Dr. Taylor cared deeply about all who worked with him and took a personal interest in each of them. At his 100th

birthday celebration he welcomed individual residents who he had trained decades before by name and remembered their spouses names as well. Dr. Taylor was an active mentor for many of his trainees throughout their careers.

Dr. Taylor had multiple hobbies. His favorite was riding horses preferably Tennessee Walkers At the age of 80 he was bucked off a friend's horse that would not pass through a gate. He was not injured however he decided abruptly to abandon his hobby of riding horses. He was in excellent health but he wanted to eliminate the possibility that his obituary would have a simple statement such as," Dr. Taylor died of injuries received after being thrown from a horse."

In 1988 the University of Colorado School of Medicine bestowed upon him the distinguished honor of establishing the E. Stewart Taylor Endowed Chair in Obstetrics and Gynecology to perpetuate his contributions.

Dr. Taylor's leaves a brilliant and lasting legacy of excellence in care, teaching, research, and professionalism. He cherished his life's work. He was a devoted husband, father and grandfather.

He will be missed by all and will be remembered for his kindness, good humor and caring for all people regardless of their social or economic status. Dr. Taylor showed exceptional character. He was a man of humility, integrity, dignity, grace and courage. He was revered and respected by his friends, patients, colleagues, faculty, students, residents and fellows.

– Submitted by Ronald S. Gibbs and William Droegemueller

Contributions to the American Association of Obstetricians and Gynecologists Foundation Endowment Fund

July 1, 2013 - July 31, 2014

Contributors ($10,000 or more)

American Board of Gynecologists
Stanley Zinberg, MD, MS *in honor of Dr. Robert Resnik*

Contributors ($1,000 or more)

John E. Buster, MD
Sandra Carson, MD
Christos Coutifaris, MD *in honor of Dr. John J. Mikuta*
Mary E. D'Alton, MD *in honor of Dr. John Hobbins*
Philip D. Darney, MD
Deborah Driscoll, MD *in memory of Dr. John J. Mikuta*
Norman Grant, MD
Moon H. Kim, MD *in honor of Dr. Jay Iams*
Thomas Moore, MD
Jennifer Niebyl, MD *in honor of Dr. Gloria Sarto*
Partners Healthcare
Robert Resnik, MD *in honor of Dr. Donald Coustan*
Laurel Rice, MD
Carolyn Runowicz, MD
Nanette Santoro, MD
Nanette Santoro, MD *in honor of Dr. Sherman Elias*
Isaac Schiff, MD *in honor of Dr. Fredric Frigoletto*
Jeanne Sheffield, MD
Joe L. Simpson, MD
William A. Spellacy, MD *in memory of Dr. Nicholson Eastman*

Contributors ($500 or more)

Larry J. Copeland, MD *in honor of Dr. Jay Iams*
Larry J. Copeland, MD *in honor of Dr. Donald Coustan*

Robert K. Creasy, MD *in honor of Dr. Jay Iams*
Donald Coustan, MD *in honor of Dr. Michael Mennuti*
Lawrence Devoe, MD
William Droegemueller, MD *in honor of Dr. Watson A. Bowes*
Donald J. Dudley, MD *in honor of Dr. Jay Iams*
Steven Gabbe, MD *in honor of Dr. Irwin Merkatz*
Steven Gabbe, MD *in honor of Dr. Sherman Elias*
Steven Gabbe, MD *in honor of Dr. Jay Iams*
Enrique Hernandez, MD
Hal Lawrence, MD
Lee A. Learman, MD
Charles Lockwood, MD
Charles Lockwood, MD *in honor of Dr. John T. Queenan*
Charles Lockwood, MD *in memory of Dr. Sherman Elias*
Ingrid Nygaard, MD *in honor of Dr. Jennifer Niebyl*
Jeffrey Peipert, MD *in honor of Dr. Donald Coustan*
John T. Queenan, MD *in honor of Dr. Charles Lockwood*
John T. Queenan, MD *in honor of Dr. Michael Mennuti*
Edward J. Quilligan, MD *in honor of Dr. Jay Iams*
Robert Resnik *in honor of Dr. Jay Iams*
William Spellacy, MD
Gerson Weiss, MD

Contributors

Kevin Ault, MD *in honor of Dr. Jay Iams*
Ronald Alvarez, MD *in honor of Dr. Larry Copeland*
James L. Breen, MD
James Brown, MD *in memory of Dr. Mario Oriatti*
John Buster, MD
Patrick Catalano, MD
Amy Chetelat, CAE *in honor of Dr. Donald Dudley*
Amy Chetelat, CAE *in honor of Dr. Michael Mennuti*
Charles Coddington, MD *in honor of Dr. C. Robert Stanhope*
Charles Coddington, MD
Joshua Copel, MD *in honor of Dr. Edward Wallach*
Donald Coustan, MD *in honor of Dr. Jay Iams*
F. Gary Cunningham, *in memory of Dr. Jack Pritchard*

Alan H. DeCherney, MD
John DeLancey, MD
Donald J. Dudley, MD *in honor of Dr. James R. Scott*
Mark Evans, MD
John Fishburne, MD *in honor of Dr. Frank Greiss*
Henry Foster, MD
Ronald Gibbs, MD *in memory of Dr. John Mikuta*
Cornelius Granai, MD
Mary Jane Gray, MD
Charles Hammond, MD *in honor of Dr. F. Bayard Carter*
Charles Hammond, MD *in honor of Dr. Roy T. Parker*
A. L. Herbst, MD *in memory of Dr. A. B. Little*
Enrique Hernandez, MD
Calvin J. Hobel, MD
Donna Johnson, MD
Kevin C. Kiley, MD *in memory of Dr. Warren Otterson*
Kevin C. Kiley, MD *in honor of Dr. Stanley Zinberg*
James N. Martin, MD *in memory Dr. Charles Hendricks*
Eberhard Mueller-Huebach, MD
Steven J. Ory, MD
Alan Peaceman, MD
Konald Prem, MD
Susan Ramin, MD *in honor of Dr. Larry Gilstrap*
Yoel Sadovsky, MD
James R. Scott, MD
Jan Shifren, MD
Ron Strickler, MD
University Physician Associates
Edward Wallach, MD *in memory of Dr. John J. Mikuta*

Presidents 1982 - Present

Dr. John Maeck 1982
Dr. Edgar L. Makowski 1983
Dr. Edward J. Quilligan 1984
Dr. Joseph Seitchik * 1985
Dr. T. Terry Hayashi * 1986
Dr. Frederick P. Zuspan * 1987
Dr. A. Brian Little * 1988
Dr. James M. Ingram * 1989
Dr. Henry A. Thiede 1990
Dr. Kenneth J. Ryan * 1991
Dr. Leo Dunn 1992
Dr. Mason C. Andrews * 1993
Dr. Charles B. Hammond 1994
Dr. Roy MacBeth Pitkin 1995
Dr. William J. Dignam * 1996
Dr. James R. Scott 1997
Dr. Arthur L. Herbst 1998
Dr. Robert K. Creasy 1999
Dr. Paul B. Underwood, Jr. 2000
Dr. Steven G. Gabbe 2001
Dr. Steven G. Gabbe 2002
Dr. Eli Y. Adashi 2003

Dr. Gloria E. Sarto 2004
Dr. Ronald S. Gibbs 2005
Dr. Eberhard Mueller-Heubach. 2006
Dr. Jennifer R. Niebyl 2007
Dr. William Droegemueller. 2008
Dr. James E. (Jef) Ferguson, II 2009
Dr. Robert Resnik 2010
Dr. Haywood L. Brown 2011
Dr. Mary E. D'Alton. 2012
Dr. Jay D. Iams 2013
Dr. Donald R. Coustan 2014

* Deceased

FUTURE AGOS ANNUAL MEETINGS

2015 Annual Meeting
September 17-19, 2015
Ritz-Carlton Half Moon Bay
Half Moon Bay, CA

AGOS Headquarters
230 W. Monroe, Suite 710
Chicago, IL 60606

Mandy Marneris, CMP
Associate Executive Director
Phone: (312) 676-3920
Fax: (312) 235-4059
mandymarneris@agosonline.org
www.agosonline.org