AMERICAN GYNECOLOGICAL AND OBSTETRICAL SOCIETY

RITZ-CARLTON HALF MOON BAY

HALF MOON BAY, CA

SEPTEMBER 17-19, 2015

PROGRAM

of the

THIRTY-FOURTH ANNUAL MEETING

of the

AMERICAN GYNECOLOGICAL

and

OBSTETRICAL SOCIETY

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Larry J. Copeland, MD
Columbus, OH

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The Fellows

of the

American Gynecological

and

Obstetrical Society

Welcome

all Spouses, Significant Others and Guests

to the

Thirty-Fourth Annual Meeting

SOCIAL AND EDUCATIONAL EVENTS

THURSDAY, SEPTEMBER 17, 2015

*****

CHARLES HUNTER ORATION
8:15 a.m. – 9:00 a.m. • The Ritz Carlton Ballroom

Mark Phillippe, MD, MHCM
Boston, Massachusetts
"Cell-free Fetal DNA, Telomeres and the Spontaneous Onset of Labor"

SPOUSE BREAKFAST
8:30 a.m. – 10:00 a.m. • Miramar Room
An overview of Ritz Carlton amenities and activities will be presented, and a complimentary copy of *Your Body Beautiful* by Dr. Jennifer Ashton will be distributed.

JOSEPH PRICE ORATION
12:00 p.m. – 12:45 p.m. • The Ritz Carlton Ballroom

Jennifer Ashton, MD, FACOG
Englewood, New Jersey
"Women's Health in the Media: My 10 Year Experience as an Ob-Gyn on National Television"

WELCOME RECEPTION
5:30 p.m. - 7:00 p.m.
Gazebo Lawn

FRIDAY, SEPTEMBER 18, 2015

*****

PRESIDENTIAL ADDRESS
11:30 a.m. – 12:15 p.m. • The Ritz Carlton Ballroom

Larry J. Copeland, MD
"Cancer: Past and Future"

SATURDAY, SEPTEMBER 19, 2015

*****

THE ABOG ENDOWED LECTURE
8:30 a.m. – 9:15 a.m. • The Ritz Carlton Ballroom

Phillip Resnick, MD
"Mothers Who Kill Their Babies"

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

REGISTRATION

The Ritz-Carlton Ballroom Foyer

Wednesday, September 16, 2015
5:00 p.m. – 8:00 p.m.

Thursday, September 17, 2015
6:30 a.m. – 12:45 p.m.

Friday, September 18, 2015
6:30 a.m. – 12:15 p.m.

Saturday, September 19, 2015
7:00 a.m. – 11:15 a.m.

Program Schedule

THURSDAY, SEPTEMBER 17, 2015

Registration in the Ritz Carlton Ballroom Foyer
6:30 a.m. – 12:45 p.m.

6:30 a.m. CONTINENTAL BREAKFAST
Ritz Carlton Ballroom Foyer

7:45 a.m. ASSEMBLY AND WELCOME
Larry Copeland, MD

In Memoriam
Welcome of New Fellows
Welcome from the Secretary

FIRST SCIENTIFIC SESSION

8:00 a.m. AGOS History

Robert Resnik, MD
University of California,
San Diego, School of Medicine
Solana Beach, CA

8:15 a.m. Charles Hunter Oration
"Cell-free Fetal DNA, Telomeres and the Spontaneous Onset of Labor"

Mark Phillippe, MD, MHCM
Massachusetts General Hospital
Boston, MA

9:00 a.m. *"Pregnancy of Unknown Location"*

Kurt T. Barnhart, MD, MSCE
The Perelman School of Medicine
at the University of Pennsylvania
Philadelphia, PA

9:30 a.m. *"Tissue Extraction/Morcellation"*

Amanda Nickles Fader, MD
Johns Hopkins Medical Institutions
Baltimore, MD

10:00 a.m. Break

10:30 a.m. AGOS Scorecard Annual Update

Jay Iams, MD
The Ohio State University
College of Medicine
Columbus, OH

10:45 a.m. *"The Future of Cervical Cancer Screening: What Would George Think?"*

Warner Huh, MD
University of Alabama at Birmingham
Birmingham, AL

11:15 a.m. *"HPV – Therapeutic Strategies"*

Tom Herzog, MD
University of Cincinnati Cancer Institute
Cincinnati, OH

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

12:00 p.m. Joseph Price Oration
"Women's Health in the Media: My 10 Year Experience as an Ob-Gyn on National Television"

Jennifer Ashton, MD, FACOG
ABC News Senior Medical Contributor
& Chief Women's Health Correspondent,
and Co-host *The Doctors*
Englewood, NJ

FRIDAY, SEPTEMBER 18, 2015

Registration in the Ritz Carlton Ballroom Foyer
6:30 a.m. – 12:15 p.m.

6:30 a.m. **CONTINENTAL BREAKFAST**
Ritz Carlton 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. AAOGF/ABOG Scholar
"Placental Vascular Endothelial Growth Factor-A Regulates Embryonic Hematopoiesis"

Lydia Lee, MD, PhD
University of California, Los Angeles
Los Angeles, CA

9:00 a.m. AAOGF/SMFM Scholar
"Evaluating the Biochemical and Biomechanical Etiologies of Premature Cervical Remodeling"

Joy Vink, MD
Columbia University Medical Center
New York, NY

9:30 a.m. *"The Human Microbiota and Pregnancy"*

David A. Relman, MD
Stanford University
Stanford, CA

10:15 a.m. Break

10:45 a.m. ABOG Maintenance of Certification Program Update

George Wendel, MD
American Board of Obstetrics and Gynecology
Dallas, TX

11:15 a.m. Break & Seating of Guests

11:30 a.m. Presidential Address:
"Cancer: Past and Future"

Larry J. Copeland, MD
The Ohio State University
Columbus, OH

PRESIDENTIAL ADDRESS

Friday, September 18, 2015
Ritz Carlton Ballroom
11:30 a.m. - 12:15 p.m.

Larry J. Copeland, MD
The Ohio State University
Columbus, OH

"Cancer: Past and Future"

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

SATURDAY, SEPTEMBER 19, 2015

Registration in the Ritz Carlton Ballroom Foyer
7:00 a.m. – 11:15 a.m.

7:30 a.m. **CONTINENTAL BREAKFAST**
Ritz Carlton Ballroom Foyer

THIRD SCIENTIFIC SESSION

8:30 a.m. The ABOG Endowed Lecture
"Mothers Who Kill Their Babies"

Phillip Resnick, MD
Case Western Reserve
Cleveland, OH

9:15 a.m. *"The Life Cycle of an ABOG Question"*

Kenneth Noller, MD
American Board of Obstetrics
and Gynecology
Dallas, TX

9:30 a.m. ACOG Update

Hal Lawrence, MD
American College of Obstetricians
and Gynecologists
Washington, DC

9:45 a.m.	Panel Presentation: *"Sexual Health/Chronic Pelvic Pain"* John Jarrell, MD, MSc, FRCSC University of Calgary Calgary, Alberta, Canada Sangeeta Senapati, MD Northshore University Health System Evanston, IL Erin Carey, MD, MSCR University of Kansas Medical Center Kansas City, KS
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 slide presentation for this lectureship will be posted on www.agosonline.org after the conclusion of the meeting.

The 2015 Endowed Lectureship will be presented by **Phillip Resnick, MD** on *"Mothers Who Kill Their Babies."*

FUTURE AGOS ANNUAL MEETINGS

Loews Chicago Hotel
Chicago, IL
October 6-8, 2016

The Drake Hotel
Chicago, IL
September 14-16, 2017

Abstracts

AGOS History

Robert Resnik, MD
University of California,
San Diego, School of Medicine
Solana Beach, CA

The American Gynecological and Obstetrical Society (AGOS) resulted from a unification of the American Gynecological Society (AGS) and the American Association of Obstetricians and Gynecologists (AAOG) in May, 1981. The reason for the merger was that the two organizations had similar goals (high standards in clinical practice, education and research), annual programs, and approximately 50 % of the members of one of the organizations belonged to the other as well. Although we gather today for the 34th meeting of the AGOS, the roots of the Society date back to June 3rd, 1876, when the AGS had its first organizational meeting in New York. The AAOG had its first meeting on April 19th, 1888 in Buffalo, NY. In fact, the AGS was first national organization in the world to represent the specialty of Obstetrics and Gynecology, and as a consequence, the AGOS one of the longest continuing medical organizations in history.

The goals today are similar to those proposed almost 140 years ago. The annual program, as well as the criteria for membership , now represent what was proposed by J. Marion Sims during his term as President in 1880. To peruse the activities of these Societies, as chronicled by E Stewart Taylor, is to read about the history of Ob-Gyn in the United States.

Charles Hunter Oration

"Cell-free Fetal DNA, Telomeres and the Spontaneous Onset of Labor"

Mark Phillippe, MD, MHCM
Massachusetts General Hospital
Boston, MA

Despite decades of effort and hundreds of published articles describing various biochemical and hormonal phenomena that appear to be associated with spontaneous parturition, a consistent sequence of physiologic events leading to the onset of labor at term is yet to be clearly defined. During the last couple decades multiple reports have provided support for the premise that spontaneous parturition is mediated by activation of an inflammation-related signaling pathway, leading to increased secretion of cytokines and chemokines, the influx of neutrophils and macrophages into the pregnant uterus, increased production of uterine activation proteins (e.g. Cx-43, COX-2, oxytocin receptors, etc.) and the matrix metalloproteinases, and the release of uterotonins, resulting in cervical ripening, membrane rupture and myometrial contractions. The missing link has been the fetal/placental signal that triggers these proinflammatory events in the absence of microbial invasion and intrauterine infection. My laboratory has proposed the novel hypothesis that increased cell-free fetal DNA (cffDNA) in maternal plasma serves this role as the trigger for the inflammatory events that result in spontaneous parturition. Components of this signaling pathway include the release of cffDNA during

apoptosis in the placenta and fetal membranes at term, the ability of apoptosis modified vertebrate DNA to stimulate Toll-like receptor-9 leading to increased release of cytokines and chemokines, and the potential "fail-safe" role for the anti-inflammatory cytokine IL10. This hypothesis also takes into account the key role that telomere loss plays in regard to signaling the onset of apoptosis in the placenta and fetal membranes, thereby providing a biologic clock that determines the length of gestation and the timing for the onset of parturition. In summary, this talk will review the biomedical literature that provides the basis for the "cffDNA/telomere hypothesis"; i.e. that telomere loss and increased cffDNA levels trigger the proinflammatory events leading to the spontaneous onset of parturition.

"Pregnancy of Unknown Location"

Kurt T. Barnhart, MD, MSCE
The Perelman School of Medicine
at the University of Pennsylvania
Philadelphia, PA

The incidence of ectopic pregnancy has not changed appreciably in the past few decades. However, the diagnosis and management has changed dramatically from urgent surgical management of symptomatic women to diagnosis before women exhibit symptoms. Early diagnosis has resulted in decreased mortality and morbidity but has also introduced potential iatrogenic harm. The use of methotrexate has become so pervasive that there are perhaps more women with an intrauterine pregnancy inadvertently treated, than then number of women that die from hemorrhage. Focus is appropriately shifting from "never miss an ectopic pregnancy on the first visit" to "do not interrupt a potential viable pregnancy" when making the diagnosis. Current diagnostic and management dilemmas include whether we can (or should) diagnose and treat a suspected, but not confirmed, ectopic pregnancy. Current clinical dilemma also includes how to define and manage a pregnancy of unknown location and if the concept of a discriminatory zone is still clinically useful. Use of algorithms assessing hCG concentrations and transvaginal ultrasound are useful, but have pitfalls and can result in misdiagnosis. This presentation will review the evolution of diagnosis and treatment of women at risk for ectopic pregnancy with emphasis on optimization of the modern management.

AGOS Scorecard Annual Update

Jay Iams, MD
The Ohio State University College of Medicine
Columbus, OH

Annual Review of Reproductive Health Metrics: US rates of HPV immunization, Teen Pregnancy, Multifetal Pregnancy, Preterm Birth and Infant Mortality.

"The Future of Cervical Cancer Screening: What Would George Think?"

Warner Huh, MD
University of Alabama at Birmingham
Birmingham, AL

On April 24th 2014, the United States Food and Drug Administration (FDA) approved high risk HPV (hrHPV) testing for primary cervical cancer screening in the United States (US). This was following unanimous support (13-0) from the FDA Medical Devices Advisory Committee Microbiology Panel Meeting, which included numerous US experts in the area of cervical cancer screening and prevention, in March 2014. This approval was based and supported from data derived from the ATHENA (Addressing the Need for Advanced HPV Diagnostics) trial. ATHENA, the largest cervical cancer screening study conducted in the US, was a registration study sponsored by Roche Molecular Systems that utilized the cobas® 4800 system. The public announcement of an FDA application by Roche for a primary HPV screening claim triggered the creation of an interim guidance panel to review recent evidence and address specific questions and concerns regarding using a hrHPV test for primary screening, including ATHENA and data relevant to the primary HPV screening labeling. This presentation will discuss the rationale of primary HPV screening, the known limitations of cytology, and the performance of screening in a vaccinated population.

Joseph Price Oration

"Women's Health in the Media: My 10 Year Experience as an Ob-Gyn on National Television"

Jennifer Ashton, MD, FACOG
ABC News Senior Medical Contributor
& Chief Women's Health Correspondent,
and Co-host *The Doctors*
Englewood, NJ

There is no question that the role of physicians in the media has come under increasing attention in recent times. Whether because of the importance of medical perspective in covering a national or global health crisis like Ebola or the earthquake in Haiti or because of issues regarding professionalism and medical responsibility, doctors who hold national media platforms are placed under scrutiny often not faced by experts in other fields. Market research supports the fact that media consumers and television viewers rank health and medical information as priorities in terms of interest. As such, the media uses medical doctors to cover breaking news, to interpret scientific studies and to communicate this information in a way that is understandable and engaging.

Having a career in medical media raises many significant and thought-provoking issues. How is it possible to balance a medical practice and media responsibilities? What role does professional opinion, analysis, and interpretation play in the communication of medical information in the media? What types of media skills are

necessary to work in television as a physician? Why is it important to have M.D.'s in the media? Who is best able to hold a position in national news? Which forms of media are most impactful in conveying information to the laypublic? Should doctors also go to Journalism School?

As one of only 5 physicians who work with national network news, and one of 6 who work on syndicated daytime television, I have a decade of experience in medical media. As the only board-certified Ob-Gyn with a national multi-media platform, I have the unique opportunity to spotlight Women's Health issues in a way that brings attention both to this field of medicine and to our specialty, in a significant and powerful manner.

AAOGF/ABOG Scholar

"Placental Vascular Endothelial Growth Factor-A Regulates Embryonic Hematopoiesis"

Lydia Lee, MD, PhD
University of California, Los Angeles
Los Angeles, CA

Developmental hematopoiesis is essential for embryonic survival. Recent studies unveiled the placenta as an active organ for several programs of blood cell production, such as, generation and proliferation of hematopoietic stem cells and maturation of erythrocytes. Although a requirement for intact Vascular Endothelial Growth Factor-A (VEGF-A)/VEGFR2 signaling in hematopoiesis has been implied, developmental studies using in vivo mammalian models are limited due to the lethality of the VEGF heterozygous embryos. To overcome this huddle, Vasa-Cre and VEGFfl/wt mice were intercrossed and germline heterozygous mutants were obtained. Vascular remodeling in the yolk sac, placenta and embryo was severely impaired in the heterozygous concepti, which did not survive beyond 10.5 days of development. Surprisingly, although the yolk sac endothelium constitutes the obligate precursor for the early waves of blood cells, defective angiogenesis did not affect its hemogenic potential. On the other hand, hematopoietic activity was reduced in the placenta and the embryo, which are sites that procure the self-renewing, multipotent stem cells required to maintain the lifelong supply of all blood cell lineages. To define the sources of VEGF-A ligand that are critical for hematopoiesis, we

used complementary tissue-specific genetic models of VEGF-A inactivation. Deletion of both VEGF-A alleles from Tie2-expressing hemato-vascular cells generated mutants that were indistinguishable from their wild-type littermates, indicating that autocrine VEGF-A signaling is not required for survival. In contrast, deletion of even one VEGF-A allele specifically from the placental trophoblasts recapitulated phenotypes of germline mutants including embryonic lethality, suggesting that the trophoblasts constitute a vital source of VEGF-A during development. Therefore, the precise trophoblast cell types that produce VEGF-A were characterized. Given that VEGF-A acts locally in a paracrine fashion, future studies will focus on understanding the neighboring cells that compose the hematopoietic niches within the placenta.

AAOGF/SMFM Scholar

"Evaluating the Biochemical and Biomechanical Etiologies of Premature Cervical Remodeling"

Joy Vink, MD
Columbia University Medical Center
New York, NY

Spontaneous preterm birth (sPTB) involves complex interactions between maternal and/or fetal genetics, tissue properties and the local environment. Although the inciting factors leading to sPTB vary, the final pathway involves premature remodeling, softening, shortening and dilation of the cervix. In order to decrease the sPTB rate, it is imperative that we improve our understanding of normal and abnormal human cervical function in pregnancy. In this presentation, Dr. Vink will review recent discoveries that have dramatically expanded our knowledge of how human cervical tissue microstructure influences the biomechanical properties and function of the cervix in pregnancy. Dr. Vink will also present experience with new, innovative tools that will be vital to further understanding of how altered cervical tissue properties may lead to premature cervical remodeling. These models will enhance our goal of developing novel and effective interventions to prevent premature cervical remodeling and sPTB.

"The Human Microbiota and Pregnancy"

David A. Relman, MD
Stanford University
Stanford, CA

Recent advances in the study of the human microbiota and their collective genomes have highlighted the diversity of these communities, features of individuality, conserved as well as personalized predicted functional attributes, and the intimate relationship of these communities to host physiology. Despite the critical role of the human microbiota in health, our understanding of microbiota compositional dynamics during and after pregnancy is incomplete. We have conducted a case-control study of 49 pregnant women, 15 of whom delivered preterm. From 40 of these women, we analyzed bacterial taxonomic composition of 3,766 specimens collected prospectively and weekly during gestation, and monthly after delivery, from the vagina, distal gut, saliva, and tooth/gum. Among our findings, microbiota community taxonomic composition and diversity remained remarkably stable at all four body sites during pregnancy. Prevalence of a Lactobacillus-poor vaginal community state was inversely correlated with gestational age at delivery. Risk for preterm birth was more pronounced for subjects with vaginal communities of this type accompanied by elevated Gardnerella or Ureaplasma abundances. This finding was validated with a set of 246 vaginal specimens from nine women (four of whom delivered preterm). Most women experienced a post-delivery vaginal community disturbance, characterized by a decrease in Lactobacillus species and an increase in diverse anaerobes such as Peptoniphilus, Prevotella and

Anaerococcus species. This disturbance was unrelated to gestational age at delivery and persisted for up to one year. These findings have important implications for predicting premature labor, a major global health problem, and for understanding the potential impact of a persistent, altered post-partum microbiota on maternal health including outcomes of pregnancies following short inter-pregnancy intervals.

ABOG Maintenance of Certification Program Update

George Wendel, MD
American Board of Obstetrics and Gynecology
Dallas, TX

The American Board of Obstetrics and Gynecology (ABOG) implemented changes in the program for Maintenance of Certification (MOC) in 2015 to integrate the changes approved by the American Board of Medical Specialties (ABMS). Overall, the new MOC standards strive to increase flexibility, maintain relevance, minimize intrusion in practice, and integrate requirements with local activities.

The ABOG MOC program is a continuous certification process with a 6-year cycle. The four interrelated components of the program for MOC are:

1. Professionalism and Professional Standing
2. Lifelong Learning and Self-Assessment (LLSA)
3. Assessment of Knowledge, Judgment and Skills (MOC examination)
4. Improvement in Medical Practice

The ABOG MOC program has reduced the administrative workload to demonstrate professionalism and professional standing. The LLSA program has implemented processes to increase the quality of articles and self-assessment questions for the specialty and subspecialties. The secure MOC examination is completed every 6 years. Diplomates pick two 50-question selectives

relevant to their clinical practice, are allowed multiple attempts to pass the examination and receive feedback about gaps in knowledge. There are now a variety of opportunities to meet the Improvement in Medical Practice requirement through individual, group or organizational QI activities. The new flexible options will be described.

The ABOG is also involved in innovations in the MOC program. The Board of Directors has approved exploration of simulation in the certification process and in MOC. The ABMS has approved development of a Focused Practice Recognition program for Pediatric and Adolescent Gynecology. In 2016, the MOC program will offer a pilot integrating LLSA and the MOC examination. In the pilot, high performance on the LLLSA portion of MOC will qualify diplomates for exemption from the MOC examination.

The ABOG Endowed Lecture

"Mothers Who Kill Their Babies"

Phillip Resnick, MD
Case Western Reserve
Cleveland, OH

Obstetricians frequently care for mothers with postpartum depression and other psychiatric diagnoses. This session will address why some of these mothers kill their neonates and young children. The motives for killing newborns (neonaticide) will be distinguished from the killing of children older than 24 hours (filicide). Child murder will be divided into five categories: Altruistic, Acutely Psychotic, Unwanted Child, Child Maltreatment, and Spouse Revenge. Mothers who kill their children "out of love" may do so in an extended suicide or because they believe that their child is facing a fate worse than death, such as being taken into a child pornography ring. Among depressed mothers with children under 3 years old, 41% report thoughts of killing their children. Acutely psychotic mothers have no comprehensible motive. Child maltreatment filicide usually follows chronic child abuse and inadvertently results in the death of the child. Spouse revenge filicide is a deliberate effort to make the child's father suffer. Mothers who kill their newborns are more often unmarried and unlikely to be psychotic or suicidal. The most frequent motive for neonaticide is simply that the child is unwanted. Although illegitimacy has less social stigma today than a generation ago, it is still a common motive. Some teenagers have a particularly difficult time

telling their mothers that they are pregnant. Videotaped examples of altruistic filicide and neonaticide will serve as a basis for discussion.

"The Life Cycle of an ABOG Question"

Kenneth Noller, MD
American Board of Obstetrics and Gynecology
Dallas, TX

"How hard can it be to write a good multiple-choice question? I've done it for residents and students for years."

I well remember having that thought when I was first introduced to writing questions for the ABOG Basic Written certification test in the early 1990's. I was soon to find out how wrong I was. It requires great skill to write GOOD questions that perform well on a high stakes examination—and for OB-Gyn's there's no higher stakes test than the basic written. Over the years I've seen some physicians who can sit down and knock out several dynamite questions in an hour, while others struggle to write even one.

So how does ABOG develop a test in which every question is of good quality? Here's the process:

1. A subject matter expert (SME) writes and submits a question.
2. The question is edited for consistency with ABOG policy.
3. The Written Examination Committee reviews each question, and double checks the validity of the content.

4. The question is re-edited in Dallas for consistent terminology.
5. The question is field tested.
6. Question performance is reviewed by the psychometrician and SME's.
7. If the question performed well, it may become an operational question on the next test.

This year approximately 1000 questions will be reviewed by the SME Committee. Of those, 250 will be chosen for field testing, and perhaps 100 will survive to become "operational" questions—ie, questions that count on the next test.

ACOG Update

Hal Lawrence, MD
American College of Obstetricians and Gynecologists
Washington, DC

2015 has been an exciting year of change for the American College of Obstetricians and Gynecologists and our specialty. Within the first six months of 2015, ACOG welcomed Dr. Christopher Zahn to the team, wished Dr. Al Strunk a happy retirement, debuted a new member e-newsletter and Annual Meeting format and began to work on revamping our strategic plan. Not only that, but Congress repealed SGR and we advocated to reduce the maternity care shortage and testified on neonatal abstinence syndrome. I look forward to discussing Collaborative Practice and Team-Based Care, Levels of Maternal Care and ACOG's new strategic plan with you.

Panel Presentation: "Sexual Health/Chronic Pelvic Pain"

John Jarrell, MD, MSc, FRCSC
Sangeeta Senapati, MD;
Erin Carey, MD, MSCR

John Jarrell, MD, MSc, FRCSC
University of Calgary
Calgary, Alberta, Canada

"Evolutionary Considerations of Chronic Pelvic Pain"

Introduction

Pain can modify the nervous system. Pain sensitization occurs when a subject becomes more sensitive and has more pain with less provocation. Chronic pelvic pain is a very common affliction, usually a consequence of recurrent, persistent visceral disease. When the pain is severe and of long duration, pain sensitization emerges. The specific object was to observe pain sensitization from an evolutionary perspective.

Methods

184 women with chronic pain for more than 6 months agreed to provide clinical history and physical findings into a database for analysis. Data from multiple sources were collected to estimate the pattern of increasing menstrual function from hunter gatherers to present.

Results

The average woman is now estimated to have more than 400 menstrual cycles – a significantly evolved

increase. Severe pain with menstruation is estimated at 2-29%. Women in the chronic pain database had a higher rate of 78%. With sensitization, there is even greater pain experience than without sensitization, specifically dysmenorrhea (88.2% vs.59.6%, P<0.001) and continuous pain (72.0% vs. 36.7% P<0.001). Pregnancy loss prior to viability among women with (69%) and without (56%) pain sensitization exceeds reported rates of fetal loss in general.

Comment

There are several evolutionary considerations at work in this complex disorder. First, the shift to contraception and increasing menstrual function increases the risks of dysmenorrhea and subsequently chronic pelvic pain and ultimately pain sensitization – a truly maladaptive state due to trade-offs. A similar process may be affecting the greater rates of other common pain conditions in women such as dyspareunia. Secondly, the increased rate of pregnancy loss prior to viability suggests an extreme form of developmental origin of disease. These findings may have implications for early treatment of dysmenorrhea and prenatal counselling of women with pain sensitization due to chronic pelvic pain.

Sangeeta Senapati, MD
Northshore University Health System
Evanston, IL

"Effective Surgical Treatments for Chronic Pelvic Pain: A Discussion of the Evidence"

Chronic pelvic pain (CPP) is a common and perplexing clinical condition reported to afflict 15%-20% of women. It is the primary indication for an estimated 40% of diagnostic laparoscopies, 10% of hysterectomies, and accounts for 4 billion dollars in health care costs annually. CPP is commonly defined as noncyclic pain of at least 6 months duration, localized to the pelvis, anterior abdominal wall, at or below the umbilicus, lower back, and buttock that is severe enough to cause functional disability requiring medical care.

Despite the high prevalence, CPP is poorly understood and there are limited well-constructed studies guiding clinicians in the management of these challenging patients. CPP is complex and can be caused by multiple organ systems including reproductive, neurological, urologic, gastrointestinal, myofascial and even psychological factors. Evaluation and treatment of patients is assisted by a detailed history, physical, and radiographic workup. For those with severe disabling conditions, who fail or have a suboptimal response to medical management, surgical interventions can be offered for diagnostic evaluation and/or treatment.

Dysmenorrhea, adenomyosis, endometriosis, adnexal pathology, pelvic adhesions, and abdominal wall pathologies, are common conditions that may be approached surgically. Laparoscopy has been a modality

of diagnosis and treatment for many of these disorders. Surgical treatments range from conservative/fertility sparing therapies such as excision of endometriosis, adhesiolysis, ovarian cystectomy, and presacral neurectomy, to extirpative therapy with hysterectomy or removal of adnexal structures. Success of these therapies is often predicated on clear identification of a surgically modifiable source of pain (which often is only part of the complete picture for these patients). In many cases, perioperative adjuvant therapies such as hormonal medications or neuromodulators may aide in optimizing treatment outcomes. The objective of this session will be to review an evidence based approach to surgical treatment of selected chronic pelvic pain conditions.

Erin Carey, MD, MSCR
University of Kansas Medical Center
Kansas City, KS

"*Psychological Aspects of Chronic Pelvic Pain*"

Chronic pelvic pain affects approximately 15% of women in the United States every year and is associated with depression and decreased quality of life. The severity of pain can be affected by the psychological state of the woman, including increased pain perception in women with poor coping strategies. In addition to medical and surgical treatment of women with chronic pain, the addition of cognitive behavior therapy and self-management strategies are important parts of the pain management plan and may improve pain ratings. Mental and emotional treatments are a mainstay of the multi-modal therapy model currently utilized in most chronic pain conditions, however rarely applied in gynecological pain conditions. These comprehensive plans should be extended to chronic pelvic pain, cyclical pelvic pain and sexual pain disorders. The incorporation and application of pain psychology in pelvic pain disorders will be reviewed in this session.

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Kase, Nathan (Judith) . . . . . 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
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
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) . . . . . Coral Gables, 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
Siddiqi, Tariq A. (Sandra) . . . . . Cincinnati, OH
Smith, Julian P. (Lucy) . . . . . Frisco, TX
Spellacy, William N. (Elizabeth Clark, MD) . . . . . Sarasota, FL
Speroff, Leon (Sen) . . . . . Portland, OR
Stafl, Adolf (Jarmila) . . . . . Waukesha, WI
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

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
DeAngelis, Catherine.....Baltimore, MD
Diczfalusy, Egon (Ann)..... Ronninge, Sweden
Drife, James O. (Diana) .....Belmont Grove Leeds, United Kingdom
Holzgreve, Wolfgang (Brigitte).....Freiburg, Germany
James, Arthur..... Columbus, OH
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
Nathan, David.....Boston, MA
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
Wing, Rena.....Providence, RI
Wood, Alastair J. J. (Margaret).....New York, NY
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

Richard Carleton Boronow, MD
March 28, 2015

Richard Boronow was born in Appleton, Wisconsin on March 28, 1933. Dick attended high school in Appleton where he won the Craftsman Shield Award as the outstanding graduate in 1951. He was admitted to Northwestern University on a radio and television scholarship but he soon became interested in a career in medicine and transferred to a liberal arts major, graduating in 1955.

Dick then went on to study medicine at Northwestern where he was a member of Phi Kappa Epsilon honor society. Following graduation in 1959, he stayed in Chicago for an

internship at Cook County and a residency in Obstetrics and Gynecology at Evanston Hospital. He began to specialize in Gynecologic Oncology and went to Memorial Hospital in New York as a fellow to work with Drs. Hugh Barber and John Lewis. He then went to The MD Anderson Hospital in Houston to serve as a fellow with Felix Rutledge and Julian Smith. Dick was proud of the fact that he was one of very few Gynecologic Oncologists to have trained at both Memorial and MD Anderson.

After 2 years of practice with his mentor from Northwestern, Dr. David Danforth, Dick accepted a faculty appointment at the University of Mississippi, where he served as the Director of Gynecologic Oncology for 10 years. He was promoted to the rank of professor and served as acting chair of the department in 1976 and 1977. Although he continued his association with the department, in 1977 Dick joined Dr. Paul Seago in private practice in Jackson, Mississippi.

Throughout his career Dick Boronow was dedicated to his patients. He had a keen and inquiring mind and a great sense of humor. He loved to teach and was always eager to learn. He was a skilled surgeon who was constantly modifying this or that surgical technique to develop a better outcome or reduce a nagging complication. Together with Paul Morrow and Phil DiSaia, Dick was an early champion for lymphadenectomy in endometrial cancer – a management technique which is now routine.

Dick was a well-respected national and international leader and an enthusiastic member and contributor to many organizations and societies in both Gynecology and

Oncology including the American Gynecological Society. He was president and a founding member of both the Felix Rutledge Society and The Society of Memorial Gynecologic Oncologists. He also served as president of the Society of Gynecologic Oncologists, the Society of Pelvic Surgeons and the International Gynecologic Cancer Society.

Dick Boronow died at home in Ridgeland, Mississippi on March 28, 2015 of a cerebral vascular accident. He was 81. He is survived by his wife Kathryn and his children, Amy, Robert, Thomas and Joe. We will miss Dick's enthusiasm, intelligence, dry wit and his love and dedication to caring for women with cancer.

– Submitted by Howard W. Jones III, MD

In Memoriam

Frank C. Greiss Jr., MD
August 3, 2015

Frank C. Greiss, Jr., MD, the former chair of Obstetrics and Gynecology at Wake Forest School of Medicine, has passed away at his home in Mooresville, NC after a period of ill health. With the exception of his service in the United States Navy, Frank spent his entire professional career at the medical school. He came to the Department of Obstetrics and Gynecology as a resident in 1953 and joined the faculty in 1960. In 1972 he was appointed chair of the department and served in that role until his retirement in 1989. His accomplishments during his time on the faculty were remarkable. He was one of the very few chairs of Obstetrics and Gynecology in the country who served as the principal investigator of an NIH grant for over twenty years. His research included many seminal discoveries

on the control of uterine blood flow in an animal model (sheep) that have stood the test of time. He was the first to document the changes in uterine blood flow that occur in the periconception period and to establish the importance of estrogen as a mediator of uterine vasodilation at the time of conception and later during pregnancy. His work also showed for the first time that the uterine vascular bed in late pregnancy was fully dilated and responded passively to changes in blood pressure. What made Frank's work particularly unique was his use of cutting edge technology at the time that was developed at the medical school (the electromagnetic flow meter) to repeatedly measure volume flow to the uterus in the same animals throughout pregnancy in the absence of stress or anesthesia. This work formed the basis of our understanding of the uterine circulation. He was a skilled clinician and many of his research findings, contained in over 80 publications, were translated to direct effects in clinical obstetrics. This was long before the term translational research became popular.

He was also an excellent administrator. He grew a small department into one that had all the subspecialties of Obstetrics and Gynecology fully represented and attained national prominence. Over three decades ago he established one of the first Maternal Fetal Medicine fellowship programs in the United States at the medical school and this program is still training specialists in high risk obstetrics. He was instrumental in developing the consolidated Obstetrical Service at Forsyth Hospital which has served for decades as a model for the efficient delivery of high-quality care for pregnant women throughout the piedmont triad and adjacent regions. Frank served as a superb mentor for many residents, junior, and senior faculty. His personality

fostered an impressive sense of camaraderie within his department and his loyalty to the medical school was obvious to all who knew him. He received many awards during his career including the American Association of Obstetricians and Gynecologists Foundation Prize and the distinguished-service award from the NC Obstetrical and Gynecological Society. His research, mentoring and administrative skills all contributed to the prominent role he had in improving health care for women in North Carolina and the nation. He was truly one of the people who helped put the medical school on the national map in terms of research and clinical training. He will be missed by all who knew and worked with him.

– Submitted by James Rose, PhD

In Memoriam

Howard W. Jones Jr., MD
July 31, 2015

Howard Wilbur Jones Jr. died peacefully of respiratory failure at Sentara Hospital in Norfolk, Virginia on July 31, 2015. The pioneer of in vitro fertilization was 104 years old.

Howard Jones was born in Baltimore, Maryland on December 30, 1910. Interestingly, he was delivered at home by an obstetrician who would be the father of his wife, Georgeanna Seegar. After attending Friends School in Baltimore, he enrolled at Amherst College where he graduated in 1931 with a Bachelor of Arts degree (Cum Laude). He then returned to Baltimore where he attended Johns Hopkins Medical School, graduating in 1935. After

a residency in General Surgery he married Georgeanna Seegar in 1940. Theirs was a wonderful and loving family and professional partnership that lasted 65 years.

During World War II Howard joined the 5th Auxiliary Surgical Group. He was involved in the whole European theater.

Returning to Baltimore, he completed a residency in Gynecology at The Johns Hopkins Hospital under the mentorship of Dr. Richard TeLinde. He was then offered a faculty position at Hopkins where he became renowned as a skilled and innovative pelvic surgeon and teacher. He and his wife Georgeanna, who was the first Reproductive Endocrinologist at an academic program in the United States, were a formidable team in diagnosing and treating female infertility and reproductive problems.

After a long and very productive career as a surgeon, teacher and medical scientist at Johns Hopkins he and Georgeanna retired. But only temporarily… in 1978, when he was 68, they moved to Norfolk, Virginia joining Dr. Mason Andrews on the faculty at the new Eastern Virginia Medical School.

After much hard work and the contributions of many physicians and scientists at EVMS and others in the Norfolk community, Elizabeth Carr was born on December 28, 1981; She was the first successful IVF pregnancy in the United States. The Jones Institute for Reproductive Medicine at EVMS became the world leader in developing IVF technology and training young reproductive endocrinologists throughout the world. Although he

stopped seeing patients about 20 years ago, he continued to go in to his office nearly every day and attended clinical conferences and continued to work on ethical issues in reproduction. His last book, In Vitro Fertilization Comes to The United States, was published in December 2014.

Howard's energy and enthusiasm carried over to his personal life and he enjoyed time with his wife his family at home, on vacation trips and on their boat in the Chesapeake Bay. They traveled the world, sharing their expertise and learning new medical methods and exploring new cultures. Georgeanna died in 2005 after 65 years of marriage. Howard is survived by his daughter, Georgeanna Jones Klingensmith, a pediatric endocrinologist in Denver and two sons, Howard W. Jones III, a gynecologic oncologist in Nashville and Lawrence M. Jones, a financial analyst in Denver. He had 7 grandchildren and 14 great grandchildren.

He once said, "If I have a legacy, it's of someone who… did not have any qualms about proceeding with the unknown, because it was fun to do."

– Submitted by Howard W. Jones III, MD

In Memoriam

Harold A. Kaminetzky, MD
November 7, 2014

Dr. Harold A. Kaminetzky of Scotch Plains, NJ passed away on November 7, 2014 at the age of 91. He was born on September 6, 1923 in Chicago, IL.

Harold served in WWII as a hospital corpsman in the Navy and was in Okinawa at the end of the war. He graduated from the University of Illinois Medical School in 1950, completed residency at the Research and Education Hospitals of the University of Illinois in 1954. He was in private practice from 1954-1958 and then became a faculty member serving as Professor at the University of Illinois. In 1968 he joined the faculty of the New Jersey Medical School

as Chairman of Obstetrics and Gynecology, later serving as Acting Dean and Dean from 1972-1974.

Harold's research interests included experimental carcinogenesis of the cervix and in nutritional requirements during pregnancy. He was a member of the American Medical Association, the American College of Surgeons, the New York Academy of Medicine, the American Association of Obstetricians and Gynecologists, the American Gynecological Society, the Central Association of Obstetricians and Gynecologists, and the National Research Council.

Harold had a long standing service with the American College of Obstetricians and Gynecologists (ACOG) as Secretary, Commissioner of Education, Vice President, and then President. He was instrumental in moving the ACOG Headquarters from Chicago to Washington DC. He was also an active member of ACOG District III's Advisory Council.

Harold became full-time staff at ACOG from 1985–1994, serving as Vice President of the Division of Practice Activities. He encouraged Fellows to become knowledgeable about how national and state Government impacts women's health care, and he encouraged them to become activist proponents for patients, and the practice of obstetrics and gynecology. Harold helped to grow the Government Affairs department and the Ob-GynPAC. Even in retirement, he continued participating as a member of the Ob-GynPAC Governing Committee, urging Fellows to participate as PAC contributors in order to support and protect patients and the discipline of obstetrics and gynecology. In honor

of his dedication to this work, Harold was presented with the ACOG Lifetime Advocacy Award in 2012—the only recipient to date to receive this award.

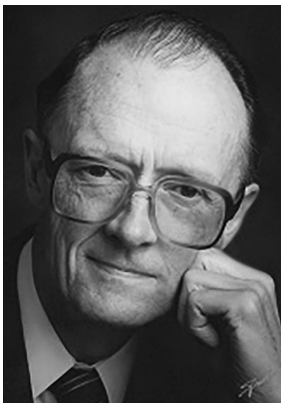
His lifetime of contributions to the specialty were also internationally recognized. He served as Editor-in-Chief of the International Journal of Gynecology and Obstetrics and as a member of the FIGO Executive Board. In 2008, the Harold A. Kaminetzky Prize Paper award was established to recognize the best article from a non-U.S. researcher each year. The recipient of the award receives $2,000.

Dr. Harold Kaminetzky is survived by his wife, Beverlee, 2 children and 4 grandchildren, including sons Keith (Judy) and Eric (Cathy), and grandchildren Leah and Alex from Bridgewater, NJ and Jake and Sam from Seattle, WA.

We will remember fondly Harold's dedication, guidance, and wonderful sense of humor and wit. He had a kind word for everyone he worked with and graciously shared his wisdom with anyone who asked. He was a gentleman's gentleman, a scholar's scholar, and an outstanding leader, mentor, colleague and friend.

– Submitted by Hal C. Lawrence III, MD, FACOG

In Memoriam



James A. Low, MD
February 15, 2015

It is with great sadness that we write about the passing of Dr. James A. Low, mentor, colleague and friend to many at Queen's University. Dr. Low passed away at home with family on February 15 in his 90th year.

Dr. Low came to Kingston, Ontario in 1965 to assume the position of Professor and Head of Obstetrics & Gynaecology, Queen's University and the Chief of Service at the Kingston General Hospital. During the twenty years as Head, he was instrumental in shaping the Queen's Department of Obstetrics & Gynaecology into one of the most respected academic clinical departments and one of

the most sought after postgraduate residency programs in the country. Furthermore, during his tenure as the Head, the department became recognized for academic excellence at the national and international levels in the areas of maternal-fetal medicine, urogynecology and gynecologic oncology. It was through the philosophy and ideals of Dr. Low that the department continues to flourish and remains to this day one of the country's more successful academic departments of obstetrics and gynaecology.

At various times during his career, Dr. Low served as Secretary/Treasurer, Vice President and President of the Association of Professors of Obstetrics and Gynaecology of Canada (APOG), Chair of the Specialty Committee for Obstetrics & Gynecology and Chair of the Manpower Committee for the Royal College of Physicians and Surgeons of Canada, Chair of the Postgraduate Manpower Committee of the Council of Ontario Faculties of Medicine, Chair of the Perinatal Medicine Committee for the Society of Obstetricians and Gynaecologists of Canada (SOGC) and member of the Editorial Board for the two most prestigious journals in our specialty; Obstetrics & Gynecology and the American Journal of Obstetrics & Gynecology.

From his first peer-reviewed publication in 1959 to finishing his last manuscript the week before he died, Dr. Low has had one of the most influential and productive careers as an academic obstetrician and gynecologist in Canada. He is recognized as a world-renowned expert in the fields of fetal asphyxia (with particular notable work in fetal acid-base balance and pioneer work in establishing cord pH in normal and abnormal deliveries) and cerebral palsy but also in the field of female urinary incontinence, in

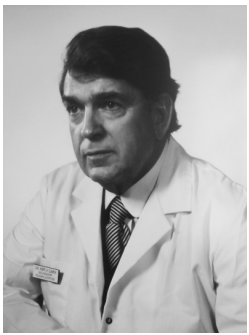
particular on the use of pubovaginal sling. With all of these achievements, Dr. Low always identified that his successes have been a part of his role with the Department at Queen's and has always promoted recognition of this university.

Following his retirement from clinical practice in the early 1990s, he embarked on a second career when he established and had been leading and promoting the Museum of Health Care at Kingston until recently.

Dr. Low has received many awards during his lengthy career including being named a Fellow of the Royal College of Obstetricians and Gynaecologists (United Kingdom), Queen's University Distinguished Service Award, Kingston First Capital Honourable Achievement Award, Queen Elizabeth Diamond Jubilee Medal and this year, just prior to his death, Dr. Low was invested into the Order of Canada, specifically for his work with the Museum of Health Care.

– Submitted by Marie-Andrée Harvey, MD, MSc

In Memoriam



Konald A. Prem, MD
January 25, 2015

Dr. Prem, best known as Konnie, passed away on January 25, 2015 at Lake Minnetonka Shores/ Presbyterian Homes in Spring Park, MN. He was 94 years of age. He is survived by his daughter Mary Kristen Francis; son Timothy (Laurie) Prem; 7 grandchildren, 2 great-grandchildren, and a niece. In high school, he was active in football.

Entering college in 1938, he left to serve in the National Guard from 1941 to 1946, at which time he returned and finished his premed work at St. John's University in St. Joseph, MN. After years of courtship, he and his beloved Phyllis Jean Edelbrock wed on June 14th, 1947. Konnie attended medical school at the University of Minnesota, did his residency at Minneapolis General Hospital, and

then completed his advanced education in obstetrics and gynecology at the University of Minnesota. After graduation, he stayed on the full time faculty, rising to the rank of Full Professor and served as Chairman of the Obstetrics and Gynecology Department from 1976 to 1984. In his 42 year tenure at the University of Minnesota he authored or co-authored 80 papers and seven books.

He was a notable figure in the field of gynecological oncology and a leader in developing techniques for radical pelvic cancer surgery. He was especially proud to have been among the first to be certified when Gynecological Oncology Board Certification began and was instrumental in starting the Obstetrics and Gynecology fellowship at the University of Minnesota Medical School. He was also very active in natural family planning.

Simultaneous to his medical career, he continued with the military and he was honorably discharged from the Pentagon in Washington, D.C. as a full Colonel. He was assigned as a Colonel to a large medical reserve unit at Fort Snelling in MN and was promoted to Brigadier General about 1980. Konnie retired from the military with 40 years commissioned service in 1982. Konnie enjoyed snow skiing, gardening, hunting, fishing, reading, and spending time with his family and friends.

– Submitted by Dan Landers, MD

In Memoriam

Hugh M. Shingleton, MD
October 12, 2014

Dr. Hugh M. Shingleton, born on October 11, 1931 in Stantonsburg, North Carolina, passed away peacefully on October 12, 2014, following a diagnosis of lymphoma. He was 83.

Dr. Shingleton attended Trinity College and Duke University, receiving his A.B. in 1954 and his M.D. in 1957. He completed his internship at Jefferson Medical College Hospital in 1958 and served as a Captain, USAF MC, Flight Surgeon at Webb AFB, Big Spring, TX from 1958 to 1960. He was an American Cancer Society Fellow from 1962 to 1963 and completed his residency in Obstetrics and Gynecology at North Carolina Memorial Hospital, Chapel Hill, NC in 1964. He served as Assistant Professor at University of North Carolina School of Medicine from 1964

to 1969 and completed a Special Postdoctoral Fellowship in Gynecologic Pathology (USPHS National Cancer Institute) at Columbia University College of Physicians and Surgeons in 1967.

Dr. Shingleton's career grew exponentially with his move to the University of Alabama at Birmingham (UAB), where he established the Division of Gynecologic Oncology and served as the Division's first Director from 1969 to 1985. He was appointed the J. Marion Sims Professor and Chairman of Obstetrics and Gynecology from 1985 to 1993. He was then recognized as the J. Marion Sims Professor and Chairman Emeritus at UAB in 1993.

Dr. Shingleton was a founding member of the Society of Gynecologic Oncology (SGO) serving as President in 1985. Additionally, he was a founding member of the Gynecologic Oncology Group (currently NRG Oncology) and the American Urogynecologic Society (formerly the Gynecologic Urology Society), acting as President in 1981. He was also a founding member of the American Society of Colposcopy and Cervical Pathology.

Dr. Shingleton served on the Editorial Board of Gynecologic Oncology from 1980 to 1991 and was an Associate Editor from 1982 to 1991. He sat on the American Board of Obstetrics and Gynecology, Subspecialty Board for Gynecologic Oncology from 1980 to 1987. He was appointed as a Fellow in the Royal Society of Medicine in 1992, and an Honorary Member of the Felix Rutledge Society in 1992.

He also held important leadership positions and

memberships in American Cancer Society, National Conference on Gynecologic Cancer, Gynecologic Cancer Committee. His tireless involvement in the American College of Surgeons included his service to the Commission on Cancer from 1985 to 1994 and representation of SGO as a Governor from 1986 to 1992.

Throughout his academic career, Dr. Shingleton was passionate about improving women's cancer care. He was instrumental in developing a comprehensive understanding of the diagnosis and management of cervical cancer. His cervical cancer textbooks were seminal contributions to literature in the 1990s, used by countless gynecologic oncology trainees. He published 165 peer-reviewed articles, authored or edited nine textbooks and contributed 23 chapters to other textbooks.

Dr. Shingleton was also an excellent educator. He had a gift of motivating people; he simply asked them to do whatever was needed to be done. He sharply focused his time and energy with his colleagues, devoting 75% to an individual's strengths and 25% to their potential for growth and change. He loved to work with overachievers, those who might not have tremendous talent but who had enormous desire. He had the ability to surround himself with "doers" and nudge or push them to extraordinary accomplishments.

His belief and support of his students, residents and fellows form the foundation of his legacy, which includes an outstanding Division of Gynecologic Oncology at UAB and four SGO Presidents, two SGO Vice Presidents, numerous SGO Council members, an ACS President and numerous

ABOG leaders among his trainees. He led by example and his skill as a pelvic surgeon and his "no-nonsense" dedication to academic excellence remains a source of inspiration to all within our specialty.

When outside the hospital walls, it was evident to all that his family was the most important part of his life, and he adored his wife Lucy; his children Grant, Jeanne and Patrick; and his grandchildren Will, Bowman, Mary Claire, Virginia and Julia.

Dr. Shingleton never believed he accomplished much. The evidence would suggest nothing could be further from the truth. He was one of those individuals who made a major difference in many lives. Literally hundreds of thousands of women in the U.S. and abroad have benefitted from and remain deeply indebted to care provided by Dr. Shingleton or his trainees. He was more than an accomplished mentor and more than a skilled colleague. He was the ultimate professional, an admired and respected friend and will be missed by all who had the honor and privilege of knowing him.

– Submitted by James W. Orr Jr., MD and Ronald D. Alvarez, MD

In Memoriam

Morton A. Stenchever, MD
January 21, 2015

Morton Stenchever was born January 25, 1931 in Patterson, New Jersey and died unexpectedly and peacefully in his sleep just short of his 84th birthday at his home on January 21, 2015 on Mercer Island, outside of Seattle. At the age of 16, he started at New York University and graduated in 1951. He graduated from the University of Buffalo Medical School in 1956. After residency there, and Air Force service in Montana, Dr. Stenchever joined the faculty at Case Western Reserve University until 1970. He then was appointed Chair the University of Utah where he served for 7 years. Dr. Stenchever joined the University of Washington (UW) in 1977 where he was the UW Chair of Obstetrics and Gynecology for 19 years. Over that time, he ably oversaw the introduction of subspecialist into Obstetrics and Gynecology. The UW Department thrived under his leadership.

During his career, Dr. Stenchever authored over 100 peer-reviewed manuscripts on a wide variety of subjects. Although one of his primary interests remained genetics, he continued to publish on obstetrics, general gynecology, office gynecology and sexual function topics. He along with his three friends, Drs. Droegemueller, Herbst and Mishell authored 4 editions of Comprehensive Gynecology, a leading text for residents and medical students. Dr. Stenchever was the author of many other text, including Office Gynecology. He took great interest in teaching and he was particularly proud of his teaching abilities. Dr. Stenchever was especially fond of medical student and resident teaching.

His prolific reading, sharp intellect and excellent writing skills took him in many directions and to many positions. He was the ACOG editor of Clinical Update in Women's Health Care and the ACOG Clinical Reviews. He helped formulate the subspecialty of Female Pelvic Medicine and Reconstructive Surgery for the ABOG. Even after retiring as Chair, Dr. Stenchever remained active in ACOG, ABOG, AGC and AGOS. In all of these groups, he continued to maintain a large number of life-long friends.

Dr. Stenchever also was rightfully proud of his patient care abilities. His friendly, kind and warm manner was felt by his patients who not only received the benefit of his astute medical care but realized that they were cared for by a great mensch who deeply cared for them as a person. His patients received the full benefit of his warm interest in them while they were receiving superb medical and surgical care.

Many members of all these organizations shared time with Mort and his wife of 40 years, Diane and their interest

in animals and travel. Diane tragically died of breast cancer in 1999. He and Diane raised three sons who, in turn gave them 8 grandchildren. Mort provided special attention to every individual in his family. He was particularly fond and proud of each of his grandchildren. Mort then was fortunate to have met Luba and they have been married for the past 13 years in a wonderfully loving relationship. Mort and Luba were involved in his continued medical work, but they also extensively traveled throughout the world over this time. Mort is being missed by all of us.

– Submitted by David Eschenbach, MD

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