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Putting new Pap test guidelines into practice

Patients need more info, explanations about options



ew cervical cancer screening recommendations present a challenge to ob-gyns—understanding, implementing, and perhaps most daunting of all—explaining them to patients.

Patient education extremely important

“Physicians need to make it very clear to patients that cervical cancer screening and regular preventive health visits are separate issues,” stresses gynecologic oncologist Carolyn Runowicz, MD.

“Every woman needs a routine pelvic exam as appropriate for her age and reproductive needs—a young woman on oral contraception with three negative Pap tests still needs to be seen regularly regarding her contraceptive needs, and a woman over 40 needs cancer prevention and lifestyle counseling.”

Patients need both written and verbal explanations, suggests Anne O’Meara, MD, a member of ACOG’s Committee on Patient Education. “Patients have a poor understanding of what dysplasia is, the difference between a screening test and a diagnostic test, and the options for treatment. I also recommend more education about the role of HPV.”

January is

Cervical Cancer Screening Month

HPV testing not fully understood

The use of HPV testing as a follow-up to a questionable Pap result has also been an area of confusion for some physicians. In a 2002 survey of ACOG Fellows, many physicians stated that they would use HPV testing for LSIL or AGC test results, indications for which it is not appropriate.

Dr. O’Meara, who is a gynecologic oncologist, confirms that she is observing inappropriate use of HPV for LSIL or even HSIL Pap test results. “I see practitioners ‘re-Papping’ women who have had LSIL rather than performing colpo, or sending an HPV on someone for whom they are performing colpo. Both are incorrect. It should be emphasized that the HPV test should be for triaging ASC-US patients to either routine annual follow-up or colpo.”

New recommendations offer more options

ACOG’s August 2003 Practice Bulletin recommends annual cervical cancer screening until age 30; women over 30 who have had three consecutive negative tests may extend the interval

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New Green Journal website offers exceptional online services

How would you like to receive an email notifying you when a new article in the Green Journal covers a topic you specify, let’s say LEEP, or maybe PID?

Would you like an email notice any time the *New England Journal of Medicine* or the *British Medical Journal* publishes an article on tamoxifen use?

Or maybe you want to know whenever your old pal from residency publishes a new paper—in any of hundreds of journals!

A new website for *Obstetrics & Gynecology* offers these features and much more for ACOG members and subscribers.

Green Journal has new publisher

Beginning with the January 2004 issue, the Green Journal is being published by Lippincott, Williams & Wilkins. The journal editor, James R. Scott, MD, comments, “The change in publishers offers tremendous opportunities to expand our readership and improve

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Be sure to give flu shots to pregnant women; severe flu cases reported



In late November the health department in Dallas County, TX, reported that 50 pregnant women were hospitalized with influenza. This unfortunate outbreak serves as a reminder for all of us that flu shots are an important element of prenatal care during the flu season—October through mid-May.

Some of the flu cases reported have had unusual presenting symptoms of tachycardia (170+ per minute). In some cases, traditional flu symptoms of fever, headache, sore throat, and dry cough were not present initially.

It's not too late for flu shots

ACOG supports the recommendations of the CDC to offer immunization to all pregnant women who will be in their second or third trimester of pregnancy during the flu season. Administration of flu vaccine is considered safe at any stage of pregnancy.

Please note that it is not too late to immunize patients for this year's flu season; a flu shot now could save a life. Flu vaccine should continue to be offered throughout the flu season as long as vaccine supplies are available, even after flu activity has been documented in the community. Adults develop peak antibody protection against flu infection two weeks after vaccination.

Immunizing pregnant women also confers protection to their babies, an important consideration because infants aged 0–6 months cannot be immunized for flu.

Antiviral agents are available as an adjunct to flu vaccine. For information about these agents see ACOG's website or the CDC's website at www.cdc.gov/mmwv/previews/manrhtml/rr5208al.htm.

I urge all members with pregnant patients to offer flu immunization. ♀

Stanley Zinberg, MD, MS, FACOG
Vice President, Practice Activities

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- ▶ ACOG Committee Opinion #282 *Immunization During Pregnancy* (January 2003)
- ▶ *Guidelines for Perinatal Care*, 5th ed. (AA156: order online at sales.acog.com or by calling 800-762-2264, ext 882, or 304-725-8410, ext 339)
- ▶ www.cdc.gov/ncidod/diseases/flu/fluivirus.htm
- ▶ www.cdc.gov/nip/Flu/default.htm



▲ Dr. Shaw

FIGO chooses ACOG Fellow as president elect

More than 6,000 ob-gyns from around the world attended the 2003 FIGO Congress in Santiago, Chile, in November.

British Columbia Fellow Dorothy Shaw, MD, was elected president-elect for 2003–06. A Fellow of ACOG as well as a member of the Society of Obstetricians and Gynaecologists of Canada, Dr. Shaw is associate dean of equity and a clinical professor in ob-gyn and medical genetics at the University of British Columbia in Vancouver.

Dr. Shaw is an SOGC past president and the first woman ever to be elected as an officer of FIGO's Executive Board.

The following are other officers elected at the FIGO Congress for the 2003–06 term:

| | |
|---|------------------------|
| Prof. Sabaratnam Arulkumaran (United Kingdom) | Secretary-General |
| Dr. Luis Cabero-Roura (Spain) | Secretary |
| Assoc. Prof. Jerker Liljestrand (Sweden) | Treasurer |
| Dr. Amaldo Acosta (Paraguay) | President (re-elected) |

The triannual FIGO Congress will be held in Kuala Lumpur, Malaysia, in 2006 and in South Africa in 2009. ♀



▲ ACOG delegates at the FIGO Congress in Santiago, from left: Luis B Curet, MD; Harold A. Kaminetzky, MD; and Joanna M. Cain, MD. Also representing ACOG were Anne F. Foster-Rosales, MD, and Carlos Alberto Medina, MD.

“No-frills” postgraduate course a success

ACOG’s first-ever “no-frills” postgraduate course, a November presentation on urogynecology, was a resounding success. ACOG developed the new format in response to requests from members, according to vice president for education, Sterling B. Williams, MD.

“When I take a postgraduate course, I want to learn efficiently, not go on vacation,” confirms Connecticut Fellow Hank Nusbaum, MD, a participant at the Chicago course. “I have a two-year-old, so travel is problematic. But it’s not too bad to get away for a quick weekend.”



▲ Sandra Culbertson, MD, explains how to use a urodynamics device to a course participant.

“... attendees are not on vacation and don’t want to be.”

New format offers easy travel, minimal time away from home

Dr. Nusbaum is just the sort of Fellow the no-frills course was designed for. The no-frills course minimizes the time spent away from home, offering 12 hours of CME credit in a fast-paced, comprehensive format. Venues are chosen to be convenient to

airports, so registrants can fly in and fly out.

The urogynecology course took place at the Chicago O’Hare Hilton, which is actually connected to O’Hare airport.

“These courses are cheaper, are more efficient, and take minimal time away from work and family,” notes faculty member Cheryl B. Iglesia, MD, of Washington Hospital Center in Washington, DC. “If individuals want to combine CME with R&R, the no-frills locations are not the first choice,” adds Dr. Iglesia. “There’s no beach, no museums, no theme park, but attendees are not on vacation and don’t want to be.”

Adds course director Dee E. Fenner, MD, of the University of Michigan in Ann Arbor, “The attendees really liked being able to go to a course without missing office hours. They also liked being able to walk from the airport to the hotel without going outside or needing a cab. It was a busy two days for the faculty, and the course required very focused lectures, but the attendees were very happy with the course design.”

ACOG plans more no-frills courses

ACOG will continue to offer courses in the no-frills format in addition to its more relaxed venues, which are intended to offer time for recreation and family vacation.

“I will definitely attend future relevant courses,” says Dr. Nusbaum. “It was an excellent format and the location was great. I was able to leave the lectures on Sunday and be at the ticket counter five minutes later and actually on the plane 55 minutes after that. No worry about traffic. I was almost home.” ♀

New slate of ACOG officers selected

The Committee on Nominations met on Nov 15, 2003, and selected the following slate of national officers for 2004–05:

President Elect Michael T. Mennuti, MD (District III)
Vice President Douglas H. Kirkpatrick, MD (District VIII)
Secretary James N. Martin Jr, MD (District VII)
Assistant Secretary Richard P. Green, MD (District IV)
Fellow-at-Large Erin E. Tracy, MD, MPH (District I)

ACOG Today will publish a profile of each nominee in the March issue, along with the official notice of ACOG’s May 3, 2004, Annual Business Meeting in Philadelphia, where the slate will be voted on. New officers will take office at the post-ACM board meeting on May 6, 2004.

Profiles of the nominees are currently posted on ACOG’s website at www.acog.org. ♀

Dr. John Musich elected Junior Fellow advisor



▲ Dr. Musich

Please welcome District V Chair John R. Musich, MD, the new national advisor to the Junior Fellow College Advisory Council! Dr. Musich will serve for a one-year term, succeeding James N. Martin Jr, MD, of District VII.

The JFCAC national advisor serves as the voice of experience for the JFCAC and guides the Junior Fellow officers as they deal with the issues important to residents and young physicians. He also helps communicate Junior Fellow issues and priorities to the Executive Board, and vice-versa.

In addition to his leadership roles in ACOG, Dr. Musich has been active in CREOG and was the CREOG chair from 1999 to 2002. He has also been an oral examiner for the American Board of Obstetrics and Gynecology.

Dr. Musich is the ob-gyn department chair and residency and medical student program director at William Beaumont Hospital, Royal Oak, MI. In addition, he is the corporate director of medical education for Beaumont Hospitals and a clinical professor of ob-gyn at the University of

Michigan and at Wayne State University. He received his medical degree at the University of Minnesota and completed his residency at the University of Michigan in Ann Arbor. ♀

Financial HELP is available

Did you know that financial assistance is available to residents in training? To qualify for a low-interest loan from ACOG, applicants must have completed their first year of ob-gyn residency or be enrolled in an approved fellowship program.

The maximum loan amount is \$6,000, available at 6% interest. Loan payments do not begin until one year after completion of training.

Applications are reviewed twice a year. The spring deadline is March 1; recipients will be notified by April 1. The fall application deadline is October 1, with notification by November 1. ♀



▶ Tonya Smith at 800-673-8444 or 202-863-2595; email tsmith@acog.org

Panama residency programs receive first site visits in new accreditation process

Site visit at the Manuel Guerrero Hospital in Colon, Panama



▲ Third-year residents.

The Committee on Accreditation of FECASOG-ACOG, known as CAFA, recently began conducting site visits of ob-gyn residency programs in Central America. By the end of 2004, CAFA will have visited all 17 ob-gyn programs in six Central American countries. Jose Ruben Lopez Canales, MD, of Honduras, led the site visit team for all of the Panama programs.

The site visits are part of a two-pronged effort, which includes development of a certification examination for graduating residents and a review process for residency accreditation. ♀



◀ L to R:

- Paulino Vigil De Gracia, MD, of Panama, coordinator of the Panama site visits;
- Luis B. Curet, MD, of the US;
- Jose Ruben Lopez Canales, MD, of Honduras;
- Sterling B. Williams, MD, ACOG vice president for education; and
- Samuel Delgado Dimante, MD, chief of the ob-gyn department at Manuel Guerrero Hospital.

RRC pleased with work-hour compliance, concerned about resident attrition



By Maria Manriquez Gilpin, MD
Junior Fellow Representative to
the Residency Review Committee

Ob-gyn programs' transition to new work-hour limits successful

The RRC has found that most residency programs had duty-hour schedules that conformed with the new ACGME rules even before compliance with work-hour limits was required. Programs that were not in compliance have changed to meet the requirements.

Because it fully supports the new duty hours, the RRC has declined most of the requests for a 10% increase in hours, the maximum exception allowed in the new requirements.

Much discussion is being focused on ways to maintain good training experience in light of the restriction on hours, such as using laparoscopic trainers and creating schedules that make surgery time a priority.

The RRC is reexamining its dictum regarding primary care. The training in primary care for women is an essential, but the RRC is considering being more flexible regarding the time spent in primary care training, as long as it can be demonstrated that the residents are well trained in this area.

Residents urged to input procedure data without delay

The RRC hopes that residents will input their procedure data in "real time" rather than waiting to log in every week or month. Although not all training locations have immediate access available for residents, the information can be entered from home or from any PC with Internet access.

If any resident is experiencing difficulty with this system and wants this information shared with the RRC, I welcome comments.

RRC has new members, new chair

Dr. Roy T. Nakayama of the University of Hawaii was elected RRC chair, and Dr. Howard A. Blanchette of Yale is the new vice chair. New members to the committee are Dr. Larry C. Gilstrap III of the University of Texas and Dr. Fritz Apollon of Sinai Medical Center of Baltimore. The committee elected Dr. Erica E. Marsh of Brigham & Women's Hospital the new Junior Fellow representative to the RRC. She will attend the January RRC meeting as an orientation, and I leave the RRC after that meeting.

Attention, residents who have changed programs or specialties

Resident attrition is still a major concern for our discipline, and I am working with the RRC to obtain information that will help to address this problem. I would again like to invite residents who have left one program or specialty for another to contact me.

The resident is the crucial element in understanding how we can reduce attrition. I participated in a panel presentation on resident attrition at the CREOG retreat in August. The members of this panel and I will conduct a prospective analysis of resident attrition. I welcome all program directors interested in participating to contact me. ♀



▶ mmgilpin@yahoo.com

district 1 annual meeting > Rome and Taormina, Sicily

Patricia M. Miller, MD, and ▶
J. Douglas Nisbet II, MD.



▲ L to R: Kathleen Fitzgerald, MD,
Patrick J. Sweeney, MD; and
Kathleen C. Bowling, MD.



▲ Michael R. Tesoro, MD,
and Maureen Tesoro.

◀ L to R: Helen DeFrancesco,
Mark S. DeFrancesco, MD;
J. Douglas Nisbet II, MD;
and Debbie Nisbet.

Ob-gyns sought for Afghanistan teaching project

After years of civil war, Afghanistan's health care system is in tatters; 40% of deaths among women of childbearing age are caused by preventable complications related to childbirth.

A maternal and child health teaching center and clinic has been established at Rabia Balkhi Hospital in Kabul by the US Department of Health and Human Services, which is recruiting ob-gyns for three- to six-month rotations to provide training to physicians, nurses, midwives, and other hospital staff.

The HHS announcement states, "Volunteering in Afghanistan is not easy. Conditions in the country are still quite primitive, and the security situation is precarious. Every effort is made to ensure that volunteers are housed in secure locations."

A time commitment of at least two months overseas is required, with preference given to those available for longer postings. Participants receive \$500 a month in cash for daily expenses, and a monthly stipend of \$2,500, which is deposited stateside, because Afghanistan has a cash-only economy. All accommodations (housing including cooking and laundry, security, transportation including a driver, translators) will be provided by International Medical Corps. ♀

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▶ Phillip Chan in the HHS Office of Asia and the Pacific: pchan@osophs.dhhs.gov; 301-443-2360

Topics for assessment invited

Federal program evaluates chemicals that could hurt reproduction

A little-known center assesses chemicals that could harm human reproduction or development and makes its scientifically rigorous, independent evaluations available free to the public. The Center for the Evaluation of Risks to Human Reproduction was created in 1998 by the National Toxicology Program, which involves NIH, the FDA, and the Environmental Protection Agency.

In 2003 CERHR completed reports on ethylene glycol and propylene glycol, chemicals used in antifreeze and in de-icing processes. The center also sponsored a workshop on the reproductive health effects of chemicals that are toxic to the thyroid, in light of recent data on the importance of maternal thyroid function in the development of the fetal brain.

Fluoxetine (Prozac), acrylamide being assessed

Fellow Anthony R. Scialli, MD, of Sciences International, Inc, coordinates activities of the center's expert panels, which are now evaluating the antidepressant fluoxetine and

acrylamide. "Many women of childbearing age are given fluoxetine for depression or for premenstrual symptoms," explains Dr. Scialli. "The potential for exposure during pregnancy is enormous."

Acrylamide is used in the production of polyacrylamide, which in turn is used in water treatment, pulp and paper production, and mineral processing. Polyacrylamide finds its way into dyes, adhesives, contact lenses, soil conditioners, and permanent press fabrics. "Acrylamide is also important because of its presence in starchy foods cooked at high temperatures, such as french fries and potato chips," Dr. Scialli adds. ♀

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▶ To read the panel reports or to nominate a chemical for evaluation, go to www.cerhr.niehs.nih.gov

district II annual meeting > Manhattan



▲ First row L to R: Sonya Abdel-Razeq, MD; Ena Marsan, MD; Caroline Stella, MD; Cynthia Gyamfi, MD; Wanjiku Kabiru, MD; and Pierre Eugene, MD.

Second row L to R: LaSonya Roberts, MD; Myron Gordon, MD; Larry Rand, MD; Mary Jo Iheanacho, MD; Leah Kaufman, MD; Einat Manor, MD; and Ralph W. Hale, MD.



▲ L to R: John T. Queenan Jr, MD; Phil Fileri, JD; James R. Woods Jr, MD; Elizabeth D. Warner, MD; David L. Ganell, MD; and Dianne M. Edgar, MD.



◀ L to R: Richard H. Schwarz, MD; Richard N. Waldman, MD; and Magdy S. Mikhail, MD.

Congress to debate plight of the uninsured

In 2003, two top priorities of the physician community—medical liability reform and a Medicare prescription drug and reform bill—dominated the health issues addressed by Congress. In 2004, the plight of the uninsured is likely to receive considerable attention.

The number of uninsured Americans is rising (42 million in 2002), and there is increased pressure on doctors and hospitals to provide care to this growing group. Even the employed are being pushed onto the uninsured rolls, as employers and employees are also feeling the pinch of higher health care premiums.

With such a scenario, congressional leaders and the president are exploring solutions, and all of the Democratic presidential candidates have offered proposals to help the uninsured, setting the stage for strong rhetoric on all sides during this election year.

The Hill to hold hearings

ACOG has learned that both the House and the Senate will hold hearings on the uninsured issue beginning in early 2004.

On the House side, in addition to the broad issue of the uninsured, efforts may focus on Medicaid reform, including the role of the federal government in providing aid to states.

In the Senate, Judd Gregg (R-NH)—chair of the Health, Education, Labor and Pensions Committee—expects his committee to examine the uninsured controversy throughout the coming months.

A likely component of any reform proposal will be tax credits. President Bush supports this approach, as do many Republicans, who control the House and Senate.

ACOG supports MaternaCare

ACOG has long taken a leadership role on the uninsured, and in the early 1990s developed MaternaCare, a bill to achieve universal access to maternity care. MaternaCare ensures that “all women have access to a full range of pregnancy-related services, including family planning and infant care.”

Although ACOG’s proposal applies to only one segment of the uninsured population, with the current budget constraints and a poor federal fiscal outlook, a more incremental approach such as MaternaCare may actually stand a better chance of enactment than far-reaching approaches, according to Lucia DiVenere, director of ACOG’s Office of Government Relations.

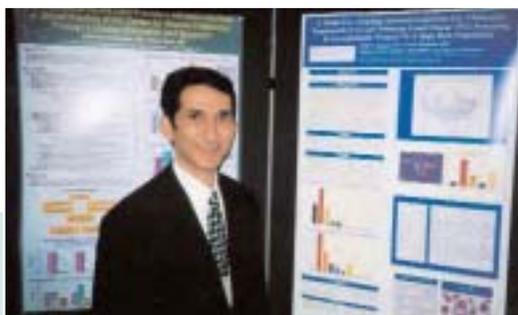
Outlook for 2004

Congress undoubtedly feels pressure to respond to the increasing number of uninsured Americans. Whether Congress ultimately can pass legislation on this issue during an election year remains to be seen. Throughout the year, ACOG intends to continue its strong advocacy on this important issue. ♀

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- ▶ www.acog.org: click on “Health Care for Underserved Women” for facts about the uninsured

ACOG supports Cover the Uninsured Week: May 10–16, 2004.
Go to www.covertheuninsured.org for more information.



▲ Emad A. Hashemi, MD, winner of the Phillip Williams prize for best Junior Fellow paper.



◀ L to R: Anna Marie B. D'Amico, MD; Gregory W. DeMeo, MD; and Estelle H. Whitney, MD.

district III annual meeting > London



▲ Michael T. Mennuti, MD, teaches a session on cystic fibrosis screening.

ACOG Fellow Nawal Nour receives \$500,000 “genius grant” from MacArthur Foundation

Photo by Justin Ide, Harvard University.



▲ Dr. Nour

“As a child living in Sudan, I listened to my classmates describing their circumcisions and I developed early on a desire to change things.”

Nawal M. Nour, MD, MPH, was one of 24 individuals named in October 2003 to receive a MacArthur Foundation Fellowship, a \$500,000 award known as a “genius grant,” given with no strings attached. The award is not granted for past accomplishment, according to the foundation, but is “an investment in a person’s originality, insight, and potential.”

Dr. Nour served on ACOG’s Task Force on Female Circumcision/Female Genital Mutilation and was instrumental in producing the College’s slide lecture kit, *Female Circumcision/Female Genital Mutilation: Clinical Guidelines for Circumcised Women*. “This recognition by the MacArthur Foundation is so rightly placed,” comments Luella Klein, MD, ACOG vice president for women’s health issues. “Nawal is one of those people who stand out as extraordinary—someone you are glad you had the opportunity to know. We are so proud of her.”

Dr. Nour was recognized for her work in providing medical care to African immigrants and refugees who have undergone female circumcision. She is the founder and director of the African Women’s Health Center at Brigham and Women’s Hospital in Boston, the only clinic of its kind in the US. Dr. Nour travels the country teaching two-day reproductive health workshops to educate African women and their providers on the medical and cultural issues surrounding female circumcision.

“I have lived with this issue my entire life,” notes Dr. Nour, who was born to a Sudanese father and American mother. “As a child living in Sudan, I listened to my class-

mates describing their circumcisions and I developed early on a desire to change things. When I became a doctor, I realized that many of my American colleagues didn’t know how to treat circumcised women and they needed help in knowing how to talk to these women, many of whom don’t see themselves as mutilated.”

Dr. Nour moved to the US when she was 18 and received a BA from Brown University. She attended medical school and completed her residency at Harvard Medical School, where she also received a Master’s of Public Health.

Dr. Nour plans to use her award money to continue helping African women who have undergone circumcision. “I’d like to do more international work, to collaborate with medical institutions in Africa, as well as expand the program here.” ♀

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- ▶ The slide-lecture kit on female circumcision can be ordered online at sales.acog.org or by calling 800-762-2264, ext 882, or 304-725-8410, ext 339

Support

Clinical Trial Recruitment

See story on page 9.

district IV annual meeting > San Juan, Puerto Rico



▲ L to R: Richard P. Green, MD; Susana Schwarz, MD; and Fidel S. Santos, MD.

Ramon A. Suarez, MD, presents a plaque to ▶ James L. Breen, MD, who delivered the first A. Cullen Richardson Memorial Lecture.



L to R: ▶

Melissa M. Halbach, MD, and Shelly W. Holmstrom, MD.



▲ James T. Al-Hussaini, MD, and family.

Pregnant patients sought for NICHD fetal spina bifida study

The Management of Myelomeningocele Study (MOMS), a five-year randomized, controlled trial, will compare the safety and efficacy of prenatal and postnatal closure of open neural tube defects.

Patients can begin the evaluation process for enrollment as soon as the diagnosis is made. Prenatal surgery is done between the beginning of the 19th week through the end of the 25th week. For the initial evaluation, the program manager, Catherine Shaer, MD, explains the trial and reviews patients' medical records for basic inclusion and exclusion criteria. Those who meet the basic entry criteria and want to participate are referred to one of the three study sites for more in-depth evaluation:

- ▶ Children's Hospital of Philadelphia
- ▶ Vanderbilt University Medical Center (Nashville, TN)
- ▶ University of California at San Francisco

These sites are where the prenatal surgery is done and where the baby is evaluated in follow-up at 12 and 30 months.

The study covers costs for the surgery and for travel expenses of the patient and a support person for all of the visits. ♀

Eligibility Criteria

- ▶ Myelomeningocele defect must start between T1 and S1 (may extend below S1)
- ▶ Fetus must have Chiari II malformation
- ▶ Maternal age 18 or older
- ▶ Fetus must have normal karyotype and no abnormalities unrelated to myelomeningocele
- ▶ No contraindications to surgery or general anesthesia in mother
- ▶ Mother must be a US resident (citizenship not required)

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- ▶ www.spinabifidamoms.com; Catherine Shaer, MD, at 866-275-6667 (toll free)

“Stop Family Violence” fundraising stamp issued



In November the US Postal Service began selling a new stamp that will raise money for domestic violence programs. The new first-class stamp costs 45 cents, 8 cents more than the current first-class rate of 37 cents. The difference is tax deductible to stamp buyers as a charitable contribution.

In a fund-raising concept like the one used for the breast cancer research stamp, funds raised in connection

with sales of the “Stop Family Violence” stamp, net of the Postal Service's costs, will go to the domestic violence programs supported by the US Department of Health and Human Services.

Sen. Ben Nighthorse Campbell (R-CO) introduced the provision for the stamp in the postal appropriations act.

The art chosen for the stamp is a child's drawing. ♀

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- You can purchase the stamps: ▶ At your post office
▶ By calling 800-782-6724 ▶ Online at www.usps.com/shop

district V annual meeting > Dearborn, MI



▲ Robert J. Sokol, MD, Wayne State Distinguished Professor of Ob-Gyn, teaching a session on obesity, and . . .



▲ . . . Bob Sokol, the go-cart speedster.



◀ Junior Fellow Jory M. Burroughs, MD, ready to roll in the go-cart race.

▼ Elise D. Fischer, MD, comments, “They are crazy drivers.”



◀ The go-cart teams—Junior Fellows against the Fellows—pose before the big race.



But wait, there's more!

As a journal published by Lippincott, Williams & Wilkins, *Obstetrics & Gynecology* is now included in the largest online database of medical journals, Ovid Technologies.

The Ovid database, containing more than 900 medical journals, is subscribed to mostly by libraries and institutions. It offers searchable text, including every word, graphic, and caption, and the ability to browse content by journal and by subject.

ACOG members now have access to selected journals in Ovid, accessible through the member side of ACOG's website under "Online Resources." Members also have full-text access to other Ovid databases, including Allied and Complementary Medicine, Medline, and Biomedical Journals@Ovid I and II, which contain an extensive, highly clinical collection.

ACOG members also receive a 10% discount on LWW medical publications, such as *The Washington Manual*, *Novak's Gynecology*, and *The Obstetric Manual*. ♀

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- ▶ www.lww.com
- ▶ www.ovid.com

many aspects of online access to the journal. For most readers and authors, the change will be transparent, because our editorial and peer-review processes are not changing."

One change that *will* be apparent is the enhanced online access. In the past, ACOG members could access the Green Journal electronically through the ACOG website. With the change in publishers, online journal access will be provided through Stanford University's HighWire Press, an Internet service that hosts approximately 350 journals.

Superior search, linking tools on new website

The online Green Journal now features advanced search capabilities, additional format options, subject classifications, and links to Medline abstracts.

For all issues of the journal from January 1999 forward, the full text of each article is searchable by keyword, author, or citation. Users can view figures in three sizes—from thumbnails to large, high-resolution images. Reference citations are linked to Medline, so when you click on a reference the abstract can be viewed.

Even better, if the article cited is from any of the journals hosted by HighWire, you can view the full text of the article. Among these HighWire journals are such popular titles as *JAMA*, *New England Journal of Medicine*, *Annals of Internal Medicine*, *British Medical Journal*, and *American Journal of Public Health*.

Green Journal issues published before 1999 are also available online, without the links for references.

Track topics, authors, or articles important to you

A free feature called CiteTrack allows users to sign up to receive email alerts.

You can sign up to receive an email showing you the table of contents of each new issue of *Obstetrics & Gynecology* or of any other journal hosted by HighWire.

You can also tell CiteTrack to alert you when new articles mention specific topics you are tracking, when an author you are following publishes a new paper, or when an article or letter to the editor references a study of interest to you.

How to access the journal's new website

The new website for online *Obstetrics & Gynecology* is www.greenjournal.org. Users can still use the ACOG website at www.acog.org to access it; when you click on "Green Journal," you will automatically have access to the journal on the new HighWire site.

If you go directly to the new site (not through ACOG's website), the first time you will be prompted to provide your ACOG member number, which can be found above your name on the address label of any ACOG mailing (including the journal), and to set up a user name and password. ♀

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- ▶ www.greenjournal.org
- ▶ <http://highwire.stanford.edu>

district VI annual meeting > London



◀ Michael A. Schellpfeffer, MD, tours the poster exhibits.



L to R: ▶ Johanna J. Abernathy, MD, and Bruce E. Taylor, MD.

▼ L to R: Margaret A. Burnett, MD, and Vivian K. Lee, MD.



◀ L to R: Margaret C. Nordell, MD; Thomas M. Gellhaus, MD; and Thomas S. Arnold, MD, view a painting of the 1960 dedication of the Royal College of Obstetricians and Gynaecologists headquarters.



◀ L to R: Program committee members Thomas M. Gellhaus, MD; Joel Sorosky, MD; and James D. Miller, MD.

to every two to three years or may continue to be screened annually.

The 2003 screening guidelines also include Pap-plus-HPV as an appropriate method of cervical cancer screening for women over 30. Alan G. Waxman, MD, MPH, who worked with ACOG's Committee on Practice Bulletins—Gynecology to develop the new document, points out that Pap-plus-HPV is an *option* for women over 30, not a mandate. "Just doing a conventional Pap is a good way still."

Dr. Waxman adds, "The Pap-plus-HPV test has a very reassuring negative predictive value: if both Pap and HPV are negative, chances are *extremely* low that the patient will develop cancer or high-grade dysplasia over the next three years." Accordingly, the ACOG document recommends a three-year interval before rescreening women with negative Pap-plus-HPV results.

"The challenge for clinicians will be explaining to patients the implications of a positive HPV when the Pap is negative," Dr. Waxman says. "In a screening situation this might not require colposcopy, but closer surveillance is appropriate."

Women wary of extending Pap-test intervals

Patient biases must be addressed in explaining appropriate screening options. In a study to explore women's attitudes about risk-based cervical cancer screening, researchers found that women were "firmly set against" reducing the frequency of Pap tests (Smith et al, *Annals of Family Medicine*, Nov/Dec 2003).

The reasons offered by women in the study for opposing reducing the frequency of Pap tests included the following: awareness that annual screening had reduced cervical cancer mortality; belief that test results might be inaccurate (ie, an annual test would serve as a safeguard against false negatives); and suspicion that recommendations to reduce the frequency were driven by organized medicine and the insurance industry.

Teens need annual health risk assessment

"The new screening recommendations may be particularly confusing for teenagers and their mothers," notes Paige Hertweck, MD, chair of ACOG's Committee on Adolescent Health Care. The new guidelines

call for annual cervical cytology screening to begin approximately three years after first sexual intercourse, but no later than age 21.

"I try to educate my teen patients about risks. I encourage them to delay sexual debut, but if they *are* coitally active, to limit the number of partners, use condoms, and stop smoking," says Dr. Hertweck. "For a teen who is not sexually active and not having a problem, then you can delay [a Pap test], but her history is going to change from year to year, and you don't know when you will see her next. It's especially critical that teens be seen annually for risk assessment."

Changing practices takes time

Experts agree that both physicians and patients will take time to implement cervical cancer screening changes. "Guidelines are usually slow to disseminate, and old practices die hard," comments Dr. Runowicz.

Fellow Herschel W. Lawson, MD, of the CDC's cancer prevention division, comments that lengthening the intervals between screenings might be misinterpreted as "antiprovider" because it could take away the reason for many women to schedule an annual check-up. "Many providers will continue annual screening. The cost-effectiveness of increasing the intervals between screenings for most women is known but for the most part ignored."

But, Dr. Lawson adds, "Physicians will ultimately be rewarded for changing practice methodologies and communicating to their patients the importance of the care they receive—giving them options so they can be involved in making informed decisions about their health and care." ♀

info

- ▶ A new ACOG Patient Education Pamphlet, *Abnormal Pap Test Results*: available in February; order online at sales.acog.org or call 800-762-2264, ext 882, or 304-725-8410, ext 339
- ▶ ACOG Practice Bulletin *Cervical Cancer Screening*: in August 2003 *Obstetrics & Gynecology*, p 417, and online at www.acog.org



▲ At right, Gerald F. Joseph Jr, MD, and his wife, Helen, enjoy a group hug with Allison, Cindy, and Ian Anderson, the family of Fellow Ted L. Anderson, MD, PhD.



▲ Program Chair John R. Semmer, MD, leads a mountain clog dance.

district VII annual meeting > Asheville, NC



▲ Mildred Johnson, Paula Delmore, and John W. Calkins, MD.

▼ Texas Section members celebrate their recent medical liability legislative victory.



Coding resources for you and your staff

- ▶ *ICD-9-CM: Diagnostic Coding in Ob-Gyn—2004* (AA199): includes tables to help coders determine the correct final digit for some codes with variable fifth digits, including codes for abortions, pregnancy, and complications. \$19 each; package of five books (AA200). \$55
- ▶ *2004 ICD-9-CM Professional Edition for Physicians, Vols. 1 and 2* (AA237): \$69
- NEW!** *The Essential Guide to Coding in Ob-Gyn* (AA453): discusses ob-gyn coding issues in both CPT and ICD-9-CM; includes syllabus used for ACOG's coding workshops; available February 2004; \$55
- ▶ *Ob/Gyn Coding Manual 2004* (AA374): takes users step-by-step through the coding process for a better understanding of how to use CPT codes; lists included and excluded services for each code commonly used by ob-gyns; includes ACOG Committee Opinions concerning coding and reimbursement; available February 2004; \$89
- ▶ *CPT 2004* (AA267): the AMA's official coding reference; \$79

Order online at sales.acog.org or by phone at 800-762-2264, ext 882, or 304-725-8410, ext 339. ♀

2004 CPT eliminates starred procedures

Manual includes new codes proposed by ACOG

The big news about CPT 2004 is not the new procedure codes. The biggest change for next year is the elimination of CPT "starred procedures."

In the past these codes, defined as relatively small surgical services (eg, incision and drainage of Bartholin's gland abscess, code 56420), had a somewhat different global surgical package definition than did other CPT procedures. As of 2004, there will be a single surgical package for all CPT codes.

Take note of new fetal surgery and laparoscopy codes

Of interest to ob-gyns in the 2004 manual are the following codes; the five new codes for fetal surgical procedures were proposed by ACOG's Committee on Coding and Nomenclature:

- 59070 Transabdominal amnioinfusion, including ultrasound guidance
- 59072 Fetal umbilical cord occlusion, including ultrasound guidance
- 59074 Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
- 59076 Fetal shunt placement, including ultrasound guidance
- 59897 Unlisted fetal invasive procedure, including ultrasound guidance
- 57425 Laparoscopy, surgical, colpopexy (suspension of vaginal apex)

New codes are effective Jan 1, 2004. Although Medicare recognizes these changes as of this date, other third-party payers may not have the new codes in their computer systems by then, so physicians should check with their third-party payers to find out when they will begin accepting the new codes. ♀

info

- ▶ On the member-only portion of ACOG's website at www.acog.org, click on "Coding and Nomenclature" under "Member Services" on the right-hand side of the page
- ▶ Contact Terry Tropin at 800-673-8444 or 202-863-2576; email ttropin@acog.org

13 coding workshops announced for 2004

Register for one, two, or all three days of these workshops, which cover both procedure and diagnostic coding.

- | | | | | | | | |
|-------------|----------------|-------------|------------------|-------------|-----------------|-------------|-------------------|
| ▶ Feb 20-22 | Miami, FL | ▶ Apr 16-18 | Houston, TX | ▶ Aug 6-8 | Minneapolis, MN | ▶ Oct 1-3 | Atlanta, GA |
| ▶ Feb 27-29 | Phoenix, AZ | ▶ May 6-8 | Philadelphia, PA | ▶ Aug 13-15 | Cleveland, OH | ▶ Nov 19-21 | San Francisco, CA |
| ▶ Mar 12-14 | Washington, DC | ▶ Jun 11-13 | Boston, MA | ▶ Sep 10-12 | New Orleans, LA | | |
| ▶ Mar 19-21 | Chicago, IL | ▶ Jul 9-11 | Portland, OR | | | | |

Two ways to register:

- ▶ Call 800-673-8444, ext 2540/2541, or 202-863-2540/2541, weekdays 9 am-4:45 pm ET
- ▶ Go to www.acog.org and click on "Postgraduate Courses" under "Meetings/Events"

district VIII annual meeting > London



▲ L to R: Cynthia J. Goto, MD; Greta S. Aeby; and Tod C. Aeby, MD.



▲ L to R: Jane Hale, Ralph W. Hale, MD; William J. Peters, MD; Pattie Peters; Kathryn Purdon, and Douglas H. Kirkpatrick, MD.



▲ Eduardo Cordova, MD, Margarita Cordova, Joan Kirkpatrick, and Douglas H. Kirkpatrick, MD.

Rates for ACOG life insurance drop sharply

New term policy available

ACOG has responded to concerns voiced by members about the premiums for the College-endorsed life insurance program. Capitalizing on recent trends in the life insurance marketplace, the College worked with its insurance administrator, JLT Services, to offer an outstanding value in term life insurance for College members.

The new ACOG 10/20-Year Term Life Plan has significantly lower premiums and more beneficial terms for the insured than did ACOG's former group plan. The following are some of the key features of the new plan:

- ▶ The initial period of coverage can be for a term of 10 or 20 years
- ▶ During the term of the policy, premium rates are not changed when the insured enters a new age bracket (eg, from ages 45–49 to ages 50–54); the premium continues to be based on the insured's age when the policy was purchased
- ▶ After the initial term, the insured can renew coverage without a medical exam and without reapplying, regardless of changes in health
- ▶ Insurance coverage is available from \$50,000 to \$1 million
- ▶ Spouses of ACOG members can apply for up to 50% of the member's own total coverage

Information about the new American General Life Companies policy was recently mailed to all members. Individuals holding policies with US Life under ACOG's former life insurance plan will receive individual notices about options to convert their policy to the new life insurance program, if desired. ♀

info

▶ JLT Services Corp: 800-214-8122

Rates for \$500,000 10-year term policy

Example for 47-year-old male nonsmoker

| | Old annual rate | New annual rate | Savings |
|-----------|-----------------|-----------------|---------|
| Initially | \$1,913 | \$540 | 72% |
| At age 50 | \$3,323 | \$540 | 84% |
| At age 55 | \$4,384 | \$540 | 88% |

Timothy R. B. Johnson, MD, elected to Institute of Medicine



Timothy R. B. Johnson, MD, was elected in October to the Institute of Medicine of the National Academy of Sciences. Election to the IOM, considered one of the highest honors in the fields of medicine and health, is reserved for those who have made distinctive contributions to the medical sciences and public health.

▲ Dr. Johnson

Dr. Johnson is Bates Professor and Chair of Obstetrics and Gynecology at the University of Michigan in Ann Arbor. He is also Arthur F. Thurnau Professor, Professor of Women's Studies, and Research Scientist in the Center for Human Growth and Development.

He received his undergraduate and master's degrees from the University of Michigan and his medical degree from the University of Virginia School of Medicine. He completed residency at the

University of Michigan and a fellowship in maternal-fetal medicine at Johns Hopkins University School of Medicine.

The former chair of ACOG's Committee on International Affairs, Dr. Johnson is active in international teaching and training, especially in Ghana, and is an honorary Fellow of the West African College of Surgeons.

Dr. Johnson's clinical interests include fetal assessment and prenatal care. His research focuses on fetal behavior and women's primary health care.

Dr. Johnson was one of 65 new members elected in 2003, bringing the total active membership of the institute to 1,382. New members are elected by current active members of the institute. Members serve without compensation on committees and study groups engaged in a broad range health policy issues. ♀

district IX annual meeting > Santa Rosa, CA



▲ L to R: Jose J. Cueto, MD, and Jeffrey R. Richardson Jr, MD.



▲ L to R: Betty K. Tu, MD, MBA, and Kelly A. McCue, MD.



▲ Mmmm, chocolate-covered strawberries.



▲ Katherine L. Gregory, MD, and Philip D. Darney, MD, MSc.



Dr. Hermann Rhu, founding father and past ACOG president, dies at 89

Hermann S. Rhu Jr, MD, who was president of ACOG from 1980 to 1981, died October 13, succumbing to Alzheimer's disease after several years of declining health. Dr. Rhu had practiced in Tucson from 1949 to 1992, serving as senior chief of ob-gyn at Thomas Davis Clinic.

"Dr. Rhu was a well-respected physician who was warm and personable," notes ACOG Past President Thomas F. Purdon, MD, also of Tucson. "He represented the highest ideals of caring for patients and his fellow mankind. I am proud to have known him."

In addition to his presidency, Dr. Rhu held numerous other leadership positions with ACOG. He served as Arizona Section chair and chair of District VIII; he was a member of numerous ACOG committees and chaired the Committee on Insurance for many years.

Dr. Rhu came from a long line of doctors: his father, grandfather, and great-grandfather were doctors in Marion, OH. He graduated from Case Western Reserve Medical School in Cleveland, completed residency training in ob-gyn at Syracuse University, and completed a fellowship at Boston Lying-In.

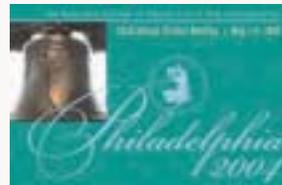
Fellow Palmer C. Evans, MD, a Tucson colleague of Dr. Rhu, comments, "Operating beside him

was pure joy. His teaching style involved lots of give-and-take and not a hint of degrading or patronizing comments. He was unusually receptive to new ideas and to staying current. For example, he was one of the few in his generation to take the time to learn laparoscopic surgery." ♀

In memoriam

- ▶ Andrew Thomas **Bruton**, MD
Winston Salem, NC • 1/03
- ▶ Leonard J. **Cibley**, MD
Stoughton, MA • 8/03
- ▶ Sameer K. **El-Deiry**, MD
White Rock, British Columbia
9/03
- ▶ Paul Howard **Fulcher Jr.**, MD
Charleston, WV
- ▶ Virgil R. **Grabner**, MD
Goshen, IN
- ▶ Rocco V. **Lobraico**, MD
Park Ridge, IL • 9/03
- ▶ Paul L. **Mahoney Jr.**, MD
Harrison, AR • 1/03
- ▶ John N. **McNair**, MD
Spring Hill, FL
- ▶ John A. **O'Meara**, MD
Dublin, Ireland
- ▶ Donato A. **Palermينو**, MD
S Kingstown, RI
- ▶ Michael Gerard **Poist**, MD
Tuscaloosa, AL
- ▶ Hermann S. **Rhu Jr.**, MD
Tucson, AZ • 10/03
- ▶ Reuben A. **Sprengel**, MD
Fresno, CA • 9/03
- ▶ Luther M. **Talbert**, MD
Cary, NC • 11/03
- ▶ Arthur Fred **Turner**, MD
Cocoa Beach, FL • 8/03
- ▶ Felix H. **Vann**, MD
Durham, NC • 1/03

Luther M. Talbert, MD, died at his home in Chapel Hill, NC, on November 17 at age 76. Dr. Talbert was active in ACOG, including serving as chair of the Learning Resources Commission and the Committee on Course Coordination. The North Carolina Center for Reproductive Medicine in Cary was renamed the Talbert Fertility Institute in his honor.



*Plan now
to join your
colleagues
at the*

ACOG Annual Clinical Meeting May 1-5, 2004, in Philadelphia

The ACM, the largest gathering of ob-gyns in the US, features world-class speakers, offers the widest variety of courses, and presents cutting-edge research.

The ACM in Philadelphia:

be a part of it!



▲ L to R:
Melissa H. Fries, MD;
Gerald G. Nahum, MD;
and Russell R. Snyder, MD.



◀ L to R: Peter E. Nielsen, MD; George B. McClure, MD; Carla G. Hawley-Bowland, MD; and Jay W. Carlson, MD.

armed forces district annual meeting > San Antonio



▲ Fellows, Junior Fellows, and guests pose at the awards banquet.

2004 calendar

Please contact individual organizations for additional information.

january

GOG: Gynecologic Oncology Group

16-18
Atlanta, GA
215-854-0770
www.gog.org

ACOG New Treasurers Orientation

17-18
Orlando, FL
scathcart@acog.org
800-281-1551

february

SMFM: Soc for Maternal-Fetal Medicine

2-7
New Orleans, LA
202-863-2476
www.smfm.org

SGO: Soc of Gynecologic Oncologists

7-11
San Diego, CA
312-644-6610
www.sgo.org

Practical Aspects of Ob-Gyn Ultrasound: Optimize Your Skills

Sponsor: Amer Institute of Ultrasound in Medicine
13-15
Las Vegas, NV
301-498-4100 or 800-638-5352
www.aium.org

march

APGO and CREOG Annual Meeting

3-6
Lake Buena Vista, FL
CREOG: 202-863-2554
dnehra@acog.org
APGO: 410-451-9560

march

ACOG Legislative Workshop

14-16
Washington, DC
800-677-8444, ext 2505
keycontact@acog.org

ASCCP: Amer Soc for Colposcopy and Cervical Pathology

15-19
Lake Buena Vista, FL
800-787-7227
www.asccp.org

World Congress on Women's Mental Health

17-20
Washington, DC
703-449-6418
www.womenmentalhealth.com

SGI: Soc for Gynecologic Investigation

22-27
Houston, TX
202-863-2544
www.sgionline.org

april

SSTAR: Soc for Sex Therapy and Research

1-4
Arlington, VA
202-863-1648

JSOG: Congress of the Japan Soc of Ob-Gyn

10-13
Tokyo, Japan
www.jsog.or.jp
+81-3-3261-2296

PCRS: Pacific Coast Reproductive Soc

27-May 2
Rancho Mirage, CA
562-947-7068

may

ACOG Annual Clinical Meeting

1-5
Philadelphia, PA
www.acog.org/acm2004
800-686-7295

Practical Ob-Gyn Update

15-16
Sponsor: Medical Educational Council of Pensacola
Pensacola, FL
850-477-4956
www.mecop.org

NASPAG: North Amer Soc for Pediatric and Adolescent Gynecology

20-24
La Jolla, CA
215-955-6331
www.naspag.org

WAGO: Western Assn of Gynecologic Oncologists

26-29
Monterey, CA
202-863-1648

june

IDSOG: Infectious Diseases Soc for Ob-Gyn

5-7
San Diego, CA
202-863-2570
www.idsog.org

AIUM: Amer Institute of Ultrasound in Medicine

20-22
Phoenix, AZ
301-498-4100 or 800-638-5352
www.aium.org

SOGC: Soc for Ob-Gyns of Canada

24-29
Edmonton, Alberta
613-730-4192
www.sogc.org

ACOG Postgraduate Courses

Two ways to register:

- 1 Call 800-673-8444, ext 2540/2541, or 202-863-2540/2541, weekdays 9 am-4:45 pm ET
- 2 Go to www.acog.org and click on "Postgraduate Courses" under "Meetings and Events"

Registration must be received one week before the course. Onsite registration subject to availability.

January

Advanced Surgical Approaches to Incontinence and Prolapse

29-31 • Puntarenas, Costa Rica

February

Special Problems for the Advanced Gynecologic Surgeon

16-18 (twin offering with course below) • Cancun, Mexico

Best Practices in Obstetrics

19-21 (twin offering with course above) • Cancun, Mexico

CPT and ICD-9-CM Coding Workshop

20-22 • Miami, FL

CPT and ICD-9-CM Coding Workshop

27-29 • Phoenix, AZ

March

Gynecology in the Next Decade: Evolving Issues

4-6 • Snowbird, UT

CPT and ICD-9-CM Coding Workshop

12-14 • Washington, DC

CPT and ICD-9-CM Coding Workshop

19-21 • Chicago, IL

Clinical Obstetrics and Evidence-Based Medicine

25-27 • Washington, DC

April

Quality Improvement and Management Skills for Leaders in Women's Health Care

1-3 • Washington, DC

CPT and ICD-9-CM Coding Workshop

16-18 • Houston, TX

May

CPT and ICD-9-CM Coding Workshop

6-8 • Philadelphia, PA

connect to ACOG

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Website: www.acog.org

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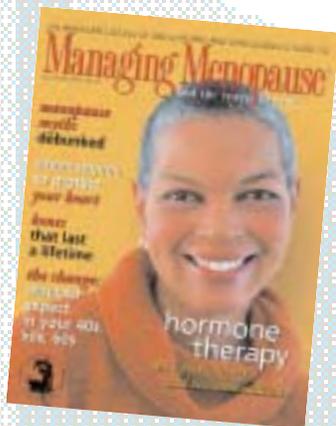
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Resources available for patient questions on hormone therapy



What your patients are saying about *Managing Menopause*

From Kissimmee, Florida:

"It helped me so much. It totally put things in perspective for me. Every time I'm having a bad day I get it out to reassure myself I'm all right, and then I feel better."

From Winnepeg, Manitoba:

"I recently received a copy of your magazine from my gynecologist, and I really enjoyed it! It was very informative and I learned a lot."

From Hayward, California:

"You cover every area and every question I have about menopause. We have a 'girls day out' planned at the spa, and we will read your magazine while we're there relaxing."

From Ontario, California

"It's wonderful. I really need this! I read through it yesterday, and I'm going to read through it again just to make sure I didn't miss anything."

From Eugene, Oregon:

"I really love this magazine—it is so informative and written in a way a nonmedical person can understand. I read it from cover to cover, and it really helped me make informed decisions about my health."

Up-to-date resource, revised every six months

Managing Menopause: ACOG's free consumer magazine

M*anaging Menopause and the Years Beyond* features revised information on hormone therapy, written to give menopausal women the information they need to work with their doctor and make an informed decision about using HT.

The magazine also offers women plenty of options other than HT for coping with hot flashes, vaginal dryness, heart disease, and osteoporosis. ♀

New FDA consumer website has menopause fact sheet and "purse guide"

As part of a national consumer education campaign, the FDA has established a consumer website to address questions about the use of HT for menopausal symptoms.

In addition to background information on the results of the WHI study, the website features a menopause fact sheet and "purse guide," available in both English and Spanish. ACOG provided comments to the FDA and supports this initiative.

The fact sheet lists the symptoms of menopause and the choices available to treat them. It also explains the benefits and risks of HT. The purse guide lists questions for women to discuss with their doctors about the appropriateness of HT.

Materials can be requested by phone or accessed on the FDA's new consumer website. ♀

ACOG's revised patient pamphlet

Revised in 2003, ACOG's Patient Education Pamphlet *Hormone Therapy* provides women with basic information about menopause and estrogen. The pamphlet explains how HT works, types of HT, and benefits and risks.

Available in packets of 50. ♀

Q&A for patients on ACOG website

In response to the WHI findings, ACOG created a document for consumers on the public side of the website, available in both English and Spanish.

In addition to an overview about the WHI study, the document provides answers to 15 frequently asked questions from women about how the WHI findings apply to them. ♀



How to obtain these materials:

- ▶ ***Managing Menopause***
800-673-8444, ext 2560, or 202-484-3321
email communications@acog.org
- ▶ **FDA fact sheet and purse guide**
www.4woman.gov/menopause
800-994-9662
- ▶ **ACOG pamphlet *Hormone Therapy* (AP066)**
sales.acog.org
800-762-2264, ext 882
304-725-8410, ext 339
- ▶ **ACOG Q&A**
www.acog.org



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