

## ACM President's Program to feature stellar speakers



Dr. Laube

**A**COG PRESIDENT DOUGLAS W. LAUBE, MD, MEd, has assembled three exceptional speakers for his President's Program at this year's Annual Clinical Meeting in San Diego, May 5–9. Dr. Laube has designed the President's Program to elaborate on his educational theme for the year, focusing on the differences in gender biology, the importance of education as a national priority, and compassionate care of patients. The President's Program, which is the first scientific session, will begin at 8:45 am on Monday, May 7, and feature the following presentations:

- ▶ Samuel A. Cosgrove Memorial Lecture: "Womanly Mysteries: Evolutionary Enigmas of the Female Sex," presented by David P. Barash, PhD

▶ PAGE 6



Audience enjoying a scientific session at the ACM

## Ob-gyns can help reduce colorectal cancer deaths in US



**A**S EVERY OB-GYN KNOWS, the death rate from cervical cancer in the US was drastically reduced in the 20th century because of effective screening practices. Could we do the same with colorectal cancer in the 21st century?

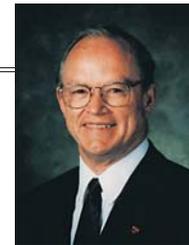
For many women, their ob-gyn is the only physician they see regularly. Therefore, an ob-gyn's routine practice about colorectal screening really can make a difference. A new guidebook for primary care physicians is designed to help clinicians and staff make sure that every eligible patient leaves their office with a screening recommendation.

### Four essentials to improve screening rates

Called a "toolbox," the free 134-page evidence-based guide, *How to Increase Colorectal Cancer Screening Rates in Practice*, was published by the National Colorectal Cancer Roundtable, of which ACOG is a member.

The guide offers current screening guidelines and features checklists, chart prompts, tracking sheets, and other tools you can put to use in your practice. The heart of the toolbox, though, is advice on implementing four essential elements to encourage colorectal cancer screening:

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**Executive Vice President**  
Ralph W. Hale, MD, FACOG

**Director of Communications**  
Penelope Murphy, MS

**Editor**  
Melanie Padgett

**Contributors**  
Debra Scarborough  
Marian Wiseman, MA

**Design and Production**  
Marcotte Wagner  
Communications

**Advertising**  
Greg Phillips  
202-863-2529  
gphillips@acog.org

**Letters to the Editor**  
Melanie Padgett, Editor  
*ACOG Today*  
PO Box 96920  
Washington DC  
20090-6920

**Fax:** 202-863-5473  
**Email:** mpadgett@acog.org  
Letters may be edited  
for length.

**Permission to Photocopy  
or Reprint**  
Melanie Padgett, Editor  
**Email:** mpadgett@acog.org

**Main Phone**  
800-673-8444 or  
202-638-5577

**Resource Center**  
202-863-2518  
toll free for members only  
800-410-ACOG (2264)

**Address Changes**  
800-673-8444, ext 2427,  
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**Fax:** 202-479-0054  
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EXECUTIVE DESK

## ACOG welcomes NICHD cooperation

**S**TANLEY ZINBERG, MD, MS, VICE president of practice activities, and I had the opportunity recently to meet with Louis V. DePaolo, PhD, the new chief of the Reproductive Sciences Branch of the Center for Population Research at the National Institute of Child Health and Human Development. Dr. DePaolo holds the position that ACOG Fellow Phyllis Leppert, MD, PhD, held prior to her moving to the Duke University Medical Center.

Dr. DePaolo has been at the NICHD since 1993 in a variety of positions. During our conversation, he explained his goals and hopes for future research and development. His main goal is to be able to help the practicing physician, and he seems very dedicated to this objective in many different aspects of care. He also indicated a strong interest in working closely with ACOG as he develops his programs. ACOG welcomes this cooperation and is looking forward to further interaction.

### Supporting research crucial to specialty

Furthering research in ob-gyn is one of the specific areas of ACOG's Strategic Plan. It is crucial for our

specialty that we have researchers keeping us at the forefront of new knowledge. The NICHD is a critical component to accomplishing this research agenda. Under the leadership of Duane Alexander, MD, the NICHD has not only funded research proposals, but also young research scholars. In addition, the institute has initiated programs of loan repayment to help keep these scholars in research. These young scholars will ultimately be the ones who discover the advances and knowledge in our specialty.

ACOG's Development Fund is key to some of these research activities as well. The money you donate to the Development Fund helps ACOG work with the NICHD and others to maximize our efforts. For that I thank each of you who has given.

We also thank Dr. Alexander for his ongoing support and look forward to working with Dr. DePaolo in the search for new knowledge to better help us care for our patients. ♀

*Ralph W. Hale MD*

Ralph W. Hale, MD, FACOG  
Executive Vice President

## IN MEMORIAM

**Gregory Bruce Ballengee, MD**  
Erie, PA • 10/06

**John H. Belton, MD**  
St. Catharines, ON

**James R. Brillhart, MD**  
Indianapolis • 11/06

**Alberto Aviles Collado, MD**  
Ensenada, PR • 10/06

**Jeanne Anne Cullinan, MD**  
Rochester, NY • 1/06

**Seth Dashe, MD**  
San Francisco • 10/06

**Victor Eduardo De La Pena, MD**  
Placentia, CA • 7/06

**Ludovic Jules DeVocht, MD**  
Avon, OH

**Sir John Dewhurst**  
Middlesex, UK • 12/06

**William J. Dignam, MD**  
Pacific Palisades, CA • 11/06

**Audrey R. Glover, MD**  
Tracy, CA • 9/06

**William B. Harrell, MD**  
Texarkana, TX

**Thomas A. Harris, MD**  
Stone Mountain, GA • 11/06

**Glenward T. Keeney, MD**  
Fayetteville, NC • 3/06

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Katy, TX

**Charles E. McDonald, MD**  
Houston

**Mory Nouriani, MD**  
South Pasadena, CA • 11/06

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Gallipolis, OH • 5/06

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Greensboro, NC • 11/06

**Arthur H. Schipul Jr, MD**  
Edison, NJ

**John N. Schuetz, MD**  
Rockton, IL • 7/06

**Stanley Marvin Warner, MD**  
Oro Valley, AZ • 9/06

**Winfred L. Wiser, MD**  
Jackson, MS • 11/06

## Obstetrics & Gynecology HIGHLIGHTS



The March issue  
of the Green  
Journal includes  
the following  
ACOG document:  
*Medical Futility*  
(Committee Opin-  
ion #362, revised)

## NEW PRESIDENT

# Dr. Noller to be sworn in at ACM

**K**ENNETH L. NOLLER, MD, OF Boston, will be sworn in as ACOG's 58th president on May 9 in San Diego, where he will deliver his inaugural address. Dr. Noller is the Louis E. Phaneuf Professor and Chair in the department of ob-gyn and professor in the department of family and community medicine at Tufts University Medical School in Boston. Dr. Noller is also the gynecologist-in-chief at Tufts-New England Medical Center.

"We are first and foremost providers of excellent health care to women. As such, we need to be certain that our care continues to be safe and effective and delivered in a cost-

effective manner," Dr. Noller said. "During the past 50 years we have made childbirth safe, reduced the incidence of cervical cancer by over 70%, and introduced methods of effective family planning, to name but a few of our accomplishments."

Addressing medical liability reform and changes in congressional leadership, Dr. Noller said, "While we need to continue our work in Congress, we also need to devote more time on state initiatives. In the past few years, with the help of many dedicated ACOG Fellows, a number of states have passed legislation that has helped stabilize or decrease the cost of liability coverage." ♀



### EDUCATION

**MD:** Creighton University, Omaha, NE

**RESIDENCY:** Mayo Graduate School of Medicine, Rochester, MN

### ACOG ACTIVITIES

**NATIONAL:** chair, *Precis* Advisory Committee, committees on Gynecologic Practice, Scientific Program, Clinical Document Review Panel-Gynecology; member, committees on Nominations, Professional Standards, Industrial Exhibits, Coding and Nomenclature; liaison to AAFP; member, Education Commission; member, Residency Review Committee; consultant editor and editorial board member, *Obstetrics & Gynecology*; editor, *Precis: Gynecology*

**DISTRICT VI:** chair, Program Committee; member, Membership Committee

**DISTRICT I:** member, Advisory Council; chair, Program Committee; cochair, Practice/Quality Improvement Committee

## History fellow researches experimental sexual surgery

**T**HE 2007 ACOG HISTORY fellow aims to provide a forum for women who once had little power: enslaved blacks and Irish immigrants living before the American Civil War who underwent experimental sexual surgeries.

Deirdre Cooper Owens, MA, a doctoral candidate at the University of California, Los Angeles, was selected as the recipient of the 2007 ACOG Fellowship in the History of American Obstetrics and Gynecology. She will spend one month this summer at the ACOG History Library in Washington, DC, to research the topic "Courageous Negro Servitors' and Strong Irish Bodies: A Comparative History of Experimental Sexual Surgery in Antebellum America." The title is also the topic for Ms. Cooper Owens' dissertation.

Ms. Cooper Owens will examine the lives of these women through the lens of race/ethnicity, class, and gender and focus on how the institution of slavery and the immigration of poor Irish immigrants helped advance the growing field of American gynecology through experimental surgeries.

### A research challenge

The research is particularly challenging because Ms. Cooper Owens is studying women whose voices were not largely recorded in an-



*"It's an obvious challenge. How do you interpret the women's words and actions?"*

—Deirdre Cooper Owens, MA

tebellum society; almost all sources were written by elite white men who were physicians and slave owners.

"It's an obvious challenge. How do you interpret the women's words and actions?" Ms. Cooper Owens asked. "Medical journal articles give slivers of information. In case narratives about Irish immigrant women, some physicians wrote about their patients' desire for a faster treatment or recovery time, and you get a sense of these women wanting to insert themselves in their healing processes."

An important goal of her study is analyzing

the complex relationships that physicians had with each other, enslaved women, and poor Irish immigrant women and how the medical field reified and formed notions about race and gender.

Ms. Cooper Owens developed her dissertation topic after becoming intrigued with a book passage about "experimental sexual surgery" among enslaved women and, in later research, found that Irish immigrant women were treated similarly to enslaved women on the operating table.

"I hadn't heard of these stories before," she said. "Those forgotten women got me to thinking; when we think of degradation of women's bodies, oftentimes we think of degradation of black women's bodies, but I saw that these European women were treated almost identically."

"This fellowship has put a feather in my confidence cap," Ms. Cooper Owens said. "I don't want to presume that I will be able to speak for these women, but I will try to interpret their words and actions as much as the evidence allows." ♀

## ACOG focuses on teaching patient safety during residency

By ACOG President Douglas W. Laube, MD, MEd

**I**N MY PRESIDENTIAL ADDRESS at last year's ACM, I challenged ACOG members to evaluate and improve medical education. One of the areas that I believe



needs attention is patient safety, specifically, teaching the importance of patient safety, teamwork, and strong communication skills in residency training.

To this end, I've formed the ACOG Presidential Task Force on Patient Safety in Resident Education, which will hold its first meeting in April. Task Force Chair Paul A. Gluck, MD, a former chair of the ACOG Committee on Patient Safety and Quality Improvement, will deftly guide this task force into developing recommendations and goals to improve the teaching of patient safety in residency.

Patient safety is important to avert serious and sometimes tragic outcomes. For example, a patient may be given the wrong type or

wrong dose of medication, resulting in injury or even death. Often, the root of these tragic situations are poor communication and lack of teamwork.

Our specialty should contribute from within itself to help with the medical liability crisis for ob-gyns. By ensuring better communication and teamwork within the health care team, we can expect better outcomes, which will translate to fewer lawsuits. In addition, learning techniques to communicate with patients immediately following a complication or adverse outcome can similarly reduce the number and/or magnitude of litigation.

### Unmasking system problems

In evaluating ways to educate residents about patient safety, the task force will look at the use of simulators and team-training exercises and ways to improve patient-physician communication. Simulation training has been shown not only to improve clinical skills but also to improve procedures and teamwork by unmasking system problems. Improving com-



munication can also eliminate system problems, including enhancing hand-off of patient care duties to other health care professionals during times of intense activity. Teaching residents techniques to ensure the transfer of patient care in a seamless fashion will add to better outcomes.

### Making patient safety intuitive

Patient safety is an outcome that we should all strive for as we care for our patients. How can we educate the current generation of residents—and all those who follow—so that patient safety techniques are an intuitive part of our daily care? What are the best methods for achieving optimal patient safety? If we can educate these new physicians about the most effective patient safety techniques and have them “buy in” to a culture of safety, we can effectively change our entire system of health care to make patient safety an integral part of all processes in hospitals and practices. ♀

## Revamped Green Journal website easier to navigate

The website of *Obstetrics & Gynecology*, [www.greenjournal.org](http://www.greenjournal.org), has been redesigned and reorganized to make it more user-friendly.

A direct connection to the journal's manuscript submission database is now the first link

Reorganized “author and reviewer information” makes it easier to navigate and quickly find information

A new orange “news” button leads to a page with updates about the Green Journal



Readers can sign up to receive “email alerts” of each month's table of contents and new articles mentioning specific topics of interest they select

Readers can comment about the website and the journal through the “feedback” link

An easier to read and bolder “In the Current Issue” section highlights prominent studies and ACOG documents in the current issue

## JFCAC expands programs for Junior Fellows, med students

By Patrick S. Ramsey, MD, MSPH, JFCAC chair



**T**HE JUNIOR Fellow College Advisory Council continues to explore ways to provide assistance to Junior Fellows. Issues at the forefront include medical student recruitment, impact of the duty-hour regulations on resident well-being and professionalism, and impact of the medical liability crisis on career choices.

The JFCAC has established a standing Subcommittee for Medical Student Initiatives and Recruitment, which is exploring innovative strategies to enhance recruitment into our specialty. A number of these medical student initiatives will be evident at the upcoming Annual Clinical Meeting in San Diego, May 5–9. (For more information on ACM med student events, see page 7.)

The impact of both the duty-hour regulations and the medical liability crisis has been

the focus of two recent JFCAC surveys. Both surveys have been completed, and results will be forthcoming. The survey results will shed light on the impact these issues have had on residency training and career selection and will help guide future JFCAC initiatives.

### Essay contest now open

The 2006–07 Junior Fellow essay contest, “The Ob-Gyn Doctor-Patient Relationship: What it Means to Me,” has concluded with more than 80 spectacular submissions. District VII’s Stacie H. Elfrink, MD, has been selected as the national winner. The winning essays from each district will be available to read at the ACM in May and in the Green Journal.

The topic for the 2007–08 essay contest is “Ob-Gyn Special Delivery.” Submissions should be engaging essays that provide reflection on a memorable ob-gyn experience related to the delivery of women’s health care and how this affected your career and practice



Students at the ACM medical student course developed by the JFCAC last year

decisions. The deadline is August 31.

Essays should be between 500 and 750 words and should not name any patients. One winner will be selected from each district and will receive \$500. A grand-prize winner will be selected from the district winners and will receive an additional \$500 plus an expenses-paid trip to the 2008 Annual Clinical Meeting in New Orleans. ♀

## JFCAC collaborates with international counterparts

**T**HE JUNIOR FELLOW College Advisory Council is forging relationships with ob-gyn residency organizations around the world. The JFCAC created the Task Force for International Junior Fellows last year.

The JFCAC intends to work with its international counterparts on common issues that affect ob-gyn trainees, such as duty-hour restrictions, proficiency-based surgical curricula, and stimulating interest in academic careers.

“Educational leaders in ob-gyn worldwide face similar challenges to guarantee adequately trained providers of women’s health care,” said Rajiv B. Gala, MD, JFCAC vice chair. “Work-hour restrictions and decreased case-loads influence the way future residents will



Junior Fellow Maureen M. Busher, MD, second from left, interacts with Japanese residents during the Young Doctors Seminar at the 2006 annual meeting of the Japan Society of Obstetrics and Gynecology.

master surgical procedures. Across the globe, trainees have functionally less opportunities to master a larger skill set. Synergistic collaboration is essential to advancing the global agenda.”

For three years now, Junior Fellows have

had the opportunity to interact with residents at the annual meeting of the Japan Society of Obstetrics and Gynecology, thanks to ACOG’s JSOG/ACOG Exchange Program, formerly known as the Shingo Exchange, which allows each district to select one Junior Fellow resident to attend the JSOG meeting in April.

The JFCAC already has a relationship with the Society of Obstetricians and Gynaecologists of Canada (SOGC) and is now developing a relationship with resident members of the European Network of Trainees in Obstetrics and Gynaecology (ENTOG). ♀

## ACM President's Program to feature stellar speakers

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- ▶ “Improving Society Well-Being through Women’s Health Care Education,” presented by Joycelyn Elders, MD, MS
- ▶ “Observations of a Partially Paralyzed Gynecologist,” presented by Dale B. Hull, MD

### Womanly mysteries

David P. Barash, PhD, a professor of psychology and biology at the University of Washington, Seattle, told *ACOG Today*, “By evolutionary enigmas I mean an array of characteristics that are puzzling to evolutionary biologists. In this case, aspects of female anatomy and sexuality that are genuine scientific mysteries, characteristics of women that biologists cannot as yet explain.”

Examples include concealed ovulation and menopause. Each is a consistent part of human biology and therefore, presumably, im-

portant, but no one knows their biological purpose, according to Dr. Barash.

### Improving society well-being

Joycelyn Elders, MD, MS, was the first black American and only the second woman to serve as US surgeon general. During her tenure, she was a strong advocate for comprehensive health education in schools, including sex education, and also focused on tobacco cessation, universal health care coverage, and drug and alcohol abuse.

### Observations of a partially paralyzed gynecologist

After breaking his neck in 1999 on a backyard trampoline, ACOG Fellow Dale B. Hull, MD, of West Jordan, UT, was completely paralyzed from the neck down and told he would never walk again. But after years of rehabilitation, he

is able to walk with a cane and have limited hand function. Although he was unable to return to ob-gyn practice, his perseverance led to his being an Olympic torch bearer for the 2002 Winter Games in Salt Lake City.

“I have had an amazing adventure as I have faced this adverse condition,” Dr. Hull said. “One of the messages that I try to convey is the power of touch in human communication—something not well appreciated until it is lost. Another message is the tremendous challenge faced when you are forced to change from complete independence to complete dependence in the blink of an eye.”

Since his accident, Dr. Hull has established a nonprofit to assist others with spinal cord injury rehabilitation and partnered with his physical therapist to open an outpatient clinic specializing in therapy for spinal cord injuries. ♀

# 2007 ACM clinical seminars



ACM CLINICAL SEMINARS ADDRESS A WIDE VARIETY OF OB-GYN TOPICS. Seminars are available on Monday and Tuesday and require tickets; register for Clinical Seminars when you register for the ACM. For a full listing, see the Preliminary Program online at [www.acog.org/acm](http://www.acog.org/acm)

### A small sampling of some of the ACM Clinical Seminar topics:

- ▶ Human Papillomavirus: The Road to a Cancer Vaccine
- ▶ Contraception for Adolescents and Young Women: Improving Long-Term Use
- ▶ Laparoscopic Hysterectomy
- ▶ Course and Treatment of Depression during Pregnancy, Postpartum, and Lactation
- ▶ Thrombophilias in Pregnancy
- ▶ Ovulation Induction for the Generalist
- ▶ Addressing Obesity in the Ob-Gyn Practice
- ▶ Intimate Partner Violence Screening and Response: Controversies and Recommendations
- ▶ Female Sexual Dysfunction: The Challenge of Diagnosis and Treatment
- ▶ Intrapartum Fetal Heart Rate Monitoring: Avoiding the Pitfalls
- ▶ The C-Section Debate: Pelvic Floor Protection—What Is the Cost
- ▶ Managing Abnormal Pap Tests Using the New ASCCP Consensus Guidelines: Case-Based Presentation
- ▶ An Update on Sexually Transmitted Diseases and Vaginitis
- ▶ Plan B: Where Do We Go from Here?
- ▶ Developing Cultural Competence with Hispanic Patients: A Practical Guide
- ▶ What’s New for Uterine Fibroids?
- ▶ Shoulder Dystocia and Brachial Plexus Injury: Optimal Clinical Management, Etiology of Injury, and Medico-Legal Ramifications
- ▶ Chronic Pelvic Pain and Interstitial Cystitis: Pearls on Diagnosis and Treatment
- ▶ Establishing a Culture of Safety in Labor and Delivery

# 2007 ACM history sessions

THE J. BAY JACOBS, MD, LIBRARY FOR the History of Obstetrics and Gynecology in America is sponsoring three events at the 2007 Annual Clinical Meeting, May 5-9, in San Diego.

## Oral History Videotaping Project Monday, May 7, 2:30-5 pm

For each of the past 23 years, with support from Wyeth Pharmaceuticals, the History Library has coordinated videotaped interviews with two individuals of importance to the College and the specialty. The aim of the project is to capture recollections of ob-gyns, nurses, and ACOG staff, including the early leaders of ACOG.

This year, former ACOG Executive Director Warren H. Pearse, MD, will interview ACOG Past President James P. Youngblood, MD, and Lawrence D. Longo, MD, director of the Center for Perinatal Biology at the Loma Linda University School of Medicine in California. Sug-

gestions of topics to discuss or individuals to interview are always welcome. Email suggestions to [history@acog.org](mailto:history@acog.org).

Past interviews are available for viewing at the History Library at ACOG Headquarters in Washington, DC, and a complete list is available upon request.

## "Key Moments in the History of Obstetrics and Gynecology" Clinical Seminar

Tuesday, May 8, 2-3:15 pm

The 2003 ACOG history fellow, Ronald M. Cyr, MD, clinical assistant professor in the department of ob-gyn at the University of Michigan Health System, will discuss the genealogy of American ob-gyn, examining its European roots and the handful of men who shaped the specialty and their influence on its direction into the 20th century.

Tickets are required. Register for the seminar when you register for the ACM.

## The 11th Annual Breakfast of the History Special Interest Group

Wednesday, May 9, 6:30-8 am

San Diego Marriott Hotel and Marina

Camran Nezhat, MD, the 2005 ACOG history fellow, will speak on the history of endoscopy in general and laparoscopy in particular.

Dr. Nezhat is a pioneer and leading practitioner in the field of laparoscopic surgery. He was a forerunner in the use of a video monitor to operate laparoscopically and in the treatment of extensive endometriosis using minimally invasive techniques.

Dr. Nezhat is a clinical professor at Stanford University Medical School, where he teaches laparoscopic surgery. He is also the director of the Center for Special Minimally Invasive Surgery at Stanford and is in private practice in Palo Alto, CA.

The breakfast is free, but space is limited, so be sure to register at the ACOG Booth in the ACM Exhibit Hall. ♀

## ACOG to host Ob-Gyn Residency Fair at ACM

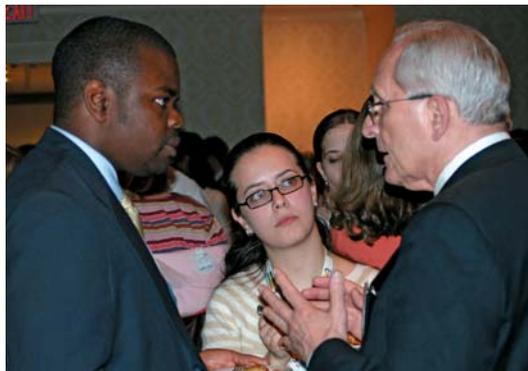
**M**EDICAL STUDENTS considering a career in ob-gyn will have a unique opportunity at the Annual Clinical Meeting to learn about specific residency programs and interact with residency program directors. This year's ACM will include an Ob-Gyn Residency Fair that will feature approximately 30 ob-gyn residency programs from across the US.

The fair, which is free to all registered medical students and residents, will be held at the San Diego Marriott Hotel and Marina on Tuesday, May 8, from 11 am to 12:30 pm and from 1:45 to 3 pm. Refreshments will be served. A list of participating programs is available on the ACOG website (see "info" below).

### Medical student course

Medical students can gain valuable insight from ob-gyn leaders during the ACM medical student course "Ob-Gyn as a Career: Residency Training and Dimensions of Practice."

The session will be held on Monday, May



Medical students talk with a Fellow at the 2006 Medical Student and Junior Fellow College Advisory Council Reception.

7, beginning with lunch from 12 to 1 pm, followed by the course from 1 to 4 pm. Both the course and the overall ACM registration are free for medical students. The course will include the panel discussions "Ob-Gyn as a Career" and "What It Takes to Secure and Succeed in an Ob-Gyn Residency."

Panelists will include residents, subspecialty fellows, Junior Fellows in practice, practi-

tioners, clerkship directors, and program directors. Following each panel discussion, medical students will have the opportunity to ask questions during an open forum.

### Medical student booth, lounge, reception

A booth in the ACM Exhibit Hall will offer medical students information on ACOG and the ob-gyn specialty. A special lounge in the convention center will allow medical students to relax, mingle with other med students, and meet Junior Fellow leaders. Complimentary continental breakfast and boxed lunches will be available in the lounge for medical students.

Medical students are also invited to the Medical Student and Junior Fellow College Advisory Council Reception on Monday, May 7, from 5:30 to 7 pm. ♀

### info

→ [www.acog.org/goto/medstudents](http://www.acog.org/goto/medstudents)

→ [student@acog.org](mailto:student@acog.org)

## Camp ACOG cares for, entertains kids at ACM

**S**AN DIEGO IS A KID'S PARADISE, and Camp ACOG and the youth tours are offering five fun-filled days for your children while you're attending Annual Clinical Meeting sessions.

Camp ACOG, which is run by ACCENT on Children's Arrangements Inc, is available each day of the meeting from 7:30 am to 5:30 pm for children ages six months to 15 years. Camp activities include games, arts and crafts, movies, and special visitors such as magicians, clowns, and face painters. Youth field trips are available for kids ages 6–12.

Thanks to a grant from Berlex Laboratories—which is sponsoring the camp for the 13th year—parents need pay only a one-time registration fee of \$20 per child for the camp and \$5 per child for each field trip. ♀

### info

- The registration form is available under "Camp ACOG and Youth Tours" at [www.acog.org/acm](http://www.acog.org/acm)
- Registration forms must be received by April 13
- 504-524-0188; [registration@accentoca.com](mailto:registration@accentoca.com)

### YOUTH TOURS: "THE SAN DIEGO EXPERIENCE"

**Saturday, May 5**  
"Ocean Commotion"  
SeaWorld Adventure Park  
9 am–5 pm

**Sunday, May 6**  
"Exploration Extravaganza"  
LEGOLAND theme park  
9 am–5 pm

**Monday, May 7**  
"Thrills and Chills"  
Belmont Park beach-front entertainment  
10 am–5 pm

**Tuesday, May 8**  
"A Walk on the Wild Side"  
San Diego Zoo  
9 am–5 pm

**Wednesday, May 9**  
"Naval Adventures"  
The Midway Museum and  
The Maritime Museum of San Diego  
9 am–3 pm



## ACM Spouse/Guest Tours

**S**AN DIEGO OFFERS ENDLESS SEA-FARING ADVENTURES AND historical tours. Fellows, spouses, and guests can explore the city through the ACOG Spouse/Guest Tours at the Annual Clinical Meeting.

### SATURDAY, MAY 5

- ▶ **9 am–3 pm**  
Walk on the Wild Side: Wild Animal Park
- ▶ **9:30 am–1:30 pm**  
San Diego Highlights Tour with Old Town
- ▶ **1–4:30 pm**  
Kayaking the Caves of La Jolla
- ▶ **2:15–4:15 pm**  
Wine & Chocolate Pairing
- ▶ **6:15–10:15 pm**  
Dinner Cruise on the Bay
- ▶ **7–10 pm**  
Evening Culinary Creations

### SUNDAY, MAY 6

- ▶ **8:30 am–1:30 pm**  
Behind the Scenes at the Zoo
- ▶ **9 am–1 pm**  
San Diego Highlights Tour with Old Town
- ▶ **9:30 am–3:30 pm**  
Temecula: Wilson Creek and Ponte Wineries
- ▶ **10 am–1:30 pm**  
Tall Ships Cruise
- ▶ **11:30 am–3:30 pm**  
Culinary Fun in Balboa Park
- ▶ **1–5 pm**  
Torrey Pines Nature Walk

### info

- Complete descriptions and the registration form are under "Spouse/Guest Tours" at [www.acog.org/acm](http://www.acog.org/acm)
- Registration deadline: April 13

### MONDAY, MAY 7

- ▶ **6–10:30 pm**  
Miramar: A Top Gun Excursion
- ▶ **6:15–10:15 pm**  
Dinner Cruise on the Bay

### TUESDAY, MAY 8

- ▶ **8:30 am–1:30 pm**  
Behind the Scenes at the Zoo
- ▶ **8:45 am–3:45 pm**  
Mission San Juan Capistrano
- ▶ **10:30 am–3:30 pm**  
La Jolla & Birch Aquarium
- ▶ **11 am–3 pm**  
Coronado: The Island & the Del
- ▶ **12:30–4:30 pm**  
San Diego by Land and Sea
- ▶ **1–4 pm**  
Gaslamp Quarter Walking Tour and Nordstrom's

### WEDNESDAY, MAY 9

- ▶ **9 am–2 pm**  
Aquatic Discoveries: SeaWorld Tour
- ▶ **9:30 am–1:30 pm**  
La Jolla Plunge Bike Tour
- ▶ **9:30 am–1:30 pm**  
Kayaking the Caves of La Jolla

# 2007 ACM hands-on courses

FIVE POSTGRADUATE COURSES AT THE ANNUAL CLINICAL Meeting in San Diego will use hands-on sessions to teach diagnostic and surgery techniques. Here are highlights of just two of the courses:

## Hysteroscopic techniques

Whether you are experienced in hysteroscopic techniques or a beginner, the hands-on course “Operative Hysteroscopy” will help you, according to course director Daniel M. Breitkopf, MD, an associate professor at the University of Texas Medical Branch in Galveston, who has been teaching hysteroscopy for 10 years.

“The participants will be able to interact informally with the faculty in the lab and get as much specific advice as they want,” he said. “Ob-gyns who have never done hysteroscopy will still need one-on-one precepting at their home institution before doing it independently.”

In didactic sessions, the faculty will cover the indications and contraindications for all of the procedures taught in the course, including hysteroscopy techniques for myomectomy, endometrial ablations, and sterilization.

Hysteroscopy allows for minimally invasive diagnosis and treatment of common gynecologic problems such as abnormal uterine bleeding, infertility, and pelvic pain in some cases.

## Laparoscopic techniques

Another hands-on course is “Laparoscopic Techniques in Advanced Gynecologic Surgery.” Last year was the first year for this course, and course director Arnold P. Advincula, MD, is excited about improvements made for this year’s session.

“Our goal is to give people the best experience possible to make their practice more efficient and safer for the patient,” said Dr. Advincula, director of the Minimally Invasive Surgery Program and Fellowship at the University of Michigan.

The course’s four faculty members will present lectures as well as provide one-on-one tutorials at lab stations. In addition, several lab assistants—mostly fellows from minimally basic surgery programs—will assist with the hands-on portion of the course.

Dr. Advincula said that the faculty’s varied backgrounds add value to the course. He and another faculty member are from minimally invasive benign surgery programs, while another is a urogynecologist, and the fourth is a gynecologic oncologist.



The “Operative Hysteroscopy” course at the 2006 ACM

The course will cover “tips and pearls” on suturing, electrosurgical applications, tissue extraction methods, and robotics and will cover a range of basic to advanced techniques.

“Even people doing hysterectomies and taking out big masses can learn something,” he said. “Even if they leave with one or two pearls—that’s going to help some patients.” ♀

## info

→ For more information and a listing of all ACM hands-on courses, see the Preliminary Program online, [www.acog.org/acm](http://www.acog.org/acm). Click on “Postgraduate Courses” and then “Hands-on Courses”

## EMR vendors to demonstrate products at ACM ‘challenge’

FELLOWS CONSIDERING purchasing an electronic medical record system for their practice won’t want to miss the Electronic Medical Records Challenge at the Annual Clinical Meeting.

This new event will allow attendees to watch several EMR vendors demonstrate their products using realistic scenarios that have been developed by ACOG’s Committee on Ambulatory Practice Operations. Each vendor will be given a limited amount of time to show how their system deals with particular patient situations, including check-in, examination, treatment, and entry of other clinical data such as lab results.

The Challenge will be held from 9 am to

4 pm on Sunday, May 6, in the San Diego Convention Center. The event is free to ACM registrants.

“The new Committee on Ambulatory Practice Operations has come up with this exciting new approach to give ACOG members a chance to really kick the tires on multiple systems and find what’s right for them,” said committee chair Mark S. DeFrancesco, MD, MBA. “EMRs represent a potential quantum leap forward in how we provide health care, but they can also be a black hole and a disaster if the wrong system is chosen or the implementation is botched. The more we can help our members make an informed decision, the better off they will be.” ♀

# Nominees for 2007-08 ACOG officers

The following slate will be voted on at the 2007 Annual Business Meeting in San Diego on May 7. Fellows and Senior Fellows who cannot attend should vote by proxy, using the card sent in a separate mailing in March.

President Elect Nominee	Vice President Nominee
 <p><b>Douglas H. Kirkpatrick, MD</b> Denver</p> <p><b>Professional Position</b> Private practice; assistant clinical professor of ob-gyn, University of Colorado Health Sciences Center</p> <p><b>Education</b> <b>MD:</b> University of Iowa Medical Center <b>RESIDENCY:</b> University of Michigan Medical Center</p> <p><b>ACOG Activities</b> <b>NATIONAL:</b> vice president; chair, Council of District Chairs; chair, Grievance Committee; member, committees on Nominations, Credentials, Health Care for Underserved Women, Professional Liability <b>DISTRICT VIII:</b> chair; vice chair; secretary; recipient, Outstanding District Service Award; recipient, Wyeth Pharmaceuticals Section Award; chair, vice chair, secretary, Colorado Section</p>	 <p><b>Peter A. Schwartz, MD</b> Reading, PA</p> <p><b>Professional Position</b> Clinical professor of ob-gyn, Drexel University School of Medicine</p> <p><b>Education</b> <b>MD:</b> Boston University <b>RESIDENCY:</b> Yale-New Haven Hospital, CT</p> <p><b>ACOG Activities</b> <b>NATIONAL:</b> assistant secretary; chair and vice chair, Committee on Ethics; member, Committee on Government Relations; member, Task Force on Residency Issues; ACOG delegate to AMA; member, Residency Review Committee; CREOG Region II program director representative <b>DISTRICT III:</b> member, Advisory Council; recipient, Outstanding District Service Award; chair, vice chair, Pennsylvania Section</p>
Secretary Nominee	Assistant Secretary Nominee
 <p><b>James N. Martin Jr, MD</b> Jackson, MS</p> <p><b>Professional Position</b> Professor of ob-gyn, University of Mississippi; director, division of maternal-fetal medicine and obstetric services, Winfred Wisner Hospital for Women and Infants</p> <p><b>Education</b> <b>MD:</b> University of North Carolina at Chapel Hill <b>RESIDENCY:</b> UNC-North Carolina Memorial Hospital</p> <p><b>ACOG Activities</b> <b>NATIONAL:</b> secretary; Junior Fellow advisor; member, Council of District Chairs; chair, Public Member Subcommittee; chair, Task Force on Committees; member, committees on Credentials, Obstetric Practice, Course Coordination, Nominations, Government Relations, ACOG-SMFM Joint Leadership; member, task forces on 501(c)(6), Meetings Management, Study of Grievance Committee Complaints on Expert Witness Testimony <b>DISTRICT VII:</b> chair; vice chair; secretary-treasurer; program chair, Annual District Meetings</p>	 <p><b>Iffath Abbasi Hoskins, MD</b> Brooklyn, NY</p> <p><b>Professional Position</b> Chair and residency director, Lutheran Medical Center</p> <p><b>Education</b> <b>MD:</b> Dow Medical College, Karachi, Pakistan <b>RESIDENCY:</b> National Naval Medical Center, Bethesda, MD</p> <p><b>ACOG Activities</b> <b>NATIONAL:</b> member, committees on Obstetric Practice, Health Care for Underserved Women; member, Task Force on Governance; member, PROLOG Task Force on Obstetrics-fourth edition; member, Clinical Document Review Panel; liaison to American Academy of Pediatrics Committee on Drugs; liaison to Society for Perinatal Obstetricians; ACOG delegate to AMA <b>DISTRICT II:</b> secretary; chair, scientific program for Annual District Meeting; chair, Committee for Underserved Women; member, committees on Professional Liability, Legislative, Nominations; Junior Fellow advisor</p>

## Fellow-at-Large Nominee



### Camille A. Clare, MD

Bronxville, NY

#### Professional Position

Assistant professor of ob-gyn, New York Medical College, Metropolitan Hospital

#### Education

MD: Albert Einstein College of Medicine, NY

RESIDENCY: Catholic Medical Center, Queens, NY;

State University of New York at Buffalo

#### ACOG Activities

**NATIONAL:** member, Committee on Adolescent Health Care

**DISTRICT II:** member, Committee on Cultural Competency, Women and Heart Disease Physician Education Committee, and District II/AAP Breastfeeding Committee; Junior Fellow chair, vice chair; Junior Fellow member, Committee on Quality Improvement and Patient Safety; Section 6 Junior Fellow chair; Section 3 Junior Fellow vice chair

Advance registration deadline: April 10

SAN DIEGO • MAY 5-9



# 2007 ACM

## “Guiding the New Direction of Women’s Health Care”

- ▶ Register online by April 10 at [www.acog.org/acm](http://www.acog.org/acm)  
(Advance registration rates end April 10; after that, registrants must pay on-site rates)
- ▶ Preliminary Program online at [www.acog.org/acm](http://www.acog.org/acm)
- ▶ San Diego hotel reservations can also be made on the website: [www.acog.org/acm](http://www.acog.org/acm)

## Annual Business Meeting May 7

**A**COG MEMBERS IN ALL CATEGORIES OF membership should check their mailbox for the March ACOG Resource Packet, which will include the minutes of the 2006 Annual Business Meeting. In addition, Fellows will receive a special mailing in March that includes proposed bylaw amendments and a proxy card to vote for the 2007–08 national officers, the Fellow-at-large, and the proposed amendments.

If you do not plan to attend the Annual Business Meeting in San Diego on May 7, please mail your proxy as soon as you receive it.

### Notice of annual meeting

Notice is hereby given, in accordance with the Bylaws of the American College of Obstetricians and Gynecologists and the provisions of the General Not-for-Profit Corporation Act of the State of Illinois, that the Annual Meeting of the Fellows of said College will convene at 11 am, Monday, May 7, 2007, in the San Diego Convention Center in San Diego, CA, for the purpose of electing officers of the College and transacting such other business as may come before the meeting. ♀

James N. Martin Jr, MD

Secretary

Dated: March 13, 2007

### Dr. Hale invites questions to be answered at the Annual Business Meeting

At the Annual Business Meeting on Monday, May 7, in San Diego, ACOG Executive Vice President Ralph W. Hale, MD, will answer questions submitted by Fellows about ACOG or ob-gyn issues.

### Please mail or fax your questions by April 3 to:

Ralph W. Hale, MD  
Executive Vice President  
ACOG, PO Box 96920  
Washington, DC 20090-6920  
Fax: 202-863-1643

## Creating an ectopic pregnancy tracking system

**“A** PREGNANT PATIENT who was being followed by our residents for bleeding came to the emergency room with a ruptured ectopic. It was a near miss, and she could have died.” That’s how Fellow Robert F. Flora, MD, MBA, describes what motivated him to develop a system-wide tracking system to monitor first-trimester bleeding or pain.

The patient was one of two who had serious complications from an ectopic pregnancy at that hospital. Dr. Flora wanted to design a tracking system to ensure that a patient didn’t “fall through the cracks.”

“Twenty years ago, anyone suspected of an ectopic was admitted,” Dr. Flora said. “Having a patient in-house made it easy to watch.”

Today’s scenario for both diagnosis and management is much more complex, with the advent of methotrexate treatment coupled with the trend toward outpatient care. When Dr. Flora started assessing how women with a potential or actual ectopic pregnancy are monitored and treated, the flow sheet ran to three pages.

Dr. Flora is the ob-gyn residency director at Summa Health System, Akron, OH. Residents in his program provide ob-gyn consultation for the emergency department patients at two Akron hospitals, which together have 116,000 emergency patient visits a year.

When Dr. Flora looked for a way to monitor patients with potential ectopic pregnancies, the existing laboratory tracking system offered the mechanism he needed.

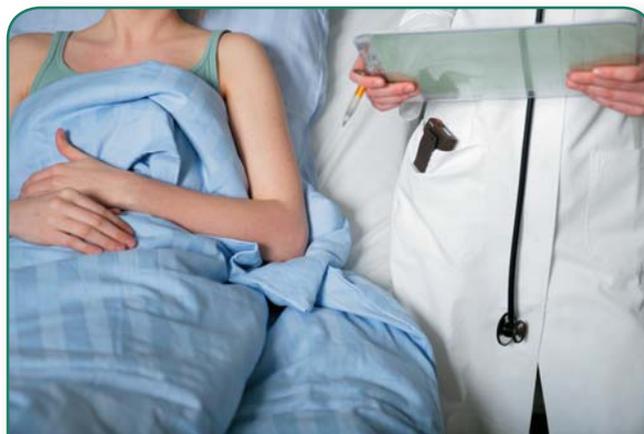
“The lab system allowed physicians to track patients under what’s called a ‘personal list,’” he said. “So we made up a ‘Dr. Quant’ and started adding all potential abnormal pregnancy patients to ‘Dr. Quant’s’ personal list.”

Everyone involved in caring for these patients had “Dr. Quant’s” passcode to enter data and read previous findings for lab tests and

ultrasound studies. Dr. Flora notes that in any given day the system may include as many as 20 patients.

### Tracking system enhanced

Dr. Flora’s interest in the tracking system and patient safety led him to enroll in the 15-month Executive Fellowship in Patient Safety at Virginia Commonwealth University. The fellowship program (now eight months) uses a distance-learning approach, allowing participants to take online classes from their home city, along with participating in two conferences on campus.



*“Twenty years ago, anyone suspected of an ectopic was admitted. Having a patient in-house made it easy to watch.”*

Dr. Flora refined the ectopic pregnancy tracking system using principles and techniques learned in the fellowship program. When he graduated as a fellow in patient safety, he received the Carl W. Armstrong Award for his presentation, “Development of an Institution-Wide Tracking Program of Abnormal Pregnancies.”

Perhaps the most significant enhancement of the tracking system was the integration of a computerized physician order entry system—CPOE—that was launched in the two Akron hospitals and the women’s outpatient

clinic about a year after Dr. Flora started tracking abnormal pregnancies with the laboratory database.

“Implementing CPOE is where it really went to the next level,” Dr. Flora said. “You can not only get the labs and the ultrasound, you can figure out who saw them and when and read the ER notes and dictation. All aspects of the patient’s care are accessible, and residents and attendings have the capability to access it from home.”

In addition, Dr. Flora has added pop-up boxes covering evidence-based aspects of the evaluation and treatment protocols for ectopic pregnancy. Thus, when a physician enters orders using the CPOE system, at each juncture a pop-up message covers the evidence-based guidelines for that aspect of care.

Among other refinements that Dr. Flora made to the tracking system were assigning a chief resident to oversee the system, having the ambulatory medical director monitor patient follow-up with the chief resident, and holding resident educational sessions, which address patient safety topics such as root-cause analysis as well as medical management issues. Thus, the sessions contribute to the residents’ requirements for achieving competency in patient safety.

### Communication improved

Dr. Flora encourages other ob-gyns to develop a tracking system for potential ectopic pregnancy.

“They wouldn’t need to go through the same steps we did, but they could set up an initial database,” he said. “Ultimately, a tracking program results in improving communication and translates to safe care for women.” ♀

### info:

→ Dr. Flora: [florar@summa-health.org](mailto:florar@summa-health.org)

→ Executive Fellowship in Patient Safety at Virginia Commonwealth University: [www.vipcs.org/fellowship/body.htm](http://www.vipcs.org/fellowship/body.htm)



## e-health part of an ongoing series

### Telemedicine applications abound

Programs launched by three ACOG Fellows demonstrate the diverse ways that telemedicine—providing medical information and services using telecommunications—is being harnessed to benefit both patients and providers.

**A**T THE UNIVERSITY OF Arkansas for Medical Sciences in Little Rock, ACOG Fellow Curtis L. Lowery Jr, MD, set up a statewide system that offers a 24-hour call center, access to maternal-fetal medicine specialists, and a physician network that is collaborating on guidelines for best practices in MFM and neonatology. UAMS has the state's only MFM specialists, and the telemedicine center is the hub for 40 rural sites. The program started in 2003 with a weekly interactive case conference with physicians from around the state.

"This got rural physicians comfortable with the equipment and the personal interactions across the system," Dr. Lowery said.

The program rapidly evolved to providing patient consultations, allowing UAMS to expand its referral base to distant parts of the state. Among the key services of the UAMS system is providing consultation for high-risk pregnancies. On any given day, the service may run video units in three locations and do as many as 25 to 30 ultrasound and genetic consultations.

For example, when a patient comes to the clinic in Jonesboro—more than 100 miles away from Little Rock—a specially trained ultrasonographer performs a sonogram while a specialist in Little Rock views it in real time and gives direction. Parties at both sites talk to each other while the ultrasound is being viewed on a monitor at both sites; then the connection is switched from the ultrasound machine to the camera, and parties at both sites converse and ask questions while seeing each other on the monitor.

The interactive video has important communication advantages, according to project director Tina Benton, RN: "You can see their expressions and body language. You can't get those visual cues over the phone. It's more personal."

#### 'Diabetes in Pregnancy' in New Mexico

In Albuquerque in 2006, ACOG Fellow Luis B. Curet, MD, took advantage of an existing telemedicine program at the University of New Mexico Health Sciences Center and began offering a consultative educational program. He developed "Diabetes in Pregnancy," a telemedicine clinic offered for one hour every other Wednesday.

"We don't see patients in this system," Dr. Curet said. "It's more like rounds. Different providers from around the state log into the system and present their cases; then the university people ask questions, discuss the cases, and give recommendations."

Physicians, social workers, diabetes educators, and nurses participate from up to 33 sites.

"This works really well in a rural state," Dr. Curet said. "They don't have to send these patients on trips to Albuquerque that can take four or five hours. They can manage the patients at home."

#### Global consulting in Nebraska

ACOG Fellow Keith W. Vrbicky, MD, of Norfolk, NE, has been involved in telemedicine since the mid-1990s.

While Dr. Vrbicky continues to expand telemedicine in Nebraska, in such areas as genetic counseling, translation services, and continuing medical education, in 1999 he founded American Educational Telecommunications, which has contracts to provide telemedicine services to facilitate health care delivery in Mexico, Egypt, and the United Arab Emirates.

"Primarily, what the company does is establish the video telecommunications network for these countries," Dr. Vrbicky said. "Doctors there can get consultation from specialists here. They can also receive CME courses and

get administrative assistance."

Dr. Vrbicky notes that telemedicine became especially important after the September 11 terrorist attacks, when foreigners, particularly from the Middle East, could not easily get a visa to come to the US for specialty health care.

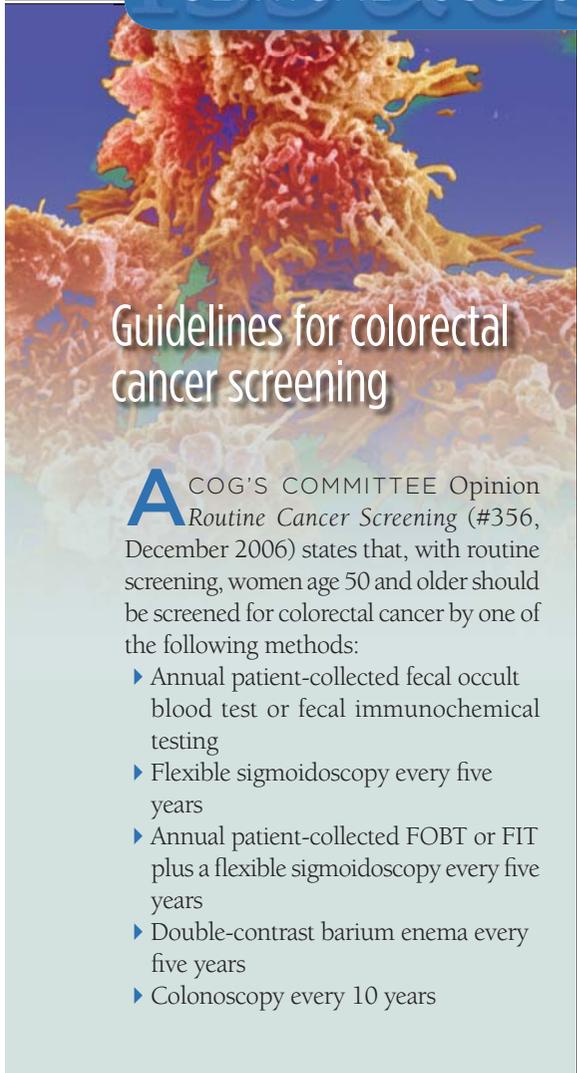
"Telemedicine has replaced the need for people to travel for quality health care," Dr. Vrbicky said.



"We're just at the cusp of learning the power of it," he continued. "There is now convergence with the television industry. It has the potential to change the health of citizens in areas where health education is extremely deficient. We take our knowledge of health issues for granted, but it's nonexistent in many parts of the world. But everybody has a TV. It's a tremendous tool, believe me." ♀

#### info

- Telemedicine Information Exchange: <http://tie.telemed.org>
- US Health Resources and Services Administration telehealth website: [www.hrsa.gov/telehealth](http://www.hrsa.gov/telehealth)



## Guidelines for colorectal cancer screening

**A**COG'S COMMITTEE Opinion *Routine Cancer Screening* (#356, December 2006) states that, with routine screening, women age 50 and older should be screened for colorectal cancer by one of the following methods:

- ▶ Annual patient-collected fecal occult blood test or fecal immunochemical testing
- ▶ Flexible sigmoidoscopy every five years
- ▶ Annual patient-collected FOBT or FIT plus a flexible sigmoidoscopy every five years
- ▶ Double-contrast barium enema every five years
- ▶ Colonoscopy every 10 years

## Help reduce colorectal cancer deaths in US

▶ PAGE 1

- 1. Your recommendation.** Studies show clearly that a doctor's advice is the single most influential element in persuading individuals to be screened. Although most physicians do make recommendations, they don't do it 100% of the time, so a systematic approach is needed.
- 2. An office policy.** Your office policy should cover how to handle patients at differing levels of risk. You should identify local medical resources and set up mechanisms to assess patients' insurance coverage and determine patient preference for different screening types. Put these procedures in writing and make sure to present the policy to staff and implement it.
- 3. An office reminder system.** Reminders can be helpful for you and/or your patients. Strategies for patients may include education, questionnaires given during the office visit, postcards, or phone calls. For physicians, chart prompts, electronic reminders, and audits can serve as reminder systems. The system also needs to incorporate follow-up for referrals.

- 4. An effective communication system.** Patient buy-in is key to improving screening. Approach the patient with options based on her stage of readiness to make a decision. For example, if she is not aware of the reason for screening she needs basic information, but at the other end of the continuum, she may be ready to act and need how-to information. ♀

### info:

- Free toolbox for primary care physicians: [www.ncct.org/documents/general/increasecolorectalcancerscreeningrates.pdf](http://www.ncct.org/documents/general/increasecolorectalcancerscreeningrates.pdf)
- *Cancer Facts & Figures 2007*, from the American Cancer Society: [www.cancer.org/docroot/stt/stt\\_0.asp](http://www.cancer.org/docroot/stt/stt_0.asp)
- ACOG Committee Opinion *Routine Cancer Screening* (#356, December 2006)
- Free 7-minute DVD that demonstrates all colorectal screening options, in either English or Spanish: [www.cancer.org/colonmd](http://www.cancer.org/colonmd)

## Cancer deaths drop for second year in a row

**T**HE NUMBER OF DEATHS from cancer has dropped for the second consecutive year, confirming that the previous year's decrease was not a fluke, according to the latest report of US cancer rates.

All four major cancer sites (lung, breast, prostate, and colorectal) had decreases in total deaths, although lung cancer deaths decreased in men only.

Deaths from colorectal cancer declined the most, with a decrease of 2,204 deaths among men and women, according to the latest report from the American Cancer Society, covering 2003–04.

The total decrease of 3,014 cancer deaths was significantly larger than the previous year's

decrease of 369 deaths, which had been the first time an annual drop in deaths had occurred in the 70 years that national cancer data have been compiled.

Because the most recent decrease in deaths was even bigger than the previous year's, experts are hopeful that a trend has started and that declines will continue.

"Despite the promising decline in colorectal cancer deaths, many women are still not getting screened for colorectal cancer, one of the most preventable and treatable types of cancer when screened early," ACOG President Douglas W. Laube, MD, MEd, said. "ACOG encourages Fellows to educate their patients about the importance of early colorectal cancer screening." ♀



MARCH IS  
COLORECTAL CANCER  
AWARENESS MONTH

*"Despite the promising decline in colorectal cancer deaths, many women are still not getting screened for colorectal cancer."*

—ACOG President  
Douglas W. Laube, MD, MEd

# 2007 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

## MARCH

3-7

### Society of Gynecologic Oncologists 38th Annual Meeting on Women's Cancer

San Diego  
www.sgo.org  
312-235-4060

7-10

### CREOG and APGO Annual Meeting

Salt Lake City  
CREOG: 800-673-8444, ext 2558  
APGO: 410-451-9560

8-11

### Society for Sex Therapy and Research 32nd Annual Meeting

Atlanta  
www.sstarnet.org  
800-673-8444, ext 1644

13

### ACOG WEBCAST: Choosing an Electronic Medical Record

1-2:30 pm ET  
800-673-8444, ext 2498

14-17

### Society for Gynecologic Investigation 54th Annual Scientific Meeting

Reno, NV  
www.sgionline.org  
800-673-8444, ext 2544

28-Apr 1

### American College of Osteopathic Obstetricians and Gynecologists 74th Annual Conference

Palm Springs, CA  
www.acoog.org  
817-377-0421

## APRIL

10

### ACOG WEBCAST: Shepherding the Second Stage of Labor

1-2:30 pm ET  
800-673-8444, ext 2498

12-14

### Society of Gynecologic Surgeons 33rd Annual Scientific Meeting

Orlando, FL  
www.sgsonline.org  
901-682-2079

18-22

### Pacific Coast Reproductive Society 54th Annual Meeting

Rancho Mirage, CA  
www.pcrsonline.org  
562-947-7068

19-21

### North American Society for Pediatric and Adolescent Gynecology Annual Clinical Meeting

Atlanta  
www.naspag.org  
205-978-5011

## MAY

1

### ACOG WEBCAST: Coding for Misadventures and Complications of Care

1-2:30 pm ET  
800-673-8444, ext 2498

5-9

### ACOG 55th Annual Clinical Meeting

San Diego  
www.acog.org/acm  
800-673-8444, ext 2460

## JUNE

5-10

### Western Association of Gynecologic Oncologists Annual Meeting

Sunriver, OR  
www.wagogyononc.org  
800-673-8444, ext 1648

12

### ACOG WEBCAST: Techniques for Improving Safety in Perinatal Care

1-2:30 pm ET  
800-673-8444, ext 2498

21-26

### Society of Obstetricians and Gynaecologists of Canada 63rd Annual Clinical Meeting

Ottawa, ON  
www.sogc.org  
613-730-4192

23-27

### American Medical Association Annual Meeting

Chicago  
www.ama-assn.org  
800-673-8444, ext 2515

29-Jul 1

### North American Society for the Study of Hypertension in Pregnancy

San Diego  
www.nasshp.com  
800-673-8444, ext 1648

## JULY

10

### ACOG WEBCAST: Management of Adnexal Masses

1-2:30 pm ET  
800-673-8444, ext 2498

20-22

### Gynecologic Oncology Group Semi-Annual Meeting

Philadelphia  
www.gog.org  
215-854-0770

## AUGUST

8-12

### ACOG District VI Annual Meeting

Victoria, BC  
800-673-8444, ext 2530

8-12

### ACOG District VIII Annual Meeting

Victoria, BC  
800-673-8444, ext 2530

8-12

### ACOG District IX Annual Meeting

Victoria, BC  
800-673-8444, ext 2530

14

### ACOG WEBCAST: Coding for Medicare Preventive Care Visit

1-2:30 pm ET  
800-673-8444, ext 2498

## SEPTEMBER

5-8

### Society of Laparoscopic Surgeons Annual Meeting

San Francisco  
www.sls.org  
305-665-9959

## ACOG COURSES

- For Postgraduate Courses, call 800-673-8444, ext 2540/2541, weekdays 9 am-4:45 pm ET or visit [www.acog.org](http://www.acog.org) and click on "Postgraduate Courses and CPT Coding Workshops" under "Meetings"
  - For Coding Workshops, visit [www.acog.org](http://www.acog.org) and click on "Postgraduate Courses and CPT Coding Workshops" under "Meetings." Telephone registration is not accepted for Coding Workshops.
- Registration must be received one week before the course.  
On-site registration subject to availability.

## MARCH

1-3

### Complex Gynecologic Surgery: Prevention and Management of Complications

Tucson, AZ

9-11

### ICD-9-CM and CPT Coding Workshop

Atlanta

17-18

### "No Frills" Diagnostic and Operative Office Procedures

Los Angeles

23-25

### ICD-9-CM and CPT Coding Workshop

Phoenix

29-31

### Quality and Safety for Leaders in Women's Health Care

Washington, DC

## APRIL

5-7

### Hands-On Operative Hysteroscopy

Hilton Head, SC

13-15

### ICD-9-CM and CPT Coding Workshop

Chicago

## MAY

10-12

### ICD-9-CM and CPT Coding Workshop

San Diego

## JUNE

22-24

### ICD-9-CM and CPT Coding Workshop

Baltimore

28-30

### Practical Ob-Gyn Ultrasound: Spotlight on Chronic Pelvic Pain

Orlando, FL

## JULY

13-15

### ICD-9-CM and CPT Coding Workshop

Seattle

## AUGUST

10-12

### ICD-9-CM and CPT Coding Workshop

Atlantic City, NJ

16-18

### The Art of Clinical Obstetrics

San Antonio

24-26

### ICD-9-CM and CPT Coding Workshop

Charlotte, NC

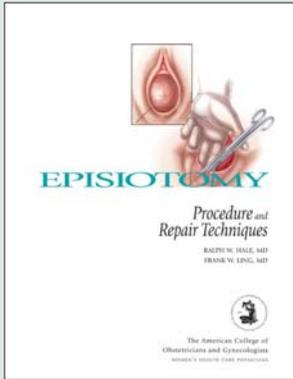
## SEPTEMBER

7-9

### ICD-9-CM and CPT Coding Workshop

Houston

## Episiotomy monograph developed for residents



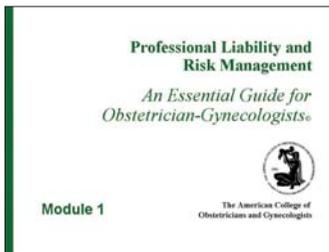
**A**N ACOG MONOGRAPH ON EPISIOTOMY HAS been developed to use as a teaching aid for residents. *Episiotomy: Procedure and Repair Techniques* will be distributed to first-year residents in July at no charge and is available for purchase through the ACOG Bookstore (see “info” below).

Episiotomy is the most common operative procedure that most ob-gyns will perform. But because it is so common and considered minor surgery, teaching students or interns the principles and techniques is usually left to residents. As a result, the Residency Review Committee for Obstetrics and Gynecology asked ACOG to prepare a teaching aid for residents.

The *Episiotomy* monograph was produced through a grant from the ACOG Development Fund. ♀

### info

→ ACOG Bookstore: <http://sales.acog.org>; 800-762-2264



## New professional liability teaching modules available

**A** COMPLIMENTARY TEACHING GUIDE FOR the ACOG publication *Professional Liability and Risk Management: An Essential Guide for Obstetrician-Gynecologists* is available on the ACOG website.

The guide consists of seven PowerPoint modules and scripts, each highlighting key content areas from the book. Each module is intended to be used for a 20–30-minute didactic presentation and discussion between program instructors and ob-gyn residents in training. Topics include risk management, patient communication, records and documentation, and professional liability insurance. ♀

### info

→ On the ACOG website, [www.acog.org](http://www.acog.org), under “Practice Management,” click on “Professional Liability”

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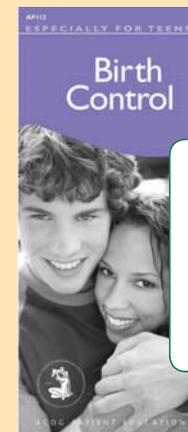
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- ▶ Options for birth control
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### info

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**The American College of Obstetricians and Gynecologists**  
 PO Box 96920  
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