Questions about bone mass and Depo-Provera

In November, a “black box” warning was announced by the Food and Drug Administration and the pharmaceutical company Pfizer for the injectable hormonal contraceptive Depo-Provera (or DMPA, depo medroxyprogesterone acetate). The warning was added to Depo-Provera labeling because of new data showing decreases in the bone mineral density for women using the contraceptive.

“The potential for DMPA to cause bone loss is something we’ve known about for a while. What we still don’t know is whether the bone loss is fully reversible, whether adolescents who use DMPA will have a reduction in peak bone mass, and whether the bone loss results in an increased risk of fractures,” said ACOG Fellow Herbert B. Peterson, MD, former officer of global family planning programs at the World Health Organization and now a professor of ob-gyn and maternal and child health at the University of North Carolina at Chapel Hill. “We know that all contraceptive methods carry benefits as well as risks, and, in general, for most healthy women, the benefits exceed the risks for most methods. The balance will be weighed for each individual, and, when this is done, the findings regarding DMPA and bone loss should be considered.”

ACOG’s Plum magazine debuts

ACOG is reaching thousands of pregnant women 35 and older with the debut this winter of Plum magazine. The unique name refers to “something especially prized,” which defines the pregnancies of these women.

Plum is the first magazine to respond to the special needs of one of the country’s fastest growing demographic groups, pregnant women 35 and older. Plum offers women a unique blend of an informative health journal and a full-color, large-format, glossy, lifestyle magazine. ACOG’s Communications Office developed the magazine with Groundbreak Publishing.

The 200-page magazine is available free to ACOG Fellows, Junior Fellows, and Educational Affiliates in the US, who will distribute it directly to their patients. Approximately 400,000 pregnant women are expected to receive Plum in 2005.

“Plum was born out of the recognition that women who are 35 and older are having babies at rates never before seen,” said ACOG President Vivian M. Dickerson, MD. “That these women
As I write this column, I've just returned from the interim meeting of the American Medical Association, where I was pleased to learn that the decline in membership in the AMA seems to have slowed down. This is an important step in keeping medicine together as we approach ever-increasing threats to the ability to practice medicine.

On several occasions I have urged our members to join the AMA. “Why? What do they do for us?” I’m asked. These are legitimate questions, and I believe there are solid answers. First, medicine needs a strong voice when dealing with government and regulations. As an organization of hundreds of thousands, the AMA is heard and listened to. In the halls of Congress, the AMA is still considered the voice of medicine, and if ACOG wants to have a stake in that voice, we need representation and large numbers in the AMA. I urge you to join and designate ACOG as your representative.

Secondly, the issues we face such as the inaccurate sustainable growth rate for Medicare; pay for performance initiatives; and expert witness concerns can best be addressed by a consolidated approach. The resources of any specialty society are not sufficient to address critical issues such as these. As a group, under the AMA banner, we are stronger.

Finally, the state medical society is critical to many of our efforts. As we run up against roadblocks at the federal level, we must turn to the individual states to address problems. Membership in the AMA and your state medical society is the key to success. Remember that together we are stronger.

I am well aware of the economic pressures on each of you because of decreasing reimbursement and increasing expenses. However, I urge you to consider the added value to yourself and our specialty by having a strong voice in the AMA at the county, state, and national level. If you’re not a member, please consider joining, and if you are a member, stay a member.

Ralph W. Hale, MD, FACOG
Executive Vice President

Submit your nomination for national office

All voting members of ACOG will receive a letter from the College later this month, outlining the process for nominating national officers. Participation in national, district, or section activities is an important prerequisite to serving as a national officer.

April 1 deadline

Individuals may nominate themselves or someone else; ACOG districts and sections may also nominate individuals. Nominations for the offices of president elect, vice president, treasurer (three-year term), assistant secretary, or Fellow-at-Large (restricted to qualified applicants for a two-year term) must be submitted by April 1 and contain the following:

1. A letter stating the office(s) of interest
2. A one-page CV in a specified format
3. A complete CV

Candidates must be prepared to make a presentation about their qualifications for office at the National Officer Candidates Forum on May 11 during the Annual Clinical Meeting in San Francisco.

For a position description of each office, contact Elsa Brown at 800-673-8444, ext 2517, or ebrown@acog.org, or download from ACOG’s website, www.acog.org

OBSTETRICS & GYNECOLOGY

Highlights

The February issue of the Green Journal includes the following ACOG document:
- Coping with the Stress of Medical Professional Liability Litigation (Committee Opinion #309, revised)

Timetable for election of national officers

February: ACOG sends letter outlining nomination process to Fellows
March: Candidates are announced on the ACOG national and district websites
April 1: Nominations deadline
May 11: Committee on Nominations interviews candidates at the ACM in San Francisco
July: Personal statements and brief bios of candidates are published in ACOG Today and on the ACOG national and district websites
Fall: Candidates are discussed at Annual District Meetings
November: Committee on Nominations selects slate of candidates

2006

February: Executive Board receives and accepts final slate
March: Slate and proxy ballots are mailed for use by Fellows who do not plan to attend the Annual Business Meeting
May 8: Slate voted on at Annual Business Meeting in Washington, DC
Patient materials available for National Colorectal Cancer Awareness Month

ACOG is once again helping to promote awareness of colorectal cancer prevention through National Colorectal Cancer Awareness Month in March.

Led by the Cancer Research and Prevention Foundation, the annual campaign has been successful in educating Americans about the prevention, early diagnosis, and treatment of colorectal cancer. ACOG recommends that women at average risk be screened for colorectal cancer beginning at age 50.

Building on the success of last year’s Buddy Bracelet campaign, NCRCAM partners will again distribute blue wristbands with the message “Wear it, Share it, Because You Care!” The wristbands are similar to the yellow “Livestrong” bracelets that promote cancer awareness and were made famous last year by Tour de France winner Lance Armstrong.

The Buddy Bracelet serves as a reminder to get screened for colorectal cancer. Patients are given the bracelet after they are screened so they can pass it on to someone else as a screening reminder. The bracelets are available from NCRCAM for $1 each.

The campaign also offers a set of free self-help guides and brochures in English and Spanish. Both the bracelets and the brochures can be ordered through the NCRCAM website and hotline.

Green Journal series digs for answers

The Green Journal debuts a new series this month that will educate Fellows about the management of common clinical scenarios not often discussed in most ob-gyn literature.

In the Trenches will present a challenging clinical case every other month with a list of key questions that focus on diagnostic and management issues. Experts will address the issues using an evidence-based approach. The first case, presented in the February issue, involves a perimenopausal woman with hot flashes and a skin rash.

ACOG Fellow Ingrid E. Nygaard, MD, has been selected to edit the new series. Dr. Nygaard is professor of ob-gyn at the University of Iowa and has been a member of the Obstetrics & Gynecology Editorial Board since 1998.

“Ob-gyns are often faced with clinical problems that are either in the realm of primary care or are seen infrequently enough that there is little evidence-based medicine available on which to base care,” Dr. Nygaard said.

“In the Trenches articles are designed to be short and practical to help the ob-gyn manage specific problems and to provide guidelines on when to refer to subspecialists.”

Each manuscript will undergo peer review by a member of the Obstetrics & Gynecology Editorial Board and two members of a special board of practitioners from both academic and private settings.
Depo-Provera’s black box:

- Women who use Depo-Provera Contraceptive Injection may lose significant bone mineral density. Bone loss is greater with increasing duration of use and may not be completely reversible.
- It is unknown if use of Depo-Provera Contraceptive Injection during adolescence or early adulthood, a critical period of bone accretion, will reduce peak bone mass and increase the risk of osteoporotic fracture in later life.
- Depo-Provera Contraceptive Injection should be used as a long-term birth control method (eg, longer than 2 years) only if other birth control methods are inadequate (see WARNINGS).

A new contraceptive implant

Starting this year, women in the US will have another contraceptive method available to them. Organon International is expected to soon begin marketing Implanon, an FDA-approved contraceptive implant. Implanted into the under side of the upper arm, Implanon contains etonogestrel, a different progestogen than Norplant uses and is expected to be easier to insert. Norplant, which uses levonorgestrel, has not been marketed in the US since 2000.

Unlike the six-rod Norplant, Implanon is a single-rod implant and has a special insertion applicator. The rod provides contraception for up to three years.

Risks vs. benefits for adolescents

Questions remain about whether adolescents on DMPA will achieve the same peak bone mass that they would have without using the contraceptive and whether bone loss increases the longer DMPA is used. Because of this concern, the black box warning includes a limit on use to two years or less unless other methods are inadequate.

Teenage girls seeking contraception are more likely than older women to choose DMPA. While only 3% of US women ages 15–44 who use contraception choose DMPA, nearly 10% of adolescent girls ages 15–19 who use contraception choose DMPA, according to the US Department of Health and Human Services 2004 Health, United States report.

“While it is important to counsel adolescents about contraceptive options in light of the black box warning, it’s also important to compare the risks of Depo to the risks from unintended teen pregnancy,” said Marc R. Laufer, MD, chair of ACOG’s Committee on Adolescent Health Care. “Teen pregnancy carries with it not only health risks, but also psychosocial issues for both the teen and the child she might have. We, as teen health care providers, need to discuss realistic options for teens for pregnancy prevention. And, we should promote bone health with exercise, adequate daily calcium and vitamin D, avoidance of tobacco and alcohol, and maintenance of normal body mass.”

International effects

Depo-Provera’s black box warning may have more of an effect outside the US. Approved in the US in 1992, DMPA is chosen by only 3% of women in the US seeking contraception. The injectable has been available for much longer and is more widely used in other parts of the world, including both developed and developing countries.

Given as an injection every three months, Depo-Provera is highly effective, relatively inexpensive, easy to administer, and easy for women to adhere to.

According to Dr. Peterson, the World Health Organization is evaluating the new studies in order to determine whether or not WHO needs to update recommendations provided in its Medical Eligibility Criteria for Contraceptive Use, which offers guidance for health care providers worldwide on the use of different contraceptive methods for women with known medical conditions.

To order free copies of Plum for your patients, visit www.plummagazine.com. Download an order form, and fax it to ACOG’s Office of Communications at 202-479-6826.
Two Fellows elected to IOM

ACOG Fellows Philip D. Darney, MD, MSc, and Alan H. DeCherney, MD, were elected with 63 other new members to the Institute of Medicine, which recognizes people who have made major contributions to the advancement of medical sciences, health care, and public health. Election to the IOM is one of the highest honors in the field of medicine and health.

Dr. Darney is the chief of obstetrics, gynecology, and reproductive services at San Francisco General Hospital and the University of California, San Francisco, where he also received his medical degree. He was a resident at the Brigham and Women's Hospital in Boston and the Centers for Disease Control and Prevention.

Dr. Darney has served as chair of the Junior Fellow College Advisory Council and chair of Section 2 in District IX. His clinical interests include contraceptive development, family planning research, and reproductive health evaluation.

Dr. DeCherney is professor of ob-gyn at the David Geffen School of Medicine and director of the Division of Reproductive Endocrinology and Infertility at UCLA. He is also the editor-in-chief of Fertility and Sterility and a former president of the American Society for Reproductive Medicine. Dr. DeCherney graduated from Muhlenberg College in Pennsylvania and Temple University School of Medicine, Philadelphia. He completed his residency at the University of Pennsylvania. His interests include reproductive endocrinology, infertility, and medical publishing.

Applications open for history fellowship

Applications for the 2006 history fellowship will be accepted until Oct 1, 2005. The award carries a $5,000 stipend for expenses while the history fellow spends a month in the Washington, DC, area working full-time to complete the fellow’s specific historical research project.

The fellow will have access to the ACOG History Library and is encouraged to use other national, historical, and medical collections in the Washington area.

The research results must be disseminated through publication or presentation at a professional meeting. The fellowship may begin as early as winter 2005–2006.

info

- 800-673-4444, ext 2578; dscarborough@acog.org

Calling attention to heart disease

ACOG encourages Fellows to join Americans across the country by wearing red on Friday, February 4, to promote awareness of women’s heart disease.

In honor of National Wear Red Day for Women, Fellows can call attention to the No. 1 killer of women in their communities, with their patients, and with their office staff.

Ob-gyn named dean of medicine at Brown University

ACOG Fellow Eli Y. Adashi, MD, is the new dean of medicine and biological sciences at Brown University, Providence, RI. Dr. Adashi was formerly the John A. Dixon Professor and Presidential Professor of Obstetrics and Gynecology at the University of Utah Health Sciences Center.

At Brown, Dr. Adashi will provide leadership for a new series of life science programs and be responsible for the division’s programs of life science research and instruction, including course offerings and research opportunities for undergraduate, graduate, and medical students.

A native of Israel, Dr. Adashi earned his medical degree in 1973 at the Sackler School of Medicine of Tel Aviv University, where he also completed his medical internship. In 1974, Dr. Adashi began residency training in ob-gyn at the New England Medical Center of Tufts University School of Medicine, followed by a fellowship in reproductive endocrinology at Johns Hopkins University School of Medicine and postdoctoral training in reproductive biology at the University of California-San Diego School of Medicine.

Dr. Adashi is a member of the Institute of Medicine and was president of the Society for Reproductive Endocrinologists, Society for Gynecologic Investigation, and American Gynecological and Obstetrical Society. He was also an examiner and director of the Division of Reproductive Endocrinology of ABOG.

Info

- www.heart.org; click on “Go Red for Women”
- Local Wear Red Day events: www.heart.org; click on “Get Local Info”
- www.nhlbi.nih.gov/health/hearttruth/index.htm

Remember:

February 4 is National Wear Red Day for Women
Dr. Potts, the Bixby Professor at the School of Public Health, University of California, Berkeley, builds on the paradigm of evolutionary psychology to suggest that certain human behaviors are universal because they represent the predispositions that helped adapt our evolving ancestors to a hunter-gatherer way of life. It suggests that men and women have very different reproductive agendas for explicable biological reasons.

The President's Program will also include:

- ACOG Fellow David A. Grimes, MD, of Family Health International, Research Triangle Park, NC, speaking on “Politics, Power, and Procreation”
- ACOG Fellow Nawal M. Nour, MD, MPH, founder and director of the African Women’s Health Center at Brigham and Women’s Hospital in Boston, speaking on “Female Genital Cutting: Politics, Ethics, and Health”
- California State Sen Jackie Speier (D-San Francisco/San Mateo)

ACOG Fellow David A. Grimes, MD, of Family Health International, Research Triangle Park, NC, speaking on “Politics, Power, and Procreation”

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California State Sen Jackie Speier (D-San Francisco/San Mateo)

The Edith Louise Potter Memorial Lecture
Medical Drug Use in Pregnancy
Jennifer R. Niebyl, MD

Improving Information About Prescription Medication Use During Pregnancy
Sandra L. Kveder, MD

The March of Dimes Lecture
First-Trimester Prenatal Diagnosis: Earlier Is Better
Joe Leigh Simpson, MD

The John I. Brewer Memorial Lecture
Update in Ovarian Cancer Screening and Prevention
Karen H. Lu, MD

The John and Marney Mathers Lecture
What to Ask (and Not Ask) in a Family History About Cancer
Louise C. Strong, MD

The Morton and Diane Stenchever Lecture
The Multiple Faces of Osteoporosis
Elwyn M. Grimes, MD

ACM in San Francisco
Make course selection easy by registering online: www.acog.org/acm2005

Registering online is the easiest way to select courses because when you choose a course, you will know immediately if it is available, making it unnecessary to list second and third choices

San Francisco hotel reservations can also be made on the ACM website: www.acog.org/acm2005

ACM preliminary programs have been mailed to members who have attended an ACM in recent years. If you have not attended an ACM recently and would like to receive a printed copy of the preliminary program, please email your request to acm@acog.org
ACM Spouse/Guest Program

Seeing some of the magnificent sites of San Francisco is essential when you attend this year’s Annual Clinical Meeting. Fellows, spouses, and guests can explore on their own or choose to take one of the 20+ half-day, all-day, and evening tours that are a part of the ACOG Spouse/Guest Program.

Saturday, May 7

8:45 am–12:15 pm  “Highlights by the Bay,” San Francisco City Tour
9 am–12 pm  Complimentary Nordstrom’s Breakfast and Private Shopping Excursion
10 am–4 pm  “Our Majestic Kingdom,” Muir Woods and Sausalito
1–5 pm  “Wine and Cheese Pairing,” Viansa Winery and Italian Marketplace Tour and Class
1:15–5:15 pm  “Elegance of an Era,” San Francisco Victorian Private Homes Tour
6–9:30 pm  “Broadway on the Beach,” Beach Blanket Babylon Musical Revue
7–10 pm  “Chinese Extravaganza,” Dinner and Tour in Chinatown

Sunday, May 8

9 am–12 pm  “Barbary Coast Walk,” San Francisco History Walking Tour
9 am–4 pm  “Experience the Vineyards,” Napa Valley Excursion
10 am–2 pm  “Brunch on the Bay,” Brunch Cruise on San Francisco Bay
12–5 pm  “Bicycling the Bridge,” Bicycling the Golden Gate Bridge and Sausalito
1–5 pm  “Winchester Mystery Tour,” Winchester Mystery House Mansion and Garden Tour
1:30–5 pm  “Highlights by the Bay,” San Francisco City Tour

Monday, May 9

2–4 pm  Afternoon Tea for All Spouses, presenting a special program on women and heart disease that will highlight the American Heart Association’s national Go Red for Women campaign; all guests are encouraged to wear red
6:30–11 pm  “Sunset on the Bay,” Dinner Cruise on the Bay
6:30–11 pm  “Night at the Ballpark,” San Francisco Giants vs. Pittsburgh Pirates

Tuesday, May 10

7:30 am–3 pm  Presidio Golf Tournament
8–11 am  “Walking on Water,” Golden Gate Bridge Walking Tour
10 am–2 pm  “The Culture of Chinatown,” Chinatown Walking Tour with Dim Sum Lunch
10 am–2 pm  “A Taste of the Chef’s Table,” California Culinary Academy: Hands-On Cooking Demonstration
10:30 am–3:30 pm  “Our Majestic Kingdom,” Muir Woods and Sausalito
12:30–5 pm  “Journey Through the Vines,” Sonoma Valley Tour
1–5 pm  “Elegance of an Era,” San Francisco Victorian Private Homes Tour

Wednesday, May 11

12–4 pm  “Dynasty of the Past,” Filoli Estate and Gardens

Infographic

Complete descriptions are in the ACM Preliminary Program: www.acog.org/acm2005

Young Fellows encouraged to attend new forum

Tuesday, May 10  7 am  San Francisco Marriott

The first ACOG Young Fellows Forum will be held in conjunction with the Annual Clinical Meeting in San Francisco in May. All young Fellows—Fellows 40 and younger who are in the first five years of fellowship—are invited to attend. It will be an exciting opportunity to network with other young physicians and become actively involved in ACOG policy development.

Current Issue Updates

Monday, May 9

1  The Laborist—A New Approach to Improve Patient Safety and Professional Satisfaction

The need to focus on eliminating preventable medical errors and the desire of many OBs to increase professional satisfaction presents the opportunity to develop a new approach to managing the patient in labor. A laborist is a hospital employee working a fixed schedule and responsible for all patients in labor, with the private physician participating as desired.
Louis Weinstein, MD

Tuesday, May 10

2  Improved Patient Care Through Medical Malpractice Protection

There is another solution to proper medical liability and asset protection. With a properly structured practice and the proper combination of limited partnerships, trusts, and other legal entities, doctors can be protected from any judgment should they be sued. The session will address which strategies are the most effective and which strategies simply do not work.
G. Kent Mangelson, CFD

3  Physician Burnout: Occurrence & Strategies

Identifying the condition of physician burnout will be discussed along with the results of the District III Physician Wellness Survey. Characteristics of resilient physicians will be presented, and coping skills will be reviewed.
Vincent A. Pellegrini, MD

4  Late-Breaking News

Hot topics in ob-gyn and its subspecialties.

Representing the American Society for Reproductive Medicine: David Adamson, MD
Representative from the American Urogynecologic Society: TBA
Representing the Society for Gynecologic Oncologists: James W. Orr Jr, MD
Representing the Society for Maternal Fetal Medicine: Mary D’Alton, MD
Junior Fellow program at ACM announced

Junior Fellows attending the ACM have a number of educational and fun events specifically geared toward them. Be sure to take advantage of these activities at the Annual Clinical Meeting May 7–11 in San Francisco.

Monday, May 9

› Medical Student and JFCAC Reception
  5:30–6:30 pm • San Francisco Marriott

Tuesday, May 10

› Junior Fellow Breakfast and Business Meeting
  7–8:30 am • San Francisco Marriott

› Stump the Professors
  9:30–11 am • Moscone Convention Center

› CREOG Annual Luncheon
  12:15–2 pm
  A Program Director’s “Dream Team” 2005 will be presented by William Droegemueller, MD, director of evaluation for the American Board of Obstetrics and Gynecology.

  Dr. Droegemueller’s presentation will provide pragmatic suggestions to solve several administrative problems encountered by residency program directors.

  The registration fee for the CREOG luncheon is $40 per person. Please register when you fill out your advance registration form for the ACM. Your ticket(s) will be included in your ACM registration packet.

See page 6 for registration details

May 1: nominations due
Nominations sought for Junior Fellow district officers

Become an active leader and an energetic voice for Junior Fellows in your district. Every year, each district elects a Junior Fellow district vice chair and district secretary/treasurer. Junior Fellow vice chairs progress to chair after one year; after a year as chair they continue to serve as immediate past chair (for a total commitment of three years).

› If you are interested in an office or in nominating someone else, contact Chris Himes: 800-673-8444, ext 2561; chimes@acog.org

› For more nominations information, visit the ACOG website, www.acog.org, and click on “Junior Fellows” under “Membership”

Qualifications for Junior Fellow district officers

Vice chair

› Junior Fellow member of the district (but may become a Fellow during term of office)
› History of service to ACOG at section, district, or national level as an officer or committee/task force member
› Able to attend required national and district meetings (about three per year)

Secretary/treasurer

› Junior Fellow member of the district

Process for submitting nominations

Send 10 copies of the following:

› Letter stating the office you are seeking
› One-page summary of your CV in a specified format (see Junior Fellow website)
› Complete CV

Where to send nominations

ACOG Department of Junior Fellow Services
409 12th St, SW, Washington, DC 20024
chimes@acog.org

Schedule

May 1: Nominations due
May: District Nominating Committee develops slate of up to three candidates for each office
July: Candidates posted on Junior Fellow website
Aug 1–31: Online polls open
Annual District Meetings: Elected officers installed

› Junior Fellow presenters at the 2004 ACM Stump the Professors: Kjersti M. Aagaard-Tillery, MD; Larisa P. Gavrilova-Jordan, MD; and Robert C. Moore, MD. Not pictured: T. Michael Numnum, MD
Are you a Junior Fellow who has finished residency and entered practice? You can still remain an active participant in ACOG’s Junior Fellow activities. The Junior Fellow College Advisory Council works diligently to serve all Junior Fellows of the College—not just residents. Tremendous opportunities for involvement in the College await Junior Fellows in practice, particularly those with a great understanding of the need for activism. The ACOG Congressional Leadership Conference (formerly the Legislative Workshop) is an annual opportunity for all physicians to be taught the ins and outs of the legislative process, followed by a day of lobbying on Capitol Hill with other physicians from their districts (see page 10). Additionally, ACOG’s key contact program sends a weekly email, The Inside Scoop, about national legislative issues to all those who sign up (see page 14).

The Future Leaders in Obstetrics and Gynecology Conference is another way that ACOG trains young members about activism and leadership. Each district is invited to send up to three participants who are Junior Fellows or Fellows in practice for less than five years. The conference is held every two years in Washington, DC, and led by ACOG Executive Vice President Ralph W. Hale, MD.

Developing practice management education
The JFCAC has had two ongoing task forces aimed at practice management education for Junior Fellows in practice that have focused on complementing the education received in residency training.

The work of the Business of Medicine Task Force, which began in 2003 under the leadership of former JFCAC Chair Wanjiku N. Kabiru, MD, has come to fruition through the direction and support of ACOG’s Department of Health Economics. A primer, developed through this work, is due out by May. It will include information on:

- Options for professional practice
- Starting and marketing a practice
- Employee benefits for physicians
- Personal financial planning for physicians
- Credentialing and licensing information
- Medical liability insurance
- Medical practice finance
- Practice management for physicians
- Laws and regulations relevant to practice

The Liability Support for Residents Task Force, which started in 2002 under then-JFCAC Chair Steven J. Fleischman, MD, has also come a long way. The primer being released in the spring reviews liability issues, provides a glossary of terms, and complements residency education for physicians new to practice who may be facing these issues for the first time.

Keeping tuned to certification process
With respect to the board certification and the oral exam process, the JFCAC currently has a member on the ABOG liaison committee and will continue to work with all Junior Fellows and ABOG to communicate your concerns and ideas and work toward any needed changes.

The option for the early oral board exam is a direct result of such lines of communication; the change was requested by Junior Fellows through the JFCAC.

Gathering list of key contacts
The JFCAC is also working on a list of key Junior Fellow contacts to serve as mentors for medical students and residents. The list will include at least one resident and attending per training program and will help with recruitment initiatives and serve as a network to assist in Junior Fellow programming.

It is vitally important that we have current contact information for Junior Fellows in practice so we can set up a network to advance projects for all Junior Fellows. If you are interested in being more involved, or if you have any questions about your local representation, please contact me (email address below).

Members of the JFCAC are always looking for your ideas and input so we can continually address the needs of all Junior Fellows and ensure activism in the next generation of ob-gyns.

info

lkaufman@nshs.edu

Find the right job through Career Connection

Post resumes and search for the perfect women’s health job through the ACOG Career Connection. The service is free to job seekers, offering ob-gyns more features and greater functionality than other job banks.

The search function allows job seekers to search by job positions, locations, and keywords. Candidates can also:

- Send a CV and cover letter online
- Receive email notifications of new listings
- Track current and past activity
- Access personal assistance toll-free five days a week

Employers can search through online responses to job postings and can quickly search the candidate’s profile, review his or her CV, and contact the candidate online.

Career Connection is a part of the HealthCareers Network.

info

- Click on the Career Connection logo on the ACOG home page, www.acog.org
ACOG weighs in on federal abstinence-only programs

ACOG has urged Congress to consider holding hearings on federally funded abstinence-only programs after a report released in December criticized the programs.

The report, *The Content of Federally Funded Abstinence-Only Education Programs*, was prepared for US Rep Henry A. Waxman (D-CA) by the House Committee on Government Reform, Special Investigations Division.

The report examines the content of 13 federally funded abstinence-only programs, concluding that 11 of them contain unproved claims, subjective conclusions, or outright falsehoods regarding reproductive health, gender traits, and when life begins.

According to the report, many of the programs distort information about the effectiveness of contraception, misrepresent the risks of abortion, blur religion and science, treat stereotypes about girls and boys as scientific fact, and contain basic scientific errors.

Abstinence-only education funding has increased steadily over the past few years and was funded at $168 million in the fiscal year 2005 omnibus appropriations bill. ACOG has called on Congress to examine current funding levels and curricula. ACOG advocates comprehensive, age-appropriate sexuality education as part of comprehensive health education in schools and communities, as outlined in the College’s *Guidelines for Women’s Health Care*, second edition.

AMA opposes abstinence-only education

In related news, the American Medical Association passed new policy at its December interim meeting that updates existing AMA policy that opposes abstinence-only education in school systems.

The updated policy supports federal funding of comprehensive sex education programs that stress the importance of abstinence but also teach about contraceptive choices and safer sex. The resolution also states that the AMA opposes federal funding of community-based programs that do not show evidence-based benefits. ♀

ACOG, along with other physician groups and health care providers, is urging President Bush not to include Medicaid cuts as part of the administration’s fiscal year 2006 budget. The groups sent a letter to the White House in December.

Medicaid reform is likely to be addressed during the 109th Congress, as Congress moves to rein in escalating health care costs by requiring actual cuts or capping the amount that the federal government provides to states.

Medicaid, which pays for approximately one-third of all pregnancies, is a critical health care safety net that must be preserved. Any reductions at the federal level could unravel an already fragile system. ♀

Fight for ACOG’s legislative priorities at Congressional Leadership Conference

All politics may be local, but what happens in the US Congress in Washington, DC, affects your practice and your patients in your own community. Make sure members of Congress understand and support women’s health issues: join your colleagues at the ACOG Congressional Leadership Conference, formerly known as ACOG’s Annual Legislative Workshop, March 13–15 at the Ritz Carlton Hotel in Washington, DC.

Fellows and Junior Fellows from across the nation will meet with their state delegations in Congress to push for passage of ACOG’s top legislative priorities, which include:

› Medical liability reform: Only a handful of votes separates ob-gyns from victory. Last year ACOG members helped HR 5, the HEALTH Act, pass in the House of Representatives. The bill caps noneconomic damages, limits punitive damages, limits attorney contingency fees, shortens the statute of limitations, and allows for collateral source offsets

› The uninsured: Expand health care services to uninsured pregnant women

› Women’s health research: Ensure adequate federal funds for women’s health research initiatives

Nonsponsored Fellows and Junior Fellows can attend by paying a modest registration fee plus expenses. ♀

Registration deadline: February 25

› 800-673-8444, ext 2509; keycontact@acog.org

info
A re you waiting for a new computer system to set up your office’s tracking and reminder protocols? Don’t wait.

“A paper system with a logbook, card files, or file folder can be just as reliable as an expensive computer system,” said John S. Wachtel, MD, a member of ACOG’s Committee on Quality Improvement and Patient Safety who practices at Stanford University Hospital’s Menlo Medical Clinic. “Every practice should have an effective tracking system—paper or electronic—that everyone in the office understands and can easily access,” he said.

Not tracking results allows for missed or delayed diagnoses that can lead to adverse patient outcomes, Dr. Wachtel said.

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**Practice expense error for new CPT code**

In the Medicare Physician Fee Schedule for 2005, published in the November 15 Federal Register, a new CPT code was misvalued.

The practice expense for code 58356—endometrial cryoablation with ultrasound guidance, including endometrial curettage, when performed in an office setting—was valued at 6.84 Relative Value Units or approximately $260 (conversion factor $37.8975).

ACOG brought the error to the attention of the Centers for Medicare and Medicaid Services, and the practice expense RVU is being recalculated. The recalculation should result in a substantially higher RVU and higher reimbursement. However, the corrected practice expense RVU will not be released to local Medicare carriers until March. Claims submitted from January 1 until CMS institutes the correction will be reimbursed at 6.85 RVUs instead of 6.84 for the practice expense. After the correction, claims can be resubmitted for the difference in the reimbursement rate.

**Contact private insurance**

Because private insurance payers often base reimbursement to providers on the RVUs published in the Medicare Physician Fee Schedule, it might be prudent to contact carriers before performing the procedure in an office setting. Insurance carriers may base reimbursement for the procedure on the currently published 6.84 RVUs but may be willing to negotiate for a higher reimbursement rate.

**Build patient safety into your office policies**

**Nine key elements of an office tracking system**

- You have written policies and procedures for tracking and follow-up
  - To function efficiently, protocols should have input from all the users—doctors, nurses, and front-office staff.

- More than one person understands the system
  - “Cross-training is required,” Dr. Wachtel said. ‘It’s not a good idea to have only one staff member trained and responsible for the tracking system. If that person goes on vacation, becomes ill, or leaves the practice, the office may be in jeopardy of having the entire system break down.”

- Your practice has a single tracking system for ordered tests
  - It should be in a central position in the office, not in individual patient charts.
  - Everyone in the office should understand the system and be able to access it.

- Every ordered test is entered in the tracking system
  - The log of tests ordered should be reviewed regularly by the designated staff.
  - “A maximum length of time should be set to wait for results before staff members inquire into a missing test result,” Dr. Wachtel said.

- You initial and date every lab study or report, whether it is normal or not
  - If abnormal, the practitioner may want to write on the report what follow-up is required or what should be done next. The office’s written policy should spell out how the system works and be consistent for all physicians. Office staff should be trained not to file any reports that have not been initialed.

- All studies are reported to patients
  - “The ‘no news is good news’ approach is not an acceptable system,” Dr. Wachtel said.
  - “Decide on the proper way within HIPPA guidelines to notify patients: by phone, email, or mail.” As a safety net, tell patients to contact the office within a specified period if they haven’t heard from your office.

- An appointment is made for needed return visits
  - Make the appointment for needed return visits (such as those to follow up on a breast mass or repeat a Pap test) before the patient leaves the office.

- You are always notified of a no-show
  - The staff should give the physician the patient’s chart along with the notice that she missed her appointment.

- You track referrals to consultants
  - Making the referral appointment while your patient is still in your office is an excellent approach. The date of her appointment can be entered in your own tracking system to follow up if the consultant’s report is not received.

**Take the tracking quiz**

Check to see if your practice has these recommended components of an effective tracking system:

- You have written policies and procedures for tracking and follow-up
- To function efficiently, protocols should have input from all the users—doctors, nurses, and front-office staff.

- More than one person understands the system
  - “Cross-training is required,” Dr. Wachtel said. ‘It’s not a good idea to have only one staff member trained and responsible for the tracking system. If that person goes on vacation, becomes ill, or leaves the practice, the office may be in jeopardy of having the entire system break down.”

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Addressing weight issues with teenagers

While the number of overweight and obese American adults continues to climb, the number of children and teens who are overweight and obese has skyrocketed.

Since the 1970s, the percentage of obesity among teens ages 12–19 has more than doubled, and among children ages 6–11, it has more than tripled, according to the Institute of Medicine. Furthermore, approximately 40% of girls born in the US are at risk for being diagnosed with type 2 diabetes sometime in their life.

The cause of children’s weight problems in the US has been blamed on everything from video games to families not eating home-cooked meals together, from an increase in soda consumption to poor community planning that leaves out sidewalks and bike paths. With so much cultural influence, how can ob-gyns help their teen patients?

“A whole lifestyle change is needed to lose weight, and as ob-gyns, you have to address the whole picture,” said ACOG Fellow LeighAnn C. Frattarelli, MD, assistant professor at the University of Hawaii, and a member of the ACOG Committee on Adolescent Health Care.

“If they just eat healthy and don’t exercise, they probably won’t lose weight. The whole environment must change, and their family has to buy into it.”

How to speak to teens

While it’s important to be sensitive when talking with all patients, it’s even more so when talking to adolescents about being overweight or obese.

“Adolescents who are overweight and obese are well aware of the problem; they have been dealing with the stigma, at school publicly and at home privately,” said Nichole A. Zidenberg, MD, director of the teen clinic, department of ob-gyn, Kaiser Permanente, Roseville, CA, and a member of the ACOG adolescent health committee.

“They are often driven away from doctors who don’t address this subject sensitively. These girls are often helped with encouragement, understanding, and a compassionate point of view as the stigma they experience is already so great.”

ACOG’s Tool Kit for Teen Care provides guidance on how to speak with teens, which includes asking open-ended questions and asking only one question at a time and waiting for a response.

When speaking to adult patients about their weight, ob-gyns often outline the health conditions associated with excess weight such as type 2 diabetes and cardiovascular disease. However, Dr. Frattarelli has found this approach doesn’t often work with teenagers.

“That’s when their eyes glaze over. They care more about looking good. They don’t seem to care about their potential health problems and what can happen down the road,” she said.

The health reason that brought the teenager into a physician’s office may be a good entry point for discussion about weight, said Richard R. Brookman, MD, a pediatrician and specialist in adolescent medicine and a liaison member of ACOG’s adolescent health committee. Many of Dr. Brookman’s teen patients at the Virginia Commonwealth University Health System, Richmond, VA, are sexually active and when they ask about birth control methods, he points out, when appropriate, that some methods may lead to weight gain. This frequently leads into a discussion about the patient’s weight, he said.

In addition, ob-gyns can speak with their adult patients who have overweight children and who may be struggling with weight problems themselves about ways they can help their daughters eat healthy and exercise.

Screening and treating patients

There are numerous long-term sequelae for overweight and obese girls, including irregular menses, amenorrhea, infertility, diabetes, heart disease, and psychological conditions such as isolation, depression, suicide, and drug abuse, according to Dr. Zidenberg.

ACOG’s Health Care for Adolescents recommends that all adolescents be screened annually for hypertension and those at risk for hyperlipidemia and adult coronary heart disease have their cholesterol levels checked.

When teenage patients are receptive to a weight loss program, Dr. Frattarelli discusses with them the need for exercise and connects them with a dietician, who agrees to see adolescent patients the same day, recognizing that they may not show up for a later appointment.
New national quitline helps smokers stop

Most Americans seeking help with tobacco cessation through a quitline now have only one phone number to remember: 800-QUIT-NOW.

The new national access number for the National Network of Tobacco Cessation Quitlines was activated by the US Department of Health and Human Services in November.

Callers are automatically routed to a state-run quitline if one exists in their area. If not, the call goes to the National Cancer Institute quitline. Quitlines offer advice, support, and referrals to local cessation services. Scientific evidence shows quitlines are effective tools that help smokers quit.

As part of the network, the Centers for Disease Control and Prevention provided funding to 49 states and the District of Columbia to either enhance their existing quitline or create one.

In addition to the new quitline, HHS has developed a smoking cessation website, www.smokefree.gov. The site offers online advice and downloadable information to make cessation easier.

Helping pregnant smokers quit

Pregnant smokers should still call the Great Start Quitline at 866-66-START, which is an initiative of the American Legacy Foundation that provides pregnancy-specific help. A call to the Great Start Quitline will be routed to a local quitline when one that counsels pregnant patients is available. The 24 states that connect pregnant callers to the Great Start Quitline will continue to do so.

Pregnant callers without state quitlines who call the HHS/National Cancer Institute quitline will be provided the Great Start number and the Great Start website link, according to the National Partnership to Help Pregnant Smokers Quit.

ACOG is an active partner in this national partnership, which is working to increase the availability, accessibility, and use of state-based, pregnancy-specific quitline resources. ACOG has developed a self-teaching manual on how to help smokers quit.

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CD-ROM shows how to help pregnant patients quit smoking

The virtual practicum and interactive CD-ROM Smoking Cessation for Pregnancy and Beyond, Learn Proven Strategies to Help Your Patients Quit combines visual, audio, text, experiential, and documentary elements on how to promote smoking cessation in a clinical setting.

The virtual clinic was developed by leading experts in the field of tobacco cessation and demonstrates best practices for assisting patients in quitting smoking. Clinicians and health professionals are guided through exercises to counsel and assist three sets of simulated patients to quit smoking using the 5 “A”s method: Ask, Advise, Assess, Assist, and Arrange, an evidence-based approach to screening for and treating tobacco use and dependence.

The program, hosted by ACOG Fellow Sharon T. Phelan, MD, and developed by Dartmouth Interactive Media Laboratory, offers up to five CME credits.

Registry seeks pregnant patients exposed to ribavirin

A national registry is looking for pregnant patients who have been exposed to ribavirin, an oral drug used to treat hepatitis C.

The Ribavirin Pregnancy Registry is evaluating prenatal exposures to the drug, which is an FDA Pregnancy Category X drug, meaning that it’s contraindicated in women who are pregnant. The drug has shown teratogenic and/or embryocidal effects in animal models, but it is unknown if it has the same effect in humans. The registry is the primary source for collecting and evaluating direct or indirect exposures to ribavirin in pregnancy.

Women can be exposed to ribavirin not only if they take the drug themselves, but they can be exposed indirectly through a male sexual partner who has taken the drug within the last six months.

The registry’s Scientific Advisory Board oversees the data, analysis, and presentation of results. A Registry Interim Report is published semi-annually and is available to health care providers.

How to participate

The registry was mandated by the FDA, but participation is voluntary for physicians and their patients.

The registry will accept reports of pregnancy exposures from health care providers, pregnant patients, or pregnant patients’ male sexual partners. The data collected are minimal and targeted. Data are collected at each trimester and at pregnancy outcome through the ob-gyn, and for a live birth for 12 months after birth through the pediatrician. Patient identity is kept confidential.

www.ribavirinpregnancyregistry.com

- 800-593-2214
- www.ribavirinpregnancyregistry.com

An interactive CD-ROM available from ACOG guides practitioners in how to help their pregnant and postpartum patients say “no” to smoking.
noted with interest the article in the November/December 2004 ACOG Today “Medicare to cover preventive care.” Lack of coverage in this area has indeed been very problematic for Medicare-age women for a long time. Alas, this is a very limited change.

The new rules state that this is a benefit only during the first six months after having Medicare part B coverage. The article does not mention this. I write to point this out because I am afraid physicians will mislead patients into thinking they have coverage for a preventive health visit any time, and this is not true. For example, if you became Medicare eligible on January 1, but had a preventive care physical on July 2, you are out of luck and will have to pay for that service.

Perhaps some clarification would be in order. I just heard a presentation from the local Arizona Medicare medical director, and this point was made several times.

Thanks for your good work,
Thomas F. Purdon, MD, FACOG
Green Valley, AZ

Editor’s Note: Dr. Purdon is correct to point out that the new “Welcome to Medicare Physical” is available only to new enrollees and only during the first six months of enrollment. Medicare had not yet announced the six months rule when ACOG Today went to press. We apologize for any confusion this may have caused.

Free health curriculum now available

The Reproductive Health Initiative Model Curriculum, featured in the October issue of ACOG Today, is now available from the American Medical Women’s Association at no charge.

www.amwa-doc.org/rhi/curriculum
2005 calendar

Please contact individual organizations for additional information.

**February**
- ACOG Webcast: Women's Health Care Initiative (update on the status of hormone replacement and related professional liability/risk management issues)
  1–2:30 pm ET
  800-673-8444, ext 2498
- Society for Maternal-Fetal Medicine
  7–12
  Reno, NV
  202-863-2476
- 2nd NIH International Congress: Advances in Uterine Leiomyoma Research and Clinical Implications
  24–25
  NIH, Bethesda, MD
  919-541-2764

**March**
- ACOG Webcast: CPT Surgical Modifiers and Multiple Procedures (Modifiers –51 and –59)
  1–2:30 pm ET
  800-673-8444, ext 2498
- CREOG and APGO
  Annual Meeting
  2–5
  Salt Lake City
  CREOG: 800-673-8444, ext 2558
  APGO: 410-451-9560
- ACOG Congressional Leadership Conference (formerly Legislative Workshop)
  13–15
  Washington, DC
  800-673-8444, ext 2509

**April**
- ACOG Webcast: Consent Issues—Informed Consent, Forms, and Informed Refusal
  7 1–2:30 pm ET
  800-673-8444, ext 2498
- AIUM: Amer Institute of Ultrasound in Medicine
  19–21
  Orlando, FL
  301-498-4100 or 800-638-5352
  www.aium.org

**July**
- ACOG Webcast: CPT Rules for Documenting Evaluation and Management Services
  5 1–2:30 pm ET
  800-673-8444, ext 2498

**August**
- ACOG Webcast: Medicare Rules for Documenting Evaluation and Management Services
  2 1–2:30 pm ET
  800-673-8444, ext 2498

**September**
- ACOG Webcast: How to Survive an Audit
  6 1–2:30 pm ET
  800-673-8444, ext 2498
- Royal College of Obstetricians and Gynaecologists 6th International Scientific Meeting
  27–30
  Cairo, Egypt
  pioneerevents@yahoo.com
  www.rcog2005.com

**ACOG Postgraduate Courses**

Two ways to register:
1. Call 800-673-8444, ext 2540/2541, or 202-863-2476, weekdays
   9 am–4:45 pm ET
2. Go to www.acog.org and click on “Postgraduate Courses” under “Meetings”
   Registration must be received one week before the course. Onsite registration subject to availability.

**February**
- Practical Obstetrics and Gynecology
  3–5 • Keystone, CO
- CPT and ICD-9-CM Coding Workshop
  11–13 • Orlando, FL
- Patient Safety in Obstetrics: New Approaches to Improving Patient Safety and Reducing Practice Liability—Twin Offering
  14–16 • St. Thomas, Virgin Islands
- Advanced Surgical Approaches to Incontinence and Prolapse—Twin Offering
  17–19 • St. Thomas, Virgin Islands

**March**
- Practical Ob-Gyn Ultrasound: Spotlight on Chronic Pelvic Pain
  3–5 • Amelia Island, FL
- CPT and ICD-9-CM Coding Workshop
  11–13 • New York City

**April**
- CPT and ICD-9-CM Coding Workshop
  1–3 • Dallas
- Quality Improvement and Management Skills in Women’s Health Care
  7–9 • Washington, DC

**May**
- CPT and ICD-9-CM Coding Workshop
  12–14 • San Francisco

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Examine ultrasound uses in new postgraduate course

ACOG is offering a new postgraduate course in March that will explore both routine and emerging uses of practical office ultrasound for both pregnant and nonpregnant patients. *Practical Ob-Gyn Ultrasound: Spotlight on Chronic Pelvic Pain* will be held March 3–5 in Amelia Island, FL.

“An array of new sonographic developments and approaches to old dilemmas will engage us on this beautiful Atlantic island,” said the course’s program director, Anna K. Parsons, MD, associate professor of ob-gyn at the University of South Florida. “In particular, the frequent sonographic challenge of searching for the causes of chronic pelvic pain will be discussed by expert sonologists and put in context by our special guest, Dr. Fred Howard. And for the first time, participants are invited to bring video cases to share satisfying sonographic solutions as well as conundrums.”

The course participants will learn how to use changes in CPT coding for obstetrical ultrasound, review recent developments in ultrasound, deepen their understanding of diagnosis and treatment of chronic pelvic pain, and fine-tune their pelvic palpation with the ultrasound-assisted pelvic exam.

Visit “Postgraduate Courses” under “Meetings” on the ACOG website
800-673-8444, ext 2540 or 2541

New Clinical Update focuses on breast cancer

While a breast cancer patient may be taken care of by a host of physicians, it’s often the ob-gyn who initially detects the cancer and who continues to monitor the patient throughout her ordeal.

Learn more about all the facets that go into coordinating a breast cancer patient’s care with *Breast Cancer: Treatment and Continuing Care (CU014)*, the latest issue in the ACOG series Clinical Updates in Women’s Health Care.

The monograph, written by Mary L. Gemignani, MD, a gynecologic oncologist with special expertise in managing patients with breast cancer, is designed to provide ob-gyns with information about therapy and post-treatment follow-up care of breast cancer survivors.

Visit www.clinicalupdates.org 800-762-2264, ext 192

Poster helps patients deal with stress

A new patient poster offers advice on how to cope with stress and encourages patients to speak with their health care provider if they feel emotionally burdened.

The poster, which asks patients “How have you been feeling lately?” and provides eight tips to relieve stress, is available at no charge from America’s HealthTogether, which leads the national partnership Facing Fear Together—Mental Health and Primary Care in a Time of Terrorism. ACOG is a member of the partnership, which was formed after the Sept 11, 2001, terrorist attacks. The 2-feet x 3-feet poster can be hung in physicians’ reception areas.

Order poster: mheldring@healthtogether.org. Provide your mailing address, phone number, and email address
www.healthtogether.org

Four newly revised Patient Education Pamphlets available

- Treating Infertility (AP137)
- Having Twins (AP092)
- Cesarean Birth (AP006)
- Uterine Fibroids (AP074)

Order at http://sales.acog.org; 800-762-2264, ext 192