



# NewsScope

OCT-DEC 2008 VOL. 22 NO. 4

## 2008 – Another Great Year in Review



Charles E. Miller, M.D.  
President, AAGL

**I**t has been a very busy 2008 for the Board of Trustees of the AAGL. Working tirelessly and unselfishly, the Board continued to steer the AAGL on its successful course. The Board accomplished several goals and initiated important projects this year; a few are highlighted below:

- Launched a redesigned, cutting-edge website at [www.aagl.org](http://www.aagl.org). The site now hosts separate areas for physicians, media, healthcare corporations, as well as a robust area for patients, featuring an extensive educational component, the development of which was funded through the AAGL's successful Patient Education Program. Moreover, the website has the ability to handle E-commerce for our membership.
- Concluded a five-year strategic plan in 2008 with 95% completion of stated objectives.
- Conducted an extensive, continuing education needs assessment and outcomes survey of our membership. Results of the survey are being used to positively impact both short- and long-term educational programs.
- Implemented new Call for Abstracts program which improved submission, grading and session assignment as well as allowed for online submission of videos. The easier to use system resulted in more submissions and presentations.
- Surpassed prior attendance records for the Global Congress of Minimally Invasive Gynecology with more medical professionals and more industry representatives in attendance.
- Received a significant educational grant from Karl Storz Endoscopy-America, enabling the Board of the Trustees of the AAGL to authorize the creation of regional hysteroscopic training programs.
- Gained momentum for the Patient Education Program with several key endeavors.
- Developed, conducted and published the results of an online patient survey which assessed and benchmarked patients' attitudes toward minimally invasive surgery. The subsequent, multimedia public relations campaign generated 40 million web impressions.
- Produced a segment for the radio program "Life, Love and Health" featuring the AAGL which gained over 6 million media impressions.
- Conducted a communications campaign that reached at least 400,000 women through blogging on the Internet.
- Facilitated access to physicians for journalists requesting subject matter experts to interview for their articles. AAGL physician-members were featured in the October issue of Ladies Home Journal "The Big Hysterectomy Hoax" and the December issue of More magazine, "The Endangered Uterus."

All press releases as well as other news regarding pelvic health can be viewed on the AAGL website, [www.aagl.org](http://www.aagl.org), under the Newsroom tab. We are thankful to our industry partners who fund the patient education program with unrestricted, educational grants. It is a testament to their belief that our independent voice is the best way to educate and provide information resources to women.

- Launched the Jordan M. Phillips, M.D. Endowment fundraising drive through the Foundation of the AAGL. The first phase of the campaign is fully supported by the leadership and will be rolled-out to the membership in mid-January. Look for your invitation to join this vital call for the future of the AAGL Foundation.

- Augmented the printed word in our association's *Journal of Minimally Invasive Gynecology*, by accepting video clips along with submitted articles. It enhances our commitment to providing excellent education to physicians through all media.
- Approved the charter of the Oncology Special Interest Group, the first for the AAGL. This will provide increased focus and more opportunities to educate physicians treating gynecologic oncology.
- Undertook discussions and developed a working charter to align with the Council of Gynecologic Endoscopy to forge a relationship which ultimately will recognize minimally invasive gynecologic surgeons and their institutions for their professional performance standards.

### Projects initiated:

- Renewed the Board's past commitment and endeavors to push for adoption of a formal gynecologic endoscopy curriculum. Building on the committee work done in 1998 to develop a standardized core curriculum for residents in gynecology, the Board will update it and advocate to have it adopted in teaching institutions.
- Formed the Endometriosis Classification Committee charged with the task of defining standardized levels for endometriosis.
- Revamped and revitalized the Research Committee as well as the Practice Committee which is charged with issuing guidelines.

The above could not have been accomplished without a very special Board of Trustees. I thank them for sharing their time and talents to further the work of the AAGL and for their camaraderie, notwithstanding a few spirited discussions, during my term as President of the AAGL.

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## Be The Change You Seek

—Gandhi



Franklin D. Loffer, M.D.  
Executive Vice President/  
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**W**hat goals do doctors have in common with patients, hospitals, insurance companies and the government?

Answer – better and more cost effective patient care.

But goals are often easy to articulate and the “devil is in the details”. Achieving a goal can be extremely difficult. The Board of Trustees of the AAGL doesn’t claim to have the final answer to the above goal but they are committed to trying to move the pendulum more in that direction.

What are some of the pieces of the puzzle? The AAGL has long been disappointed that the curriculum for residents in Ob-Gyn programs doesn’t require more endoscopy and minimally invasive gynecology. In 1998 the AAGL published recommendations for residency training in laparoscopy<sup>1,2</sup> and over the past 18 years over 2000 students have gone through the AAGL Annual Residents and Fellows workshop. But this program is just a start and doesn’t replace the need for training to be improved in many programs. Some training programs have excellent departments of MIG, but many are lacking and fail to include adequate training (see A Legacy for AAGL pg 4). Part of this problem is the lack of a specific and unified core curriculum. Providing this is one of the projects upon which the AAGL has embarked.

Hands-on training remains a problem at all levels. At the Resident level those programs that are deficient need to recognize the value and need for formal training in endoscopy and MIG. In order to help with this need, the AAGL will be developing core curriculum and training modules to further advance the skills of residents. In addition to short courses, extensive, Post-Residency training is offered by the Fellowship in Gynecologic Endoscopy. The AAGL, SRS, and ASRM are affiliated with these one- and two-year postgraduate fellowships, but there are far more applicants than available sites. Funding is a major problem in enlarging this opportunity and remains an issue. One of the missions of the Jordan M Phillips Endowment is to provide grants for administrative support to this and other postgraduate teaching programs.

And finally there is the need to determine proficiency. Before this can be done, validated testing and objective criteria for the individual physician must be developed. This too is

*(Continued on page 4)*

### from the editor

## Diligent Practitioners, Delinquent Promoters



C.Y. Liu, M.D.  
Editor-In-Chief  
Secretary-Treasurer, AAGL

**I**n the last issue of NewsScope, our immediate past president, Charles Miller, cited a recent study on the awareness and attitudes of women regarding minimally invasive treatments for pelvic health conditions. Of the 526 women surveyed, less than half were aware of such treatments. The findings further revealed that the internet now vies with the physician as a major source of information for gynecological minimally invasive treatments.

The burgeoning use of the Internet for medical information is not surprising. In response to this trend, under the leadership of Dr. Miller, AAGL has put forth unrelenting effort toward patient education; and current president Resad Pasic intends to expand the use of the information highway for dissemination of information regarding minimally invasive treatments.

Too often patients have come to me after having seen their primary care physician or another gynecologist who either a) did not inform them of the availability of minimally invasive treatments, or b) convinced them erroneously that their particular problem was not amenable to such. The patients were overcome with relief and gratitude upon learning otherwise.

With medical advances exploding exponentially, AAGL has a responsibility to keep the public abreast of innovations in women’s health care. How tragic that with a two-decade-plus history, minimally invasive gynecologic procedures still fly beneath the radar! Not only is the general public largely unaware of such treatments, but the medical community—and, sadly, even our own field—are also lacking in knowledge. Where in the world have we been? Sequestered in labs and operating rooms, perfecting our skills? Practicing but not promoting? Granted, the majority of leadership positions in the Ob-Gyn organizations are occupied by our non-surgical specialty colleagues. Even so, have we been diligent practitioners but delinquent promoters? AAGL must expend unprecedented effort to educate not only the public but its own specialty as well.

## NewsScope

### the aagl vision

The AAGL vision is to serve women by advancing the safest and most efficacious diagnostic and therapeutic techniques that provide less invasive treatments for gynecologic conditions through integration of clinical practice, research, innovation, and dialogue.

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## clinical opinion

## A Legacy For AAGL



Rosanne M. Kho, M.D.  
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An evaluation of basic laparoscopic skills in 12 candidates applying for our pelvic reconstructive fellowship program was conducted recently. This group included eleven 4th-year residents from different obstetrics and gynecology (ob/gyn) programs throughout the country. The 5 basic skills evaluated included insertion of a CT-1 needle through a laparoscopic trocar, 'righting' the needle with the needleholder, and performance of the following tasks: running a suture through a vaginal cuff model, intracorporeal knot-tying, and extracorporeal knot-tying with a knot-pusher. The results published recently in *The Journal of Minimally Invasive Gynecology* showed that 33% of the candidates did not know how to correctly insert the needle through the trocar, a median of 6 movements were employed to 'right' the needle, and 50% and 25% were unable to tie an intracorporeal and extracorporeal knot, respectively (1). Although our study was primarily aimed at looking at the efficacy of a 6-minute teaching video, it also suggested that many residents are not currently exposed to adequate and comprehensive training in basic laparoscopic skills in their programs.

Teaching and objectively evaluating surgical skills are some of the biggest challenges of an academic surgical program. Despite extensive evidence of the advantages of laparoscopy and minimally invasive procedures in gynecology, many current ob/gyn residency programs do not provide adequate training to perform laparoscopic surgeries safely and effectively. Until the ACGME mandates all ob/gyn residency programs to provide a systematic education program in laparoscopy and the American College of Obstetricians and Gynecologists (ACOG) requires applicants to complete a validated program in laparoscopy for certification, we will continue to see many graduating residents poorly trained and inadequately prepared for laparoscopic procedures.

A study by Stoval et al looked at the current status of laparoscopic training curriculums in ob/gyn residency programs throughout the country by sending out a questionnaire to 180 program directors (2). Although only 41% responded, they found that formal laparoscopic training existed in only 69% of the residency programs. This is despite much evidence documenting the efficacy of laparoscopic skills laboratories in surgery programs (3, 4). Stoval's study confirmed that there is currently no preferred method and no standardization in the content and implementation of teaching laparoscopy. Objective evaluation of competency

in laparoscopy is inconsistent across the board. The study additionally highlighted the opinion of many program directors that in the near future, hospitals and health-care providers would require proof of competency in laparoscopy as standard of care.

Our colleagues in General Surgery are way ahead of the game. In June of 2008, the directors of the American Board of Surgery put into effect the requirement that as of July 1, 2009, all applicants for certification in general surgery complete the Fundamentals of Laparoscopic Surgery (FLS) program. FLS is a joint program developed by the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) and the American College of Surgeons. FLS provides the fundamentals of laparoscopic surgery in a consistent and scientifically-proven format using 2 CD-ROM's, online study guides, series of manual skills tasks using a standard laparoscopic trainer box, and an exam that objectively measures the trainee's cognitive and technical skills (see [www.flsprogram.org](http://www.flsprogram.org) for details). For a limited period of time, FLS will be available to all general surgery residency programs in the country, free of charge.

AAGL, with its leaders and innovators in laparoscopy, currently impacts the education of future laparoscopists by its support of multiple minimally invasive fellowship programs and provision of courses (hands-on and didactics) for residents and practicing surgeons. AAGL is in a unique position to partner with ACOG in creating and implementing a standardized laparoscopic teaching curriculum specific to gynecology that would effectively teach and objectively evaluate trainees to become safe and competent laparoscopic surgeons.

I pose this challenge to AAGL - to leave such a legacy that would greatly benefit so many women for years to come.

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## fyi (Continued from page 2)

part of the overall program the AAGL is addressing.

There are many who will contribute to this effort. One in particular is the Council of Endoscopy (formerly the Accreditation Council of Gynecologic Endoscopy) which has now joined the AAGL as a special interest group and brings with it its expertise in evaluating physicians practice patterns as well as its preliminary structure for recognizing hospitals as "Centers of Excellence".

The primary responsibility of all of the parties listed in

the title is to help patients. The AAGL believes its efforts will contribute to helping to achieve the above goal. Patients will be the winners. There should be no losers.

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Question and Answers — Panel

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Preoperative Preparation (Patient, Uterus, OR)  
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Techniques for Intrauterine Cutting, Hemostasis, and Tissue Removal  
Reducing Risk During Hysteroscopic Surgery  
Question and Answers — Panel  
Laboratory and Video Tutorial Orientation

## annual meeting

## AAGL Royal Flush in Las Vegas



Resad P. Pasic, M.D., Ph.D.  
Vice-President, AAGL  
Scientific Program Chair

While I have no intention to brag about how great and successful the 37th Global Congress was in Las Vegas, I just feel compelled to summarize the events of the meeting to all those members that were not able to come to Las Vegas, so they make sure to attend our next meeting scheduled for November 16-19, 2009 in Orlando, Florida.

The meeting in Las Vegas broke all the records with 578 scientific submissions of which there were 442 presentations and 136 videos. We had a record number, 1,678 medical practitioners, and 1,153 industry representatives. This meeting could not get any more international with participants coming from 63 different countries. And this meeting was very special since it celebrated the life of our late founder, Jordan M. Philips, M.D.

It was truly a historical meeting – by all accounts listed above but also by all of the history of the AAGL we had the good fortune to hear at Jordan's tribute. Being with the AAGL for a number of years, I thought that I knew most of it but I was mistaken. The stories about the very first AAGL "meeting" which was initiated by Jordan Phillips as told by AAGL founders – Drs. Jacques Rioux, Richard Soderstrom, and Louis Keith – were amazing. The accompanying photos were hilarious... I am not sure if Jordan and others knew they were making history back then but they certainly did... And every one could see how the AAGL has come a very long way... From 4 enthused gynecologists to an organization of nearly 4,000 members is quite a leap indeed.

Our postgraduate courses proved to be the great success with very diverse faculty coming from all parts of the globe. The hands-on laparoscopic suturing courses and a hands-on hysteroscopy course where all sold out as well as all three hands-on cadaver courses – in anatomic dissection, gyn-oncology and urogynecology.

This year's General Session consisted of two parts: an interactive survey about gynecologic endoscopy that produced instant feedback and proved to be quite educational and entertaining. The second part presented by Dr. Antonio Setubal and by Dr. Steven Palter was about the history of film and medicine showing some of the first filmed surgeries which were quite shocking. This presentation also took us on a 3D futuristic journey about new developments in film, including 4k technology, their application in medicine and gleaned into the future of these fields.

The scientific program offered eight surgical tutorials that again proved to be in high demand and three debates on (1) robotic surgery; (2) hysterectomy v. ablation for treatment of bleeding; (3) and intramural fibroids and infertility. For the first time, AAGL

offered two live telesurgery sessions that featured world top surgeons presenting complex surgical procedures. The first live telesurgery session featured the sacral colpopexy procedure simultaneously performed by laparoscopy at the Women's Hospital of Texas in Houston and by robotic surgery at Morristown Memorial Hospital in New Jersey. The second live telesurgery session featured LSH and TLH performed at Cleveland Clinic Florida and Magee Womens Hospital in Pittsburg, respectively and a laparoscopic radical hysterectomy transmitted to the AAGL from Galaxy Laparoscopic Institute in Pune India. A DVD is available from the AAGL.

Serving as a Scientific Program Chair during the previous year required a lot of work and planning. However, I have been blessed with the kind assistance of the best office staff one could imagine, led by our Executive Director, Linda Michaels and our Executive Vice President/Medical Director, Dr. Franklin Loffer. I

am very grateful to Dr. Brian Cohen who accepted my invitation to serve as the honorary chair of the annual meeting and tell the story of his remarkable journey with the AAGL. I am also very grateful to the Scientific Program Committee and to the AAGL Board of Trustees, led by our very capable president, Dr. Charles Miller, for their ideas, their final touches and their seal of approval on this program! I owe gratitude to the CME Advisory Committee, Abstract Review Committee, Scientific Poster

Committee, Video Committee and the Awards Committee for their great and highly appreciated work.

Of course, this meeting would not have been possible without faculty who have contributed their scientific work in the form of posters, presentations, videos, debates, surgical tutorials, postgraduate courses and live telesurgeries; and I thank you all for your contributions. Furthermore, this meeting would not have been possible without the generous support from industry. This year we had the largest ever exhibit area and I would like to thank all our industry partners for their participation in this meeting. It was my great privilege and honor to preside over this complex and exciting operation.

The preparations for the next year's meeting in Orlando, Florida are well underway under the direction of Dr. C.Y. Liu, our new Vice President who will serve as the Scientific Program Chair; he is already working hard to make next year's meeting, even better than this one.

The AAGL is holding its third International Congress in conjunction with the Australian Gynaecological Endoscopy Society (AGES) May 20-23, 2009 in Brisbane Australia. We look forward to your participation in those upcoming events.



Camaraderie among members at the Global Congress.

## 37<sup>th</sup> Global Congress of Minimally Invasive Gynecology



Grace M. Janik, Immediate Past President, Charles E. Miller, President, Resad P. Pasic, Incoming President



Learning at a Plenary Session



Governing – the Board of Trustees in session



2008 Graduates of the AAGL/SRS Fellowship



Steven F. Palter, Keynote Presenter



3D Movie and 4k technology during Keynote Presentation



Dr. Miller delivering the Presidential Address



Hands-on learning in the suturing lab



Innovation on display in the Exhibit Hall

## Violet Bowen-Hugh, M.D. Women's Healthcare Awareness Award

**F**or the first time, the AAGL in conjunction with the National Women's Health Resource Center (NWHRC) gave an award to recognize a physician who has demonstrated long-term commitment or outstanding endeavors to increase women's awareness of healthcare options, especially in underserved areas.

Named in honor of Dr. Violet Bowen-Hugh, the award will be given annually by the AAGL at its Global Congress of Minimally Invasive Gynecology. This year it was funded by an educational grant from Ethicon Women's Health and Urology.

Dr. Violet Bowen-Hugh had a vision. Each day of her medical career she ensured that her patients received the care they needed and deserved and she wanted to ensure that every woman had access to quality health care and to the information she needed to make the best decision for her. In 1988 established the National Women's Health Resource Center to realize her dream.

After a call to the membership to nominate deserving physicians, the committee, chaired by Dr. Javier Magrina,

selected Dr. Mohamed Mabrouk to receive this year's award. Dr. Mabrouk is a young physician who currently practices in Italy but started his career in his home country of Egypt. Using his own funds, he has organized social meetings in Egypt in the endeavor to change cultural norms (including female genital mutilation) and the view of women through proper education. At first, he met with resistance and had very few attendees at his monthly meetings, but now, after several years, the meetings have over 2,000 attendees and Dr. Mabrouk is working to extend the meetings to surrounding countries.



Dr. Mabrouk with award, Dr. Magrina (l) and from right, Beth Cahill, (NWHRC) Devon Prutzman and Sharon Trumbull (Ethicon) and Linda Michels (AAGL)

Several other deserving candidates were nominated making the final choice difficult.

It is rewarding to know what our member physicians are doing on their own time and often with their own funds to further the quality of women's healthcare.

Please look for next year's call for nominees for the Violet Bowen-Hugh, M.D. Women's Healthcare Awareness Award.



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<sup>1</sup>Cooper J, Gimpleson R, Laberge P, et al. A randomized, multicenter trial of safety and efficacy of the NovaSure system in the treatment of menorrhagia, *J Am Assoc Gynecol Laparosc.* 2002; 9(4): 418-428

## foundation news

# The Foundation of the AAGL – A New Found Purpose



Ralph J. Turner, M.D.  
Executive Director  
Foundation of the AAGL

**T**he Foundation of the AAGL found new purpose this year. Formed 15 years ago to further research, the Foundation has quietly expanded its mission by supporting education through the annual resident's workshop, providing support to annual meeting awards and by continuing to support research. This year, the Foundation Board accepted our next challenge to fund the future of minimally invasive gynecology. Recognizing that goals cannot be accomplished unless time is dedicated to its fulfillment, staff was hired and new advisors were added to the Foundation Board.

While the Board was defining ways to fund its new goals, the summer brought the passing of the AAGL Founder, Dr. Jordan M. Phillips and the Foundation decided to honor his legacy with the development of the Jordan M. Phillips, M.D. Endowment. I am pleased in this article to provide our donors and members of the AAGL with an update on our activities and thank all of you for your tremendous support of our initiatives.

### Opening Session Features Founder Tribute



The annual meeting commenced with a pictorial tribute to recognize the man who started the AAGL – Dr. Jordan M. Phillips.

Dr. Franklin Loffer, AAGL's Executive Vice President/Medical Director, began the presentation by discussing the background of the organization. Clearly, Dr. Phillips was known for being a visionary and humanitarian, and his impact on gynecologic endoscopy has been felt across the globe from physicians and residents to the patients they serve. In 1970, Dr. Phillips recognized the potential benefit of laparoscopy for the healthcare of women, and the need to provide a forum for its advancement. By starting the AAGL, he made a decision that not only changed his life, but the professional lives of many.

Drs. Richard Soderstrom, Louis Keith and Jacques Rioux were asked to participate in the tribute because of their pivotal role in the early days of the AAGL. While Jordan was the catalyst and the first president for the AAGL, it was these four leaders, and those who followed over the next 30 years, who helped to grow the AAGL into the international organization it is today.



Dr. Soderstrom explained how some of the early detractors of the organization had little trouble expressing their opposition to the organization and how it would fail to take hold and its existence would be short-lived. Despite that, Dr. Phillips and others pushed for acceptance, and managed to convert some of those early detractors, many of whom eventually became members and even a future president.



Dr. Keith, with his well-known, illustrious flair for storytelling, shared his memory on how the founding members first met. Dr. Phillips had invited the three to

his suite for a meeting to discuss becoming more involved in the AAGL. The three, who hadn't known each other, met in the elevator on their way to Dr. Phillips' suite. When they arrived altogether, he answered the door and exclaimed "Now, I know I made the right choice."



Dr. Rioux recalled the circumstances of his first time meeting with Dr. Phillips. Dr. Rioux had presented a paper on laparoscopy and their discussion of that paper sparked a half-century of friendship and camaraderie. He described Dr. Phillips' ability to shepherd this flock of physicians so they would seek out knowledge while advancing their academic and professional careers. Providing the appropriate environment for innovation was integral to the expansion of the AAGL, and Dr. Phillips was a master at bringing everyone together.



AAGL Executive Director, Linda Michels, spoke about how Dr. Phillips had been her mentor, and how he generously imparted his wisdom and guidance while he challenged everyone to establish lofty goals. She told the audience about the outpouring of heartwarming sentiments received from AAGL members after the announcement of Dr. Phillips' death. Ms. Michels stated that they shared their memories, stories and reflections about a man who not only touched them professionally, but also personally, and how his vision was still felt today in much of what our members do. These sentiments were shared with Dr. Phillips', widow Mary Zoe Phillips, who remains active in Medical Books for China International, a charity they started to replace medical books destroyed in the Cultural Revolution.

You may view this touching tribute on the AAGL's website at [www.aagl.org](http://www.aagl.org).

### Silent Auction Makes a Splash

The first Foundation Silent Auction was a success in Las Vegas. Bidding was accepted on a variety of vacation packages to Paris, New York and Mexico, as well as fun-filled experiences, including NASCAR racing or being a Fighter Pilot for a day. Educational packages were also very popular and provided an opportunity for attendees to sign up early for AAGL workshops at a discounted price. The auction generated \$54,810. We would like to thank the following companies for making donations: Abode Fine Furnishings, Bowermaster & Associates Insurance Agency, Inc. and Weber Printing Company.

Proceeds from the auction will go toward the Jordan M. Phillips, M.D. Endowment. Plans are already underway for the 2009 Silent Auction. "We're so thankful to all the members and friends who participated in the auction to make it a success," said Heather Flower, the Foundation's Director of Development.

## foundation news (cont.)

### Foundation Presents Coveted Awards

The Foundation has long encouraged excellence by recognizing physicians who have shared outstanding papers, videos, and posters with the AAGL. This year,

the Foundation sponsored the following awards which acknowledged achievement of excellence.

#### Jerome J. Hoffman Award for the Best Postgraduate Prize Paper



Yuval Kaufman accepts award from Fred Howard, Chair (R) as Gil Greulich (L) and Beth Zipp look on. An educational grant is provided by Covidien for this award.

#### Carlo Romanini Award for the Best Paper on Endometriosis



Mohamed Mabrouk (I) accepts award from Errico Zupi, Chair.

#### Kurt Semm Award for Excellence in Pelviscopy



George A. Vilos accepts award from Liselotte Mettler (R) and Isolde Semm (L).

#### Robert B. Hunt Endowed Award for Best Paper Published in JMIG 2007



Aurélio Riberio da Costa accepts award from Barbara Levy, Chair (R).

#### Jay M. Cooper Endowed Award for the Best Paper on Minimally Invasive Gynecology



Patrick P. Yeung, Jr. accepts award from Andrew I. Brill, Chair (R), and Linda Michels (L).

#### Best Scientific Poster Award

Guy Waddell, M.D.  
Universite de Sherbrooke  
Sherbrooke, Quebec, Canada  
*“Cervical Ripening Using Vaginal Misoprostol before Hysterectomy: a Double Blinded Randomized Trial”*

## Fund The Future – Pledge to the Jordan M. Phillips, M.D. Endowment



**A**s indicated at the beginning of this article, the major undertaking by the Foundation was the launching of the Jordan M. Phillips, M.D. Endowment. This five-year campaign was organized to primarily fund four areas:

- Research – grants for AAGL members' projects that will be vetted and coordinated through AAGL's Research Committee. Projects will facilitate collaboration and promote innovation and advance research education.
- Fellowships – grants to fund infrastructure support for local fellowship sites and educational grants for workshops.
- Patient Education – efforts and activities to educate women about their treatment choices and the inherent benefits of minimally invasive procedures.
- Annual Meeting Lectureship – funding that allows AAGL to bring the top, most prominent keynote speakers to its Global Congress.

“Jordan brought so much to all of us, and this is the way to reinforce his legacy and recognize his significant dedication and vision,” said Dr. Ralph Turner, the Foundation's Executive Director. “That vision and AAGL's commitment to advanced medical education, research and better health care for women will live on through his endowment.”

Since September, contributions and commitments have topped \$200,000 from individual members who are on the

Foundation Board of Directors, Board of Trustees, former Presidents, Fellowship Board, JMIG Editorial Board, AAGL Advisors, Preceptors, and Preceptees. “The Foundation Board and Trustees agreed that the organization's leadership needed to demonstrate they were behind the endowment before it was launched to the greater membership,” explained Dr. Turner.



In early January 2009, the Foundation will reach out to all AAGL members and friends to sign up and make a commitment to this worthwhile campaign. Since this is an extended campaign, members can pledge monthly, quarterly or annually. For example, if a contributor pledges \$83.33 per month for five years, that individual qualifies as a Teacher donor (\$5,000). Donors at all levels will be recognized by their peers, in publications, on AAGL's website and at the Annual Meeting.

“Many of our members' lives, practices, and professional standing were very positively influenced because of Dr. Phillips and the AAGL,” said Dr. Franklin Loffer, AAGL Executive Vice President/Medical Director. “Your contribution to this Endowment will recognize this and be supportive of the AAGL in its future initiatives.”

For more details about the Jordan M. Phillips, M.D. Endowment, contact Heather Flower, Foundation Director of Development, at 1-800-554-2245 or (714) 503-6200.



## Jordan M. Phillips, M.D. Endowment

The Foundation of the AAGL wishes to recognize the following donors for their generous contributions:  
DONORS up to December 8, 2008



### Advisor (\$25,000 or more)

Dr. Charles E. Miller • Drs. Camran, Farr & Ceana Nezhat

### Researcher (\$15,000 or more)

Franklin & Trish Loffer

### Mentor (\$10,000 or more)

Anonymous • Grace M. Janik, M.D.

### Teacher (\$5,000 or more)

Leila Adamyan, M.D. • Ted Anderson, M.D. • Abayomi B. Ajayi, M.D.  
Krisztina Bajzak, M.D. • Linda D. Bradley, M.D. • Dr. Martin Farrugia  
Jaroslav Hulka, M.D. • Keith Isaacson, M.D.  
Drs. Anthony & Danielle Luciano • Javier F. Magrina, M.D.  
Djenita & Resad Pasic • Lisa Roberts, M.D. • Assia Stepanian, M.D.  
Ralph J. Turner, M.D. • Dr. & Mrs. Paul F. Vietz

### Colleague (\$2,500 or more)

Arnold Advincula, M.D. • Emilio Fernandez, M.D. • Harrith Hasson, M.D.  
Joseph M. Maurice, M.D. • Harry Reich, M.D.

### Associate (\$1,000 or more)

Gary Frishman, M.D. • Richard J. Gimpelson, M.D.  
Dr. & Mrs. Ronald Levine • Scott & Linda Michels  
William H. Parker, M.D. • Wendy Winer, R.N.

### Friend (\$500 or more)

David & Heather Flower • Chyi-Long Lee, M.D., Ph.D.  
Barbara Levy, M.D. • Vincent Lucente, M.D., MBA  
Miles Murphy, M.D. • Dr. & Mrs. Cristo Papasakelariou

### Contributor (\$250 or more)

AAGL in memory of Dr. Roger Ferland • Amy Garcia, M.D.  
Paul D. Indman, M.D. • Volker R. Jacobs, M.D., Ph.D., MBA  
Eric Sokol, M.D.

### Other

Anonymous • Viviane Connor, M.D. • Jane Kalert  
Andrew I. Sokol, M.D.



## Jay M. Cooper, M.D. Endowment

The Foundation of the AAGL wishes to recognize the following donors for their generous contributions:  
DONORS October 27, 2007 to November 26, 2008

### \$1000

American Medical Systems • Boston Scientific • CooperSurgical • Covidien  
Cytoc Surgical Products • Ethicon Endo-Surgery, Inc.  
Ethicon Women's Health & Urology Gyrus ACMI Surgical • Hologic  
Intuitive Surgical • Karl Storz Endoscopy • David Olive, M.D.

### \$750

Stryker Endoscopy • SurgRx Inc.

### \$500

Baxter Healthcare • Bard Urological Division • Conceptus Inc. • Conmed Corp.  
InSightec Ltd. • Novare Surgical Systems Inc. • Olympus Surgical America  
Teleflex Medical • Richard Wolf Medical Instruments Corporation

### \$250

G. David Adamson, M.D. • Aragon Surgical Inc. • Jay Berman, M.D.  
Mpathy Medical • Douglas Ott, M.D., MBA • William Parker, M.D.

### \$100

Brian Cohen, M.D., M.B.Ch.B. • Stephen Corson, M.D.  
Joseph Sanfilippo, M.D. • James Shwayder, M.D., J.D.



## Robert B. Hunt, M.D. Endowment

The Foundation of the AAGL wishes to recognize the following donors for their generous contributions:  
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Covidien • Cytoc Surgical Products • Ethicon Endo-Surgery, Inc.  
Ethicon Women's Health & Urology • Gyrus ACMI Surgical  
Hologic • Intuitive Surgical • Karl Storz Endoscopy

### \$750

Stryker Endoscopy • SurgRx Inc.

### \$500

Baxter Healthcare • Bard Urological Division • Conceptus Inc. • Conmed Corp.  
InSightec Ltd. • Novare Surgical Systems Inc. • Olympus Surgical America  
Teleflex Medical • Richard Wolf Medical Instruments Corporation

### \$250

Aragon Surgical Inc. • Mpathy Medical • Camran Nezhat, M.D.  
Ceana Nezhat, M.D. • Farr Nezhat, M.D.

### \$100

Frances Batzer, M.D. • Brian Cohen, M.D., M.B.Ch.B. • Elizabeth Stewart, M.D.  
James Shwayder, M.D., J.D. • Marshall Trubow, M.D.



## Resident's Circle

The Foundation of the AAGL wishes to recognize the following donors for their generous contributions:  
DONORS October 27, 2007 to November 26, 2008

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American Medical Systems • Boston Scientific • CooperSurgical • Covidien • Cytoc Surgical Products • Ethicon Endo-Surgery, Inc.  
Ethicon Women's Health & Urology • Gyrus ACMI Surgical • Hologic • Intuitive Surgical • Karl Storz Endoscopy

### \$750

Stryker Endoscopy • SurgRx Inc.

### \$500

Baxter Healthcare • Bard Urological Division • Conceptus Inc. • Conmed Corporation • InSightec Ltd. • Novare Surgical Systems Inc.  
Olympus Surgical America • Teleflex Medical • Richard Wolf Medical Instruments Corporation

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Aragon Surgical Inc. • Franklin Loffer, M.D. • Mpathy Medical

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James Shwayder, M.D., J.D.

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## affiliated societies

# Hungarian Society for Gynecologic Endoscopists



Jozsef Bodis, M.D.  
President, Hungarian Society  
for Gynecologic Endoscopists

**T**he Hungarian Society of Gynecologic Endoscopists has developed a very active and progressive society in just over 15 years. Their leadership is clearly forward thinking.

The contribution to laparoscopy by their countryman, Janos Veres, (also spelled Veress, 1903–1979), will always guarantee their place in endoscopic history. I have always been intrigued by his serendipitous contribution to laparoscopy. He was a pulmonologist and created his needle to safely create an artificial pneumothorax in the treatment of tuberculosis.

Franklin D. Loffer, M.D.  
Executive Vice President / Medical Director, AAGL

• J. Sandor, F. Ballagi, A. Nagy, I. Rakoczi: A Needle Puncture that Helped to Change the World of Surgery. *Homage to Janos Veres. Surgical Endoscopy, New York, February 2000, 14 (2): 202-202.*

### When and how was your society established?

Endoscopy - first of all – laparoscopy has more than three decades long history in Hungary. In 1938, Dr. Janos Veres developed the insufflation needle, later bearing his name, that made the penetration into the abdominal cavity more secure. Following the initiative of Prof. I. Rákóczi and with the support of the Hungarian Gynaecological Society, an organizing committee was set up with the task of gathering doctors and surgeon assistants involved or interested in endoscopy.

The first meeting was held in 1992. Following the conclusion of the scientific program, participants decided to found the Endoscopy Section of the Hungarian Gynaecological Society. The Section organised its first scientific conference in 1993 and after conclusion of the scientific program the participants voted to turn the Section into an independent society, named “Hungarian Society of Gynecologic Endoscopists”.

### What is its mission statement/primary goal?

The aim of the Society is the development of general principles and guidance of Hungarian gynaecological endoscopic activities and evaluation of the results obtained. Further aims of the Society are as follows: support of scientific activities of members, establishment of international relationships, organization at a high level of the university and postgraduate training in the field of endoscopy.

### Approximately how many members are there?

Approximately 500.

### What are some of the benefits of membership?

Since 1995 the Society has published a quarterly “Newsletter”. Our members are eligible to participate in our training courses and congress events at reduced fees. Also, they can access our website to upload and download tutorial videos and images.

### Is there any additional information you would like to provide about your society?

Since its founding, the Society has endeavored to establish links with numerous domestic and foreign organizations involved in similar activities. In co-operation with the companion professions from Hungary, the Society organized several symposia, workshops and refreshment courses. In 1997 the Board compiled the laparoscopy and hysteroscopy training programme of the Society. This was finalized following consultation with the members. In 1997 the Society established the VERES Memorial Medal. This medal is conferred for outstanding achievements in the practice, development and teaching of gynaecological endoscopy.

President  
Jozsef Bodis, M.D.

Vice President  
Bela G. Molnar, M.D.

Secretary  
Istvan Szabo, M.D.

Treasurer  
Andras Nemes, M.D.

## Sex and The Great Barrier Reef



Alan Lam  
FRANZCOG, FRCOG,  
MBBS (Hons.)  
Congress Chair  
President, AGES  
Advisor, AAGL

“Sex, Surgery and Gynaecology” - Yes, it's true!!! This is the theme of the AAGL 3rd International Conference, to be held in May 21-23, 2009, in Brisbane, Queensland, Australia.

As president of the host society, the Australian Gynaecological Endoscopy Society (AGES), and as chair of this conference, I would like to extend a warm welcome to everyone – friends, colleagues, AAGL members, and members of international societies affiliated with the AAGL - to attend and participate in this unique AAGL international conference.

Unlike any other international endoscopic meetings, this AAGL/AGES conference will, through endoscopy, focus on many things patients frequently ask but often do not get satisfactory answers to. By attending this conference, you will be able to counsel your patients on what's normal, what's not; what's the impact of surgery

(in particular endoscopic surgery), and gynaecological pathology such as endometriosis, fibroids, prolapse, cancer on sexual function. There will be also spirited insights into hormone replacement, cosmetic and “rejuvenating” gynaecological surgery.

In addition to the unique theme of the conference, there are many other important reasons to make sure you come to Brisbane, Australia, in May 2009: the heritage-listed Great Barrier Reef, the wonderful Queensland beaches, the rugged Australian outback, and the expansive rainforests.

“Sex, Surgery and Gynaecology” promises to set the theme for many future AAGL international conferences.

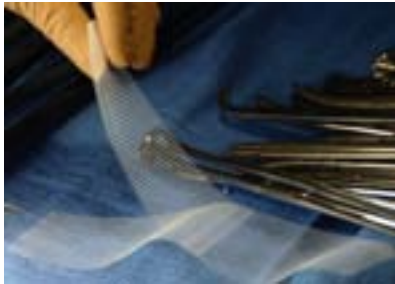
Visit [www.ages.com.au](http://www.ages.com.au) for details and to register for the meeting. We look forward to welcoming you to Brisbane, Australia.

## new products



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### Richard Wolf Medical Instruments Corporation

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## member news

## Roger J. Ferland M.D. Mourned – 1954 - 2008



**T**he many friends and colleagues of Dr. Ferland were shocked to learn of his sudden and unexpected death on December 1, 2008. He had been recuperating from the removal of a benign brain tumor. He leaves behind his wife, Kim Cleary, children and family.

Dr. Ferland has been an active member of the AAGL since becoming involved in 1984 when he was selected by his program chair as the “Outstanding Resident in Laparoscopy”. He was an instructor in the Fellowship in Gynecologic Endoscopy; a reviewer for JMIG; and a frequent presenter at AAGL and other meetings. He

was one of the pioneering researchers for the harmonic scalpel. Through out his teaching career he received many awards from his students and colleagues. In 2008 he was nominated to be a candidate for the 2009-2010 AAGL Board of Trustees.

At the time of his death he was the head of the Gynecologic Team at Women & Infants Hospital at Brown University School of Medicine and had just become the Director of Surgical Services. His talent and commitment will be greatly missed by his patients, students and all who knew him.

## Welcome New Members

September 8, 2008 – December 4, 2008

Vicente A. Aguirre Garay, M.D.	Caroline M. Colin, M.D.	C. William Helm, M.D.	Catherin A. Matthews, M.D.	Michael Rodriguez, M.D.
Sheryl A. Alger, M.D.	Melanie A. Collins, M.D.	Jennifer R. Hendrickson, M.D.	Steven B. McCann, M.D.	Horace Roman, M.D.
Carolina Aliaga, R.N.	Felice D. Colliton, M.D.	Hilton R. Hilton, M.D.	Jeffrey A. McQueary, M.D.	Brenda N. Roy, M.D.
Michael D. Allen, M.D.	Brendan R. Conboy, M.D.	Marilyn W. Hines, M.D.	John W. Mercer, M.D.	Daniel A. Saxon, M.D.
Andreia Almeida, M.D.	Alex Condrea, M.D.	Tetsuya Hirano, M.D.	Mark A. Miller, D.O.	Linbee V. Sayat, M.D.
Zeynep Alpay, M.D.	Bruce P. Conmy, M.D.	Deanna L. Hirzel, M.D.	Jum K. Min, M.D.	Peter Schneider, M.D.
Jorge E. Alvarez, M.D.	Ronald Cusano, M.D.	Mark R. Hoffman, M.D.	Jose Misas, M.D.	Vanessa Sekula, M.D.
Claudio Moura Andrade, M.D.	Joseph B. Davis, M.D.	Patrick M. Holland, M.D.	Gustavo H. Molina Salgado, M.D.	Alberto E. Selman, M.D.
Fernando Andrade-Gagliardo, M.D.	Lisa A. Davis, M.D.	Jack Y. Hsiao, M.D.	Nilda Moreno-Ruiz, M.D.	Angela Seto, MSN, FNP
Tomas Antonini, M.D.	David M. DeGiralamo, M.D.	Edwin C. Huang, M.D.	Darlene Morgan, M.D.	Jodi Shapiro, M.D.
Ana I. Argueta, M.D.	Kellie Delozier, M.D.	Masahiro Itoh, M.D.	Karen Morrow, M.D.	Amber M. Shiflett, M.D.
Coinda Arias, M.D.	Morteza M. Dini, M.D., Ph.D.	Jocelyn Q. Ivie, M.D.	Constance Mulroy, M.D.	Vanja Sikirica, Pharm. D.
Merra K. Atkins, M.D.	Gouri B. Diwadkar, M.D.	David N. Jackson, M.D.	Jyothi Nannapaneni, M.D.	Glen H. Silas, M.D., M.S.
Annika Auranen, M.D.	James T. Dodge, D.O.	Dianna B. James, M.D.	Tomas Neumann, M.D.	Agnaldo Silva-Filho, M.D.
Marcelo Silvino Avella, M.D.	Felicia Donald, M.D.	Mark Jespersen, M.D.	Nicole J. Nguyen, M.D.	Sadhna N. Singh, M.D.
Sangeeta K. Babar, M.D.	Neferiti C. Dupont, M.D.	Moustafa Kamel, M.D.	Bennie P. Nobles, M.D.	Jorge Solsona, M.D.
Jolene M. Bachman, M.D.	Hasan Ebdessamad, M.D.	Keiko Kariya, M.D.	Jessica Nunez, M.D.	Valena Soto-Wright, M.D.
Maged M. Bakhet, M.D., MRCOG, FRCS	Andreas D. Ebert, M.D., Ph.D.	Stephen H. Kaye, MBBCh, FRCS	Ryan E. Offer, M.D.	Susan Specht, RN
Lois Barnes, M.D.	Kenneth Edelman, M.D.	Mohsen K.A. Khairy, M.D.	Edward N. Ofori, D.O.	Steven E. Speights, M.D.
Jeness Barthel, M.D.	Gregory M. Eilers, M.D.	Waguih Kirolos, FRCOG, FRCS	Peter G. O'Hare, M.D.	Joel D. Steed, M.D.
Claudio Basbaum, M.D.	Lawrence Eisenhauer, M.D.	Eiji Kobayashi, M.D.	Cedric K. Olivera, M.D.	Christopher B. Stevens, M.D.
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Ulas Bozdogan, M.D.	Harry P. Froeschke, M.D.	Jesse Logan, M.D.	Shawna LB Phelps, M.D.	Warren Volker, M.D., Ph.D.
Theresa Brandner-Allen	Francisco J. Garcini, M.D.	Terry T. Logan, BS	Debra Piehl, M.D.	Toni D. Vu, D.O.
Belinda G. Broady-Symes, M.D.	Peter Geddes, M.D.	Fessy T. Louis, M.D.	Jackeline Placencia, PA-C	Herman Weiss, M.D.
Katina Y. Brown-Burgess, D.O.	Hoang N. Giep, M.D.	Helen Luong, M.D.	Patricia Powell, M.D.	Amy E. Whitten, M.D.
Phillip Bush, M.D.	Noah A. Goldman, M.D.	Malcolm W. Mackenzie, M.D.	Jennifer R. Price, M.D.	Leila Zafaranchi, M.D.
Aileen Caceres, M.D., MPH	Aurora Gonzalez, M.D.	Paul Mackoul, M.D.	Stella Psarakis, M.D.	Alysson A Zanatta, M.D.
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## education calendar

*The following educational meetings are sponsored by or in affiliation with the AAGL*

**January 19 – 22, 2009**

**III Annual International Congress  
on Reproductive Medicine "Family  
Reproductive Health"**

Moscow, Russia

**January 28 – 31, 2009**

**Hysterectomy and Alternative Methods  
to Treat Benign Uterine Disease  
Congress Centre't Elzenveld Lange**

Scientific Program Chair: Phillippe Koninckx, M.D.  
Antwerp, Belgium

**February 12 – 13, 2009**

**13th Annual Course in  
Gynecological Endoscopy**

Scientific Program Chairs:  
Harry Reich, M.D. & Prof. José Roquette  
Hospital da Luz • Lisbon, Portugal

**April 18 – 19, 2009**

**18th Annual Comprehensive Workshop  
on Minimally Invasive Gynecology for  
Residents & Fellows**

Scientific Program Chair: Grace M. Janik, M.D.  
Hyatt Regency Chicago O'Hare  
Chicago, Illinois

**May 15 – 16, 2009**

**11th Annual Advanced Workshop on  
Gynecologic Laparoscopic anatomy &  
Surgery on Unembalmed Cadavers**

Scientific Program Chair: Resad P. Pasic, M.D., Ph.D.  
University of Louisville • Louisville, Kentucky

**May 20 – 23, 2009**

**3rd Annual AAGL International Congress  
in conjunction with the Australian  
Gynecologic Endoscopy Society (AGES)**

Scientific Program Chair: Alan M. Lam, M.D.  
Sofitel/Hilton Brisbane • Brisbane, Australia

**June 7 – 10, 2009**

**XXII Annual International Congress  
"Advanced Technologies for Diagnosis  
and Treatment of Gynecologic Disease"**

Moscow, Russia

**September 2009**

**4th Annual Workshop on Advanced  
Laparoscopic Techniques for Gynecologic  
Oncologists Using Unembalmed Cadavers**

Scientific Program Chair: Javier F. Magrina, M.D.  
Location to be determined

**June 26-29, 2010**

**IV International Congress on Minimally  
Invasive Gynecology in conjunction with the  
Croatian Medical Association and Croatian  
Society of Gynaecological Endoscopy**

Scientific Program Chair: Miroslav Kopjar, M.D., Ph.D.  
Hotel "Libertas" Dubrovnik • Dubrovnik, Croatia

### ANNUAL MEETINGS

**November 16 – 19, 2009**

**38th Global Congress of Minimally  
Invasive Gynecology**

Scientific Program Chair: C.Y. Liu, M.D.  
Gaylord Palms Resort • Orlando, Florida

**November 8 – 12, 2010**

**39th Global Congress of Minimally  
Invasive Gynecology**

Scientific Program Chair: Linda D. Bradley, M.D.  
Caesar's Palace • Las Vegas, Nevada

**November 6 – 10, 2011**

**40th Global Congress of Minimally  
Invasive Gynecology**

The Westin Diplomat • Hollywood, Florida