10th AAGL International Congress on MIS
BARCELONA, SPAIN
June 5-7, 2014

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FOCUS ON AAGL

What Is the “AAGL Family”? Dr. Loffer

Forty-two years ago the membership of the AAGL numbered only 41 surgeons. While the numbers grew rapidly for years, everyone knew who the other members were. Since there was no other group endorsing gynecologic endoscopy, it remained a small “family” of enthusiasts. It was the AAGL Founder, Jordan M. Phillips, M.D., who first referred to the “AAGL Family.” What did this term imply in the early years and does it still apply today?

Early on, it meant everyone felt a sense of responsibility to work together in order to advance the use of laparoscopy for the benefit of patients. Mainstream gynecologic thought leaders in the United States did not see the advantages of laparoscopy, and early AAGL members were looked upon as being on the fringe. In those days, AAGL members had only a few colleagues with whom they could share professional interests. This resulted in the formation of many lifelong friendships.

Early AAGL members were a small group of surgeons interested in advancing laparoscopy (which was truly the beginning of the concept of minimally invasive gynecological surgery), and they welcomed new members and new ideas. There was no academic hierarchy within the AAGL to stifle any newcomer or any new idea. This attitude of being inclusive and supportive still exists in 2013.

In our role of “Advancing Gynecologic Surgery Worldwide” the AAGL has gone beyond just laparoscopy. Our 6 Special Interest Groups demonstrate these varying areas of interest. Since we have over 7,500 members is there still an AAGL family? I would submit to you the answer is yes. It may not be the small intimate group that it was in 1971 and we may be more diverse in our areas of interest, but the prevailing attitude of the AAGL remains one of being inclusive and supportive.

It may now be a big family, but members can still count on an organization which values the ideas of new members and is open to new advances in minimally invasive gynecology.

Franklin D. Loffer, M.D., FACOG, is the Executive Vice-President/Immediate Past President/Immediate Past President/Medical Director of the AAGL and resides in Phoenix, Arizona.

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NewsScope
It’s All in the Strategy – Following a 5-Year Plan Produces Strong Results

In 2012, the Board adopted a 5-year Strategic Plan for 2013-2017. Below is a report on the progress that was made on these goals in 2013, our first year guided by this strategic plan.

Membership: All AAGL members will derive exceptional value and benefit from joining and actively participating in a globally inclusive, diverse and collegial professional community.

When I came in as President, I challenged all of you to bring your colleagues to the AAGL, either through a meeting or by becoming a member. I am pleased to report that through your support and a combination of activities the membership grew to 7,472 this year; an increase of 17% from last year. The membership graph in Table 1 demonstrates a continued five-year growth cycle.

Professional Development: AAGL will be the recognized provider of superior opportunities for life-long learning while establishing a clear career path in the MIGS profession.

As always, opportunities for education were abundant this year. We offered a number of training opportunities that resulted in 53,554 CME hours being granted. Starting in January 2014, we will launch a new program to expand our educational offerings to include online CME.

Work on the Essentials in Minimally Invasive Gynecology continues and I am pleased to report that through a grant from the Fellowship on Minimally Invasive Surgery, we were able to offer all of the graduating FMIGS Fellows the EMIG cognitive and skills test at the 42nd Global Congress. Additionally, a committee of 95 FMIGS Fellows was established to work under the direction of Dr. Vadim Morozov to spend develop a 23 chapter EMIG curriculum. The committee is committed to completing this project by June 2014.

The Centers of Excellence in Minimally Invasive Gynecology program continues to meet with aggressive adoption. Currently 72 hospitals have earned designation with a 260% increase over 2012 and 260 surgeons have earned designation, a 341% increase over 2012. In addition, the COEMIG designees held their first meeting at the AAGL 42nd Global Congress where the BOLD database was launched.

Cooperative Relations: The global AAGL community will be readily recognized as thought leaders and subject matter experts in MIS.

The AAGL is increasingly sought out by other societies for collaborative efforts. This year we worked with ACOG on two committees—the LCOG and the SCOG. We were also approached by SGS, SMFM, and SGO to work on joint practice guidelines.

Relations with our 44 international affiliated societies remains strong resulting in two more international hosted meetings being established. I encourage you to make plans to attend the 10th international meeting in Barcelona, Spain from June 4-7, 2014 and the 11th in Jerusalem, Israel, June 16-19, 2015.

A taskforce to work with our colleagues in China was established which resulted in selected papers from The Journal of Minimally Invasive Gynecology being translated into Mandarin for distribution throughout China.

Expand Technology-Based Offerings: Further enhance creativity, features, interactivity and accessibility of the website while linking to other AAGL created and maintained relevant sites.

In 2013, Surgery U was front and center in that it provided live webinars of interest to our members expanding our offerings to 8 live events with over 195,000 viewer minutes from over 78 countries. It was gratifying to see members from all over the world tuning in and asking questions of our member surgeons on this virtual platform.

The patient website, MISforWomen.com was launched and continues to garner more viewership as it is promoted using various media. This patient facing offering provides patients with validated medical information on minimally invasive surgical procedures, videos that illustrate MIS surgical concepts, and access to our AAGL Physician Finder and its 7500 physician listings worldwide. During the second half of 2013, MISforWomen.com was viewed more than 7,500 times by women in 85 countries, and we are on track to grow that number significantly in 2014 through our awareness campaigns online and in print.

The new JMI Editorial Board headed by Dr. Tommaso Falcone published for the first time scientific videos as non-print work; citable on PubMed and indexed. The Editorial Board continues to produce provide swift first-round decisions with publication within 4 months of acceptance.

Leadership Development: AAGL will foster a secure, collaborative and rewarding environment which is global, inclusive and diverse in order to promote development of volunteer leaders for the organization and the profession at large.

The 42nd Global Congress involved nearly 100 more faculty than prior years, many of whom were invited to be faculty for the first time. And we were pleased to include graduates from the Fellowship in MIG’s who served as preceptors and faculty of the postgraduate courses.

Governance: Ensure that the organizational structure addresses the future needs and expectations of AAGL in a timely and efficient manner.

All existing committees were reviewed for continuing relevance. Some were combined, others dismissed and some reorganized to better meet today’s needs. Committees provide a good opportunity for members to be engaged with the AAGL and they contribute greatly to the work that the AAGL produces each year. We have 86 members serving on the committees that produce the work of the AAGL and we thank these members for their commitment.

Finally, let me say it was a distinct pleasure for me to serve as President of the AAGL this year and I look forward to the work that Dr. Ceana Nezhat will accomplish with, and for, the members of the AAGL in 2014.
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\(^1\) ENSEAL® devices tested in a benchtop study on 5/7mm porcine carotid arteries. With NSLG2C35A devices, median burst pressures were 51% higher for vessels sealed at a 90° angle compared to vessels sealed at a 45° angle (\(p=0.0007\)). With NSLG2S35A devices, mean burst pressures were 29% higher for vessels sealed at a 90° angle compared to vessels sealed at a 45° angle (\(p=0.0001\)).
Year In Review: 2013 Marks a Landmark International Year for AAGL’s SurgeryU Live Video Series

In 2013, AAGL SurgeryU completed its fourth year of bringing educational live telesurgery events to minimally invasive gynecologic surgeons around the world. This year, we presented eight live events on AAGL.org, six live events at the AAGL Global Congress in Washington, DC, as well as two at the 5th Annual Meeting on Laparoscopic, Robotic, and Vaginal Hysterectomy in New York.

The important landmark for this year was not the number of events that were presented, but the international audience that viewed the events. For each event, our video production team is able to monitor the number of viewers who are watching from each country, and this year we saw record numbers of viewers coming to us from places such as India, South Africa, Brazil, Turkey, Russia, and Japan. In addition, we had viewers in more than 30 other countries.

This important metric clearly demonstrates how SurgeryU is helping AAGL in its mission to advance minimally invasive gynecology worldwide. Through the use of video streaming technology, AAGL is able to bring experts in minimally invasive gynecologic surgery into the homes and offices of physicians around the world, offering top-notch education that results in improved care for the women served by these surgeons.

In 2014, we are planning a full calendar of live events, as well as the rollout of video-based CME learning opportunities on AAGL.org. We will be sharing more details on these offerings with you in upcoming issues of NewsScope, as well as through the AAGL Digital Member Bulletin.

Assia A. Stepanian, M.D. is Editor-in-Chief of SurgeryU. She is also in private practice at the Academia of Women’s Health and Endoscopic Surgery in Atlanta, Georgia.

SurgeryU events feature a combination of live telesurgeries (where the surgeon presents his or her case directly from the OR while performing a procedure on a patient) and live webinars (where the surgeon presents one or more pre-recorded cases to a live audience). During all of our events, members will be able to interact with the presenting surgeon by asking questions through an interactive chat room, which the presenter will then answer live as part of the broadcast.
On behalf of the Scientific Program Committee for the 42nd AAGL Annual Meeting, I would like to thank each of you who attended the meeting in Washington, D.C., and congratulate you for being a part of the largest meeting in AAGL history!

The entire staff of the AAGL worked tirelessly on the annual meeting and their dedication and skill is evident in the successful meetings they produce year after year. I would like to acknowledge a few staff members who worked closely with me throughout the planning process – Art Arellano, Professional Education Manager, Roman Bojorquez, Director of Information Systems & Project Development, Craig Cocca, Interactive Marketing Director, Jane Kalert, Meeting Manager, and Gerardo Galindo, Membership Manager. Truly, the AAGL is a family, working together for the benefit of the organization.

My thanks to the entire team – Lynn Bell, Arcy Dominguez, Julie Nash, Dene Glamuzina, Barbara Hodgson, Simona Long, Claudia Sahagun, Jennifer Sanchez and Seth Spirrison.

I would like to give special thanks to the outstanding faculty who gave their time, energy and knowledge which resulted in a dynamic and rich educational program. We were very successful incorporating newer generations of MIGS surgeons into the faculty, supporting the idea of tradition meeting innovation. It was wonderful to see current fellows, recent fellowship graduates, international members and our distinguished long term faculty.

Several people from outside of the AAGL contributed to the success of the meeting. The Jordan M. Phillips Keynote Address was presented by two powerful speakers. Dr. Neil Martin, Chair of the UCLA Department of Neurosurgery, presented insightful and interesting information on their successful comprehensive and innovative program to improve safety and clinical quality for the patient. Dr. Ajit Shah, world renowned innovator and entrepreneur, described the design and evolution process of developing technology for medicine, focusing on his work with robot-assisted surgery.

Other notable faculty from outside AAGL included Dr. Benedict Benigno of Northside Hospital Atlanta; Drs. Ruben Quintero and Efthia Kontopoulos of the University of Miami Jackson Fetal Therapy Institute; Dr. Jan Deprest of Fetal Therapy Program at University Hospitals Gasthuisbergand; Dr. Mark Laufer, Chief of Gynecology at Boston Children’s Hospital; and Dr. Alan Kaplan of Northside Hospital in Atlanta. Utilizing these renowned experts allowed us to introduce new topics, such as Laparoscopy in Pregnancy and Fetal Surgery. We also added energy sources in minimally invasive surgery as a new offering.

At the second General Session, a group of three endometriosis specialists highlighted different areas of research on the enigmatic disease. Dr. Rob Taylor presented information on estrogen sensitivity and progesterone resistance and the effect on clinical treatment. Dr. Linda Griffith explained her research on biological engineering related to endometriosis. And Dr. Asgi Fazleabas showed the progression of understanding this disease through his research on baboons. It was an enlightening and fascinating session.

The live telesurgeries are always a high point of the annual meeting and this year was no exception! We had five cases transmitted from around the world – Turkey, Portugal, Washington DC, Atlanta, and Phoenix. We had two more firsts during the live surgeries – single incision robot-assisted hysterectomy...
and minilaparoscopy for the treatment of severe endometriosis. I would like to thank the surgeons, patients and moderators for making this a great session.

An elemental component of the annual meeting is industry sponsorship. The relationship between industry and health care providers becomes more tenuous with each new piece of litigation that is passed on the subject. However, without the support of these companies we could not provide high quality care with the latest technology to our patients. Special recognition goes to those companies who support AAGL and its annual meeting.

A big thank you to my brothers, Camran and Farr, for their advice and support while I was planning the program. My last acknowledgement goes to Linda Michels and Franklin Loffer. Their dedication to AAGL has been an inspiration to the Board of Trustees over the years. I would like to thank you, Linda and Frank, for your service, enthusiasm and friendship.

Planning the 42nd Global Congress was an honor and it is a privilege to serve you as the President of the AAGL. I wish you all a wonderful 2014!

Ceana Nezhat, M.D., FACOG, FACS is President of AAGL, Professor of Obstetrics & Gynecology - Adjunct Clinical at Stanford University School of Medicine in Stanford, California; Associate Professor of Obstetrics & Gynecology - Adjunct Clinical at Emory University School of Medicine, and Fellowship Director at Atlanta Center for Minimally Invasive Surgery & Reproductive Medicine in Atlanta, Georgia

Robert B. Hunt Endowed Award Winners
Best Paper Published in JMIG
View online at www.jmig.org/content/RobertBHuntAwardWinners
Award Winners from the 42nd AAGL Global Congress

GOLDEN HYSTEROSCOPE AWARD – Best Paper on Hysteroscopy
Support for this award has been provided by Olympus America Inc.
Award Recipient:
A Comparison of Morcellation Versus Electrical Resection for Endometrial Polyps in the Ambulatory Setting: A Randomized Controlled Trial
Paul P. Smith, MBChB, Justin Clark, M.D.

GOLDEN LAPAROSCOPE AWARD – Best Surgical Video
Support for this award has been provided by Olympus America Inc.
Award Recipient:
Surgical Techniques and Applications of Monopolar Energy
Cara R. King, D.O., Ted T.M. Lee, M.D.

ROBERT B. HUNT AWARD – Best Paper Published in JMIG
(September 2012 - August 2013)
Supported by an educational grant from the Foundation of the AAGL Robert B. Hunt Endowment
Award Recipient:
Minilaparoscopic Versus Single-Port Total Hysterectomy: A Randomized Trial
Francesco Fanfani, M.D., Anna Fagotti, Ph.D., Maria Lucia Gagliardi, M.D., Giorgia Monterossi, M.D., Cristiano Rossitto, M.D., Barbara Costantini, M.D., Salvatore Gueli Alletti, M.D., Giuseppe Vizzielli, M.D., Giovanni Scambia, M.D., Alfredo Ercoli, M.D.

JAY M. COOPER AWARD – Best Paper on Minimally Invasive Gynecology by a Fellow
Supported by an educational grant from the Foundation of the AAGL Jay M. Cooper Endowment
Award Recipient:
Mechanical Bowel Preparation before Laparoscopic Hysterectomy: A Randomized Controlled Trial
Matthew T. Siedhoff, M.D., MSCR, Leslie H. Clark, M.D., Austin D. Findley, M.D., Kumari A. Hobbs, M.D., Erin T. Carey, M.D., MSCR

IRCAD AWARD FOR FELLOWS – Excellence in Education
Supported by an educational grant from Karl Storz Endoscopy-America, Inc.
Award Recipient:
Validation of a Simulation Tool to Support Robotic-Assisted Surgical Training
Sabrina Whitehurst, M.D., Ernest G. Lockrow, D.O., Thomas S. Lendvay, M.D., Anthony M. Propst, M.D., Susan G. Dunlow, M.D., Christopher J. Rosemeyer, D.O., Lee W. White, M.D., Jed White, M.D., Anna Skinner, M.D., Jerome L. Buller, M.D.

JEROME J. HOFFMAN AWARD – Best Abstract by a Resident or Fellow
Supported by an educational grant from the Foundation of the AAGL Jerome J. Hoffman Endowment and CooperSurgical
Award Recipient:
Postoperative Pain after Conventional Versus Robotically-Assisted Laparoscopic Hysterectomy
Megan N. Wasson, D.O., Matthew K. Hoffman, M.D., Gretchen E.H. Makai, M.D.
Job Satisfaction

I have had the privilege of serving many roles within the AAGL over the past 20 years, but I can honestly say that being President of the AAGL/SRS Fellowship in Minimally Invasive Gynecology (FMIGS) has been the most rewarding of them all. It is a unique opportunity to work with a dedicated board as well as volunteers such as Jack Sciarra, Joe Sanfilippo, Magdy Milad and Grace Janik, all of whom are committed and passionate about fellowship education.

At the beginning of my term as president, we identified a set of goals that would improve the standardization of fellow education and ensure a high quality of each fellowship program. While much of this work was initiated by my predecessors, I feel a great sense of accomplishment that all of these goals were achieved and that the fellowship is well positioned to strengthen as it continues to mature. The highlights of the past year include the following:

1. Establishment and adoption of the Fellowship Guidelines. This is equivalent to our constitution. This 18 page document describes the necessary components of a fellowship program, including the description of a two year program, the necessary credentials for program directors, facilities, educational objectives, fellow and faculty evaluation and institutional commitment.

2. Surgical case minimums. At the conclusion of a two-year FMIG fellowship, each fellow will have the minimum number and case variety required for completion prior to graduation. This ensures that each person that receives a FMIG graduation certificate will be proficient in the core minimally invasive gynecologic procedures identified by the fellowship board of directors.

3. Program over-site. This year we adopted a standardized evaluation that will be utilized for every program undergoing initial or ongoing evaluation. This minimizes the potential for subjective assessment and provides the board of directors the information necessary to recommend a one-year, two-year or four-year term before reevaluation is necessary.

4. Educational opportunities. The education committee has established weekend course opportunities that cover laparoscopic suturing, hysteroscopy, hysterectomy, robotic training, energy and anatomy. These courses are available through generous grants from industrial partners that provide the use of their facilities.

Other accomplishments over the year include the seamless implementation of the fellowship match, and ongoing improvements in the online case reporting system.

A big thank you goes out to Linda Michels, Franklin Loffer, Arcy Dominguez and Craig Cocca for their dedication to the fellowship.

We are now poised to move FMIG fellowship in any direction we desire. We will explore the advantages of being ACGME certified over the next several months.

Farr Nezhat is our current FMIG fellowship president. I have no doubt this will be a rewarding a year for him, as it was for me. I wish him the best of luck this coming year.

Keith B. Isaacson, M.D. is Immediate Past President of the AAGL/SRS Fellowship Board of Directors. He is also Associate Professor of Ob/Gyn at Harvard Medical School and Director, Partners Center for Reproductive Medicine and Surgery, Newton Wellesley Hospital MIGS Center in Newton, Massachusetts.

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Obey Asimov’s First Law of Robotics

In 1942, the prolific science fiction author, Isaac Asimov, wrote the first and most famous of his many classic novels on the interaction of humans and robots: I, Robot. Common to all of his books were three laws of robotics which could not be bypassed, being intended as an immutable safety feature. These laws stated:

• A robot may not injure a human being or, through inaction, allow a human being to come to harm.
• A robot must obey the orders given to it by human beings, except where such orders would conflict with the First Law.
• A robot must protect its own existence as long as such protection does not conflict with the First or Second Law.

In the last year, we have seen a dramatic increase in ads run by attorneys seeking patients who were injured “by the robot.” These costly advertisements have created concern in the minds of our patients regarding the safety of using this advanced surgical tool. Not only are doctors being sued, but hospitals are also being named for not supervising their surgeons; and the maker of the robot, Intuitive Surgical, has been sued (unsuccessfully so far) for inadequate training of the robot. Not only are doctors being sued, but hospitals are also being named for not supervising their surgeons; and the maker of the robot, Intuitive Surgical, has been sued (unsuccessfully so far) for inadequate training of the robot.

Members of the Robotics RSIG have taken the lead in attempting to establish credentialing and privileging guidelines based on the aviation model, that will help hospital medical staff committees establish evidence-based training protocols and also help them to decide on local privileging requirements for surgeons who want to use this technology. These guidelines encourage training surgeons who have the requisite skill sets and surgical volumes to insure that they are able to get through their learning curves in a reasonable amount of time. These guidelines also encourage surgeons to use robotic assistance at first for basic cases and not to attempt more complex procedures until after they have mastered the controls and demonstrated that they can operate the robot in a safe and efficient manner.

Members of the RSIG also have been working on validated robotic training curricula for residents which hopefully can be extended to community physicians in the future, insuring that our societies, not industry, are responsible for defining best training practices. Of note, many surgeons have expressed their concerns about establishing guidelines that will restrict their autonomy. However, if we consider Asimov’s First Law of Robotics, we are reminded that our ultimate duty is to insure that “robots may not injure or allow harm to come to a human being.” Having guidelines in place will not stop lawsuits, but it should ensure that we are taking the correct steps to reduce injuries and fulfill our ultimate obligation to promote patient safety and “first do no harm.”

References:

John Lenihan Jr., M.D. is Clinical Associate Professor of OB-GYN at the University of Washington School of Medicine and Medical Director of Robotics and Minimally Invasive Surgery at MultiCare Health Systems in Tacoma, Washington. He is also chair of the AAGL Special Interest Group on Robotics.

This article is presented on behalf of the AAGL’s Special Interest Group on Robotics.

Do You Have a Special Interest?

Endometriosis/Reproductive Medicine
Chesapeake 4-6

Pelvic Pain
Chesapeake B-C

Oncology
Chesapeake D-F

Robotics
Chesapeake D-F

Vaginal Surgery
Chesapeake G-I

Urogynecology
Chesapeake G-I

Special Interest Groups are open to all interested members. Visit aagl.org to join.
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Cost-effective, convenient, compatible
The AAGL, in conjunction with SEGO and EIDEG, is proud to invite you the 10th AAGL International Congress on Minimally Invasive Gynecology in Barcelona, Spain on June 5-7, 2014 at the Hotel Barceló Sants. This is a perfect location, situated just a few minutes from the financial district and just 500 meters from the Palacio de Congresos (Conference Centre), Barcelona Trade Fair Centre and Montjuïc. If you are arriving at the Hotel Barceló Sants by plane, the Prat airport is just 15 minutes away by train. Under the theme “Join to Scope for Women’s Health,” the Scientific Committee is developing a scientific program that will ensure the participation of the most relevant speakers. This congress will provide you with the opportunity to learn about the latest clinical advances as well as international developments in research, practice and treatment. The 10th AAGL International Congress on Minimally Invasive Gynecology will offer attendees many opportunities for the dissemination, discussion and debate of the new medical and scientific information, treatment and care in the field of gynecologic surgery. The program will incorporate live surgery and attendees will have opportunity to direct questions to the surgeons during the demonstrations. The program will also cover the following topics: Robotic Surgery, Endometriosis, Pelvic Floor Defects, Gynecologic Cancer, Hysterectomy, other Benign Conditions, Ovarian Pathology, Pre and Postoperative Care, Imaging and Energy, Hysteroscopy and Uterine Pathology. In addition to the outstanding scientific program, the organizing committee is planning a superb social program, which will allow all participants to enjoy the great atmosphere that makes Barcelona one of the most exciting cities in the world. We encourage young and more seasoned physicians from all over the world to attend this excellent educational opportunity. For more information regarding the educational program and tours, please go to http://www.aaglbarcelona2014.com/. We look forward to welcoming you to Spain next summer!

Francisco Carmona, M.D. is President of the Organizing Committee for the 10th AAGL International Congress on Minimally Invasive Gynecology and a member of the AAGL Board of Trustees. He practices at the Institut Clinic de Gynecologia, Obstetrica I Neonatalogia, Hospital Clinic de Barcelona in Barcelona, Spain.

### Meeting at a Glance

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<th>Time</th>
<th>Wednesday</th>
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<tbody>
<tr>
<td>8:00 - 8:30</td>
<td>Registration</td>
<td>Exhibition Setup</td>
<td>Histeroscopy</td>
<td>Oral / Video Presentations</td>
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<td>9:00 - 9:30</td>
<td>Pre Congress Workshops</td>
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<td>Training Accreditation Legal Issues</td>
<td>Oral / Video Presentations</td>
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<td>10:00 - 10:30</td>
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<td>Live Surgery</td>
<td>Pelvic Floor</td>
<td>Oral / Video Presentations</td>
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<td>11:00 - 11:30</td>
<td>Pre Congress Workshops</td>
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<td>Clinical Research and I+D</td>
<td>Oral / Video Presentations</td>
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<td>12:00 - 12:30</td>
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<td>Key Points in Benign Pathology</td>
<td>Oral / Video Presentations</td>
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<td>13:00 - 13:30</td>
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<td>SEGO General Assembly</td>
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<td>15:00 - 15:30</td>
<td>Opening Ceremony</td>
<td>Benign Pathology</td>
<td>Oral / Video Presentations</td>
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<td>16:00 - 16:30</td>
<td>Opening Plenary Lecture</td>
<td>Extreme Situations</td>
<td>Oral / Video Presentations</td>
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<td>17:00 - 17:45</td>
<td>Plenary Session: Endometriosis</td>
<td>Oncology</td>
<td>Nursing</td>
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<td>18:00 - 18:30</td>
<td>Plenary Session: Complications</td>
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<td>19:00 - 19:30</td>
<td>Welcome Reception</td>
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<td>Congress Dinner</td>
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AAGL Launches MISforWomen.com – A Patient Resource

AAGL is proud to present MISforWomen.com, a medically-balanced online resource for the 21st century woman that helps her understand the minimally invasive surgical options that are available to her today. In 2013, over 7,000 women from 80 countries turned to MISforWomen.com for information on their gynecologic conditions, and in 2014 our goal is to reach an even larger audience by spreading the word about the following resources that a woman can find at MISforWomen.com:

• Access to over 7,500 physicians through the AAGL Physician Finder
• Information and videos explaining gynecologic conditions and minimally invasive surgical procedures in easy to understand terms
• Articles written by our AAGL doctors that aim to shed light on the many new MIS options that are available to women

Encourage your patients to visit MISforWomen.com today to take advantage of these great educational resources.
Core Reading

The Core Reading in Minimally Invasive Gynecology Committee was tasked by the AAGL Board of Trustees to review and evaluate the Core Reading List. The list is used by the general membership of AAGL and the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) as a resource on key articles in the field of Minimally Invasive Gynecology. Our Committee completed an extensive review of the Core Reading List in use since 2009. This list contained 264 articles broken down into 26 categories, such as Anatomy, Laparoscopic Complications, Endometriosis, etc. The articles were published from 1988 to 2009 with the majority of the articles (66) published between 2004 and 2005.

We then canvassed the English language databases (MEDLINE, PUBMED, etc.) for articles that would fit into the predetermined 26 categories. We incorporated original research as well as review articles in our search. If a publication was deemed to be a seminal research article or a thorough review article, it was included in our recommendation.

The final Core Reading List, now available on the AAGL website, incorporates key articles from the original list as well as numerous current articles. We decreased the number of articles from 264 to a manageable 97 and we were able to select articles that were more relevant to today’s practice of Minimally Invasive Gynecology with 45% of the articles published since 2011. The Core Reading List will be reviewed and updated on an annual basis by the Committee as new articles are published.

Dobie Giles, M.D., MS, is chair of the AAGL’s Core Reading in Minimally Invasive Gynecology Committee. He is also Assistant Professor, University of Wisconsin School of Medicine & Public Health, Division of Gynecology, and Chief of Female Pelvic Medicine and Reconstructive Surgery, Department of Obstetrics and Gynecology at the University of Wisconsin in Madison, Wisconsin.

JMIC Year-End Report

It has been one year since the new editorial team assumed the responsibility of producing The Journal of Minimally Invasive Gynecology (JMIC). I hope you have enjoyed reading the Journal. There have been several changes to JMIC that should be highlighted:

• Redesigned cover and front matter
• Commitment to swift first-round decision and publication within four months of acceptance
• JMIC is now accepting videos to be published as non-print work; citable and Pub Med indexed
• All articles are published online ahead of print (Articles in Press). Accepted manuscripts are published online within a week of acceptance.
• Additional dialogue with readers through an online discussion forum accessed quickly through QR codes printed adjacent to all articles.

The number of manuscripts submitted was 694 over the last year. Of these, there were 293 that had original research with an acceptance rate of 30%, and 186 were case reports with an acceptance rate of 14.5%. Thirty-eight countries submitted manuscripts with the largest number coming from the USA, Italy and China. It is clear that JMIC is viewed as the premiere surgical journal in the international community of surgical gynecologists. This could not be accomplished without the strong commitment of the editorial board and reviewers. Editorial board members are required to review 2 to 3 manuscripts per month. The senior editors wish to recognize several reviewers that were rated the highest for their reviews. It was a difficult decision since many others provided timely, in depth, insightful reviews. We wish to recognize the winners this year – Jason A. Abbott, Jon I. Einarsson, Michael Frumovitz, Volker R. Jacobs and David B. Redwine.

We also want to recognize the top 10 individuals who reviewed the largest number of manuscripts: Jon I. Einarsson, Togas Tulandi, Errico Zupi, Mark H. Glasser, Anthony A. Luciano, Ted L. Anderson, Andrew I. Brill, David M. Boruta, Jay M. Berman and Keith B. Isaacson

I would like to mention a couple of projects we are currently working on. All of the Robert B. Hunt award-winning manuscripts will be made available as open access manuscripts. Over the next year, we will be even more rigorous in our manuscript acceptance as we strive to be recognized as the highest impact journal devoted exclusively to gynecologic surgery.

Tommaso Falcone, M.D., is Editor-in-Chief of the Journal of Minimally Invasive Gynecology. He is also Professor of Surgery at the Cleveland Clinic Lerner College of Medicine and Chairman of the Obstetrics, Gynecology and Women’s Health Institute at the Cleveland Clinic in Cleveland, Ohio.
AAGL Takes on Leadership in Advancing Vaginal Surgery with Establishment of Vaginal Surgery SIG

On November 12, 2013, the AAGL Vaginal Surgery Special Interest Group (VAG SIG) convened for the first time. The establishment of a VAG SIG formally marks the AAGL’s recognition of the vaginal approach as one of the essential tenets of minimally invasive surgery in gynecology. It also highlights the leadership role that AAGL has taken to keep the vaginal approach alive and relevant in light of its superior outcomes and cost profile.

Current indices show that the rate of vaginal hysterectomies performed for benign indications has dropped from 24% in 1990 to 20% in 2010, while rates for other MIS approaches (laparoscopic and robotic) are rising. We predict that the rate will continue to decline particularly when 80% of practicing gynecologists currently perform less than 5 vaginal hysterectomies in a year and less than 10% perform more than 10. These numbers aptly reflect the fact that vaginal surgery, as it is traditionally performed, is losing favor amongst MIS surgeons.

This problem is compounded by the fact that with declining rates, it is becoming more and more difficult for young trainees to learn the procedure and for faculty to teach without the advantage of advanced technology and simulation that exist in other MIS approaches. Currently, trainees finish with no more than 10-15 vaginal hysterectomies at the time of completion of their residencies. In his Presidential Address, Dr. Javier Magrina pointed out that only 15 vaginal hysterectomies are required for completion of 4 years of training (as opposed to 30 abdominal and 25 laparoscopic hysterectomies) – clearly an inadequate number to become safe and competent in performing the procedure outside of residency.

The AAGL VAG SIG aims primarily to incorporate the vaginal approach back into the surgical armamentarium of every gynecologic surgeon. Understanding the current challenges in learning and teaching the approach, the VAG SIG intends to accomplish this mission in the following manner:

- Address the declining rates of vaginal hysterectomies by escalating discussions required to improve upon surgical training at the residency and post-residency level. It was determined that a formal Consortium between AAGL, ACOG and other societies be established to implement meaningful initiatives.
- Provide high-quality courses in vaginal surgery (with ample hands-on workshops) for residents, MIGS fellows and practicing gynecologists that emphasizes mastery of anatomy from a vaginal approach perspective, proper techniques and instrumentation for safety and efficiency.
- Utilize various public and social media platforms to increase public and patient awareness on the benefits of vaginal surgery as a “no scar” natural orifice approach.
- Create a greater spotlight on vaginal surgery at the next AAGL Congress by securing a prominent space in the academic program, and inviting experts in the field who do not normally attend AAGL congresses to address the audience on the technique and its benefits. Additionally, a special award for the best vaginal surgery video/paper can be established.
- Foster innovation in the vaginal surgery arena by bringing together key individuals (such as surgeons, bioengineers, AV experts) to better facilitate the acquisition and teaching of vaginal skills.
- Provide greater opportunities for gynecologists to observe at high vaginal volume centers.
- Make others aware of the many ongoing vaginal surgical missions that provide the benefits of the vaginal approach to women in remote areas of the world. This allows providers an ability to share in each others’ resources and also allow young physicians the opportunity to grow from such experiences.

The VAG SIG, comprised of committed and passionate individuals in the field, realizes the challenging path ahead. With compelling evidence of superior outcomes and cost on our side, however, we have no doubt that we will succeed.

“The AAGL VAG SIG aims primarily to incorporate the vaginal approach back into the surgical armamentarium of every gynecologic surgeon.”

Rosanne M. Kho, M.D. is Associate Professor, MIGS Fellowship Program Director of Medical and Surgical Gynecology at Mayo Clinic in Phoenix, Arizona. She is also chair of the AAGL Special Interest Group on Vaginal Surgery.

Johan van der Wat, M.D. practices at the Endometriosis Institute of South Africa, Endoscopic Unit, Parklane Clinic and he is Honorary Consultant, Department of Obstetrics and Gynecology at the University of Witwatersrand in Johannesburg, South Africa. He is also vice-chair of the AAGL Special Interest Group on Vaginal Surgery.
COURSE DESCRIPTION
This course is designed for residents, fellows and specialists interested in advancing their skills and knowledge in the fundamentals of laparoscopic and hysteroscopic surgery. Rather than focusing on specific endoscopic procedures, the curriculum focuses on fundamental skills and knowledge that are essential to laparoscopic and hysteroscopic surgical procedures. Both didactic and hands-on laboratory sessions are used to teach different methodologies for tissue manipulation and dissection, the safe use of electrosurgery and ultrasonic energy, laparoscopic suturing, techniques for tissue removal and morcellation, and both diagnostic and operative hysteroscopic procedures. A full spectrum of operative laparoscopic and hysteroscopic procedures including associated complications will be critically reviewed using an interactive case-study format. This course will also review and discuss the new spectrum of robotics in minimally invasive gynecology. The course emphasizes basic surgical principles emphasizing risk reduction and strategic thinking to ensure risk reduction and optimal patient care.

COURSE OBJECTIVES
Participants will be able to apply methods to safely enter the peritoneal cavity, describe fundamental laparoscopic female pelvic anatomy, effectively utilize electrosurgery and ultrasonic energy, differentiate methods for hemostasis, tissue manipulation and dissection, distinguish methods for adhesion prevention, describe the components and optics of hysteroscopic instrumentation, perform intracorporeal and extracorporeal suturing, perform tissue morcellation, utilize hysteroscopy for diagnostic and operative procedures, identify the requirements for utilizing robotics and reduce risk of laparoscopic and hysteroscopic complications.
Course Overview

This course is designed for gynecologists with advanced laparoscopic skills who wish to expand their knowledge of retroperitoneal and Space of Retzius anatomy and the various surgeries performed therein. This extensive two-day course will expose the participants to the knowledge and expertise of world-renowned laparoscopic surgeons who will guide them through didactics and hands on cadaveric sessions utilizing unembalmed female cadavers.

No more than three participants are assigned to each cadaver and are closely supervised by experienced faculty instructors. Each participant will have the opportunity to operate, assist and observe in a rotational format to optimize their learning experience and suturing technique. The course will focus on demonstration of pelvic sidewall dissection, preparation for laparoscopic hysterectomy, uterosacral colpoposuspension, Burch retro pubic colpoposuspension and paravaginal defect repairs through the laparoscopic approach.

Pelvic floor reconstructive procedures will be highlighted during breakout sessions to accommodate those with a particular interest in furthering their skills in these procedures.
Foundation Continues to Build

The Foundation had a wonderful year in 2013. In addition to our primarily held funds, we again received support for the Fund for the Future, a program established to provide educational grants to the Fellows participating in the Fellowship in Minimally Invasive Surgery. We would like to thank Ethicon Surgical, Intuitive Surgical, and Karl Storz Endoscopy for providing grants that allowed us to support 22 fellows at 44 FMIGS sites. The graduation ceremony for the Fellows at the 42nd Global Congress was a joyous occasion. We congratulate the graduates and are gratified to see competent minimally invasive gynecologic surgeons entering our specialty.

The Harrith M. Hasson Endowment established to honor the legacy of Dr. Hasson continues to grow. Dr. Hasson graduated from medical school in Cairo, Egypt and completed his Ob/Gyn training in the United States. Harry had a long and productive academic career and also served as the 19th President of the AAGL. Harry was also a prolific inventor and held 52 patents. The name Hasson will always be engraved in the history of minimally invasive surgery for all specialties that do open laparoscopy using the cannula that bears his name. He was far ahead of his time with his vision and understanding of the needs to demonstrate surgical skills through simulation. This contribution alone is enough to place him as a leader among visionaries in our specialty.

A gift to the Hasson Endowment will allow us to provide a prestigious award to the winner of the best paper on innovation and/or simulation in MIGS. I encourage you to visit the Foundation website and give to one of the many funds that are listed. I am sure that you will find a program that meets your philanthropic needs.

With best wishes to you and yours in the New Year.

Ralph J. Turner, M.D.
University Texas Health Science Center
Tyler, Texas
Executive Director of the Foundation of the AAGL

Dr. Harrith M. Hasson Fund
Dr. Hasson graduated from medical school in Cairo Egypt and completed his OB/GYN training in the United States. He was an Assistant Professor at Northwestern University from 1976-1981 and an Associate Professor at Rush Medical College from 1981-1995. He was the Chairman of OB/GYN at Grant Hospital from 1981-1995 and served as Director of the Gynecologic Endoscopy Center and Chairman of the Division of OB/GYN at Weiss Memorial Hospital in Chicago, IL from 1996-2003. He was a Clinical Professor of OB/GYN at the University of Chicago and a Volunteer Faculty at the University of New Mexico. He was a Past President of the AAGL and SLS. Harry was a prolific inventor and held 52 patents. The name Hasson will always be engraved in the history of minimally invasive surgery for all specialties that do open laparoscopy using the cannula that bears his name. He was far ahead of his time with his vision and understanding of the needs to demonstrate surgical skills through simulation. This contribution alone is enough to place him as a leader among visionaries in our specialty.
The Royal College of Obstetricians and Gynaecologists Honors Harry Reich M.D. FACOG, FRCOG

Dr. Reich was honored by being selected as a Fellow (ad eundem) of the Royal College of Obstetricians and Gynaecologists. The term “ad eundem” is used to indicate the honorary granting of academic standing or a degree by a university to one whose actual work was done elsewhere.

This very prestigious honor was in recognition of his pioneering work in laparoscopy. Dr. Reich not only was responsible for advancing the boundaries of operative laparoscopy but generously contributed his time to bringing these new techniques to surgeons worldwide.

Dr. Reich is a past member of the AAGL Board of Trustees and was honored in 2012 as the 23rd Honorary Member of the AAGL.

Welcome New Members

September 16, 2013 – November 30, 2013

Sharan Abdul Rahman, M.D.
Ghurfar Abukhudhayr, M.D.
Meera Adishesh, M.D.
Christen Bowman Adkins, M.D.
Luis Aguilar, M.D.
Myriam Aguirre Zimerman, M.D.
Andres Alarcon, M.D.
Adriana Alban, M.D.
Patti Albertson, M.D.
Oudai Ali, M.D.
Melisandro Almeida De Lacerda, M.D.
Sahar Ayed Alsuwailem, M.D.
Maria Alvarado, M.D.
Aisha Alzoughbi, M.D.
Oana Balint, M.D.
Jose F. Ballestas, M.D.
Sudipta Banerjee, M.D.
Qiulin Bao, M.D.
Shengwu Bao, M.D.
Sonja Barata, M.D.
Mashe Barzilai, M.D.
Gordon W. Bates, Jr., M.D.
Jeffrey T. Beauchamp, M.D.
Christian Becker, M.D.
Michelle A. Belanger, M.D.
Parijat Bhattacharjee, M.D.
Haifeez Fatima Bhatti, M.D.
Mark C. Bidwell, M.D.
Peter E. Bippart, M.D.
Nebdan Biswas, M.D.
Kimberly Boothe, PharmD, MHA
Deborah L. Boswell, R.N.
Alexander H. Boye-Doe, M.D.
Alcides C. Bracho Ch, M.D.
Aspen Bradley-Wolfe, M.D.
Hema Brazell, M.D.
Elisabeth Breuer, M.D.
Jessica Taylor Bullard, M.D.
Annette M. Bullen, R.N.
Hasan Bulut, M.D
Cathy Burke, M.D.
Mary K. Burton, M.D.
Alma Bustamante, M.D.
Faruk Buyru, M.D.
Fabio Buzzella, M.D.
Oana Balint, M.D.
Jose F. Ballestas, M.D.
Sudipta Banerjee, M.D.
Qiulin Bao, M.D.
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Fabio Buzzella, M.D.
Welcome New Members (Continued)

September 16, 2013 – November 30, 2013
Welcome New Members (Continued)

September 16, 2013 – November 30, 2013

Neena Qasba, M.D.
Carlos Humberto Quintero, M.D.
Leslie F. Rafanlan, D.O.
Ishrat Rafi, M.D.
Salma Rahimi, M.D.
Sabina Rahamn, D.O.
Barbara Rajska, M.D.
Timothy Ramsden, M.D.
Kauser Shah Rashidi, M.D.
Ana M. Rebollo Borrero, M.D.
Maria D. Reid, M.D.
Shadi Rezaei, M.D.
Michael Ricardo, D.O.
Gary F. Riley, Jr., PharmD
Enrique Rivero, M.D.
Lesley Roberts, M.D.
Joe C. Robinson, M.D.
Merideth L. Rodgers
Carlos A. Rodriguez, M.D.
David R. Rodriguez Avila, M.D.
Ernesto L. Rodriguez-Dumont, M.D.
Lyne Rogerson, M.D.
David Rose, M.D.
Virginia H. Rose-Harris, MBA
Anna Rosner-Tenerowicz, M.D.
Mariano Rossini, M.D.
Adriana Rubiano, M.D.
Enrique Rueda Pinilla, M.D.
Jorge Rugeles, M.D.
Diego Ruival, M.D.
Rupinder Kaur Ruprai, M.D.
Lucielle Saad, M.D.
Muhammad Saeed, M.D.
Caitlin Saint-Aubin, M.D.
Jesus Manuel Salgueiro, M.D.
Sarah Samuel, M.D.
Rodrigo San Martin, M.D.
Derrick Sanderson, D.O.
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Voravut Ord Sarabanchong, M.D.
Armando Saumet, M.D.
Kathleen Schaeffer, D.O.
Selma Gayle Scott, M.D.
Jorge Sejnaui, M.D.
Amanda Sellers, D.O.
Luther Sembria, R.N.
Manpreet Sen, M.D.
Janio Serafim de Sousa, M.D.
Maria Isabel Sereni, M.D.
Alyse Sherwin, M.D.
Dilip R. Shet, M.D.
Honghui Shi, M.D.
Ilona Shylinska, M.D.
Rebecca Sieber, M.D.
Sylvia L. Siegfriend, M.D.
Nicole Siems, D.O.
Rebecca B. Singson, M.D.
Rooma Sinha, M.D.
Jakub Sliwa, M.D.
Andrea N. Smith, M.D.
Letitia Y. Spencer, M.D.
Jeffrey D. Sterling, M.D.
Doron Spiegler, M.D.
Geir Sponland, M.D.
C. Stappers-De Kuijer
Kayvahn Steck-Bayat, M.D.
Dana E. Steenhard, M.D.
Melissa J. Streeter, M.D.
David J. Strong, M.D.
Leanna Sudhof, M.D.
Jennifer Summers, M.D.
Lauri S. Swaim, M.D.
Melissa A. Taavola, M.D.
Shabnam Taheri, M.D.
Hidenori Takahashi, M.D.
Neha Talreja, M.D.
Hongwei Tan, M.D.
Jyoti Taneja, M.D.
Anna Tani, M.D.
Jovana Tavcar, M.D.
Youmuns Tayob, M.D.
Tamar Tchitavan, M.D.
Muhittin H. Telli, M.D.
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Allison Thiele, M.D., Ph.D.
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Kedit E. Webster, M.D.
Bing Wei, M.D.
Sean D. Wengroff, M.D.
Steven R. Wheelwright, D.O.
Ekta Wilcox
Kathryn Shaw Williams, M.D.
Kathrine Woie, M.D.
Benjamin C. Wong, M.D.
Jose Wong, M.D.
Yih Wong, M.D.
Lily Wu, M.D.
Yang Xiang, M.D.
Cailin Xu, M.D.
Jennifer Yam, M.D.
Laila K. Yamashita, M.D.
Sule Yildirim Kopuk, M.D.
David J. Yonce, M.D.
Silvano Zaglio, M.D.
Kimberly D. Zander, M.D.
Mary J. Akol Zarate, M.D.
Rohan Zeirideen Zaid
Jorge Zepeda Barrios, M.D.
Daying Zhang, M.D.
Shaofen Zhang, M.D.
Siyou Zhang, M.D.
Xueyu Zhang, M.D.
Rong Zhou, M.D.
Lirong Zhu, M.D.
Pamela Zicker
Cleve Ziegler, M.D.
Xulei Zuo, M.D.
Omar A. Zwain, M.D.

MEMBER NEWS
EDUCATION CALENDAR

The following educational meetings are sponsored, endorsed or acknowledged by the AAGL.

Educational Workshops

March 1-2, 2014
23rd Annual Comprehensive Workshop on Minimally Invasive Gynecology for Residents, Fellows and New MIG Specialists
Scientific Program Chair: Jon Ivar Einarsson
Hyatt Regency O'Hare
Rosemont, Illinois

March 2014
24th Chinese Endoscopy Doctors and 5th National Gynecology Endoscopic Conference
Scientific Program Chair: Jie Chen
Fujian People Hospital - Fuzhou, Fujian, China

May 16-17, 2014
16th Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy & Minimally Invasive Surgery Including Pelvic Floor Reconstruction
Scientific Program Chair: Resad P. Pasic
University of Louisville
Louisville, Kentucky

AAGL Annual Meetings

November 17-21, 2014
43rd AAGL Global Congress on Minimally Invasive Gynecology
Scientific Program Chair: Arnold P. Advincula
Vancouver Convention Centre
Vancouver, British Columbia

November 15-19, 2015
44th AAGL Annual Global Congress on Minimally Invasive Gynecology
MGM Grand Hotel
Las Vegas, Nevada

November 14-18, 2016
45th AAGL Annual Global Congress on Minimally Invasive Gynecology
Rosen Shingle Creek
Orlando, Florida

AAGL International Meetings

June 4-7, 2014
10th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Spanish Gynaecological and Obstetrics Society (Gynaecological Endoscopy Section)
Scientific Program Chair: Francisco Carmona Herrera
Barcelona, Spain

June 15-19, 2015
11th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Israel Society of Gynecological Endoscopy
Scientific Program Chair: Moty Pansky
Jerusalem, Israel