FOCUS ON AAGL

AAGL Builds Public Trust with Its Stringent Policy on Conflict of Interest

Last year after significant debate, the Board of Trustees of the AAGL adopted a “zero tolerance” policy on conflict of interest and disassociation for incoming members of the AAGL Executive Committee, (President, Vice-President, Secretary-Treasurer, Immediate Past President, Medical Director and Executive Director).

Because AAGL policies and guidelines influence both the quality and safety of minimally invasive gynecology procedures, the public and profession alike must have confidence in the integrity of decisions made by AAGL leadership.

While the support of industry for the AAGL annual congress and other CME activities is instrumental in bringing the highest quality of education to the profession and the membership, those members of the leadership team making key decisions and recommendations on quality and patient safety standards must be free of any conflict of interest. This new policy promotes transparency with respect to financial relationships and sets a high standard for compliance.

In 2013, Dr. Robert Zurawin was the first elected officer to abide by AAGL’s new Conflict of Interest policy and paved the way for the leaders nominated for this year’s election for incoming Secretary-Treasurer (see page 23 for nominees for the Board of Trustees). Leadership requires great sacrifice while realizing abundant reward. For our incoming elected officers, the opportunity to serve their chosen profession in a leadership role clearly outweighs the temporary cessation of relationships with industry. They have demonstrated a vision to help grow and sustain AAGL and secure a better future for MIG surgeons worldwide.

Franklin D. Loffer, M.D., FACOG, is the Medical Director of the AAGL and resides in Phoenix, Arizona.

The new Conflict of Interest policy requires that AAGL Executive Committee members have no financial relationships with medical device manufacturers or pharmaceutical companies that relate to the practice of minimally invasive gynecology for the period in which the person is on the AAGL Executive Committee. Potential candidates for officer positions must agree to disassociate from all competing organizations and financial relationships with industry before a nomination can be considered. Because of the ability of the Executive Committee to have influence on the practice of minimally invasive gynecology, incoming officers must agree to rescind any relationships with industry.

The views and opinions expressed by the authors in this publication do not necessarily reflect those of NewsScope, its editors, and/or the AAGL.

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43rd AAGL Global Congress: Innovation in Education

I remember very clearly over a year ago when the Scientific Program Committee and I started to sketch out our vision for this year’s AAGL congress with paper and pencil. Vancouver seemed so far away and now here it is, less than 2 months away. Wow, how time flies! I can’t even begin to tell you how super excited all of us are about this year’s meeting.

First of all, the venue for this year’s congress is absolutely breathtaking. I totally understand why Vancouver was recently named the #3 most livable city in the world in 2014. The multi-cultural diversity that Vancouver has to offer, the various sights and sounds of the city, and the flavors of its incredible cuisine will awaken all of your senses. I hope you continue to follow my “Where’s Arnie?” video blog as I highlight attractions around this wonderful city. Stay tuned for the next installment.

Vancouver certainly provides the perfect balance to what will be a jam-packed scientific program that introduces a variety of new sessions and concepts. In a year wrought with challenges and controversy, we will tackle the hottest topic right out of the gate on opening night. A special panel has been assembled to address all of the questions surrounding that infamous M word: Morcellation. This highly interactive cadaveric session will be followed later in the week with a Surgical Tutorial dedicated to presenting best practice tissue extraction techniques, and a Late Breaking News session focused on sharing the most recent data regarding leiomyosarcomas from leading international centers and investigators.

As you peruse this year’s preliminary scientific program, you will notice that many new and innovative clinician-educators have been included on our faculty roster. They have been tasked with formulating a highly interactive curriculum throughout the many Postgraduate Courses, Surgical Tutorials and Panel Discussions. One example is our “Jedi Master” anatomy course, which sold out in record-breaking time. Another unique session is entitled “Teach the Teacher: It is Never Too Late” postgraduate course, where participants will not only acquire new ways to incorporate simulation into the art of teaching surgery, but also will learn to build cost-effective models.

I know many of you have reached out to me to find out more about this year’s ultra-exciting event, STAINLESS STEEL SURGEON. Although it is killing me to keep a secret, my lips are sealed. You will just have to come to Vancouver to find out who the three master surgeons are who will compete live against each other in a unique educational format that will allow each surgeon to demonstrate the advantages (or disadvantages) of their technique as it relates to a special procedure. You will not want to miss.

In keeping with our theme of Setting New Standards in Minimally Invasive Gynecologic Surgery through Knowledge and Innovation, this year’s Women Surgeons’ Breakfast will be presented by Dr. Quyen Nguyen, an M.D., Ph.D. from UC San Diego, a pioneer in molecular fluorescence imaging. Her innovative scientific research has yielded a “smart” probe that makes tumor margins fluoresce, thereby making it easier to see and accurately resect during surgery. In our field of minimally invasive surgery, which relies so heavily on our ability to see well, the implications of this innovation are far-reaching. This is one breakfast I am sure you will not want to miss.

The science behind this year’s abstracts has been dedicated their time to grade a record-breaking 800-plus submissions. The quality of the science behind this year’s abstracts has been incredible. Finally, I want to extend a great big thanks to the entire AAGL office staff. They are some of the hardest working people I know. Their tireless dedication is a keystone to the success of this congress year after year. Our Scientific Program Committee would not have been able to implement all of the new concepts at this year’s meeting without their help.

So come and join me at the 43rd AAGL Global Congress in Vancouver. I look forward to catching up with old friends, making new ones, exchanging ideas and learning new surgical techniques.

Arnold P. Advincula, M.D., FACOG, FACS, is Scientific Program Chair for the 43rd AAGL Global Congress on Minimally Invasive Gynecology. Vice-President of AAGL, Professor of Obstetrics & Gynecology, Vice-Chair of Women’s Health and Chief of Gynecology – Sloane Women’s Hospital at Columbia University in New York, New York.

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Honorary Chair Selected

It is my pleasure and honor to announce Dr. Farr Nezhat as the Honorary Chair of the 43rd Global Congress on Minimally Invasive Gynecology. Farr is not only a leader in minimally invasive gynecology and a great supporter of the AAGL, he is my brother and my friend. He has been a teacher and a mentor throughout my life, and for many others in the AAGL and other societies around the world. While the lessons have varied greatly over the years, he has continually made a strong impression on me, and many others, leading by example with his great sense of humor.

Farr is the current President of the Fellowship in Minimally Invasive Gynecologic Surgery, affiliated with the AAGL and SRS. His first presentation at AAGL's annual meeting was in 1986 when he was a resident. Since then, he has continued to make valuable contributions: presenting abstracts, plenary and postgraduate lectures, live surgery demonstrations and videos. He has also served as an advisor and has participated on many committees.

As an early leader and innovator in minimally invasive and robotic surgery, a passionate teacher, and an advocate for change, Farr has inspired countless residents and fellows to adopt new standards and to focus on improving patient outcomes. He has introduced and refined some of the most advanced video-assisted endoscopic and robotic techniques, transforming traditional approaches into revolutionary procedures.

A particular area of interest has been debulking advanced ovarian cancer via laparoscopy, a procedure he developed and published in 1996. Additionally, Farr has extensively researched the origin of endometriomas, first publishing work in 1992, which led to a new classification system. He continues to study the relationship between endometriosis and malignancies; his enterprising work in this area is influential and widely published.

Jack Welch, former CEO of GE once said, “Before you are a leader, success is all about growing yourself. When you become a leader, success is all about growing others.” Farr has been successful on both fronts, with superb personal accomplishment and exemplary mentoring and leadership. It is a privilege to present Dr. Farr Nezhat as this year's Honorary Chair, a physician who has inspired many and continues to do so.

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

SurgeryU: A Worldwide Classroom for MIS Education

Have you watched a SurgeryU Live broadcast recently? If so, you’ve been in the company of physicians from more than 80 countries and 6 of the 7 continents (we haven’t been able to broadcast to Antarctica…yet). During a recent live event featuring Dr. Marco A. Pinho Oliveira, viewer Dr. Rebecca Singson commented, “It’s midnight here [in the Philippines], but it’s exhilarating to be connected globally this way through technology!”

Dr. Singson’s comment truly captures the mission of SurgeryU, which is to bring world-class surgical education to AAGL members wherever they may be. Over the past five years, AAGL has brought our members more than 50 live events, and each of these events have been watched by viewers all over the world. It is our goal with SurgeryU for our viewers to take the lessons learned by watching our live broadcasts and to apply them in their own ORs, and to also share these surgical pearls with their colleagues. With the power of streaming video technology, our presenters are able to have a truly worldwide impact with each SurgeryU live event that they present.

Asia 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.

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Don’t Miss These Important Events

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Vancouver, Canada

Missed a Recent Surgery?
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August 29, 2014
Dr. Tamer Seckin
Strategies for Managing Endometriosis
September 9, 2014
Dr. Marco Aurelio P. Oliveira
Myomectomy of a Large Uterus
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If Vaginal Hysterectomy Is Safe and Cost-Efficient, Why Aren’t More Surgeons Performing It?

Vaginal hysterectomy (VH) has been well documented to be a safe and cost-effective route of minimally invasive hysterectomy.\(^1\)\(^2\) Position papers by the ACOG, SGS, as well as AAGL have recommended this approach as the primary route of hysterectomy when technically feasible. Unfortunately, use of VH is limited by perceived difficulties and training issues.\(^3\) Prior to the widespread use of laparoscopy, both Kaiser Permanente (TPMG) and national data indicated that approximately 10-30% of hysterectomies were performed thru the vaginal route. This overall percentage has changed little since the widespread adoption of laparoscopic and robotic hysterectomy. Both TPMG and national data have shown that these are not “fixed percentages.”\(^4\)\(^5\) Some surgeons have high VH rates and others have much lower rates; frequently without obvious explanatory factors like differences in patient populations. Thus, numerous patients who are likely candidates for VH by properly trained MIH surgeons are undergoing hysterectomy via the laparoscopic, robotic or abdominal routes, despite RCT, meta-analysis and population based review data indicating that VH is associated with lower costs, shorter operating time and reduced hysterectomy-specific complications compared to all other hysterectomy routes and similar recovery times compared to other MIH routes.\(^6\)\(^7\)

Specifically, the laparoscopic approach adds complications related to the introduction of the ports and laparoscopic techniques (all total hysterectomy approaches share common risks related to the colpotomy incision) – these risks include entry causing bowel, great vessel and abdominal wall vessel injury, port site hemias leading to bowel obstruction and a significantly increased rate of cuff dehiscence.\(^8\)\(^9\) While some studies have shown reduction in postoperative pain with LH,\(^10\)\(^11\)\(^12\) these studies do not compare LH with VH with the use of the vessel-sealing devices and preinfiltration of the cervicovaginal junction with Bupivicaine (both have been shown in separate trials to reduce pain with VH).\(^13\)\(^14\) In addition, same day discharge has been shown to be feasible, cost-effective and associated with an acceptably low readmission rate for both LH and VH.\(^15\)\(^16\)\(^17\)

There are a number of factors that are reducing exposure of current residents and many practicing gynecologic surgeons in the techniques to safely and effectively accomplish VH; these include decrease in yearly hysterectomy rate, reduced overall surgical volume and diversification of approaches for hysterectomy.\(^3\)\(^5\) Since 2008, KP has undertaken an extensive MIH training program in order to increase the percentage of hysterectomies for benign disease performed thru the vaginal and laparoscopic approaches without resorting to robotic technologies. This program has increased the percentage of LH (now 61%) by decreasing AH and maintained VH rates (now 31%) over this timeframe.\(^4\)

Our overall goal is to convert additional open and laparoscopic hysterectomies to the vaginal approach in order to achieve a regional 40 to 50% VH rate.

To achieve this goal, we are further refining our Minimally Invasive Hysterectomy Initiative – this includes: (1) expedited referral of patients assessed to be candidates for hysterectomy to MIH surgeons; (2) a proctoring program staffed by expert MIH surgeons and (3) postgraduate education of VH techniques including lecture series, videos, labs (both “dry” using models and “wet” using cadavers – such as the upcoming postgraduate course, VHYS-710, at the AAGL Global Congress in Vancouver).

Nationwide adoption of a similar Minimally Invasive Hysterectomy Initiative will considerably reduce the costs and morbidity associated with hysterectomy for benign disease by expanding the vaginal and laparoscopic approaches and minimizing use of the open approach and limiting use of robotic technologies. The Vaginal Surgery SIG encourages members of AAGL in this era of accountable care to particularly focus on expanding performance of vaginal hysterectomy, as this has been shown to be minimally invasive and also the most cost effective method for hysterectomy.

References:
3. Pulliam SJ and Berkowitz LR. Obstet Gynecol. 2009 Feb;113(2 Pt 1):395-8
4. Walter AJ et al. TPMG Internal Data 2014

Andrew J. Walter, M.D., is the Director of Urogynecology and Chronic Pelvic Pain at Kaiser in Sacramento. He is also President-elect of the Society of Gynecologic Surgeons.

This article is presented on behalf of the AAGL’s Special Interest Group on Vaginal Surgery.
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The Israeli Society of Gynecological Endoscopy

We are pleased to highlight The Israeli Society of Gynecological Endoscopy. In just 15 years, this society has produced many regional courses and has significantly expanded the use of minimally invasive surgery in Israel and the surrounding areas. Our colleagues have actively participated in the AAGL annual meeting and the AAGL is pleased to be working in conjunction with the ISGE IL to host our next International Congress in Jerusalem in June 2015. We encourage you to make plans now to visit this historic location.

– Franklin D. Loffer, M.D., FACOG is Medical Director of AAGL.

The Israeli Society of Gynecological Endoscopy (ISGE IL) was established in 1999. The first president of the society was Prof. Avi Golan. The current president of the ISGE IL is Dr. David Soriano. The society has 150 members, who are active in both academic education and training programs.

Prof. Eliahu Caspi was the first to introduce diagnostic laparoscopy at the Assaf Harofe Medical Center in Israel during the 1970s. The first laparoscopic salpingectomies were performed in the 1980s. Prof. Moty Goldenberg and Prof. Moty Pansky were the first surgeons from Israel to receive formal training in gynecological endoscopy. Today, gynecological endoscopy is being performed at most medical centers in Israel.

Prof. Pansky is the Immediate Past President of the ISGE IL. Under his dynamic leadership, more than 150 residents participated in 6 free hands-on workshops on laparoscopy and hysteroscopy, which included state-of-the-art lectures and training on advanced simulators from the best surgeons in Israel. Also, 3 advanced suturing workshops and 10 one-day seminars on a variety of relevant topics were presented.

In 2012, the AAGL Board of Trustees decided to hold its 11th International Meeting on Minimally Invasive Gynecological Surgery in Jerusalem, in conjunction with the ISGE IL Annual Meeting, on June 16-19, 2015. The scientific program will include a special session for young endoscopists and OR personnel.

The planning committee includes some of the most recognized surgeons in the country: Prof. Moty Pansky, Prof. Moty Goldenberg, Dr. Chen Goldschmidt, Dr. David Soriano, Dr. Noam Smorgick and Dr. Itzhak Feinstein. Dr. Robert Zurawin, Secretary-Treasurer of the AAGL, will lend his expertise in planning and participation at this meeting. We invite you to visit www.aagljerusalem2015 and look forward to welcoming you to Jerusalem in 2015!

Prof. Moty Pansky is Immediate Past President of the Israeli Society of Gynecological Endoscopy (ISGE IL), Director of the Gynecological Endoscopy Unit and Vice-Chair, Division of Obstetrics and Gynecology at Assaf Harofe Medical Center in Zerifin, Israel.

ISGE IL Board Members:
- President: David Soriano
- Secretary: Ron Sagiv
- Treasurer: Ron Schonman
- Member: Moshe Bustan
- Member: Yuval Kaufman
- Member: Noam Smorgick
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The Future of Robotic Surgical Training: The Right Way

In 2013, the RTN in cooperation with the new FRS Collaborative (Fundamentals of Robotic Surgery) presented this training curriculum to society representatives from AAGL, ACOG, APGO/CREOG, ABOG, AMA, SGS, AUGS, the Joint Committee and others to develop consensus regarding training and to develop a high stakes exam for robotic proficiency certification. The Department of Defense (DOD) provided the initial funding for this project as they did for the development of FLS for the general surgery training programs. This training program has become incorporated into a comprehensive “Fundamentals of Robotic Gynecologic Surgery” (FRGS) curriculum based on the fundamentals provided by FRS. Future studies are under development to validate the FRGS curriculum and the proficiency exam for potential use by certifying groups. Furthermore, this curriculum may be used to test community surgeons for robotic surgical proficiency, similar to the way pilots are tested using flight simulation for maintenance of their certification as required by Title 14 of the Code of Federal Regulations (14 CFR) 61.56.

Instituting Surgical Excellence
Prior to 2014, there were no national standards available to teach, train and educate surgeons who use emerging technologies, including robotics. In 2014, a group of surgical educators developed the Institute for Surgical Excellence (ISE) to create a national collaborative organization to begin to create training standards for training emerging surgical technologies. The ISE has started with the issues of robotic surgery and morcellation – and is off to a great start. Recently, the ISE presented its recommendation to the FDA to guide them in developing consensus standards for training that protect patients and improve outcomes.

It is time for all of us to come together and standardize education and training in GYN robotic surgery. We ask for all of you who teach future surgeons to consider using the standardized RTN curriculum as well as the R-OSATS proficiency test and certify your residents and fellows. It’s the right thing to do.

References:

2. Burton T. Report Raises Concerns on Robotic Surgery Device. WSJ. 8 Nov 2013 online.wsj.com/.../SB1000

Dr. Gerald Levey, Professor and Dean Emeritus at UCLA Geffen School of Medicine recently published a book titled “Never be Afraid to do the Right Thing.” As minimally invasive surgeons, we live by this motto. We are committed to offering our patients surgical procedures delivered through small incisions, whenever feasible, and to deliver optimal surgical outcomes for our patients whenever possible. We are not afraid to do, or try and do the “right thing.” We are also keenly aware that we have to teach future generations how to safely perform surgery whether it is through large incisions or small incisions. We have an obligation to teach young surgeons how to perform the right surgery, with the right tools, at the right time. Recently, robotic surgery has been in the headlines for the wrong reasons. A recent Wall Street Journal report sensationalized a review of the FDA MAUDE data base that revealed higher than expected robotic complications. These complications were essentially all related to inadequate training. We are evidently not currently doing the “right thing” for all surgeons yet.

The Robotic Training Network

In 2010, nine academic centers came together to develop the first formal curriculum to begin to standardize education and training in robotic surgery. This collaborative effort helped to form the Robotic Training Network (RTN). The mission of the RTN has been to standardize robotic surgery education and training for Ob-Gyn residents and fellows similar to the way that FLS (Fundamental of Laparoscopic Surgery Program) standardized laparoscopic training for general surgeons. We were determined to create a standardized training curriculum as well as a high stakes proficiency test similar to the FLS model to improve the resident’s and fellow’s case experience and to validate their proficiency. In 2014, we successfully validated and published this test which is known as R-OSATS (Robotic-Objective Structured Assessment of Technical Skills). The RTN presented its goals at APGO/CREOG meetings and asked for all programs to collaborate and share curricula with other programs through a central website.

The RTN curriculum divides the learning experience into two phases: Phase I (Bedside assistance) and Phase II (Console Surgeon). This curriculum is readily available for free for any teaching program or institution to use to help them standardize their robotic training for Ob-Gyn residents and fellows.
For over 43 years the AAGL’s commitment to education has been paramount to our mission of serving women by advancing the safest and most effective treatments for gynecologic conditions. We gratefully acknowledge the generous support from the following corporations who partner with us in achieving this mission.

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As of September 16, 2014
Why Centers of Excellence? Why Now?

Recent controversy surrounding a minimally invasive gynecologic surgical technique is a perfect example of why the AAGL Center of Excellence in Minimally Invasive Gynecology (COEMIG) program was established and why it's needed today. It's also why Surgical Review Corporation (SRC) was founded 11 years ago.

In 2003, bariatric surgery came under fire from the media and health plans, who labeled the procedure unsafe and ineffective. Malpractice premiums for some bariatric surgeons skyrocketed to $300,000 a year. In 2004, Blue Cross Blue Shield ruled laparoscopic bariatric surgery was “too experimental” and refused to cover the procedure. Other payors followed suit, asserting that weight loss would not be sustained and weight-related comorbidities would return.

SRC, established as a separate and distinct entity from the bariatric society, was charged with protecting the patient and proving the naysayers wrong. It was a mission so ambitious that many predicted the organization would fail within two years. But SRC prevailed, and today, our program standards are recognized by surgeons, hospitals, payors and governmental agencies around the world. Patients recognize our designation seals as an assurance that they will receive safe and effective care, and seek out hospitals and surgeons who have been named Centers of Excellence.

The BOLD outcomes database was pivotal to this success, and at present, contains nearly 600,000 patients and more than seven years’ worth of data. Clinical data this substantial is difficult to refute. Proof? Two years after Blue Cross Blue Shield deemed laparoscopic bariatric surgery experimental, the procedure was adopted and is now the approach used in 98% of cases. Last year, the Centers for Medicare & Medicaid Services relaxed its restrictions on bariatric surgery coverage based on the significant improvements in surgical outcomes and weight loss results achieved since the Center of Excellence program and database were established. In short, the efforts of program participants elevated the specialty as a whole.

Surgeons who perform minimally invasive gynecologic procedures are facing a similar situation as their bariatric colleagues. AAGL had the foresight to launch the COEMIG program to protect the specialty during these times. Such controversies are inevitable, and Centers of Excellence create a unified front when they arise. And there is strength in numbers – with nearly 100 centers now designated, payors and other stakeholders are seeing the COEMIG program is credible and viable.

Data entered in BOLD will provide the evidence necessary to prove minimally invasive gynecology procedures are safe. BOLD data is more valuable than local cohort studies because it tracks a significantly larger and more diverse group of patients over a longer period of time. Information is power, and those armed with data possess the ability to change mindsets and chart the specialty’s future.

An even greater benefit of COEMIG participation is the shift to a culture of excellence that you and your staff will experience. This often results in increased volumes, improved outcomes and lower cost of care. Everyone benefits from participation, but those who embrace the tenets of the Center of Excellence program continuously work to raise the bar for exceptional patient care.

The rapidly changing healthcare landscape is a call to action. There will be some who wait and become the victims of reform and others who will be proactive in determining their destiny. The COEMIG program provides the blueprint, and the nearly 800 applicants and designees are shaping the future of the specialty.

Gary M. Pratt is Chief Executive Officer of Surgical Review Corporation, which administers the COEMIG program for the AAGL.

Congratulations to the Newest COEMIG Designees Since July

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**Simulation Lab:** Practical Applications for Tissue Re-approximation, Knot Tying and Suturing Techniques

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**Didactic & Cadaveric Lab:** Unraveling the Endometriosis Enigma: From Diagnosis to Surgical Management

**FULL DAY Didactic & Simulation Lab:** Teach the Teacher: It’s Never Too Late

**Didactic & Cadaveric Lab:** The Ins and Outs of Midurethral Slings: Safe Implantation and Surgical Management of Complications

**Didactic:** No Pain, No Gain: Decoding Chronic Pelvic Pain

**FULL DAY** Fellowship in MIGS Postgraduate

Day 2 – Tuesday, November 18, 2014

**Simulation Lab:** Practical Applications for Tissue Re-approximation, Knot Tying and Suturing Techniques

**Didactic (Live Cadaveric Demo) & Cadaveric Lab:** Fulfill Your Destiny as a MIG Surgeon, You Must. The Way of the Jedi Master, Surgical Anatomy, It Is.

**Didactic & Cadaveric Lab:** The Alphabet Soup of Laparoscopic Hysterectomy: LAVH, TLH, LSH & RH

**Didactic & Simulation Lab:** Hysteroscopy from A-Z

**Didactic & Cadaveric Lab:** Advanced Urogynecology: Overcoming Challenges in the Patient with Pelvic Organ Prolapse

**FULL DAY Didactic (Live Cadaveric Demo) & Simulation Lab:** Vaginal Hysterectomy: The True Natural Orifice Minimal Access Surgery

**Didactic:** No More Fibs: The Truth about Fibroids

**Didactic:** Falling Off a Horse Named “Surgical Misadventures”: How Do You Get Back in the Saddle?

**Didactic:** Practical Oncology Principles for the Benign Pelvic Surgeon

**Didactic:** Navigating Complex Surgical Scenarios: It’s All about Options
First-rate education will be offered including:

- 4 Telesurgeries
- 6 Surgical Tutorials
- 4 Panels
- 7 Plenary Sessions
- 26 Postgraduate Courses including:
  - 5 Hands-on Cadaver Labs
  - 4 Hands-on Suturing Simulation Labs
- 4 Simulation Labs: Hysteroscopy, Vaginal Hysterectomy, Robotics, and Build a Model (Vaginal Hysterectomy and Ovarian Cystectomy)
- 60+ Exhibitors Displaying the Latest Technology
- 4 Industry-Sponsored Symposia
- 1,800+ of Your Peers

32.75 Hours of AMA PRA Category 1 Credits™
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<td><strong>FMIGS Graduation Ceremony and Reception</strong></td>
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<tr>
<td><strong>State-of-the-Art Postgraduate Courses</strong></td>
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<td><strong>Luncheon – Discussion with the Experts</strong></td>
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<th><strong>Congress – Friday, November 21</strong></th>
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<tr>
<td><strong>Simulation Olympics</strong></td>
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Women Surgeons’ Breakfast | Nov. 19 at 6:30am
Do You Have That Inner Glow?
Quyen Nguyen, MD, PhD, University of San Diego, San Diego, California
Surgeons are taught from textbooks which conveniently color-code the types of tissues, but that's not what it looks like in real life – until now. Dr. Nguyen's innovative scientific research yielded a “smart” probe that makes tumor margins fluoresce, or “glow,” showing surgeons exactly where to cut during surgery. Don't miss this fascinating presentation!

Jordan M. Phillips Keynote Address | Nov. 19 at 9:05am
Uterus Transplantation: From Idea to the First Clinical Trial
Mats Brännström, MD, PhD, Sahlgrenska Academy, University of Gothenburg, Sweden
Dr. Brännström is a true pioneer and a leading figure in the area of clinical uterus transplantation. His presentation will summarize a decade of research efforts that paved the way for the first clinical trial of uterus transplantation. “This is a new kind of surgery,” Dr. Brännström told Associated Press in an interview from Gothenburg. “We have no textbook to look at.” From 2012 to 2013, seven Swedish women received womb transplants from living relatives and have commenced embryo transfer procedures.

Late Breaking News | Nov. 20 at 12:05pm
Moderator: Marie Fidela R. Paraiso, MD, The Cleveland Clinic, Cleveland Ohio
Faculty:
Jubilee Brown, MD, University of Texas MD Anderson Cancer Center, Houston, Texas
Marit Lieng, MD, Oslo University Hospital and Institute of Clinical Medicine, Oslo, Norway
Elizabeth Pritts, MD, Wisconsin Fertility Institute, Middleton, Wisconsin
This session will allow the participants to present updates on electromechanical morcellation.

NEW General Session to Debut! Who Will Be Crowned AAGL’s First “Stainless Steel” Surgeon?
3 Mystery Surgeons, 1 Mystery Procedure, 30-minute Battle of Stainless Steel...
Join us as three distinguished “Stainless Steel” Surgeons come to a specially constructed “Surgical Stadium” with three separate operating rooms to do live battle with a “secret procedure” to be announced on the day of the event. They will have 30 minutes to perform highlights of their assigned procedure on a cadaver by laparoscopic, robotic, or vaginal approaches, followed by a panel discussion of the technical merits of each approach. At the conclusion of this event, AAGL’s first resident “Stainless Steel” Surgeon will be crowned.
Thursday, November 20, 7:50am - 9:30am
EDUCATION NEWS

Live & Online CME Courses

AAGL has launched its new “AAGL Expert Talks” series on AAGL.org. This video series features presentations on minimally invasive gynecologic surgery by noted experts in the field, and will offer viewers the opportunity to earn AMA PRA Category 1 Credits™ by watching the videos and then completing a short post-test. These videos were captured at the 42nd AAGL Global Congress on Minimally Invasive Gynecology last November in Washington, D.C. AAGL members with membership accounts in good standing will be able to access the videos and apply for CME by going to AAGL.org and clicking on “AAGL Expert Talks” in the left sidebar. The following courses have just been added to the website:

- **Complications During Myomectomy (Simple and Complex Myomas)** – Presented by Dr. Adam Moors
- **Sidewall Dissection During Laparoscopy** – Presented by Dr. Maurizio Rosati
- **Retroperitoneal and Avascular Spaces: Surgeon’s Friends** – Presented by Dr. Pamela Soliman

NEW PRODUCT LISTINGS

**Meridian® Vaginal Positioning System**

Expanding innovation, Coloplast Corp. expands their transabdominal product offering with the Meridian® Vaginal Positioning System. Meridian is a single-use device that is placed in the vagina to stabilize and aid in the identification of all components of the vagina during surgical procedures such as sacrocolpopexy. This device is available individually, and with the ultra-light weight Restorelle® Y Contour graft.

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Featuring fast, efficient resection and advanced fluid management, the TRUCLEAR™ System offers a complete platform for the removal of intrauterine abnormalities. The only system designed for visual D&C, hysteroscopic adhesiolysis and evacuation of RPOC, in addition to fibroid and polyp removal, the TRUCLEAR™ System continues to set the standard for effective and safe tissue resection with over eight years of clinical experience.

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AAGL is pleased to announce the immediate availability of the JMiG on Apple, Android, and Amazon tablet and smartphone devices. This new benefit of your AAGL membership allows you to receive the Journal on your device on the same day as it goes to print, and also provides you with the ability to review back issues of the JMiG.

The app is available to all AAGL members at no additional charge!

To install the app on your device:

1. Visit AAGL.org/jmigapp from your phone or tablet.
2. Click on the appropriate download link for your device.
3. Once the app has downloaded, enter your AAGL username and password to activate your subscription.
Remembering Louis G. Keith, M.D., Ph.D. (1935 - 2014)

Louis Keith was one of the four founding members of the AAGL, and its fourth president. He died in Chicago on July 6, 2014. He had a good day on the 4th, watching fireworks with friends at home and conversing.

Dr. Keith obtained his medical degree at the Chicago Medical School and did his residency at Cook County Hospital. After completion of his training he became a professor of Obstetrics and Gynecology at both institutions.

He joined the faculty at Northwestern University School of Medicine in 1975, where he became Professor Emeritus in Obstetrics and Gynecology. One of his major roles was Director of Undergraduate Education. During the 29 years he held that position, more than 5,000 medical students completed their clerkships under his direction. Along with co-workers, Dr. Keith published more than 175 abstracts, articles and chapters on twinning, in addition to four textbooks.

For his contributions to a medical case, a former student and his father commissioned a portrait of Louis G. Keith, MD, PhD, Professor Emeritus in Obstetrics and Gynecology. Dr. Keith donated the portrait to the Galter Health Sciences Library in 2008.

“Dr. Louis Keith was an outstanding educator and scholar during his long academic career at Northwestern,” said John J. Sciarra, MD, PhD, Professor and Chairman Emeritus of Obstetrics and Gynecology. “He was responsible for the education of generations of Northwestern medical students, many of whom he personally mentored for scholarly research. He was an identical twin and he was an acknowledged expert on twins and was internationally admired for his scientific contributions to the area of multiple pregnancy.

Over the years he has received 21 awards for his scientific work and achievements. In 1995 he was named “Distinguished Alumnus” of the Chicago Medical School, and in 2000 he was awarded the Golden Officer’s Cross of the Order of Merit of the Republic of Poland. Dr. Keith was the first author to describe laparoscopy during pregnancy. More recently, he had become interested in the problems of postpartum hemorrhage.

He traveled widely and was a marvelous raconteur. In addition to his many varied interests he remained a strong supporter of the AAGL. He was a mentor to many. His presence will be missed but not forgotten.

Ahmed Abdelaziz, M.D.
Nermean Abdelrazeik, M.D., FRCSC
Elias Abi Khalil, M.D.
Tamar Achjian, M.D.
Laura Acín Vinyeta, M.D.
Sugandha Agarwal, M.D.
Gloria Agesta Hidalgo, M.D.
Anubhav Agrawal, M.D.
M Justina Aguerre Gogorza, M.D.
Teresa Aguilar Romero, M.D.
Wael Agur, M.D.
Osama Al Omar, M.D.
Luís Alba Ordas, M.D.
Ana Albero Tranche, M.D.
Ana María Alcalde Domínguez, M.D.
Herly Alcazar Aguilera, M.D.
Vincenzo Aleandri, M.D.
Abdulrahim Alkhotani, M.D.
Heather Allen-Coward, M.D.
Daniel Andia Ortiz, M.D.
Martina Angeles Fite, M.D.
Nahia Antolin Arelano, M.D.
Iria Aparicio Rodríguez, M.D.
Leslie A. Appiah, M.D.
Leo Francis Nuval Aquilizan, M.D.
Itziar Arana, M.D.
Monica Liliuna Ariza Rodriguez, M.D.
Jose Eduardo Arjona Berral, M.D.
Baldomerio Arnau Rivera, M.D.
Amy Arnold, M.D.
Katherine C. Arnold, M.D.
Soraya Arroyo Calpe, M.D.
María Artola, M.D.
Fernanda Asencio, M.D.
Charles W. Ashley, M.D.
Vanessa Asorey Veiga, M.D.
Senem Ates, M.D.
Cesar Ayestaran, M.D.
Helena Ayuso Thorell, M.D.
Shahida Azeez, M.D.
Maria Teresa Aznar Altaha, M.D.
Isabel Aznar Garcia, M.D.
Janos Balega, M.D.
Jenna Nicole Banner, M.D.
Marc Antoni Barahona Orpinell, M.D.
Nuria Barhany Freixa, M.D.
Andrew James Barlow, M.D.
Derrick Jay Barnes, M.D.
Maria Barreiro Rodriguez, M.D.
Pere N. Barri Soldevila, M.D.
Tammy Barron Martinez, M.D.
Kingsley Bataduwa Arachchi Mahendra, M.D.
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Vaishali Bhalani, M.D., FACOG
Isidro Boguna Zubiaur, M.D.
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Zoe Boyes, M.D.
Arlene R. Bravo, M.D.
Inaki Brouard Urkiaga, M.D.
Karen Brown, M.D.
Stacy Brown, M.D.
Valerie Brown, M.D.
Sarah Mostafa Bugrnen, M.D.
Patricia Burguete Fenollola, M.D.
Virginia Caballero Fernandez, M.D.
Elena Cabezas Lopez, M.D.
Sigita Cahoon, M.D.

Welcome New Members

June 1, 2014 – August 31, 2014
Welcome New Members (Continued)

June 1, 2014 – August 31, 2014

Brenda Camp, M.D.
Amalia Canadas Molina, M.D.
Rafael Canal Diaz, M.D.
Marta Canals De Ros, M.D.
Aroha Canete Mota, M.D.
Elvira Carballas Valencia, M.D.
Johanna Maria Cardama, M.D.
Raoul Cardenal Tarrascon, M.D.
Raquel Carracedo Reboredo, M.D.
Antonio Carrasco Gallego, M.D.
Maria Paz Casares Gonzalez, M.D.
Yanina Mariel Cascarido, M.D.
Jordi Cassado Garriga, M.D.
Florence Elena Castaneda, M.D.
Agustín Castella, M.D.
Elena Castellanos, M.D.
Carlos De Castro Ciriano, M.D.
Juan Fernandez Cerezuela Requena, M.D.
Dhiya Chandrasekar, M.D.
Brenda Chao, M.D.
Ole Ling Edith Cheng, M.D.
Luís Chiva, M.D.
Yoana Chiverto Llamazares, M.D.
Lisa Diane Chodak, M.D.
Jeong In Choi, M.D.
Sarah Choi, M.D.
Lee Antoinette Christianson, M.D.
Lilia S. Chua, M.D.
Dawn Chung, M.D.
Hyewon Chung, M.D.
Marta Claramonte Nieto, M.D.
David Paul Clark, M.D.
Nisse Clark, M.D.
Rafael Collazos, M.D.
Ma. Yvonne Regollo Concha, M.D.
Larisa Corda, M.D.
Maria Cores Viqueira, M.D.
Manuel Corona Martinez, M.D.
Ramon Coss Plans, M.D.
Kimberly Cross, M.D.
Edgar A. Cruz, M.D.
Laura Cuine Lopez, M.D.
June Davies, M.D.
Jhery Davila Guardia, M.D.
Eva Patricia De Diego Rivera, M.D.
Marieke De Jong, M.D.
Maria Jesus De Justo Moscardo, M.D.
Cristina De La Hera Lazuaro, M.D.
Pedro Ignacio De La Iglesia Chamarro, M.D.
Maria Ermelinda De Leon Angeles, M.D.
Jaione De Los Bueis Fernandez, M.D.
Omer Devaja, M.D.
Rodolfo Diaz, M.D.
Maria Jose Diaz Garcia, M.D.
Michael Dietrich, M.D.
Santiago Diez Lazaro, M.D.
Ajith Kumara Dissanayake Mudiyanselage, M.D.
Kim Coby Dobromilsky, M.D.
Santiago Domingo, M.D.
Christa Dominick, M.D.
Michael Dooley, M.D.
Tanyaniaka Douglas-Holland, M.D.
Michael Drennen, M.D.
Sheila Eileen Drnec, D.O.
Ashley DuBray
Benjamin Eastham, M.D.
Edmond Edi-osagie, M.D.
Christian Hans Egarter, M.D.
Lucas Egea Prefasi, M.D.
Christine Ekchi, M.D.
Adel El Khatib, M.D.
Aisha Mohamed Elbareg, M.D.PhD
Benjamin Eleonou, M.D.
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Maria Teresa Escudero Serrano, M.D.
Cytbull Esquerra, M.D.
Mercedes Espada, M.D.
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Montserrat Espuna-Pons, M.D.
Josep Estadella Tarriel, M.D.
Francisco Estevez Guimerans, M.D.
Michelle Ann Euston, M.D.
Zuramis Estrada Blanco, M.D.
Emilia Extio Serrano, M.D.
Rafael Fagoaga Caridad, M.D.
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Joao Oscar Falcao Jr., M.D.
Muhammad Fatum, M.D.
Patricia Fennessy, M.D.
Silvia Fernandez, M.D.
Rosario Fernandez Salmeron, M.D.
Rafael Fernandez Alvarez, M.D.
Bebecca Fernandez Alvarez, M.D.
Luis Fernandez De Castillo-Torres, M.D.
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Jorge Fernandez Parra, M.D.
Maria Jose Fernandez Ramirez, M.D.
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Rui Alberto Ferriani, M.D.
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Alvaro Flores, M.D.
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Christine Elizabeth Foley, M.D.
Ebrahim Foroughi, M.D.
Christina Founta, M.D.
Carolene E. Fousta-Wright, M.D.
Silvia Fraga, M.D.
Marisa Franco Marquez, M.D.
Cristina Franco Tejeda, M.D.
Jonathan Frost, M.D.
Pere Fuste I Brull, M.D.
Maria del Mar Galvez Rodriguez, M.D.
Sandra Garcia, M.D.
Laura Garcia Acevedo, M.D.
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Tamara Garcia Grandal, M.D.
Jorge Garcia Ortin, M.D.
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Natalia Garcia Riano, M.D.
Carlota Garcia-Salmones Gonzalez, M.D.
Carlota Garcia-Valdecasas, M.D.
Manuel Garcia-Valdecasas, M.D.
Katherine Garvey, M.D.
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T.A Gelbaya, M.D.
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Yaron Gil, M.D.
Bianca Gil Ibanez, M.D.
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Camila Giraldo, IL FACOG
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Margarita Gomez Del Valle, M.D.
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Silvia Gonzalez Cerron, M.D.
Inaki Gonzalez Foruria, M.D.
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Alvaro Gorostiaga Ruiz-Garma, M.D.
Veronica Gorraez Ochoa, M.D.
George Goumalatos, M.D.
Lindsey Anne Grace, M.D.
Meritxell Gracia Quero, M.D.
Heather Grant, M.D.
Anna Grassi, D.O.
Jesus Gregorio Iguarbe, M.D.
Georgios Grigoriadis, M.D.
Welcome New Members (Continued)

June 1, 2014 – August 31, 2014

Miriam Guijarro Colomer, M.D.
Sangeeta Gupta, MBBS
Alicia Gutierrez Alaguero, M.D.
Tracy Hadnott, M.D.
Sergio Haimovich, M.D.
Lee Marvin Hammons, M.D.
Lennie V. Hanegem, M.D.
Miriam Hanstede, M.D.
Sz-Min Chen Harley, M.D.
Kimberly C. Hart, WHNP-BC
Yoshiko Hashimoto, M.D.
Joy Hasseler, M.D.
Carolyn Haunschild, M.D.
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Karin Hayashida, M.D.
Owen Mortimer Heath, M.D.
Glen Wayne Heckman, M.D.
Anna Maria Heller, M.D.
Welcome New Members (Continued)

June 1, 2014 – August 31, 2014

Cristina Miralles Miralles, M.D.
Ester Miralpeix Rovira, M.D.
Kavita Mishra, M.D.
Michael S. Mitri, M.D.
Dinesh Singh Moga, M.D.
Heather Moline, M.D.
Isauro Rogelio Monfort Ortiz, M.D.
Arantxa Montells Laberia, M.D.
Alison Montgomery, M.D.
Melissa Montlack, D.O.
Lee David Moore, M.D., FACOG
Irene Mora Hervas, M.D.
Jose Eloy Moral Santamarina, M.D.
Maria Josefina Arabit Morales, M.D.
Maria Moreno Ced Garcia Suelto, M.D.
Emma Readman, MB, BS
K. (Ray) Raychaudhuri, M.D.
Jose Manuel Ramon Y Cajal, M.D.
Yessenia Ramirez Ponce, M.D.
Varuna Raizada, M.D.
Hristina Raikova, M.D.
Philip Rahmanou, M.D.
Sara Quintana Tustain, M.D.
Jose Cruz Quilez Conde, M.D.
Jairo Mendoza Quevedo, M.D.
Estibaliz Quesada Sales, M.D.
Hendrik Quutevo, M.D.
Sara Jane Pieper, M.D.
Ryan Pettit, D.O.
Sara Jane Pieper, M.D.
Ildemis Perez Consuegra, M.D.
Antoni Pessarrodona Isern, M.D.
Elena Perez Morales, M.D.
Irene Partera Tejero, M.D.
Ana Pascual Pedreno, M.D.
Evelyn Patacoukas, M.D.
Ashwin Patel, M.D.
Bimal Raman Patel, M.D.
Devendra Ananthra Patel, M.D., FACOG
Seema Pattanayak, M.D.
Jason Richard Patzward, D.O.
Sara Janneke Pauk, M.D.
Adela Paya Abad, M.D.
Vicente Francisco Paya Amate, M.D.
Eugenia Paz Fernandez, M.D.
Eugenia Peiro Gonzalez, M.D.
Gaby Pelimska, M.D.
Christina Penfield, M.D.
Jon F. Pennycuff, M.D.
Stacey Pereira, M.D.
Asuncion Perez Benavente, M.D.
Ildemis Perez Consuegra, M.D.
Ma. Ana Capucacan Pangan, M.D.
Isabel Pardo Pumar, M.D.
Hyein Park, M.D.
Hyo Kyung Park, M.D.
Camila Giraldo Parra, II, FACOG
Fatima Parras Onrubia, M.D.
Antigone Parker Parrish, M.D.
Irene Partera Tejero, M.D.
Ana Pascual Pedreno, M.D.
Evelyn Patacoukas, M.D.
Ashwin Patel, M.D.
Bimal Raman Patel, M.D.
Devendra Ananthra Patel, M.D., FACOG
Seema Pattanayak, M.D.
Jason Richard Patzward, D.O.
Sara Janneke Pauk, M.D.
Adela Paya Abad, M.D.
Vicente Francisco Paya Amate, M.D.
Eugenia Paz Fernandez, M.D.
Eugenia Peiro Gonzalez, M.D.
Gaby Pelimska, M.D.
Christina Penfield, M.D.
Jon F. Pennycuff, M.D.
Stacey Pereira, M.D.
Welcome New Members (Continued)

June 1, 2014 – August 31, 2014

Michael Scheiber, M.D.
Veronica Lee Schimpf, D.O.
Lucky Sekhon, M.D.
Jordi Sentis Masllorens, M.D.
Anna Serra Rubert, M.D.
Eli Serur, M.D.
Jose Antonio Sevilla Ros, M.D.
Mark Shahram Shahin, M.D.
Lily Naz Shamsnia, M.D.
Shruti Sharma, M.D.
Rita Shats, M.D., FACOG
Robert Simonaggio, M.D.
Kavita Singh, M.D.
Marieli Moraes Siqueira, M.D.
Kevin Skinner, M.D.
Mercedes Sobreviela Laserrada, M.D.
Amr A. Soliman, M.D.
Min Jong Song, M.D.
Herbert Randall Squires, M.D., FACOG
Rajiv Sreekumar, M.D.
Jeremy Sroussi, M.D.
Sarah M. St. Louis, M.D.
Michael P. Steinkampf, M.D.
Ashley Storms, M.D., FACOG
Maria Olga Suarez Mojico, M.D.
Ivette Suber, M.D.
Shannon E. Sullivan, M.D.
Bryan Swan, M.D.
Aya Takeya, M.D.
Anna Taltavull Pons, M.D.
Jenny Tam, M.D.
Cyrta Taylor, M.D.
Patrick Ryan Teefey, M.D.
Ana Tejedor Mestre, M.D.
Milind A. Telang, M.D.
Elissa Dawn Tepperman, M.D.
Meena Theva, M.D.
Justin Thompson, M.D.
Wang Tong, M.D.
Monica Maria Torres, M.D., FRCSC
Arthur Tran, M.D.
Maria Triolo, M.D.
Walter Nicolas Trusso, M.D.
Sudhi Alice Tuty, M.D.
Francesco Giovanni Turba, M.D.
Susan Ulmer, M.D.
Ruchi Upadhyay, M.D.
Georgios Valasoulis, M.D.
Victoria Valdes Devesa, M.D.
Estela Valdivia De Dios, M.D.
Pamela Valdivieso, M.D.
Patricia Vallejo Calvo, M.D.
Beatriz Vano Valls, M.D.
Arvind Vashishth, M.D.
Liviu Florea Vasile, M.D.
Esther Velasco, M.D.
Arunmuthhal Velusamy, MS
Jacob Paul Venesky, M.D.
Urmil Verma, M.D.
Hope Marian Vermaire, D.O.
Pilar Viana Casado, M.D.
Cinta Vidal, M.D.
Jose Manuel Vidal Munoz, M.D.
Eva Vila Escude, M.D.
Jaime Edward Villamil, Jr, M.D.
Maria Erlie Villanueva, M.D.
Itziar Villegas Guisasolasa, M.D.
Emilia Del Carmen Villegas Munoz, M.D.
Kavita Vinekar, M.D.
Irene Vives, M.D.
Cheng Wei Wang, M.D.
Jeffrey Wang, D.O.
Christina Renay Washington, M.D.
Eleonore Pettit Werner, M.D.
Suzanne West, M.D.
Chrislyn White, M.D.
Dirk Wildemeersch, M.D.
Mark D Williams, M.D.
Jacob Wright-Piekarski, M.D.
Clara Qianqian Wu, M.D.
Maria You Wu, M.D.
Rekha Winkatal, M.D.
Pedro Xavier, M.D.
Shiori Yanai, M.D.
Amanda Yeaton-Massey, M.D.
Judy Yeh, M.D.
Tin-Wing Yen, M.D.
Wonkyung Yeom, M.D.
Gun Yoon, M.D.
Shu-Han You, M.D.
Katherine Young, M.D.
Mimi Zachariah, M.D.
Sherehan Zahar, M.D.
Alvaro Zapico Goni, M.D.
Patricia Zarco, M.D.
Areiyu Zhang, M.D.
Da Yong Zhang, M.D.
Xuyin Zhang, M.D.
Shi Zhu, M.D.

AAAGL Board of Trustee Candidates Are Announced for 2015

VOTING OPENS ON OCTOBER 3, 2014

The Nominating Committee is pleased to announce the following candidates for 2015. Please note that voting will be sent by electronic mail. We encourage you to have your voice heard by having your vote counted!

<table>
<thead>
<tr>
<th>Secretary-Treasurer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jon I. Einarsson, M.D., Ph.D.</td>
</tr>
<tr>
<td>Brigham and Women’s Hospital/Harvard Medical School</td>
</tr>
<tr>
<td>Boston, Massachusetts</td>
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<thead>
<tr>
<th>Trustees from the General Membership</th>
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<tbody>
<tr>
<td>Sawssan As-Sanieh, M.D.</td>
</tr>
<tr>
<td>University of Michigan</td>
</tr>
<tr>
<td>Ann Arbor, Michigan</td>
</tr>
<tr>
<td>Isabel Green, M.D.</td>
</tr>
<tr>
<td>John Hopkins University</td>
</tr>
<tr>
<td>Baltimore, Maryland</td>
</tr>
<tr>
<td>Pamela Solomon, M.D.</td>
</tr>
<tr>
<td>MD Anderson Cancer Center</td>
</tr>
<tr>
<td>Houston, Texas</td>
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<tr>
<th>Trustees from Europe/Middle East/Africa</th>
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<tbody>
<tr>
<td>Michel Canis, M.D., Ph.D.</td>
</tr>
<tr>
<td>Centre Hospitalier Universitaire de Clermont-Ferrand</td>
</tr>
<tr>
<td>Clermont-Ferrand, France</td>
</tr>
<tr>
<td>Nicolae Suciu, M.D.</td>
</tr>
<tr>
<td>University of Medicine and Pharmacy “Carol Davila”</td>
</tr>
<tr>
<td>Bucharest, Romania</td>
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<tr>
<th>Trustees from U.S./Canada</th>
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<tr>
<td>Michael Hibner, M.D., Ph.D.</td>
</tr>
<tr>
<td>St. Joseph’s Hospital and Medical Center</td>
</tr>
<tr>
<td>Phoenix, Arizona</td>
</tr>
<tr>
<td>John R. Miklos, M.D.</td>
</tr>
<tr>
<td>International Urogynecology Associates</td>
</tr>
<tr>
<td>Alpharetta, Georgia</td>
</tr>
</tbody>
</table>
November 28-29, 2014
Asia-Pacific Association of Gynecologic Endoscopy (APAGE)
Annual Congress
Scientific Program Chair: Sevellaraja Supermaniam
Shangri-La Hotel
Kuala Lumpur, Malaysia

December 19-21, 2014
2nd Annual Joint Conference of COGA and AAGL
on Minimally Invasive Gynecology
Scientific Program Chair: J.H. Lang
Beijing Landmark Towers
Beijing, China

June 16-19, 2015
11th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Israel Society of Gynecological Endoscopy
Scientific Program Chair: Moty Panisky
Jerusalem, Israel

June 2-5, 2016
12th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Indian Association of Gynaecological Endoscopists
Scientific Program Chair: Prakash Trivedi
Renaissance Convention Center & Hotel
Mumbai, India

February 22-24, 2017
13th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Federación Colombiana de Obstetricia y Ginecología (FECOLSOG)
Scientific Program Chair: Juan Diego Villegas-Echeverri
Cartagena de Indias, Colombia