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ICELAND IS TRENDING

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SIG: Urogynecology
Novel Approaches to Treating Fecal Incontinence
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Convenient control placement is designed for **less hand movement**.4 and 360º shaft rotation is designed to improve access to targeted tissue.5

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REFERENCES: 1. Preclinical test of distal tip bleeding (ENSEAL® vs. Impact LF-4318) in thick porcine mesentery base (p<0.001) (C2169). 2. Preclinical testing on porcine carotids (ENSEAL® vs. Impact LF-4318) that measured mean max lateral thermal damage via histology (p<0.001) (C2155); (C2184); (C2160); (C2158).

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We Have a Problem, but it is Good One to Have

Franklin D. Loffer

Each year at this time we request the submission of abstracts and videos for our annual meeting. This year our meeting will be held November 13-16, 2017, with PG courses and labs starting on November 12th, in National Harbor, Maryland, just across the Potomac from Washington, D.C. The number of attendees at the AAGL annual meeting has grown significantly. Along with the increase in attendees, we have also been receiving, each year, record numbers of abstract and video submissions.

Since we have limited time at the meeting to present these submissions, the percentage of presentations we can accept must inevitably decrease. So while our increasing number of abstracts and videos is the problem, it is a good one to have. It means that gynecologic surgeons from both the United States and around the world recognize the importance of submitting their work at a meeting where it will be heard by a captive audience of their peers, including both novice MIG surgeons, and other experts.

The AAGL has always tried to be a forum where all could be heard. To keep this principle, we have enhanced our Virtual Abstract program, which will allow essentially all who submitted an abstract or video to have a place on the program. We thank you all in advance for your contribution to the continued growth of minimally invasive gynecology.

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

Education Calendar

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

AAGL 20th Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy & Minimally Invasive Surgery Including Pelvic Floor Reconstruction
May 19-20, 2017
Resad P. Pasic, Scientific Program Chair
University of Louisville
Louisville, Kentucky

Global Endometriosis Summit
July 20-21, 2017
Jon I. Einarsson, Scientific Program Chair
Marcello Ceccaroni, Co-Chair
Reykjavik, Iceland

FMIGS Fellows and Resident Surgical Boot Camp
August 4-6, 2017
Matthew Siedhoff, Scientific Program Chair
New York, New York

46th AAGL Annual Global Congress on MIGS
November 12-16, 2017
Gaylord National Resort and Convention Center
National Harbor (Washington, DC), Maryland

47th AAGL Annual Global Congress on MIGS
November 11-15, 2018
MGM Grand Hotel Las Vegas, Nevada

AAGL Vision

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

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Introducing the 2017 Scientific Program Committee

“They each have an area of expertise that is really going to bring a level of insight and diversity to the conference [this year]”—Dr. As-Sanie

Jin-Hee (Jeannie) Kim
New York, New York

Suketu Mansuria
Pittsburgh, Pennsylvania

Amanda Nickels-Fader
Baltimore, Maryland

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Pamela Solomon
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Kevin Stepp
Charlotte, North Carolina

Frank Loff er
Phoenix, Arizona

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Cypress, California

An interview with Dr. Sawsan As-Sanie, 2017 Scientific Program Committee Chair

I sat down with the new SPC Chair during the 45th Global Congress in Orlando to get a little insight into what she and her Committee have in store for the 2017 meeting.

Q: Thank you very much, Dr. As-Sanie, for joining us today. We’re really excited about the theme for this year’s meeting that you and your Scientific Program Committee have come up with: Enhancing Minimally Invasive Gynecologic Surgery through Quality, Patient Safety and Innovation. Would you mind giving us a little background on how that developed and what it means to you and your committee?

A: Thank you so much. It truly is an honor and pleasure to be the Scientific Program Chair for this upcoming year, and I certainly have really big shoes to fill with so many fantastic programs over the last couple of years. As our team came together and thought about what we wanted to emphasize in [this] year’s program, we wanted to focus on issues that we find to be really close to our hearts as minimally invasive gynecologic surgeons. I think we all recognize [that] the field of MIGS and AAGL has really been at the forefront of innovation and technology in improving patient outcomes in women’s care, but what we wanted to focus on is as the health care landscape is changing, how do we improve patient outcomes through a patient-centered approach that balances both innovation and technology as well as quality and safety to make sure that everybody has access to excellent outcomes.

Q: I don’t know if our membership is fully aware of the bylaws change in terms of selecting the Scientific Program Chair; that change went into effect prior to last year’s selection process. But you’re the first female Scientific Program Chair in our new selection process. I feel that is a little groundbreaking and I’d love to get your perspective on it.

A: Well, it truly is an honor to be part of the committee and as I think [about the fact] that women are breaking barriers in leadership roles, as a member of AAGL for over a decade, it’s wonderful to see that our leadership is supporting women in leadership roles...and I really hope that I can bring together all of the members of the Scientific Program Committee, both the junior and midlevel, and senior faculty, to give a great program and give honor to our senior members that have established this program many years ago.

Q: Speaking of the different levels of faculty, we’ve noticed there has been a great shift in highlighting some of the more junior members of our membership; former fellows, fellows that have gone on to become program directors. How do you feel about that shift and what does it speak to you as having been a member of AAGL for so long?

A: I was a fellow at the University of North Carolina 12 years ago and I think one of the most profound impacts that my fellowship had on me was that my mentor, John Steege, his career was dedicated to the mentorship and to the growth of his trainees, both in surgery as well as in the care of women with complex gynecologic conditions. And that love and that passion to help junior faculty grow and to contribute both to the personal care of women in each of our offices and [also] to the education of medical students, residents, and fellows, has really stuck with me. I think the AAGL is really an amazing society in that it has dedicated much of its effort to the training and the growth of gynecologic surgeons, and it’s an honor to be part of the mission that teaches these fellows [not just] in the operating room and the clinical setting, but also teaches them how to be leaders in our field. In order to do that we need to get them involved in the program and get them to be part of the education of our future leaders. While having said that, I think it’s also incredibly important that we lean on the senior members of the founding society. They have many years of expertise and insight into the process of taking care of these patients and to education and innovation, and the balance between highlighting our rising stars and valuing our senior mentors is going to be a big emphasis of the program [this] year.

Q: What do you hope you leave as a bit of a legacy after this year’s meeting?

A: Well, that’s a good question. I think the legacy will really be in the context of surgical advancement and innovation: how do we make sure that we are balanced with other value systems that are really important in health care. How do we make sure that what we are presenting is evidence based; that it is centered on relevant patient outcomes; how are we improving the care of women within the changing healthcare landscape, within cost containment; and how do we make it relevant to all of our AAGL membership, whether they are operating in high technology, high resource settings [or in] settings where they don’t necessarily have access to all of the tools that they might see in those high tech settings. So we want to make it relevant to all of our members and make sure that everybody comes away with some really useful teaching points that they’ll be able to apply when they go back home.

Sawsan As-Sanie, M.D., MPH, is Assistant Professor, Director, Minimally Invasive Gynecologic Surgery and Fellowship, Director, Endometriosis Center, Department of Obstetrics and Gynecology, University of Michigan Health System, and the AAGL 2017 Scientific Program Committee Chair.

Jocelyn Fletcher, Senior Marketing Manager for AAGL and Editor of NewsScope.
The mission and purpose of the AAGL, which was founded in 1971, is to provide educational activities to physicians focused on the ultimate goal of improving care in gynecologic medicine. To that end, the AAGL recognizes that the treatment of pelvic pain, which affects 15% of women at some point in their lives, is an emerging area of medicine. While past programs have focused on procedure-related evaluation and treatment, in December of 2016, the AAGL embarked on a new, disease-oriented approach to the treatment of pelvic pain. Thanks to the efforts of the AAGL staff, the Workshop on Surgical Anatomy of the Pelvis and Procedures in Patients with Chronic Pelvic Pain, held in Phoenix, Arizona, December 9-10, 2016, as chaired by Dr. Michael Hibner and co-chaired by Dr. Nita Desai, was a tremendous success. Participants joined in the 2-day course from all over the world: Turkey, Brazil, Panama, Australia, The Netherlands, Russia, Mexico, Canada, Puerto Rico, and, of course, the United States. The workshop was divided into morning didactics and afternoon labs, with special emphasis on endometriosis and severe adhesive disease, as well as other causes of pain, such as pelvic floor.
dysfunction, interstitial cystitis, irritable bowel syndrome, and neuropathic causes of pain, including central sensitization. Didactic presentations outlined a focus on multidisciplinary evaluation and treatment as being key to helping achieve a high success rate of pain improvement in these patients.

Unique to this workshop were the three separate hands-on labs sessions, which followed the theme of globally treating pelvic pain. A cadaveric lab focused on anatomy pertinent to pelvic pain was capped off with a demonstration of a transgluteal pudendal neurolysis. Live models were utilized in the neuroanatomy lab to demonstrate ultrasound-guided nerve blocks of various pelvic nerves. We can’t thank these wonderful ladies enough for their patience and professionalism. And lastly, the PELVIC Mentor™ simulator from 3D Systems was used to better evaluate the location of pelvic floor muscles in order to understand their dysfunction more fully.

We were extremely pleased to learn that this course is now one of the most highly rated courses the AAGL has ever sponsored. We hope to expand the course to include a 3D anatomy cadaver lab, as well as incorporate live surgery and expand the type of nerve blocks to include Botulinum toxin injections of the pelvic floor. Our hope is to make this course an annual offering with the AAGL and to continue to build awareness of these treatment options for these patients.

The success of this program could not have been achieved without the efforts of the course Chair and Co-Chair, Drs. Michael Hibner and Nita Desai, and of course the Lab Chair, Dr. Mark Dassel. Thank you to all the lecturers, who brought vitality and enthusiasm to a very tricky subject, and a special thank you to Dr. Javier Magrina for his exceptional presentation. World-renowned pelvic floor physical therapist, Loretta Robertson, lead the breakout session on pelvic floor anatomy, truly emphasizing the need to better evaluate the needs of our patients. We especially want the thank the AAGL for stepping in a new direction with us, and cannot wait to see what new frontiers this course can help the attendees discover.

Nita A. Desai, M.D., MBA, FACOG is the Associate Fellowship Director at St. Joseph’s Hospital and Medical Center in Phoenix, Arizona.

Michael Hibner, M.D., Ph.D., FACOG, FACS is the Director, Division of Gynecologic Surgery at St. Joseph’s Hospital and Medical Center, Professor of Obstetrics and Gynecology, Creighton University School of Medicine in Phoenix, Arizona.
Diaphragmatic Endometriosis

Diaphragmatic Endometriosis (DE) is a rare event, with lesions found in <1% of patients. Typically associated with severe pelvic and/or thoracic endometriosis, the condition presents a challenging diagnostic and treatment conundrum. First reported over sixty years ago, DE is typically characterized by pain referred to being in the right or left upper abdominal quadrants, thorax and arms; as reported by Redwine, pain is primarily right-sided. Other studies have demonstrated 95% involvement of the right hemidiaphragm, with only 4% left side and 3.5% bilateral involvement. Less commonly, DE may be asymptomatic. Although typically diagnosed in older patients, we have treated a sixteen-year-old in our Center.

Etiological mechanisms remain poorly understood, though several theories have emerged, including coelomic metaplasia, diaphragmatic defects, hemogenous embolization, retrograde menstruation, embryological Mullerian remnants theory, and lymphatic spread. However, none adequately explain all incidences, and DE is likely multifocal in origin. Generally associated with deep lesions that may involve the entire thickness of the diaphragm, a high index of suspicion is essential in any woman experiencing cyclical chest pain, dyspnea, and/or hemoptysis. Catamenial Pneumothorax is the most common manifestation of TES and may be associated with lesions at the level of the diaphragm in some cases.

Pre-operative diagnosis is poorly supported by imaging, with occult lesions often occluded by the right hepatic lobe. MRI may demonstrate hyperintense nodules with 78-83% sensitivity, and if catamenial in nature, chest CT may demonstrate nodules, pneumothorax, hemoptorax, or thickening of the diaphragm. Rarely, DE may present with herniating liver through the diaphragm. Failure of medical therapy as “diagnosis” does not confirm absence of endometriosis; indeed, 85% of those who fail medical treatment were found to have endometriosis at laparoscopy.

Comprehensive anatomic knowledge and advanced surgical techniques are critical in order to avoid complications and effectively treat DE. VATS remains the surgical method of choice, with classic findings including small holes and/or grayish nodules found in the tendinous part of the diaphragm. The most significant lesions are typically located at the junction of the diaphragm with the right posterior edge of the liver and may not be easily detected from an umbilical port. When lesions are deeply infiltrating, treatment can be more difficult with higher recurrence. At Laparoscopy, a 5mm trocar can be used under the rib cage to visualize the posterior diaphragm. In accordance with the multidisciplinary nature of the disease, we perform CO₂ excision on all TES/DE with collaboration with a VATS surgeon. Rarely, thoracotomy may be required if very large lesions necessitate mesh placement. Thoracoscopic may be considered in patients with history of catamenial hemoptorax, cyclic chest or shoulder pain, or cyclic dyspnea.

REFERENCES:


Kenny R. Sinervo, MD, MSc, FRCSC, ACGE is the Chair of the Endometriosis/Reproductive Surgery Special Interest Group & Medical Director of the Center for Endometriosis Care, Atlanta, Georgia.
CALL FOR ABSTRACTS

Scientific Program Chair: Sawsan As-Sanie, MD, MPH
President: Jon I. Einarsson, MD, PhD, MPH

IMPORTANT DATES

MARCH 1: Call for Abstracts Opens

APRIL 15: Last day to submit abstracts without charge

APRIL 16-MAY 1: Abstracts are charged $50 for submission

AUGUST 1: Notification of assignment sent

www.aagl.org
Fecal incontinence (FI), also known as accidental bowel leakage (ABL), is a common problem among women, affecting between 2-7% of the general population. Although many risk factors have been identified, vaginal delivery and multiparity appear to be the most commonly cited, along with aging and neurologic disease. Many cases of FI can be treated with dietary changes (especially fiber supplementation), pelvic muscle rehabilitation, and medication (e.g. antidiarrheal agents). Compared with other pelvic floor disorders, there have been relatively few effective treatment options for FI if these behavioral and medical treatments fail. Over the past few years, however, a number of novel approaches to treating FI have emerged.

In previous years, the most common surgical approach to FI had been anal sphincteroplasty, although this approach was only indicated in women with a documented disruption of the anal sphincter. Yet recent studies have demonstrated that even in the hands of experienced surgeons, the long-term success rates of this approach are poor.

In 2011, a perianal bulking agent called Solesta was FDA approved for the treatment of FI. The advantage of Solesta is that it can be performed in an office setting without anesthesia, since there are no nociceptive afferent nerves above the dentate line in the anal canal, where the bulking is performed. In a multicenter trial, treatment was successful in 52% of patients at 36 months. There were two serious adverse events (AEs); one perineal abscess that required surgical drainage, and one prostatic abscess treated with antibiotics.

Sacral neuromodulation (SNM) was also FDA approved to treat FI in 2011, although the same procedure has been available for 20 years in the U.S. to treat overactive bladder syndrome. The two-stage procedure involves a 2-week test stimulation using a permanent lead electrode placed in the S3 foramen and an external temporary battery, followed by implantation of a pacemaker device if the woman has more than a 50% improvement in her FI symptoms. In a multicenter prospective trial, 86% of patients who were implanted with the device achieved >50% reduction in incontinence episodes at 3 years follow-up. The most common AEs were implant site pain (28%), paresthesia (15%) and infection (10%).

Neurogastroenterol Motil
2014;26,
A magnetic anal sphincter, Fenix, was recently FDA approved under a humanitarian device exemption (HDE), which means it can only be used when other treatment options have failed or are contraindicated. The device consists of a series of magnetic beads encased in titanium and connected via titanium wire in a circular configuration that is implanted around the anus. The beads attract one another, thereby maintaining closure of the anal canal. Defecation is accomplished by Valsalva maneuver, which temporarily overcomes the attractive forces of the magnets. In a recent study of 18 patients, 76% of patients were considered successfully treated.

In addition to the novel devices described here, there are a number of other promising new treatment options for FI on the horizon, including a synthetic sling that supports the puborectalis muscle, and percutaneous tibial nerve stimulation, which has also been used to treat overactive bladder. Both of these treatments are awaiting FDA approval for FI. The variety of approaches speaks both to the multifactorial nature of FI and a surge in interest in treating this prevalent and socially devastating condition.

REFERENCES:
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The AAGL is pleased to continue with the Global Summit initiative by presenting the first Global Endometriosis Summit, July 20-21, 2017 in breathtaking Reykjavík, Iceland, marking the first AAGL meeting in a Nordic country. The international faculty of masters in this field will present a truly stimulating, multi-faceted, scientific approach to the diagnosis and treatment of endometriosis. Topics will include clinical challenges, new surgical and medical treatments, novel and evolving approaches, live and pre-recorded surgeries, and a presentation from the patient’s perspective, as well as spirited debates and ample question and answer periods to allow attendees to fully engage with the esteemed panel of thought leaders.

We hope you’ll join us for this exceptional educational experience. Full details regarding registering for the summit, traveling to Iceland, and hotel accommodations are available now online at www.aagl.org/iceland.

**Course Description**

This comprehensive 2-day summit features global insights and perspectives on the clinical management of endometriosis from renowned experts from around the world. The summit will include lectures, debates and live/unedited footage from these expert surgeons, as well as outstanding new research that will be presented for the first time. The current and future management options for endometriosis will be explored in detail.

**Learning Objective:** At the completion of this course, the participant will be able to: 1) Discuss surgical and medical treatment of endometriosis following presentations by leading experts in the treatment of this chronic and debilitating disease.

**Target Audience**

This activity meets the needs of surgical gynecologists in practice and in training, as well as other healthcare professionals in the field of gynecology.

**PROPOSED FACULTY:**

- Mauricio S. Abrao
- Leila V. Adamyan
- Arnold P. Advincula
- Sawan An-Sanie
- Silja Ásthildsdóttir
- Tommaso Falcone
- Simone Ferrero
- Reynir T. Geirsson
- Bernd Hofhaus
- Keith B. Isaacson
- Marc R. Laufer
- Ted T.M. Lee
- Javier F. Magrina
- Mario Malzoni
- Shailesh P. Puntambekar
- Horace Roman
- Assia A. Stepanian
- Arnaud Wattiez

For more information, visit www.aagl.org/iceland.

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<td>Physician in Practice:</td>
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*Annual AAGL Member dues are $325 for practicing physicians. If you are not a member of the AAGL, you may elect to accept a complimentary 1-year membership to the AAGL by paying the non-member fee and checking the membership offer button during your online registration.
**ACCME Content Validation Statement**

CME All the recommendations involving clinical medicine in the program are based on evidence that is accepted within the field of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in the program in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.
With great success, the 13th AAGL International Congress on Minimally Invasive Gynecology and 5th Colombian Congress on Gynecological Endoscopy, took place in the city of Cartagena de Indias from the 22nd to 25th of February this year. This event, in which FECOLSOG had been working since 2013 to gain approval by AAGL for a joint congress, became a resounding triumph, thanks not only to the participation of an excellent team of international and local professors who gave the lectures, but also to the high number of gynecologists in attendance. The strong support of the pharmaceutical industry and medical device industry companies enabled FECOLSOG to present a first-class academic congress, for which we are very thankful.

Over time, the Colombian Federation of Obstetrics and Gynecology (FECOLSOG) has positioned itself as a leading entity of the specialty, owning the administrative and logistical capacity for developing high-level events in and around Central and South America. This congress, worked on for over 4 years, is the result of a link between the academic and administrative areas. With the support of the staff and Board of Directors of the AAGL, the congress welcomed 918 attendees: 642 Colombians and 276 delegates from many countries, including Russia, China, India, United States, and countries of Central America and the Southern Cone.

The Academic Committee responsible for developing a high-level academic program for all attendees was led by Dr. Juan Diego Villegas-Echeverri, former President of FECOLSOG, who has held important positions at IPPS and...
AAGL, where he is currently in the 2nd year of his 2-year term on the Board of Directors. Dr. Villegas was accompanied throughout this process by the hard work of two former Presidents of FECOLSOG, Drs. Rafael Padron Burgos and Jimmy Castaneda, as well as specialists Drs. José Duván López, Pedro Escobar and Jaime Albornoz; and with the local committee members Drs. Ivonne Díaz Yamal, Claudia López, Álvaro Escobar and Luis René Pareja. Their combined experience and knowledge of the subjects developed a novel program filled with plenary sessions, innovative sessions in which experts presented their techniques in a program titled “The Way I Do It”, and an exclusive class for submitting free papers, reaching a record of 123 postulated works, including oral presentations, posters, and videos. A significant achievement was the inclusion of live telesurgeries directly from 2 US hospitals. Dr. Kevin Stepp performed a single-port TLH from his hospital in Charlotte, North Carolina and Dr. Aarathi Cholkeri-Singh performed a laparoscopic isthmocele repair from her hospital in Chicago, Illinois. Many thanks to both expert surgeons and their patients for sharing these techniques with all attendees, and to the technicians and AAGL staff who made this possible.

The esteemed faculty was made up of 80 national and foreign professors, the likes of Matts Bränstrom, Charles Chapron and Arnold Advincula, among others, as well as the presence of AAGL’s President, Jon Einarsson, Medical Director. Dr. Frank Loffer, several members of its Board of Directors, and collaborators of its management team: Executive Director, Linda Michels; Director of SurgeryU, Roman Bojorquez; Professional Education Director, Art Arellano; and Arcy Domínguez, Manager of the Fellowship in MIGS Program. Latin American representation was led by the President of FLASOG (Latin American Federation of Societies of Obstetrics and Gynecology), Dr. Edgar Iván Ortiz; former President of the Peruvian Society of Gynecology and Obstetrics, Dr. Alfredo Celis; former President of the Society of Obstetrics and Gynecology of Venezuela, Dr. Alfonso Arias; as well as other distinguished members of our continent, specialists, and leaders in minimally invasive surgery.

The war band of the “Almirante Padilla” Naval Academy accompanied the opening ceremony, which was followed by an inaugural cocktail party where a cultural show of traditional dances of our country was performed.

These 4 years of planning, promotion, and work, were reflected in 4 days of congress that will remain in the memory of our attendees, lecturers and strategic allies, as an event that exceeded expectations at all levels, and that continues to demonstrate that FECOLSOG is a leading local, regional, and world-wide organization that works day by day for women’s healthcare and well-being, not only in Colombia but throughout Latin America.

We thank AAGL for this vote of confidence and we hope to continue working with all international societies to continue bringing events of great relevance to our Gynecologists and Obstetricians into our country.

Juan Diego Villegas-Echeverri, M.D., FACOG
Scientific Program Chair
I am honored to serve as President of the FMIGS Board and to work with its distinguished and competent members. My role as your president is to serve the entire fellowship community, ensuring that your voices are heard and your needs are being met. I am receptive to all your suggestions. Feel free to send them to me or any other member of the Board through our collective email address, fmigs@aagl.org, and we will review each one at the Board level or through the appropriate committees. Fellows, Noah Rindos is your Fellow Representative on the Board. As such, his responsibility is to receive your input and communicate it effectively to the Board. Send your suggestions directly to him. Noah’s contact information was made available in the January 2017 FMIGS Update Newsletter.

On the Board, we are continuing to pursue the same dream held by the two past presidents: advancing towards some sort of certificate by an accrediting group upon the completion of the fellowship. Ted Anderson, as Chair of the Liaison Committee, has been and remains the major spokesperson for FMIGS towards this goal. It has been on the Board’s agenda for years and it will continue to be a priority during my term as president. Nothing would please me more than to see this goal completed.

But in addition to continuing conversations with accrediting groups, we have work to do internally. We need to ensure that the same high standards of education exist across all fellowship sites, including strong academic, educational, surgical, clinical, and research components. We have to look at the number of fellowships, emphasizing that quality is more important than quantity. We need to work towards the development and implementation of an objective assessment of the fellows, both cognitive and skills. I feel that it is now wholly appropriate to test not only their cognitive knowledge through an examination, but also their manual skills. We will be establishing a requirement for all fellowship programs to provide hands-on training and evaluations. This is the minimum we can do to ensure that any graduating fellow has the necessary knowledge and skills to serve his/her patients by the use of his/her knowledge and hands. This will require a rigorous review of the current fellowship programs and to appraise them by the same standards. This enormous task has been placed in the competent hands of our immediate past president, Magdy Milad.

I want to thank all the FMIGS Board members, committee chairs, and committee members in advance for their efforts in improving and advancing FMIGS towards what a rigorous training program such as this deserves: special recognition by an authoritative accrediting body. Arcy Dominguez, our FMIGS Manager, is the unrelenting, competent person who, with a smile on her face, facilitates and executes Board decisions, among her other multiple tasks serving FMIGS. Arcy, a million thanks for your devoted efforts. And my sincere thanks to Linda Michaels and Frank Loffer, Executive Director and Medical Director of AAGL, who understand the value of the FMIGS program and provide continuous support.

Javier F. Magrina, M.D., is Professor of the Department of Gynecology at the Mayo Clinic Arizona, Director of FMIGS, Barbara Woodward Lips Professor at the Mayo Graduate School of Medicine in Phoenix, Arizona, and President of the FMIGS Board of Directors.

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**Continuing to Advance FMIGS**

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**IMPORTANT DATES OF THE FELLOWSHIP**

Program start date: July 1, 2018

Applications open: January 1 – July 1, 2017

Deadline to submit application: July 1, 2017
Educate and update Fellows and Residents on the latest theories and developments in MIG surgery
This 3-day intensive will include a combination of didactic and hands-on laboratory instruction, both cadaveric and simulation.

**GROUP 1**
2nd Year Fellows
Friday, August 4, 2017 to Sunday, August 6, 2017 (arrival Thursday, August 3, 2017 evening)

**GROUP 2**
Residents
Friday, August 4, 2017 to Sunday, August 6, 2017 (arrival Thursday, August 3, 2017 evening)

**GROUP 3**
1st Year Fellows
Saturday August 5, 2017 to Monday, August 7, 2017 (arrival no later 5pm ET for faculty and fellows’ cocktail party and dinner, Saturday, August 5, 2017)

**GROUP 4**
Residents
Saturday August 5, 2017 to Monday, August 7, 2017 (arrival no later 5pm ET for faculty and fellows’ cocktail party and dinner, Saturday, August 5, 2017)

**FMIGS Fellows and Residents Surgical Boot Camp**
August 4-7, 2017
Mary & Michael Jaharis Simulation Center, Columbia University College of Physicians and Surgeons, New York, NY

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JMIG Year-End Report
Impact and Interactivity Improvements in 2016

Tommaso Falcone

In 2016, the JMIG saw growth in all of its key metrics, continuing to demonstrate the important role that our Journal plays in documenting the state of the art in minimally invasive gynecologic surgery. Of key importance, the Journal’s impact factor grew year-over-year from 2.39 in 2015 to 2.44 in 2016. The impact factor is a measure of the number of times that citable manuscripts in the JMIG were cited on average over the previous two years, so it provides a key indication of the scientific strength of our content and its ability to support the research of others. I’m pleased to share the titles and authors of the top 10 downloaded articles for 2016 in the list included with this article.

We also made several strategic improvements in 2016 to continue to drive the Journal’s growth.

Firstly, we welcomed Dr. Mireille Truong to the JMIG Editorial Staff as our Social Media Editor. Dr. Truong has combined her expert-level knowledge of minimally invasive surgery and her grasp of social media to highlight important research of others. I’m pleased to share the titles and authors for “Video Articles” that we’ve received in 2016, we’ve increased the number of videos that we’re publishing per issue.

Looking ahead to 2017 and beyond, the JMIG Editorial Board would like to extend an invitation to all AAGL members to submit your manuscripts for consideration. Our Editorial Board would like to extend an invitation to all AAGL members to submit your manuscripts for consideration. Our outstanding reviewers and editorial board members remain diligent and hard working to continue to ensure swift and timely review of all submissions. My most sincere thanks go out to each of them. As AAGL’s membership continues to grow in number and diversity, I feel that the 2017 JMIG issues will be the best yet.

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Tanis Adib, M.D.
Paul Adinkra, M.D.
Rekha Agrawal, M.D.
Jeffrey Ahmed, M.D.
Tasneem Shabnam Ahmed, M.D.
Alessandra Jenri Ainsworth, M.D.
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Kate Dugan, M.D.
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Jennifer Elliott, M.D.
Mohamed Elrayes, M.D.
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Wylam Faught, MD
Laura Felder, M.D.
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Kimberly Ferrante, M.D.
Alexander Field, M.D.
Amanda Flicker, M.D.
Stefano Floris, M.D.
Louise Forster, M.D.
Jasmine Forst, M.D.
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Fred D. Fumia, M.D.
Preeti Gandhi, M.D.
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Samantha Kirkwood, M.D.
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Joan Koutoukis, M.D.
Sarah Krantz, M.D.
Mohan Kumar, M.D.
Sanjay Kumari, M.D.

Michael C. Pitter M.D.
1959 – 2016
pitterfoundation.org

Dr. Pitter was a pioneer in minimally invasive gynecological surgery, practiced at Columbia University Medical Center in New York City. The words used by his friends and colleagues in reflecting on his life describe a person of great character. They are best summarized in the following quote – “Michael embodied the best attributes of all of us, and none of our flaws.”

Dr. Pitter was best known for his pioneering work with robotic surgery. He was an active member of the AAGL and will be remembered as a calming influence in the discourse several years ago when there was considerable friction between the “straight stick” and the robotic members.

In addition to his teachings he remained supportive of the region of his birth by co-founding the Caribbean Medical Mission to provide medical care to remote areas of the Caribbean.

Dr. Pitter was laid to rest on January 7, 2017. His family has asked that remembrances be made to Dr. Michael C. Pitter Foundation https://www.pitterfoundation.org/ whose mission is to provide merit-based financial assistance to both domestic and international needy students with academic interests in science, technology, engineering, and mathematics. Our condolences to his family and vast array of friends.

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Monica Mendoza, M.D.
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