AMERICAN GYNECOLOGICAL AND OBSTETRICAL SOCIETY

INTERCONTINENTAL HOTEL

CHICAGO, IL

SEPTEMBER 19 - 21, 2013

PROGRAM

of the

THIRTY-SECOND ANNUAL MEETING

of the

AMERICAN GYNECOLOGICAL

and

OBSTETRICAL SOCIETY

AGOS President
2012 - 2013
Jay D. Iams, MD
Columbus, Ohio

THE AMERICAN GYNECOLOGICAL AND OBSTETRICAL SOCIETY

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The Fellows

of the

American Gynecological

and

Obstetrical Society

Welcome

all Spouses, Significant Others and Guests

to the

Thirty-Second Annual Meeting

SOCIAL AND EDUCATIONAL EVENTS

THURSDAY, SEPTEMBER 19, 2013

*****

CHARLES HUNTER PRIZE
9:30 a.m. - 10:15 a.m. • Renaissance Ballroom, 5th Floor

Arthur R. James, MD
Columbus, Ohio
"The Life Course Perspective and Racial Disparities in Adverse Pregnancy Outcomes"

JOSEPH PRICE ORATION
12:15 p.m. - 1:00 p.m. • Renaissance Ballroom, 5th Floor

Sir Michael Marmot,
MBBS, MPH, PhD, FRCP, FFPHM, FMEDSCI
London, England
"Social Determinants of Health: The Status Syndrome"

WELCOME RECEPTION
5:30 p.m. - 7:00 p.m.
Burnham, Holabird, Wright, Sullivan • 8th Floor

FRIDAY, SEPTEMBER 20, 2013

*****

CHICAGO ARCHITECTURE BY BOAT

9:30 a.m. - 10:45 a.m. * • 400 North Michigan Ave., Chicago, IL
Social Activity for Spouses and Significant Others
of Members and Guests
** Participants are invited to meet at 8:00 a.m.*
for a Grab-n-Go Breakfast before departing at 8:40 a.m.

PRESIDENTIAL ADDRESS

12:00 p.m. - 12:45 p.m. • Renaissance Ballroom, 5th Floor

Jay D. Iams, MD
"It's Better to be Lucky than Good"

PRESIDENT'S RECEPTION

12:45 p.m. - 1:30 p.m. • Renaissance Ballroom, 5th Floor

SATURDAY, SEPTEMBER 21, 2013

*****

THE INAUGURAL ABOG ENDOWED LECTURE

10:45 a.m. - 11:45 a.m. • Renaissance Ballroom, 5th Floor

Michael C. Lu, MD
"Quality & Safety in Obstetrics & Gynecology to Address Social Determinants of Reproductive Health Outcomes"

All Members, Spouses, Significant Others and Guests
are Invited to All Social Events

Program Schedule

THURSDAY, SEPTEMBER 19, 2013

Registration in the Renaissance Ballroom Foyer, 5th Floor
6:30 a.m. – 1:00 p.m.

6:30 a.m. **CONTINENTAL BREAKFAST**
Toledo, 5th Floor

7:45 a.m. ASSEMBLY AND WELCOME
Jay D. Iams, MD

In Memoriam
Welcome of New Fellows
Welcome from the Secretary

FIRST SCIENTIFIC SESSION

8:00 a.m. *"Good Stress, Bad Stress, and Immunity"*

Firdaus Dhabhar, PhD
Stanford University School of Medicine
Stanford, CA

8:30 a.m. Panel Presentation: *"Evidence of Social Origins of Adverse Health Outcomes"*

Anil K. Sood, MD
MD Anderson Cancer Center
Houston, TX

Lisa Christian, PhD
The Institute for
Behavioral Medicine Research,
The Ohio State University
Columbus, OH

William Callaghan, MD, MPH
Center for Disease Control and Prevention
Atlanta, GA

9:30 a.m. Charles Hunter Prize
"The Life Course Perspective and Racial Disparities in Adverse Pregnancy Outcomes"

Arthur R. James, MD
The Ohio State University
Columbus, OH

10:15 a.m. Break

10:45 a.m. Panel Presentation: *"Social Origins of Adverse Reproductive Health Outcomes"*

Jeffrey Peipert, MD, MPH, PhD
Washington University
School of Medicine in St. Louis
St. Louis, MO

Christos Coutifaris, MD, PhD
University of Pennsylvania
Philadelphia, PA

Zsakeba Henderson, MD
Center for Disease Control and Prevention
Atlanta, GA

12:15 p.m. Joseph Price Oration
"Social Determinants of Health: The Status Syndrome"

Sir Michael Marmot, MBBS, MPH, PhD, FRCP, FFPHM, FMEDSCI
International Institute for Society and Health, University College London
London, England

FRIDAY, SEPTEMBER 19, 2013

Registration in the Renaissance Ballroom Foyer, 5th Floor
6:30 a.m. – 1:00 p.m.

6:30 a.m. **CONTINENTAL BREAKFAST**
Toledo, 5th Floor

7:15 a.m. AGOS Annual Business Meeting

8:00 a.m. AAOGF Annual Business Meeting

Spouse / Significant Other Grab-n-Go Breakfast

SECOND SCIENTIFIC SESSION

MODERATOR: Catherine Y. Spong, MD

8:30 a.m. AAOGF/ABOG Endowment Scholar Lecture:
"Cellular Origins of Endometrial Cells"

Sara Morelli, MD
Rutgers – New Jersey Medical School
Newark, New Jersey

9:00 a.m. AAOGF/SMFM Endowment Scholar Lecture:
"The Role of NDRG1 in Placental Injury"

Jacob C. Larkin, MD
University of Pittsburgh School of Medicine
Magee Women's Hospital
Pittsburgh, PA

9:30 a.m. AAOGF Career Speaker:
"Pro-gestational Factors that Regulate Cervical Function During Pregnancy and Parturition"

R. Ann Word, MD
University of Texas
Southwestern Medical Center
Dallas, TX

10:15 a.m. Break

10:45 a.m. Panel Presentation: *"Parturition and the Cervix"*

Errol Norwitz, MD, PhD
Tufts Medical Center
Boston, MA

Helen Feltovich, MD
Universities of Utah and Wisconsin
Provo, UT

Michael D. House, MD
Tufts Medical Center
Boston, MA

Michal A. Elovitz, MD
University of Pennsylvania
Philadelphia, PA

Sonia Hassan, MD
Wayne State University
Detroit, MI

12:00 p.m. Presidential Address

Jay D. Iams, MD
Columbus, OH

PRESIDENTIAL ADDRESS

Friday, September 19, 2013
Renaissance Ballroom
12:00 p.m. – 12:45 p.m.

Jay D. Iams, MD
The Ohio State University
Columbus, OH

"It's Better to be Lucky than Good"

All Members, Spouses, Significant Others and Guests are Invited to Attend

SATURDAY, SEPTEMBER 21, 2013

Registration in the Renaissance Ballroom Foyer, 5th Floor
7:00 a.m. – 12:00 p.m.

7:00 a.m. **CONTINENTAL BREAKFAST**
Toledo, 5th Floor

THIRD SCIENTIFIC SESSION

8:30 a.m. *"Primer on Quality Improvements & Systems in Health Care"*

William A. Grobman, MD, MBA
Northwestern University
Chicago, IL

9:00 a.m. Panel Presentation: *"Quality Improvement to Address Social Determinants of Reproductive Health"*

Maureen Phipps, MD
Women & Infants Hospital
of Rhode Island
Providence, RI

Robert W. Rebar, MD
American Society for
Reproductive Medicine
Birmingham, AL

Edward E. Partridge, MD
The University of Alabama at Birmingham
Birmingham, AL

10:15 a.m Break

10:45 a.m. Introduction of the Inaugural American Board of Obstetrics and Gynecology and the American Board of Obstetrics and Gynecology Education Foundation Endowed Lecture Speaker

Larry J. Copeland, MD

"Quality & Safety in Obstetrics & Gynecology to Address Social Determinants of Reproductive Health Outcomes"

Michael C. Lu, MD, MPH
Associate Administrator of the Maternal Child Health Bureau in Health Resources and Services Administration
Rockville, MD

11:45 a.m. Adjournment

ABOG ENDOWED LECTURE

The American Gynecological and Obstetrical Society (AGOS) was awarded a grant from the American Board of Obstetrics and Gynecology (ABOG) and the American Board of Obstetrics and Gynecology Education Foundation (ABOG-EF) for the purpose of an endowed lectureship focusing on education in women's health.

The 2013 Endowed Lectureship will be presented by **Michael C. Lu, MD, MPH** on *"Quality & Safety in Obstetrics & Gynecology to Address Social Determinants of Reproductive Health Outcomes."*

Slide presentation for this lectureship will be posted on www.agosonline.org immediately following the program.

Abstracts

"Good Stress, Bad Stress, and Immunity"

Firdaus Dhabhar, PhD
Stanford University School of Medicine
Stanford, CA

Stress is widely-believed to suppress immune function and increase susceptibility to infections and cancer. Paradoxically, stress is also known to exacerbate pro-inflammatory and autoimmune disorders (e.g. pelvic pain, psoriasis, multiple sclerosis, irritable bowel syndrome, etc.) even though such disorders should be ameliorated by immuno-suppression. Studies have shown that while chronic stress (months to years) can suppress/dysregulate immune function, short-term stress (minutes to hours) can have immuno-enhancing effects.

Short-term stress experienced at the time of immune activation enhances neutrophil, macrophage, and lymphocyte trafficking, maturation, and function, and has been shown to augment innate and adaptive immunity. Therefore, depending on the conditions of immune activation, and the nature of the activating antigen, short-term stress can enhance the acquisition and expression of immuno-protection or immuno-pathology. In contrast, chronic stress suppresses or dysregulates innate and adaptive immune responses by altering the Type 1-Type 2 cytokine balance, inducing low-grade chronic increases in pro-inflammatory factors, and suppressing numbers, trafficking, and function of immuno-protective cells. Chronic stress also increases susceptibility to skin cancer by suppressing Type 1 cytokines and protective T cells while increasing regulatory/suppressor T cell function.

It is important to recognize that Mother Nature gave us the physiological stress response in order to promote

survival. Stress-related neurotransmitters, hormones, and factors act as biological alarm signals that prepare the immune and other physiological systems for potential challenges (e.g. wounding or infection) perceived by the brain (e.g. detection of an attacker). However, this defense mechanism may exacerbate immuno-pathology if the enhanced immune response is directed against innocuous or self-antigens, or if the system is chronically activated as seen during long-term stress. In view of the ubiquitous nature of stress and its significant effects on immuno-protection and immuno-pathology, it is important to further elucidate the mechanisms mediating both, the salubrious as well as harmful effects of stress, and to meaningfully translate findings from bench to bedside.It is important to recognize that Mother Nature gave us the physiological stress response in order to promote survival. Stress-related neurotransmitters, hormones, and factors act as biological alarm signals that prepare the immune and other physiological systems for potential challenges (e.g. wounding or infection) perceived by the brain (e.g. detection of an attacker). However, this defense mechanism may exacerbate immuno-pathology if the enhanced immune response is directed against innocuous or self-antigens, or if the system is chronically activated as seen during long-term stress. In view of the ubiquitous nature of stress and its significant effects on immuno-protection and immuno-pathology, it is important to further elucidate the mechanisms mediating both, the salubrious as well as harmful effects of stress, and to meaningfully translate findings from bench to bedside.

Panel Presentation: "Evidence of Social Origins of Adverse Health Outcomes"

Anil K. Sood, MD; Lisa Christian, PhD; William Callaghan, MD, MPH

Anil K. Sood, M.D., Susan K. Lutgendorf, Ph.D.

"Mechanisms of Stress Effects on Cancer Metastasis"

Epidemiological studies indicate that stress, chronic depression and lack of social support might serve as risk factors for cancer development and progression. Although the connections between stress and cancer causation are not strong, clinical studies have provided strong links between cancer progression and several stress-related factors. Recent molecular and biological studies have identified specific signaling pathways that influence cancer growth and metastasis. In particular, beta-adrenergic signaling has been found to regulate multiple cellular processes that contribute to the initiation and progression of cancer, including inflammation, angiogenesis, apoptosis/anoikis, cell motility and trafficking, activation of tumor-associated viruses, DNA damage repair, cellular immune response, and epithelial–mesenchymal transition. In several experimental cancer models, activation of the sympathetic nervous system promotes the metastasis of solid epithelial tumors and the dissemination of hematopoietic malignancies via beta-adrenoreceptor–mediated activation of PKA and EPAC signaling pathways. Within the tumor microenvironment, beta-adrenergic receptors on tumor and stromal cells are activated by catecholamines from local sympathetic nerve fibers (norepinephrine) and circulating

blood (epinephrine). Tumor-associated macrophages are also emerging as key targets of beta-adrenergic regulation in several cancer contexts. Sympathetic nervous system regulation of cancer cell biology and the tumor microenvironment has clarified the molecular basis for long-suspected relationships between stress and cancer progression, and now suggests a highly leveraged target for therapeutic intervention.

Lisa Christian, PhD

"Effects of Stress and Depression on Immune Measures in Pregnancy"

After controlling for traditional risk factors, psychological stress has been associated with increased risk of preterm birth in over three dozen studies. Importantly, given the substantial racial disparity in preterm birth, perceived racial discrimination has repeatedly been linked to increased risk of preterm delivery and low birth weight, suggesting that chronic stress associated with discriminated minority status has implications for perinatal health. Potential biological pathways underlying the association between stress and pregnancy outcomes are not well delineated. However, it is well-established that psychological stress promotes immune dysregulation in nonpregnant humans and animals; stress promotes inflammation, impairs antibody responses to vaccination, slows wound healing, and suppresses cell-mediated immune function. The current series of studies examines effects of stress and depressive symptoms on inflammatory processes during pregnancy. Our data show that depressive symptoms are associated with elevations in serum proinflammatory cytokines as well as exaggerated inflammatory responses to an in vivo immune challenge (influenza virus vaccine) in pregnant women. In addition, in response to a standardized laboratory stressor (Trier Social Stress Test), pregnant and nonpregnant African American women exhibited 46% greater stress-induced increases in interleukin(IL)-6 than Whites. Further, in this study, pregnant White women showed attenuation of negative affective responses to the stressor; this adaptation was not observed among pregnant African American women. Together, these

data provide novel evidence that stress in pregnancy is associated with elevated serum proinflammatory cytokines as well as exaggerated inflammatory responses to both biological and behavioral challenges. The application of psychoneuroimmunology research models to the perinatal period holds promise for elucidating biological pathways by which stress may affect adverse pregnancy outcomes, maternal health, and fetal development.

William Callaghan, MD, MPH

"Geographic Variation of Reproductive Health Indicators and Outcomes in the United States: Place Matters"

The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. Reproductive health indicators and conditions germane to obstetricians and gynecologists vary across states and regions in the United States as well as within regions and states. This presentation will demonstrate that variation using examples of gynecologic malignancies, sexually transmitted infections, teen birth rates, preterm birth rates and infant mortality. Using the example of infant mortality, the difficulties in "unpacking" the construct of place will be discussed and a special emphasis is placed on the interaction of race, place and disparities in shaping reproductive health outcomes. Resources will be provided so that AGOS participants will be able to assess geographic variation in health indicators and outcomes in their own localities.

Panel Presentation: "Social Origins of Adverse Reproductive Health Outcomes"

Jeffrey Peipert, MD, MPH, PhD;
Christos Coutifaris, MD, PhD; Zsakeba Henderson, MD

Jeffrey Peipert, MD, MPH, PhD

"Social Barriers to Optimal Pregnancy Planning"

Contraceptive Continuation: Is Socioeconomic Status a Risk Factor for Unintended Pregnancy? Unintended pregnancies are a major public health problem in the US and globally. Between 1981-2006, unintended pregnancies in the US have declined among higher income women, yet have increased significantly in lower income women. An unintended pregnancy can limit educational and career goals, and reduce a woman's opportunity to advance in society. Improving education and access to no-cost contraception can optimize family planning and foster educational attainment. The purpose of this brief presentation is to present data from the Contraceptive CHOICE Project illustrating the link between socioeconomic status, contraceptive continuation, risk of contraceptive failure/unintended pregnancy. Future plans for CHOICE to improve educational attainment by providing no-cost contraception will also be discussed.

Christos Coutifaris, MD, PhD

"Social Influences on Human Fertility"

A growing body of literature has emerged demonstrating that race and ethnicity significantly impact female reproduction. While the prevalence of infertility is highest in African American and Latina women, these groups tend to utilize infertility services the least. The presence of state legislated insurance coverage for infertility treatments appears to have little impact on utilization of infertility services in non-White women. Among the ethnic minority groups who require Assisted Reproductive Technologies to treat infertility, all experience lower live birth rates and higher perinatal morbidity compared to White women. This treatment outcome appears to exist for both autologous and donor egg in vitro fertilization cycles. The basic underpinnings for these differences are still a matter of investigation, but may include anatomic factors and differential ovarian responsiveness to gonadotropin treatment. Understanding the social and/or biologic causes influencing human fertility can generate ideas for rectifying this major problem in our society.

Zsakeba Henderson, MD

"Teen Pregnancy in America"

Teen birth rates in the United States have declined to the lowest rates seen in seven decades, yet they are still nine times higher than in most other developed countries, and disparities continue to persist. Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children, including high health, economic, and social costs to the mother, father, child, and community. Prevention of teen pregnancy requires broad-based efforts including evidence-based sexual health education, support for parents in talking with their children about pregnancy prevention and other aspects of sexual and reproductive health, and ready access to effective and affordable contraception for teens who are sexually active. However, addressing teen childbearing in America will also require addressing some difficult social problems as well. This presentation will highlight teen pregnancy in the United States, showing current rates of teen childbearing in the context of international and state to state comparisons, alongside current trends in pregnancy, abortion, sexual activity and contraceptive use, with the goal of having a better understanding of why the teen birth rate is so high in the United States and why it matters.

Joseph Price Oration

"Social Determinants of Health: The Status Syndrome"

Sir Michael Marmot,
MBBS, MPH, PhD, FRCP, FFPHM, FMEDSCI
International Institute for Society and Health,
University College London – London, England

'Fair Society Healthy Lives'

In examining the causes of health inequalities we take an approach that looks at the social determinants of health across the life course, from before birth to older ages.† Evidence shows that disadvantage starts even before birth and accumulates throughout life. The early years are vitally important for future life chances and health.

The approach we have taken is that important scientific evidence on social influences on maternal health and child development should be brought to the attention of policy makers.† We take the view that much can be done to improve health if a coherent policy approach is followed that takes into account the social determinants of health. A key element of this approach is to create the conditions for every child to have a good start in life. The lecture will highlight both the evidence and its policy implications, with reference to the WHO Commission on Social Determinants of Health, the Review of Health Inequalities in England (Marmot Review) and the recent Review of Social Determinants of Health and the Health Divide in the WHO European Region.

AAOGF/ABOG Endowment Scholar Lecture

"Cellular Origins of Endometrial Cells"

Sara S. Morelli, MD
Rutgers – New Jersey Medical School
Newark, New Jersey

Mentors: Laura T. Goldsmith, PhD
and Pranela Rameshwar, PhD

Human endometrium demonstrates the remarkable ability to regenerate an entirely new functionalis layer with each menstrual cycle. Although endometrial regeneration is absolutely essential for successful reproduction, the mechanisms required are poorly understood. An important first question is the source of the cells needed for endometrial regeneration. The current studies took advantage of recent advancements in the fields of stem cell and transplant biology to test the hypothesis that multiple nonhematopoietic endometrial cell types are derived from bone marrow cells.

Bone marrow cells from transgenic donor mice, engineered to ubiquitously express Green Fluorescent Protein (GFP), were injected into lethally irradiated, syngeneic females. Mice with successful hematopoietic reconstitution (n = 11 animals) were hysterectomized at 3, 5, 9 and 12 months post transplant. Bone marrow-derived (GFP positive) cell types in the endometrium were characterized by identification of specific cell surface markers using confocal laser microscopy. In the stromal compartment, bone marrow-derived cells were detected as early as 3 months post transplant, and the contribution of

bone marrow cells to the stromal compartment increased with time, comprising up to 25.8% of stromal compartment cells in the group of animals studied at 12 months post transplant. In the epithelial compartment, bone marrow-derived cells were detected only at 12 months post transplant, at which time less than 3% of the epithelial area was comprised of bone marrow-derived cells. These data demonstrate that bone marrow-derived cells are a definitive source of nonhematopoietic cells in multiple endometrial cellular compartments. These novel findings indicate that an extrauterine source provides cellular precursors needed for endometrial regeneration, and suggest a potential clinical use of bone marrow-derived cells to treat infertility-related disorders of inadequate endometrial growth and/or Asherman's syndrome.

AAOGF/SMFM Endowment Scholar Lecture

"The Role of NDRG1 in Placental Injury"

Jacob C. Larkin, MD
University of Pittsburgh School of Medicine
Magee Women's Hospital
Pittsburgh, PA

Placental injury and subsequent dysfunction confer risk for fetal growth restriction (FGR) and associated adverse outcomes, including stillbirth, neonatal death and morbidity, neurodevelopmental disorders, and adult metabolic disease. Despite the significant associated burden of disease, mechanisms regulating the pathobiology of placental dysfunction and FGR remain poorly understood. Placental expression of the evolutionarily conserved protein N-myc downstreamñregulated gene 1 (NDRG1) is increased in human pregnancies affected by fetal growth restriction and in hypoxic primary human trophoblasts, where NDRG1 attenuates cellular injury. We sought to assess the function of placental NDRG1 *in vivo*, and tested the hypothesis that NDRG1 deficiency in the mouse embryo impairs placental function and consequently, intrauterine growth. We found that *Ndrg1* knock-out (KO) embryos were growth restricted in comparison to wild-type or heterozygous counterparts. Furthermore, placement of pregnant mice in a 12% O_2 chamber in late pregnancy (E12.5-18.5) reduced the survival of female, but not male, KO embryos. Using microarrays to screen for expression changes in the transcriptome of *Ndrg1*-null placentas, we identified a set of sex-dependent, differentially expressed

transcripts, which were enriched for genes involved in sterol and lipid metabolism. These transcriptional changes were associated with reduced fetal cholesterol levels exclusively in KO females. Collectively, our findings indicate that NDRG1 promotes fetal growth and suggest that the metabolic response to intrauterine hypoxic injury is regulated in a sexually dichotomous manner.

AAOGF Career Speaker

"Pro-gestational Factors that Regulate Cervical Function During Pregnancy and Parturition"

R. Ann Word, MD
University of Texas Southwestern Medical Center
Dallas, TX

The mechanisms by which the cervix remains closed during the massive uterine expansion of pregnancy are unknown. It is commonly believed that cervical ripening is a process of gene activation in which prostaglandin synthesis, collagenases, and IL-8 is activated to facilitate recruitment of immune cells into the cervical stroma, matrix remodeling and dilation of the cervix during labor. Our work has shown that cervical ripening differs from cervical dilation and that several cytokine genes transcriptionally repressed in the cervix during gestation are activated during cervical ripening and dilation simply by the loss of pro-gestational transcription factors in the cervix. For example, IL-8 gene expression is repressed in cervical stromal cells during pregnancy by the transcription factor MiTF-CX (Microphthalmia associated Transcription Factor). Further, MiTF-CX increases 15-PGDH to metabolize PGE2 in the cervix during most of gestation. A series of molecular events leads to the loss MiTF and other important pro-gestational transcription factors thereby leading to cervical ripening and dilation.

Panel Presentation:
"Parturition and the Cervix"

Errol Norwitz, MD, PhD, Moderator
Helen Feltovich, MD; Michael D. House, MD;
Michal A. Elovitz, MD; Sonia Hassan, MD

Helen Feltovich, MD

"Imaging Cervical Function"

Spontaneous preterm birth, the leading global cause of neonatal morbidity and mortality, affects 13 million babies every year.[1] Premature babies that survive are at risk for a multitude of complications including cerebral palsy, respiratory morbidity, mental retardation, blindness, deafness, cardiovascular disease, and cancer. More than one-third of neonatal deaths can be directly attributed to prematurity, yet, despite decades of concerted research effort into the causes and treatment of sPTB, its incidence would be reduced by only about 5% even if all patients received appropriate targeted education (eg smoking cessation) and interventions (eg intramuscular progesterone supplementation in patients with a history of preterm birth and/or vaginal progesterone for a short cervix in the current pregnancy).[2] Spontaneous preterm birth is a heterogeneous and multifactorial phenotype, but its complex and overlapping pathophysiologic pathways culminate in the final common denominator of cervical softening, shortening and dilation that leads to preterm birth. Therefore, a precise description of specific microstructural changes to the cervix is imperative if we are to identify the causative upstream molecular processes and resultant biomechanical events associated with each unique pathway. This talk will review some of the quantitative and

semi-quantitative techniques that are currently emerging to evaluate cervical tissue hydration, collagen structure and/or tissue elasticity. Techniques that allow detection of these microstructural changes are crucial to facilitating novel approaches to prediction, prevention and treatment of spontaneous preterm birth.

1. Norman JE and Shennan AH. Prevention of preterm birth – why can't we do any better? Lancet 2013; 19(38):184-185.

2. Beck S, Wojdyla D, Say L, Betran AP, Merialdi M, Requejo JH, Rubens C, Menon R, VanLook PFA. The worldwide incidence of preterm birth: a systematic review of maternal mortality and morbidity. Bulletin of the World Health Organization, 2010; 88:31-38.

Michael D. House, MD

"Tissue Engineering to Improve Cervical Function"

Preterm birth affects over 12% of all pregnancies in the United States and causes significant morbidity and mortality in newborn infants. Although preterm birth is a multifactorial disorder, cervical shortening is implicated in many preterm deliveries. When a short cervix is present, three therapies are currently used: progesterone supplementation, cervical cerclage and cervical pessary. However, these treatments are not effective for many patients. As such, there is an urgent need for new therapies to prevent preterm birth. Treatment failures could occur because existing therapies do not prevent excessive tissue softening, which is a critical component of the pathogenesis of cervical shortening. A better approach would be to target the properties of the tissue itself. We have approached this problem in two ways. First, we developed a tissue engineering model of cervical tissue using human cervical fibroblasts and silk sponge scaffolds. This novel model system allowed long-term culture of human cervical fibroblasts in a 3D microenvironment similar to native tissue. We used this culture system to show that estrogen promoted collagen synthesis in cervical-like tissue and progesterone opposed this effect in a dose dependent manner. Second, we developed an injectable silk-based biomaterial that increases the strength of cervical tissue for use as an alternative to cervical cerclage. The hypothesis of this research is that by strengthening cervical tissue, cervical shortening will be delayed thus preventing preterm birth. The goal was to restore normal tissue properties, which should mimic physiological function. In a rabbit model of pregnancy, cervical injections with the biomaterial were

well tolerated. In addition, significant tissue stiffening was seen. We expect our focus on the properties of cervical tissue will lead to alternative ways to improve cervical function and delay preterm birth.

Sonia Hassan, MD

"The Cervix, Progesterone and More to Prevent Preterm Birth, Which Treatment, Which Patient?"

Preterm birth accounts for 85% of neonatal deaths and for major perinatal morbidity; one in eight babies was born preterm in 2005. This accounts for 530,000 newborns per year in the United States alone. The complications of preterm birth are substantial, as prematurity is the leading identifiable cause of neurologic handicap.

The uterine cervix plays a central role in the maintenance of normal pregnancy and in parturition. Thus, cervical disorders have been implicated in common obstetrical complications, such as "cervical insufficiency", preterm labor, and abnormal term parturition. It is well established that a sonographic short cervix is the most powerful predictor of spontaneous preterm birth.

In 2007, a randomized clinical trial of vaginal progesterone to prevent preterm delivery (<34 weeks of gestation) in women with a short cervix (< 15 mm) reported a 44% reduction in the risk of preterm delivery. In April 2011 The PREGNANT Trial demonstrated that administration of vaginal progesterone to women with a short cervix (10-20 mm) was associated with: 1) a significant 45% decrease in the rate of preterm delivery <33 weeks, <35 weeks (38% decrease) and <28 weeks of gestation (50% decrease); 2) a significant 61% decrease in the rate of respiratory distress syndrome; 3) a decrease in the rate of composite neonatal morbidity; and 4) a similar rate of adverse events in patients allocated to progesterone or placebo. Of note, practitioners have safely used vaginal progesterone for over 15 years in pregnancies undergoing Assisted Reproductive Technology. Furthermore, cost-effectiveness analysis studies have demonstrated that the

preterm prevention strategy of the implementation of universal screening for cervical length with transvaginal ultrasound and the use of vaginal progesterone is cost-effective.

Screening of women with transvaginal sonographic cervical length in the midtrimester to identify patients at risk can now be coupled with an intervention to reduce the frequency of preterm birth and improve neonatal outcome. This can be accomplished safely and conveniently. Recently, the use of the pessary or cerclage has also been considered for the treatment of women with a sonographic short cervix. We will discuss some of the evidence for these three interventions and the application of this evidence into clinical practice and challenges in the prevention of preterm birth.

Panel Presentation:
"Quality Improvement to Address Social Determinants of Reproductive Health"

Maureen Phipps, MD; Robert Rebar, MD;
Edward E. Partridge, MD

Maureen Phipps, MD, Moderator
"Depression and Adverse Reproductive Outcomes"

Many of risk factors associated with poor birth outcomes for children born to adolescent mothers are related to the social conditions surrounding the pregnant teen. These risk factors include violence, family and housing instability, lack of resources, late entry into prenatal care, low educational achievement, substance abuse and poverty. Many of these risk factors are also associated with postpartum depression. This presentation will include a discussion about the development and implementation of a novel intervention designed to decrease postpartum depression in adolescent mothers in an effort to improve infant and maternal outcomes.

Robert Rebar, MD

"Systems Changes in Fertility Care to Improve Outcomes"

Reproduction is fundamental to all life and is desired by most individuals. Yet fully 10 to 15% of all couples are infertile. Many of these never receive optimal therapy. Why should that be and what can be done to increase the likelihood of childbearing?

First and foremost, it is essential to arrange for infertile individuals and couples to obtain care from the appropriate trained experts so that they can receive the best possible treatment. Moreover, barriers to receiving appropriate care include the cost of care for infertility and the absence of insurance coverage. Even when these barriers do not exist, it can be difficult and complicated to arrange for payment for care. Obtaining infertility care needs to be made simpler. In addition, the emotional and physical demands of infertility treatment often lead couples and individuals to discontinue care: it is insufficient to make care available if the infertile will not continue therapy. Appropriate support for individuals receiving care for infertility should be provided routinely.

Second, it is important that treatments proven effective should be utilized. Randomized trials comparing treatments should be available, and the best possible evidence should be used to determine therapy for individual patients. Too often today treatment is based on what is "customary" rather than on evidence.

Societies such as the American Society for Reproductive Medicine can aid in these endeavors by working to raise the standard of practice by health care professionals and by educating the public as to what to expect in receiving care. Developing practice guidelines based on the

evidence is a critical component of any such effort. So are other educational efforts, both virtual and live. Tracking performance of clinics providing clinical care provides benchmarks for providers and should lead to continuous improvement. Societies also need to support research to develop better and newer therapies for the infertile.

Edward E. Partridge, MD

"Overcoming Social Determinants of Health: The University of Alabama at Birmingham Experience"

For over a decade and a half the UAB CCC has focused on reducing cancer disparities, with a major emphasis on the African American population. Our geographic emphasis has been in the Black Belt of Alabama and the Delta of Mississippi. These two areas have populations of approximately 60% African Americans and poverty is greater than 30% in the populations.

We have utilized a community based participatory model with the community health advisor or lay navigator as our major theoretical model for affecting change. Lay persons from the targeted communities were trained to promote cervical and breast cancer screening, guide patients with abnormal screening findings or cancer through active evaluation and treatment, and to assist patient and families regarding participation in clinical trials. The results of these funded programs will be presented. In addition, we will be describing a recent CMS Innovation grant that expands the lay navigator program across the entire continuum of cancer care including survivorship and end of life. We have demonstrated that such programs can overcome and reduce some of the negative social determinants of health.

Invited Guests of Council Candidates 2013

Name	City
Ted Anderson, MD, PhD, FACOG, FACS	Nashville, TN
Kevin Ault, MD	Atlanta, GA
Matthew D. Barber, MD, MHS	Cleveland, OH
Michael Belfort, MD, PhD	Houston, TX
Howard Blanchette, MD, FACOG	Valhalla, NY
Stephanie Blank, MD	New York, NY
Catherine Bradley, MD, MSCE	Iowa City, IA
Ilana Cass, MD	Los Angeles, CA
Gaurang Daftary, MD	Rochester, MN
Michael Frumovitz, MD, MPH, FACOG, FACS	Houston, TX
David Haas, MD	Indianapolis, IN
Christine Holschneider, MD	Sylmar, CA
Gerald Joseph, Jr., MD	Washington, DC
Jeff Kuller, MD	Raleigh, NC
David Kushner, MD, FACOG	Madison, WI
Barbara Levy, MD	Washington, DC
Samuel Parry, MD	Philadelphia, PA
Tanja Pejovic, MD, PhD, FACOG	Portland, OR
Pedro Ramirez, MD	Houston, TX

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Chris Carey, MD

Liaison Committee for Obstetrics & Gynecology
Larry J. Copeland, MD

Fellows

Abramowicz, Jacques S. (Annie) ..... Chicago, IL
Abu-Rustum, Nadeem (Amie). ..... New York, NY
Abuhamad, Alfred Z. ..... Norfolk, VA
Adamson, David (Rosemary) ..... San Jose, CA
Advincula, Arnold (Kristen Tyszkowski) ..... Celebration, FL
Al-Hendy, Ayman (Nahed Ismail, MD, PhD) ..... Nashville, TN
Alvarez, Ronald D. (Denise) ..... Birmingham, AL
Alvarez-Secord, Angeles ..... Durham, NC
Anderson, Garland D. ..... Galveston, TX
Andrews, William W. (Leeanne) ..... Birmingham, AL
Armstrong, Alicia ..... Kensington, MD
Artal, Raul (Michal) ..... St. Louis, MO
Azziz, Ricardo (Cynthia) ..... Augusta, GA
Barakat, Richard (Catherine) ..... New York, NY
Barbieri, Robert L. (Ronee) ..... Boston, MA
Berchuck, Andrew (Amy) ..... Durham, NC
Berek, Jonathan S. (Deborah) ..... Stanford, CA
Berenson, Abbey B. (Steven) ..... Galveston, TX
Berga, Sarah L. ..... Winston-Salem, NC
Berghella, Vincenzo ..... Philadelphia, PA
Berkowitz, Richard L. (Mary E. D'Alton, MD) ..... New York, NY
Blakemore, Karin J (Jim Tisdall) ..... Baltimore, MD
Blumenthal, Paul D. (Lynne Gaffikin, MD, PhD) ..... Stanford, CA
Bocking, Alan D. (Barbara) ..... Toronto, Ontario
Bodurka, Diane C. ..... Houston, TX
Branch, D. Ware ..... Salt Lake City, UT
Brenner, Paul F. ..... N Hollywood, CA
Brewer, Molly A. ..... Farmington, CT
Brown, Haywood L. (Bobbie) ..... Durham, NC
Brubaker, Linda (Warren) ..... Maywood, IL
Bulun, Serdar H. (Lina) ..... Chicago, IL
Bump, Richard C. (Kathryn) ..... Zionsville, IN
Buster, John E. ..... Providence, RI
Cain, Joanna M. (Norman Turrill) ..... Portland, OR
Carey, J. Christopher (Marsha) ..... Denver, CO
Carr, Bruce R. (Phyllis) ..... Dallas, TX
Carson, Sandra (Joe Leigh Simpson, MD) ..... Providence, RI

Casper, Robert F. (Jennifer) ..... Toronto, Ontario
Catalano, Patrick M. (Slyvie Hauguel-de Mo) ..... Cleveland, OH
Caughey, Aaron (Susan Tran, MD) ..... Portland, OR
Cedars, Marcelle (Ivonne) ..... San Francisco, CA
Chalas, Eva (Chris Westermann, MD) ..... Mineola, NY
Chambers, Setsuko K. (Keith Joiner, MD) ..... Tucson, AZ
Chan, John (Katherine Lok) ..... San Francisco, CA
Chang, R. Jeffrey (Carol) ..... La Jolla, CA
Chaudhuri, Gautam ..... Los Angeles, CA
Chelmow, David ..... Richmond, VA
Chervenak, Frank A. (Judith) ..... New York, NY
Chi, Dennis (Hae-Young) ..... New York, NY
Chien, Edward (Kathleen Chien, BS, MBA) ..... Providence, RI
Clarke-Pearson, Daniel L. (Kathleen) ..... Chapel Hill, NC
Coddington, Charles C. (Becki) ..... Rochester, MN
Cohn, David (Karen) ..... Columbus, OH
Coleman, Robert L. (Fay Coleman, MD) ..... Houston, TX
Coney, PonJola ..... Richmond, VA
Copel, Joshua A. (Alix) ..... New Haven, CT
Copeland, Larry J. (Lisa) ..... Columbus, OH
Coustan, Donald R. (Terri) ..... Providence, RI
Coutifaris, Christos (Deborah Driscoll, MD) ..... Philadelphia, PA
Cunningham, F. Gary ..... Dallas, TX
D'Alton, Mary E. (Richard Berkowitz, MD) ..... New York, NY
Darney, Philip D. (Uta Landy, PhD) ..... San Francisco, CA
Davidson, Ezra C. (Joyce Montgomery) ..... Los Angeles, CA
DeCherney, Alan H. (Dee Dee) ..... Bethesda, MD
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Dudley, Donald J. (Helen) ..... San Antonio, TX
Duleba, Antoni (Natalie) ..... Sacramento, CA
Duska, Linda ..... Charlottesville, VA
Ecker, Jeffrey L. (Sarah) ..... Boston, MA
Edelstone, Daniel I. (Susan) ..... Pittsburgh, PA
Einstein, Mark (Francine) ..... Bronx, NY
Elovitz, Michal (Ari Sherwood) ..... Philadelphia, PA
Eschenbach, David A. (Ann) ..... Seattle, WA

Evans, Mark I. . . . . New York, NY
Falcone, Tomasso (Deborah) . . . . . Cleveland, OH
Farias-Eisner, Robin (Terry) . . . . . Calabasas, CA
Faro, Sebastian (Sharon) . . . . . Houston, TX
Fenner, Dee E. . . . . Ann Arbor, MI
Ferguson, James E. (Lynn) . . . . . Charlottesville, VA
Fishman, David A. (Mindy) . . . . . New Canaan, CT
Follen, Michele (David Burns) . . . . . El Paso, TX
Foster, Henry W. (Sandy) . . . . . Nashville, TN
Fowler, Jeffrey M. (Leslie) . . . . . Columbus, OH
Fox, Harold E. (Rhea) . . . . . Baltimore, MD
Fritz, Marc A. . . . . Chapel Hill, NC
Funai, Edmund (Maryanne) . . . . . Columbus, OH
Gallion, Holly H. . . . . Versailles, KY
Gant, Norman F. (Deann) . . . . . Grapevine, TX
Gehrig, Paola (Thomas R. Gehrig, MD) . . . . . Chapel Hill, NC
Gershenson, David M. (Michelle) . . . . . Houston, TX
Gibbons, William E. (Rebecca) . . . . . Houston, TX
Gibbs, Ronald S. (Jane) . . . . . Aurora, CO
Gilbert, William M. (Janice Brown) . . . . . Sacramento, CA
Gilstrap, Larry C. (JoEllen) . . . . . Dallas, TX
Giudice, Linda C. (Sakis Theologis, PhD). . . . . San Francisco, CA
Goff, Barbara A. (Howard Muntz, MD) . . . . . Seattle, WA
Goldberg, Gary L (Rene Elkin, MD). . . . . Bronx, NY
Goldenberg, Robert L. . . . . Philadelphia, PA
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Gonik, Bernard (Margaret Anne) . . . . . Detroit, MI
Granai, Cornelius . . . . . Providence, RI
Greene, Michael (Lauri) . . . . . Boston, MA
Greer, Benjamin E. (Sheree Miller) . . . . . Seattle, WA
Gregory, Kimberly D. (Richard Casey, MD). . . . . Los Angeles, CA
Grobman, William (Melissa Gilliam, MD, MPH) . . . . . Chicago, IL
Guzick, David S. (Donne Giles, PhD) . . . . . Gainesville, FL
Halvorson, Lisa . . . . . Dallas, TX
Haney, Arthur F. (Carroll). . . . . Chicago, IL
Hankins, Gary D.V. (Barbara) . . . . . Galveston, TX
Hassan, Sonia . . . . . Detroit, MI
Hatch, Kenneth D. (Rhea). . . . . Tucson, AZ
Havrilesky, Laura (Jeff Welch, PhD) . . . . . Durham, NC

Hernandez, Enrique (Carla) . . . . . Philadelphia, PA
Herzog, Thomas (Jennifer) . . . . . New York, NY
Hillard, Paula (Arnold Wilson) . . . . . Stanford, CA
Hobbins, John C. (Susan) . . . . . Aurora, CO
Hobel, Calvin J. (Marsha) . . . . . Los Angeles, CA
Hoffman, Mitchel S. (Sylvia) . . . . . Tampa, FL
Hogge, W. Allen (Joan) . . . . . Pittsburgh, PA
Hopkins, Michael P. (Mary Kay) . . . . . Canton, OH
Hoskins, William J. (Iffath Hoskins, MD) . . . . . New York, NY
Huh, Warner . . . . . Birmingham, AL
Hull, Andrew . . . . . San Diego, CA
Hunter, Stephen . . . . . Iowa City, IA
Hurd, William W. (Beth) . . . . . Cleveland, OH
Iams, Jay D. (Pat) . . . . . Columbus, OH
Jamieson, Denise J. . . . . Atlanta, GA
Johnson, Mark P. (Christine Jerpbak, MD) . . . . . Philadelphia, PA
Johnson, Donna (Greg) . . . . . Charleston, SC
Johnson, Julia (Robert Best) . . . . . Worcester, MA
Jones, Howard W. (Pat) . . . . . Nashville, TN
Karlan, Beth Y. (Scott Karlan, MD) . . . . . Los Angeles, CA
Kauma, Scott (Eileen Segretti, MD) . . . . . Pittsburgh, PA
Keefe, David L. (Candy) . . . . . New York, NY
Kiley, Kevin (Babs) . . . . . Albany, NY
Kilpatrick, Sarah J. . . . . Los Angeles, CA
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Landers, Daniel V. . . . . Minneapolis, MN
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Legro, Richard S. (Mimi) . . . . . Hershey, PA
Leslie, Kimberly (Jeffrey Dunkelberg) . . . . . Iowa City, IA
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Leveno, Kenneth J. (Margie) . . . . . Dallas, TX
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Lobo, Rogerio A. (Jesse) . . . . . New York, NY
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Macones, George A. (Alison Cahill, MD, MSCI) . . . . St. Louis, MO
Mallett, Veronica (Kevin Brisco) . . . . . El Paso, TX
Martin, James N. (Gloria Martin, PhD) . . . . . Jackson, MS
Maulik, Dev (Shibani) . . . . . Kansas City, MO
McGovern, Peter. . . . . Westfield, NJ
Mennuti, Michael T. (Nancy) . . . . . Philadelphia, PA
Mercer, Brian M. (Cynthia Greene). . . . . Cleveland, OH
Merkatz, Irwin R. (Ruth Merkatz, PhD) . . . . . Bronx, NY
Minkoff, Howard L. (Chris) . . . . . Brooklyn, NY
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Myers, Deborah (Cliff Meilun). . . . . Providence, RI
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O'Brien, William Francis (Jo Ann) . . . . . Ft. Meyers, FL
Odunsi, Kunle (Ayo) . . . . . Buffalo, NY
Oehninger, Sergio C. (Maria) . . . . . Norfolk, VA
Orr, James W. (Vicki). . . . . Bonita Springs, FL
Ory, Steven (Kathleen Higgins Ory) . . . . . Margate, FL
Parisi, Valerie M. (Gary Strong). . . . . Detroit, MI
Patrizio, Pasquale (Vanessa) . . . . . New Haven, CT
Paulson, Richard J. (Lorraine) . . . . . Los Angeles, CA
Peaceman, Alan M. . . . . Chicago, IL

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Peipert, Jeffrey F. (Joyce) . . . . . St. Louis, MO
Penalver, Manuel A. (Cristina) . . . . . Coral Gables, FL
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Plaxe, Steven (Angela Scioscia, MD) . . . . . La Jolla, CA
Puscheck, Elizabeth (Daniel Rappolee, PhD) . . . . . Detroit, MI
Quirk, James Gerald (Susan) . . . . . Stony Brook, NY
Raine-Bennett, Tina (Romina kee) . . . . . Oakland, CA
Ramin, Susan M. (Norman Lester) . . . . . Houston, TX
Rayburn, William F. (Pam) . . . . . Albuquerque, NM
Rebar, Robert W. (Margo) . . . . . Birmingham, AL
Reece, E. Albert (Sharon) . . . . . Baltimore, MD
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Ross, Michael G. (Janet Levy) . . . . . Torrance, CA
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Rouse, Dwight (Katharine Wenstrom, MD) . . . . . Providence, RI
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Saade, George R. (Yomna Monla, MD) . . . . . Galveston, TX
Sadovsky, Yoel (Elena) . . . . . Pittsburgh, PA
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Santoro, Nanette F. (Alan Glickman) . . . . . Aurora, CO
Satin, Andrew (Gail Seiken, MD) . . . . . Baltimore, MD
Sauer, Mark V. (Lynda) . . . . . Saddle River, NJ
Schenken, Robert S. . . . . San Antonio, TX
Schiff, Isaac (Jan) . . . . . Boston, MA
Schlaff, William D. (Lorraine Dugoff, MD) . . . . . Philadelphia, PA
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Segars, James (Susan) . . . . . Bethesda, MD
Seifer, David B. (Cynthia Meyers Seifer , MD) . . . . . Brooklyn, NY
Sheffield, Jeanne . . . . . Dallas, TX
Shulman, Lee P. (Laura) . . . . . Chicago, IL
Sibai, Baha M. . . . . Houston, TX
Silver, Robert M. (Denise Beaudoin, MD) . . . . . Salt Lake City, UT
Simhan, Hyagriv (Gabriella Gosman, MD) . . . . . Pittsburgh, PA
Simpson, Joe Leigh (Sandra Carson, MD) . . . . . New York, NY
Simpson, Lynn . . . . . New York, NY
Smith, Harriet O. (George L Anisowicz) . . . . . Bronx, NY
Socol, Michael L. (Donna) . . . . . Chicago, IL
Sokol, Robert J. (Roberta) . . . . . Detroit, MI
Sood, Anil (Kelly) . . . . . Houston, TX
Soper, David E. (Susan) . . . . . Charleston, SC
Sorosky, Joel (Debra) . . . . . Hartford, CT
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Taylor, Hugh S. (Kim Taylor, RN) . . . . . New Haven, CT
Thorp, John M. (Joe Carol) . . . . . Chapel Hill, NC
Timor-Tritsch, Ilan E. . . . . New York, NY
Underwood, Paul B. (Peggy) . . . . . Charleston, SC
Van Dorsten, J. Peter (Brett) . . . . . Charleston, SC
Van Le, Linda (Glenn Jaffe, MD) . . . . . Chapel Hill, NC
van Nagell, John R. (Elizabeth) . . . . . Lexington, KY
Van Voorhis, Bradley (Toni) . . . . . Iowa City, IA
Wall, L. Lewis (Helen) . . . . . St Louis, MO
Wapner, Ronald J. . . . . New York, NY
Weiner, Carl P. (Carol) . . . . . Kansas City, KS
Weiss, Gerson (Linda) . . . . . Newark, NJ
Wendel, George D. (Diane Twickler, MD) . . . . . Dallas, TX
Wenstrom, Katharine D. (Dwight Rouse, MD) . . . . . Providence, RI
Westhoff, Carolyn . . . . . New York, NY
Wolf, Judith K. . . . . Gilbert, AZ
Woods, James R. (Jocelyn Goldberg, Sch.) . . . . . Rochester, NY

Yankowitz, Jerome (Diana) . . . . . Tampa, FL
Yeh, John (Barbara Watson) . . . . . Boston, MA
Zacur, Howard A. (Susan) . . . . . Lutherville, MD
Zinberg, Stanley (Peggy) . . . . . Remsenburg, NY

Life Fellows

Adashi, Eli Y. (Toni) . . . . . Providence, RI
Amstey, Marvin S. (Frederica) . . . . . Fairport, NY
Anderson, Barrie (George Wine) . . . . . Iowa City, IA
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Bates, G. William (Susanne) . . . . . Brentwood, TN
Beck, R. Peter (Isabella) . . . . . Windermere, BC
Betz, George (Trish) . . . . . Denver, CO
Blechner, Jack N. (Barbara) . . . . . Farmington, CT
Boronow, Richard C. (Kathryn) . . . . . Jackson, MS
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Boyce, John G. (Erma) . . . . . Bridgehampton, NY
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Breen, James L. (Mickey) . . . . . Hilton Head Isl, SC
Brinkman, Charles R. (Helen) . . . . . Rancho Mirage, CA
Caritis, Steve N. . . . . Pittsburgh, PA
Cavanagh, Denis (Anne) . . . . . Sarasota, FL
Chez, Ronald A. (Vivian Dickerson, MD) . . . . . Orange, CA
Cibils, Luis A. (Isabel) . . . . . Chicago, IL
Clark, Steven Twin . . . . . Bridges, MT
Cohen, Carmel J. (Babette) . . . . . New York, NY
Creasman, William T. (Erble) . . . . . Charleston, SC
Creasy, Robert K. (Judith) . . . . . Corte Madera, CA
Crosby, Warren M. (Joanne) . . . . . Oklahoma City, OK
Cruikshank, Dwight P. . . . . Mukwonago, WI
Cruikshank, Stephen H. (Britt) . . . . . Maineville, OH
Curry, Stephen L. (Tonja) . . . . . Celebration, FL
Delgado, Gregorio (Mary) . . . . . Longboat Key, FL
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Dunn, Leo J. (Betty) . . . . . Manakin, VA

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Fowler, Wesley C. (Linda) . . . . . Chapel Hill, NC
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Frigoletto, Fredric D. (Martha) . . . . . Boston, MA
Gabbe, Steven G. (Patricia Temple, MD) . . . . . Columbus, OH
Galask, Rudolph P. (Gloria) . . . . . Iowa City, IA
Gall, Stanley A. (Flo) . . . . . Louisville, KY
Garite, Thomas J. (Cathleen) . . . . . Oak Creek, CO
Goodlin, Robert C. (Velma) . . . . . Cameron Park, CA
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Greene, John W. (Eugenie) . . . . . Lexington, KY
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Hale, Ralph W. (Jane) . . . . . Washington, DC
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Hammond, Charles B. (Peggy) . . . . . Durham, NC
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Kaminetzky, Harold A. (Beverlee) . . . . . Scotch Plains, NJ
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Kim, Moon H. (Maria) . . . . . Irvine, CA
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Kirschbaum, Thomas H. (Ann Reynolds, PhD) . . . . . Key West, FL
Krupp, Philip J. . . . . New Orleans, LA
Lagasse, Leo D. (Ann) . . . . . Los Angeles, CA
Langer, Oded (Nieli) . . . . . Knoxville, TN
Leppert, Phyllis C. . . . . Durham, NC
Low, James A. (Margery) . . . . . Kingston, ON

Makowski, Edgar L. (Patricia) . . . . . Highlands Ranch, CO
Malkasian, George D. (Mary) . . . . . Rochester, MN
Manetta, Alberto (Nancy) . . . . . Irvine, CA
Mann, Leon I. (Katherine) . . . . . West Lebanon, NH
Marchant, Douglas J. (Juliette) . . . . . Wayland, MA
Marshall, John R. (Elaine) . . . . . San Pedro, CA
McDonough, Paul G. (Nicole) . . . . . Augusta, GA
Merrill, James A. (Patricia) . . . . . Moraga, CA
Miller, Frank C. (Patricia) . . . . . Lexington, KY
Mishell, Daniel R. (Carol) . . . . . Los Angeles, CA
Moawad, Atef H. (Fay) . . . . . Burr Ridge, IL
Moghissi, Kamran S. (Edie) . . . . . Plainwell, MI
Morrow, C. Paul (Jean) . . . . . Los Angeles, CA
Mortel, Rodrigue (Cecilia) . . . . . Hershey, PA
Mueller-Heubach, Eberhard (Cornelia) . . . . . Clemmons, NC
Naftolin, Frederick (Marcie) . . . . . Woodbridge, CT
Neuwirth, Robert S. . . . . New York, NY
Niswander, Kenneth R. (Ruth) . . . . . Davis, CA
Novy, Miles J. (Ellen) . . . . . Beaverton, OR
Pattillo, Roland A. (Patricia) . . . . . Atlanta, GA
Paul, Richard H. (Alta Jean) . . . . . Los Angeles, CA
Pearse, Warren H. (Jacqueline) . . . . . Mitchellville, MD
Pitkin, Roy M. (Marcia) . . . . . La Quinta, CA
Podratz, Karl C. (Roxann) . . . . . Rochester, MN
Polan, Mary Lake (Frank Bennack, Jr) . . . . . New York, NY
Pratt, Joseph H. (Hazel) . . . . . Rochester, MN
Prem, Konald A. (Phyllis) . . . . . Plymouth, MN
Queenan, John T. (Carrie) . . . . . Washington, DC
Quilligan, Edward J. (Betty) . . . . . Irvine, CA
Resnik, Robert (Lauren) . . . . . Solana Beach, CA
Riddick, Daniel H. (Louisa) . . . . . Burlington, VT
Rock, John A. (Martha) . . . . . Miami, FL
Sabbagha, Rudy E. (Asma) . . . . . Lake Forest, IL
Sarto, Gloria E. . . . . Madison, WI
Schneider, Jan (Sandy) . . . . . South Orleans, MA
Schulman, Harold (Rosemarie) . . . . . Pleasantville, NY
Schwarz, Richard H. (Patricia) . . . . . Brooklyn, NY
Sciarra, John J. (Barbara) . . . . . Winnetka, IL
Scommegna, Antonio (Lillian) . . . . . Chicago, IL

Scott, James R. (Jo) . . . . . Salt Lake City, UT
Sherman, Alfred I. (Sandra) . . . . . Bloomfield Hls, MI
Shingleton, Hugh M. (Lucy) . . . . . Decatur, GA
Siddiqi, Tariq A. (Elizabeth Clark, MD) . . . . . Cincinnati, OH
Smith, Julian P. (Eleanore) . . . . . Frisco, TX
Spellacy, William N. (Lynn Larsen) . . . . . Sarasota, FL
Speroff, Leon (Sen) . . . . . Portland, OR
Stafl, Adolf (Jarmila) . . . . . Waukesha, WI
Stenchever, Morton A. (Luba) . . . . . Seattle, Washington
Sweet, Richard L. (Rhea) . . . . . Sacramento, CA
Symmonds, Richard E. (Dege) . . . . . Rochester, MN
Taylor, E. Stewart . . . . . Denver, CO
Thiede, Henry A. (Ellen) . . . . . Pittsford, NY
Thompson, John D. (Rita) . . . . . Atlanta, GA
Tyler, Carl W. . . . . Atlanta, GA
Wallach, Edward E. (Joanne) . . . . . Lutherville, MD
Warren, James C. . . . . Mobile, AL
Weingold, Allan B. (Marjorie) . . . . . Washington, DC
Weinstein, Louis (Andrea Weinstein, RN, PhD) . . Edisto Island, SC
Wentz, Anne Colston (Dennis) . . . . . Avon, CO
Whalley, Peggy J. . . . . Austin, TX
Wharton, J. Taylor (Mary) . . . . . Houston, TX
Wild, Robert A. (Judy) . . . . . Oklahoma City, OK
Williams, Tiffany J. (Dohna) . . . . . Englewood, FL
Wynn, Ralph M. . . . . New York, NY
Young, Bruce K. (Phyllis) . . . . . New York, NY

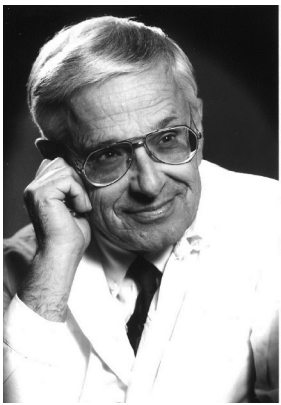
Honorary Fellows

Anderson, Everett . . . . . Boston, MA
Battaglia, Frederick C. (Jane) . . . . . Aurora, CO
Beazley, John M. (Barbara) . . . . . Brampton, Canada
Benirschke, Kurt (Marion) . . . . . San Diego, CA
Besser, Mitchell . . . . . Cape Town, South Africa
Betz, A. Lorris (Ann) . . . . . Salt Lake City, UT
Bonnar, John (Elizabeth) . . . . . Dublin, Ireland
Brandt, Allan M. . . . . Cambridge, MA
Brundtland, Gro Harlem (Arne Olav) . . . . . Nice, France
Campbell, Stuart (Jane) . . . . . London, England
Clarkson, Thomas B. . . . . Winston-Salem, NC

Cohen, Jordan (Carole) . . . . . Washington, DC
Cunningham, Bruce A. (Katrina) . . . . . La Jolla, CA
De Swiet, Michael. . . . . London, England
Diczfalusy, Egon (Ann) . . . . . Ronninge, Sweden
Drife, James O. (Diana) . . . . . Belmont Grove Leeds, England
El Dana, Lama. . . . . .
Holzgreve, Wolfgang (Brigitte). . . . . Freiburg, Germany
Klopper, Arnold . . . . . Aberdeen, Scotland
Longo, Lawrence D. (Betty Jeanne) . . . . . Loma Linda, CA
Lyle, Margaret . . . . . .
MacNaughton, Sir Malcolm C. (Margaret Ann) . Glasgow, Scotland
Meschia, Giacomo (Irene). . . . . Denver, CO
Mintz, Beatrice . . . . . Philadelphia, PA
Monaghan, John M. . . . . Northumberland, UK
Olefsky, Jerrold . . . . . La Jolla, CA
Pizzo, Philip (Margaret) . . . . . Stanford, CA
Richart, Ralph M. . . . . New York, NY
Schultz, Stanley G. (Harriet). . . . . Houston, TX
Shine, Kenneth (Carolyn) . . . . . Washington, DC
Symonds, E. Malcolm (Chloe) . . . . . Nottingham, UK
Templeton, Allan (Gillian Penney) . . . . . Aberdeen, Scotland
Turner, Michael (Maeve). . . . . Dublin, Ireland
Van Der Merwe, J. V. (Este). . . . . Pretoria, South Africa
Van Niekerk, Williem A. (Magriet) . . . . . Capetown, South Africa
Widnell, Christopher (Anne) . . . . . Atlanta, GA
Wood, Alastair J. J. (Margaret) . . . . . New York, NY

In Memoriam

In Memoriam



Walter L. Herrmann, MD
August 16, 2012

Professor Walter Herrmann, former Director of the Department of Obstetrics and Gynaecology of the Maternity of Geneva, died on August 16, 2012 in his 90th year.

Dr. Herrmann was born on March 28, 1923 in Berlin. His family immigrated to Switzerland in 1933. He received a Bachelor in Medical Science from the University of Geneva in 1946 and an M.D. from that institution in 1949. He carried out a residency in Obstetrics and Gynecology at the Maternity Hospital in St. Gall, Switzerland and served as a Chief Resident at the Yale University Grace-New Haven Hospital in 1954-1955. He also served as a visiting fellow in the Departments of Obstetrics and Gynecology at the Boston Lying-in and Columbia Presbyterian Hospitals. He

garnered an American Cancer Society fellowship at Yale in 1955-56 and stayed on the faculty rising to the rank of Associate Professor in 1961. During this time he developed an expertise in gynecological endocrinology and infertility.

From 1961 till 1968 he served as Professor and Head of the Division of Endocrinology and Infertility in the Department of Ob/Gyn at the University of Washington, School of Medicine, in Seattle. He then served as the third Chair of that department from 1968 until 1976. He had a very productive academic career with 68 peer reviewed publications, most in high impact journals with a focus on basic and translational reproductive endocrinology and steroid biochemistry. He was the senior author on several truly landmark publications. One published in Nature in 1969 described the isolation of estradiol receptors in the bovine hypothalamus and pituitary in 1969. Another published in the New England Journal of Medicine in 1975 demonstrated the association between exogenous estrogen therapy and an increased risk of endometrial carcinoma.

Professor Herrmann was the recipient of many awards for teaching and research including the Purdue Frederick Award of the American College of Obstetricians and Gynecologists (ACOG) and the Lynch Memorial Award from the Pacific Coast Ob/Gyn Society. In addition to membership in this organization, he was a member of the Endocrine Society, ACOG, the American Gynecological Society, the American Association for the Advancement of Science, and multiple Swiss and other European societies. Professor Herrmann was a past President of the Society for Gynecological Investigation, an examiner for the American Board of Obstetrics and Gynecology, and a regular member of the NIH Human Embryology and Development study section. He was a frequent visiting professor in Ob/Gyn

departments in the U.S. and abroad and he served on the editorial board of multiple journals.

In 1976 he returned to Switzerland as chair of the Department of Ob/Gyn at his alma mater, the University of Geneva. He continued in this post until 1988 and also directed their School of Midwifery. His colleagues recall that immediately upon his arrival, he began to reorganise and modernise the medical and scientific approach to obstetrical care. He served as a mentor to many notable Swiss reproductive scientists including Professor Paul Bischof. He was widely admired for his scientific prowess as well as his warm-hearted humor.

After his retirement, he lived in Grindelwald with his wife, Nicole. He was nature enthusiast and an artist who painted and sculpted. During the final year of his life he approached his illness with remarkable courage enduring aggressive treatments with humour, lucidity and humanity. He died in his chalet facing the mountains he loved so much. He is survived by Nicole, as well as children and grandchildren residing in the U.S.

— Submitted by Charles J. Lockwood, MD

My thanks to Ms. Nicole Herrmann for providing invaluable details of Professor Herrmann's life and career.

In Memoriam

Elwood V. Jensen, PhD
December 16, 2012

Dr. Elwood V. Jensen, a pioneer in steroid receptor biology died on December 16, 2012 at the age of 92 of pneumonia. He is credited by many with the discovery of the mammalian estrogen receptor, elaboration of its role in female reproductive tract endocrine function, and of it's a prognostic importance in breast cancer. The latter led the development of pharmacological agents used to effectively treat breast cancer. His work has saved the lives of many women.

Dr. Jensen was born in Fargo, North Dakota, in 1920. He was initially home schooled by his mother, a teacher, and subsequently attended school in Ohio. He received his undergraduate education at Wittenberg College in Springfield, Ohio. His Ph.D. was obtained

from the University of Chicago in 1944. He stayed on at that institution as a faculty member in the Ben May Laboratories. He completed several sabbaticals at the Swiss Federal Institute of Technology and while there climbed the Swiss face of the Matterhorn without prior mountaineering experience. In 1951, Dr. Jensen returned to the Ben May Laboratories for Cancer Research and became its Director in 1969. It was there that he made his pioneering discoveries in steroid receptor biology.

His discovery of the estrogen receptor resulted from a collaboration with the Nobel Laureate, Dr. Charles Huggins, in the mid-1950s. Dr. Jensen synthesized radioactive estrogen, administered it to ovariectomized rats and observed it localized to the uterus and other reproductive tissues which also underwent rapid proliferative changes. He hypothesized that it was an intracellular receptor. Subsequent work by Gorski and O'Malley confirmed that Jensen's estrogen receptor acted as a nuclear transcription factor. Jensen then helped to work out the biochemistry of the estrogen receptor's translocation to the nucleus and used an estrogen affinity column to purify the estrogen receptor from reproductive tissues to create a specific monoclonal antibody. This antibody allowed the first quantification of estrogen receptor expression in tissues and led to the discovery that estrogen receptor-positive breast cancers had a far better prognosis than estrogen receptor-negative tumors. Such characterization became a standard prognostic test used to guide the use of life preserving and life extending selective estrogen receptor modulator therapy. Jensen's antibody also facilitated Pierre Chambon's cloning of the estrogen receptor in 1986.

During a leave of absence from the University of Chicago between 1983 through 1988, Dr. Jensen served

as Research Director for the Ludwig Institute for Cancer Research, in Zurich. After retiring from the University of Chicago in 1990, Dr. Jensen became a Scholar-in-Residence at Cornell Medical College, the Alexander von Humboldt visiting professor at the University of Hamburg, and a Nobel visiting professor at the Karolinska Institute, in Stockholm. For the past ten years he served as the Distinguished University Professor, and George and Elizabeth Wile Chair in Cancer Research, at the University of Cincinnati's department of Cell Biology, Neurobiology and Anatomy.

Dr. Jensen received numerous honors and awards throughout his lifetime. He was elected to the National Academy of Sciences and received the Lasker Award for Basic Medical Research in 2004. He was an honorary member of this society.

I had the great pleasure of getting to know Dr. Jensen when he was in his late 80's and found his understanding of and passion for science and molecular endocrinology simply extraordinary. He was a much admired, liked and respected scientist. His first wife, the former Mary Collette, died in 1982. In addition to his son, Thomas who lives in Ecuador, Jensen is survived by his second wife, the former Hiltrud Herborg, a daughter, Karen C. Jensen from New Hampshire and a sister, Margaret Brennan.

— Submitted by Dr. Charles Lockwood

In Memoriam

John Leeman Lewis, Jr., MD
September 18, 2012

John Leeman Lewis Jr., was born in San Antonio Texas on June 5, 1929. He received his B.A. from Harvard College in 1952 and his M.D. from Harvard Medical School in 1957. After an internship and two years of a surgery residency at Massachusetts General Hospital, he went to the NCI as a Clinical Associate in the Endocrinology Branch. He returned to Boston and in 1965 completed an OB/GYN residency at the Boston Lying-In Hospital. He returned to the NCI following his residency serving as a Senior Investigator in the Endocrinology Branch until 1967, when he moved to New York joining the OB/GYN Department of Columbia University. After one year at Columbia, John

accepted the position of Chief of the Gynecology Service at Memorial Hospital for Cancer and Allied Diseases in New York. He was appointed as Attending Surgeon at Memorial Hospital and Associate Professor of OB/GYN at Cornell University Medical College.

Dr. Lewis was promoted to Professor of OB/GYN at Cornell in 1971 and became a Member of Sloan-Kettering Institute of Cancer Research in 1973. He remained the Chief of the Gynecology Service from 1968 until he stepped down in 1990. He continued to work at MSKCC as a Member of the Gynecology Service until he retired in 1994. During his tenure at MSKCC, John served as Associate Chair of Surgery for Surgical Research, Co-Coordinator, Field of Human Cancer of Sloan-Kettering Institute for Cancer Research and Chairman of the Institutional Review Board of MSKCC.

John served as the first Director of the Division of Gynecologic & Oncology of the American Board of Obstetrics and Gynecology and is considered to have been the leader of the effort to establish the sub-specialty of Gynecologic Oncology with its dedication to the multi-disciplinary treatment of women suffering from gynecologic cancer.

During his long career, John published 26 text book chapters, 171 scientific articles, 11 review articles and 97 abstracts. He served on multiple editorial boards. His special interest was in malignant trophoblast disease where he was considered one the world experts.

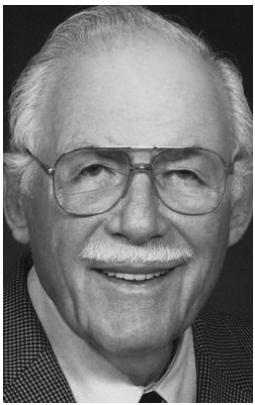
John was a member of this society as well as the Society of Pelvic Surgeons, the Society of Surgical Oncology and many of the prestigious professional organizations. He was President of the Society of Gynecologic Oncologists. In 1994, John assumed the Chair of the Gynecologic Cancer Foundation which he held until 1997.

John Leeman Lewis Jr., was clearly a giant in his field and greatly influenced hundreds of gynecologists and gynecologic oncologists. Many of his trainees have gone on to become national leaders in the field in their own right.

He died peacefully at his home in Birmingham Alabama on Tuesday, September 18, 2012. Dr. Lewis is survived by his wife, Elaine O. Lewis, and daughters Anne Lewis (Greg Johnson), Lizy Matthews (Will) and Kate Musso (Joe). Additional survivors include grandchildren Bill Matthews, John Matthews, Penelope Johnson, Angus Johnson and Eric Robinson, Marc Robinson, Tara Robinson and Grant Paul.

— Submitted by William J. Hoskins, MD

In Memoriam



John J. Mikuta, MD
January 25, 2013

John Joseph Mikuta, M.D., the Franklin Payne Professor Emeritus of Gynecologic Oncology at the University of Pennsylvania, School of Medicine, passed away peacefully on January 25, 2013 at the age of 88. Born in 1925 and a native of Scranton, PA, he was both an undergraduate and medical student at the University of Pennsylvania, where he spent his entire medical career. Between his internship and residency, he served in the U.S. Army at Osaka General Hospital in Japan, and as assistant chief of the medical service at Camp Breckenridge Army Hospital. Following his residency in Obstetrics and Gynecology, he joined the faculty at Penn, where he developed his interest in the care

of women with gynecologic cancers.

He was widely considered as one of the founding fathers of the specialty of gynecologic oncology. Along with his good friend Hervy Averette, he conceived the idea that there was a need for an organization of individuals interested in the care of women with reproductive tract cancers that would foster education, research, and training in this area. This led directly to the formation of the Society of Gynecologic Oncology in 1969, with John as one of its early Presidents. He was also involved in numerous other professional organizations, including the American College of Obstetricians and Gynecologists, where he served as Assistant Secretary, and the Society of Pelvic Surgeons, where he served as President. He established the Division of Gynecologic Oncology at Penn, and headed it for 30 years, until he stepped down in 1993, having trained more than 20 fellows.

He was the recipient of many awards during his distinguished career, including the Penn Medicine Alumni Service Award in 1994, the J. Robert Willson Award from the Obstetrical Society of Philadelphia, the Jonathan Wainwright Award for Excellence in Cancer Research, and the Robert A. Ross Navy Award. He has also received the St. George Medal, the Distinguished Service Award, and the Humanitarian Award from the American Cancer Society, of which he was an Honorary Life Member. Former Oncology Fellows honored him by establishing the John J. Mikuta Society in 1984, and with a Festschrift in 1990. He was a particularly devoted alumnus of the University of Pennsylvania, which honored him with its inaugural Penn Medicine Alumni Lifetime Achievement Award in 2008. In 2008 the Department of Obstetrics and Gynecology at Penn established the John J. Mikuta Award for Professionalism

in Women's Health and in 2010 the John J. Mikuta, M.D. Endowed Professorship in Gynecologic Oncology.

He was a consummate physician and an outstanding surgeon who understood the importance of treating the whole patient, and not just her disease. During his long career he was a role model and mentor for many young physicians, who would not be gynecologic oncologists today were it not for his influence, encouragement, and charisma. He was loved and revered by his patients, and by generations of trainees, and colleagues. He was a renaissance man who would quote classic poetry as he operated, and a raconteur of great accomplishment. Affectionately referred to as "the Boss" by his fellows and colleagues, he enjoyed a good cigar, a perfect Manhattan, and a good round of golf. His trainees were privileged to learn many important lessons from him, but none more important than to always put the patient first.

Dr. Mikuta was the husband of Margaret (nee Beauchamp); father of Ann M. Murray, of Wayland, MA; Mark P. Mikuta, of Richmond, VA; Paul P. Mikuta, of Lansdale, PA; and the late John J. Mikuta Jr. He is also survived by nine grandchildren and one great grandchild.

— Submitted by Stephen C. Rubin, MD

In Memoriam

George W. Mitchell, MD
October 20, 2012

George W. Mitchell, Jr., M.D. died peacefully at his home in San Antonio, Texas on October 20, 2012, from pneumonia. He was 95 years old. Dr. Mitchell was the first Chair of the combined Department of Obstetrics & Gynecology at Tufts University School of Medicine in Boston, a position he held for 24 years. At the time of his death, Dr. Mitchell was Professor Emeritus of Obstetrics & Gynecology at the University of Texas Health Science Center at San Antonio and at Tufts University School of Medicine. From 1980 to 1981, he served as President of the American Association of Obstetricians and Gynecologists (AAOG) and served as Treasurer of the American

Gynecological Society (AGS) from 1975 until 1981. Thus, he was well positioned to help facilitate the unification of these two prestigious societies into the current AGOS organization.

Born on April 30, 1917, Dr. Mitchell completed his M.D. degree and Ob/Gyn Residency at The John Hopkins School of Medicine in Baltimore, MD. He served in the U. S. Navy during the Second World War as a medical officer aboard the U.S.S. Biloxi, and received the Distinguished Public Service Award for service to the Navy. In 1950, Dr. Mitchell moved to Boston and joined Tufts University School of Medicine. He was appointed the first Chair of the combined Department of Obstetrics & Gynecology at Tufts in 1957, a position that he held until 1981. During his tenure, he published more than 100 original manuscripts and established research laboratories in cytology, cytogenetics, and endocrinology. He also started some of the first clinical fellowship programs in the country in the subspecialties of Gynecologic Oncology, Reproductive Endocrinology & Infertility, and Perinatology. And he trained hundreds of residents and students who are now in private practice and academic leadership positions worldwide. Upon retiring from Tufts, he accepted a position at the University of Texas Health Science Center at San Antonio, where he continued to practice until the age of 75.

Dr. Mitchell is survived by his wife, Beth, his six children and fourteen grandchildren. He will be deeply missed by his family, friends, and colleagues. In honor of his many contributions, Tufts University School of Medicine established The George W. Mitchell, Jr. Medical Society in 1988, which each year supports medical student and resident teaching awards, a number of research initiatives, and the annual George W. Mitchell, Jr. Lectureship with the

goal of furthering the education and research objectives espoused by Dr. Mitchell so vigorously for more than 45 years.

— Respectfully submitted by Errol Norwitz, MD, PhD, Chair of the Department of Ob/Gyn at Tufts University School of Medicine in Boston.

In Memoriam

Robert E. Scully, MD
October 30, 2012

Robert E. Scully, MD was born in Pittsfield, MA on August 31st, 1921 and died on October 30th, 2012, after a short illness. Dr. Scully's contributions to gynecologic pathology were immense and place him among the highest echelon of contributors to that discipline.

Dr. Scully graduated *magna cum laude* from the College of the Holy Cross in Worcester, MA in 1941 and received his MD from the Harvard Medical School in 1944. He trained in pathology at the then Peter Bent Brigham Hospital and Children's Hospital under Drs. S. Burt Wolbach and Sydney Farber. He then spent a year as resident at the Free Hospital for Women in Brookline and Boston Lying-In Hospital under the eminent gynecologic pathologist, Dr. Arthur T. Hertig and a year at Pondville State Cancer Hospital in Norfolk, MA. After a year spent

as an instructor at Harvard Medical School, he was recruited by Dr. Tracy B. Mallory to the Massachusetts General Hospital (MGH). His early tenure at that hospital was interrupted by service in the US Army during the Korean conflict (1952 – 1954). He then rejoined the MGH pathology faculty where he remained for over 50 years. He attained the rank of Professor of Pathology at Harvard Medical School in 1971 and at his death was an Emeritus Professor.

Throughout his career Dr. Scully was a mainstay of the MGH pathology faculty and became widely known for his diagnostic prowess. Although a practitioner of general pathology through most of his career, early in his career he took a special interest in gynecologic pathology. A book, published in 1958, on tumors of the ovary with Dr. John McLean Morris, cemented his early reputation as an authority on ovarian tumors. Shortly thereafter, he was elected co-moderator of the World Health Organization (WHO) group charged with standardizing the classification of ovarian tumors. Dr. Scully helped devise a classification that moved the area into a much more logical and organized schema.

Dr. Scully's activities rapidly made him the source for second opinions in difficult gynecologic pathology cases. The sheer volume of such cases coupled with his astute eye, enabled him to recognize patterns of neoplasia not previously appreciated. In the mid-1970s Dr. Scully authored two fascicles on tumors of the ovary under the auspices of the Armed Forces Institute of Pathology. The work, published in 1979, distilled Dr. Scully's vast knowledge of ovarian tumors and the many issues in differential diagnosis that they pose. A second edition was published in 1998. Dr. Scully again was active in WHO

deliberations in the late 1990s when he led the group that classified all female genital tract tumors.

Dr. Scully was an important member of the MGH team which in the early 1970s established a relationship between *in utero* exposure to diethylstilbestrol (DES) and subsequent unusual cervical and vaginal tumors in the daughters of the mothers who had taken DES. For many years Dr. Scully was the pathologist for the registry for such tumors that was subsequently established. This led to multiple papers on this topic.

Many of the current leaders in the field of gynecologic pathology trained with Dr. Scully as visiting fellows, and his influence has accordingly been felt world-wide. He traveled extensively giving carefully prepared lectures, being aware of how important it was to do the utmost to teach not only locally at his own hospital and medical school but as widely as possible. His travels brought him in contact with countless pathologists and clinicians throughout the world all whom developed great affection for him because of his personal qualities, a gentle demeanor, humility, kindness and respect to all. He was always more than happy to share credit with others and often assisted with papers that ultimately did not bear his name as long as he felt that knowledge and patient care were being enhanced.

Dr. Scully received many honors throughout his career, some that he most treasured being an honorary degree from his *alma mater*, the College of the Holy Cross, the Fred W. Stewart Award of Memorial Sloan-Kettering Cancer Center, the Distinguished Pathologist Award of the United States-Canadian Academy of Pathology, and an Honorary Fellowship of the Royal College of Pathologists. He was the founding President and served for six years in that role for the then newly formed International Society

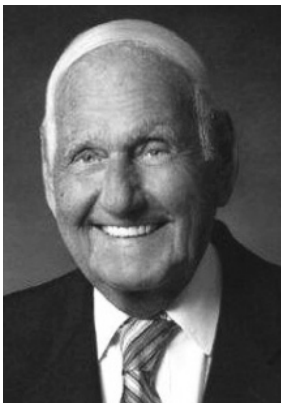
of Gynecological Pathologists, in the 1970s. A Harvard Medical School Professorship in his name was endowed near the end of his career based on donations by his many colleagues and admirers. Dr. Scully also edited the popular weekly *New England Journal of Medicine* Case Records of the MGH for 27 years.

Although his life was in great measure devoted to his profession Dr. Scully was a man of wide interests with a great knowledge of the arts and literature. He had a massive store of knowledge concerning the history of medicine and pathology and, in his later years, devoted significant time to writing on the history of pathology. With his late friend Dr. Austin L. Vickery Jr., he wrote the definitive essay on the history of pathology at the hospitals of Harvard Medical School and in a recent book on the history of pathology at MGH, Dr. Scully authored or co-authored four chapters. Appropriately one of the other chapters in that book was devoted to Dr. Scully himself.

Dr. Scully never married but was devoted to his nieces and nephews, one of the latter sadly predeceasing him. They were equally devoted to him. Dr. Scully was much beloved by all who had the good fortune to get to know him well and he has left a rich legacy with his many contributions.

— Prepared by Fredric D. Frigoletto Jr., M.D.,
Charles Montraville Green and Robert Montraville Green
Professor of Obstetrics and Gynecology,
Harvard Medical School
and
— Robert H. Young, M.D.,
Robert E. Scully Professor of Pathology,
Massachusetts General Hospital,
Harvard Medical School

In Memoriam



Martin L. Stone, MD
December, 2012

Dr. Martin L. Stone was a quintessential New Yorker and a quintessential medical educator. Born to a family practitioner in the Bronx in 1920, he was educated at Columbia College and graduated from New York Medical College, his father's alma mater, where he also completed his residency. He was called to active duty in the Army where his leadership experience began as the chief of the department of Obstetrics and Gynecology at the Tilton General Hospital at Fort Dix, New Jersey. After two years in the Army, the Dean of New York Medical College wrote to the Surgeon General of the War Department asking that Dr. Stone be allowed to return there to join the faculty where he remained for the next 30 years. In 1956, at the age of only

36, he became the youngest chairman of any Obstetrics and Gynecology department in the country.

Dr. Stone quickly and forcefully built the Department into a leading clinical and learning environment. During his distinguished career as an outstanding medical educator, Dr. Stone trained hundreds of residents. I count myself fortunate to have been among them. He was tireless in his work ethic and expected the same of his trainees. In the era before work-hour restrictions, our days began early and ran late. Weekends were not reserved for leisure but rather for clinical work. In an era innocent of the complexity of the contemporary teaching hospital, Dr. Stone was able to create a beautiful organizational culture focused on patient care and learning. He enabled all of us, no matter what career path we chose, to complete our training as competent and compassionate obstetrician-gynecologists. We learned to display grace under pressure -- some of that pressure came from him in his exacting but fair standards. Rounding with him was a combination of fear and excitement without ever a moment of boredom. He exhibited "tough love" to all of his residents and we became the better for it.

In 1978, Dr. Stone became the founding Chairman of Obstetrics and Gynecology at the then-new State University of New York (SUNY) Medical School at Stony Brook where, for the second time in his career, he developed another outstanding department, known for its excellence.

Dr. Stone was also a great leader on the national stage. He was a Founding Fellow of the American Academy of Obstetrics and Gynecology, which later became ACOG. He served as President of the American College of Obstetricians and Gynecologists, editor-in-chief of the ACOG Update, program chair of the International Federation of Gynecology and Obstetrics and chair of the

American College of Surgeons Advisory Committee in Obstetrics and Gynecology. Among his many honors, he received APGO's Career Achievement Award.

In December, 2012, a standing-room only memorial service attended by his wife Nancy, family and colleagues, was held at the Harmonie Club in New York. It was presided over by Dr. Myron Gordon, his former trainee and one of the many who went one to become a chair of their respective departments. His son, Robert, gave a moving eulogy among many other heartfelt tributes.

Whenever he was asked how he was doing throughout his long and extraordinary career as a physician educator and leader, his answer was always "Never been better." Our specialty and those who were fortunate enough to have been his trainees have never been better because of Dr. Stone.

— Submitted by Frank A. Chervenak, MD

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