NORTH AMERICAN SOCIETY FOR PEDIATRIC AND ADOLESCENT GYNECOLOGY

23rd Annual Clinical Meeting

Issues and Answers in Pediatric and Adolescent Gynecology

Hyatt Regency San Antonio Hotel
On the Riverwalk
April 23-25, 2009
San Antonio, Texas

Continuing Medical Education Credit is Provided through Joint Sponsorship with The American College of Obstetricians and Gynecologists (ACOG)

Issues and Answers in Pediatric and Adolescent Gynecology

Presented by

North American Society
for
Pediatric and Adolescent Gynecology

Hyatt Regency San Antonio Hotel
On the Riverwalk
San Antonio, Texas

April 23-25, 2009

NASPAG
409 12th Street, SW
Washington, DC 20024
Tel 202-863-1648
Fax 202-554-0453
Email: clarkins@acog.org
Website: www.naspag.org

GREETINGS FROM THE EXECUTIVE DIRECTOR

May I be the first to welcome you to a city deep rooted in Latino culture. Allow me to introduce you to "Texas Hospitality", big time. Well we, NASPAG, thoroughly looked into an extensive array of cities in which to hold our annual meeting. The Board selected the city that's touted as being "for the kid" or for the "kid at heart", most fitting for our mission. Hopefully you will take a few moments to explore the world-class theme parks, the water park resorts, caves or perhaps the San Antonio zoo or dude ranches that surround us. Texas Hill Country is perched on San Antonio's northern edge a mere car ride away. Well time is of the essence and perhaps all you will have is the ability to explore and take a stroll on the River Walk. The Alamo brings us back to our history books but indeed you are eye witness to the historical events of our early nation's beginnings. They say San Antonio is "A Destination for Passionate Shoppers"! Whoa now there's paradise waiting! Unique shops, Mexican markets, Artisans' Alley, El Mercado and La Villita are the culmination of every arts and crafts shopper's delight. Don't forget the Rivercenter Mall, La Canterra and the North Star Mall. Sea World San Antonio is just a bit down the road as is Six Flags and Splashtown.

So now we must combine the tireless hours our Program Chair, Dr. Yolanda Smith, has dedicated to the cause. She has done an *INCREDIBLE JOB* of addressing your every want and need with a city that's truly "tirelessly attractive". Our Program Chair, a true omnibudsman (or woman), has addressed every aspect of excellence in meeting design and delivery. Identification of leaders in the field is pervasive. You will learn about adolescent care and setting the stage for a healthy life, the latest information regarding pediatric urology, evaluation and management of the sexually abused patient, or perhaps you want to share in the cutting edge information regarding eating disorders or perhaps learn about the HPV vaccine. Well you have come to the right place! We have called upon regional talent to lead us through the journey of obesity management in the adolescent or perhaps your interests lie in ovarian physiology or "the body drama of teenage girls". Well, whatever it is that sets the stage for enhancing your knowledge and expertise, sit back, no time for a siesta, and take home the pearls as we reflect on the leadership of your NASPAG Board and the educational venture, focusing on our mission, *viz.* Education of You the Healthcare Professional. Hope you enjoy it.

Joseph S. Sanfilippo, MD, MBA
Executive Director

GREETINGS FROM THE PRESIDENT AND PROGRAM CHAIR

Diane F. Merritt, MD
NASPAG President

Yolanda R. Smith, MD
Program Chair

Welcome to NASPAG 2009
It is my pleasure to welcome you to the 23rd Annual Clinical Meeting of the North American Society for Pediatric and Adolescent Gynecology and to our host city of San Antonio. This year NASPAG will be in the middle of all the action as our hotel is located on the famous Riverwalk, and our meeting coincides with the Fiesta San Antonio (April 16-26). While you are here to learn about pediatric and adolescent gynecology, be sure to enjoy the mariachi bands each evening and the lovely warm temperatures.

Through the diligent efforts of Yolanda Smith , MD and her hard-working program committee I am confident that this meeting will be a memorable experience. Our featured keynote speakers will address Adolescent Care (Susan Wysocki), Obesity (Mary L Brandt), Primary Ovarian Insufficiency (Larry Nelson), Menstruation Through the Ages (Estherann Grace), and Body Image of Teenage Girls (Nancy Redd). We have scientific presentations, poster sessions, and a series of workshops with something for everyone.

Each year, during our annual NASPAG meeting, we are given the opportunity to get together with our NASPAG friends and become acquainted with new members and attendees. Welcome new NASPAG members and our Resident Scholar Awardees: Doctors Shelley Aggarwal, Marisol Bahamonde, Lucia Lifschitz Franca, Jonathan Kim, and Roxanne Pero. I would like to thank Cassandra Larkins in our Washington office, our Executive Director Joe Sanfilippo and Laura Carlquist, our talented '09 faculty, and the NASPAG Board for all of their efforts to bring this meeting to you.

Diane F. Merritt, MD
President of NASPAG 2008-2009

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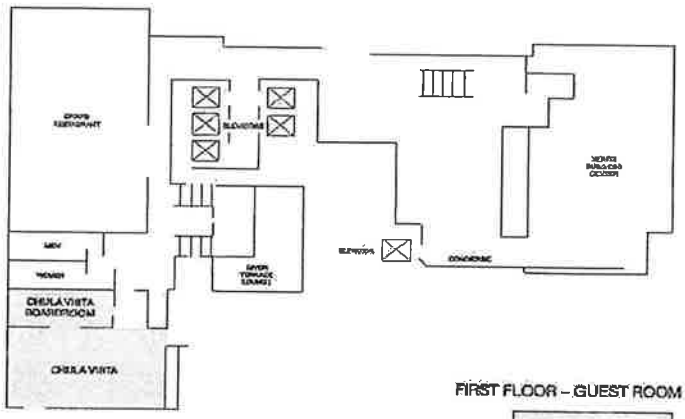
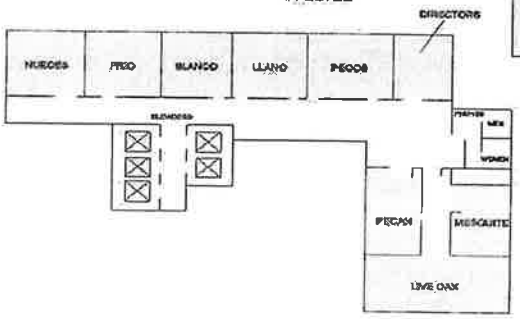
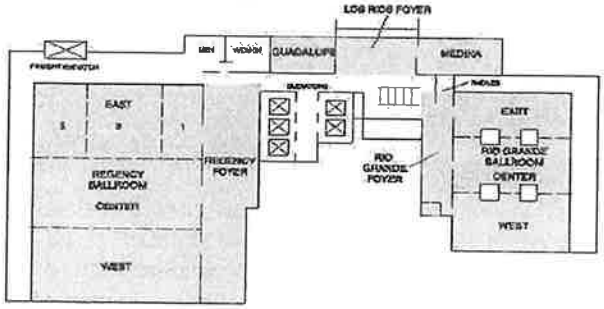


FIRST FLOOR – GUEST ROOM LEVEL

A-LEVEL



B-LEVEL



COURSE DETAILS

NEEDS ASSESSMENT

This course is designed for primary care physicians, specialists, nursing health professionals, and physicians in training whose practices include pediatric and adolescent female patients and/or whose practices include the gynecologic care of pediatric and adolescent patients. The course will consist of keynote sessions and concurrent presentations addressing critical issues in pediatric and adolescent gynecology, surgery, endocrinology and sexuality. The faculty and participants will interact in a variety of formats, including formal and informal group discussions, oral and poster sessions and debates in order to disseminate the latest information concerning pediatric and adolescent female patients.

LEARNING OBJECTIVES

At the conclusion of this course, participants should be able to:

1. Discuss recent research findings in gynecologic cytology in adolescent females, sexual abuse, menstrual disorders in adolescents, obesity, and general adolescent health issues.
2. Review basic and advanced issues in endocrinology, child sexual abuse, surgery, and adolescent health and gynecology as they relate to the pediatric and adolescent female patient.
3. Summarize approaches to diagnosis and management of sexual abuse in adolescent patients.
4. Develop an algorithm for diagnosis and treatment of a patient with problems relevant to pediatric and adolescent gynecology.
5. Critically assess current medical, surgical and nursing dilemmas in female adolescents.

ACCREDITATION STATEMENTS

ACCME Accreditation
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of The American College of Obstetricians and Gynecologists (ACOG) and the North American Society for Pediatric and Adolescent Gynecology (NASPAG).

AMA PRA Category 1 Credits(s)™ and ACOG Cognate Credits(s)
The American College of Obstetricians and Gynecologists (ACOG) designates this educational activity for a maximum of 14 AMA PRA Category 1 Credits™ or up to a maximum of 14 Category 1 ACOG Cognate Credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Disclosure of Faculty and Industry Relationships
In accordance with ACOG policy, all faculty members have signed a conflict of interest statement in which they have disclosed any significant financial interests or other relationships with industry relative to topics they will discuss at this program. At the beginning of the program, faculty members are expected to disclose any such information to participants. Such disclosure allows you to evaluate better the objectivity of the information presented in lectures. Please report on your evaluation form any undisclosed conflict of interest you perceive. Thank you!

American Academy of Pediatrics (AAP)
This continuing medical education activity has been reviewed by the American Academy of Pediatrics and is acceptable for a maximum of 14 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.

Faculty Declaration of Commercial Relationship(s)

All speakers at the 23rd Annual Clinical Meeting, "Issues and Answers in Pediatric and Adolescent Gynecology," were required to complete a disclosure form. The following faculty have revealed potential conflicts of interests:

Mariam R. Chacko, MD - Merck
Texas Children's Hospital
Clinical Care Center
Houston, TX

Barbara Cromer, MD – Speakers Bureau for Merck
MetroHealth Medical Center
Dept of Pediatrics
Cleveland, OH

Jennifer E. Dietrich, MD, MSc – Merck; CSL Behring, Bayer
Baylor College of Medicine
Houston, TX

Paige Hertweck, MD - Barr Pharmaceuticals/Duramed Research/Merck Advisory Board & Research
University of Louisville
Ambulatory Care Building
Louisville, KY

Cynthia Holland-Hall, MD – Merck Speakers Bureau
Associate Professor of Clinical Pediatrics
The Ohio State University College of Medicine &
Nationwide Children's Hospital
Columbus, OH

Sari Kives, MD – Bayer Speaker; Abbott speaker
Hospital for Sick Children
Toronto, ON, Canada

Meredith Loveless, MD– Merck Speakers Bureau
Johns Hopkins
Dept of Ob/Gyn
Baltimore, MD

Amy Middleman, MD, MPH, MS. Ed – Merck Speakers Bureau; Sanofi Pasteur: Research Grant, Principal Investigator
Associate Professor
Baylor College of Medicine
Houston, TX

Pamela J. Murray, MD, MPH – Merck Speakers Bureau
Children's Hospital Pittsburgh
Adolescent Medicine
Pittsburgh, PA

Hatim Omar, MD – Merck Vaccines: Speakers Bureau
Kentucky Clinic
Lexington, KY

Faculty Declaration of Commercial Relationship(s) continued

Ellen Rome, MD, MPH – Merck Speakers Bureau
Cleveland Clinic, A120
Cleveland, OH

Susan Wysocki, WHNP-BC – Bayer Healthcare, Ortho McNeil, Merck, GSK, Duramed, Lilly, Veregan
National Assoc of Nurse Practitioners
Washington, DC

Nicole W. Karjane, MD – Merck Bureau
Virginia Commonwealth University
Department of Obstetrics and Gynecology

PLENARY SPEAKERS

Susan Wysocki, WHNP-BC
President & CEO
National Association of Nurse Practitioners in Women's Health
Washington, DC

Mary L. Brandt, MD
Professor of Surgery and Vice Chair
Michael E. DeBakey Department of Surgery
Baylor College of Medicine
Houston, Texas

Lawrence M. Nelson, MD, MBA
Investigator
Head, Integrative Reproductive Medicine Unit
National Institute of Child Health and Human Development
National Institutes of Health
Bethesda, Maryland

Estherann M. Grace, MD
Associate Clinical Professor of Pediatrics
Harvard Medical School
Boston, Massachusetts

Nancy Redd
Author, BODY DRAMA
Contributing Editor, CosmoGIRL!
Los Angeles, California

2009 FACULTY

Lisa M. Allen, MD
Hospital for Sick Children
Toronto, ON, Canada

Frank Biro, MD
Univ of Cincinnati
College of Medicine
Cincinnati, OH

Amanda Black, MD
Children's Hospital of
Eastern ON
Ottawa, ON, Canada

Mary L. Brandt, MD
Baylor College of Medicine
Houston, Texas

Lesley Breech, MD
Univ of Cincinnati
College of Medicine
Cincinnati, OH

Karen L. Bruder, MD
Univ of South Florida
Tampa, FL

Mariam R. Chacko, MD
Texas Children's Hospital
Houston, TX

Janet Chapin, RN, MPH
ACOG, Washington, DC

Sharon Covington, MSW
NICHD/NIH
Bethesda, MD

Barbara A. Cromer, MD
Metro Health Medical Center
Cleveland, OH

Jennifer E. Dietrich, MD, MSc
Baylor College of Medicine
Houston, TX

Nirupama K. DeSilva, MD
U of Oklahoma-Tulsa
Tulsa, OK

Diane Francouer, MD
Ste - Justine Hospital
Montreal, QC, Canada

Erica Gibson, MD
Columbia University
New York, NY

Melanie A. Gold, DO
Univ of Pittsburgh
Pittsburgh, PA

Jorge Emilio Gomez, MD, MS
Univ of Texas Health Sciences
Ctr, San Antonio, TX

Estherann M. Grace, MD
Harvard Medical School
Boston, MA

Donald E. Greydanus, MD
Michigan State University
Kalamazoo, MI

Zeev Harel, MD
Hasbro Children's Hosp
Brown University
Providence, RI

Paige Hertweck, MD
Univ of Louisville
Louisville, KY

Jeanette Higgins, RN, CPNP
Children's Mercy Hospital
Kansas City, MO

Cynthia Holland-Hall, MD
Nationwide Children's Hospital
Columbus, OH

Joley Johnstone, RN, BScN
MN(c)
Sick Kids Hospital
Toronto, ON, Canada

Lefkothea P. Karaviti, MD, PhD
Baylor College of Medicine
Houston, TX

Nancy D. Kellogg, MD
U of Texas Health Sciences
San Antonio, TX

Sari Kives, MD
Hospital for Sick Children
Toronto, ON, Canada

Marc R. Laufer, MD
Children's Hospital Boston
Boston, MA

David Lee, MD
OHSU Fertility Consultants
Portland, OR

Meredith B. Loveless, MD
Johns Hopkins Bayview Medical
Baltimore, MD

Kerith Lucco, MD
Hospital for Sick Children
Toronto, ON, Canada

James Lukefahr, MD
Univ of Texas Health Sci Cntr
San Antonio, TX

Suzanne MacDonald, MD
McGill University
Montreal, Quebec, Canada

Amy Middleman, MD
Baylor College of Medicine
Houston, TX

Debra M. Millar, BSc, MD
Univ of British Columbia
Vancouver, BC, Canada

Rachel J. Miller, MD
Children's Hospitals and Clinics
Minneapolis, MN

Stephen F. Miller, MD
Hospital for Sick Children
Toronto, ON, Canada

Lisa Mills, PhD
Executive Director
Harmony Garden, Inc.
Cincinnati, OH

Kristi Mulchahey, MD
Atlanta GYN Associates
Marietta, GA

Pamela J. Murray, MD, MPH
Children's Hospital of Pittsburgh
Pittsburgh, PA

Lawrence M. Nelson, MD, MBA
NICHD/NIH
Bethesda, MD

Hatim Omar, MD
Univ of Kentucky
Lexington, KY

Samantha M. Pfeifer, MD
Univ of Pennsylvania
Philadelphia, PA

Elisabeth H. Quint, MD
Univ of Michigan
Ann Arbor, MI

Valerie Ratts, MD
Washington University
St. Louis, MO

Nancy Redd
Author, *"Body Drama"*
Los Angeles, CA

Ellen Rome, MD, MPH
Cleveland Clinic
Cleveland, OH

Rahul Saxena, MD
Hospital for Sick Children
Toronto, ON, Canada

Detective George Segura
San Antonio Police Dept
Vice Unit
San Antonio, TX

Marjorie K. Seidenfeld, MD
Barnard College
New York, NY

Lorena Siqueira, MD, MSPH
Miami Children's Hospital
Miami, FL

Evelina Sterling, PhD, MPH
President, Rachel's Well, Inc.
Fairfax County, VA

Diane Straub, MD
Univ of South Florida
Tampa, FL

Julie Strickland, MD, MPH
Univ of Missouri, Kansas City
Kansas City, MO

Phaedra Thomas, RN, BSN
Children's Hospital Boston
Boston, MA

Andrea Thurman, MD
South Texas Medical Center
San Antonio, TX

Artemis K. Tsitsika, MD, PhD
Adolescent Health Unit
Univ of Athens
Athens, Greece

Nichole Tyson, MD
Kaiser Permanente
Roseville, CA

Rochelle Winikoff, MD
Ste-Justine Hospital
Montreal, QC, Canada

Susan Wysocki, WHNP-BC
Nat Assoc of Nurse Practitioners
Washington, DC

Elizabeth Yerkes, MD
Northwestern Univ
School of Medicine
Chicago, IL

Robert Zurawin, MD
Baylor College of Medicine
Houston, TX

2009 NASPAG Program Committee

Yolanda R. Smith, MD
Program Chair
University of Michigan
Ann Arbor, MI

Diane F. Merritt, MD
NASPAG President
Washington University
St. Louis, MO

Martin Fisher, MD
NASPAG President-Elect
Schneider Children's Hospital
New Hyde Park, NY

Mary Anne Jamieson, MD
NASPAG Vice-President
Queens University
Kingston, ON, Canada

Paige Hertweck, MD
NASPAG Past President
University of Louisville
Louisville, KY

Joseph Sanfilippo, MD, MBA
NASPAG Executive Director
University of Pittsburgh
Pittsburgh, PA

Cassandra Larkins
NASPAG Administrative Director
Washington, DC

Lisa Allen, MD
Hospital for Sick Children
Toronto, Ontario, Canada

Nathalie Fleming, MD
University of Ottawa
Ottawa, Ontario, Canada

Jeanette Higgins, RN, CPNP
Mercy Hospital
Kansas City, MO

Eduardo Lara-Torre, MD
Virginia Tech-Carilion School of Medicine
Roanoke, VA

Samantha Pfeifer, MD
University of Pennsylvania
Philadelphia, PA

Rahul Saxena, MD
Hospital for Sick Children
Toronto, Ontario, Canada

Gina Sucato, MD
Children's Hospital
Pittsburgh, PA

Join us for the

WINE & CHEESE RECEPTION

Thursday, April 23, 2009

Garden Terrace

6:00 pm – 7:00 pm

All meeting registrants will receive tickets for admission and beverages.

We are happy to invite family and guests to attend the Wine and Cheese Reception for an additional $25 per person. Tickets will be available for purchase at the registration desk.

Speaker Ready Room Available During Conference Hours

7:00 am – 6:00 pm

Pecos

WORKSHOP TRACK SUMMARY

Session	Basic	Pediatric & Adolescent Gynecology	Adolescent Medicine	Surgical	Sexual Abuse	Endocrine
I	AA1	AA2	AA3	AA4	AA5	AA6
II	AP1	AP2	AP3	AP4	AP5	AP6
III	BA1	BA2	BA3	BA4	BA5	BA6
IV	BP1	BP2	BP3	BP4	BP5	BP6
V	Nursing Debate		Adolescent Debate	Surgical Debate		

Your Personal Schedule

PROGRAM EVENTS	LOCATION	NOTES
Thursday, April 23, 2009		
7:00 Continental Breakfast	Rio Grande Center/West	
8:00 Program Chair Opening Remarks	Regency Ballroom Center	
8:05 Presidential Opening Remarks	Regency Ballroom Center	
8:15 Session I	Regency Ballroom Center	
9:15 Scientific Papers	Regency Ballroom Center	
10:15 Break	Break – Rio Grande East Foyer	
Posters	Posters – Chula Vista	
Exhibits	Exhibits – Rio Grande West Foyer	
10:30 Your Concurrent Session **Workshop AA_____**		
12:00 noon **Luncheon Roundtable AL _____** **OR Cutting Edge Luncheon**	Rio Grande East/Center Rio Grande West	
1:30 Session II	Regency Ballroom Center	
2:30 Scientific Papers	Regency Ballroom Center	
3:30 Break	Break – Rio Grande East Foyer	
Posters	Posters – Chula Vista	
Exhibits	Exhibits – Rio Grande West Foyer	
4:00 Your Concurrent Session **Workshop AP _____**		
6:00 Wine and Cheese Reception	Garden Terrace	
Friday, April 24, 2009		
7:00 Continental Breakfast	Rio Grande Center/West	
7:00 Special Interest Groups Meetings		
Nurses	Blanco	
Physicians in Training	Directors	
Preservation of Fertility in Adolescents	Llano	
Teenagers with Developmental Disabilities	Nueces	
8:00 Session III	Regency Ballroom Center	
9:00 Scientific Papers	Regency Ballroom Center	
10:00 Break	Rio Grande East Foyer	
Posters	Posters – Chula Vista	
Exhibits	Exhibits - Rio GrandeWest Foyer	
10:30 Your Concurrent Session **Workshop BA_____**		
12:00 noon **Lunch on your own**		
1:30 Session IV	Rio Grande Ballroom	
2:30 Scientific Papers	Rio Grande Ballroom	
3:30 Poster Session with Authors	Chula Vista	
4:00 Your Concurrent Session **Workshop BP ____**		
5:45 Business Meeting	Rio Grande Ballroom	
6:30 New Members Reception	Garden Terrace	
Saturday , April 25, 2009		
7:00 Continental Breakfast	Rio Grande East Foyer	
7:00 Board Meeting	Frio	
8:00 Session V	Rio Grande Ballroom	
9:00 Scientific Awards	Rio Grande Ballroom	
9:15 Tribute to Dr. Alvin Goldfarb	Rio Grande Ballroom	
9:30 International Forum	Rio Grande Ballroom	
10:30 Break	Break – Rio Grande East Foyer	
Posters	Posters – Chula Vista	
Exhibits	Exhibits – Rio Grande West Foyer	
11:00 Your Concurrent Session **Debate D_____**		

THURSDAY, APRIL 23, 2009

7:00 am **REGISTRATION**

7:00 am **CONTINENTAL BREAKFAST**

8:00 am **OPENING REMARKS – Yolanda R. Smith, MD, 2009 Program Chair**

8:05 am **PRESIDENTIAL OPENING – Diane F. Merritt, MD, NASPAG President**

SESSION I
Regency Ballroom Center

PLENARY SESSION
8:15 am

"ADOLESCENT CARE: CREATING A BLUEPRINT FOR A HEALTHY LIFE"
Susan Wysocki, WHNP-BC
President & CEO
National Association of Nurse Practitioners in Women's Health
Washington, DC
The Joseph F. Russo, MD Lectureship
Moderator: Paige Hertweck, MD

9:15 am **SCIENTIFIC PAPER PRESENTATIONS**

Adolescent Sexual Activity: Do Family Discussions, School Performance, Sports and Extracurricular Activities Distinguish Between Sexually Active and Abstinent Teens?
Kathryn C. Squires, BA; Dawn R. Steiner, MD; and Diane F. Merritt, MD
Washington University in St. Louis School of Medicine, Department of Obstetrics and Gynecology, Barnes Jewish Hospital, Saint Louis Children's Hospital, Missouri Baptist Medical Center, Saint Louis, Missouri

Pathways Through Puberty: Peripubertal Hormone Changes
Frank M. Biro, MD; Erin Baker, MS; Bin Huang, PhD; and Susan Pinney, PhD
Division of Adolescent Medicine, Department of Pediatrics
Cincinnati Children's Hospital, Cincinnati, Ohio

Variation in Ovarian Morphology and Biochemical Markers of Hyperandrogenism in Adolescents with Polycystic Ovary Syndrome
Beth W. Rackow, MD; Amanda N. Carlson, MD; Elvira J. Duran, BA;
Rachel Goldberg-Gell, APRN; and Tania S. Burgert, MD
Yale University School of Medicine, New Haven, Connecticut

Injection Pain and Likelihood of Method Continuation Among Adolescent Women Receiving Intramuscular Versus Subcutaneous Depot Medroxyprogesterone Acetate
Rebekah L. Williams, MD; Devon J. Hensel, PhD; and J. Dennis Fortenberry, MD, MS
Indiana University School of Medicine, Indianapolis, IN

10:15 am **BREAK – POSTERS – EXHIBITS**

10:30 am **CONCURRENT SESSIONS**

AA1 ***New and Old Contraceptive Choices in Adolescents*** - Frio
Nichole Tyson, MD
This session will review the indications for use of the intrauterine system/device in adolescents; discuss how to counsel adolescents with regard to continuous contraceptive options; identify new implants for contraception.

AA2 ***Pediatric Urology*** - **Blanco**

Elizabeth Yerkes, MD

This session will review common urologic conditions encountered in girls; discuss the management of urologic conditions in girls.

AA3 ***Motivational Interviewing (MI) to Promote Safer Reproductive Health Behaviors Among Adolescents*** - **Mesquite**

Melanie A. Gold, DO

This session will describe how to assess an adolescent's readiness to change her sexual risk behaviors and how to match physician counseling to stage of readiness; describe the principles of Motivational Interviewing (MI) and the components of the spirit of MI; identify how to effectively convey information and advice to adolescents in the medical setting using MI; describe strategies for motivating safer sexual behaviors in adolescents.

AA4 ***Interesting Surgical Cases*** – **Live Oak**

Lesley Breech, MD
Debra M. Millar, BSc, MD

This session will describe unique surgical scenarios in PAG; discuss with colleagues the different management strategies for these unique cases.

AA5 ***Evaluation of an Adolescent in Whom Abuse Is Suspected*** - **Directors**

Nancy D. Kellogg, MD

This session will review how to conduct an interview with an adolescent in whom sexual abuse is suspected; discuss the appropriate evaluation of an abused adolescent, including appropriate STI testing and treatment.

AA6 ***PCOS-Emphasis on the Non-Obese Patient*** – **Regency Ballroom Center**

Valerie Ratts, MD

This session will describe how to recognize the presentation of PCOS in the non-obese adolescent; describe the appropriate evaluation and management of the non-obese PCOS patient; review the metabolic risks for the non-obese PCOS adolescent.

12:00 noon **FOOD FOR THOUGHT LUNCHEONS**
RESERVATIONS ARE REQUIRED
Rio Grande East/Center
Box lunches are available for all meeting registrants. Tickets for the box lunch are in your Program packets. We are sorry but we are unable to provide lunches for non-registrants. Dining options are available at the hotel and nearby.

AL1 **Obstructive Mullerian Anomalies** **Marc R. Laufer, MD**
Participants should be able to: a. Differentiate the mullerian anomalies; b. Specify the optimal surgical approaches; c. Assess impact of management on future fertility.

AL2 **Minimally Invasive Gynecologic Surgery in the Pediatric Adolescent Population** **Robert Zurawin, MD**
Participants should be able to: a. List the surgical conditions that are amenable to a minimally invasive approach; b. Describe the unique approaches that minimally invasive techniques employ; c. Discuss the long term effects on reproduction and gynecologic health.

AL3 **Management of Hirsutism** **Kristi Mulchahey, MD**
Participants should be able to: a. Formulate a comprehensive differential diagnosis for hirsutism; b. Contrast the effectiveness of the various treatment options; c. Select the optimal approach for the hirsute adolescent.

AL4 **Progestin Releasing Devices in Adolescents** **Amanda Black, MD**
Participants should be able to: a. List the mechanism of action of the different progestin releasing devices; b. Identify the indications, risks and benefits of each device; c. Describe the methods for insertion of the various devices.

AL5 **Eating Disorders in the Child and Adolescent** **Ellen Rome, MD, MPH**
Participants should be able to: a. Differentiate between anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified (EDNOS); b. Distinguish the clinical implications of the diagnosis of EDNOS; c. Formulate a treatment plan to address the disorder.

AL6 **How to Talk to Teens About Sex in Your Practice** **Rahul Saxena, MD**
Participants should be able to: a. Review current statistics related to adolescent sexual behavior; b. Recognize the rights of your adolescent patients regarding their sexual health; c. Create a personalized approach to discussing sex with teen patients.

AL7 **HIV and Reproductive Health/Contraception** **Diane Straub, MD**
Karen L. Bruder, MD
Participants should be able to: a. Explain the contraceptive issues for adolescents with HIV; b. Define the effect of HIV infection on HPV infection and cervical cytology; c. Propose management strategies for these patients.

AL8 **Smoking Cessation: Treatment Options for Teens** **Lorena Siqueira, MD, MSPH**
Participants should be able to: a. Question the validity of smoking cessation interventions in youth; b. Highlight the behavioral approaches to smoking cessation; c. Elucidate the currently available medical interventions for young smokers.

AL9 **Twist & Shout and other PAG Emergencies** **Rachel J. Miller, MD**
Participants should be able to: a. Evaluate and correctly diagnose various emergent scenarios such as ovarian torsion, ectopic pregnancy, acute menorrhagia; b. Formulate an appropriate treatment plan; c. Appraise the long term implications of treatment options/interventions.

FOOD FOR THOUGHT LUNCHEONS *(continued)*

AL10 MRKH Nursing Support — **Joley Johnstone, RN, BScN, MN(c); Phaedra Thomas, RN, BSN**

Participants should be able to: a. Delineate the emotional and educational needs of adolescents with MRKH; b. Facilitate support and educational resources for individuals and their families; c. Devise tools to measure the effectiveness of these interventions.

AL11 Clinical Pearls in Dealing with the Adolescent with Menorrhagia — **Kerith Lucco, MD**

Participants should be able to: a. Define the causes of menorrhagia in the adolescent; b. List treatment options for these individuals; c. Employ clever tricks discussed to help manage problem patients.

AL12 Natural Supplements for Menstrual Disorders and Women's Health — **Pamela J. Murray, MD, MPH**

Participants should be able to: a. Enumerate the various natural supplements that have been used to treat menstrual disorders and promote women's health; b. Critique the available evidence supporting their use; c. Summarize the clinically significant interactions with these supplements and other medications.

AL13 The Perils of the Internet – Recognizing the Latest Risks Facing Our Teens — **Detective George Segura**

Participants should be able to: a. Identify the specific factors that put a teen at risk for self-endangerment via the internet; b. List the most common access points that predators utilize to target youth over the internet; c. Create a practical approach to discussing internet safety with youth.

AL14 Menstrual Management in Teens with Developmental Disabilities — **Elisabeth H. Quint, MD**

Participants should be able to: a. Illustrate the physical and emotional impact of menstruation in mentally challenged adolescents and their families; b. Enumerate available treatment options to menstrual suppression; c. Critique risks and benefits of available treatment options.

AL15 Sports Injuries in the Adolescent Female Athlete — **Jorge Emilio Gomez, MD, MS**

Participants should be able to: a. Describe female anatomy and physiology as it relates to athletic endeavors; b. Outline the various injuries that young female athletes are more prone to suffer; c. Utilize office based preventative health strategies to decrease the likelihood of injury in young female athlete patients.

AL16 Adolescent Development and Impact on Decision Making — **Suzanne MacDonald, MD**

Participants should be able to: a. Describe the biopsychosocial phases of adolescent development; b. Explain the basics of brain development and sleep patterns in adolescents; c. Interpret how the above relates to adolescent behavior and decision making.

12:00 pm

CUTTING EDGE LUNCHEON TOPICS

To give access to several hot topics related to pediatric and adolescent gynecology in a large group setting as an alternative to the roundtable Food For Thought Luncheons

Rio Grande West

Moderator: Julie Strickland, MD, MPH

Amy Middleman, MD – Controversies with the HPV Vaccine
Cynthia Holland-Hall, MD – STI Self-Testing
Lisa Mills, PhD – Teen Pregnancy Prevention: Engaging a Community Resident Research Team

Objectives: At the conclusion of this session, participants will be able to:

1. Discuss the current controversies surrounding the HPV vaccine.
2. Describe the newest methods for STI self-testing.
3. Review novel approaches to teen pregnancy prevention.

SESSION II

Regency Ballroom Center

PLENARY SESSION
1:30 pm

"OBESITY IN ADOLESCENT GIRLS"
Mary L. Brandt, MD
Professor of Surgery and Vice Chair
Michael E. DeBakey Department of Surgery
Baylor College of Medicine
Houston, Texas
The Sir John Dewhurst Lectureship
Moderator: Kristi Mulchahey, MD

2:30 pm **SCIENTIFIC PAPER PRESENTATIONS**

Culture of Non-Genital Sites Increases Detection of Gonorrhea in Adult but Not Adolescent Women
Jill Huppert, MD, MPH; Courtney Giannini; Hye Kyong Kim, BA; Joel Mortensen, PhD; Jonathan Mortensen; Keith Marsolo, PhD
Divisions of Adolescent Medicine, Laboratory Medicine, and Bioinformatics; Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio

Pediatric and Adolescent Gynecology: The Use of a Pediatric Simulator to Improve Residency Perceptions of Training in the Pediatric Exam
Sherrine Ibrahim, MD; Meredith Loveless, MD; Andrew J. Satin, MD
Johns Hopkins Bayview Medical Center, Baltimore, MD

Beyond Chlamydia: Other STIs Shorten the Interval to PID
Jill Huppert, MD, MPH; Archana Singh, MD; Erin Medlin, BS; Keith Marsolo, PhD; Yang Xiao, MS; Bin Huang, PhD
Division of Adolescent Medicine, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

Ob/Gyn Resident Perceptions About Adolescent Health Care Training
Brandi Swanier, MPH; Aletha Akers, MD, MPH; and Lisa Perriera, MD
University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania

3:30 pm **BREAK – POSTERS – EXHIBITS**

4:00 pm **CONCURRENT SESSIONS**

AP1 ***STI Screening and Treatment in Adolescents*** - Frio

Andrea Thurman, MD

This session will incorporate strategies to prevent STI transmission and recurrence in adolescents; discuss issues related to partner notification and expedited partner treatment; review appropriate antibiotics for STI treatment in the era of fluoroquinolone resistance.

AP2 ***Breast Workshop in Children and Adolescents*** – Live Oaks

Nirupama K. DeSilva, MD

This workshop will provide a differential diagnosis of common breast disorders; discuss appropriate imaging modalities in the investigation of young women with breast disorders; review appropriate management strategies for breast disorders in adolescents.

AP3 ***Recommendations for a Young Woman Going to College*** - **Mesquite**

Marjorie K. Seidenfeld, MD

This session will provide age appropriate health recommendations to women leaving for college; describe how to counsel college age adolescents on issues related to campus safety; describe the health behaviors of college students.

AP4 ***Bariatric Surgery for the Obese Adolescent*** - **Blanco**

Mary L. Brandt, MD

This session will identify the appropriate medical and psychological screening of the obese adolescent presenting for Bariatric surgery; describe how to explain to obese patients their surgical options; and how to explain to patients the long-term implications and outcomes of Bariatric surgery.

AP5 ***Acute Care of the Sexual Assault Victim*** - **Directors**

Nancy D. Kellogg, MD

This session will describe the initial evaluation of the sexually abused child and adolescent; review the forensic implications of the sexual abuse exam; discuss how to initiate appropriate health follow-up including the psychological support.

AP6 ***Diagnosis of Ambiguous Genitalia at Birth*** - **Pecan**

Lefkothea P. Karaviti, MD, PhD

This session will review a differential diagnosis for the newborn with ambiguous genitalia; describe appropriate diagnostic testing to elucidate the etiology; provide strategies to counsel families within a multidisciplinary team at the time of diagnosis.

5:30 pm **MEETING ADJOURNS** > locate kinkos =

6:00 pm **WINE AND CHEESE RECEPTION** – ***Garden Terrace***

FRIDAY, APRIL 24, 2009

7:00 am **REGISTRATION**

7:00 am **CONTINENTAL BREAKFAST**

7:00 am **SPECIAL INTEREST GROUPS MEETINGS**

Nurses - *Nueces*
Physicians in Training - *Frio*
Preservation of Fertility in Adolescents - *Directors*
Teenagers with Developmental Disabilities - *Llano*

SESSION III

Regency Ballroom Center

PLENARY SESSION
8:00 am

"PRIMARY OVARIAN INSUFFICIENCY: MECHANISMS AND MANAGEMENT"

Lawrence M. Nelson, MD, MBA
Investigator
Head, Integrative Reproductive Medicine Unit
National Institute of Child Health and Human Development
National Institutes of Health
Bethesda, Maryland

The Alvin F. Goldfarb Lectureship
Moderator: Mary Anne Jamieson, MD

9:00 am **SCIENTIFIC PAPER PRESENTATIONS**

Bowel Vaginoplasty Associated with Complex Anorectal Malformations: A Retrospective Review of 131 Cases
Lesley L. Breech, MD; Leanne Hermann, MD; Jill Huppert, MD; Alberto Pena, MD; Marc Levitt, MD
Cincinnati Children's Hospital Medical Center, Cincinnati, OH

Menorrhagia in Adolescents with Platelet Function Disorders: Family History Suggests Further Investigations
Lawrence S. Amesse, MD, PhD[1,2]; Teresa Pfaff-Amesse, MD[1]; William T. Gunning, PhD[3]; Nancy Duffy, RN[2]; Philip Jones, MD[1]; and James A. French, MD[2]
[1]Section of Pediatric & Adolescent Gynecology, Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Boonshoft School of Medicine, Wright State University, Dayton, Ohio, and College of Medicine, Toledo, Ohio; [2]Department of Pediatrics, Boonshoft School of Medicine, Wright State University, Dayton, Ohio, and College of Medicine, Toledo, Ohio; [3]University of Toledo, Toledo, Ohio

Risk Factors for Endometrial Hyperplasia in Adolescent Girls with Irregular Menstrual Bleeding
Mee Hwa Lee, MD; Mi Kyoung Kim, MD, Eun Hee Ahn, MD, and Myoung Jin Moon, MD
Department of Obstetrics and Gynecology, Pundang CHA
General Hospital, Pochon CHA University, Gyeonggi do, Korea

>12mm @ cystic

Repeat Teen Birth: Does Mode of Delivery Make a Difference?
Laura J. Sacco, MD; Maureen G. Phipps, MD, MPH; and Christina A. Raker, ScD
The Warren Alpert Medical School of Brown University and Women and Infants Hospital
Providence, RI

10:00 am **BREAK – POSTERS – EXHIBITS**

10:30 am **CONCURRENT SESSIONS**

BA1 ***Clotting Too Little, Too Much and the Impact on Gynecology*** – **Live Oak**

Diane Francouer, MD and Rochelle Winikoff, MD

This session will provide participants with tools to initiate a workup for coagulopathies in patients with menorrhagia. Participants will be able to choose hormonal therapy and non-hormonal therapy for treatment of menorrhagia; determine which patients require laboratory investigations for inherited thrombophilias; be aware of the gynecologic implications of thrombophilias.

BA2 ***Adolescent Cervical Screening and HPV: Maintaining Cervical Integrity*** - **Mesquite**

Meredith B. Loveless, MD

This session will review the new cervical cytology screening guidelines; discuss the rationale for conservative treatment in adolescents; discuss the implications of cervical dysplasia in adolescents.

BA3 ***Emotional Aspects of Primary Ovarian Insufficiency in Adolescent Girls*** - **Llano**

Lawrence M. Nelson, MD, MBA

Evelina Sterling, PhD, MPH, CHES and Sharon Covington, MSW

This session will discuss the emotional implications of a fertility-limiting condition for teen patients and their parents; provide techniques to counsel teens and their families about options for family planning from this perspective.

BA4 ***Introduction to Robotic Surgery*** - **Blanco**

Samantha M. Pfeifer, MD

This session will discuss the new technology involved in Robotic Surgery; review the current uses for robotic surgery; discuss the potential uses in adolescent surgery.

BA5 ***Date Rape Drugs and Prevention*** - **Directors**

Erica Gibson, MD

This session will discuss the pharmacology of date rape drugs; discuss risk factors of the adolescent vulnerable to date rape; discuss methods of counseling adolescents on protecting themselves from date rape.

BA6 ***Bone Health and the Menstrual Cycle*** - **Pecan**

Barbara A. Cromer, MD and Zeev Harel, MD

This session will review the new data on the impact of hormones on bone metabolism; discuss how to identify patients who may benefit from treatment of bone loss.

12:00 noon **LUNCH ON OWN**

SESSION IV

Rio Grande Ballroom

PLENARY SESSION

1:30 pm

"MENSTRUATION THROUGH THE AGES (300 BC - 2009)"

Estherann M. Grace, MD
Associate Clinical Professor of Pediatrics
Harvard Medical School
Boston, Massachusetts

The NASPAG Lectureship

Moderator: Marc Laufer, MD

2:30 pm **SCIENTIFIC PAPER PRESENTATIONS – Case Reports**

Gynecological Psychosis
Shyrlena Bogard, MD; Thiendella Diagne, MD; Mary Vaughan, MD
Sentara Norfolk General Hospital, Norfolk, VA, Children's
Hospital of the King's Daughter, Norfolk, VA

Vulvar Necrotizing Fasciitis as a Presenting Symptom of Acute Lymphocytic Leukemia
Nicole W. Karjane, MD; Edward Springel, MD; Aaron Goldberg, MD; Philippe H. Girerd, MD
Virginia Commonwealth University, Richmond, VA

Posterior Sagittal Approach for Gynecologic Indications: A Case Series
Akilah Weber-LaShore, MD; Lesley L. Breech, MD
Cincinnati Children's Hospital Medical Center, Cincinnati, OH

Paraneoplastic Limbic Encephalitis Associated with Anti-N-Methyl-D Aspartate Receptor Antibodies and an Ovarian Teratoma: A Case for Concern
Diane F. Merritt, MD
Washington University School of Medicine, Saint Louis Children's Hospital
Saint Louis, Missouri

getawards
get computer

3:30 pm **BREAK – POSTER SESSION WITH AUTHORS**

4:00 pm **CONCURRENT SESSIONS**

BP1 ***Common Medical Complaints in Prepubertal Children*** - **Blanco**
Sari Kives, MD

This session will discuss common vulvovaginal disorders in children; review examinations and investigations for common vulvovaginal disorders; discuss therapy for common vulvovaginal disorders.

BP2 ***Pelvic Pain in Adolescents – More than Endometriosis*** - **Live Oak**
Paige Hertweck, MD

This session will discuss diagnosis of pelvic pain in adolescents; identify history clues and physical exam signs indicating non-gynecologic etiologies of pelvic pain; discuss treatment of musculoskeletal pain.

BP3 ***Reproductive Health Care for Young Women: Addressing Diversity and Disparities***- **Directors**
Mariam R. Chacko, MD

This session will identify facilitators and barriers to minority adolescent reproductive health care; describe strategies to decrease health disparities of minority youth; discuss how to enhance the participants' skills in cultural competency.

BP4 ***Imaging in PAG - Radiology and Surgical Correlation*** - **Llano**
Lisa M. Allen, MD and Stephen F. Miller, MD

This session will describe appropriate medical imaging for a variety of pediatric and adolescent conditions; discuss the limitations of medical imaging in assisting with the diagnosis of adnexal masses and mullerian anomalies.

BP5 ***Internet Exploitation*** - **Mesquite**
James Lukefahr, MD

This session will identify adolescents at risk for online solicitation; discuss how to counsel adolescents and their parents in prevention strategies to avoid victimization on the internet; discuss the limitations of the law with regard to internet content.

BP6 ***Puberty - Is It Happening Early and If So Why?-*** **Pecan**

Frank Biro, MD

This session will discuss the current trends in the onset of puberty; describe evaluation of the patient with precocious puberty; discuss the environmental influences on pubertal timing.

5:45 pm **BUSINESS MEETING – *Rio Grande Ballroom***

6:15 pm **MEETING ADJOURNS**

6:30 pm **NEW MEMBERS RECEPTION – *Garden Terrace***

nom. Com

nominations
Pres elect Julie
Secretary Lee
Memb @ large
Board
Area

SATURDAY, APRIL 25, 2009

7:00 am **REGISTRATION**

7:00 am **CONTINENTAL BREAKFAST**

SESSION V

Rio Grande Ballroom

PLENARY SESSION

8:00 am

"THE BODY DRAMA OF TEENAGE GIRLS"

Nancy Redd
Author, BODY DRAMA
Contributing Editor, CosmoGIRL!
Los Angeles, California
(NON-CME)
Moderator: Hatim Omar, MD

9:00 am **SCIENTIFIC AWARDS PRESENTATIONS**

9:15 am **TRIBUTE TO DR. ALVIN GOLDFARB**

9:30 am **INTERNATIONAL FORUM**
The Future of Health Care
Organizer/Moderator – Ellen Rome, MD, MPH

10:30 am **BREAK - POSTERS - EXHIBITS**

11:00 am **CONCURRENT DEBATES/PANELS**

D1- Blanco **Surgical Debate: Addressing Labial Hypertrophy and the Timing of Neovagina Creation**
Organizer/Moderator: Jennifer E. Dietrich, MD, MSc
Panel: Sari Kives, MD; Elisabeth H. Quint, MD; David Lee, MD; Elizabeth Yerkes, MD
This session will:
1. Review the incidence and prevalence of labial hypertrophy and vaginal agenesis.
2. Discuss the available options to treat/observe or manage labial hypertrophy and vaginal agenesis.
3. Discuss surgical options for labial hypertrophy and vaginal agenesis.
4. Discuss early versus delayed treatment options in the patient with vaginal agenesis.
5. Discuss the various surgical techniques described for labial revision.

D2- Llano **Adolescent Debate: Body Image, Self-Esteem, and Eating Disorders in Teens**
Organizer/Moderator: Hatim Omar, MD
Panel: Nancy Redd, Artemis K. Tsitsika, MD, PhD, Donald E. Greydanus, MD
This session will:
1. Discuss the importance of body image perception to young women.
2. Discuss the role and relationship of body image and self esteem.
3. Discuss the eating disorders and their association with body image and self esteem.

D3- Directors **Nursing Debate**
Advocating for Adolescent Health: Health Professionals Can Make a Difference
Speaker: Janet Chapin, RN, MPH
Organizer/Moderator: Jeanette Higgins, RN, CPNP

12:00 noon **MEETING ADJOURNS**

Preceding Plenary Speakers

The Sir John Dewhurst Lectureship

1994
The History of Reconstructive Surgery in the Pediatric and Adolescent Gynecology Patient
Howard W. Jones, Jr., MD

1995
New Thoughts: Congenital Cervical Dysgenesis
John A. Rock, MD

1996
Adolescent Sexual Behavior: Its Impact on Reproductive Health
Alvin F. Goldfarb, MD

1997
GYN Surgery in Children
Donald P. Goldstein, MD

1998
Evaluation and Management of Ambiguous Genitalia
W. Hardy Hendren, III, MD

1999
Fallopian Tube and Reproductive Health
Luigi Mastroianni, Jr, MD

2000
Plastic Surgery for the Teenage Patient
Mary H. McGrath, MD, MPH

2001
Pediatric and Adolescent Gynecologic Disorders and Future Fertility
J.E.H. Spence, MD

2002
Paediatric and Adolescent Gynecologic - The United Kingdom Experience
Keith Edmonds, MD

2003
The Application of Evidence Based Medicine to the Prescribing of Oral Contraceptives
David A. Grimes, MD

2004
Current Status of Intersex Disorders
Justine M. Schober, MD

2005
Achieving Equal Rights and Opportunities in the World for Women
Patricia E. Mitchell, President and CEO
Public Broadcasting Service

2006
Irresistible Drives and Immovable Demands:
Adolescence in the Twenty-First Century
Malcolm Potts, MB, BChir, PhD, FRCOG

2007
The Changing Face of Polycystic Ovary Syndrome
Ricardo Azziz, MD, MPH, MBA

2008
Update in Cytology in Adolescents
Anna-Barbara Moscicki, MD

2009
Obesity in Adolescent Girls
Mary L. Brandt, MD

Preceding Plenary Speakers

The Alvin F. Goldfarb, MD Lectureship

1994
Ovarian Function in Survivors of Childhood Cancer
Charles A. Sklar, MD

1995
Adolescent Pregnancy and Birth Trends in the United States
Wendy H. Baldwin, MD

1996
Adolescent Pregnancy and Contraception
David A. Grimes, MD

1997
Teen Pregnancy and Young Issues
Henry W. Foster, MD

1998
AIDS and Adolescents in the New Millennium
Sten H. Vermund, MD, PhD

1999
Ethics in Contemporary Medicine and Society
Kenneth J. Ryan, MD

2000
Adolescent Contraception in the New Millennium
Philip D. Darney, MD, M.Sc

2001
Don Quixote, Machiavelli, Robin Hood, and the History of Contraception from Ancient Times to the Second Millennium and Beyond
Robert A. Hatcher, MD

2002
Adolescent Sexual Health
Dan L. Apter, MD, PhD

2003
Reaching Teenagers: Recognizing Risk, But Building on Strength
Kenneth R. Ginsburg, MD, MS Ed

2004
Sex, Sex, and More Sex: American Media & Its Impact on Teenagers
Victor C. Strasburger, MD

2005
Early Puberty in Girls: What's All the Fuss About?
Paul B. Kaplowitz, MD, PhD

2006
Human Papillomavirus and the Adolescent: What We Know, What We Can Do
Anna-Barbara Moscicki, MD

2007
STI Treatment Update
Kimberly A. Workowski, MD, FACP

2008
Recognition of Sexual Abuse: A New Field or Late Beginning
John McCann, MD

2009
Primary Ovarian Insufficiency: Mechanisms and Management
Lawrence M. Nelson, MD, MBA

Preceding Plenary Speakers

The Joseph F. Russo, MD Lectureship

2004
Obesity in Childhood and Adolescence
William H. Dietz, Jr, MD, PhD

2005
The Internet:
A Valuable Tool or a Dangerous Toy?
Daniel D. Broughton, MD

2006
The Good, The Bad and The Ugly
in Women's Athletics Since Title IX:
Impact on Today's Girls
Pam Borton, Head Coach
University of Minnesota, Women's Basketball

2007
Teenagers Today: Good News - Bad News
Luella Klein, MD

2009
Adolescent Care: Creating a Blueprint for a Healthy Life
Susan Wysocki, WHNP-BC

Preceding Plenary Speakers

The NASPAG Lectureship

2005
When Jill Jumps Over the Candlestick
Evaluation and Management of Genital injuries
Diane F. Merritt, MD
Professor of Pediatric OB/GYN
Director of Pediatric &
Adolescent Gynecology
Washington University School of Medicine
St. Louis, Missouri

2006
Bone Health for Girls in 2006 and Beyond
Catherine Gordon, MD
Director of Children's Hospital Bone Health Program
Division of Adolescent Medicine & Endocrinology
Boston, MA

2007
Insights into Congenital Anomalies
of the Reproductive Tract
Marc Laufer, MD
Chief of Gynecology
Children's Hospital Boston
300 Longwood Avenue
Boston, MA 02115

2008
Novel Strategies for Preserving Reproductive
Potential in Young Cancer Survivors
David Lee, MD
Assistant Professor, Department of OB/GYN, Division of REI
Department of Pediatrics, Division of Pediatric Gynecology
OHSU Fertility Consultants
Center for Health & Healing
Portland, Oregon

2009
Menstruation Through the Ages (300 BC-2009)
Estherann M. Grace, MD
Associate Clinical Professor of Pediatrics
Harvard Medical School
Boston, Massachusetts

NASPAG Research Awards

Important missions of NASPAG include providing leadership in research and serving as a forum for research in the field of pediatric and adolescent gynecology. Each year NASPAG recognizes researchers with awards for best research by a trainee, best poster presentation, and best oral presentation.

The Huffman Capraro Award recognizes the best oral research presentation by an individual in training (student, resident or fellow). To win this award requires both outstanding research and strong mentorship.

The Sally E. Perlman Award recognizes the best poster presentation

The Evelyn G. Laufer Award recognizes the best oral presentation.

Meeting Details

Important Notices
All notices will be posted on the bulletin board near the registration desk

General Session Questions
Five minutes have been scheduled at the end of each abstract presentation for floor discussion. Please step to the floor microphone, state loudly and distinctively your name and affiliation. Out of courtesy for the presenter, as well as to provide an opportunity for more participants to speak, discussants are not permitted to give "minipapers"

Luncheons
Box lunches are available for all meeting registrants. Tickets for the box lunch are in your Program packets. We are sorry but we are unable to provide lunches for non-registrants. Dining options are available at the hotel and nearby.

Conference Food Functions
Conference food functions are for registrants ONLY.

Wine and Cheese Reception
All meeting registrants will receive tickets for admission and beverages.
We are happy to invite family and guests to attend the Wine and Cheese Reception for an additional $25 per person. Tickets will be available for purchase at the registration desk.

Safety First
Always be aware of your surroundings and practice basic safety rules. Please travel in groups and only in familiar areas. NASPAG cannot be responsible for your safety at the Hyatt Regency San Antonio Hotel throughout the hotel or at the conference.

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NASPAG NEWLETTER

Editor: Judith Burgis, MD
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THURSDAY, APRIL 23, 2009

SESSION I
REGENCY BALLROOM CENTER

8:15 am

"ADOLESCENT CARE: CREATING A BLUEPRINT FOR A HEALTHY LIFE"

Susan Wysocki, WHNP-BC
President & CEO
National Association of Nurse Practitioners in Women's Health
Washington, DC

The Joseph F. Russo, MD Lectureship

NOTES

THURSDAY, APRIL 23, 2009
Scientific Paper Presentations

9:15 am

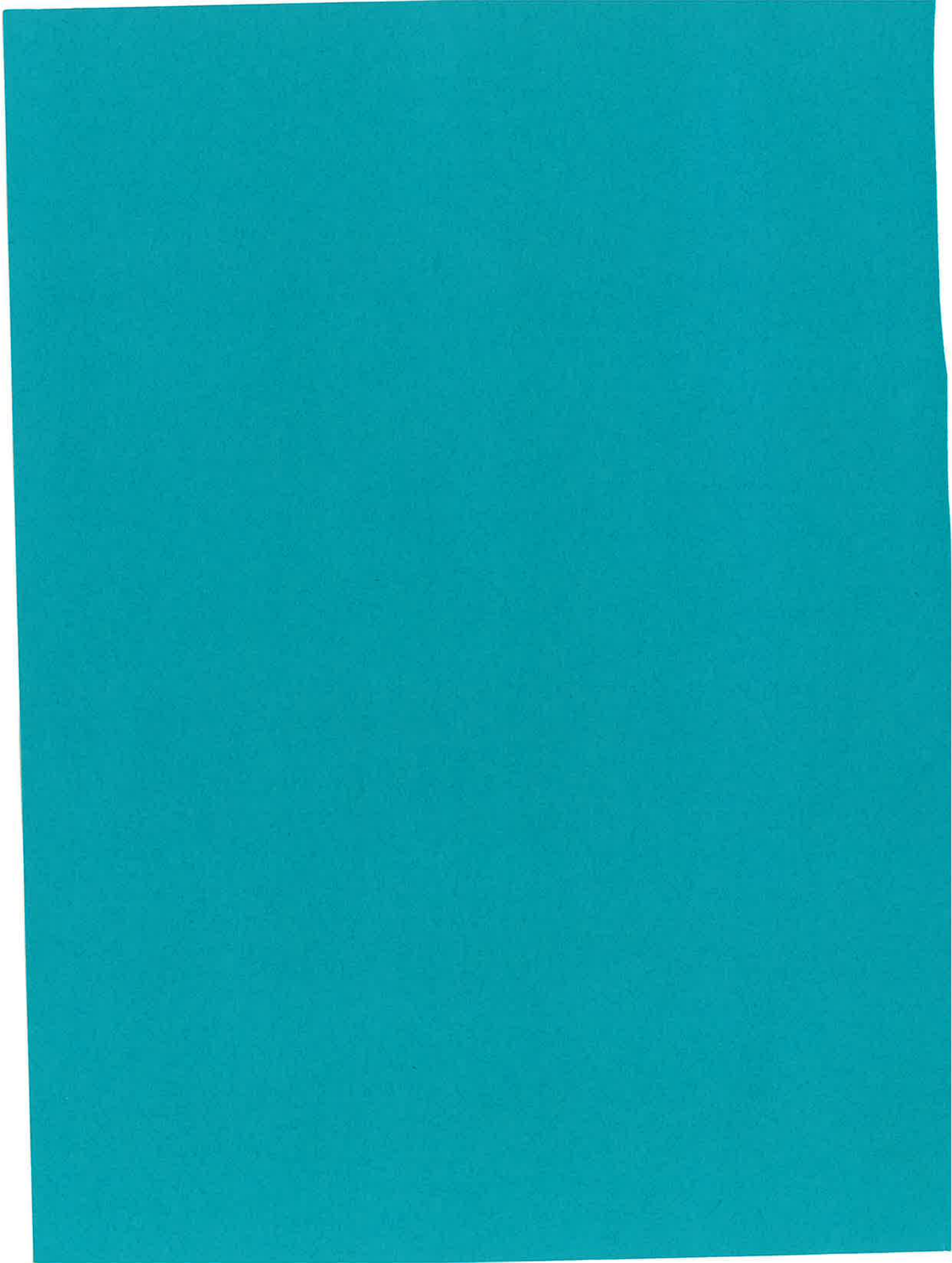
REGENCY BALLROOM CENTER

D-08-00033
Adolescent Sexual Activity: Do Family Discussions, School Performance, Sports and Extracurricular Activities Distinguish Between Sexually Active and Abstinent Teens?
Kathryn C. Squires, BA; Dawn R. Steiner, MD; and Diane F. Merritt, MD
Washington University in St. Louis School of Medicine, Department of Obstetrics and Gynecology, Barnes Jewish Hospital, Saint Louis Children's Hospital, Missouri Baptist
Medical Center, Saint Louis, Missouri

D-08-00013
Pathways Through Puberty: Peripubertal Hormone Changes
Frank M. Biro, MD; Erin Baker, MS; Bin Huang, PhD; and Susan Pinney, PhD
Division of Adolescent Medicine, Department of Pediatrics
Cincinnati Children's Hospital, Cincinnati, Ohio

D-08-00056
Variation in Ovarian Morphology and Biochemical Markers of Hyperandrogenism in Adolescents with Polycystic Ovary Syndrome
Beth W. Rackow, MD; Amanda N. Carlson, MD; Elvira J. Duran, BA; Rachel Goldberg-Gell, APRN; and Tania S. Burgert, MD
Yale University School of Medicine, New Haven, Connecticut

D-08-00061
Injection Pain and Likelihood of Method Continuation Among Adolescent Women Receiving Intramuscular Versus Subcutaneous Depot Medroxyprogesterone Acetate
Rebekah L. Williams, MD; Devon J. Hensel, PhD; and J. Dennis Fortenberry, MD, MS
Indiana University School of Medicine, Indianapolis, IN



THURSDAY, APRIL 23, 2009

SESSION II
REGENCY BALLROOM CENTER

1:30 pm

"OBESITY IN ADOLESCENT GIRLS"

Mary L. Brandt, MD
Professor of Surgery and Vice Chair
Michael E. DeBakey Department of Surgery
Baylor College of Medicine
Houston, Texas

The Sir John Dewhurst Lectureship

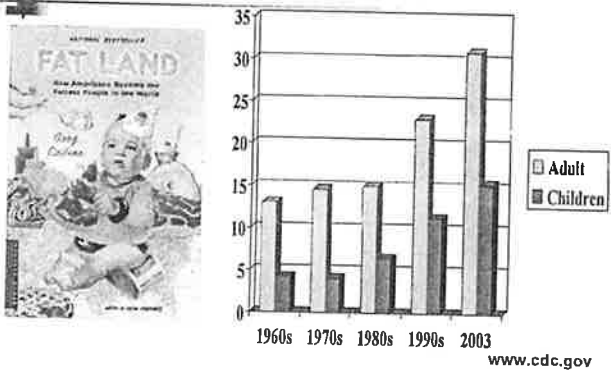
NOTES

The Obese Adolescent

Mary L. Brandt, M.D.

Professor and Vice Chair
Michael E. DeBakey Department of Surgery
Baylor College of Medicine
Houston, Texas

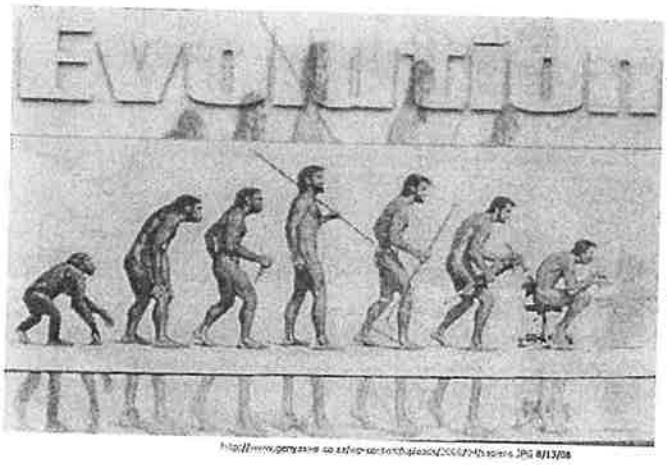
American Obesity Trends



www.cdc.gov

THE REAL CAUSES OF OBESITY

- It's what human beings are supposed to do!
  - We are genetically programmed to store fat
  - Primitive humans burned about the same number of calories as Michael Phelps



THE REAL CAUSES OF OBESITY

- Physical Activity has decreased
  - Decrease in required PE in schools
  - Internet/computer games
  - Fear of outside play

http://www.detnews.com/2004/editorial/0401/15/a13-36039.htm

THE REAL CAUSES OF OBESITY

- High calorie foods are easily available
  - Demise of the family meal
  - Fast food
  - School lunches

THE REAL CAUSES OF OBESITY

- The perception of what is "normal" weight has changed.
- This has lead to a lack of concern about the consequences of obesity

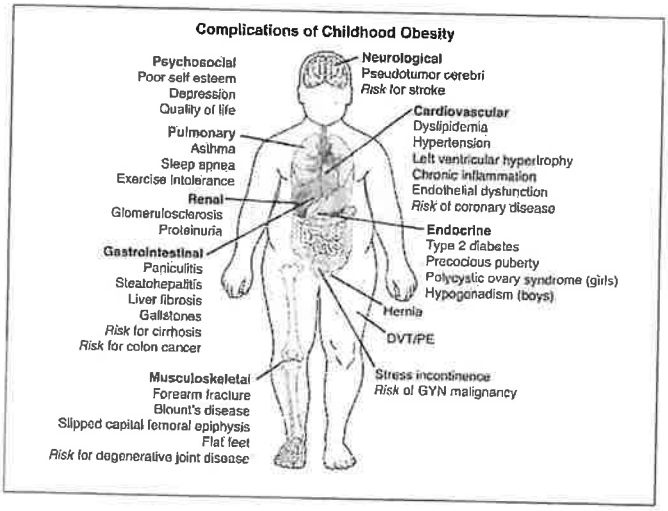
So what?

- Why does it matter that obesity is increasing?
- Why does it matter that childhood obesity is increasing?

Reduction in Lifespan

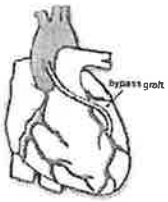
- Being morbidly obese (BMI $\geq$ 45) at 20 years of age results in a loss of life expectancy of
  - 22 years for black males
  - 12 years for white males
  - 8 years for white females
  - 4 years for black females

Fontaine, KR et.al. JAMA 289:187, January 8, 2003



Cardiac Risk Factors

- 50% of overweight adolescents have one risk factor for developing cardiovascular disease
- 20% have two factors
- Insulin resistance
- Hyperlipidemia
- Sleep apnea
- Hypertension

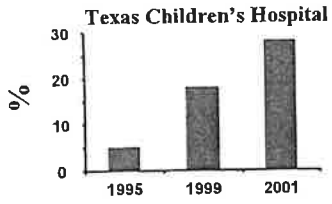


Morbidity of Obesity
Sleep Disorders

- Up to 37% of obese children have an abnormal sleep test when studied. (Wing, Arch Dis Child, 2003)
- True sleep apnea occurs in ~7% of obese children. (Dietz, Pediatrics, 1998)

Morbidity of Obesity
Diabetes

- Rising incidence of Type II ("adult") diabetes
- Adult endocrinologists hired to help with this epidemic!



Morbidity of Obesity
NAFLD (Non-alcoholic Fatty Liver Disease)

- A spectrum of disease
  - Fatty infiltration of the liver
  - Steatohepatitis (termed "NASH" for nonalcoholic steatosis/hepatitis)
  - Fibrosis and cirrhosis
- Almost universally associated with insulin resistance
- Weight loss is the only treatment

Morbidity of Obesity
NAFLD

- ~ 40% of obese children have ultrasound findings of fatty infiltration (Styne, Pediatr Clin North Am, 2001)
- ~ 10% of obese children and 40-50% of severely obese children have abnormal LFTs (Dietz, Pediatrics, 1998)
- ~ 20% of adult patients with this disorder eventually develop cirrhosis, and may progress to liver failure. (Roberts, Curr Gastroenterol Rep, 2003)

Morbidity of Obesity
Psychosocial

- Obesity persistence in adolescence is associated with
  - greater depressive symptoms Goodman, *Pediatrics*, 110:2002
  - decreasing perceived competence/self-esteem Strauss, *Pediatrics*, 105: 2000
- Adolescent obesity associated with less advanced education, higher rates of poverty, lower rates of marriage in young adulthood than if not overweight Gortmaker, *NEJM*, 329:1993

Morbidity of Obesity
Quality of Life

- Obese children and adolescents are 5.5x more likely to have impaired health-related QOL
- QOL for obese children and adolescents is similar to those diagnosed as having cancer (**on chemotherapy**)

Health-related quality of life of severely obese children and adolescents.
Schwimmer JB, Burwinkle TM, Varni JW.
JAMA 2003 Apr 9;289(14):1813-9

Rationale for Bariatric Surgery in Children

- Progressive epidemic of severe pediatric obesity
- Severely obese adolescents develop "adult" diseases
- Adolescent obesity → risk factor for
  - Adult morbidity & premature mortality
  - Psychosocial impairment
- Limited efficacy of dietary, behavioral or pharmacologic approaches

Bariatric Surgery
Ideal Procedure

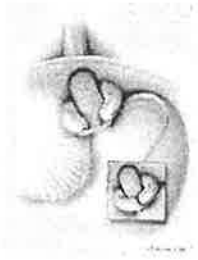
- Safe
- Effective
  - Reduce weight
  - Reverse medically significant co-morbidities
- Reversible

RESTRICTIVE PROCEDURES
Adjustable Gastric Band

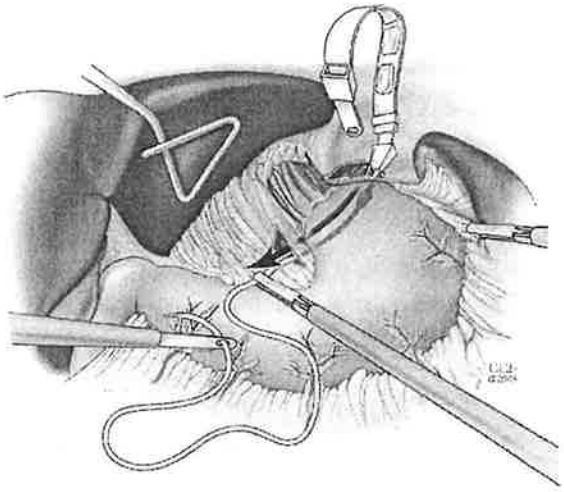
- Reversible (?)
- Low morbidity and mortality rate
- Requires adjustments
- Not FDA approved < 18 yrs
- Long term outcomes?

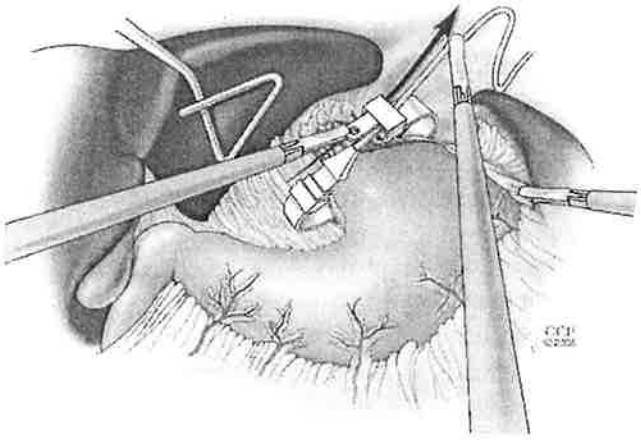
Angelchik Prosthesis

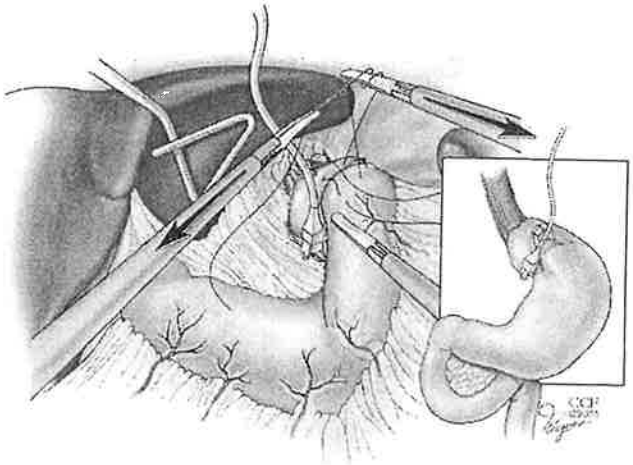
- Average 145 months follow up
  - 15% - removal of the prosthesis.
  - (28%) migration of the prosthesis,
  - 1.5% - erosion into the stomach,
- "In view of poor long-term results and high incidence of complications as compared to other conventional operations for GOR, we cannot recommend the continued use of the AP.

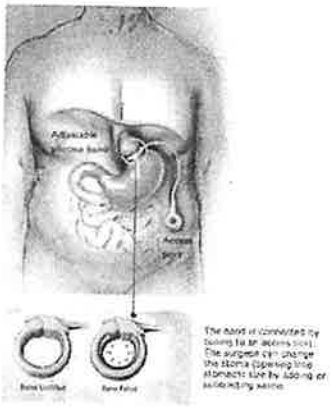


Varshney et al World J Surg. 2002 Jan;26(1):







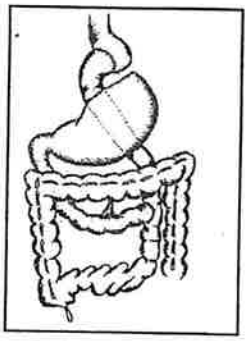


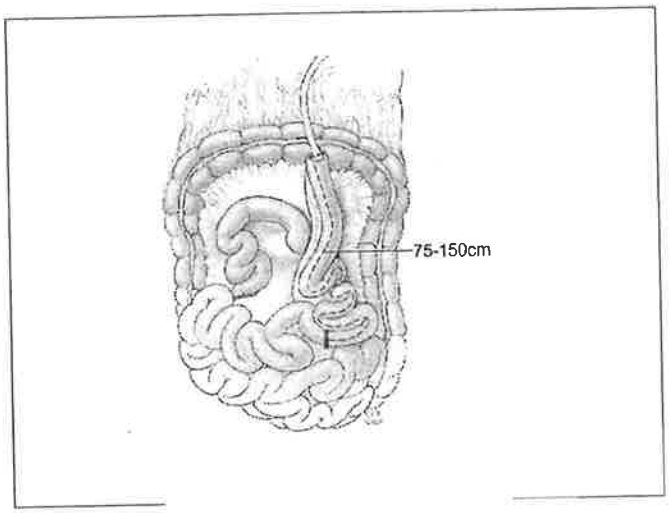
Lap Band Outcomes

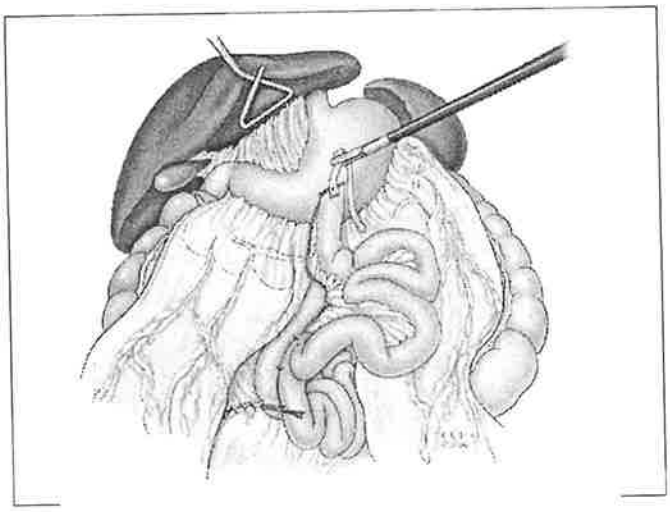
Weight Loss (EWL)	40-55%	**Excess Weight Loss**
Weight Loss (BMI)	10-12	150lb ideal weight 400 lbs now EW = 250lbs
Prolapse	5-8%	
Erosions	1-2%	Decrease 40% EWL = 100lbs
Infections	1%	400-100 = 300
Tube fractures	1-2%	
Reoperation rate	10-20%	
Mortality	<0.5%	

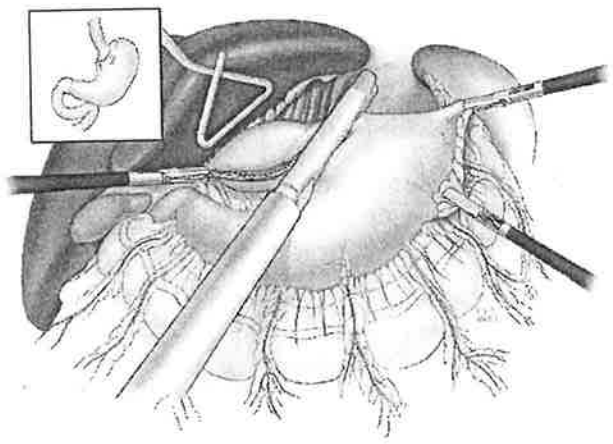
TREATMENT OF OBESITY
Roux-en-Y Gastric Bypass

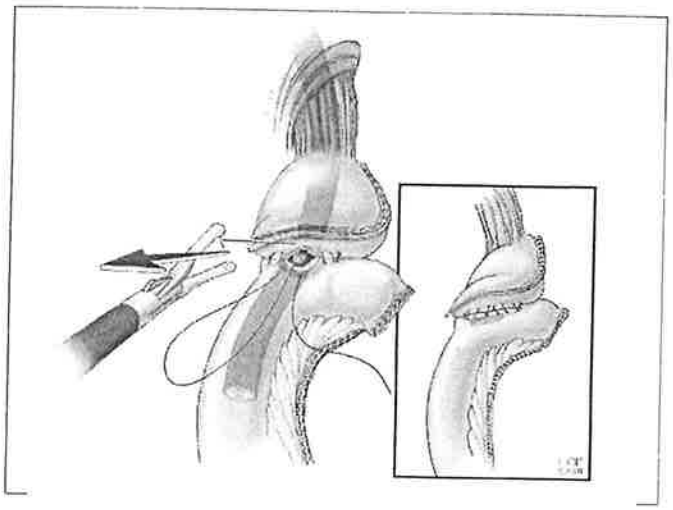
- Currently the "gold standard"
- Combination restrictive and malabsorptive procedure.
- Most effective procedure
- Potential serious complications




75-150cm







Complications

Complication	Laparoscopic Gastric Bypass	Laparoscopic Adjustable Gastric Banding
Conversion to Open	0-8%	0-3%
Bleeding	0.4 – 4%	0.1%
Bowel leak	0 – 4.4%	0.5 – 0.8%
Wound infection	0 – 8.7%	0.1 – 8.8%
DVT	0 – 1.3 %	0.01 – 0.15%
PE	0 – 1.1%	0.1%
Reoperation Rate	7.6 – 14.8%	1 – 18.9%
Mortality	0 – 2%	0 - 0.7%

	Laparoscopic Gastric Bypass	Laparoscopic Adjustable Gastric Banding
Excess Weight Loss	68-80%	44-68%
EWL for BMI > 50	51-66%	47-49%
Hospital Stay	2-4 days	1-2 days
Durability of Procedure	49-59% EWL at 14 years*	57% EWL at 6 years
Resolution of Comorbidities		
Diabetes	82-98%	54-64%
Hypertension	52-92%	55%
Hypercholesterolemia	63%	74%
GERD	72-98%	76-89%
Sleep Apnea	74-100%	94%
DJD	41-76%	NR
Urinary Incontinence	44-88%	NR

ANNALS OF SURGERY

222:339-350, 1995

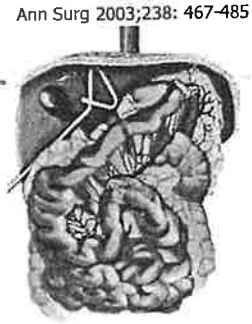
- Who would have thought it? An operation proves to be the most effective therapy for adult-onset diabetes mellitus

- Pories WJ, Swanson MS, MacDonald KG, et al
- 83% of type 2 diabetic subjects euglycemic
- Surgery is more effective than medical therapy in treating diabetes

Effect of Laparoscopic Roux-En Y Gastric Bypass on Type 2 Diabetes Mellitus

Philip R. Schauer, MD,* Bariatric Surgery, MD,† Sayeed Ikramuddin, MD,‡ Dan Cottam, MD,* William Gourash, CRNP,* Gaelle Hamad, MD,* George M. Eid, MD,* Samer Mattar, MD,* Ramesh Ramanathan, MD,* Emma Barinas-Mitchell, PhD,§ R. Haritha Rao, MD,† Lewis Kuller, MD DrPH,§ and David Kelley, MD†

Ann Surg 2003;238: 467-485



Adolescent Diabetics

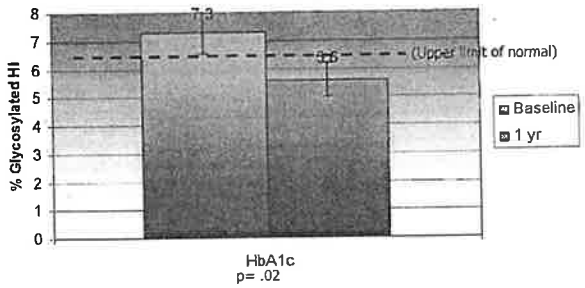
- Type 2 diabetics undergoing bariatric surgery (n=10) -
- One year follow-up
- 60% female
- 100% white (one of Hispanic ethnicity)
- Average age at time of surgery
  17.8 years old (14 – 21)

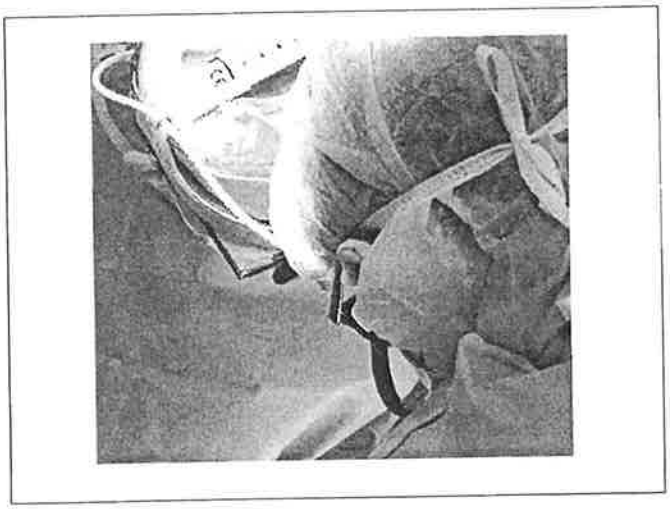
Results

	Pre	Post	Delta	p
Lbs	335 ± 51	214 ± 49	↓ 121	<0.001
BMI	51 ± 6	33 ± 5	↓ 35%	<0.001

Pre: 9 of 10 on diabetic medications
Post: 1 of 10 on diabetic medications

Hemoglobin A1C





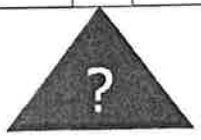
Indications for Surgery
NIH Consensus Panel 1991

- BMI > 40
- BMI > 35 with co-morbidities

- "Children and adolescents have not been sufficiently studied to allow a recommendation for surgery for them even in the face of obesity associated with BMI over 40."

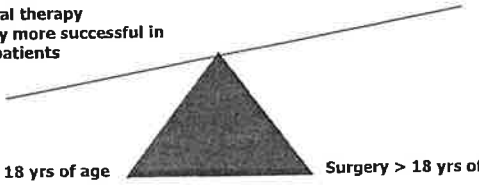
Bariatric Surgery in Adolescents
Risk Benefit Ratio

Risk of surgery Risk of complications to growth	Benefit of early intervention for serious co-morbidities Benefit of better QOL



Benefit of Early Intervention

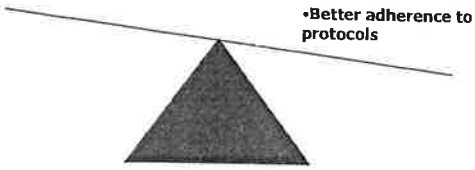
- **Improved QOL, self esteem, potential for development**
- **More effective intervention for or prevention of life threatening co-morbidities**
- **Behavioral therapy potentially more successful in younger patients**



Surgery < 18 yrs of age **Surgery > 18 yrs of age**

Benefit of Waiting

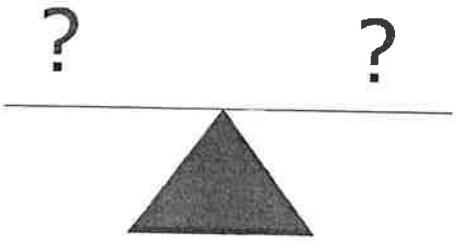
- No risk of complications related to growth or development
- Legal adult making decisions about risks
- Better adherence to protocols



Surgery < 18 yrs of age

Surgery > 18 yrs of age

Unknown balance of risks and benefits



Surgery < 18 yrs of age

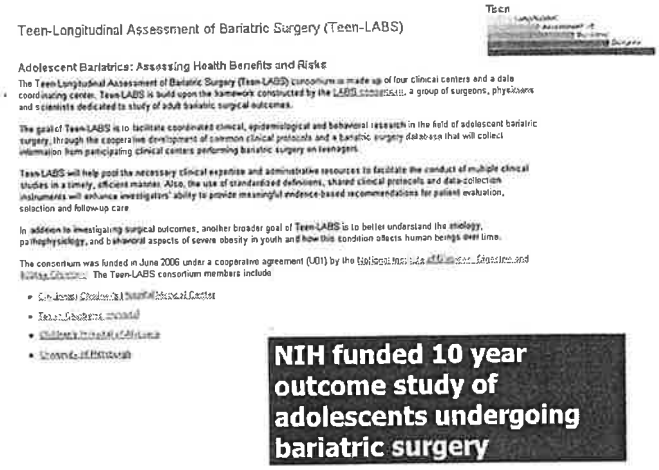
Surgery > 18 yrs of age

Indications for Surgery
APSA Task Force on Bariatric Surgery

- Bariatric surgery should be limited to children with co-morbidities with a BMI>40 who
  - Are Tanner Stage IV or V
  - Have failed to lose weight after at least 6 months of organized attempts at weight loss
  - Are committed to medical and psychological evaluation before and after surgery
  - Are committed to avoid pregnancy for 1 year after surgery
  - Are capable and willing to adhere to post-operative nutritional guidelines
  - Live in a supportive family environment
  - Are able to provide informed assent (patient) and consent (family)

Indications for Surgery
APSA Task Force on Bariatric Surgery

- These procedures should only be performed in centers that can provide the multi-disciplinary evaluation and support that is required for success
- Because the risks are not known, bariatric surgery in children should only be performed in the setting of a prospective outcome study.


Teen-Longitudinal Assessment of Bariatric Surgery (Teen-LABS)

Adolescent Bariatrics: Assessing Health Benefits and Risks

The Teen-Longitudinal Assessment of Bariatric Surgery (Teen-LABS) consortium is made up of four clinical centers and a data coordinating center. Teen-LABS is build upon the framework constructed by the LABS consortium, a group of surgeons, physicians and scientists dedicated to study of adult bariatric surgical outcomes.

The goal of Teen-LABS is to facilitate coordinated clinical, epidemiological and behavioral research in the field of adolescent bariatric surgery, through the cooperative development of common clinical protocols and a bariatric surgery database that will collect information from participating clinical centers performing bariatric surgery on teenagers.

Teen-LABS will help pool the necessary clinical expertise and administrative resources to facilitate the conduct of multiple clinical studies in a timely, efficient manner. Also, the use of standardized definitions, shared clinical protocols and data-collection instruments will enhance investigators' ability to provide meaningful evidence-based recommendations for patient evaluation, selection and follow-up care.

In addition to investigating surgical outcomes, another broader goal of Teen-LABS is to better understand the etiology, pathophysiology, and behavioral aspects of severe obesity in youth and how this condition affects human beings over time.

The consortium was funded in June 2006 under a cooperative agreement (U01) by the National Institute of Diabetes, Digestive and Kidney Diseases. The Teen-LABS consortium members include:

- Cincinnati Children's Hospital Medical Center
- Texas Children's Hospital
- Children's Hospital of Pittsburgh
- University of Pittsburgh

NIH funded 10 year outcome study of adolescents undergoing bariatric surgery

Objectives

- Mirror key data collection elements of LABS2 (U01 DK066568)
- Document the safety of bariatric surgery in adolescence and the post-operative health outcomes at 6, 12- and 24-months as compared to adult outcomes
- Document early complications (30 days)

Design

- Prospective, longitudinal cohort observational study
- Participants receive standard clinical care
- Ancillary Study to LABS
- 200 adolescents (age $\leq$19) undergoing bariatric surgery between 2007 and 2009
- Majority Roux-en-Y gastric bypass

Teen Longitudinal Assessment of Bariatric Surgery

Study variables

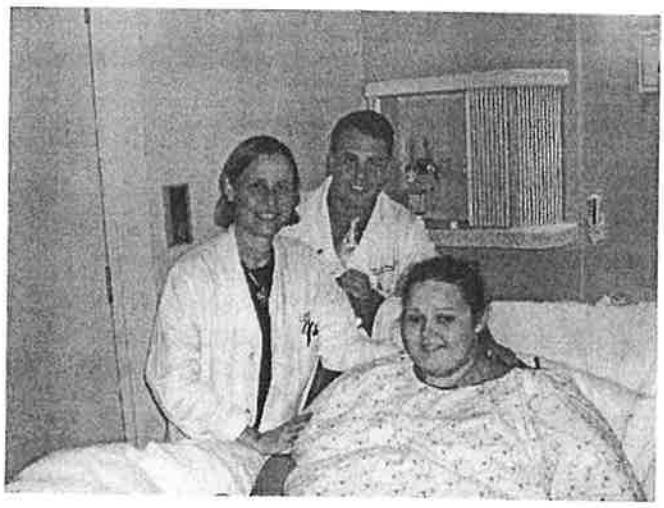
- Demographics
- Weight History
- Comorbidity status
- Anthropometrics
- Laboratory values
- Fitness
- Operative Elements
  - Procedure
  - Complications
- Adverse Events
- HRQOL
- Depression
- Binge Eating
- Adherence to vitamins
- Health Care Utilization
- Specimen storage
  - Blood
  - Liver
  - Urine
  - DNA

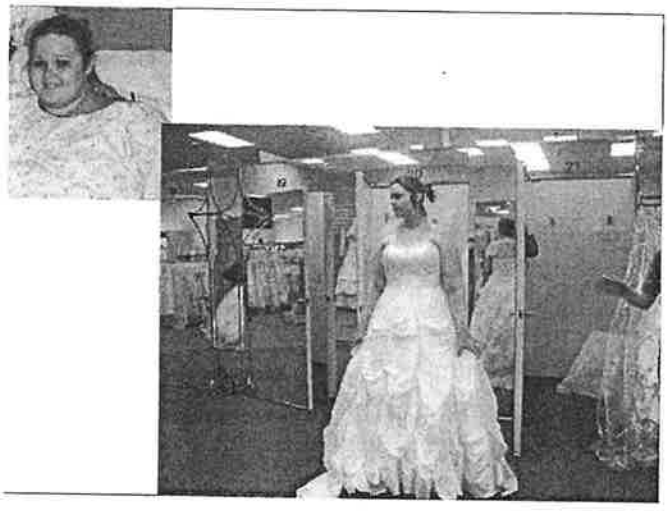
PEDIATRICS

In press, 2008

- Reversal of Type 2 Diabetes Mellitus and Improvements in Cardiovascular Risk Factors Following Surgical Weight Loss in Adolescents

- Thomas H. Inge, MD, PhD, Go Miyano, MD, Judy Bean, PhD, Michael Helmrath, MD, Anita Courcoulas, MD, Carroll M. Harmon, MD, Mike K. Chen, MD, Kimberly Wilson , MD, Stephen R. Daniels, MD, Victor F. Garcia, MD, Mary Brandt, MD, and Lawrence M. Dolan, MD





www.texaschildrens.org

Texas Children's Hospital

Care Centers

Overview
Directory
Cancer Center
Fetal Center
Heart Center
Neurology
Newborn Center

Dr. Vadim

Adolescent Bariatric Surgery

Texas Children's Program for Comprehensive Surgical Management of Adolescent Obesity

Texas Children's Hospital Center for Comprehensive Surgical Management of Adolescent Obesity is devoted to adolescents and their special needs. The center is at the forefront of providing bariatric surgical care for adolescents.

Our pediatric surgeons perform the less-invasive laparoscopic Roux-en-Y Gastric Bypass, which is known for its reliable results for improved health and its greater success at achieving long-lasting weight loss. Our patients' outcomes have been overwhelmingly positive in all surgeries performed since the center began operations in 2005.

How we're different
At Texas Children's Hospital, a multidisciplinary board of physicians, surgeons and medical professionals collaborate in recommending the best medical option for each individual patient. They offer expertise in the areas of gastroenterology, pulmonary, cardiology, endocrine, psychology, gynecology, anesthesia, and more.

We strive to ensure the relationship between professional staff and patients is supportive and individualized. It

On her Feb. 4 show, Oprah featured Dr. Mary Hasbrat and how the Adolescent Bariatric Surgery Program is saving the lives of teens battling obesity. Visit Oprah.com to learn more about one patient's journey, see photos and read more about the show.

- Main page
- Treatment team
- About Roux-en-Y gastric bypass surgery
- Frequently asked questions
- Bariatric support group

THURSDAY, APRIL 23, 2009
Scientific Paper Presentations

2:30 pm

REGENCY BALLROOM CENTER

D-08-00023
Culture of Non-Genital Sites Increases Detection of Gonorrhea in Adult but Not Adolescent Women
Jill Huppert, MD, MPH; Courtney Giannini; Hye Kyong Kim, BA; Joel Mortensen, PhD; Jonathan Mortensen; Keith Marsolo, PhD
Divisions of Adolescent Medicine, Laboratory Medicine, and Bioinformatics; Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio

D-08-00029
Pediatric and Adolescent Gynecology: The Use of a Pediatric Simulator to Improve Residency Perceptions of Training in the Pediatric Exam
Sherrine Ibrahim, MD; Meredith Loveless, MD; Andrew J. Satin, MD
Johns Hopkins Bayview Medical Center, Baltimore, MD

D-08-00022
Beyond Chlamydia: Other STIs Shorten the Interval to PID
Jill Huppert, MD, MPH; Archana Singh, M.D; Erin Medlin, BS; Keith Marsolo, PhD; Yang Xiao, MS; Bin Huang, PhD
Division of Adolescent Medicine, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

D-08-00058
Ob/Gyn Resident Perceptions About Adolescent Health Care Training
Brandi Swanier, MPH; Aletha Akers, MD, MPH; and Lisa Perriera, MD
University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania

FRIDAY, APRIL 24, 2009

SESSION III
REGENCY BALLROOM CENTER

8:00 am

"PRIMARY OVARIAN INSUFFICIENCY: MECHANISMS AND MANAGEMENT"

Lawrence M. Nelson, MD, MBA
Investigator
Head, Integrative Reproductive Medicine Unit
National Institute of Child Health and Human Development
National Institutes of Health
Bethesda, Maryland

The Alvin F. Goldfarb Lectureship

NOTES

Primary Ovarian Insufficiency: Mechanisms and Management
San Antonio, TX NASPAG 2009
Lawrence M. Nelson

Introduction:

I. Menstruation is a unique indicator of a girl's overall emotional and physical health.

II. Amenorrhea sometimes indicates hypogonadism, a risk factor for bone loss.

III. In this respect the menstrual cycle is a vital sign.

Specific purpose: To inform the audience about the mechanisms and management of primary ovarian insufficiency in adolescents.

Thesis statement: To care appropriately for adolescents with primary ovarian insufficiency the clinician needs to make the diagnosis in a timely manner, inform the family of the diagnosis with due care, determine the cause of the condition, and manage the potential emotional and physical sequelae.

1) Make the diagnosis – the menstrual cycle deserves respect.
    a. Think of the menstrual cycle as a vital sign. (1-6)
    b. Evaluate abnormalities - avoid "anything goes" perspective in teens.(7)
        i. Absent 90 days
        ii. Not started by age 15
        iii. Not started by age 13 is no signs of puberty
        iv. Not started within 3 years of thelarche

2) Inform the parents first, then the patient, as appropriate.(8)
    a. The diagnosis affects both parent and child.
    b. The family is an emotional unit.
    c. Adolescence encompasses a broad spectrum of emotional maturity.

3) Determine the mechanism.(9)
    a. Is it due to an abnormal karyotype?
    b. Is it due to autoimmune oophoritis?(10)
    c. Is it due to an FMR1 premutation?(11)

4) Manage the condition.(9;12)
    a. Emotional health
    b. Genetic health
    c. Physical health
        i. Risk for reduced bone mineral density
        ii. Risk for hypothyroidism
        iii. Risk for adrenal insufficiency
        iv. Risk for dry eye syndrome
    d. Family planning

Conclusions:

I. View the menstrual cycle as a vital sign so as to make the diagnosis of primary ovarian insufficiency in a timely manner.

II. Inform the family of the diagnosis with due care.

III. Provide a base for ongoing integrated and multidisciplinary care.

Reference List

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2. Popat VB, Prodanov T, Calis KA, Nelson LM. The menstrual cycle: a biological marker of general health in adolescents. Ann.N.Y.Acad.Sci 2008;1135:43-51.

3. Stubbs ML. Cultural perceptions and practices around menarche and adolescent menstruation in the United States. Ann.N.Y.Acad.Sci 2008;1135:58-66.

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9. Nelson LM. Primary Ovarian Insufficiency. N Engl J Med Forthcoming.

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11. Wittenberger MD, Hagerman RJ, Sherman SL, Conkie-Rosell A, Welt CK, Rebar RW, Corrigan EC, Simpson JL, Nelson LM. The FMR1 premutation and reproduction. Fertil.Steril. 2007 Mar;87(3):456-65.

12. DiVasta AD, Gordon CM. Hormone replacement therapy for the adolescent patient. Ann.N.Y.Acad.Sci 2008;1135:204-11.

FRIDAY, APRIL 24, 2009
Scientific Paper Presentations
9:00 am
REGENCY BALLROOM CENTER

D-08-00048
Bowel Vaginoplasty Associated with Complex Anorectal Malformations: A Retrospective Review of 131 Cases
Lesley L. Breech, MD; Leanne Hermann, MD; Jill Huppert, MD; Alberto Pena, MD; Marc Levitt, MD
Cincinnati Children's Hospital Medical Center, Cincinnati, OH

D-08-00043
Menorrhagia in Adolescents with Platelet Function Disorders: Family History Suggests Further Investigations
Lawrence S. Amesse, MD, Ph.D[1,2], Teresa Pfaff-Amesse, MD[1], William T. Gunning, Ph.D[3]; Nancy Duffy, RN[2]; Philip Jones, MD[1]; and James A. French, MD[2]
[1]Section of Pediatric & Adolescent Gynecology, Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Boonshoft School of Medicine,
Wright State University, Dayton, Ohio, and College of Medicine, Toledo, Ohio; [2]Department of Pediatrics, Boonshoft School of Medicine, Wright State University, Dayton, Ohio, and College of Medicine, Toledo, Ohio; [3]University of Toledo, Toledo, Ohio

D-08-00053
Risk Factors for Endometrial Hyperplasia in Adolescent Girls with Irregular Menstrual Bleeding
Mee Hwa Lee, MD; Mi Kyoung Kim, MD, Eun Hee Ahn, MD, and Myoung Jin Moon, MD
Department of Obstetrics and Gynecology, Pundang CHA
General Hospital, Pochon CHA University, Gyeonggi do, Korea

D-08-00040
Repeat Teen Birth: Does Mode of Delivery Make a Difference?
Laura J. Sacco, MD; Maureen G. Phipps, MD, MPH; and Christina A. Raker, ScD
The Warren Alpert Medical School of Brown University and Women and Infants Hospital Providence, RI

FRIDAY, APRIL 24, 2009

SESSION IV
RIO GRAND BALLROOM

1:30 pm

"MENSTRUATION THROUGH THE AGES (300 BC - 2009)"

Estherann M. Grace, MD
Associate Clinical Professor of Pediatrics
Harvard Medical School
Boston, Massachusetts

The NASPAG Lectureship

NOTES

A History of Menstruation:
A Woman's Perspective

Estherann Grace, MD
Associate Clinical Professor of
Pediatrics, Harvard Medical School

The Mystery of Menstruation

- Greek scientific thinking began in Ionia in the 6th century B.C.
- Why women menstruated was unknown to the ancient societies, but they recognized the consequences.
- No menses, no conception

The Mystery of Menstruation

- Hippocrates born in 460 BC in Kos, Greece is recognized as the "Father of Medicine"
- He founded the Hippocratic School of Medicine which revolutionized medicine in Ancient Greece; establishing Medicine as a profession
- He greatly advanced the systematic study of clinical medicine
- His theories on menstruation were creative if not correct

Hippocratic Teachings

- The failure of menstrual blood to clot was viewed as a sign of illness
- It was believed that all women should menstruate at the same time; the waning of the moon
- Menses was a result of porous flesh but its release prevented disease
- Menstrual blood retained during pregnancy nourished the developing fetus
- Labor began when the blood was diverted to the breast to become milk

Hippocratic Teachings

- Retention of menstrual flow was seen as the cause of skin disease, breast cancer, heart palpitations, respiratory illness, even death.
- Breast cancer was linked to the uterus via special veins. After menopause the unshed flow went to the breast and caused cancer.
- The menopause was not addressed in Ancient Greece other than the observation that the woman's body became more like a man's.

Theories of Menstruation

- Humoral theory dominated from the 5th century BC to the mid 1600's
- Undesirable humors were expelled for women by menstruation; its prime purpose
- Amenorrhea = Disease – A suppressed period wrought havoc, hysteria, uterine suffocation, and cancer
- The cathartic theory of menstruation persisted into the 19th century

Theories of Menstruation

- The age of menarche varied through out centuries
- Ancient Greek and Arabic writings gave the age of 14 years
- After the bubonic plague in the late 1300's it dropped to 11 or 12 years
- A 15th century Dutch translator of "Conditions of Women" recorded a range of 9 to 16 years
- Malnutrition was recognized as interfering with menstrual flow because "the veins in the womb are too small to allow the superfluous humors to erupt."

Secreta Mulierum
(Secrets of Women)

- Written by a German cleric in the late 13th century
- Menstruation is a pollutant
- Menstruating woman will cause a mirror to cloud with a bloody stain, a look could injure or even kill a man
- Avicenna states: "The uterus in women is like a toilet...all residues of a woman's blood go into the uterus, are cleansed, and expelled.:

Menstrual Regulation

- Hippocrates recommended plants for menstrual stimulation and the extraction of a dead fetus or placenta
- Knowledge of emmenagogues (drugs to stimulate menstruation) was passed down by women through oral tradition for 2000 years
- Common emmenagogues: mugwort, pennyroyal, rue, wormwood, and savin
- Emmenagogues were seen as good body hygiene. Historical evidence does not confirm their use as dependable or convenient abortifacients.
- Bleeding from a vein in the wrist, ankle, or foot was also a recommended treatment

Menstrual Regulation

- 1000's of recipes for herbal emmenagogues have been recorded over the centuries
- Medieval collections were often compiled in religious institutions and included prescriptions to stimulate menses
- The cleric John Wesley in the 18th century wrote "Primitive Physick" which contained 6 recipes for "Menses obstructed" ["Take half pint of strong decoction of pennyroyal every night at going to bed"].

Menstrual Regulation

- Retention of the menses for whatever reason was a sign of trouble, medically and socially.
- Public washing of linen increased social awareness of menstrual irregularities
- In 1666, a laundress commented that a betrothed had for 3 months the cleanest linen in Paris, and the engagement was broken
- The use of herbal emmenagogues continued into the 20th century, particularly in France

Menstrual Regulation

- In 1940, in the Lille area of Northern France, 4 wholesalers sold 700,000 doses of artemisia, rue, savin, and apiole daily.
- European pharmacists continued selling large quantities of emmenagogues to "regularize the periods" until OCP's arrived on the scene in the 1960's

Hormonal Theory

- Late 16th and 17th century physicians believed the general activity of nature caused periods.
- Early 18th century saw a mechanistic approach taught. The accumulated blood overwhelmed the uterus' capacity and overflowed into the vagina.
- Late 18th and 19th centuries, physicians recognized that the ovary secretes a substance responsible for feminine bodily characteristics . (Modeled on castrated men)
- It was not until the 1920's that the precise relationship between ovulation and menstruation was understood

Menstruation's Impact

- During the 19th century women were considered intellectually inferior to men as consequence of their physiology
- Mental instability was a consequence of menstruation in the Victorian age. Hysteria was identified as the most known cerebral symptom confirming female inherent instability

Menstruation's Impact

- Exemplifying women's inferiority to men, James Mac Gregor Allen in 1869, presented a paper to the Anthropological Society of London:

  "...During menstruation women are unfit for any great mental or physical labor and render it extremely doubtful how far they can be considered responsible beings while the crisis lasts. In intellectual labour, man has surpassed, does now, and always will, surpass women."

Menstruation's Impact

- Lawson Tait, a gynecologist, advised: "young girls should not play music or read serious books because it makes much mischief with their menstrual cycle and intellect."

Menstruation's Impact

- Sir Henry Maudsley's 1874 article, "Sex in Mind and Education," cautioned..."if a woman attempts to achieve the educational standards of men, she will lack the energy necessary for childbearing and rearing."
- This article had a profound effect on women's education and is credited in preventing women from being admitted to medical schools.

Menstruation's Impact

- In 1872, Alfred Hegar performed the 1st normal ovariotomy for a non-gynecological reason.

Menstruation's Impact

- 1 week later in the USA, Lawson Tait and Robert Battey repeated the procedure.
- From 1882-1888, women had normal ovaries removed for menstrual madness, hysterical vomiting, epilepsy, dysmenorrhea, lunacy, nymphomania, and masturbation.

Menstruation's Impact

- Widely held medical view; young women suffered from neurasthenia, hysteria, menstrual madness, and lunacy as a result of masturbation and nymphomania
- As women entered medicine, the normalcy of menstruation was established.
- The Medical Women's Federation, in 1925, published, " The Hygiene of Menstruation," which stated... "Menstruation is a natural function; not an illness. It should not be and is not normally accompanied by pain or malaise."

Menstruation's Impact

- The cyclical symptoms of insanity or menstrual madness were attributed to the ovary, not menstruation.
- Removal of the ovaries was acceptable treatment
- The surgeons were surprised when amenorrhea resulted.

Menstruation's Impact

- In psychiatric hospitals, ovaries were removed in all cases of lunacy by young surgeons in annexes attached to the hospital.
- An estimated 100,000 women had oophorectomy when mortality from the procedure ranged from 10-25%
- In 1893, a blistering editorial appeared in JAMA decrying the operation as inhumane and not justifiable under any circumstances.

Advice Published in 1850's

"*The Married Woman's Private Medical Companion*"

- When menstruating "dancing, exposure to much heat, or making any great or fatiguing exertion are improper. These causes may increase...the quantity of the evacuation...give a disposition to a falling down of the womb."

Advice Published in 1850's (cont.)

- Treatment for menstrual cramps:
  - Patient sits "over a strong decoction of bitter herbs while a blanket is thrown round the waist...to confine the steam to the lower parts"
  - "Put the patient to bed and place a flannel bag with the herbs on the abdomen"
  - Provide opium pills at the onset of cramps and repeat hourly as needed. Patient is to stay in bed while menstruating

Admonitions

- In 1934-
- Do Not: Play tennis, wear high heeled shoes, take baths hot or cold, dance, lift weights, swim, horseback ride, heavy housework
- Consequences: Fallen organs, irregular periods, and critical menopause

Admonitions (cont.)

- In 1953-

  Bathe only in warm water

  Wash your hair but dry it quickly

  Swim, but wait 2-3 days

  Dance, but not strenuous like square dancing

Rites of Menarche

- In the Tiv tribe in Nigeria, 4 lines are cut in the abdomen to increase fertility
- In Japan, the family celebrates by eating red-colored rice and beans
- Sri Lanka celebrates by noting the stars' allignment and predicting the girl's future. She has a ritual bath, is dressed in white, and a party is planned with gifts of money.
- Nootka Indians require a strength test. The girl is taken out to sea and left. She is expected to swim back to shore.

Rites of Menarche

- Seclusion of menstruating girls
  - Carrier Indians: Girls lived in complete seclusion for 3-4 years
  - Mohave and Kolosh Indians: Confined pubescent girls in a tiny hut with 1 small air hole for 1 year
  - In Cambodia, girls avoided sun light for 100 days
  - Australian tribes buried their girls in sand

Religious Rules Regarding Menstruation

- Jewish laws: The Old Testament considers menstruating women as unclean and impure. Anyone or anything she touches becomes unclean for a day (Lev. 15:19-23)
- The Talmud considers a menstruating woman fatal even without physical contact
- "Our Rabbis taught...if a menstruating woman passes between two (men), if it is at the beginning for her menses she will slay one of them, and if it is at the end of her menses she will cause strife between them" (bPes.111a.)

Religious Rules Regarding Menstruation (cont.)

- A married couple cannot have intercourse during menstruation. A ritual bath, the mikveh, is performed after the period is over to cleanse the woman.
- Muslim Law: Women must suspend a formal prayer (Salat) and intercourse. They immerse and wash themselves after their period is over (known as ghush)

Menstrual Products

- Originally bandages of grass or vegetable fiber
- Roman Empire - cloth or tampons of soft wool
- Japanese used 8-12 paper tampons a day held in place by a bandage (KAMA)
- Indonesian women used rolls of soft papyrus
- Equatorial African women - rolls of grass and roots

Menstrual Products

- European and American women frequently used nothing (an age-old custom for rural women and the less affluent)
- Women's underwear evolved over the centuries. Both Roman men and women wore a loincloth or shorts (subligaculum). Women also wore a band of cloth or leather around their chest (stophium)

Menstrual Products

- After the fall of Rome, women did not wear knickers until the 19th century.
- The only underwear was a long linen garment (shift, smock, chemise)
- The word drawers was invented because underwear was drawn on. Knickers is a shortened version of knickerbockers (a loose-fitting pair of trousers).

Menstrual Products

- After 1800, drawers were worn. They varied in length usually ending at the knee with an open crotch.
- The crotch was closed in the early 1900's. By the 1920's, knickers were shortened to mid-thigh to accommodate the new fashions.

Menstrual Products

- In the 1940's and 50's, briefs appeared, and in the 1990's, thongs made their appearance.

Menstrual Products

- In 1913, Mary Crosby invented the bra using 2 handkerchiefs joined by a ribbon.
- Pantyhose were invented by Allen Hunt in 1959, prompted by the miniskirt.

Menstrual Products

- From 1854 to 1922, 185 patents were granted for menstrual technology products
- 66 (38.5%) were granted to women
- 6 categories

1) Belts or suspenders
2) Catamenial sack, pouch, shield, napkin
3) An absorbent: cloths, pads, napkins, sponges, raw waste fibers
4) Attaching devices (connecting catamenial sack to supporter)
5) Catamenial garment protecting clothes
6) Menstrual retentive cup

Menstrual Products

Suspender Menstrual Supporter

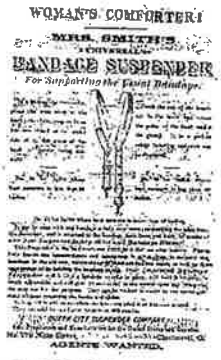


Figure 5.1. Brochure from the 1870s advertising a suspender menstrual supporter. (Courtesy of L. Dallals. Best copy available.)

Menstrual Products

Menstrual Supporters

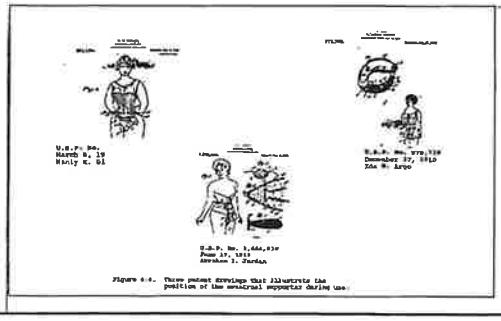


Figure 5.6. Three patent drawings that illustrate the position of the menstrual supporter during use.

Menstrual Products

Comfort Belt & Supporter

Catamenial Sack

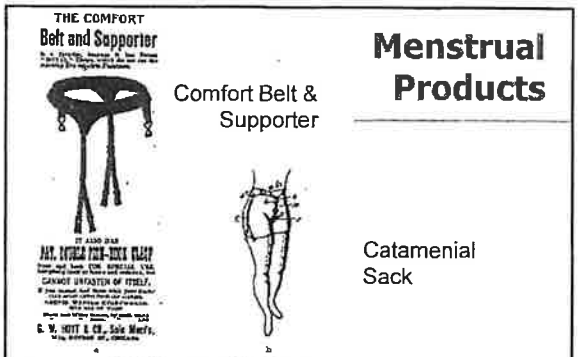


Figure 3.9 a. Hoyt's "Comfort Belt and Supporter in The Jenness-Miller Monthly, September 1893, Volume 8, p. 32.

b. Edward Mercer's "Catamenial Sack" (U.S.P. No. 520,113) patented 8 months after Hoyt's advertisement (May 22, 1894).

Menstrual Products

Menstrual Receptacle

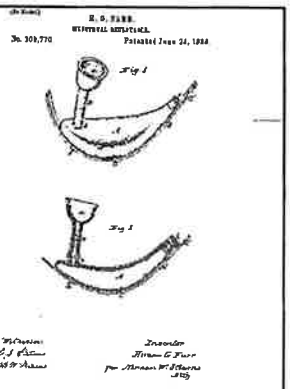


Figure 3.2. M. O. Farr's patent for "Menstrual Receptacle No. 1", U.S. Patent No. 300,770, June 24, 1884.

Menstrual Products

Menstrual Receivers

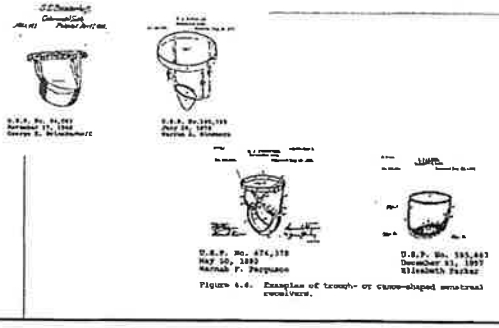


Figure 6.6. Examples of trough- or canoe-shaped menstrual receivers.

Menstrual Products - Menstrual Retentive Cups

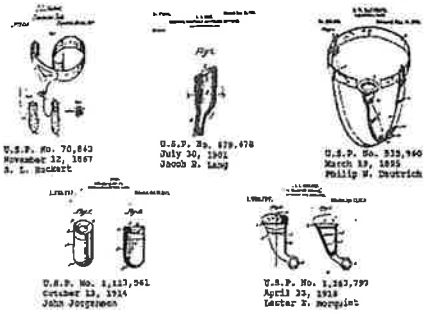


Figure 4.18. Menstrual retentive cups.

Menstrual Products
Catamenial Sack & Bandage

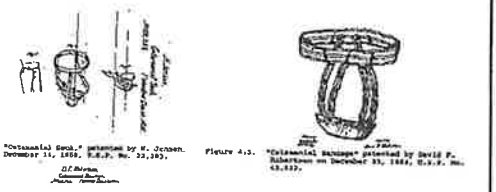


Figure 4.2. "Catamenial Sack," patented by M. Jensen, December 11, 1888, U.S.P. No. 53,193.

Figure 4.3. "Catamenial Bandage" patented by David F. Robertson on December 31, 1861, U.S.P. No. 33,833.

Menstrual Products

- The catamenial sack had a dual purpose; management of vesicovaginal and rectovaginal fistulas
- James M. Sims had developed corrective surgery; few women had the opportunity to consult him

Menstrual Products

- Open crotch drawers allowed the catamenial sack and other receivers to hang down between the wearer's thighs. They also facilitated using the water closet or outdoor privy, allowed for ventilation, and facilitated changing menstrual cloths.

Fabric Hygiene Products

- Usually constructed in the home of cotton batting in cheesecloth measuring 3-4" width x 10-16" length
- Commercially manufactured pads and belts appeared in the US in the 1880's
- Pharmacists were 1st to offer commercial products

Menstrual Hygiene Products

- Often ordered from catalogues (Sears, Montgomery Ward), sold door to door by "Lady Agents"
- French nurses in World War I observed cellulose material used for wounds absorbed menstrual flow better than cloth diapers.

Menstrual Hygiene Products

- Kimberley Clark introduced its sanitary pad, Kotex in 1920. A 1921 ad emphasized the product's status as a medically approved product proven by the Red Cross symbol trademark.

Menstrual Products

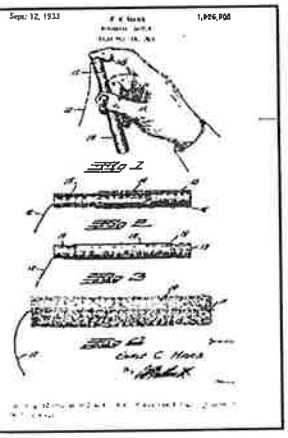
1921 Advertisement for First *Kotex* Napkins

Menstrual Hygiene Products

- Physicians were prominent in the development of tampons.
- In 1932, Dr. Earle Haas invented a plunger operated applicator of vaginal powder. After securing a patent, he sold it to the Tampax company.

Menstrual Products

E.C. Haas' "Catamenial Device" (1933)



Menstrual Hygiene Products

- Tampax was initially viewed with distrust; thought to be a method of contraception, a means to masturbate, a threat to virginity
- OB nurses played the primary role in educating women in pre-natal and post-natal hygiene. Avoidance of infection in newly delivered mothers was widely recognized in the late 19th century. Sterilization was achieved by ironing the homemade pads, or boiling and drying them in the oven.

Menstrual Products

Corset strap to support menstrual pad or receiver

- By the mid1880's, menstrual product advertising appeared in women's magazines.

Figure 5.19. The small strap attached to the fro[nt] dip of the corset was most likely u[sed] support a menstrual pad or receiver. [The] Gentlewoman, June 1898, Volume [...] p. 21.

Menstrual Products

- Women's use of disposable sanitary products influenced by:
  - Declining costs
  - Advertising
  - Active lifestyles
  - Working outside of home
  - Recommendations by physicians and nurses

Menstrual Products

- Today, some ecologically minded women use a kitchen sponge cut length wise. It proves to be efficient, lasting up to 6 hours. It can be reused if boiled.
- In 1969, the Tasset Company introduced the Tassaway plastic cup used to collect the menstrual flow. Critics have found it uncomfortable and messy on removal.

Dysmenorrhea

- One of the few medical conditions in which a normal organ's function causes painful and distressing symptoms.
- Dysmenorrhea was at the center of a medical and political controversy in the mid-19th century.
- Dr. Henry Bennet in 1852, described primary dysmenorrhea as the result of a woman's constitution made worse by stress, fatigue, and anxiety.

Dysmenorrhea

- Dr. Bennet concluded public school education was too stressful for pubertal girls with severe dysmenorrhea.
- 20 years later, Dr. Edward Clarke applied this theory to all females concluding menstrual problems were related to education.
- Dr. J.H. Kellogg taught chlorosis, gout, rheumatic conditions, eating meat, sexual excess caused dysmenorrhea
- His treatment was rest in bed and hot baths

Dysmenorrhea

- Dr. Mary Putnam Jacobi in 1877, published a study whose purpose was to determine the number of subjects with dysmenorrhea and its impact on their lives.
- She concluded that 47% of the women had dysmenorrhea and the women who remained active during their period had less pain.
- Treatment of dysmenorrhea in the early 20th century included: surgical incision of the cervical OS, mechanical dilation with rubber tubes, application of cocaine to the nasal mucosa

Dysmenorrhea

- By 1925, pain was caused by underdeveloped uterus, retroflexed uterus, or psychoneurosis. Dilation and curettage was also done. The ultimate "cure" was hysterectomy.
- Rare for treatment to be offered; menstrual pain was normal and to be endured
- A lecture series by William Tyler-Smith "Diseases of Women" he referred to menstruation as a monthly illness, catamenial derangement, decline, a time of crisis

Dysmenorrhea

- In 1874, Henry Maudsley advised women to "bear up against the physical deterioration of their period."
- Affluent women were told to spend their periods in bed. The working women and poor did not have that luxury of time.
- Cannabis was introduced to Western pharmacopoeias in 1839. Tincture of hemp was used to treat dysmenorrhea as well as tetanus, neuralgia, labor pain, convulsions, asthma, and rheumatism.

Dysmenorrhea

- Since the 1970's, there has been a resurgence of the medical use of cannabis as an antimetic, and treatment for convulsive disorders, migraine, insomnia, and dysmenorrhea.
- Although, with the treatments available in 2009, dysmenorrhea should be a footnote in history. Sadly, many women lack access to medicine.

Premenstrual Syndrome

- Prior to 1931, there was no distinction between menstrual cramps and the symptoms of Premenstrual Tension (PMS): nausea, vomiting, weight gain, headache, backache, fatigue, breast tenderness, and the psychologic symptoms of irritability, nervousness, and depression.
- A paper by R.T. Frank in 1931, is credited as giving the first modern clinical account of PMS. He also coined the term "Premenstrual Tension."

Premenstrual Syndrome

- PMS was originally thought to be due to an excess of estrogen from renal dysfunction.
- Greene and Dalton, in 1953, thought the cause was water retention secondary to low progesterone.
- Reid and Yen proposed that endogenous opiates are responsible for the symptoms of PMS. This is supported by animal experiments, improvement with administration of opiate agonists and exercise.

Incidence of PMS

- Most adolescent girls are aware of some premenstrual symptoms
- Those with severe symptoms often have concurrent psychosocial problems
- 20-40% of adult women of reproductive age have symptoms that cause temporary deterioration of interpersonal relationships or job effectiveness
- Fewer than 5% of adult women have severe symptoms

Therapy of PMS

- Maintain a monthly PMS calendar
- Life style changes: diet and exercise, avoiding salt, alcohol, caffeine, and chocolate
- Stress management: biofeedback
- NSAIDS, oral contraceptives, diuretics, SSRI's

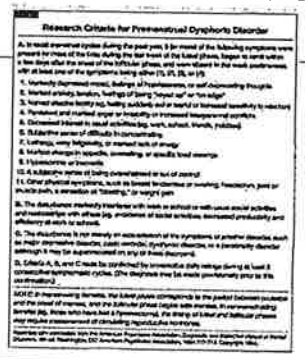
Premenstrual Dysphoric Disorder (PMDD)

- PMDD is a relatively new name for PMS
- Evaluating evidence-based research on PMDD has been difficult due to the vague criteria described in the data collections
- Specific criteria were established by consensus and published in the 1999's Diagnostic and Statistical Manual of Mental Disorders.
- Symptoms present in the late luteal phase and remit within a few days of the menses.

Premenstrual Dysphoric Disorder (PMDD)

- PMDD is not an exacerbation of a chronic mental illness.
- Etiology remains unclear, but appears to depend on biological, psychological, cultural, and social factors.

PMDD DSM-IV Criteria



Lydia Pinkham

- Born in 1818 in Lynn, MA, she became one of the most successful American businesswomen of the 19th century.
- Her career included: midwife, nurse, school teacher, female anti-slavery society, temperance movement advocator, and phrenologist
- She founded the Lydia E. Pinkham Medicine Company to market an herbal tonic.

Lydia Pinkham

- The vegetable compound was use to treat menstrual cramps, menopausal symptoms of depression, and hot flashes.
- 20% of her compound was alcohol, which she claimed acted as a solvent and preservative
- During prohibition in the 1920's, Pinkham's "medicine" enjoyed its greatest success.
- 1925's annual profits peaked at $3.8 million

Trade Card

LYDIA E. PINKHAM'S
VEGETABLE COMPOUND

Lydia E. Pinkham's Blood Purifier.

The Brooklyn Bridge

FRIDAY, APRIL 24, 2009
Scientific Case Presentations

2:30 pm

RIO GRAND BALLROOM

D-08-00027
Gynecological Psychosis
Shyrlena Bogard, MD; Thiendella Diagne, MD; Mary Vaughan, MD
Sentara Norfolk General Hospital, Norfolk, VA, Children's Hospital of the King's Daughter, Norfolk, VA

D-08-00052
Vulvar Necrotizing Fasciitis as a Presenting Symptom of Acute Lymphocytic Leukemia
Nicole W. Karjane, M.D; Edward Springel, MD; Aaron Goldberg, MD; Philippe H. Girerd, MD
Virginia Commonwealth University, Richmond, Virginia

D-08-00037
Posterior Sagittal Approach for Gynecologic Indications: A Case Series
Akilah Weber-LaShore, MD; Lesley L. Breech, MD
Cincinnati Children's Hospital Medical Center, Cincinnati, OH

D-08-00035
Paraneoplastic Limbic Encephalitis Associated with Anti-N-Methyl-D Aspartate Receptor Antibodies and an Ovarian Teratoma: A Case for Concern
Diane F. Merritt, MD
Washington University School of Medicine, Saint Louis Children's Hospital
Saint Louis, Missouri

FRIDAY, APRIL 24, 2009

POSTER SESSION WITH AUTHORS

3:30 pm

CHULA VISTA

An opportunity to meet the author(s) and discuss the research presented in these presentations

SATURDAY, APRIL 25, 2009

SESSION V
RIO GRAND BALLROOM

8:00 am

"THE BODY DRAMA OF TEENAGE GIRLS"

Nancy Redd
Author, BODY DRAMA
Contributing Editor, CosmoGIRL!
Los Angeles, California

Non-CME

NOTES

photo via femalefirst.com

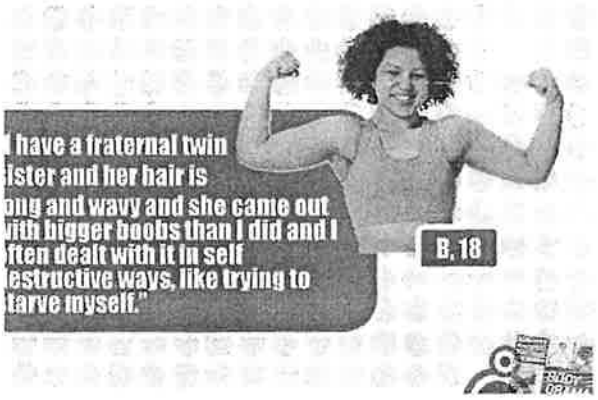

REAL GIRLS
REAL BODIES
REAL ISSUES
REAL ANSWERS
BODY DRAMA
The Making of BODY DRAMA!
NANCY AMANDA REDD

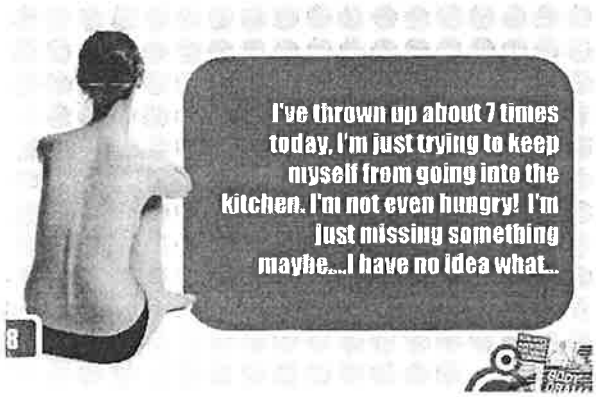

My face is a zit factory.
ace is a zit factory.


My breasts are too heavy and cause me pain.
My breasts are too heavy and cause me pain.

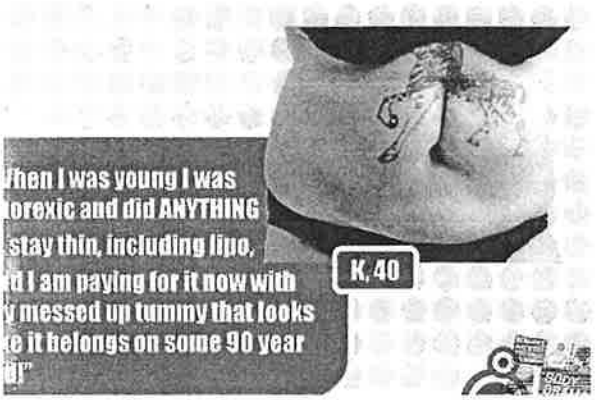

I have a mustache.
I have a mustache.

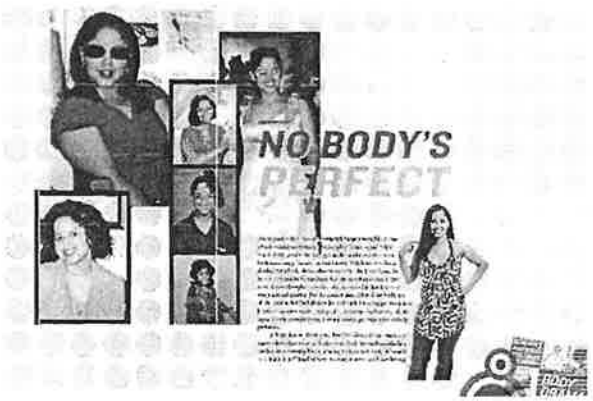

I hate the way I look down there
LABIAPLASTY
I hate the way I look down there


I have a fraternal twin
sister and her hair is
long and wavy and she came out
with bigger boobs than I did and I
often dealt with it in self
destructive ways, like trying to
starve myself."
B, 18


I've thrown up about 7 times
today, I'm just trying to keep
myself from going into the
kitchen. I'm not even hungry! I'm
just missing something
maybe...I have no idea what...


eveloped breasts
ty and had a
wth spurt where I
w about 4 inches
gained about 75
"After years of pain
I'm starting to own my
body, my skin, my
bones, my fat."
M, 20

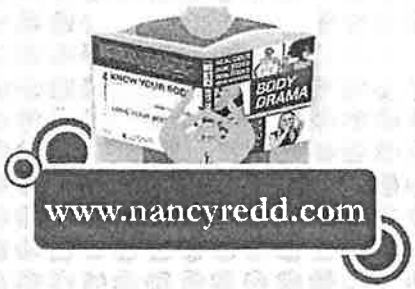

hen I was young I was
orexic and did ANYTHING
stay thin, including lipo,
d I am paying for it now with
y messed up tummy that looks
e it belongs on some 90 year
gr"
K, 40


NOBODY'S
PERFECT


Man! I want a body like that!


Hey! I've GOT a body like that!


Imperfection is the NEW perfection!


BODY DRAMA
www.nancyredd.com

SATURDAY, APRIL 25, 2009

9:30 am

INTERNATIONAL FORUM

Rio Grande Ballroom

The Future of Health Care

Organizer/Moderator – Ellen Rome, MD, MPH

SATURDAY, APRIL 25, 2009

11:00 am

CONCURRENT DEBATES/PANELS

D1 - Blanco **Surgical Debate: Addressing Labial Hypertrophy and the Timing of Neovagina Creation**

Organizer/Moderator: Jennifer E. Dietrich, MD, MSc
Panel: Sari Kives, MD; Elisabeth H. Quint, MD; David Lee, MD; Elizabeth Yerkes, MD

This session will:
1. Review the incidence and prevalence of labial hypertrophy and vaginal agenesis.
2. Discuss the available options to treat/observe or manage labial hypertrophy and vaginal agenesis.
3. Discuss surgical options for labial hypertrophy and vaginal agenesis.
4. Discuss early versus delayed treatment options in the patient with vaginal agenesis.
5. Discuss the various surgical techniques described for labial revision.

D2 - Llano **Adolescent Debate: Body Image, Self-Esteem, and Eating Disorders in Teens**

Organizer/Moderator: Hatim Omar, MD
Panel: Nancy Redd, Artemis K. Tsitsika, MD, PhD, Donald E. Greydanus, MD

This session will:
1. Discuss the importance of body image perception to young women.
2. Discuss the role and relationship of body image and self esteem.
3. Discuss the eating disorders and their association with body image and self esteem.

D3 - Directors **Nursing Debate**
Advocating for Adolescent Health: Health Professionals Can Make a Difference
Speaker: Janet Chapin, RN, MPH
Organizer/Moderator: Jeanette Higgins, RN, CPNP

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