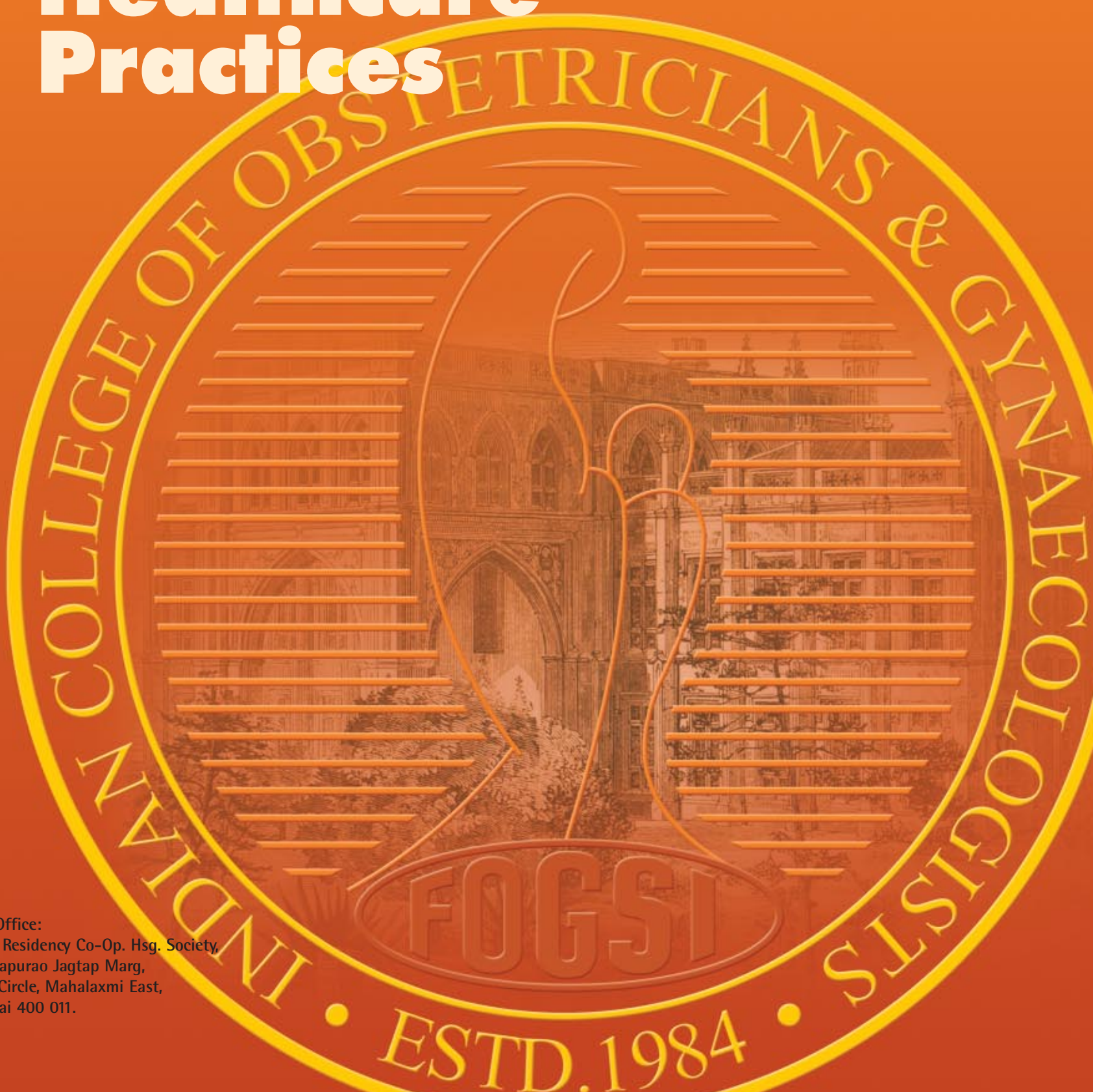
ISSUE 1 | Pages 16

www.icogonline.org

Newsletter of The Indian College of Obstetricians & Gynaecologists

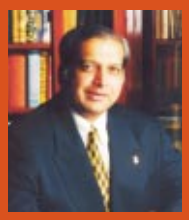
ICOG campus

Advancing Standards of Education and Healthcare Practices



ICOG Office:
Model Residency Co-Op. Hsg. Society,
605, Bapurao Jagtap Marg,
Jacob Circle, Mahalaxmi East,
Mumbai 400 011.

President's Speech



Dr. C. N. Purandare
President FOGSI

Chief Guest President Elect FIGO Prof. Gamal Serour, Chairperson ICOG Dr. Usha Saraiya, Secretary ICOG and President Elect Dr. Sanjay Gupte, other dignitaries on the Dais, fellows and members of ICOG, Ladies and Gentlemen.

It is a proud privilege for me to preside over this convocation of ICOG today. Let me at the outset congratulate our two dignitaries Dr. Patrick O Brien and Dr. Minnelo on whom we are bestowing Honorary Fellowship of ICOG.

ICOG, which started with a modest beginning with its founder fellows, has grown from strength to strength to 836 members. I welcome the new Members and Fellows to the Indian College of Ob/Gyn.

Being an office bearer of FOGSI and President of FOGSI and ICOG, I have been on the Governing Council of ICOG for nearly 15 years. I have seen the commitment of the founders and subsequent office bearers of ICOG and I am happy to see it prosper.

ICOG has been involved in various projects such as the satellite programme, visiting professorship and emergency obstetric care training. I personally feel that a little more thrust is necessary in post- graduate training from ICOG. ICOG is an academic wing of FOGSI and should concentrate on this aspect seriously. Funds are available and more funds can be generated but the goal of quality academics should be paramount and effort should be made in that direction. I would like to see the day when 50% of our FOGSI strength is also a member or fellow of ICOG.

Little introspection is necessary as to why there are only 836 members in spite of ICOG's existence for over 25 years. I was fortunate enough to be on the committee of the Govt. of India on Human Resource in Medicine. With three years of constant pressure we have managed to get all the memberships and degrees like MRCOG, MRCPI from UK, Ireland, USA, Australia, New Zealand and Singapore recognized on par with MD in India. ICOG should now start part 1 and 2 examinations leading to MICOG.

I suggest that all FOGSI members be given time till September 2009 for any member fulfilling present criteria for membership and fellowship to avail of the current system after which membership should be by examination.

If we could manage MRCOG and equivalent examinations to be recognized by the Government of India it should not be difficult to get MICOG recognized, provided the examinations are conducted on similar lines. I will take up this issue with the government of India personally once the examination is in place.

Members currently get very little benefit. Once the membership is recognized by the Govt of India and is of value for promotions in jobs etc believe me there will be a huge demand.

Getting publications published in recognized journals in India is getting increasingly difficult. FOGSI will soon have an ethics committee in place for any member of FOGSI to obtain permission to do research. This will help a non-teaching institutional member to carry out research and also work on their surgical innovations.

Science is progressing at an exponential speed. Newer vistas are opening up. The younger generations before me will be the future of ICOG. I would like to see more and more younger fellows on the governing council to put in some fresh ideas in the system along with the wisdom of seniors.

This year a large number of CME's and postgraduate lectures are planned within the "Saving Lives" theme. I would like the ICOG members and fellows to come forward for these educational initiatives.

ICOG's accreditation of hospitals and CME points will help FOGSIAN's in future for registration of hospitals and the renewal of registration for practice.

The dream of the founders of ICOG was to see it grow into a strong academic arm of FOGSI and I am sure this will happen in the near future.

I wish you all the best.

Thank you
Yours,

Dr. C. N. Purandare

Past Chairman's Address

Dr. Usha B. Saraiya
Immediate Past Chairman ICOG

First of all, I wish to welcome our International guests who are with us today. They have shown their solidarity with us by participating. For that ICOG is sincerely grateful. It is truly inspiring for our newly enrolled Fellows and Members to have amongst us such scintillating personalities with such brilliant careers.

Today, belongs to our new entrants, to those who are receiving their Fellowships and Membership to this prestigious College. Congratulations and Welcome to all of you from everyone on this Dias and from all the members of the Governing Council. May you have a long and satisfying relationship with the College.

The College acknowledges that you are the pillars of this Institute. The prestige of the College is due to the efforts that you put it and the academic activities that you conduct.

We hope you are able to continue your interest in academic activities with the help and support of our College. We conduct CME programmes, participate in Yuva FOGSI Meetings, and conduct a satellite school to name just a few of our activities. During the last year we have added on several new programs such as Visiting Professorships, Certificate Courses and of course our most ambitious project of an Eclampsia Registry.

So you can see that teaching and training is a "Mantra" for this College.

Education is the pursuit of Knowledge and Knowledge is a pursuit of wisdom.

To this if I would like to add that knowledge and wisdom have a third dimension to us doctors, and that is that both knowledge acquired and wisdom gained must ultimately translate into good clinical practice and benefit our patients. So all these activities are not going to just benefit us as individuals but will also benefit our women that we serve.

At this point I would like to quote words of Anatole France, a famous European writer who said

"Tell me, and I forget

Teach me, and I remember

Involve me, and then I learn"

This, we too believe in and therefore our teaching programes are made interactive with active participation of students and faculty members. I hope all our new Entrants bring in more new ideas, new ideologies and winds of change as and when required. There is always scope for improvement and we shall look forward to that in the coming year.

The year 2009 is full of hope. We hope it brings peace and harmony to the entire world. We also hope that humankind learns to live together amicably and in harmony. To all these worthy causes I pledge full support and dedication on behalf of all of you and the ICOG and on my personal behalf.

Jai hind and Namaskar !

Dr. Usha B. Saraiya

Chairman's Message

Dr. Duru Shah
Chairman ICOG
chairman.icog@gmail.com

This is my first dialogue with you after I have taken over as Chairman of the Indian College of Obstetricians and Gynaecologists along with a brand new team since April 26th, 2009.

A lot is happening at ICOG! The College has been steadily growing and has many activities in its portfolio. In order to take all these activities further in a very rapid and organized manner, we have established many Sub-Committees. And to give all these activities a boost, I am confident our ICOG Sub-committees will do whatever is needed. I request all our ICOG members and Fellows to contribute to ICOG by becoming members in these subcommittees and offer their expertise to further improve and energise our activities.

The focus during my 2 year tenure will be Education and Clinical Research. Keeping this in mind, the following tag line has been created "Advancing Standards of Education and Healthcare Practices". Quality education matters! It is central to a country's economic growth and social development. India's ambitions of becoming a leading global player will amount to nothing, if its education system cannot produce the human resources needed to arrive at the high table of other nations.

Our current Human Resources Minister Mr. Kapil Sibal has decided to put education on "fast track". A very welcome need, but I do hope the Minister gives "medical education" the same importance as "business education" Definitely, good education in the commercial sector helps to churn out smart young individuals with great business sense improving the financial growth of our country. But it is the push in medical education which will make India a healthy country, reaping in the economic benefits through healthy and robust individuals. The inconvenient truth is that 0.7% of the GDP is the present support for higher education in India, whilst in other countries it is 15%!

There is much that is wrong with our education system but there is plenty that is right too. The wrong is that, though in the west, Academia are acknowledged as the cream of society's intelligensia, in our country teachers work in trying conditions at very little pay with unsatisfactory research facilities. We have many students who go abroad for higher education, more than students from any other country, only because, there are not as many opportunities for them in our country. With reservation policies, improper living conditions and meager stipends, our students don't have it easy at all- there is a constant struggle to attain a postgraduate qualification. But the right is that, our numbers work to our advantage. The sheer numbers allow our students to pay a far less fee for a post graduate medical degree in India as compared to anywhere else in the world!

The Indian College of Obstetricians and Gynaecologists has recognized this need for better education for our post graduates. Keeping this in mind, two very innovative Initiatives had been launched in 2006, when I was the Vice Chairman of ICOG and President of FOGSI. The first is the "FOGSI- ICOG Satellite School". 63 Sessions have been held so far with the best of teachers from all over the country participating. The FOGSI-ICOG Satellite School has been educating post graduates on every 4th Sunday of the month. We started with 10 centers and now have equipped almost 40 centers! It is a project in collaboration with the "Indian Space Research Organization (ISRO)" which India is very proud of. They offer us their technology and the services of their staff on one Sunday every month. The other partner in our project is the Ethicon Surgical Institute of Education (EISE) of Johnson & Johnson who assist us in setting up SatelliteDishes in Medical Colleges and also assist with funding for the travel of our speakers to the ISRO Studio. It is a wonderful teaching program which reaches out to the post graduates in the most remote parts of our country, taking the most brilliant teacher to the most unreached students of India! I would like more and more Medical colleges to take advantage of this program, their postgraduates will truly benefit. The programs are being recorded and soon you will be able to access all the programs on the ICOG website!

We have worked hard in preparing the 'ICOG FOGSI Recommendations for Good Clinical Practice' for the benefit of practicing Gynecologists to assist in making the right choices whilst caring for patients. These Recommendations are based on evidence available in recently published literature on the subject and are valid for the next 3 years. Please log onto **www.icogonline.org** *for these.*

I would appreciate any suggestions that you may have and a feedback on all ICOG activities at **chairman.icog@gmail.com**

The second initiative is the "FOGSI-ICOG Ethiskills course" which is a hands-on basic surgical skills program in dry labs, again supported by EISE. This has trained 857 students by now! This course was developed to have a standardized training program on basic surgical skills such as knot tying, suturing, scrubbing for OT, anti-infection practices, handling surgicals complications, using minimally invasive surgical equipment, etc. Because this course is hands on, because it is under the supervision of trained FOGSI trainers and because it touches the basics of surgery, I recommend this course to be mandatory for all students before they embark on a postgraduate degree in Obstetrics & Gynaecology.

The details of both the courses have been highlighted in their respective sections by the members of the Governing Council who have been requested to head these subcommittees.

We have attempted to standardize Health Care Practices by initiating the "Good Clinical Practice Recommendations" (GCPR) The first set of eight recommendations have been recently been published and more are to follow. GCPR's are created by Colleges like the Royal College and American College of Obstetrician & Gynaecologists, mainly to guide their members on what is currently accepted as a good standard of care. There is an entire process by which each recommendation is made. In normal circumstances it takes at least 3-6 months to develop a recommendation, if adopted from an existing recommendation of any other College. But if it has to start from scratch, then every recommendation takes a period of at least 2 years and requires finances, which ICOG cannot absorb at present. I am happy to let you know that 8 recommendations have been beautifully encased into a permanent folder and couriered to all ICOG members and Fellows. The recommendations have also been put up on the ICOG and FOGSI websites for all our members to access.

Our CME's, Lectures and Updates will continue to promote further learning amongst our members and fogsians. Besides the Distance Learning Program which we already have in place, a major advance this year will be the "E-Learning" through our Web- Portal. Videos, Lectures, Quiz programs and CME's all will be soon available on our Web portal So many members produce such excellent work, but it is lost because of there being no space to archive them. The ICOG Portal promises to create a visual delight to all our visitors who would like to learn form others. We plan to launch it by inviting the experts and hope that it soon converts into an electronic library where speakers and surgeons would be able to present and archive their oratory and surgical skills.

The "ICOG Campus" has adorned a new look and size from this issue onwards. From the modest 8 page compact one which we initiated 6 years ago, the ICOG Campus has blossomed into a 16 page, issue giving you the ICOG news from around the country, scientific content and a CME which can earn you credit points.

I have so much more to tell, which I will, in the next issue after 3 months in November. Till then wish you all the best during the forthcoming festival season.

With warm regards.

I remain,

Yours,

Duru Shah

Team ICOG

President

Dr. Purandare C. N.
dr.c.n.purandare@gmail.com

Chairman

Dr. Duru Shah
chairman.icog@gmail.com

Vice Chairman

Dr. Uday L. Nagarsekar
vicechairman.icog@gmail.com

Hon. Secretary

Dr. Hema Divakar
secretary.icog@gmail.com

Immediate Past Chairman

Dr. Usha B. Saraiya
ushasaraiya@hotmail.com

Past Chairman

Dr. R. V. Bhatt
gabt@satyam.net.in

Past Chairman

Dr. M. N. Parikh
parikh57@gmail.com

Members of Governing Council

Elected Member

Dr. Daftary Shirish
shirishdaftary@yahoo.com

Dr. Debdas Alok Kumar
debdas2000@hotmail.com

Dr. Desai Shyam
shyamdesai47@yahoo.com

Dr. Ganguly (Mukherjee) Gita
drgitamukherjee@yahoo.com

Dr. Gupte Sanjay
guptehospital@rediffmail.com

Dr. Konar Hiralal
n.kon@rediffmail.com

Dr. Malhotra Jaideep
jaideepmalhotraagra@gmail.com

Dr. Mitra Krishna Chandra
slg_kesto@sancharnet.in

Dr. Pandit Suchitra
drsuchitrapandit@gmail.com

Dr. Rao Kamini
drkaminirao@gmail.com

Dr. Thanawala Uday
udaythanawala@gmail.com

Dr. Dastur Adi
adi.dastur@gmail.com

Dr. Desai Sadhana
skdesai38@gmail.com

Dr. Dutta Dilip Kumar
drdilipdutta@yahoo.com

Dr. Ganguli Indrani
sgrhgynae@yahoo.co.in

Dr. Kotdawala Parul
kotdawala@yahoo.com

Dr. Kriplani Alka
kriplanialka@gmail.com

Dr. Malhotra Narendra
mnmhagra@gmail.com

Dr. Munshi Atul
munshiap@gmail.com

Dr. Parihar Mandakini
mandakiniparihar@gmail.com

Dr. Rohatgi Manjula
shonali@satyam.net.in

Dr. Trivedi Prakash
ptrivedi@bom5.vsnl.net.in

FOGSI Office Bearers (2009)

Dr. Purandare C. N.
dr.c.n.purandare@gmail.com

Dr. Patwardhan Shirish
shirish.patwardhan@gmail.com

Dr. Kriplani Alka
kriplanialka@gmail.com

Dr. Pattanaik Hara P.
harapattanaik@hotmail.com

Dr. Malhotra Narendra
mnmhagra@gmail.com

Dr. Gupte Sanjay
guptehospital@rediffmail.com

Dr. Shah P. K.
ifumb@bom5.vsnl.net.in

Dr. Sheriar Nozer
nsheriar@vsnl.com

Dr. Patel Madhuri
drmadhuripatel@yahoo.com

Dr. Pai Hrishikesh D.
hdpai@hotmail.com

ICOG Secretary speaks...

Dr. Hema Divakar
Hon. Secretary, ICOG
secretary.icog@gmail.com

As I step into the post of the Honorary Secretary of ICOG, I assume a responsibility of playing a crucial role in building the brand of India in the Academic field where we can proudly say " We are the best in the World!"

We need high aspirations and I have tremendous confidence in the energy, determination of our Chairman Dr. Duru Shah, and enthusiasm and confidence of present, past and future office bearers of FOGSI-ICOG.

We urge you to enroll yourself as a **member of ICOG** and enhance your academic interests as this will entitle you to avail ICOG Foreign Fellowship / Scholarship / Travel Grant /Credit Points /Online CME and Videos and more. The College Membership categories allow all those working in the field of Obstetrics and Gynaecology, worldwide, to have a formal link with the College .The ICOG would soon announce new criteriae for its Memberships.

Membership without Examination hold good only for those who apply within 1st october 2009. Further details and an application form are available here **www.icogonline.org** After 1st october , the membership will be only for those who appear and clear the MICOG examinations.

The Membership examination is intended for those who wish to specialize in obstetrics and gynaecology. Members are then entitled to use the designatory letters MICOG.

Fellowship – The award of the Fellowship of ICOG is not merely a reflection of a time interval since being admitted as a member, but it is a mark of senior status and implies a continued contribution to the specialty and a maintenance of standards and practice. We welcome all our senior members to apply for Fellowship.

Honorary Fellows - are distinguished people outside the medical profession who are elected by the Council of ICOG

We welcome you into the fold of ICOG - the academic wing of FOGSI.

Apart from CMEs and Satellite Programmes and Ethiskill courses, we have more to do with your involvement at ICOG - and as always, with my passion for setting quality standards in ObGyn practices in India, let me speak to you on another important activity of the ICOG i.e. to formulate recommendations for **Good Clinical Practices.** The history of Good Clinical Practice (GCP) statute traces back to one of the oldest enduring traditions in the history of medicine: The Hippocratic Oath - as the guiding ethical code it is primarily known for its edict to do no harm to the patient. However, the complexities of modern medicine research necessitate a more elaborate set of guidelines that address a Physician's ethical and scientific responsibilities. As of now, these guidelines have been evolved with consideration of WHO, ACOG / RCOG and European GCP guidelines A need is, however, felt to develop our own Indian Guidelines to ensure uniform quality of clinical research throughout the country and to generate data . Initiatives for establishing registries and conducting multicentric trials and surveys have been taken by the FOGSI-ICOG for this ICOG needs YOU - embrace these projects as your own and help us implement it.

Openess to new ideas, meritocracy, speedy excecution is what we intend to embrace. We strive to pursue excellence in relentless training and research and seek frank feedbacks and constant improvement.

We need to ask you and you need to tell us - please feel free to communicate to us and stay connected.

More very soon .....

Hema Divakar

Dr. Hema Divakar

The editors welcome comments, questions, article ideas and proposals from our members. Your suggestions can be sent to us as a "letter to Editors". Please send all enquiries and submissions to
icogcampusnews@gmail.com

ICOG CAMPUS

Dr. Duru Shah
Chairman ICOG

Dr. Hema Divakar
Secretary ICOG

Dr. Safala Shroff
Correspondent

Dr. Ameya Purandare
Correspondent

Email: icogcampusnews@gmail.com

FOGSI-ICOG Satellite School Programme

Dr. Atul Munshi
Chairman of Sub Committe

- **What is it?**

  FOGSI ICOG Satellite School is a training course for Post Graduate students, in collaboration with the Indian Space Research Organisation (ISRO) and supported by the Ethicon Institute of Surgical Education, Johnson & Johnson Medical.

  FOGSI ICOG has arranged to set up satellite dishes in medical colleges in the country. The installation will be carried out by MCBC, Modern Communication & Broadcast System on behalf of Ethicon Institute of Surgical Education, Johnson & Johnson Medical Division. The course is being conducted from the ISRO/ BISAG studios and is being transmitted by satellite to all the medical college enabling students to attend the course in their own colleges. The course is being conducted on the 4th Sunday of every month for duration of 8 hours as per the schedule, which is planned & intimated to various in advance.

- **How & Where is it run?**

  The scientific session is conducted by 2 teams consisting of Professors & teaching faculty of various medical colleges from different part of the country, FOGSI members & members of the Managing Committee of FOGSI. Each team consists of a senior faculty along with an Associate/Assistant Professor/ Lecturer from his/her unit along with a post graduate student. The program is interactive and is conducted like a mock examination. Specimens, X-Ray and ultrasound pictures, videos, instruments etc. are all discussed. In short, a subject is covered completely in a period of 3 hours in a practical way followed by Q & A from students from other centres. 2 such sessions are held once a month.

  Various Professors along with their teams have participated and various topics of interest to PG students have been covered.

- **How it benefits the students? How does one attend it?**

  The "FOGSI-ICOG Satellite School" has been initiated in October 2006. Since then the program has been progressing well and has been found to be extremely useful to a large number of post graduate students.

  The unique feature of this programme is that the whole interactive session is attended by students & teachers in their own city/town in familiar surroundings of their own institution in company of their colleagues & teachers.

- **Centres of Participation**

  Since its inception in late 2006 and till date various Medical Colleges/Hospitals of the Country have installed the Satellite Dish and are downloading the programme for their P.G. students & teachers.

Teaching Programmes in 2009

25th January 09	Fertility Enhancing Surgery "MINIMAL ACCESS SURGERY" Lap Hysterectomy	Dr. Nandita Palshetkar & team.
22nd February 09	Dysfunctional Uterine Bleeding.	Dr Atul Munshi & team.
22nd March 09	"Vaginal Prolapse Surgery Today"Surgical Site Infection"	Dr C.V. Hegde & team.
26th April 09	"Preterm Premature Rupture of Membranes" "Open Hysterectomy" Govindarajanj & team.	Dr. Mirudhubashini Dr. V. M. Shah.
24th May 09	"Maternal & Neonetal Resuscitative Measures" Episiotomy Repair	Dr. Tilu Mangeshikar & team, Dr. Parul Kotdawala
28th June 09	"Antepartum Haemorrhage" "Suture Theory & Mechanics of Tissue Approximation"	Dr. Dilip Dutta & team. Dr. Aniruddha Chaphekar.

Summary

This programme of tele-medicine is quite interesting and can reach large number of students & teachers, in the comfort of their own city and institution. FOGSI-ICOG is trying hard since the last three years to popularize it. Unfortunately, it is taking longer time then expected to reach to the target audience. I, on behalf of the ICOG Chairperson Dr. Duru Shah & all team members, take this opportunity to appeal to all FOGSIANS to take advantage of this unique satellite linked educational programme & inform all your colleagues attached to private or Govt. medical colleges or any teaching institution. Kindly ask them to contact one of us either at ICOG office or directly. We will assist them to install the dish free of cost.

INSTRUCTIONS FOR INSTALLING A SATELLITE DISH

TRANSMISSION PARAMETERS
SATELLITE - GSAT-3 (EDUSAT)
LOCATION - 740 EAST
TRANSPONDER ALLOCATED - Ext-C Band, Ch # 2
UPLINK CENTRE FREQUENCY/POLARIZATION - 6797.81 MHz / Linear Vertical
(6796.66 MHz to 6798.96 MHz)
BANDWIDTH - 2.3 MHz

RECEIVE PARAMETERS
SATELLITE - GSAT-3 (EDUSAT)
TRANSPONDER ALLOCATED - Ext-C Band, Ch # 2
LOCATION - 740 EAST
DOWNLINK CENTRE FREQUENCY/POLARIZATION - 4572.81 MHz / Linear Horizontal
(4571.66 MHz to 4573.96 MHz)
SYMBOL RATE - 1.7Msps
FORWARD ERROR CODING (FEC) - AUTO OR 2/3

All Centres of Satellite School

Dishes installed

Ahmedabad
Nathiba Hargovandas Lakhmichand Muncipal Medical College
Aligarh
J. N. Medical College
Allahabad
M. L. N. Medical College
Amritsar
Guru Ram Dass Institute of Medical Science & Research
Aurangabad
Mahatma Gandhi Mission's Medical College
Bangalore
Bangalore Medical CollegeVani Vilas Hospital
Baroda
S. S .G. Medical College
Belgaum
Jawaharal Nehru Medical College
Bellary
Vijayanagari Istitute of Medical Sciences
Calicut
Institute of Maternal & Child Health Medical College
Chennai
Madras Medical College Ethicon
Institute of Surgical Education
Coimbatore
Sri Ramakrishna Hospital
Goa
Panaji Goa Medical College
Gorakhpur
B. R. D. Medical College
Guntur
Guntur Medical College
Guwahati
Guwahati Medical College Hospital
Jaipur
SMS Medical College,Zenana Hospital & Mahila Chikitsalya
Jammu
Govt. Medical College
Jamshedpur
M. G. M. Medical College
Kanpur
G. S. V. M. Medical College
New Type IV/7 Medical College Campus
Karad
Krishna Institute of Medical Science
Karamsad
Pramukhswami Medical College
Karnataka
Kasturba Medical College Manipal, Al Ameen Medical College Bijapur, J J M Medical College Davangere
Lucknow
King George Medical University
Mangalore
Institute of Medical Sciences
Mumbai
K. J. Somaiya Medical College & Hospital
Sir H. N. Hospital & Research Center
Ethicon Institute of Surgical Education
Nagpur
NKP. Salve InstituteOf Medical Sciences
New Delhi
V. M. Medical College & Safdarjung Hospital
Ethicon Institute of Surgical Education
Patna
Patna Medical College & Hospital
Pune
Bharati Vidyapeeth University Medical College
B. J. Medical College
Trichy
Govt KAPV Medical College

Credit Point System

Dr. Uday L. Nagarseker
Vice Chairman, ICOG
Chairman of Sub Committe

Reminder to all Members & Fellows to send their filled up form for the ICOG directory.
Email:
vicechairman.icog@gmail.com

Dear Fellows and Members,

I am happy to be Vice Chairman of our prestigious Indian College Of Obstetricians and Gynaecologists, after being a Fellow for the last 22 years and serving on the Governing Council for the fourth term.

My predecessors have taken ICOG, the Academic Wing of FOGSI, to a prestigious height and I have to work hard to achieve still more.

ICOG has a long agenda to be completed in next two years – ICOG Directory – one of the item on our agenda has been taken over by me and work has already started. I am sure, with support from all of you, I will be able to complete it soon.

The proformas have been sent to you by our office and most of you have already sent them back to me with your photograph. My sincere request to remaining Fellows and Members, who are yet to send and have not done so because of their busy schedules, please send them at the earliest.

I am sure, when this directory will be in your possession, you will see the names of your forgotten friends, communicate with them and revive old memories.

The other agenda on my mind is to streamline the Credit Point System, which has been discussed for many years. All of you are aware that Medical Council of India has already released a Notification, stating that, 30 hours of Accreditation are required in 5 years for renewal of MBBS degree by an individual doctor. Many of the State Medical Councils have already accepted this rule and they have already instructed the doctors accordingly. As a result, we see now better attendance for any CME programme organized, especially in Goa, where the Goa Medical Council has enforced this rule. Rajasthan Medical Council has asked for 50 hours of accreditation in 5 years.

ICOG is attempting link our Credit Point System to the Accreditation Hours with the Medical Council of India/ State Medical Councils which will benefit our members.

The current system of evaluation method for Credit Point in ICOG is already available on our website. www.icog.online.org

We are looking for more avenues, which can come under Credit Point System, e.g. Conferences, Workshops, CMEs organized by local FOGSI Societies .In order to avail of Credit points, the local Society will have to forward their scientific program to ICOG with the duration of Academic session. For every one hour of scientific session, one credit point will be awarded. Hence if a conference is for 2 days and there are 5 academic sessions on the 1st day and 6 on the 2nd day, the conference will be awarded 11 credit points. This could be displayed on the conference brochure and all delegates who attend the conference would be eligible to get these credit points after certain formalities are completed.

In major Conferences, many of our members do not get a slot for Oral Presentation and they submit a given Poster Presentation. ICOG will be giving the same weightage for the poster presentation as for the Oral presentation.

These Credit Points earned will also be considered for upgradation your Membership to Fellowship.

We shall be planning "Updates" on various subjects of our interest in various parts of India. With active involvement of our Governing Council Members, we shall try to keep the FOGSI- ICOG Flag flying high.

Dr. Uday L. Nagarseker

CME Accreditation by ICOG

Why are CME providers accredited?
CME providers are accredited to assure physicians and the public that CME activities meet accepted standards of education.

Who accredits CME providers?
The Accrediting Council for Continuing Medical Education of ICOG is an independent accreditation body for institutions and organizations that sponsor CME for ObGyns. The purpose is "the identification, development, and promotion of standards for quality CME utilized by physicians in their maintenance of competence and incorporation of new knowledge, in order to improve quality medical care for patients and their communities."

Who receives accreditation?
Accreditation is granted on the basis of the organizers demonstrated ability to plan and implement CME activities in accordance with the accrediting body's standards. The Society should apply to ICOG with details of scientific programme in order to be directed by ICOG about the number of credit points that would be allotted.

FIGO 2009 – FOGSI-ICOG has accredited 20 credit points for this meet.

How do I know if a CME activity is given by an accredited by ICOG?
This statement is usually included in the promotional materials and on the activity materials. In addition, look for the credit designation statement on promotional and activity materials.

Advantages
One academic hour is equivalent to one credit point.
Online correspondence course equal to one credit point

ICOG CME
16 CMEs will be conducted by various societies in each zone after being granted a fund of rs 25,000 by ICOG to the societies who are found eligible when they apply for the same.

Two hours should be devoted to ICOG session on "Evidence Based Practice – Indian Context" Two of the following four themes are to be selected

1. Contraception 2. GDM 3. Post menopausal women - metabolic syndrome 4. PCOS Depending on this, two of the theme core group ICOG members will be sent in as the faculty. One hour will be devoted to each topic. Local faculty who are keen to be ICOG members and applied for the same will be encouraged to participate in the CME as faculty. Data on Knowledge /Attitude /Practices will be collected from all delegates on the said themes. This will help us know the trends in various parts of the country. Interested delegates will be invited to participate in the related studies as a part of "ICOG Clinical Research Team"

ICOG YUVA FOGSI
Sponsorship of Rs 10,000 will be given for conducting a quiz on "CONTRACEPTION" in all the four zonal YUVA FOGSI conferences.

All participants in the quiz (both written and finals) will be invited and sponsored to participate in the ICOG Ethi Skills Course.

ICOG Certification Course
Centers recognised for conducting the six month Certification Programme for FOGSI members in the areas of Perinatology, Ultrasound and Reproductive Medicine are given below.

Trainers	Centers
■ Dr. Hema Divakar, Bangalore	■ Ultrasound ■ Perinatology
■ Dr. Mandakini Parihar, Mumbai	■ Reproductive Medicine
■ Dr. Duru Shah, Mumbai	■ Reproductive Medicine
■ Dr. Narendra Malhotra, Agra	■ Perinatal Medicine ■ Ultrasound ■ Reproductive Medicine
■ Dr. Sanjay Gupte, Pune	■ Perinatal Medicine ■ Ultrasound ■ Reproductive Medicine
■ Dr. Rajam Atuhillangom, Tirunelveli	■ Ultrasound
■ Dr. Shanti Roy, Patna	■ Perinatal Medicine ■ Reproductive Medicine

We invite applications from more centres across the country. For more details - visit our website www.icogonline.org

FOGSI-ICOG EthiSkills Training Course

Dr. Parul Kotdawala
Chairman of Sub committe

Dr. Parikshit Tank
Co-ordinator of Sub committe

The FOGSI-ICOG EthiSkills course is the first formal basic surgical training course of its kind & is conducted without fees for postgraduate trainees in Gynecology and Obstetrics. It was launched under the auspices of Indian College of Obstetrics and Gynecology (ICOG), the academic wing of the Federation of Obstetrics and Gynecological Societies of India (FOGSI). The course utilizes the infrastructure & the facility of 'Ethicon Institute of Surgical Education' in Mumbai, New-Delhi and Chennai.

Traditionally, surgical skills are being learnt through apprenticeship. Junior doctors work with senior doctors as their mentors, learn from them and then carry forward the experiences they absorb while 'on the job'. This is an excellent method of learning, but is time consuming & only a few can learn at a time. This is in stark contrast to other professions where new technical skills need to be honed. For example, airline pilots fly for hundreds of hours on simulation crafts before their first take-off. These new training methods ensure uniformity in teaching & learning the technical skills & define a clear-cut baseline which each student will measure up to. They also enable many trainees to learn speedily & simultaneously. With this concept, medical education now recognizes the need for background training in practice sessions, on models or by simulation devices before operating on a live patient. This course is directed towards junior doctors pursuing postgraduate qualification in Obstetrics & Gynecology as a boost to their early training. The underlying principle of these courses is to ingrain the right basic surgical techniques and habits into doctors-in-training, especially for those who are placed in centers which do not have access to the modern techniques.

The aim of the course is not to make "super-surgeons". The aim is to teach a safe and competent technique of achieving good surgical results. The course focuses on prevalent evidence-based teaching. It shows participants 'ONE CORRECT' way to perform a particular surgery. The curriculum has been standardized to include all common ob/gyn procedures possible. Consensus building meetings were held at all the three centers (Mumbai, Chennai and New Delhi). Eminent faculty members participated in these meetings where every aspect of the course contents were deliberated in depth and a consensus on the curriculum was reached. These efforts were aimed at the fact that every candidate gets the same exposure & experience of the course at all the three centers and at any of the dates on which the course is organized.

The course covers principles of conventional (open) and minimal access (endoscopic) surgical procedures and the management of their complications. The 2-day program covers various theoretical aspects also but focuses mainly on hands-on skills building. Didactic lectures are restricted to 30% of the training program. All the remaining time will be allotted for hands-on practical work. The participants will be coached and assessed individually & a provision is made for feedback from the participants. Suggestions are solicited & we assure you that all of them will be considered for quality and content improvement in future courses. The faculty consists of practicing Gynecologists from public and private sector, with a track record & interest in teaching. They have agreed to provide their services on an honorary basis.

The FOGSI EthiSkills course was begun in September 2006 and close to five hundred postgraduate students have benefited by training from these three centers. The feedback has been encouraging and a number of suggestions have been incorporated into the subsequent programs. The program is set for expansion and plans are afoot to induct more trainers. We hope that in times to come, this course becomes a key component in learning surgical techniques for young postgraduates in Obstetrics and Gynecology.

National Eclampsia Registry: FOGSI-ICOG Initiative

Dr. Sanjay Gupte
Chairman of Sub committe

The national eclampsia registry was initiated from august 1st in 2008 with the purpose of quantifying the incidence of eclampsia , understanding the treatment practices and adopting standardization of care . It also will conduct eclampsia workshops all over the country with the intention of achieving uniform treatment practices.

The inspiration of the registry has been the UKROSS experience where in it was observed that there was a drastic reduction in the occurrence of these diseases by adopting standard practice protocols. We know that 15% of the Maternal Mortality is contributed by eclampsia which actually is a completely preventable disease.

Who can become the member: All members of FOGSI can enroll as reporters to the registry either on an individual basis or as a representative of the member society of the FOGSI or as a representative of a teaching institution. The reporters have to report even if there is no case of Eclampsia. In that situation the only monthly report can be sent.

How do you enroll in the registry: you need to send the case report and the monthly report forms duely filled on a regular basis. The case report form is a form which requests details of the individual case. The monthly report form is a monthly overview of the case of pregnancy hypertension. These forms will be made available on a request mail to ner.fogsi.icog@gmail.com or and sms 9422000584. This can be sent by post to the address to Gupte Hospital, 904, off Bhandarkar Rd, Deccan Gymkhana 411004. It also can be filled online on www.fogsieclampsiaregistry.in. It is mandatory that once one enrolls these forms are sent regularly. Even if the reporter does not encounter any case of eclampsia in a particular month still he needs to fill the form to be able to understand the prevalence. The reporter can also choose the frequency of reporting with prior intimation.

The status now: Till date many members have started reporting to the registry. Some societies have enthusiastically appointed a member to take the responsibility of reporting these cases .some members are reporting on a regular basis. There are some who find reporting cumbersome due to excess workload, while some are just not able to due to lack of time. Many reporters have chosen the website as the means of reporting regularly. 637 eclampsia and 3219 PIH cases out of 41059 deliveries have been reported till date.

Data management: The data so collected is to be analyzed and is in process, this will be made available shortly. To be able to do without the paper reporting the registry is in the process of devising a web enabled reporting system. This will make it easy for every one to fill it online to do away with the paper forms and also will provide us with the analysis faster. The paper reporting will be kept on for people who find it difficult to access the mail.

Eclampsia newsletter is a quarterly to showcase the working of the registry and also to provide important information about eclampsia .

Eclampsia workshops are designed and ready. Those will be initialized from 2010 all over the country.

From the desk of the Web Editor

Dr. Mandakini Parihar
Chairman of Sub committe

Dear Friends

"Change is the essence of life", said Mahatma Gandhi.

The ICOG has a new enthusiastic and dynamic new Chairman in Dr. Duru Shah and a vibrant NEW WEBSITE. Communication is an extremely important force which links one to another. It may be in the form of a verbal message, a telephone call, a fax, a letter radio, television, films, Internet, mobile and websites. Today, mass media is a quick and effective way of reaching out to many more in a shorter time. The world seems to have shrunk! Quicker transport and even quicker communication have added the much required energy and boost for progress for the 21st century.

"Advancing standards of Education & Healthcare Practice", is the ICOG motto and ICOG is the academic wing of FOGSI. Hence the website will carry a lot of information on education and research. Watch interesting operative and educative videos on ICOG Tube, learn on new advances and technologies on ICOG Slide Share, share your interesting cases in the case discussion forum and join the ICOG blog for voicing your thoughts on academic issues. ICOG Legal Aid has leading legal experts giving you advice on any Medico-legal problem you may face and discussing them will help other members.

The directory of all ICOG members and fellows and details of all ICOG activities can be got online. ICOG Google, ICOG Campus (all previous issues) FOGSI-ICOG Satellite School, FOGSI-ICOG Ethiskills Course are all detailed and outlined on the new website. All previous Satellite school videos and slides are being uploaded on the website and will be of immense help to all the postgraduates.

We welcome articles of interest from the members and active participation in the Case Discussion forum.

FOGSI-ICOG Good practice Recommendations on 8 subjects are already on the website. Many more are being formed by experts and once peer reviewed and discussed by Core Committee, they too will be on the website.

All fellowship, membership and foreign fellowship forms are available on website for downloading. ICOG MemberSpeak is for you to give us your valuable feedback and suggestions.

There will be a new section for the general public on patient hand outs wherein we will have "fact sheets" giving basic information on a common interest obstetric/gynecological topic. The Section to be used by the general public will be open but the section where private information is there regarding ICOG can be accessed through registration only.

Hoping to meet you soon on
www.icogonline.org

Warm regards,

Dr. Mandakini Parihar

ICOG CME

Dr. Uday Thanawalla
Chairman of Sub committe

Host an ICOG CME For your Society

Indian College of Obstetrics and Gynaecology is offering structured CMEs for FOGSI Societies to host. These full day (8 hrs) CMEs would focus on learning evidence based updates which can be applied in clinical practice making patient care optimal. ICOG has left the choice of topics wide, but insist on an interactive format so that the delegates get a clear and concise input of each subject. Other topics to be finalised in consultation with the faculty members and can be distributed to other faculty members.

Number – ICOG hopes to conduct 16 CMEs in one year.

Finances - These will be a full day CME and the hosting Society would get an amount of Rs. 25,000/- from ICOG for the same.

For further inquiries and clarification please log on to www.icogonline.org

Two session of 1 hour each will be devoted to the studies initiated by ICOG. This session is meant to increase the scientific temper of the delegates - encouraging them to participate in these studies while giving them in-depth knowledge of the topic.

Two of the following topics have to be chosen by the Society for these sessions called -

" Evidence Based Practice- Indian Context"
Topics - (any 2 to be chosen)
PCOS in adolescent
GDM
Contraception
Menopause & onset of Metabolic Syndrome.

Depending on this, two of the theme core group ICOG members will be sent in as the faculty. One hour will be devoted to each topic.

Local faculty who are keen to be ICOG members and applied for the same will be encouraged to participate in the CME as faculty.

Data on Knowledge /Attitude /Practices will be collected from all delegates on the said themes. This will help us know the trends in various parts of the country.

Ovarian Transplant

Dr. Pravin Mhatre
Hon. Prof. Seth G. S. Medical College,
N. Wadia Hospital.
Ovarian Transplant Surgeon
D. S. Kothari Hospital.

Dr. Jyoti Mhatre
Consultant Obstetrician and Gynecologist.
Ovarian Transplant Surgeon
D. S. Kothari Hospital.

The discipline of medicine has changed from that of passive support to one of active therapeutic interventions. In no area is this truer than in the field of organ transplantation. The earliest record of transplantation is by Sushruta and is described in the Sanskrit text of Sushruta Samhita.

Gonadal tissue transplantation was first described by John Hunter, who transplanted testis into chickens in 18th century. Robert Tuttle Morris was truly a pioneer who performed the first human ovarian grafting in 1895. He reported auto- and homotransplantation of ovarian tissue in fallopian tube and uterus and was also the first one to transplant ovaries transabdominally. Emil Knauer of Vienna started experiments in 1896, which provided the first proof for endocrine function of the ovaries. He autotransplanted rabbit ovaries to the broad ligament, peritoneal cavity and showed normal functioning of the graft. There was tremendous interest generated because of false belief of rejuvenation achieved with such gonadal transplants. This finally led to the isolation of steroids and lull in the gonadal transplantation. Carrel described the vascular anastomosis techniques in 1906, which pioneered the field of transplantation. Even after establishing renal, heart, liver transplantation, the gonadal vascular transplantation was not achieved. Among the human experiments, Struggis and Castellenos in 1958 used millipore capsule, which permitted passage of tissue fluids and gonadotrophins, but prevented lymphocytes to enter the graft thus preventing the rejection[1]. He performed grafting in six patients of Turner's syndrome and achieved early success lasting for 4-6 months. Desaire transplanted ovarian tissue in spleen in patients of generalized cancer after these patients were castrated[2]. Silber reported first testicular transplant in 1980 and Chow in 1982 described vascularized ovarian transplant in femoral triangle of a patient of Turner's syndrome[3].

Indications:

Ovarian dysgenesis

Premature ovarian failure

Premature ovarian failure following cancer therapy

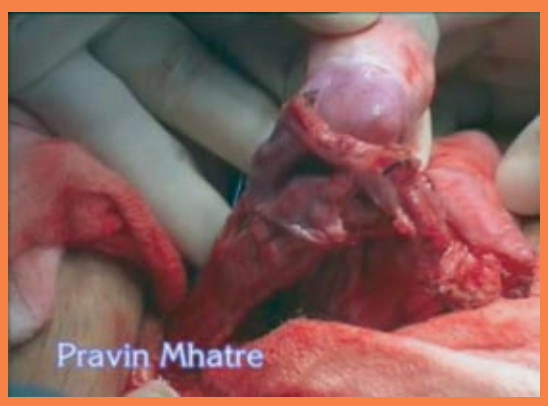


Fig1: Ovary with a long vascular pedicle

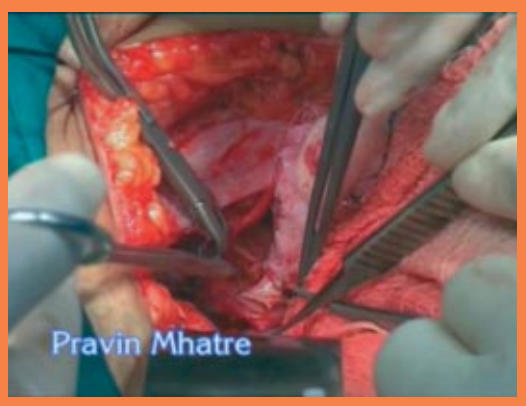


Fig.2: Vascular Anastomosis (venous)

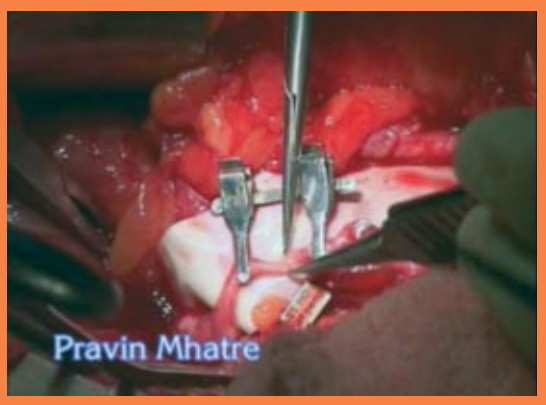


Fig. 2: Vascular Anastomosis (Arterial)

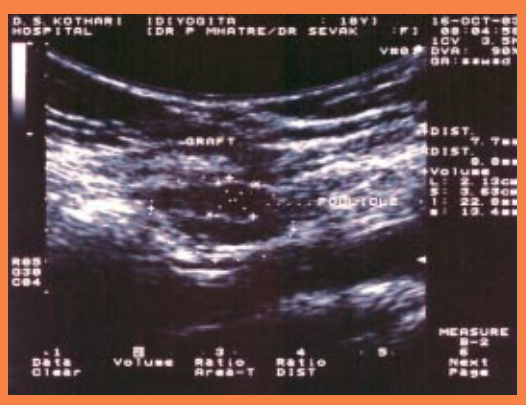


Fig. 3: Folliculogenesis two and half years post transplant

Surgical techniques

Vascular ovarian transplantation

The peculiar anatomical placement and the vasculature of the ovary makes it difficult to achieve the goal of vascular ovarian transplantation. The ovarian artery with diameter of 1.2-1.5 mm does not have a matching artery for anastomosis in the pelvis and the ovarian vein unlike other solid organ transplantation is not single and large, but is replaced by mesh of small venules. Availability of large drainage vein is hallmark for successful organ transplantation avoiding stasis thrombosis and tissue death. Overcoming these technical difficulties made orthotopic vascular ovarian transplantation a difficult procedure. However, reports of vascular transplantation at other sites namely femoral triangle and forearm have been described[2, 4].

Vascular orthotopic ovarian transplant

The author has described the surgical technique to overcome these difficulties and On 29th March 2002, the first vascular orthotopic ovarian transplant was performed on a 17-yr-old-patient of Turner's syndrome[5,6]. The ovarian vessels are dissected to obtain a long vascular pedicle. Such long pedicle (Fig. 1) gives possibility of vascular end-to-end anastomosis of ovarian artery to matching inferior epigastric artery. The long vascular pedicle also allows the surgeon to select the ovarian vein with large available diameter and anastomose it to the external iliac vein end to side. Drainage into the external iliac vein gives a high dynamic venous drainage reducing the chances of blood stasis and thrombosis. Having achieved the vascular anastomosis extraperitoneally (Fig. 2), the ovary is placed orthotopically (Fig. 7) in close proximity of uterus and fallopian tube. This is possible because of long vascular pedicle. Care must be exercised to avoid kinking of vessels and give proper support to the transplanted ovary preventing torsion and necrosis. The author has described successful immunosupression using two drug regimen, cyclosporine, and prednisolone. Oral cyclosporine (4 mg/kg/body weight) was started from day 2 in divided dosage. Inj. methyl prednisolone (250 mg) was given on day 2 and was converted to oral prednisolone (2 mg/kg/body weight) for the first five days and subsequently to a dose of (0.5 mg/kg/body weight) for next 10 days. Thereafter, it was reduced to a maintenance dose of (0.2 mg/kg/body weight). At the conclusion of five years, the patient is having spontaneous menstruation, ovulation (Fig. 3), and excellent growth of secondary sexual characters (Fig. 4) leading a meaningful normal life pattern.

Avascular ovarian tissue grafting or ovarian implants

Like other endocrine organs, ovarian tissue grafting has long history. Paul Bert in 1863 first described ovarian grafting. Human ovarian grafting was first performed by Robert Tuttle.

Morris in 1895. However, after a long historical blank period, ovarian tissue grafting has come up in a big way. The renewed interest was generated mainly for ovarian preservation in cancer patients. The ovary is cut into small pieces or thin slices of cortex 1-2 mm thickness and then sutured on a scaffolding and put back at the orthotopic site. The grafted tissue undergoes revascularization. Low temperature storage and grafting of human ovarian tissue were demonstrated by Gosden et al.[7]. The process of follicular growth, ovulation, and corpus luteum formation involves natural process of angiogenesis. In the animal experiments conducted by author (unpublished data), subcutaneous transplantation of fresh and cryopreserved ovarian tissue was carried out successfully in bilaterally oopharectomized rats. Maturation of the transplanted tissue was evident by resumption of estrus cycles and cellular architecture of the transplant. Viability of germ cells following cryopreservation was 80-85% as judged by trypan blue method. Effects of various cryoprotectants and antioxidants were tried with differing effects. The technique of ovarian grafting has been described by the author with success[5]. (Fig.5, 6)

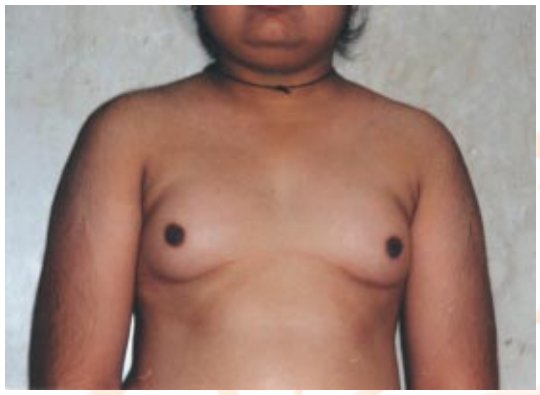


Fig. 4: Development of secondary sexual characters

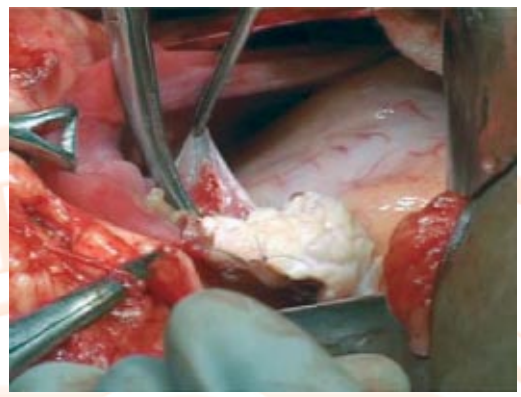


Fig. 5: Orthotopic ovarian grafting.

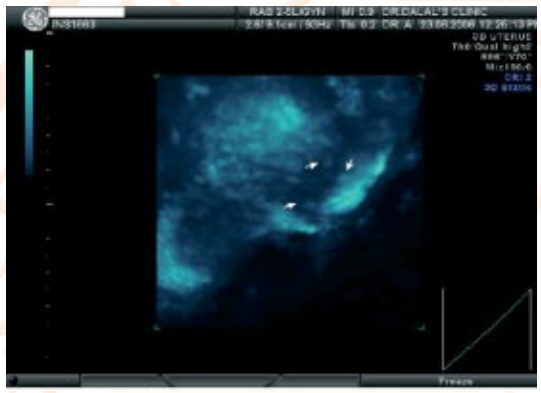


Fig. 6: Folliculogenesis two years post grafting.

Fig. 7: Orthotopic placement of transplanted ovary

The first human pregnancy following human ovarian implant was described by Robert Tuttle Morris in 1895. The pregnancy ended in first trimester abortion. He has described next cases with successful menstrual cyclicity and pregnancy after four years of surgery. Frank in 1898 autotransplanted slices of ovary in fallopian tube and achieved pregnancy. Other sites of ovarian implantation include Palmer (1899) in uterine fundus, Mauclaire (1917) subcutaneously,Morris (1906) in broad ligament, Davidson(1912) and Joglekar-Mhatre (1979) in rectus abdominus muscle. These heterotopic sites of ovarian implantation serve the purpose of hormonal substitution, but require in vitro fertilization support to achieve reproductive function. Successful ovarian tissue grafting has been reported by many authors[7,8]. Recently,many reports of successful pregnancies following orthotopic ovarian grafting have appeared in the literature[9,10].

Conclusion

The ovarian transplantation is a new treatment modality for patients with absent ovarian functioneither by birth or because of disease process. seven successful cases with different surgical techniques are described. Two pregnancies were achieved but unfortunately resulted into first trimester abortions. The unique vascular orthotopic transplantation is the ideal choice, but may not be possible in all cases because of unavailability of proper vasculature. Ovarian grafting may be performed in these cases. The success of ovarian transplantation can be discussed on proper indication, surgical techniques, adequacy of immunosuppression, and finally the functioning of the graft. Our clinical results with ovarian transplant confirms the success on all these parameters.

References

1. Castellanos H, Sturgis S. Ovarian grafting by diffusion chamber method in Turner's Syndrome. Am J Surg 1960: 99:595.
2. Desaire P. First results of implantation of an ovary into the spleen in women with generalized cancer after castration. An Endocrinol 1953: 14: 572.
3. Chow YK. Homotransplantation of the Ovary (Vascularised) International Symposium of Microsurgery. Norman, OK:University of Oklahoma, 1982.
4. Oktay K, Economos K, Kan M, Rucinski J, Veeck L,Rosenwaks Z. Endocrine function and oocyte retrieval after autologous transplantation of ovarian cortical strips to the forearm. JAMA 2001: 286: 1490-1493.
5. Mhatre P, Mhatre J, Magotra R. Ovarian transplant - a new frontier. Transplant Proc 2005: 37: 1396-1398.
6. Mhatre P, Mhatre J, Modi B, Doshi S. The orthotopicovarian transplant in Turner's syndrome. Int Pediatr 2003: 18:229-234.
7. Gosden RG, Byatt-Smith JG. Oxygen concentration gradient across the ovarian follicular epithelium: model, predictions and implications. Hum Reprod 1986: 1: 65-68.
8. Newton H, Aubard Y, Rutherford A, Sharma V, Gosden R. Low temperature storage and grafting of human ovarian tissue. Human Reprod 1996: 11: 1487-1491.
9. Aubord Y. Ovarian tissue graft: from animal experiment to practice in the human. Eur J Obst Gynaecol Reprod Biol 1999: 86: 1-3.
10. Donnez J, Dolmans MM, Demylle D, et al. Livebirth after orthotopic transplantation of cryopreserved ovarian tissue. Lancet 2004: 364: 1405-10. Erratum in: Lancet 2004: 364:2020.

HRT – Current Status

ICOG-CME

Dr. Basab Mukherjee
Consultant Gynecologist

Menopausal Medicine has undergone radical changes over the last two decades. The concept of passive replacement of a hormone-depleted state has been replaced over time by supervised treatment of the symptomatic women.

Hormone replacement therapy (HRT) is effective for the symptomatic relief of menopausal symptoms and its use for this purpose is justified when symptoms adversely affect quality of life. HRT involves administration of either a plain estrogen preparation (conjugated estrogens) or estrogen-progesterone (conjugated estrogen + medroxyprogesterone acetate) combination given either cyclically or continuously. In addition to HRT, the woman should be advised appropriate dietary and lifestyle adaptation. The lowest effective dose for a particular woman should be used for the shortest period necessary and treatment reappraised at least annually. 'Short-duration' HRT may be considered for up to five years and is usually aimed at relief of menopausal symptoms in women in their early 50s. If menopausal symptoms return after stopping hormones, an informed decision to restart it could be considered. The overall risk--benefit balance for HRT in women without menopausal symptoms is not generally favorable. Taking lessons from the Women Health Initiative (WHI) trial, confusion can arise among healthcare providers, the lay public, and the media when general concepts of risk are discussed. Understanding risks is critical to clinical decision making around menopause and beyond. Where appropriate, women should be advised in terms of absolute risks of the known adverse and beneficial effects of HRT, rather than relative risks. With HRT use, women should appreciate the concept of individual needs and risk assessment needs to be coupled with population-based evidence. Balanced information on HRT should be readily made available to both clinicians and the public. Women with menopausal symptoms who choose to take HRT should be supported by well-informed healthcare professionals.

HRT can be used in younger women who have experienced a premature menopause (<40 yrs), unless contraindicated, for treating menopausal symptoms and preventing osteoporosis until the age of normal menopause, when the therapy should be reviewed. HRT can also be used as 'add-back' therapy when gonadotrophin-releasing hormone (GnRH) agonists are administered to avoid menopausal symptoms. Women who have experienced a surgical menopause with bilateral oophorectomy may benefit from testosterone replacement in addition to oestrogen specifically to improve libido.

Topical or local oestrogen replacement (conjugated estrogen cream) may be required in the long term to reverse the symptoms of urogenital atrophy, which is a late manifestation of oestrogen deficiency. It appears to be more effective than systemic therapy in this regard. Low-dose vaginal oestrogens can also be used in the management of postmenopausal women with recurrent urinary tract infection and irritative urinary symptoms once underlying pathology has been excluded. There is no evidence that local vaginal oestrogen treatment is associated with significant risks. However in prolonged use in an intact uterus, evaluation of endometrial pathology is recommended.

HRT prevents osteoporotic fractures while it is taken although the benefit declines soon after stopping. Its use as a primary therapeutic agent for this alone is not recommended for most women. However, in women at very high risk of osteoporosis its use could be carefully considered, particularly if other therapeutic agents are unsuitable. Raloxifene, a selective oestrogen receptor modulator (SERM), studied in the multiple outcomes of raloxifene evaluation (MORE) trial reduces the incidence of vertebral fractures in women with osteoporosis. There is no current evidence of protection against fractures at the hip or at other sites. Use of raloxifene is associated with reduced risk of breast cancer but increased incidence of vasomotor symptoms.

Most randomized trials and observational studies have indicated that current or recent use of HRT increases risk of breast cancer. However, once the HRT is discontinued, the risk level is as much as that in women who have never used HRT. Women must be carefully counseled regarding this increased risk, which appears to be directly related to duration of therapy, not to dose. The evidence from the combined arm of the WHI trial suggests that combined oestrogen and progestogen preparations increase the risk of breast cancer more than oestrogen alone. An increase in mammographic density in women on HRT reduces the sensitivity of screening mammography and increases the likelihood to be recalled for further investigations. HRT is contraindicated in women with previous breast cancer.

Tibolone has oestrogenic, progestogenic and androgenic properties. It appears to be effective in the treatment of vasomotor symptoms. Contrary to initial belief, recent data from the Million Women Study suggest that tibolone may also be associated with an increased risk of breast cancer.

HRT has been demonstrated in randomized trials (The Heart and Estrogen/progestin Replacement Study [HERS] study) not to confer either primary or secondary prevention against ischaemic heart disease or stroke. There is increased risk of stroke and an early excess risk of myocardial infarction in HRT users. The absolute risk of these conditions increases with age. HRT is contraindicated in women with clinical evidence of ischaemic heart disease, cerebrovascular disease or peripheral arterial disease. Recent evidence is emerging on the beneficial effect of HRT on cardiovascular risk if initiated early i.e. with 10 years of menopause. This hypothesis of a 'critical therapeutic window' gained force from a subset analysis of the WHI trial subjects.

The risk of VTE in women commencing HRT is increased in the presence of personal history of thrombophilias, past VTE events and family history in a first- or second-degree relative. HRT should be avoided in women with multiple pre-existing risk factors for VTE. Transdermal oestrogen are associated with lower risk of VTE, compared with oral oestrogen therapy and considered as an effective alternative. Lower doses of HRT may also confer less VTE risk than higher doses. It is recommended that, when a woman who is on HRT develops a VTE, HRT should be discontinued.

Hormone therapy cannot be recommended for the primary or secondary prevention of stroke. Recent randomized controlled trials (Women's Health Initiative Memory Study [WHIMS]) in women of 65 years or older reported that HRT does not have a beneficial effect on cognitive function. Also, HRT does not appear to be an effective treatment of established Alzheimer's disease. HRT should not be used, and is not licensed, as a primary treatment for clinically significant depression or dementia. Some, but not all, studies have shown that HRT appears to improve depressed mood in women with menopausal symptoms.

The use of unopposed systemic ET in postmenopausal women with an intact uterus is associated with increased endometrial cancer risk related to the ET dose and duration of use. The addition of progestogen to oestrogen therapy reduces the risk of endometrial disease, but regimens should usually include at least 10 days in each monthly cycle. Postmenopausal women who have been taking sequential oestrogen-progestogen therapy for more than five years and wish to continue are at increased risk of endometrial carcinoma. They should consider changing to a continuous combined regimen, which appears to confer no increased risk.

Some studies have suggested a possible increase in ovarian cancer with HRT. However, there is insufficient evidence from high quality studies to draw conclusions regarding the effects of HRT on ovarian cancer.

Small research studies suggest that the antidepressants venlafaxine, paroxetin and fluoxetine are unlicensed treatment options for women with hot flushes who are not candidates for oestrogen therapy. A benefit of up to 50% is seen in trials of many 'alternative' preparations prescribed for vasomotor symptoms, even in placebo groups. Similarly, there is no convincing evidence to support the use of food supplements and herbs.

The lowest effective dose of estrogen consistent with treatment goals should be used. Low dose Estrogen Therapy and Estrogen Progesterone Therapy doses are better tolerated and may have a favorable benefit-risk ratio. (PAM [Pan Asian Menopause] study & HOPE [The Women's Health Osteoporosis Progestin Estrogen] Study) Topical treatment has the apparent advantage of lesser VTE incidence and minimizing dose when tackling urogenital symptoms. Progesterone use is essentially for protecting the endometrium. Vaginal progesterone administration and LNG-IUS (levonorgestrel releasing intrauterine system) use sounds promising but awaits more definitive research for confirmation. As for timing of initiation, women older than 60 years with an elevated baseline risk of coronary heart disease (CHD), stroke and venous thromboembolism (VTE) should not be initiated without appropriate counseling. Though there is no clear data, for premature menopause or surgical menopause HRT may be continued without much added risk to the natural age of menopause. Regarding the duration of use, the shortest time needed for relief of symptoms is usually suggested. In case of symptom recurrence on discontinuation, a benefit-risk ratio assessment is performed by the health care provider before restarting medication. There is no evidence to suggest that tapering HRT is any better than abruptly stopping hormones.

Use of HRT should be consistent with treatment goals, benefits, and risks for the individual woman. The benefit-risk ratio for an individual woman continually changes with her age and her menopause-related symptoms (e.g., vasomotor symptoms, sleep disturbance, vaginal atrophy, dyspareunia, or diminished libido), any of which may have an adverse impact on quality of life (QOL).

Questions for CME Credit Points

(More than one answer may be correct)

Mail your answers to ICOG office at secretary.icog@gmail.com

1. How should menopausal women be counseled about risks and benefits of HRT?

a) Relative Risk
b) Cumulative Risk
c) Absolute Risk
d) Hazard Ratio

2. Which of the following trials are related to the study of low dose HRT?

a) MORE
b) PAM
c) HOPE
d) Million Women Study

3. Unopposed use of 0.625mg CEE in a woman with an intact uterus increases endometrial cancer by what?

a) 3-fold
b) 5-fold
c) 10-fold
d) No increase

4. An advantage of topical estrogen over the oral route is:

a) Lesser Incidence of Strokes
b) Lesser Endometrial hyperplasia
c) Less thromboembolic phenomena
d) Lower dose may be used

5. In recent trends of HRT use which of the following are untrue:

a) Low dose hormones
b) Short duration of Use
c) Use irrespective of symptoms
d) Use before the age of 60 yrs

6. The recent data from the Million Women Study suggest that

a) Tibolone may be associated with a decreased risk of endometrial cancer
b) Tibolone may be associated with an increased risk of breast cancer
c) Tibolone may be associated with a decreased risk of breast cancer
d) Tibolone may be associated with an increased risk of endometrial cancer

7. Hormone therapy can be recommended for the primary or secondary prevention of stroke.

a) True
b) False

8. 'Short-duration' HRT may be considered for up to

a) 6 months
b) 2 years
c) 5 years
d) 10 years

9. It is known that the addition of progestogen to oestrogen therapy reduces the risk of endometrial cancer. What is the recommended duration of progestogen in each monthly cycle?

a) 10 days
b) 15 days
c) 21 days
d) 28 days

10. A gynecologist wants to administer HRT to a 50 year old hysterectomized postmenopausal woman with atrophic vaginitis. What should be preferred?

a) Topical/Local Oestrogen
b) Oestrogen/Progesterone Combination
c) Raloxifene
d) Tibolone

Suggested Reading

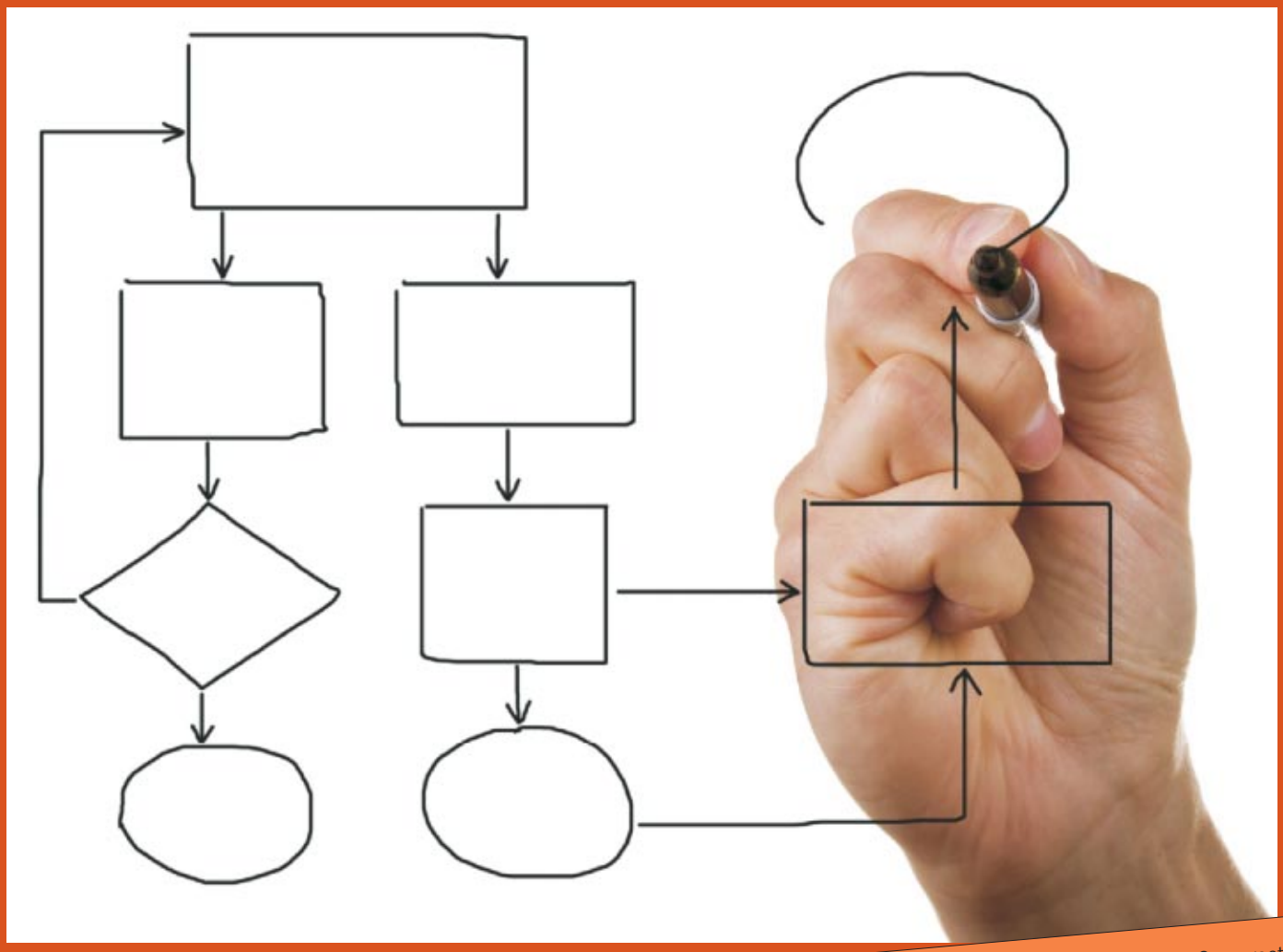
1. Royal Australian and New Zealand College of Obstetrician and Gynaecologists. Hormone Therapy Advice. Sep 2007
2. Royal College of Obstetricians and Gynaecologists, London. Menopause and Hormone Replacement - study group recommendations 2004
3. American Cancer Society. Menopausal Hormone Replacement Therapy and Cancer Risk 2007
4. Estrogen and Progesterone Use in Postmenopausal Women: July 2008 position statement of North American Menopause Society
5. NIH State-of-the-Science Conference Statement on management of menopause-related symptoms 2005
6. IMS Updated Recommendations on postmenopausal hormone therapy. Climacteric 2007;10:181-194.

Instructions for accumulating Credit Points

Please submit your answers to secretary.icog@gmail.com.

You will be able to determine your percentage mark by referring to the test answers, which will be printed in the following issue of the newsletter. The closing date for submitting your answers for this issue is 10th October 2009 Please note that the maximum number of credits you can claim for this is five. The College will not keep a record of individual performances.

Simplified Clinical Practice Pathway



Many conditions in Obstritrics and Gynaecology require special attention. Our practice hardly leaves us any time to update ourselves and be in touch with the latest on goings in the subject. Although a lot of information is available on such topics, there is a need for a simple navigation system which would help us manage the problem. This led to the idea of 'Pathways', which are simple navigation systems but not a complete essay on the subject. It is designed like a signboard to help you find the clinical path.

So, watch this space...

OBITUARY

Their teachings last forever

Dr. Ramesh K. Shelat

MD, FRCS, FACS, FICOG
(10.11.1928 - 25.02. 2009)

Founder member of Indian College of Obstetricians & Gynaecologists; Founder member & Past President of Surat Obstetrics & Gynaecological Society.

Founder member of Indian Academy of Juvenile & Adolescent Gynaecology, & founder member of Indian Society of Assisted Reproduction.

He pioneered First Laparoscopic Surgery in 1975 & Hysteroscopic Surgery in 1982 in South Gujarat.

Honoured by Surat Municipal Corporation for extensive public contribution & by IMA Gujarat with Damyanti Ganatra Trophy for outstanding contribution in OBGYN

Dr. (Mrs.) Mehroo D. Hansotia

MD, FRCOG (Eng), FICS, FICOG.
(6.11.1939-14.2.2009)

She was the President of FOGSI in 1998-1999 and Member of FIGO'S special committee on Ethical Aspects in Human Reproduction & Women's Health.

The 42nd President of MOGS. (1995-1996)
She was one of the first doctors to take infertility treatment to greater heights in India.

Dr. Hansotia was undoubtedly one of the most lively and dynamic Presidents of FOGSI.

ICOG Announces New Criteria for its Fellowships / Memberships

Member

Open to members of FOGSI who have passed MD / MS / DNB / MRCOG examinations

Criteria

1. Holding of MD or equivalent qualification for 7 years
2. Membership of FOGSI for atleast 5 years
3. Publication of 3 papers in any reputed journal / Newsletter / FOGSI Focus etc.
4. Attendance of 2 FOGSI sponsored Congresses.
5. Presentation of at least 2 papers at FOGSI / FIGO / AOFOG / National / State Level Congresses as 1st author.
6. Membership payment of Rs.7, 500/- by Demand Draft payable at Mumbai in favour of "F.O.G.S.I.".

Fellow of ICOG

Open to all Members of FOGSI – having passed MD / MS / DNB / MRCOG examinations

Criteria

1. Holding of MD or equivalent qualification for 10 years.
2. Membership of FOGSI for 5 years.
3. Publication of 3 papers in any reputed journal / Newsletter / FOGSI Focus etc in the last 10 years.
4. Attendance of 2 FOGSI sponsored Congresses in the last 10 years.
5. Presentation of at least 2 papers at FOGSI / FIGO / AOFOG / National / State Level Congresses as 1st author in the last 10 years.

All forms can be downloaded from www.icogonline.org and filled forms sent to secretary.icog@gmail.com

Kindly apply before 15th October 2009

6. Fellowship payment of Rs.15,500/- by Demand Draft payable at Mumbai in favour of "F.O.G.S.I.".

Academic Fellow

Criteria

1. Age above 50 years.
2. Holding a position of a Professor or Associate Professor at a Medical College / Hospital (to be attested by the Dean).
3. Holding of MD or equivalent qualification for 10 years or more.
4. Membership of FOGSI for 5 years or more.
5. Publication of 3 papers in any reputed journal / Newsletter / FOGSI Focus etc or more.
6. Attendance of 2 International / National / State Congresses / FOGSI sponsored Congresses or more.
7. Presentation of at least 2 papers at International / National / State Level Congresses as 1st author.
8. Fellowship payment of Rs.15, 500/- by Demand Draft payable at Mumbai in favour of "F.O.G.S.I.".

International Fellow

Criteria

1. Person of Indian Origin with basic graduation from an Indian University.
2. Holding of MD or equivalent qualification for 3 years or more.
3. Membership of any Obstetric & Gynaecological Society for 5 years of more.
4. Publication of 3 papers in any reputed Journal of Obstetrics & Gynaecology or more.
5. Attendance of 3 International / National / State Level Congresses or more.
6. Presentation of at least 2 papers at International / National / State Level Congresses as 1st author.
7. Fellowship payment of US $ 750 (Demand Draft or wire transfer in favour of "F.O.G.S.I.".

Honorary Fellowship of ICOG

This is conferred by the ICOG to prominent personalities for their contribution towards women's health and education. Usually a non-FOGSI member, who is a stalwart in their chosen fields.

Opportunities Offered by the ICOG for its Members and Fellows

1. Application for International Observer Fellowship

Fellowships in Maternal-Fetal Medicine Mount Sinai School of Medicine, New York, USA with Dr. Jyotsna Gandhi

Criteria for application:

- Fellows or members of ICOG for minimum 2 years
- No age limit
- Should have interest in this field - preference given to those who have published or presented on this subject
- Minimum credit points collected = 50 before application
- Should preferably be able replicate the course and training in India after returning

2. Application for ICOG Foreign Traveling Fellowship Criteria for application

- Fellows or members of ICOG for minimum 2 years
- Age preferably between 40-50 years
- Minimum credit points collected = 50 before application
- This is given for a 1 week training at any foreign institute or hospital of the candidates choice, or can be arranged with Prof. Arulkumaral's unit in UK by direct correspondence
- A cash amount of Rs. 50,000 is given to one selected candidate per year.
- Letter of acceptance as trainee at the institute you wish to visit and Candidates must make their own arrangements for being accepted as trainee
- Brief bio-data.
- Letter of recommendation from PG Teacher, Head of Department, President or Secretary of Society.
- 1 page summary of why and what you wish to study

3. ICOG - Emcure Pharma Scholarship for Training in India

Criteria for application:

- Applications are invited from Members / Fellows under the age of 40 years, who would like to take a short term training of about 2-4 weeks anywhere in India. Candidates must make their own arrangements for being accepted as trainee.
- The amount of scholarship is Rs. 35, 000/-. The certificate will be given at the Convocation.
- Photo & report will appear in the Campus Newsletter.

Kindly apply with

1. Letter of acceptance as trainee.
2. Brief bio-data.
3. Letter of recommendation from PG Teacher, Head of Department, President or Secretary of Society.
4. 1 page summary of why and what you wish to study

4. ICOG-Traveling Professorship for 2009

Two Traveling Professorships will be funded by ICOG for the year 2009.

A Professor could travel and spend about 5 days in the Gyn & Obst Dept. of a recognized Medical College. The Medical Colleges should also be in a Society, which is a member of FOGSI.

Criteria for application:

- Honorary or Full time Teacher of 10 years standing or more between the ages of 45-65 years. Application should be sent with a bio-data.
- Rs.15, 000/- would be given by ICOG to the Professor to travel for this Professorship.
- The local hospitality would be taken care of by Medical College / Society.
- For the Associate Professors or Professors who are interested in this assignment, must be Members / Fellows of ICOG.
- Medical Colleges / Societies who are interested in hosting a Professor and are willing to make all arrangements for 5 days of local hospitality.

Wyeth*

For the use only of Registered Medical Practitioners or a Hospital or a Laboratory.

Premarin* Vaginal Cream

(Conjugated Estrogens CSD 0.625 mg / gm in a non liquefying base)

Restores Vaginal Tissue[1,2,3]

- Treatment of Vaginal and Vulvar Atrophy[1]
- Treats Urogenital Atrophy, associated with Dyspareunia[1]
- Relieves Vaginal Dryness, Itching and Burning[1]

PREMARIN Vaginal Cream (Conjugated Estrogens CSD in a nonliquefying base) **ABBREVIATED PRESCRIBING INFORMATION** Before prescribing Premarin Vaginal Cream please refer to Full Prescribing Information **Composition:** Each gram of Premarin (conjugated estrogens) Vaginal Cream contains 0.625 mg conjugated estrogens, CSD in a nonliquefying base containing cetyl esters wax, cetyl alcohol, white wax, glyceryl monostearate, propylene glycol monostearate, methyl stearate, benzyl alcohol, sodium lauryl sulfate, glycerin, and mineral oil. Premarin Vaginal Cream is applied intravaginally. **Indications:** Premarin (conjugated estrogens) Vaginal Cream is indicated in the treatment of Atrophic vaginitis, Dyspareunia and Kraurosis vulvae. **Dosage and Administration:** Use of Premarin Vaginal Cream, alone or in combination with a progestin, should be limited to the shortest duration consistent with treatment goals and risks for the individual woman. Patients should be re-evaluated periodically to determine if treatment for symptoms is still necessary. For women who have a uterus, adequate diagnostic measures, such as endometrial sampling, when indicated, should be undertaken to rule out malignancy in cases of undiagnosed persistent or recurring abnormal vaginal bleeding. *Given cyclically for short-term use only:* For treatment of Atrophic vaginitis, Dyspareunia and Kraurosis vulvae. The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible. Administration should be cyclic (e.g., three weeks on and one week off). *Usual Dosage Range:* ½ to 2 g daily, intravaginally, depending on the severity of the condition. **Contraindications:** Premarin Vaginal Cream should not be used in women with any of the following conditions: • Known or suspected pregnancy • Undiagnosed abnormal genital bleeding. • Known, suspected, or past breast cancer. • Known or suspected estrogen-dependent neoplasia (eg, endometrial cancer, endometrial hyperplasia)[1] • Active or past history of confirmed venous thromboembolism (such as deep venous thrombosis, pulmonary embolism). • Active or recent arterial thromboembolic disease (eg, stroke, myocardial infarction). • Liver dysfunction or disease as long as liver function tests have failed to return to normal. • Premarin Vaginal Cream should not be used in patients hypersensitive to its ingredients. **Special Warnings:** Estrogen Replacement Therapy (ERT) and Hormone Replacement Therapy (HRT) have been associated with increased risks of certain cancers and cardiovascular diseases. The use of unopposed estrogens in women with an intact uterus is associated with an increased risk of endometrial cancer. ERT or HRT should not be initiated or continued to prevent cardiovascular disease or dementia. The benefits and risks of ERT and HRT must always be carefully weighed, including consideration of the emergence of risks as therapy continues. Estrogens with or without progestins should be prescribed at the lowest effective doses and for the shortest duration consistent with treatment goals and risks for the individual woman. In the absence of comparable data, the risks of HRT should be assumed to be similar for all estrogens and estrogen/progestin combinations. Systemic absorption may occur with the use of Conjugated estrogens vaginal cream. Warnings, precautions and adverse reactions associated with oral Conjugated estrogens treatment should be taken into account. **Precautions:** Before initiating or reinstating ERT/HRT, a complete personal and family medical history should be taken, together with a thorough general and gynecological examination guided by the contraindications and warnings for use. Before starting treatment pregnancy should be excluded. Periodic check-ups and careful benefit/risk evaluations should be undertaken in women treated with ERT/HRT therapy. **Adverse Effects:** Breakthrough bleeding/spotting, breast pain, tenderness, enlargement, discharge, application site reactions of vulvovaginal discomfort including burning, irritation, and genital pruritus; vaginal discharge have been reported.

BALANCING RISK INFORMATION

ESTROGENS INCREASE THE RISK OF ENDOMETRIAL CANCER

Close clinical surveillance of all women taking estrogens is important. Adequate diagnostic measures, including endometrial sampling when indicated, should be undertaken to rule out malignancy in all cases of undiagnosed persistent or recurring abnormal vaginal bleeding. There is no evidence that the use of "natural" estrogens results in a different endometrial risk profile than synthetic estrogens of equivalent estrogen dose.

CARDIOVASCULAR AND OTHER RISKS

Estrogens with or without progestins should not be used for the prevention of cardiovascular disease or dementia. The Women's Health Initiative (WHI) study reported increased risks of stroke and deep vein thrombosis in postmenopausal women (50 to 79 years of age) during 6.8 years of treatment with conjugated estrogens (0.625 mg) relative to placebo. The WHI study reported increased risks of myocardial infarction, stroke, invasive breast cancer, pulmonary emboli, and deep vein thrombosis in postmenopausal women (50 to 79 years of age) during 5 years of treatment with oral conjugated estrogens (0.625 mg) combined with medroxyprogesterone acetate (2.5 mg) relative to placebo. The Women's Health Initiative Memory Study (WHIMS), a substudy of WHI, reported increased risk of developing probable dementia in postmenopausal women 65 years of age or older during 5.2 years of treatment with oral conjugated estrogens alone and during 4 years of treatment with conjugated estrogens combined with medroxyprogesterone acetate, relative to placebo. It is unknown whether this finding applies to younger postmenopausal women. Other doses of conjugated estrogens and medroxyprogesterone acetate, and other combinations and dosage forms of estrogens and progestins were not studied in the WHI clinical trials and, in the absence of comparable data, these risks should be assumed to be similar.

Because of these risks, estrogens with or without progestins should be prescribed at the lowest effective doses and for the shortest duration consistent with treatment goals and risks for the individual woman. ERT and HRT should not be initiated or continued to prevent cardiovascular disease or dementia. The benefits and risks of ERT and HRT must always be carefully weighed, including consideration of the emergence of risks as therapy continues. Estrogens with or without progestins should be prescribed at the lowest effective doses and for the shortest duration consistent with treatment goals and risks for the individual woman. In the absence of comparable data, the risks of HRT should be assumed to be similar for all estrogens and estrogen/progestin combinations.

References:

1. PREMARIN (conjugated estrogens) Vaginal Cream Prescribing Information, CDS 16, Wyeth Limited, India, 2008. **2.** Berg G, Gottwall T, Hammar M, et al. Climacteric symptoms among women aged 60-62 in Linköping, Sweden, in 1986. Maturitas. 1988;10:193-199. **3.** Carlson KJ, Eisenstat SA, Ziporyn T. The Harvard Guide to Women's Health. Cambridge, Mass:Harvard University Press; 1996:379-383.

*Registered Trademark

Wyeth*

For full prescribing information contact: **Wyeth Limited,**
RBC, Mahindra Towers, 4th Floor, A Wing, Dr. G.M. Bhosale Road,
Worli, Mumbai-400 018, India. Tel.: (022) 24935211. Fax: (022) 24918791.

PREMARIN/ADV-001/AUG 2009