AOFOG YGAA
AOFOG YOUNG GYNAECOLOGIST AWARDEES ASSOCIATION
NEWS LETTER
www.aofog.org
JUNE, 2011

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EDITORIAL

Dr Narendra Malhotra

Dearest AOFOG Members,

Greetings & warm regards,

The world is advancing in Science & Technology and Medical practice is seeing a huge revolution in all fields New drugs, Cell therapy, Gene therapy, Robotic surgeries etc. are the future of Obs & Gyn.

Its youngsters of AOFOG the YGAA who have to come forward & face this new challenge.

"The pill" which had revolutionised control over human reproduction, still undergoes changes in dosage, progesterone & dose schedules (21/28/24-7). Also now the pill is going to become famous for good effects and the article inside discuss non contraceptive benefits.

See you all in Taiwan.

Looking forwards to a lot of interaction.

Narendra Malhotra
mnmhagra3@gmail.com

Please contribute to this Bulletin, we are going online and if we receive regular inputs we will have a quarterly Online e-bulletin.

EDITOR & CHAIRMAN OF YGAA ALUMINI NETWORK OF AOFOG
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President's Message

The Young Gynaecologist Award is an important award of the Asia Oceania Federation of Obstetrics and Gynaecology (AOFOG). It helps to bring eminent young gynaecologists from both developing and developed countries to our congresses. This gives them an opportunity to present their research work, interact with gynaecologists from other countries and know more about AOFOG. It will stimulate their interests to serve the AOFOG in future, and become our future leaders. I am glad to see that many previous young gynaecologist awardees have now become leaders in their own national societies and some are also serving the AOFOG. The establishment of the Young Gynaecologists Awardees Association (YGAA) was another important milestone for the young gynaecologist awardees. It helps them to continue the networking among awardees from different countries. It is an important way to develop our future leaders. I would like to thank Dr. Narendra Malhotra for his dedication and effort in chairing the YGAA and to produce the newsletters.

Professor P.C. Ho, President, AOFOG

Secretary Message

Prof. W.W. Sumpaico

Dr Ananda Kumar

Dr Joseph Kurian

S S Ratnam - Young Gynaecologist Award (SSR-YGA)

Objective:

The SSR - YGA enables promising young Obstetricians and gynaecologists from all the member countries of the Asia and Oceania region to attend the congress of the AOFOG which are usually held biennially. The participation of Young Gynaecologists:

1. Provides them an opportunity to update knowledge and skills of Obstetrics, Gynaecology and Reproductive Biology
2. Promotes social interaction between them, their peers and other delegates
3. Provides an insight into the functioning of the Federation by encouraging attendance at General Assembly session

All these help to prepare them to become the future leaders of their National Societies (NS) of Obstetricians and Gynaecologists and hence of the Federation. The criteria of selection provided to the NS reflects this hope.

History of the Award:

It was instituted in 1991 during the presidency of Professor Masahiko Mizuno through the support of the Japan Society of Obstetrics and Gynaecology and subsequently supported by donor agencies and member societies on a voluntary basis. Ten years later in 2001, it was renamed the SS Ratnam - Young Gynaecologists Award in memory of Emeritus Professor S. S. Ratnam, who was the President Elect of the AOFOG at the time of his demise and who had been its Secretary General for 21 years. Initially restricted to eight (8) countries from developing countries, it was approved in the Bangalore Council meeting 2002 that all National Societies will have YGAs. YGAs from the following 16 developing countries will be provided with the financial support from AOFOG whereas YGAs from 7 developed countries/NS will provide financial support to the selected YGAs from their own fund and resources.

Developing Member Countries

1. Bangladesh, Mongolia, Papua New Guinea
2. Egypt, Myanmar, Saudi Arabia
3. India, Nepal, Sri Lanka
4. Indonesia, Philippines, Thailand
5. Israel, Pakistan, Vietnam
6. Malaysia

Developed Countries

1. Australia Korea Singapore
2. Hong Kong, New Zealand, Taiwan
3. Japan

The Award / The Donors:

On the year of the award, AOFOG provides the awardee with free economy airfare, registration fee and allowance for board and lodging. The awardee is given free registration for the next congress but he must now pay for his/her airfare and accommodations.

The Secretary-General will write to all the NS for sending over donations towards the objective of S.S. Ratnam YGA Awards and all the previous donors of the project. The donors for the YGA have include National Societies of Obstetricians and Gynaecologists from the Asia and Oceania region, M/s Organon Netherlands , Third world Academy of Sciences (TWAS) and several others.

Guidelines on YGA selection

- All initial communications regarding YGAs will come from the Secretariat. The NS will be asked for nominations and should be submitted at least 6 months prior to the Congress date.
- The NS is required to submit at least 3 candidates for consideration together with their Curriculum Vitae and full papers but the Secretariat is not in a position to decide on the number of awards available to each country until funds come in from donor agencies and member societies.
- Upon receipt of all the nominations and full papers, the Secretariat will transmit them to the committee (chaired by the President-Elect) which is given 2 months to do the pre-screening for 10 best papers.
- The final list of the YGAs shall be given to the host society three (3) months prior to the Congress date.
- On the presentation of the papers at the congress, the 10 best selected papers will be presented at a plenary session in the congress whereas other submitted papers will be presented like free communication. The two best presentations are selected for with a cash award c/o M/s Organon.
- The NS is also required to inform the Secretariat on the cheapest round trip airfare to the Congress venue to facilitate preparation of the Federation's budget for reimbursement.
- The reimbursement of the air fare and allowance for board and lodging to each of the YGA will be scheduled within the first two (2) days of the Congress.
- The YGAs will be required to present the Official Receipt, the ticket and other pertinent receipts (airport taxes, etc.) for reimbursement.

S S Ratnam - Young Gynaecologist Award (SSR-YGA)

Activities of the YGAs in AOFOG Congresses

During the Congress, the Young Gynaecologists Awardees present their papers at a special session.

They could participate in all congress workshops and other clinical activities. They shall take part in all the social events, attend sessions of the General assembly and in some instances can represent their National Societies at the council meetings.

They are awarded certificates of attendance during the President's night. Representatives of all the donors are invited to the ceremony so that they could be thanked personally for their support and could interact with the YGAs and assess how well their contribution has been spent. During the ceremony several previous YGAs narrate their achievements in academic and at their National Societies.

Eligibility of a YGA:

All nominations are to be made by the NS, then submitted to the AOFOG Secretariat and finally approved by the Executive Board.

To qualify, the Young Gynaecologist must

1. be under 40 years of age
2. have made a significant contribution to his National Society
3. demonstrate leadership qualities.

Winners for 2011

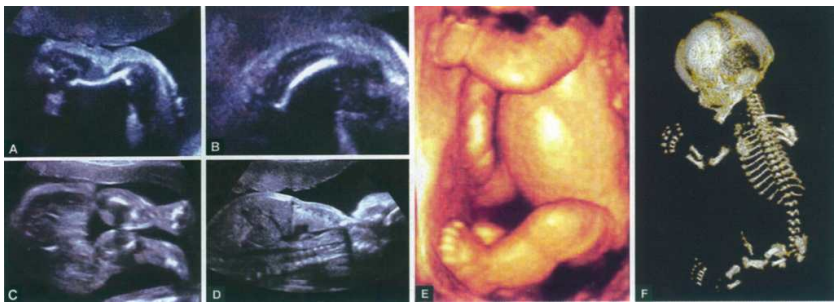
Winners of 2011 YGAA will be declared & felicitated at TAIWAN

News & Views

- Afganistan wants to join AOFOG
- Next AOFOG congress is in Taiwan & after that in Bangkok in 2013
- Next SAFOG Congress is in 2013 February in Agra, India
- YGA's of all countries have done well. Many have became Presidents and other office bearers of their organisations

USG Dignosis of Thanatophoric Dysplasia

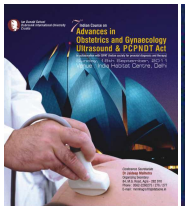
The incidence of this disease is 0.69 per 10,000 births, and the disease is usually lethal skeletal dysplasia with respiratory insufficiency in the neonatal period. Inheritance is generally autosomal dominant, and this condition is caused by mutations of the gene-encoding fibroblast growth factor receptor 3 (FGFR3). Sonographic findings can include shortened tubal bones (which are bowed in type 1 and may be straight in type 2), hypoplastic narrow thorax with normal thorax length, platyspondyly (less severe in type 2 than in type 1), small pelvis, macrocrania, cloverleaf skull deformity (generally seen in type 2) and polyhydramnios (50-70%). The neonates with valgus have a characteristic puppet-like posture.



Conferences

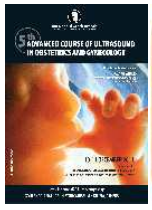
Sweden

Kabul



Delhi, India

Orlando



Greece

Varanasi

Conference Calender

3rd - 6th July, 2011	27th Annual Meeting of European Society of Human Reproduction and Embryology	Stockholm, Sweden
28th-29th July, 2011	6th International Medical Conference	Kabul
18th September, 2011	7th Indian Course on Advances in Obstetrics and Gynaecology Ultrasound & PCPNDT Act	India Habitat Centre Delhi
15th - 19th October, 2011	67th Annual Meeting of American Society for Reproductive Medicine	Orlando
10th-11th December, 2011	5th Advanced Course of Ultrasound in Obstetrics and Gynaecology	Greece
26th - 30th January, 2012	55th All India Congress of Obstetrics & Gynaecology	BHU, Varanasi

5 'P' of AOFOG

Dr. Shyam Desai

Non Contraceptive Benefits of the OC Pill

"…. One of the greatest freedom's is the freedom from illhealth and escapable mortality …."

from Prof. Amartya Sen

Amongst the events that changed the history of the world, was the landmark discovery in 1956 by Rock, Garcia and Pincus that fertility control in women can be achieved by suppressing ovulation by a combination of progestational and estrogenic agents. Over the decades, considerable changes have occurred in the formulation of the combined oral contraceptive pill (COC) to its latest low-dose version today.

Oral contraceptive (OC) are used often for extended periods of time, by women who are not sick and it is therefore particularly important that any effect associated in their use is carefully evaluated. Over 100 million women world wide are using OCs (WHO 1998), and considering the vast numbers of young persons involved, even small changes in risks or benefits of such exposure carry major public health implications.[1,2]

Usage in India and in Youth

According to the National Family Health Survey II, more than 34% of couples in the reproductive age group opt for female sterilization. Less than 7% choose temporary modern methods of contraception, in which oral contraceptive pill usage is 2.19%. The low usage of OCs pills in India is attributable to many factors, one of which is misconception and misinformation about the method.

How India's population would grow in the future depends largely on the 200 million plus people in the 15-24 age group. Even now, about 30% of girls in the 15-19 age group have their first child before the age of 19 (NFHS II, 1999).[3] Better communication regarding health benefits of the pill as a spacing method will help family planning spread to younger women with fewer children, and will support continued fertility decline.

Studies of effects of COC's

Down the years, epidemiological findings and clinical trials have spurred many changes and refinements in COC's.

Two large cohort studies were started in 1968 to examine the risks and benefits of OC use in British women. The Royal College of General Practitioners Contraceptive Study (RCGP Study) involved the follow-up of 23,000 women who were given prescriptions for oral contraceptives by their general practitioners and a similar number of control women who had never used OCs. The Oxford/Family Planning Association Contraceptive Study (Oxford / FPA Study) gathered prospective information on 9653 women using oral contraceptives and 7379 using either a diaphragm or an intra-uterine device , all provided by family planning clinics.

The Cancer and Steroid Hormones (CASH) Study was one of the largest case – control studies involving many thousands of women from 8 different areas of the USA.[4]

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A review of prospective and retrospective epidemiological studies of OC's sought to determine the existence and extent of their benefits other than prevention pregnancy. This reviewer (Mishell) concluded that the benefits of OC use in young healthy women far outweighed their more widely publicized infrequent risks. They also hoped that healthy young women will realize that OCs provide benefits (including prevention of unwanted pregnancy) that far outweigh their risks.[5]

The Organon Contraceptive Use study, a prospective cohort study (1994-96) of 943 US women (mean age 25 years) examined OC use patterns. They found that method satisfaction was significantly higher among OC users who were aware of the pill's non-contraceptive health benefits, had a good relations with their OC provider had used the pill in the past and experienced few side effects.[6]

User Advantage

The two most important advantages of the OC as a contraceptive method are:

- The method usage is independent of the timing of sexual intercourse and does not affect the sexual act
- It is one of the most reliable reversible methods of contraception available, with a failure rate that can be as low as 0.25 per hundred women- years of use.[2]

  A word of caution however : the 1 year Failure Rate can range from 0.3% with perfect use (consistent and correct) to the 8% for typical use.[7]

Cycle Stabilization[1,2]

The COC enables a predictable, regular and relatively light pattern of menstruation. The withdrawal bleeding is predictable and can be postponed safely as per the woman's convenience. For the modern, educated working woman or even for a housewife with social or religious issues (more so in our country) this is a major advantage of the pill.

Relief from menstrual disorders

A study showed that 5 patterns of self perceived "abnormal" menstruation (prolonged, heavy, frequent, irregular or painful bleeding) were reported

less frequently in COC users than in users of other methods. 2

COCs are often used in the control of menorrhagia even when contraception is not required. Their use reduces the incidence of menorrhagia. 8 Dysmenorrhea and ovulation pain ("mittelschmerz") can be reduced or eliminated by the effect of the COC on inhibiting ovulation and production of prostaglandins. Premenstrual tension syndrome may be benefited by use of the OC.[2,8]

Protection against ovarian and endometrial cancer[1,2,5,8]

The relationship between COCs and the risk of developing cancer is an important issue, analysis of which is complicated by a number of factors.

A strong protective effect of COCs against epithelial ovarian cancer has been clearly demonstrated by numerous studies, at least 1.5 to two times less risk, and is probably due to inhibition of ovulation. The CASH study[4] showed that the protection is apparent after as little as 6 months of use, and that the level of protection increases in the increasing duration of use. After 10 years, non-users are 5 times more likely to develop ovarian cancer than users. The protective effect remains for at least 15 years after discontinuation of COC use. These results are supported by findings of both the RCGP study and the Oxford /FPA study.

An approximate halving of the endometrial cancer risk amongst users of COCs has been reported by many studies, probably mediated through the controlled progestational opposition to oestrogenic stimulation of the endometrium. Protective effect of 50% reduction in endometrial cancer was seen even if COCs (high or low-dose) were used for only one year, with ex-use effect for at least 15 years.[1,2,4]

Effect on Benign Tumors

Benign breast diseases like fibrocystic and fibroadenomatous disease were shown to be reduced by 50-70% in pill users by older studies. Recent studies of low dose pills show a 25% reduction with the degree of protection depending the duration of use.[1]

Functional ovarian cysts are suppressed and prevented in current pill users.[1,2,8] The risk of follicular cysts is reduced by 50% while corpus luteum cysts may be reduced by 80% (WHO 1996). In fact, suppression with 3 cycles of the COC is a standard approach for a suspected functional/ hemorrhagic cyst in the reproductive age group being managed conservatively.

Uterine leiomyomas were reported less frequently in OC users by the Oxford/FPA study. There is no clear consensus yet, though data does suggest that low dose COCs may also help to reduce fibroids.[1]

Pelvic Inflammatory Disease[1,2]

At the outset it should be clearly understood that barrier contraception particularly condoms provide better protection against STDs and HIV/AIDS. However, the effect of the COC on thickening the cervical mucus, and hindering the ascent of sperms and organisms from the vagina does lead to about 50% reduction in PIDs as compared to users of no method. Preventing unwanted pregnancies and hence reducing illegal/ unsafe abortions and deliveries of unwanted children is another important means by which pelvic infections are reduced, more so in our country.

Preservation of Fertility[1,8]

Contrary to popular misconceptions the OC pill works towards fertility preservation. This effect is through prevention of PID, which may lead to infertility and ectopic pregnancy. It is also due to a direct effect on reducing ectopic pregnancy risk by 50% due to inhibition of ovulation.

The COC is often used to correct the underlying endocrine imbalance in young women with polycystic ovarian disease and hence help to regulate the hypothalamo- pituitary ovarian axis.

Endometriosis is also controlled and suppressed by the OC pill. In fact, where economics of treatment is an issue, increasing doses of the pill are used to produce "psendopregnancy" effect to treat the disease.

Iron Deficiency Anemia[1,2,5]

This has been and still is a common condition in women of reproductive age. By its effect on controlling and reducing menstrual flow, the pill helps to alleviate this problem. Furthermore by prevention of pregnancy, or achieving spacing, particularly in developing nations like ours, the pill reduces anemia and improves general nutritional status of the women. Even in Britain the RCGP study reported that OCs protected 7 of 1000 users from iron deficiency anemia.

Rheumatoid Arthritis[1,8]

The OC may reduce progression from the mild to severe stage of the disease, although a preventive effect has not been clearly documented.

Other diseases[1,2,8]

Beneficial effects of OCs have been suggested for certain other conditions like osteoporosis , thyroid disorders and peptic ulcer. However there are still uncertainties or inconsistent results.

Role of Providers

To improve patient success with oral contraceptives, the importance of counseling cannot be under-played. Prescribers must understand the many factors that determine OC compliance, including characteristics and habits of individual users, a woman's experience with previous contraceptive methods, real and perceived fears about adverse effects such as menstrual irregularities and packaging features that can impede or facilitate proper usage.[9]

A survey by European Society of Contraception examined birth control methods in 12 member countries and revealed a range of practices amongst the 102 physicians surveyed. They found that over screening or not prescribing the pill because of perceived (but not necessarily real) health risks may be depriving many women of the contraceptive and non-contraceptive benefits of OCs. Complete and accurate information is one way to combat such over screening.[10]

Youth in India and the Pill

It has been found that India's family planning program has largely failed to encourage the use of reversible methods, particularly among young women (age 15-30) who are in the most fertile years of their reproductive period. Focus on adolescent reproductive and sexual health program with taking of parents and the community into confidence can build a supportive environment for youth to exercise their choices.

The OC pill is a highly effective tool in our armamentarium to protect against pregnancy, with many other health benefits. We as providers must be first convinced about this and then reach out and help young healthy women to realize that OCs provide benefits that far outweigh the risks.

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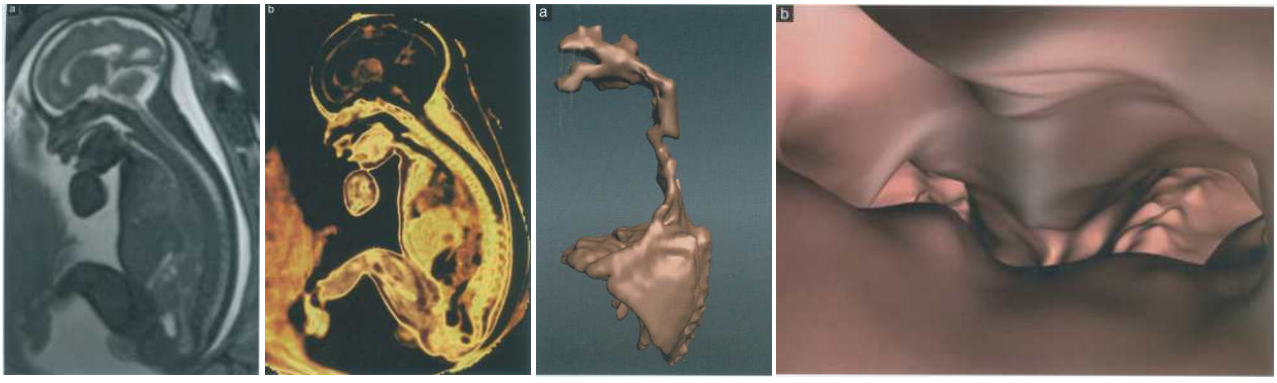
Some 3D Pictures of Fetus & MRI



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