



**From the Executive Director: Joseph S. Sanfilippo, M.D., M.B.A.**

**"Have you heard about the lonesome loser..."? So the Song Goes.**

Here we are, looking at the present, with an eye to the future. What do you see? I see new methods of birth control for teens that choose to be sexually active. I see Implanon. I see Yaz. I see education about "postponing sexual activity as long as possible". I see a sincere effort to educate teens, even nine year-olds, about HPV vaccination, along with the potential to either eliminate or significantly decrease the incidence of abnormal Paps, cervical cancer, etc, etc. Are you doing a good job with preventive counseling, especially regarding reproductive health care? So how do you counsel a patient beyond the contraceptive efficacy of oral contraceptives?

Virtually all oral contraceptive pills (OCPs) have ethinyl estradiol as the estrogen, with an occasional exception, i.e. mestranol. That's the easy part. A pill is a pill based on the progestin content, and in large part, its androgenicity.

Low	Moderate	High
Norgestimate	Norethindrone	Norgestrel
Desogestrel	Norethindrone acetate	
Drospirenone	Ethinynodiol diacetate	
Gestodene		

Thus, you select a pill for a patient based on the clinical presentation, the indications, i.e. some pills have acne as an indication, although virtually all low progestin containing pills have a positive effect on decreasing acne. Do you mention to a patient, "take this OCP and... (data on 30mcg and higher Ethinyl estradiol OCPs) your incidence of ovarian cancer

is cut by 50%, as is endometrial cancer. Do you mention the incidence of colon cancer is decreased by 30% for OCP users? The incidence of pelvic inflammatory disease is reduced. There is also a lower incidence of benign breast disease, including fibrocystic disease and fibroadenomas. What about the preparation? Four menses per year, or are you familiar with the 24/4 regime as is part and parcel of the latest OCP, Yaz? What about PMS? Indeed there is data supporting both sides of the coin, i.e. improvement, exacerbation and no statistically significant effect. There is increasing data to support sprionolactone derived progestins, i.e. drospirenone, has a positive effect on Premenstrual Dysphoric Disease (PMDD). Don't forget to bring up the subject of emergency contraception, as well as its availability and indeed, it DOES NOT increase the incidence of sexually active teens! By all means, they need to hear the **"BELT and SUSPENDERS"**, use a condom **EVERYTIME** you have intercourse; it is the best protection.

Implanon has been approved by the FDA. The pharmaceutical company is now educating clinicians about the device. You may recall Norplant was a popular method of birth control for teens. The reduction in the number of rods, as well as the ease of placement and removal of the rods, has put a whole new spin on this method of birth control. You should be aware of work published from Brazil that noted ovarian cysts are common during the first year of use. The study also included a levonorgestrel releasing implant (Jadelle), as well as Implanon, which is an etonorgestrel-releasing implant. (1) Of note, the circulating estradiol levels were high, as expected, in those patients who had ovarian cysts.

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## ABSTRACT COMMITTEE REPORT

submitted by Yolanda Smith

The Abstract Committee includes the following: Judith Burgis, Cynthia Holland, Laurie Hornberger, Eduardo Lara-Torre, Mary Ott, Stephanie Palerme, Maureen Phipps, Susan Rosenthal, Yolanda Smith and Nancy Van Eyk.

The goals of this committee are to streamline the submission/acceptance process for abstracts; increase the number of abstract presentations to maximize opportunities for individuals (especially trainees) to share their work and to increase meeting attendance; and to present outstanding research presentations at NASPAG. There will be eight oral research presentations, four oral case report presentations, and the remaining abstracts will be in poster format. We will utilize on-line submission and email for abstract scoring.

At the Program Committee meeting in July, we discussed ways to increase the number of abstracts submitted. Currently announcements concerning the meeting and abstract submission are publicized by email to NASPAG members, on the ASRM and NASPAG websites, and in the *Journal of Pediatric and Adolescent Gynecology*. It was suggested that we attempt to more broadly advertise, including residency and fellowship directors for Pediatrics, Ob/Gyn, Adolescent Medicine, and REI, as well as Canadian fellowships. This would require obtaining the corresponding email lists and permission to use them.

Members of the Abstract Committee will score the oral presentations and posters. However, if a member of the committee has an abstract in either category, that person will not grade that particular category (oral or posters). We have increased the size of the Abstract Committee to make this more feasible. Depending on the abstracts received and accepted this year, we may need to invite additional individuals to participate on the committee to score oral and poster presentations.

The planned timeline for abstracts submissions and grading is as follows:

September 1, 2006	Begin accepting abstracts
November 15, 2006	On-line submission of abstract closes
November 17, 2006	Abstracts and grading sheets emailed to committee members
December 1, 2006	Abstract committee grades must be in to Senta
December 15, 2006	Acceptance letters for posters and oral presentations sent by email. Two different letters, depending on the type of presentation (oral or poster) with detailed instructions, as well time and date of presentation. Abstracts sent to the <i>Journal of Pediatric and Adolescent Gynecology</i> for publication.
February 1, 2007	Letters for Huffman-Capraro award eligibility must be received by Senta.
April 16, 2007	Oral presentations should be received by Senta via email or CD so they are available to upload before the meeting begins.

### ***Clinical Pearls From NASPAG's Annual Meeting***

*submitted by Hatim Omar, MD*

#### **RECOGNIZING, EVALUATING, AND TREATING MOOD DISORDERS**

"The gynecologist may be the only provider a young woman turns to before attempting suicide, so being on the lookout for signs of depression may save lives, especially when a patient is coming to your office with complaints that don't make sense."

### **NASPAG WORKSHOP:**

#### **ASCUS or Ask Us:**

#### ***What to do with the Abnormal PAP?***

submitted by: Anna-Barbara Moscicki, MD

The war against cervical cancer has taken great leaps over the past years. Two prophylactic vaccines which are targeted towards the oncoviruses HPV 16 and 18 look very promising. One of the vaccines has been recently FDA approved and should be released by fall. Vaccination prior to the onset of sexual activity is important in achieving the best efficacy of the vaccines.



**REMEMBER TO RENEW YOUR MEMBERSHIP FOR 2006 & 2007!**

**NASPAG NEWS** is a quarterly newsletter distributed to all members of the *North American Society for Pediatric and Adolescent Gynecology*. Members are encouraged to submit items for publication (i.e. articles, letters, announcements, photographs or member-related news) to one of the following persons:

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**NASPAG Workshop: HIV and the Adolescent**

submitted by: Lawrence B. Friedman, MD  
Director, Division of Adolescent Medicine

1. Most young adults in their 20s who are diagnosed with AIDS sustained the HIV infection while teenagers.
2. Heterosexual male-to-female HIV transmission is the major acquisition mode for teenage and young adult women.
3. In the presence of coincident HIV infection, young women with cervical HPV do not clear it as quickly. Also, high grade types progress to more serious lesions more readily.
4. US adolescents generally have good knowledge about the important STD/HIV protective factors of sexual abstinence and barrier contraceptive use. However, developmental and maturational factors for youth are only at the level that would be expected normally for that age. Sense of future orientation and ability for abstract conceptualization typically may be lacking in this age group.
5. Perinatal HIV cases in the US now are surviving more and more into adolescence and young adulthood. Some females have even given birth.

**ATTENTION:  
NASPAG MEMBERS**

You can now renew your membership for **2007** by visiting the website to download the **Membership Dues Statement** (<http://www.naspag.org/join.html>).  
**Submit form with payment by mail or fax as stated.**

**Website Committee Report**

submitted by Eduardo Lara-Torre, Chair

The committee of the NASPAG website is currently evaluating the site and reviewing possible improvements to its look, content and access. Some modifications of content and rearrangement of information has already been undertaken. We are awaiting further changes as they become approved by the committee with the goal of making the site more informative and user friendly.

**MEMBERSHIP COMMITTEE REPORT**

submitted by Mary Anne Jamison, Chair

*Members include: Mary Anne Jamison, Susan Coupey, Liz Alderman, Susan Rosenthal, Zeev Harel, Ann Davis and Melanie Gold with help from Senta Goldman*

Senta has created a file of members who have not renewed their membership for 2006. The committee, with the assistance of the Board, will divide and conquer to proactively, as well as, personally contact those individuals to try to encourage them to continue as members of NASPAG and/or to learn of their departure.

The committee is grateful to the Board members who have rallied to help with the contacts.

# NASPAG ANNOUNCEMENTS

[http://www.naspag.org/health\\_prof/announcements.html](http://www.naspag.org/health_prof/announcements.html)

## 2007 CALL FOR ABSTRACTS

NASPAG began accepting abstracts earlier this year! We began accepting abstracts on **September 1, 2006**. The **deadline for submission will be November 15, 2006 at 11:59 pm Central Time**. Watch for emails and/or check the website for information on dates, deadlines and details.

## 2007 ANNUAL CLINICAL MEETING

To 2007 Annual Clinical Meeting will be held April 19th-21st in Atlanta, Georgia at the InterContinental Hotel Buckhead. Watch the website for further details as they become available. There will be a **SPECIAL GUEST APPEARANCE BY JANE FONDA!**



## JOURNAL COMMITTEE REPORT

submitted by Joseph S. Sanfilippo, M.D., MBA

The *Journal of Pediatric and Adolescent Gynecology* is completely electronic. The system enables authors to submit articles, reviewers to referee articles and editors to manage the peer-review process online. The website address is <http://ees.elsevier.com/jpag>.

Our publisher, Elsevier, has been a leader in the field. Their guidance and training has allowed us to streamline the entire process; and they have also addressed the minor problems we have encountered. If you need information, just do a Medline search and we come up every time. Your published work is readily accessed across the world.

On another note, I am sad to say our Managing Editor, Doreen Smith, has resigned to pursue a new career. Doreen is familiar to many of you by her kind manner; and her expertise has been with us for many, many years. We wish her every success with her new career. JPAG is ahead of the curve, in part because of her nurturing, in addition to her attention to detail. We all thank you, very much, for your dedication to NASPAG as well as the education of our membership. Laura Carlquist will be the new Managing Editor. She can be contacted directly at [lcarlquist@mail.magee.edu](mailto:lcarlquist@mail.magee.edu).

## Pediatric and Adolescent Gynecology HIGHLIGHTS

The August issue of JPAG includes the following NASPAG documents.



*Healthcare for Adolescents with Turner Syndrome*  
(pages 257-265)

*Self-Treatment Patterns Among Adolescent Girls with Dysmenorrhea*  
(pages 285-289)

*What's Your Diagnosis? Nine-year-old Girl with a Pubic Rash Gone Incognito*  
(pages 307-312)

### **Executive Director Continued.....**

Nerve injury, as a case report, was reported in that the medial antebrachial cutaneous nerve was affected at the time of implant with Implanon. This resulted in a painful neuroma. (2) Ultrasound has been helpful in identifying difficult to remove, i.e. not palpable, subdermal implants. Migration has been noted one year after insertion. (3)

What about vaginal rings? Many teens do not like to place such devices in the vagina; then again, I see some teens that use combined contraceptive rings quite effectively. An interesting study from the Netherlands attests to its reliability, safety, efficacy and convenience. (4)

So the story is indeed a work in progress. Think about it; don't be the "lonesome loser". Stay up to date as you read the *Journal of Pediatric and Adolescent Gynecology* to learn all about current research. **By all means mark that calendar for April 19-21, 2007, Atlanta, GA.** We shall meet again.

1. Hidalgo M, Lisondo C, Juliato C, Esperjo-Arce X et al Ovarian cysts in users of Implanon and Jadelle subdermal contraceptive implants *Contraception* 2006;73:532-6.
2. Wechselberger G, Wolfram D, Pulzi P, Soelder E, Schoeller T Nerve injury caused by removal of an implantable hormonal contraceptive *Am J Obstet Gynecol* 2006;195:323-6.
3. Ismail H, Mansour D, Singh M Migration of Implanon *J Fam Plann Reprod Health Care* 2006;32:157-9.
4. Roumen F, op ten Berg M, Hoomans E The comined contraceptive vaginal ring (Nuva Ring): first experience in daily clinical practice. *Eur J Contracept Reprod Health Care* 2006; 11:14-22.

### **A Message from the ACM Program Chair**

As Chair of the 2007 Annual Clinical Meeting, I encourage you not to miss what promises to be a most exciting meeting in pediatric and adolescent gynecology. The ACM will be held in **Atlanta, Georgia on April 19-21, 2007**, at the **InterContinental Hotel Buckhead**. The program will include presentations of the latest scientific findings and how the results of these studies can be put into practice when attendees return home.

The Keynotes, as well as, the Plenary Sessions will feature nationally known speakers and experts who will provide novel information on a variety of issues. This year's lecture topics include: current and changing thinking on Turner's syndrome, management of reproductive congenital anomalies, new guidelines on Sexually Transmitted Infections, changes in PCOS and an update on teenage pregnancy. On Friday, there will be an opportunity to have small lunch meetings with experts in PAG, in addition to getting all your questions answered.

The Program Committee is also pleased to offer three sessions of scientific workshops that provide additional opportunities for participants to interact with the speakers in a more informal format.

Be sure to stay until Saturday to hear surgical and adolescent debates that feature experts discussing controversial areas in our field. These panel discussions will provide an opportunity for comparing different approaches to common dilemmas.

The other members of the Program Committee and I have tried to organize an interesting, yet challenging, program. We look forward to seeing you in Atlanta!

**Elisabeth Quint, Chair**  
**2007 Annual Clinical Meeting**

Some helpful websites to keep us up to date on new information related to Pediatric and Adolescent Gynecology:

The 2006 CDC STD Guidelines-

<http://www.cdc.gov/mmwr/prview/mmwrhtml/rr5511a1.htm>

Information on Gardasil -

<http://www.cdc.gov/std/HPV/STDFact-HPV-vaccine.htm>

Newsflash-FDA approves sale of Plan B OTC for women over 18 -

<http://www.fda.gov/bbs/topics/NEWS/2006/NEW01436.html>

## **REMEMBERING SALLY E. PERLMAN, M.D.**



Sally Perlman died peacefully at her Louisville home on October 14, 2006, surrounded by her dogs, friends and relatives. She earned her undergraduate degree from Clarke University, her RN from Case Western University, her MS in nursing from Boston College, and her MD from Dartmouth Medical School. After her medical residency in San Francisco, she completed a fellowship at the University of Louisville School of Medicine in Pediatric and Adolescent Gynecology. A Fellow in The American College of Obstetricians and Gynecologists, it was her accomplishments in her subspecialty that brought her back to Louisville to Co-Direct the Fellowship in Pediatric and Adolescent Gynecology.

Dr. Perlman attained the positions of Associate Professor of Obstetrics, Gynecology and Women's Health and Pediatrics and Director of the Division of Pediatric and Adolescent Gynecology at the University of Louisville School of Medicine, Louisville, Kentucky. She credited her Louisville patients, staff, nursing and physician colleagues, as well as, her friends and neighbors with making her years in Louisville some of the best and most rewarding of her life. Sally excelled in everything she pursued, was gifted with compassion and the art of healing, devoted to the selfless pursuit of community service, a devotee of the arts, and possessed a boundless appreciation of and exuberance for life.

Memorial donations may be sent to the American Cancer Society, Hospice of Louisville or the Kosair Children's Hospital Foundation.

The Kosair Children's Hospital Foundation charity houses the Sally E. Perlman Fund to support pediatric and adolescent gynecology at the hospital ([www.helpkosairchildrenshospital.com](http://www.helpkosairchildrenshospital.com)).

American Cancer Society:

[www.cancer.org](http://www.cancer.org)

P.O. Box 22718, Oklahoma City, OK 73123-1718

800-ACS-2345

Hospice of Louisville:

[http://www.hospices.org/Louisville\\_and\\_Rural.htm](http://www.hospices.org/Louisville_and_Rural.htm)

3532 Ephraim McDowell Dr, Louisville, KY 40205 502-456-6200

NASPAG will also rename the *Best Poster Award* in honor of Sally Perlman to be called ***The Sally Perlman Best Poster Award***. If you are interested in making a tax deductible monetary donation to this cause, please contact the Administrative Office of NASPAG.

