



الجمعية اللبنانية للتوليد والأمراض النسائية  
Lebanese Society of Obstetrics & Gynecology  
Société Libanaise d'Obstétrique & de Gynécologie

# The Stork



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It is with pride and pleasure that we re-launch the STORK after such a long pause. This exciting publication will keep us closely connected and updated. This particular issue highlights some of the achievements of LSOG. It also sheds light on the new recommendations for cervical cancer screening in addition to a multitude of other newsworthy items. We hope that you will share our excitement and find this newsletter useful.

Sincerely,

*Anwar Nassar, MD*

*Editor-in-Chief*

Dear Colleagues,

We are taking back the challenge with the re-launching of STORK to stay connected and united. At a time when the environment of our practice is getting rough and complicated, and at a time when quality care demands more and more knowledge and dedication, STORK comes to your hands as one of the many means of LSOG to promote the quality of our work and skills and to sustain the wellness of our clients.

Thanks to Drs. Anwar Nassar and Fadi Mirza and to all of you for bringing STORK back to stay.

*Faysal EL-Kak, M.D.*

*President, LSOG*

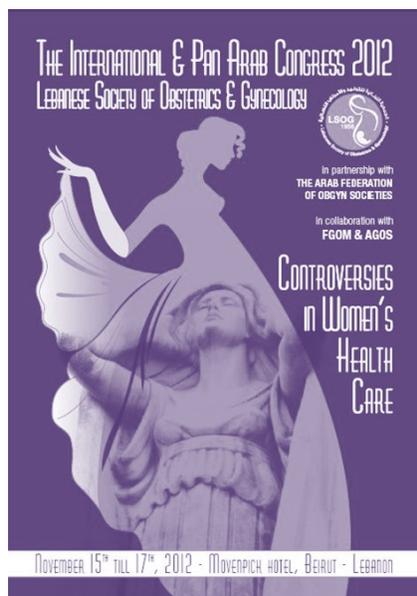
## PREMATURE IUGR: CESAREAN DELIVERY IS NOT NECESSARILY SAFER

Contrary to widespread belief, cesarean delivery might not be safer than vaginal delivery for infants who are premature and small for gestational age (GA) - less than 10th percentile for GA - according to research presented lately at the Society for Maternal Fetal Medicine 32nd Annual Meeting in Dallas, Texas Feb 6-12, 2012.

Dr. Werner and her colleagues, from Johns Hopkins University in Baltimore, Maryland, evaluated data on 2570 live singleton births that were delivered at 25 to 34 GA from 1995 to 2003; 46% were vaginal (VD) and 54% were cesarean deliveries (CS). CS did not result in a reduction in the complications that have been perceived as

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## MARK YOUR CALENDER: Nov 15-17, 2012 - THE INTERNATIONAL & PAN ARAB CONGRESS OF LSOG



This year the congress will address basic practice issues, new advancement, and interdisciplinary preventive care within the context of evidence-based medicine and cost-effective quality practice and care for women.

There will also be 3 pre-congress workshops/courses: First trimester screening, laparoscopy/hysteroscopy skills, and screening/management of genital lesions.

For Updates visit: [www.lso2012.com](http://www.lso2012.com)

## LIGHT ALCOHOL INTAKE INCREASES RISK FOR BREAST CANCER

Since the early 1980s, an association has been shown between alcohol consumption and risk for breast cancer. Women should not exceed 1 drink of alcohol a day, concludes a new meta-analysis of 113 studies which documented a significant increase of the order of 4% in the risk of breast cancer with intakes of up to one alcoholic drink/day (12.5 g of ethanol per day). Overall, up to 1% to 2% of breast cancers in Europe and North America are "attributable to light drinking alone," Helmut K. Seitz, PhD, from the Centre of Alcohol Research at the University of Heidelberg in Germany estimates.

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## Updated Guidelines Released for Cervical Cancer Screening

March 14, 2012 — American Cancer Society, American Society for colposcopy and Cervical Pathology & American Society for Clinical Pathology

These guidelines are for general screening, and do not address high-risk populations. These include women with a history of cervical cancer, exposure to diethylstilbestrol in utero, or immunocompromised women.

### 1. *What is the optimal age to begin screening?*

Cervical cancer screening should begin at 21 years of age, regardless of sexual activity or other risk factors. The rationale for this recommendation is that cervical cancer is rare in adolescents and young women, and might not be prevented with cytology screening.

### 2. *How frequently should we screen between 21 to 29 years of age?*

Screening with cytology is recommended every 3 years for this age group. This interval provides the "best balance of benefits and harms." HPV testing should not be used as a standalone test or a co-test with cytology in this age group because of the high prevalence of HPV infection in young women.

### 3. *Any changes in screening between 30 to 65 years of age ?*

These women should be screened with cytology alone every 3 years or cytology and HPV testing every 5 years (preferred). Co-testing at 5-year intervals provides a cancer risk similar to that of cytology alone at 3-year intervals.

### 4. *Is it an option to screen with HPV testing alone?*

In most clinical settings, this is not recommended. Although HPV testing is promising, there is a lack of a well-defined management strategy for positive tests that prevents their practical implementation at this time.

### 5. *Should we continue screening women older than 65 years ?*

Cervical cancer screening can be stopped after this age with adequate negative previous screening if there is no history of cervical intraepithelial neoplasia (CIN grade 2 or higher) in the past 20 years. Once screening is discontinued, it should not be resumed for any reason. The rationale for this recommendation is that the prevalence of advanced lesions or cervical cancer is rare in women who have been adequately screened.

### 6. *How to screen women with no history of CIN2 after hysterectomy ?*

Women of any age who have had a hysterectomy and their cervix removed should not be screened for vaginal cancer, and evidence of adequate negative previous screening is not required. The rationale is that vaginal cancer is uncommon, and abnormal vaginal cytology is rarely of clinical importance.

### 7. *Should we continue screening women who received HPV vaccine?*

The same screening recommendations apply to women who have and who have not received an HPV vaccination. The guidelines point out that the current vaccines do not cover all carcinogenic HPV types, and because recommendations include vaccinating women up to 26 years of age, many will receive the vaccine after they have already been exposed to HPV.

## ASK THE EXPERT

STORK approached Dr. Muhieddine Seoud, a Gynecologic Oncologist at the American University of Beirut Medical Center, to give his opinion on how these guidelines fit into the Lebanese context. Dr. Seoud believes that these guidelines "are important but need to be modified to better suit our population with its peculiar but changing sexual behavior." Regarding the age at initiating screening, Dr. Seoud believes that "a significant portion of our 21 year old women may still be sexually inactive and/or not married; therefore, it is probably better to stick to the prior USPSTF and ACOG recommendations of starting screening after 3 years of sexual activity and not before 21 years of age." According to him, the rest of the recommendations are applicable to our population.

## REPRODUCTIVE TECHNOLOGIES: DO THEY INCREASE THE RISK OF BIRTH DEFECTS?

May 5, 2012 — The extent to which birth defects after infertility treatment may be explained by underlying parental factors is uncertain. In a study published in NEJM, Davies et al from Australia, compared risks of birth defects among pregnancies in women who received treatment with assisted reproductive technology (ART), spontaneous pregnancies in women who had a previous birth with assisted conception, pregnancies in women with a record of infertility but no treatment with assisted reproductive technology, and pregnancies in women with no record of infertility. They reviewed a total of 308,974 births.

There was an increased risk of birth defects associated with IVF; however, this was no longer significant after adjustment for parental factors. On the other hand, the risk of birth defects associated with ICSI remained increased after multivariate adjustment. A history of infertility, either with or without assisted conception, was also significantly associated with birth defects. The findings of this study, the largest to address this issue, can be used for counseling women seeking ART.

## ELECTIVE LABOR INDUCTION AT TERM MAY REDUCE PERINATAL DEATH

May 10, 2012 — Induction of labor is frequently performed for pregnancies at 41 weeks' gestation to reduce perinatal mortality. This is the first large study to examine the risks and benefits of induction at term on newborn deaths. Using Scottish birth and death records, Stock et al analyzed data for more than 1.2 million women with single pregnancies who gave birth after 37 weeks' gestation between 1981 and 2007 in an article published in BMJ.

At 40 weeks' gestation, deaths occurred in 0.08% in the induction group (n=44,764) compared with 0.18% in the expectant management group (n=350,643) (adjusted odds ratio, 0.39; 99% confidence interval [CI], 0.24 - 0.63).

The authors estimate that for every 1040 elective inductions at 40 weeks, 1 newborn death may be prevented. However, this would result in 7 more admissions to a special care baby unit.

Thus, compared with expectant management, elective labor induction at term can reduce perinatal mortality in developed countries. This benefit occurs without increasing the risk for operative delivery but at the expense of an increased risk for admission into the special care baby unit.

## UPCOMING LSOG ACTIVITIES

May 25: Key Opinion Leader—Beirut  
May 29: Luteal Phase Support—Beirut  
June 8: Updates OCP—Beqaa  
June 13 : 3 Topics in Gynecology—Beqaa  
June 29: Nabatieh  
June 30: Keserwan  
For updates visit LSOG website: [www.LSOG.org.lb](http://www.LSOG.org.lb)

## LSOG “PRACTICE AND COMMUNITY ACTIVITIES”

LSOG General Assembly  
Launching of the results of the Pap smear campaign (June)  
Distribution of the STANDARDIZED Antenatal Record for pregnancy care in Lebanon (July)  
LSOG Retreat to assess LSOG performance and set a 5-year vision plan

## LSOG INITIATIVES

The LSOG board, and in collaboration with colleagues from academic institutions and teaching hospitals have launched few national initiatives aiming to promote women’s health and well-being in Lebanon, as well as engage LSOG members more and more in evidence-based clinical practice.

**National Pap Smear Campaign:** This campaign was conducted in collaboration with the Ministry of Public Health (MOPH), “Think Again” campaign, the UNFPA and the “National Committee of Cervical Cancer Prevention” from between March 19 - April 19, 2012. The campaign involved more than a 100 colleagues, hundreds of public and NGO health centers and hospitals. Field and hotline reports revealed a significant interest of the community and a significant uptake of Pap smear (> 20,000). An official document will be released on this campaign.

**IVF Regulatory Guidelines:** Assisted reproduction treatment is facing many challenges and problems worldwide, including Lebanon. LSOG has held Reproductive Endocrinology and Infertility expert meetings to set IVF regulatory documents for standards of practice that will ensure safety of the patients within the ethical and scientifically sound context of practice. The regulatory guideline will be implemented under the law which is being discussed in the Parliament. Expected finalization is end of May 2012.

**Non-invasive aneuploidy screen:** An expert group has convened under the umbrella of LSOG to establish practice guidelines for “non-invasive aneuploidy screen.” Considerations related to pregnancy care, screening procedures, cost, and expected maternal and fetal well-being were essential principles in formulating the document, which is expected to be finalized by June 2012.

### No one should die from cervical cancer: Lebanese expert

(The Daily Star Feb 2, 2012 <http://www.dailystar.com.lb>)

January marked cervical cancer awareness month, during which LSOG conducted special events, media appearances and workshops to educate physicians and the public about the risks of cervical cancer and, more importantly, the vaccines available to prevent this disease. “According to some reports, every hour there is one woman dying from cervical cancer in the MENA region. Globally, every one minute a woman is diagnosed with cervical cancer”, says Dr. Faysal El-Kak, President of the Lebanese Society for Obstetrics and Gynecology. Dr. El-Kak insisted that “this is the most preventable disease and that “no one should die from cervical cancer.” Cervical cancer is caused by the Human Papillomavirus (HPV) which is the most common sexually transmitted infection in both men and women. Regular Pap smear are warranted as a screening tool for cervical cancer, yet, in Lebanon, only 10 percent of women undergo a Pap smear, which is significantly low. To emphasize the importance of this test, Dr. El-Kak explains that, “if you have precancerous cells today, it might take up to 15 years before it develops into cancer. Another point that was emphasized during this campaign is the role of HPV vaccination, which is available in 2 forms, available to girls aged 11 to 26. Only 5 percent of Lebanese women have received this vaccine. LSOG subsequently conducted regular trainings and seminars. The organization held five such workshops coming up in February and March in the lead up to a “Pap smear national campaign,” which was launched on March 8 to coincide with the U.N. International Women’s Day.

### Trisomy 21 screening utilizing cell-free fetal DNA from maternal blood becomes commercially available

MaterniT21(tm) was recently launched in the United States as a blood test for trisomy 21. This test, which is currently marketed for women with singleton gestations at >10 weeks at high risk for Down syndrome, utilizes cell-free fetal DNA in maternal circulation. The results become available in about 10 days. The International Society for Prenatal Diagnosis (ISPD) issued a rapid response position statement supporting the use of this test as an advanced screening test or women with singleton pregnancies considered at high risk for trisomy 21. The ISPD recommends that positive results be confirmed by invasive testing.

The test was validated in a multicenter study of high risk singleton pregnancies, defined as the presence of advanced maternal age, an ultrasound finding suggestive of aneuploidy, positive serum screening or a personal or family history of Down syndrome. In the validation study, the performance characteristics of the MaterniT21(tm) test included sensitivity 98.6%, specificity 99.8%, false negative rate of 1.4% and false positive rate of 0.2%. Testing was technically successful in 99.2% of the samples. The test has not been validated in low risk women, multiple gestations, or in pregnancies with trisomy 21 mosaicism, yet studies are underway to validate use in low-risk pregnancies.

## LSOG ACROSS LEBANON: 2012 ACTIVITIES

LSOG was busy in 2012 with a high number of seminars across the country. LSOG kicked off 2012 with *Updates in Gynecology and Infertility* held on Feb. 8 in Dahieh. Later that month, a seminar on 'Vaginal infections in OBGYN: New insights' was held in North Lebanon. Two days later, it was South Lebanon's turn with the seminar 'Clinical updates in women's health care.'

March was a special month in the Bekaa area, with *The First Bekaa Day in Obstetrics and Gynecology: Clinical Updates* held on March 10<sup>th</sup>. The program was rich with 9 presentations. Another seminar about *Updates in Gynecologic and Urogynecologic interventions* was organized soon after in Beirut and was held on March 12.

A seminar entitled 'Clinical Updates in Obstetrical Care' was held in the Bekaa on April 6. It was North Lebanon's turn again on April 17 with 'Topic Updates in OB/GYN.' The seminar series then moved to Beirut with a series entitled 'Topic Updates in Obstetrics.' The month of April concluded with *Vit D and Vit K2 Updates*.

During the month of May, the LSOG collaborated with the MEMA which featured the session *Hot topics in Women's Health*. The LSOG also collaborated with the Gyneco Francophone and Association of Graduates of Francophone Universities with an event entitled 'Contraception Updates.'

## INTERNATIONAL MEETINGS

Conference	Date	Location	Website
10 <sup>th</sup> RCOG International Scientific Congress	June 5-8, 2012	Kuching (Sarawak), Malaysia	<a href="http://www.rcog.org.uk/events/RCOG2012">www.rcog.org.uk/events/RCOG2012</a>
XXIII European Congress of Perinatal Medicine	June 13-16, 2012	Paris, France	<a href="http://www.mcaevents.org/ecpm2012">www.mcaevents.org/ecpm2012</a>
11 <sup>th</sup> World Congress in Fetal Medicine	June 24-28, 2012	Kos, Greece	<a href="http://www.fetalmedicine.com/fmf/courses-congress/conferences">www.fetalmedicine.com/fmf/courses-congress/conferences</a>
28 <sup>th</sup> Annual Meeting of the European Society of Human Reproduction and Embryology	July 1-4, 2012	Istanbul, Turkey	<a href="http://www.eshre.eu/ESHRE/English/Annual-meeting/Istanbul-2012/page.aspx/1381">www.eshre.eu/ESHRE/English/Annual-meeting/Istanbul-2012/page.aspx/1381</a>
22 <sup>nd</sup> Annual Congress of ISUOG	September 9-12, 2012	Copenhagen, Denmark	<a href="http://www.isuog.org/WorldCongress/2012">www.isuog.org/WorldCongress/2012</a>
XX FIGO World Congress of Gynecology and Ob-	October 7-12, 2012	Rome, Italy	<a href="http://www.figo2012.org">www.figo2012.org</a>
41 <sup>st</sup> Global Congress of Minimally Invasive Gyne-	November 5-9, 2012	Las Vegas, USA	<a href="http://www.aagl.org/events">www.aagl.org/events</a>
17 <sup>th</sup> World Congress on Controversies in Obstetrics, Gynecology and Infertility	November 8-11, 2012	Lisbon, Portugal	<a href="http://www.congressmed.com/cogilisbon">www.congressmed.com/cogilisbon</a>
5 <sup>th</sup> International Symposium on Assisted Reproduction	December 12-14, 2012	Madrid, Spain	<a href="http://www.simposiofundaciontambre.com">www.simposiofundaciontambre.com</a>

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## HOT TOPICS IN PERINATAL MEDICINE

The Division of Maternal Fetal Medicine – Department of Obstetrics and Gynecology at the American University of Beirut Medical Center is organizing its first specialty symposium entitled "Hot Topics in Perinatal Medicine." This rich program will feature a session on evidence-based delivery suite practices, and another session on the use of progesterone in obstetrics in the 1<sup>st</sup> trimester and beyond. The symposium will conclude with a series of exciting debates on very controversial issues. The key note talk will tackle the hot topic of non-invasive prenatal diagnosis! The scheduled date for this activity is September 15, 2012. For details: <http://staff.aub.edu.lb/~webobs>

### PREMATURE IUGR: CESAREAN DELIVERY IS NOT NECESSARILY SAFER

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risks of vaginal delivery, namely intraventricular hemorrhage, subdural hemorrhage, seizures, and sepsis. On the other hand, respiratory distress syndrome was 30% more likely with CS than with VD. The rate remained higher even after controlling for factors such as maternal age, ethnicity, education, pre-pregnancy weight, diabetes, hypertension, and GA at delivery. The findings underscore recommendation by the American College of Obstetricians and Gynecologists (ACOG) that infants who are preterm don't benefit from CS.

### LIGHT ALCOHOL INTAKE INCREASES RISK FOR BREAST CANCER

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The mechanisms involved are not clearly understood and can be diverse. The authors advise that healthy women should not exceed 1 drink of alcohol a day, whereas women with breast cancer risk factors should avoid alcohol or consume it infrequently.