



The Stork



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Welcome!

It is with the greatest pleasure that we introduce to you our first issue of "The Stork". The idea has been with us for the past 2 years and we finally see its birth!

The Stork will be a quarterly newsletter made available to all of the members of the SLOG. Its aim is multifold. First, it is a means for the society to be constantly in touch with its members. Second, it aims at updating our members of recent advances in the field through publishing summaries of clinically relevant reports from the world literature. Third, it is a means to notify our members of the upcoming activities of the society as well as notify them of regional and international meetings. Fourth, it should serve as a means for our members to share their personal views and interesting case reports.

In the future, we may also have The Stork available on the society's website and we will transmit it electronically to those of you who register with us by email.

We welcome the input of all of our members in this and all future endeavors of the society. For it is only through proper communication and cooperation that we can further advance.

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HPV Vaccination

Gardasil, the quadrivalent HPV recombinant vaccine against types 6,11,16 and 18, is now available from Merck. The American College of Obstetricians and Gynecologists has recommended that this vaccine be offered to females ages 9-26 in the USA. The vaccine protects against the strains responsible for most of the cervical cancer and genital warts and is most effective if administered prior to the onset of sexual activity.

Gardasil is now available in the Gulf at a cost of \$360 (\$120 per each of 3 shots given at 0,2 and 6 months). As to its availability in Lebanon, Merck is working on all the logistics and will notify the society as to the date of availability and cost once it is available. The Lebanese Society of Ob/Gyn is in the process of putting together a committee in order to issue guidelines for our population in Lebanon and these will be published in the next issue of The Stork.

SSRI Use in Pregnancy

Depression in women of reproductive age is quite prevalent in our population and we are all encountering more and more patients who are on SSRI's or for whom we feel that SSRI's are indicated, even in pregnancy.

The American College of Obstetricians and Gynecologists (ACOG) has just released a "Committee Opinion" in December 2006 recommending that the use of SSRI's be individualized in pregnancy because of recent reports that have raised concerns about increased incidence of fetal cardiac defects, persistent pulmonary hypertension and other untoward side effects.

This has been mostly seen with Paroxetine (Paxil) and ACOG has recommended that the use of Paroxetine be avoided if possible, in women of reproductive age.

Summary of ACOG's Committee Opinion on Cancer Screening in Women Number 356, December 2006

Table 1. Estimated Number and Lifetime Risk of Women Who Will Develop or Die From Various Types of Cancer in 2006

Type of Cancer	Number of New Cases	Lifetime Risk of Developing, 1 in	Number of Deaths	Lifetime Risk of Dying From, 1 in
Breast	212,920	8	40,970	34
Lung	81,770	17	72,130	20
Colorectal	75,810	18	27,300	45
Endometrial	41,200	38	7,350	196
Skin	30,420	77	3,720	500
Ovarian	20,180	68	15,310	95
Cervical	9,710	135	3,700	385

Data from Jemal A, Siegel R, Ward E, Murray T, Xu J, Smigal C, et al. Cancer statistics, 2006. *CA Cancer J Clin* 2006;56:106–30; and American Cancer Society. Lifetime probability of developing or dying from cancer. Atlanta (GA): ACS; 2006. Available at: http://www.cancer.org/docroot/CRI/content/CRI_2_6x_Lifetime_Probability_of_Developing_or_Dying_From_Cancer.asp. Retrieved August 18, 2006.

Table 2. Suggested Routine Cancer Screening Guidelines

Topic	Guideline
General health counseling and cancer evaluation	All women should have a general health evaluation annually or as appropriate that should include evaluation for cancer and examination, as indicated, to detect signs of premalignant or malignant conditions.
Breast cancer	Mammography should be performed every 1–2 years beginning at age 40 years and yearly beginning at age 50 years. All women should have an annual clinical breast examination as part of the physical examination. Despite a lack of definitive data for or against breast self-examination, breast self-examination has the potential to detect palpable breast cancer and can be recommended.
Cervical cancer	Cervical cytology should be performed annually beginning at approximately 3 years after initiation of sexual intercourse but no later than age 21 years. Cervical cytology screening can be performed every 2–3 years after three consecutive negative test results if the patient is aged 30 years or older with no history of cervical intraepithelial neoplasia 2 or 3, immunosuppression, human immunodeficiency virus (HIV) infection, or diethylstilbestrol exposure in utero. Annual cervical cytology also is an option for women aged 30 years and older. The use of a combination of cervical cytology and HPV DNA screening is appropriate for women aged 30 years and older. If this combination is used, women who receive negative results on both tests should be rescreened no more frequently than every 3 years.
Colorectal cancer	Beginning at age 50 years, one of five screening options should be selected: 1) Yearly patient-collected fecal occult blood testing (FOBT) or fecal immunochemical testing (FIT)* <i>or</i> 2) Flexible sigmoidoscopy every 5 years <i>or</i> 3) Yearly patient-collected FOBT or FIT* plus flexible sigmoidoscopy every 5 years <i>or</i> 4) Double-contrast barium enema every 5 years <i>or</i> 5) Colonoscopy every 10 years
Endometrial cancer	Screening asymptomatic women for endometrial cancer and its precursors is not recommended at this time.
Lung cancer	Available screening techniques are not cost-effective and have not been shown to reduce mortality from lung cancer. Accordingly, routine lung cancer screening is not recommended.
Ovarian cancer	Currently, there are no effective techniques for the routine screening of asymptomatic, low-risk women for ovarian cancer. It appears that the best way to detect early ovarian cancer is for both the patient and her clinician to have a high index of suspicion of the diagnosis in the symptomatic woman, and both should be aware of the symptoms commonly associated with ovarian cancer. Persistent symptoms such as an increase in abdominal size, abdominal bloating, fatigue, abdominal pain, indigestion, inability to eat normally, urinary frequency, pelvic pain, constipation, back pain, urinary incontinence of recent onset, or unexplained weight loss should be evaluated with ovarian cancer being included in the differential diagnosis.
Skin cancer	Evaluate and counsel regarding exposure to ultraviolet rays.

*Both FOBT and FIT require two or three samples of stool collected by the patient at home and returned for analysis. A single stool sample for FOBT or FIT obtained by digital rectal examination is not adequate for the detection of colorectal cancer.

Stork Literary Recommendations

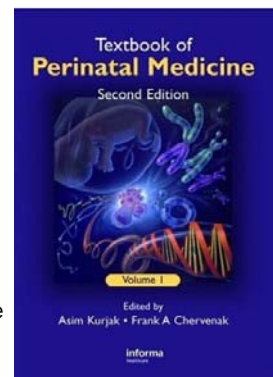
Textbook of Perinatal Medicine, Second Edition

Edited by Asim Kurjak & Frank Chervenak. June 2006: 2304 pages (2 volume set).
Hb 1-84214-333-6. Informa Healthcare (www.informa.com).

The most authoritative work on perinatal medicine currently available, The Textbook of Perinatal Medicine builds on the huge success of its predecessors to provide a comprehensive two volume set without parallel in terms of size and authority.

Published under the auspices of the World Association of Perinatal Medicine, with a prestigious, international team of authors, key areas covered include: neonatology, genetics and screening, prenatal diagnosis and therapy, perinatal morphology, preterm delivery, fetal monitoring, multiple pregnancy, maternal disease, intrauterine growth and developing countries.

With 300 tables and a highly illustrated, clearly presented format, this one-of-a-kind textbook is a gold-standard summary of modern clinical practice that will be welcomed by all who work in this important field of medicine.



Free Teratology Services on the Web

One of the most difficult problems encountered by the obstetricians/gynecologists is their patient's exposure to potential teratogens and the sometimes dismal information available to them in order to counsel their patients properly. The Organization of Teratology Information Specialists now has a website that is easily accessible and free where one can download hundreds of fact sheets (for physician and patient use) on various teratogens: from medications, to infections, to vaccinations, to maternal diseases, to substance abuse and beauty treatments. These can be accessed under "Fact Sheets" in the left hand corner of the site: www.otispregnancy.org. There are also various PowerPoint presentations that can be downloaded by clicking on the "Links" in the upper hand corner of the homepage. These can be useful for educational purposes as well.

Stork Announcements

The Arab Board of Obstetrics and Gynecology's examination, parts 1 and 2, will take place in Damascus, Syria on October 21, 2007.

For more information, please contact Mrs. Soraya Abi-Nader at 01610710 Ext 202 or Dr. Walid Saghir at 03220918.

A Call to our Female Obstetricians and Gynecologists

The society recognizes the importance of the rising role of our female obstetricians/gynecologists and for this reason, we would like to encourage their active participation to further improve the status of our women all over Lebanon. We are thus asking them to become members in the society especially since we are looking at establishing the women's chapter to address all concerns of our

females: physicians and mothers. The targeted areas for the chapter will be improving their status in the workplace and in our communities. Our women are being faced with more and more challenges on a daily basis, with respect to availability of healthcare, contraception, proper prenatal counseling and care.

For further information, please contact the society at 01610710 extension 202



or via e-mail at lebaneseobgyn@yahoo.com.

The Lebanese Society of Obstetrics and Gynecology

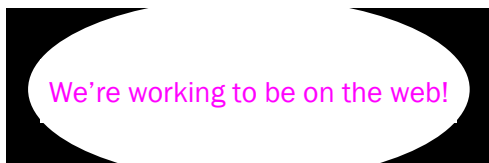
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Bookmark These Websites

Useful Websites	Address
Arab Association of Obstetrics and Gynecology Societies	www.arabgo.org
American College of Obstetricians and Gynecologists	www.acog.com
American Institute of Ultrasound in Medicine	www.aium.org
Cervical Health	www.cervicalhealth.com
Fetal Medicine Foundation	www.fetalmedicine.com
Lebanese Ministry of Health	www.public-health.gov.lb/index.shtml
Lebanese Order of Physicians	www.atebba.org
Medline	www.ncbi.nlm.nih.gov/entrez/query.fcgi?DB=pubmed
Middle East Fertility Society	www.mefs.org
Society of Maternal Fetal Medicine	www.smfm.org

Upcoming Congresses

<u>COURSE TITLE</u>	<u>DATES</u>	<u>LOCATION</u>	<u>WEBSITE ADDRESS</u>
9th World Congress on Controversies in Obstetrics and Gynecology and Infertility	March 22-25, 2007	Barcelona, Spain	www.comtecmed.com
4th International Symposium on Diabetes and Pregnancy	March 29-31, 2007	Istanbul, Turkey	www.kenes.com/dip07/
2nd International Congress of the Jordanian Society for Fertility and Genetics	April 4-7, 2007	Amman, Jordan	E-mail: araborganizers@index.com.jo
AFFS: 19th World Congress on Fertility and Sterility	April 30-May 5, 2007	Durban, South Africa	E-mail: pdal@iafrica.com
Fetal Medicine Cairo	May 2-7, 2007	Cairo, Egypt	www.fetalmedicine2007.com
55th Annual Congress of the American Society of Obstetricians and Gynecologists	May 5-9, 2007	San Diego, CA	www.acog.org/acm/
Ultrasound in Reproductive Medicine and Infertility	May 19-20, 2007	Chicago, Ill	www.aium.org
6th World Congress in Fetal Medicine	June 17-21, 2007	Dubrovnik, Croatia	http://www.fetalmedicine.com/f-congress.htm
31st British Congress of Obstetrics and Gynecology	July 4-6, 2007	London, England	E-mail: conference@rcog.org.uk
8th World Congress of Perinatal Medicine	Sept 9-13, 2007	Florence, Italy	www.wcpm.org
International Society of Ultrasound in Obstetrics and Gynecology	October 7-11, 2007	Florence, Italy	www.isuog2007.org
American Society of Reproductive Medicine	October 13-17, 2007	Washington, DC	www.asrm.org