The Obstetrical Society of Philadelphia

*To embrace our legacy, foster collegiality, and share expertise to improve the health of women in Philadelphia and beyond*

# Newsletter

FEBRUARY 2018 VOL. 45, NO. 2

## President's Message

On the morning of February 8, I stood in front of Philadelphia City Hall, at the corner of 15th Street and South Penn Square to witness something that many of us wondered would ever happen in our lifetime. The Eagles had just won the Super Bowl and hundreds of thousands of people gathered in Center City to celebrate the Parade of Champions. As I stood in the cold shadows of the morning, I reflected on the success of the team, but more importantly the many lessons to be learned from their success. While some may question how a winning football team relates to the challenges that we face in the practice of medicine, I believe that there are many strong similarities.

As the practice of medicine continues to evolve to one in which reliance on teams of care to provide increased efficiency, safety and quality, an examination of the success of this team can provide us with some important insights. They showed us what a group of committed individuals can accomplish when they share a common goal. When faced with adversity and loss of key resources, you can either make excuses or you can make a commitment. They chose the latter, demonstrating how dedication to a shared vision and to the hard work required to achieve a long-sought goal leads to ultimate success. They also consistently demonstrated how unselfish commitment to the success of the team's goals over individual accolades is critical.

As physicians we are often called upon to provide leadership of our care teams. A wonderful example of collaborative leadership came to mind as I reflected on a critical point in the Super Bowl game when the Eagles faced a fourth and goal situation. Coach Pederson, the "Captain of the Ship", chose not to bury his head in his preconceived notions of how best to proceed, but rather listened to a trusted member of his team's suggested solution to the problem at hand, reflected for a moment, responded "Yeah, let's do it" and immediately set about ensuring that all the members of the team knew the plan and were ready to execute.

Success is never certain, failure is never final, is a mantra that I adopted many years ago and has provided me inspiration when faced with personal and professional challenges. I reflected on how that simple phrase complemented MVP quarterback Nick Foles comments on the key to success when he stated, *"I think the big thing is don't be afraid to fail… Failure is a part of life. It's a part of building character and growing. Without failure who would you be?… I think when you look at a struggle in your life, just know that it's an opportunity for your character to grow, and that has been the message. Simple. If something's going on in your life and you're struggling, embrace it, because you're growing."* Wise words indeed!

As the day came to a close, I became increasingly certain of two things. First, our decision to postpone our February meeting had been the right one. Second, the Philadelphia Eagles had provided all of us with the joy of a long-awaited championship and a whole lot more.

***A. George Neubert, M.D.***
***President***

## Upcoming Lecture

**Thursday, March 8, 2018, 6:00 PM**

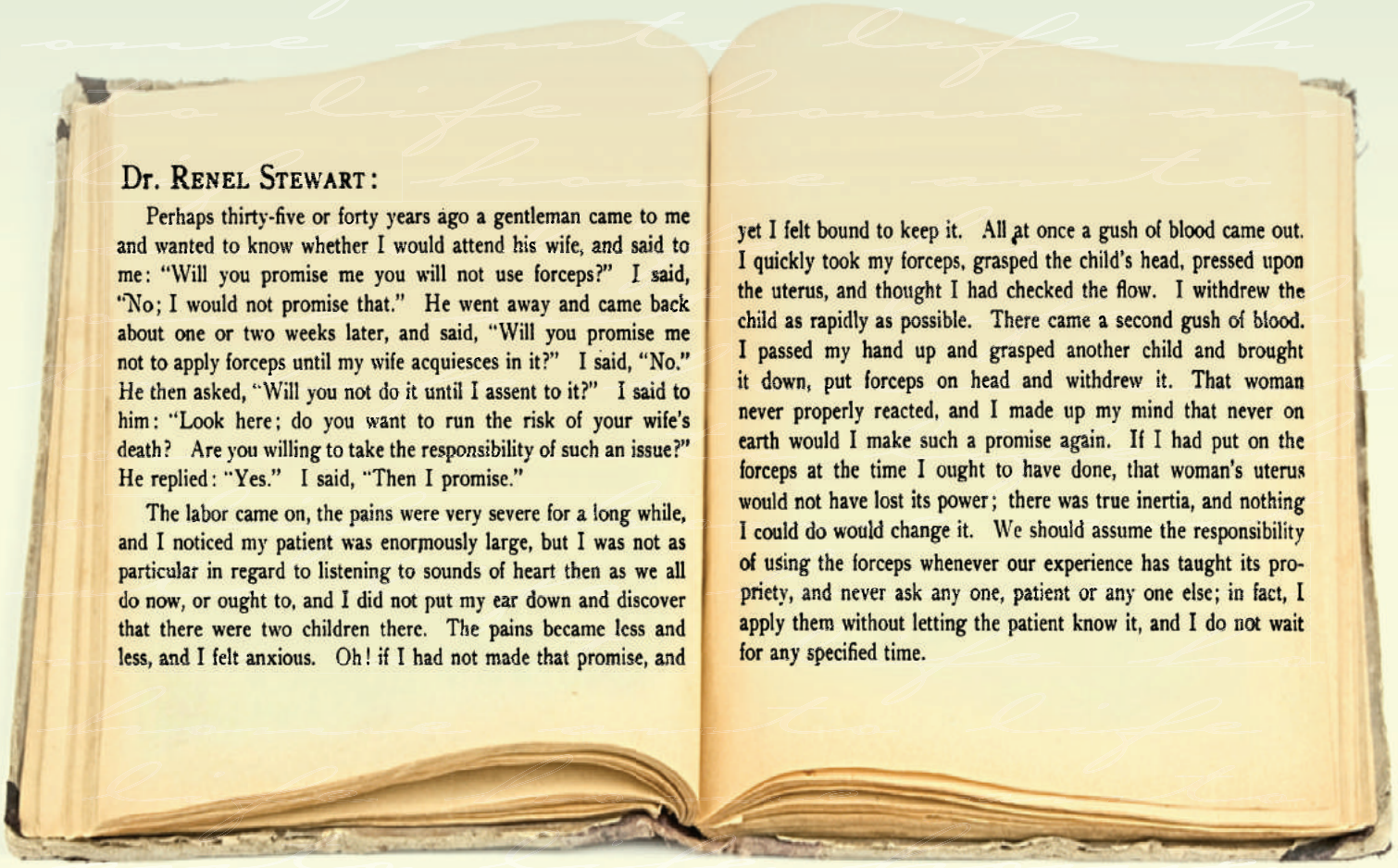
***"Providing Patient Centered Care"***

**We hope that you will be able to join us for our March meeting, when Daniel Davis, PhD of Geisinger Health System will discuss patient centered care.**

## IN THIS Issue

# Embrace Our Legacy

**The following excerpt was selected from "Transactions of the Philadelphia Obstetrical Society" from October 1, 1895 to October 7, 1896. It is part of a discussion that occurred at the stated meeting on December 3, 1896 regarding a paper entitled "When Shall We Use Forceps?".**



Dr. Renel Stewart:

Perhaps thirty-five or forty years ago a gentleman came to me and wanted to know whether I would attend his wife, and said to me: "Will you promise me you will not use forceps?" I said, "No; I would not promise that." He went away and came back about one or two weeks later, and said, "Will you promise me not to apply forceps until my wife acquiesces in it?" I said, "No." He then asked, "Will you not do it until I assent to it?" I said to him: "Look here; do you want to run the risk of your wife's death? Are you willing to take the responsibility of such an issue?" He replied: "Yes." I said, "Then I promise."

The labor came on, the pains were very severe for a long while, and I noticed my patient was enormously large, but I was not as particular in regard to listening to sounds of heart then as we all do now, or ought to, and I did not put my ear down and discover that there were two children there. The pains became less and less, and I felt anxious. Oh! if I had not made that promise, and yet I felt bound to keep it. All at once a gush of blood came out. I quickly took my forceps, grasped the child's head, pressed upon the uterus, and thought I had checked the flow. I withdrew the child as rapidly as possible. There came a second gush of blood. I passed my hand up and grasped another child and brought it down, put forceps on head and withdrew it. That woman never properly reacted, and I made up my mind that never on earth would I make such a promise again. If I had put on the forceps at the time I ought to have done, that woman's uterus would not have lost its power; there was true inertia, and nothing I could do would change it. We should assume the responsibility of using the forceps whenever our experience has taught its propriety, and never ask any one, patient or any one else; in fact, I apply them without letting the patient know it, and I do not wait for any specified time.

**COMMENTARY BY LUISA GALDI DO, ASSISTANT PROFESSOR OF OB/GYN AT DREXEL UNIVERSITY COLLEGE OF MEDICINE**

Gone are the days of a physician-centered "do-as-I-say" healthcare model. Patient-centered care is now the standard, aimed at improving healthcare quality and patient satisfaction through active collaboration and shared-decision making between patients and providers. The hallmark of this growing movement is an emphasis on respect – respect for patients' unique values, preferences, expressed needs and desired outcomes. Additionally, the patient-centered approach supports and facilitates involvement of family members, considering their wishes and needs as well. Finally, patient-centered care considers emotional well-being, recognizing and alleviating anxiety and fear imposed by illness, treatment and financial burden. This is an important concept to keep in mind as we encounter the patient who refuses a recommendation (like a forceps-assisted delivery) despite our own comfort with and confidence in a particular treatment modality or management plan.

# A Reminiscence

STEPHEN K. KLASKO, M.D., M.B.A.
PRESIDENT AND CEO
PROFESSOR OF OB-GYN
THOMAS JEFFERSON UNIVERSITY AND JEFFERSON HEALTH

## The Obstetrical Society of Philadelphia was like my "bar-mitzvah" into academic medicine!

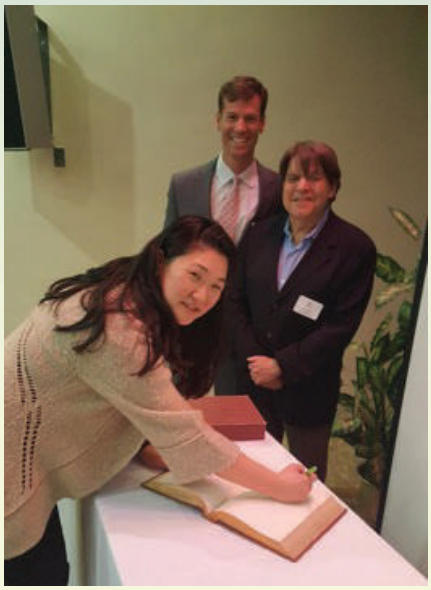
Since I graduated from a residency at Allentown Hospital and then went into private practice, as you can imagine, I was not immediately accepted with that resume in the National OB-GYN scene. My interactions with the Obstetrical Society Council (and my eventually being on Council) gave me the confidence to feel I could hang intellectually with the "big boys (and occasionally back then, women) of academic medicine in Philadelphia. Dr Mastroianni, Dr Wapner, Dr Polin, and Dr Gabbe all viewed me as a young peer instead of as an "alien" from a community hospital planet.

As I developed my academic career, and eventually graduated from Wharton, I was able to apply my business and technology skills and "give back" in those two areas that were often missing in academic obstetrics and medicine in general.

Back in the 80s and 90s the academic obstetric world in this area revolved around the Obstetrical Society of Philadelphia. Among the great triumphs in my life was the year we brought home the residency "Bowl" to Lehigh Valley Hospital Dept of OB-GYN. Along with marrying my wife, the birth of my children and my first marathon, one of the most exhilarating experiences of my life!

A retirement reception and portrait unveiling for Nancy Roberts, MD, was held on January 17 at Lankenau Medical Center's Annenberg Conference Center. Dr. Roberts was honored and thanked for her 33 years of leadership and service as Chair, Obstetrics and Gynecology at Main Line Health. Pictured (L) Phil Robinson, President, Lankenau Medical Center, and Nancy Roberts, M.D.

# Foster Collegiality



CHRISTINE KIM, MD SIGNS THE BOOK

**NEW MEMBER:**

**At the February meeting, Christine H. Kim, MD was accepted into membership of the Obstetrical Society of Philadelphia. Dr. Kim is board certified in general obstetrics and gynecology as well as in the sub-specialty of gynecologic oncology. She currently is a member of the Division of Gynecologic Oncology at Sidney Kimmel Cancer Center and Assistant Professor of Obstetrics and Gynecology at Sidney Kimmel Medical College, Thomas Jefferson University. Drs. Norm Rosenblum and Jason Baxter wrote letters endorsing and supporting Dr. Kim's application without reservation or qualification.**

DRS. BAXTER, KIM AND ROSENBLUM

## Local Trainee Elected President of the AAGL

Special congratulations to Dr. Gary Frishman, who graduated from the OBGYN residency at Pennsylvania Hospital in 1989 on his election as the new president of the AAGL which is the leading association promoting minimally invasive gynecologic surgery among surgeons worldwide.

When established in 1971 by Jordan M. Phillips, M.D., AAGL was known as the American Association of Gynecologic Laparoscopists. As the field of minimally invasive gynecologic surgery grew, the membership of the AAGL quickly expanded around the globe and came to encompass more than laparoscopy alone. Although the organization had outgrown American roots, its name and acronym had become highly recognized worldwide. To best portray its expanding mission and international constituency, while still preserving its heritage and brand recognition, the organization eventually dropped its full name, "American Association of Gynecologic Laparoscopists" and became known simply as the AAGL, along with the phrase "Advancing Minimally Invasive Gynecology Worldwide." Today with a membership extending to over 110 countries, the AAGL is an internationally recognized authority in minimally invasive gynecology. With over 7,000 members worldwide, the association is proud to count among its membership the foremost authorities in gynecology and pioneers in technique and procedures.

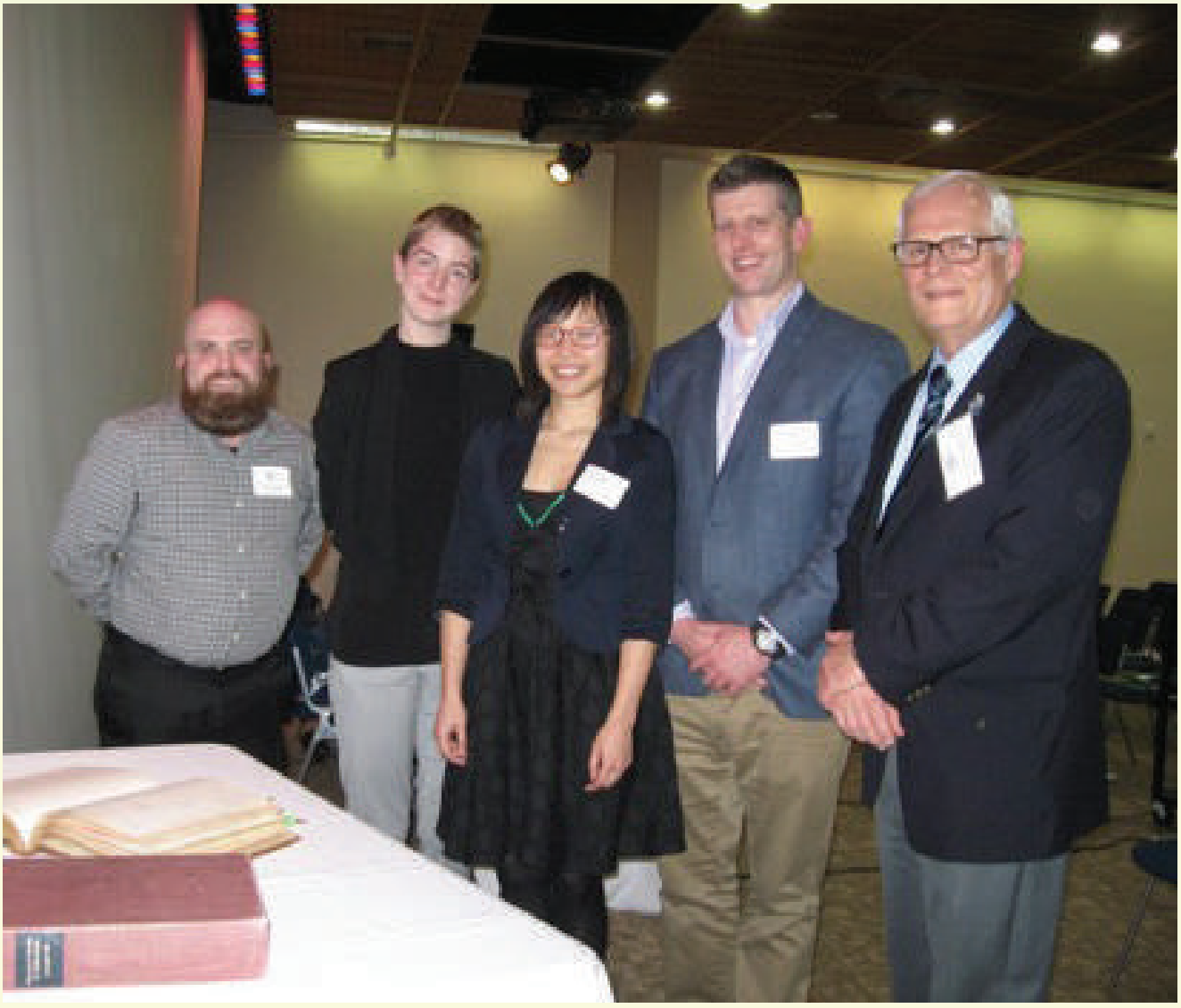
Dr. Frishman attended medical school at Columbia University in New York City. He completed his residency in obstetrics and gynecology at Pennsylvania Hospital in Philadelphia and fellowship in reproductive endocrinology and infertility at the University of Connecticut in Farmington. He joined the Women & Infants Fertility Center in 1991. Dr. Frishman's research interests include hysteroscopy, uterine surgery and medical education. Dr. Frishman is actively involved in resident and medical student education and research. He is the Ob/Gyn Residency Program director at Women & Infants Hospital/ Brown University. One of his mentors was Dr. Stephen Corson who was one of the original founders of the AAGL and practicing REI in Philadelphia for the majority of his career. Dr. Corson's work is internationally known, but his origins were also local having done his internship at Reading Hospital and led the Divsions of REI at both Pennsylvania Hospital and Jefferson University Hospital.

PHOTOS FROM OUR FEBRUARY MEETING

# "Providing Obstetrics and Gynecologic Care for Transgender and Gender Non-Binary"

**PANELISTS:**
LIN FAN WANG, MD, THE MAZZONI CENTER
LIBBY PARKER, MA, MSS, LSW; EINSTEIN MEDICAL CENTER
SCOTT RICHARD, MD; THOMAS JEFFERSON UNIVERSITY
JAKE COOK, PHILLY FIGHT

**FEBRUARY 22, 2018**



JAKE COOK, LIBBY PARKER, DRS. WANG, RICHARD AND NEUBERT

# Foster Collegiality

# Foster Collegiality

# March Meeting

## The Obstetrical Society of Philadelphia

**OUR MISSION: "TO EMBRACE OUR LEGACY, FOSTER COLLEGIALITY, AND SHARE EXPERTISE TO IMPROVE THE HEALTH OF WOMEN IN PHILADELPHIA AND BEYOND."**

**DANIEL DAVIS, PHD**
GEISINGER HEALTH SYSTEM

| | |
|---|---|
| Topic: | **Providing Patient Centered Care** |
| Date: | Thursday, March 8, 2018 |
| Location: | ***Philadelphia County Medical Society Building, 2100 Spring Garden Street*** |
| Time: | 6:00 PM Cocktails, 6:30 PM Dinner and Program |

### Please note the new location!

**Free parking available in the lot next to the PCMS Building.**

**Payment by check or online at www.obphila.org**
We cannot accept payments at the door.

Members - $60.00 Non-members $70.00
**RSVPs are due no later than Tuesday, February 28.**

Please make your check payable to The Obstetrical Society of Philadelphia
308 Rolling Creek Road, Swarthmore, PA 19081.

# Advertising Opportunity


## Obstetrical Society of Philadelphia
## 150th Celebration- Commemorative Book
## Request for an Ad

**PLEASE FILL OUT THIS FORM AND SUBMIT WITH YOUR AD AND OR PHOTOGRAPH.**

**PLEASE RETURN WITH YOUR CHECK BY MARCH 15 TO THE ADDRESS BELOW.**

**If you have any questions, please contact:**

Theresa B. Wiseley, CMM
Executive Secretary
308 Rolling Creek Road
Swarthmore, PA 19081
obphila@yahoo.com
484-343-8199

or

Susan I. Kaufman, DO
skaufman17@comcast.net

Institution: _____

Contact Person: _____

Email: _____

Phone Number: _____

**PLEASE CHECK APPROPRIATE BOX:**

Ad size:

- ❑ Whole page . . . . . $500
- ❑ Half page . . . . . $250
- ❑ Quarter page . . . . . $125
- ❑ Shout out – one line. . $50

❑ **Picture included**

# CREOG Council: Local Leadership, National Priorities

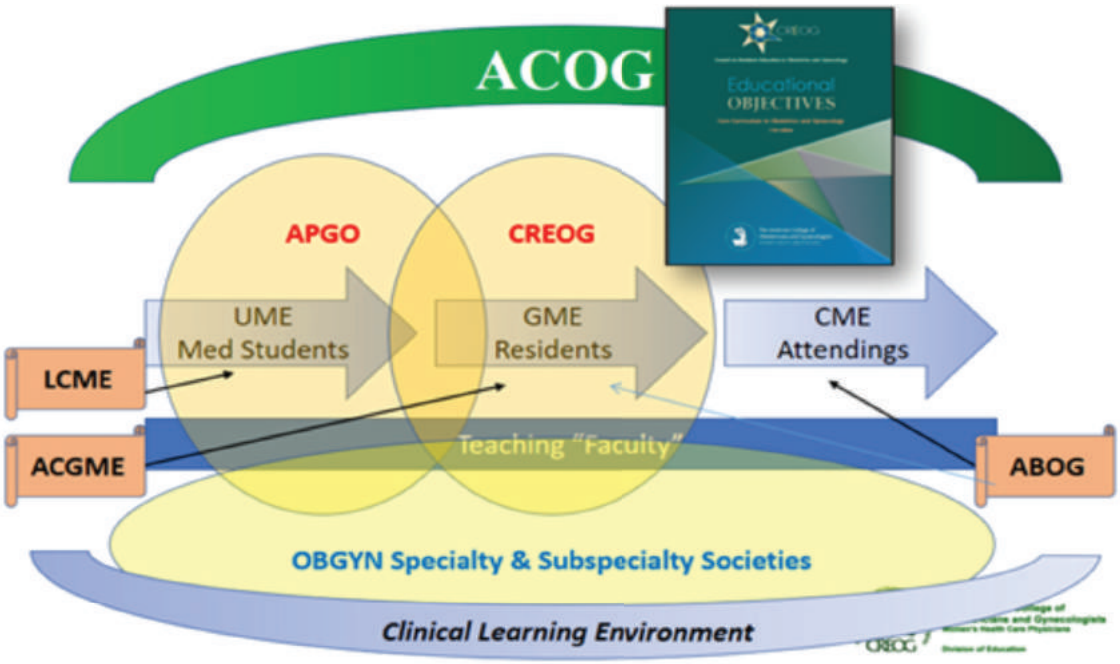
MARK B. WOODLAND, MS, MD, FACOG
CHAIR OBGYN, READING HOSPITAL
CLINICAL PROFESSOR OBGYN, DREXEL UNIVERSITY COLLEGE OF MEDICINE

Since taking over the Chair position of the CREOG Council in May 2017, I have had the privilege and honor to be part of many meetings s that will hopefully shape the direction of our training programs for years to come. I want to highlight several important meetings that occurred over the summer months. The 1st was a Summit held at ACOG had corners in Washington DC. ACOG leadership brought together members from all of the specialty, subspecialty, certification, and focused areas in OBGYN to discuss the future of our specialty and the training programs along with the educational process. Another was a Summit meeting held by the American College of Surgeons in Chicago that brought together leadership from all of the surgical subspecialties training programs to not only discuss the future of surgical training but also to handle common problems such as competency assessment in an air of expanding surgical techniques with decreasing surgical cases. Finally, our own board the ABOG, held a Summit also in Chicago to help facilitate the transition of the ABOG approved fellowships to the ACGME.

These meetings resulted in allowing me to set the following priority is for CREOG for the next 3 years. They are as follows:

1. Enhance understanding and utilization of Learning Objectives (agree on core objectives)
2. Consider other education opportunities (i.e. a realistic postmatch OBGYN curriculum )
3. Pursue true faculty/attending development and education (enhance scholarly activity)
4. Embrace the Clinical Learning Environment to promote safety, quality and satisfaction
5. Collect data to help guide changes in our training programs (specifically work force &" practice patterns)
6. Improve communication and collaboration within all aspects of education and training (consider expanding representation on CREOG)

## CREOG Summit: Where We Are Today!

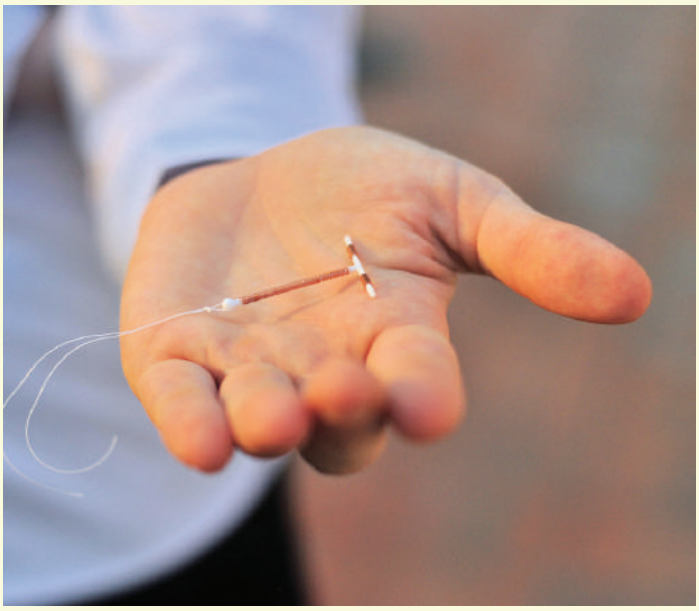


## SUMMARY ON ACOG PRACTICE BULLETIN NO. 186 –

# Long-Acting Reversible Contraception: Implants and Intrauterine Devices

**RORI DAJAO, MD**
**COOPER UNIVERSITY HOSPITAL**
**PGY3**

In November of 2017, ACOG published PB No. 186: Long-Acting Reversible Contraception: Implants and Intrauterine Devices. It replaces PB No. 121 from July 2011. The bulletin provides information on patient selection and evidence-based recommendations for Long-Acting Reversible Contraception (LARC) initiation and management, specifically focusing on Implants and Intrauterine Devices (IUDs). It is mentioned that discussion on clinical challenges of LARCs are addressed in Committee Opinion No. 672: Clinical Challenges of Long-Acting Reversible Contraceptive Methods



LARC usage has been steadily increasing over t he past decade. As of 2012, 11.6% of women use LARCs. (1) Several well-designed studies are cited as evidence that LARCs significantly reduce both the unintended pregnancy rate, as well as the abortion rate. Notably the Colorado Family Planning initiative found that LARC use was accompanied by a 29% decrease in birth rates and a 34% decrease in abortion rates among teenagers.

There is a discussion about each type of LARC: Copper IUDs – known as Paraguard, evonorgesterel-Releasing IUDs (LNG-IUDs) of which there are 4 currently on the market: Mirena, Liletta, Kyleena, and, Skyla, and the Contraceptive Implant - known as Nexplanon. Primary mechanism of action, duration of use, and common adverse effects are discussed. Eligibility is discussed using the CDC U.S. Medical Eligibility Criteria for Contraceptive Use (US-MEC), which has been endorsed by ACOG. Also mentioned are the CDC guidelines for initiation, management, need for back-up contraception, and follow up; which are contained in the U.S. Selected Practice Recommendations for Contraceptive Use (US-SPR), also endorsed by ACOG. (2)

Clinical Considerations and Recommendations discussed include the following:

- *Are IUDs and Implants appropriate for nulliparous women and adolescents?*
- *When is an appropriate time to insert an IUD or implant?*
- *When is an IUD appropriate for emergency contraception?*
- *How many years can IUDs and implants protect against pregnancy?*
- *Is routine screening for sexually transmitted infections required before insertion of an IUD?*
- *Does antibiotic prophylaxis before IUD insertion decrease the risk of subsequent pelvic infection?*
- *What are the effects of IUDs and implants on the menstrual cycle?*
- *What gynecologic procedures can be performed with an IUD in place?*
- *What treatment options are appropriate for an asymptomatic patient with an IUD who has actinomyces identified by cervical cytology screening?*
- *In pregnant women, does removal of the IUD affect pregnancy outcome?*
- *Do IUDs and implants cause ectopic pregnancy?*
- *When should an intrauterine device or implant be removed in a menopausal woman?*

# Share Expertise

Based on the above discussion, the following recommendations were given:

- ***Level A*** – *Based on good and consistent scientific evidence:*

- Insertion of an IUD immediately after first-trimester uterine aspiration should be offered routinely as a safe and effective contraception option
- Insertion of the contraceptive implant on the same day as first-trimester or second-trimester induced or spontaneous abortion should be offered routinely as a safe and effective contraceptive option
- Routine antibiotic prophylaxis is not recommended before IUD insertion

- ***Level B*** – *Based on limited or inconsistent scientific evidence*

- Intrauterine devices and the contraceptive implant should be offered routinely as safe and effective contraceptive options for nulliparous women and adolescents
- Insertion of an IUD or implant may occur at any time during the menstrual cycle as long as pregnancy may be reasonably excluded.
- Insertion of an IUD immediately after confirmed completion of first-trimester medication-induced abortion should be offered routinely as a safe and effective contraceptive option.
- Immediate postpartum IUD insertion (i.e., within 10 minutes after placental delivery in vaginal and cesarean births) should be offered routinely as a safe and effective option for postpartum contraception.
- Immediate postpartum initiation of the contraceptive implant (i.e., insertion before hospital discharge after a hospital stay for birth) should be offered routinely as a safe and effective option for postpartum contraception, regardless of breastfeeding status.
- Women who have not undergone routine screening for STIs or who are identified to be at increased risk of STIs based on patient history should receive CDC-recommended STI screening at the time of a single visit for IUD insertion. Intrauterine device insertion should not be delayed while awaiting test results. Treatment for a positive test result may occur without removal of the IUD.
- Intrauterine devices may be offered to women with a history of ectopic pregnancies.

- ***Level C*** – *Based primarily on consensus and expert opinion:*

- Long-acting reversible contraceptives have few contraindications and should be offered routinely as safe and effective contraceptive options for most women.
- The copper IUD should be offered routinely to women who request emergency contraception and are eligible for IUD placement.
- To improve LARC method satisfaction and continu- ation, patient counseling should include information on expected bleeding changes and reassurance that these changes are not harmful.
- Endometrial biopsy, colposcopy, cervical ablation or excision, and endocervical sampling may all be performed with an IUD in place.
- Actinomyces on cytology is considered an incidental finding. In the absence of symptoms, no antimicrobial treatment is needed, and the IUD may be left in place.
- Intrauterine device removal is recommended in pregnant women when the strings are visible or can be removed safely from the cervical canal.
- There is no compelling evidence for the removal of an IUD or implant before its expiration date in menopausal women.

**1 – There is early data showing another spike in IUD usage that is being attributed to the current political climate, see: https://www.athenahealth.com/insight/trump-effect-iud-visits-rise-after-election**

**2 – The CDC US-MEC and US-SPR are available both online and as smartphone apps for Apple and Android devices, see the CDC website and: https://itunes.apple.com/us/app/contraception/id595752188?mt=8 or https://play.google.com/store/apps/details?id=gov.cdc.ondieh.nccdphp.contraception2**

# S. Leon Israel Award

**The S. Leon Israel Award was established to recognize excellence in research in the discipline of obstetrics and gynecology. The award is open to all current obstetrics and gynecology residents in programs associated with the Obstetrical Society of Philadelphia. Original research manuscripts not published prior to April 1, 2018 will be accepted for review.**

**The resident must be the first author, but not necessarily the only author of the paper. It is expected that the resident will have primary responsibility for the literature review, implementation of the study and final drafting of the discussion section. Review articles will not be accepted. Papers should be written in a scientific format to include title, authors, institution, abstract, introduction, materials and methods, results, and discussion and should conform to the instructions for the American Journal of Obstetrics and Gynecology.**

**Two copies should be submitted. One copy should have all institution and author information removed. The award and stipend ($500.00) will be conferred at the Annual Resident Day Bowl and Symposium on Friday, May 4, 2018. The author of the winning paper will be asked to present a brief summary of his/her work at the Resident Day Symposium and at President's Night, Thursday, May 10, 2018.**

Manuscripts must be received no later than April 1, 2018 to allow adequate time for review. Any manuscripts received after April 1, 2018 will be ineligible for consideration.

**Manuscripts should be submitted to:**
**Teri Wiseley, CMM, Executive Secretary**
**via email to obphila@yahoo.com**

# Fund Raising for the OB Society

## To My Colleagues and Friends,

The Obstetrical Society of Philadelphia was established in June 1868 when a group of 9 obstetricians met to begin a discussion of women's health.

**Our Society is the third oldest Obstetrical Society in the United States.**

**As of 2018 our Society will be 150 years old.**

**Throughout our existence we have been committed to education, sharing of knowledge, and promotion of women's health.**

**Our mission statement exemplifies our goals:**

**"TO EMBRACE OUR LEGACY, FOSTER COLLEGIALITY, AND SHARE OUR EXPERTISE TO IMPROVE THE HEALTH OF WOMEN IN PHILADELPHIA AND BEYOND"**

We've worked very hard over the last 150 years to provide quality education to the attending physicians, residents, and medical students of the Tri-State Area- Pennsylvania, New Jersey, and Delaware.

Going forward, we want to make sure that the Obstetrical Society of Philadelphia continues to exist in its present form not only for another 150 years but for as long as we have obstetrician/gynecologists caring for women of all ages.

In order to accomplish this goal, we are asking our current members and emeritus members to consider a donation to the Society to a special fund that we have established for the 150th celebration. All of the money donated to this fund will be maintained and invested to ensure the future existence of the Society and used to continue to support the quality programs that we have provided for the last 150 years. Consider a named donation in Honor or Memory of a loved one, colleague, or special event.

We also welcome your ideas and suggestions for maintaining the existence of the Society. Please contact us with your thoughts. We look forward to hearing from you and thank you for your continued commitment and dedication to the Obstetrical Society.

Thank you very much.

The Council of the Obstetrical Society of Philadelphia

# 2018 Meeting Schedule

## Dinner Meetings

March 8, 2018 — ***Providing Patient Centered Care***
Daniel Davis, PhD, Geisinger Health System

April 12, 2018 — ***Women's Reproductive Health – Historical Perspectives/Future Challenges***
Philip Darney, MD, MSC, University of California, San Francisco

THE VENUE FOR THE DINNER MEETINGS IS THE PHILADELPHIA COUNTY MEDICAL SOCIETY BUILDING, 2100 SPRING GARDEN STREET. THERE IS **FREE PARKING** IN THE LOT ADJACENT TO THE PCMS BUILDING.

### *Sesquicentennial Gala at the College of Physicians!*

May 10, 2018 — ***150 Years of Contributions by Philadelphia Physicians to Women's Health***
Anthony Tizzano, MD, Cleveland Clinic Foundation

## Resident Education Day

Friday, May 4, 2018 — Reading Hospital will host. Look for exciting changes, specifically to the Resident Bowl and the return of the Mock Trial, this time focusing on "*The Anatomy of a Deposition*".

# Obstetrical Society Of Philadelphia
## *Council Members: 2018*

PRESIDENT
A. George Neubert, MD

Geisinger Health System
100 N. Academy Ave.
Danville, PA 17822

IMMEDIATE PAST PRESIDENT
Dipak Delvadia, DO

DUCOM - Dept. OB/GYN
245 North 15th Street
Philadelphia, PA 19102-1192

PAST PRESIDENT - 2nd YEAR
Helen M. Widzer, MD

Women's Associates for Healthcare
Einstein Healthcare Network
633 W. Germantown Pike Suite 203
Plymouth Meeting, PA 19462

PRESIDENT ELECT
Peter F. Schnatz, DO

The Reading Hospital and Medical Center
Department of OB/GYN
6th Ave & Spruce Street
West Reading, PA 19611

VICE PRESIDENT
NEWSLETTER EDITOR
Donald DeBrakeleer, DO

Center for Women's Health of Montgomery County
1000 Walnut Street, Suite 122
Lansdale, PA 19446

SECRETARY - 1st YEAR
Norman Brest, MD

Lankenau Medical Building, East
100 East Lancaster Avenue, Suite 561
Wynnewood, PA 19096-3450

TREASURER
Harish Sehdev, MD

Pennsylvania Hospital
2 Pine East 800 Spruce Street
Philadelphia, PA 19107

ASSISTANT SECRETARY
Aasta D. Mehta, MD

Pennsylvania Hospital
800 Spruce Street
Philadelphia, PA 19107

ARCHIVES
Mark B. Woodland, MD

The Reading Hospital and Medical Center
Department of OB/GYN
6th Ave & Spruce Street
West Reading, PA 19611

RESIDENCT EDUCATION LIAISON
Guy Hewlett, MD

Cooper University Hospital
Dept of Ob/Gyn
One Cooper Plaza
Camden NJ 08103

MEDICO/LEGAL COMMITTEE
Jane Porcelan, MD, JD

Lankenau Medical Building, West
100 Lancaster Avenue, Suite #433
Wynnewood, PA 19096

MEMBERSHIP
Fay D. Wright, MD

111 E. Levering Mill Road
Bala Cynwyd, PA 19004

RESIDENT EDUCATION
COMMITTEE
Larry Glazerman, MD

Planned Parenthood of Delaware
625 N. Shipley St.
Wilmington DE 19801

NEWSLETTER COMMITTEE
Rori Dajao, M.D.

Cooper University Hospital
PGY-3
One Cooper Plaza
Camden NJ 08103

RESIDENT EDUCATION COMMITEE
Nicole D. Salva, M.D.

Penn Medicine Washington Square
14th Floor, 800 Walnut Street
Philadelphia, PA 19107

NEWSLETTER COMMITTEE
Luisa Galdi, D.O.

Drexel University College of Medicine
Department of OB/GYN
216 N. Broad St.
Feinstein 4th floor
Philadelphia, PA 19102

WEBSITE
Albert El-Roeiy, MD

Crozer-Chester Medical Center
One Medical Center Boulevard
Upland, PA 19013-3995

BYLAWS
Joan H. Zeidman, MD

919 Conestoga Road
Building 1, Suite #104
Rosemont, PA 19010

SESQUICENTENNIAL
COMMITTEE
Susan Kaufman, DO

Suite S-93, Executive Mews
1930 State Hwy 70 East
Cherry Hill, NJ 08003

FOUNDATION
Arnold W. Cohen, MD

Albert Einstein Medical Center
5500 Old York Road
Philadelphia, PA 19141

NOMINATING COMMITTEE
Jason Baxter, MD

Thomas Jefferson University
833 Chestnut Street, 1st Floor
Philadelphia, PA 19107

MEMBER AT LARGE - 2nd YEAR
Dr. Abigail Wolf

Thomas Jefferson Hospital
833 Chestnut Street,
1st Floor
Philadelphia, PA 19107-5127

MEMBER AT LARGE - 2nd YEAR
Lisa K. Perriera, M.D

Thomas Jefferson Hospital
833 Chestnut Street
1st Floor
Philadelphia, PA 19107

MEMBER AT LARGE 1st YEAR
Stephen C. Rubin, M.D.

Fox Chase Cancer Center
Division of Gynecologic Oncology
333 Cottman Avenue
Philadelphia, PA 19111

PA MED SOCIETY LIAISON
Sherry. L. Blumenthal, MD

2701 Blair Mill Rd. Suite C
Willow Grove, PA 19090