Survey Forecasts Tough Road for Specialties

For many, the 2004 National Physician Survey results are just one more indication confirming what everyone already knows: that an ominous physician shortage is waiting just beyond the horizon. Bad news aside, however, the survey results also revealed some positive indicators, such as evidence that the vast majority of Canada’s physicians are satisfied with their profession, their patients and their colleagues.

The survey, conducted in early 2004 as a joint project of the Canadian Medical Association, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada, gathered the responses of over 21,000 family and specialty physicians practicing in Canada. Of the 1,555 ob/gyns practicing in Canada at the time, 531 responded to the survey. It is believed by its producers to be the largest survey of its kind ever conducted in Canada, and is expected to be used as a framework for future healthcare policy discussion.

Last month, the survey’s producers released the detailed question-by-question results for specialists.

What they show is some menacing trends for the future, including an aging workforce, high retirement rates, reduced patient access and discrepancies in health care provision from province to province.

“Many of the results have confirmed what we’ve been hearing for some time now,” said Danielle Fréchette, a member of the survey’s advisory group and RCPSC Senior Advisor for Governance and Policy Development. “There is some good news and some alarming news. The number of physicians with plans to retire and plans to reduce their practices is disarming, and some problems with access to certain types of specialists have been clearly identified.”

On the future of ob/gyn practice in Canada, the survey revealed some troubling demographics. At the time of the survey, 1 in 3 ob/gyns were over 55, with seven percent of respondents planning to retire by 2006. An additional one percent plan to leave their practice for other reasons. In other specialties the outlook is worse; several disciplines face retirement rates as high as 10% over the next two years.

(Continued on page 3)
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- Past-President:
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- President-Elect:
  Dr. Donald B. Davis, Medicine Hat, AB
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APOG’s 34th Annual General Meeting
November 25th to 27th, 2005 at the Toronto Marriott Downtown Eaton Centre. Please join us at this year’s conference. You will not be disappointed!

  **Highlights:** Medical-Legal Workshop for Trainees, Complete Abstract Program, D.A.R.E (Limited registration!), Awards Ceremony, Resident Intimidation Workshop, etc...

  Further details and online registration is available through the APOG website at www.apog.ca.

Call For Abstracts - APOG’s 34th Annual General Meeting
The annual Abstract Program, which takes place during APOG’s AGM, represents an important opportunity for members of Canadian academic departments in obstetrics and gynaecology to showcase their research in the area of education. Submissions may pertain to work done describing changes in educational process, new learning techniques, and other areas relating to education. This year will be the 13th annual poster session and is expected to be well attended by members and interested faculty from across the country.

  **NEW FOR 2005!** APOG is pleased to announce that our Abstract Program has been extended to allow for the inclusion of Oral Presentations. Space is limited! Priority for oral presentations will be judged based on quality of the abstract and/or originality.

  Abstracts for both oral and poster presentations must be submitted online at www.apog.ca/English/Events/abstractsubmission.asp. Please read the guidelines on the APOG website at www.apog.ca prior to submitting your abstract.

  **DEADLINE:** The closing date for submission of abstracts is Friday, October 28, 2005.

Introducing D.A.R.E.
APOG is pleased to announce that we will be rolling out our new D.A.R.E Program (Developing Academics in Research and Education) at this year’s Annual General Meeting. D.A.R.E. consists of a suite of courses which will be offered by APOG annually, in conjunction with our AGM, to enhance teaching skills.

  Two new courses will be introduced this year with more to follow in 2006. Registration will be limited to 20 per class to allow for more interactivity and will be assigned on a first come first serve basis.

  **Course Name:** TOFFEE  
  **Instructor:** Dr. Lawrence Oppenheimer  
  **Focus:** Clinical Teaching

  **Course Name:** ILGL  
  **Instructor:** Dr. Greg Davies  
  **Focus:** Large Group Learning

APOG Introduction to Research Course - **Sponsored by Wyeth Pharmaceuticals**
November 26-27, 2005
Joseph L. Rotman Centre  
105 St. George St., University of Toronto

  **Attention all Residents:** This year’s course will once again be held in Toronto, in conjunction with the Annual APOG Meeting. The course will introduce you to a basic level of research training as required by the Royal College.

  Registration is limited to the first 50 applicants and reaches capacity quickly. To register for this popular course please go to the programs and courses section of the APOG website: www.apog.ca.
Compounding the shortage, many of the remaining OB/gyns are already stretched to capacity by demand, and some are beginning to reduce their practices. Excluding on-call work, respondents OB/gyns worked an average of 52 hours and conduct a median of 90 patient visits each week. In the past two years, 18% of respondents said they had reduced their weekly work hours (excluding on-call hours), and 15% said they had reduced the scope of their practice. In the next two years, 26% plan to reduce weekly hours and 16% plan to reduce the scope of their practice. Family obligation was among the top reasons given by OB/gyns for making changes to their practices.

In a background document released with the results, the survey’s producers also express concern over the declining number of family physicians that still offer maternal care. Nationally, one third of family physicians do not provide maternal care in their practice and 87% do not deliver babies. PEI respondents had the lowest rate, with only 7% of family physicians still performing deliveries.

“What’s important is to remember that this is not just a human resource problem or a problem of overworked physicians. These shortages are going to translate into real medical risks for women giving birth in Canada.” said SOGC President Michael Helewa. “No longer is it a question of simply ‘is there a problem?’ Or ‘how big is the problem?’ It’s time to start asking, ‘just what are we going to do about it?’”

While the survey certainly shows evidence of a coming physician shortage, little is known on how this will affect individual Canadians seeking health care in the future.

“This survey does not answer all of our questions, especially in the area of maternal care,” said Dr. André Lalonde, Executive Vice-President of the SOGC. “We need a more detailed look at obstetrics before we have a crisis with maternal deaths in Canada.”

All of these trends, taken together, map a difficult course for specialty practice in Canada. Already, the survey shows disparities in access to care across the provinces. Patients in Saskatchewan, for example, are several times more likely to find a family physician accepting new patients than patients in Ontario, New Brunswick or PEI, where 1 in 4 family physicians have completely closed their practices to new patients.

But despite these industry challenges, the survey also showed that the vast majority of Canada’s physicians are satisfied with their profession and their relationships with patients and colleagues.

“It’s nice to see that, irrespective of the system constraints, most physicians are still very satisfied with their patients and their practices,” said Fréchette.

Questioned on overall professional satisfaction, 72% of responding OB/gyns stated they were very or somewhat satisfied with their current practice. In the next two years, 26% plan to reduce weekly hours and 16% plan to reduce the scope of their practice. Family obligation was among the top reasons given by OB/gyns for making changes to their practices.

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** In accordance with the RCPSC Privacy Statement, data has been suppressed when the number of Fellows falls below minimum group size.
24TH ONTARIO CME

in association with Ontario Society of Obstetrics and Gynaecology (OSOG)
November 24-26, 2005 - Marriott Downtown Eaton Centre, Toronto, Ontario

Come join us for SOGC’s largest Regional CME!!!

Scientific Programme
The Ontario Planning Committee promises a dynamic and educational Scientific Programme. Topics of interest to be presented are:
- Medical Management of Miscarriage
- Induction of Labour and VBAC
- Latest updates on STI’s, PID and Office Gynaecology

To review the updated Scientific Programme, we invite you to visit our website at www.sogc.org

To Register for the CME and/or the ALARM Course:
- Complete the registration form that you received in the mail with the Preliminary Programme and return it to our office along with your payment, either by fax at 613-730-4314 or by mail to SOGC, 780 Echo Drive, Ottawa, ON K1S 5R7.
- Online, visit our website at: www.sogc.org

NOTE: Limited space for the ALARM Course. Register today while space is still available.

For Hotel Reservation:
- Call: Toronto Marriott Downtown Eaton Centre
- Telephone: 1-800-905-0667
- Special rate: $145 single/double occupancy (Note: to obtain the special rate, please advise hotel staff that you are attending the SOGC conference.)

Don’t miss your chance to benefit from an amazing rate...call today! Hotel rates will not be available after the deadline date.

HURRY... THE DEADLINE DATE IS MONDAY OCTOBER 24, 2005!

Need Additional Information?
Contact the SOGC, either by phone (613) 730-4192 or 1 800 561-2416, by fax (613) 730-4314 or by email regionals@sogc.com. Please continue to visit our Website, www.sogc.org for updates on all of our CME events.

SOGC: serving its members with excellence!
The SOGC’s 62nd Annual Clinical Meeting
June 22-27, 2006 - Vancouver, BC

Call for Abstracts!

Abstract Programme - From the Bench to the Bedside and Back

The following organizations invite you to participate in the 2006 ACM Abstract Programme: The Society of Obstetricians and Gynaecologists of Canada (SOGC), the Gynaecologic Oncologists of Canada (GOC), the Society of Investigators in Obstetrics and Gynaecology of Canada (SIOGC), the Society of Canadian Colposcopists (SCC) and the Canadian Society of Urogynaecology and Reconstructive Pelvic Surgery (CSURPS).

The primary author of an accepted abstract will be invited to present at the 62nd Annual Clinical Meeting (ACM), being held in Vancouver, British Columbia, June 22-27, 2006. Abstract Day at the 2006 ACM will be held on Monday, June 26, 2006. All eligible submissions will be considered for the Best Oral and Best Poster presentation.

Eligibility for participation requires that you:
• be a current member in good standing of SOGC
• submit a completed Application Form on-line by Monday, January 23, 2006 at www.sogc.org (click on “Call for Abstracts”)
• comply with the Guidelines for Submission

Faxed and mailed abstracts will NOT be accepted and the above mentioned deadline will be STRICTLY ADHERED TO. N.B. The presenter (oral or poster) must register for the ACM prior to presentation.

Presentations

Abstracts can be written in French or English and those accepted for presentation will be published in the May issue of the JOGC as a supplement prior to the ACM. They will also appear on the SOGC Web site. More than one abstract may be submitted. An abstract will not be considered for an award if it previously has been presented to another society/organization’s conference prior to January 23, 2006.

Abstracts may be presented as an oral or poster presentation in the following categories:
• Obstetrics (OBS)
• Gynaecology (GYN)
• The Gynaecologic Oncologists of Canada (GOC)
• The Society of Canadian Colposcopists (SCC)
• The Canadian Society of Urogynaecology and Reconstructive Pelvic Surgery (CSURPS)
• Reproductive Endocrinology & Infertility (REI)
• International Women’s Health (IWH) (POSTERS ONLY)

All can also be identified as Junior Member, Medical Student, Nursing or Midwifery submissions within each category.

For full details visit www.sogc.org to download the brochure and application form.

SOGC Courses

ALARM - 2005
- Comox-Courtenay Valley, BC - September 30-October 1
- Toronto, ON - November 27-28 (in conjunction with the Ontario CME)

National and International Meetings

Canadian Fertility and Andrology Society Conference - October 15-19, 2005, Palais des Congrès, Montréal, Québec; Info: Tel: 514-524-9009; Fax: 514-524-2163; E-mail: CFASoffice@cfas.ca

Growing in the North: Expertise and Leadership in Maternal Child Nursing - November 3-5, 2005 at the Coast Inn of the North. Questions Contact: Martina Irvine at (250) 565-2328; Martina.Irvine@northernhealth.ca


Gynaecology Review Day, Friday November 11, 2005, Ben Sadowski Auditorium - Mount Sinai Hospital. For information: Elizabeth Gan at (416) 586-4800 ext. 2489 or egan@mtsinai.on.ca. Web site: www.mtsinai.on.ca/seminars/ce


The 3rd Annual Saskatchewan Association of Gynecologic Endoscopists Continuing Learning Conference and Annual General Meeting, November 18-19, 2005, Radisson Plaza Hotel Saskatchewan, 2125 Victoria Avenue, Regina SK


Members’ Corner

SOGC Member Invested in the Order of Manitoba

SOGC member Dr. Chander Gupta was invested in the Order of Manitoba on July 15, 2005. Dr. Chander Kanta Gupta is an associate professor of obstetrics and gynecology at the University of Manitoba and the only recognized uro-gynecologist in the province. She is active on the staff of the St. Boniface, Victoria and Seven Oaks general hospitals as well as the Health Sciences Centre.

She is highly regarded for the outstanding contributions she has made to women’s health in Manitoba in her roles as clinician, teacher, role model, mentor, patient advocate and lobbyist. She was a pioneer in performing Manitoba’s first tension-free vaginal tear (TVT) procedure to correct urinary incontinence in females. The minimally-invasive procedure has improved the quality of life for countless women, allowing them to regain their self-confidence and self respect.

SOGC Regional Awards

In 2005, SOGC announced new awards have such as the SOGC Regional Achievement Award, which recognizes the excellence of members who volunteer in women’s health at the local, regional or provincial levels.

**Eligibility for this award** - any membership category of the SOGC having made significant achievements and contributions to the advancement of women’s health in their community or province through education, practice or community involvement:
- Is an active member of the community
- Contributes to the goals and objectives of the Society
- Advocates on behalf of the SOGC.

The award is allocated to one recipient per region (Ontario, Québec, Western, Central and Atlantic) and is presented during the Award Ceremony at the subsequent ACM.

**Application process**: Recipients are selected by their respective Regional Committees and approved at the March Executive and Council Meetings of 2006. The deadline for application to the Regional Committee Chair and/or Alternate-Chair is February 15th of each year.

Please note the representatives for your region listed below:
- Ontario Region: Dr. Catherine MacKinnon & Dr. Richard Johnston
- Central Region: Dr. Margaret Burnett & Dr. Annette Epp
- Québec Region: Dr. Philippe-Yves Laberge & Dr. Diane Francoeur
- Western Region: Dr. Nicole Racette & Dr. Sandra de la Ronde
- Atlantic Region: Dr. Terry O.Grady & Dr. Ward Murdock

We encourage you to recognize a contributing member of the Society through this award program. For Awards submission process, please reference the SOGC Website for the nomination form.

SOGC Member We Need Your Input

All SOGC members are encouraged to participate in an online questionnaire that will help shape our strategic direction for the next five years. Please visit http://www.surveymonkey.com/s.asp?u=179531269018 for full details by September 19. All information is confidential!

Continued Education & Volunteering Grants

Planning on acquiring further technical knowledge or skills in the areas of obstetrics, gynaecology or sexual and reproductive health? Considering volunteer ob/gyn clinical work in developing countries? Financial assistance is available for SOGC members. Call (800) 561-2416 or visit www.sogc.org (under the CME Activities menu) for further details or application forms.

**Fall Application Deadlines – November 15, 2005**

- Millennium Fellowships for Community Physicians
- Junior Member Elective Grant in International Women’s Health
- SOGC International Development Award for Volunteers
Junior Member News

Junior Member Chair Report: Proactive and Engaged!

Tiffany Wells, Resident Physician, Program Year III, Obstetrics & Gynaecology, University of Alberta

I am honoured to chair the SOGC JM Committee for the 2005-2006 academic year. After joining the JM Committee as Chair-Elect in September of 2004. Having been thoroughly educated and mentored by past JM Committee Chairs, I am now prepared to lead the JM Committee in building upon established programs and in developing innovative projects.

This past year brought about the growth of established Junior Member projects and we hope to again produce sustainable improvements in the Leadership Programme. Stump the Professor, JM Elective Grant Program, Fellowship Guide, and Resident Exchange Program. At this year’s ACM, a medical student representative joined the JM Committee. With this addition, the JM Committee officially recognizes the expanding medical student contribution to the SOGC and effectively allows medical students to have a voice within the SOGC. In collaboration with the Promotion of the Specialty Committee, we foresee the development of further avenues for medical student involvement in SOGC leadership.

This year’s JM projects are well underway. Thanks to the ACOG Junior Fellow Committee for successfully creating an essay contest for ob/gyn residents. We will shamelessly launch our own version this year! We hope to be able to contribute to a needs-based evaluation of the specialty of ob/gyn in Canada by surveying Canadian ob/gyn residents about their academic and clinical career plans. Furthermore, this past year brought about the development of the JM Committee’s first committee opinion statement. We plan to add to the tally by drafting a statement on gender and gender discrimination within ob/gyn education. Lastly, as we constantly make efforts to refine our means of communication and internal policy and process, we are especially excited about the plans for a new JM website.

With the current revision of the SOGC Strategic Plan, the year ahead has particular potential for junior members to influence the future direction of their professional society. As the JM representative on Council, I am privileged to represent the interests of Canadian ob/gyn residents in the development of this document. I invite all junior members to send me your comments so our collective concerns and priorities can be accurately reflected in the development and realization of the Strategic Plan.

The JM Committee is your committee! Please let us know how we can better serve you. For now, you can write to me at twells@ualberta.ca.

I look forward to hearing from you.

Junior Member Elective Grants

Sylvie Paquette, Director, Corporate Affairs

Elective grants are provided to defray expenses incurred while participating in an elective programme.

Application Deadline: November 15, 2005

Eligibility Criteria/Obligations:

• Applicants must be SOGC Junior Members.
• The elective must start within 6 months of the award and must be completed within 12 months after the start on the elective.
• A final report with a short summary (and list of expenses) is required within 3 months of the completion to receive the final payment. The summary will be published in SOGC News.

Application forms are available on the Junior Members pages of our website: www.sogc.org. If you have any questions regarding the application process, contact Sylvie Paquette by e-mail: spaquette@sogc.com or by telephone at 1-800-561-2416 ext. 237.

University of Sherbrooke Report 2005

Isabelle Girard - University of Sherbrooke

Our program will grow this year with the arrival of 4 new residents... a record number of inscriptions for Sherbrooke! We will also share the joy of three expectant mothers during the year: Congratulations to Fanny Aubin, Catherine Benoit and Caroline Gervais.

Several social activities are planned to strengthen the bonds between the residents. For example, we try to have dinner together at least once a week; there's also the traditional R1 welcoming party in July during which we take the opportunity to honour the departure of the R5. In December, we play the "Secret Friend" game in which everyone must anonymously give a gift to another resident! The secret is ultimately uncovered during our Christmas Dinner: every secret friend is then identified. Laughs galore! For some time now, we have been thinking about organizing a week-end "resident retreat". We begin doing C-sections during the first year and we acquire the basics of gynaecological surgeries during the second year. Since there is little hierarchy between residents, an R2 trainee in the surgery department most likely gets to operate on simple cases. The outpatient gynaecology clinic was renovated last year and we now have new colposcopes with television screens which facilitate teaching for residents and externs. Also, the functioning of the GARE clinic was reorganized. A multidisciplinary approach is offered on site. For instance, the clinic has retained the services of a specialized nurse and a dietician, and some obstetrical ultrasounds are conducted on site. In the surgery department, the arrival of the long-awaited morcellator was an all-out event! Thus, we now have the opportunity of learning the laparoscopic subtotal hysterectomy techniques. The department also acquired a mannequin on which we can practice forceps application; an afternoon was especially dedicated to this under the supervision of the skillful Dr. Caron. That mannequin is available on the Obstetrics floor and can be used for technical points revision, under the supervision of a program director, before the application of forceps during an actual birth. We hope that this will allow residents to be involved in a greater number of forceps applications. We are also organizing a cadaver dissection session in the Anatomy laboratory in order to increase our knowledge of pelvic anatomy. That activity is very much anticipated.

The sequencing of the internships was modified this year in order to readjust the R2 and R3 years and to have a lesser number of out-of-department internships during the third year. Moreover, the ultrasonography internship now takes place on site, whereas we previously had to do it in Montréal.

The Junior Member News section of SOGC News is funded by a grant from Wyeth Pharmaceuticals
Introducing YASMIN

Different by design

The only oral contraceptive that combines 30 µg ethinyl estradiol and 3 mg drospirenone

YASMIN is indicated for contraception.

YASMIN is contraindicated in patients with renal insufficiency, hepatic dysfunction, or adrenal insufficiency and in patients with known or suspected pregnancy, history of or actual thromboembolitis or thrombembolic disorders, cerebrovascular disorders, myocardial infarction or coronary arterial disease, liver disease or liver tumors, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia, undiagnosed abnormal vaginal bleeding, any ovarian lesion arising from epithelial vascular disease, such as partial or complete loss of vision or defect in visual fields.

Please refer to Product Monograph for complete contraindications.

The following adverse reactions have been reported in patients receiving oral contraceptives: nausea and vomiting, usually the most common adverse reaction, occurs in approximately 10% or fewer of patients during the first cycle.

Adverse reactions reported with the use of oral contraceptives are: less frequent and occasional abdominal cramps and bloating, breakthrough bleeding, spotting, change in menstrual flow, dysmenorrhea, amenorrhea during and after treatment, breast tenderness, breast enlargement and a change in weight.

Cigarette smoking increases the risk of serious adverse effects on the heart and blood vessels. This risk increases with age and becomes significant in birth control pill users over 35 years of age. Women should not smoke.

Oral contraceptives do not protect against sexually transmitted diseases (STDs) including HIV/AIDS. For protection against STDs, it is advisable to use latex condoms in combination with oral contraceptives.

YASMIN contains 3 mg of the progestogen drospirenone that has antimineralocorticoid activity, including the potential for hyperkalemia in high-risk patients, comparable to a 25 mg dose of spironolactone. YASMIN should not be used in patients with conditions that predispose to hyperkalemia (i.e. renal insufficiency, hepatic dysfunction and adrenal insufficiency). Women receiving daily, long-term treatment for chronic conditions or diseases with medications that may increase serum potassium should have their serum potassium level checked during the first treatment cycle. Drugs that may increase serum potassium include ACE inhibitors, angiotensin II receptor antagonists, potassium-sparing diuretics, heparin, aldosterone antagonists, and NSAIIDs.

YASMIN is indicated for contraception.

YASMIN is contraindicated in patients with renal insufficiency, hepatic dysfunction, or adrenal insufficiency and in patients with known or suspected pregnancy, history of or actual thromboembolitis or thrombembolic disorders, cerebrovascular disorders, myocardial infarction or coronary arterial disease, liver disease or liver tumors, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia, undiagnosed abnormal vaginal bleeding, any ovarian lesion arising from epithelial vascular disease, such as partial or complete loss of vision or defect in visual fields.

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† Comparative clinical significance is unknown.

New YASMIN:

- Contains drospirenone, a spironolactone analogue with antimineralocorticoid activity

- Effective contraception with demonstrated excellent cycle control

- Generally well tolerated, with a low incidence of discontinuation reported due to adverse events (6-10.7%) **

** Pearl Index of 0.47-0.71. Incidence of intermenstrual bleeding for YASMIN vs. ethinyl estradiol/desogestrel (Cycle 1, 22.2% vs. 21.3%; range for Cycles 2-12, 4.9-6.5 vs. 4.99-10.38; p<.05)

© 2007 Berlex Laboratories Inc. All rights reserved.
EVRA, NuvaRing and Tri-Cyclen Lo now available through the Compassionate Program

A greater selection of contraceptive options has recently been introduced to SOGC’s Compassionate Contraceptive Assistance Program. NuvaRing, Organon’s contraceptive ring and two additional contraceptives from Janssen-Ortho’s product line, Tri-Cyclen Lo and EVRA, the transdermal patch, are now being distributed through the program.

The repertoire of Compassionate supplies is now comprised of six different oral contraceptives (Alesse, Cyclen, Marvelon, Tri-Cyclen, Tri-Cyclen Lo and Yasmin) and two non-oral contraceptive options (EVRA and NuvaRing).

A wider selection of contraceptives ensures that women in need can obtain the product that is appropriate for them and in return, may increase compliance and reduce the number of unintended or unwanted pregnancies.

A patient is eligible for compassionate supplies in the event that she is not covered by a private insurance plan or government assistance and requires more than a demonstration sample because she is unable to pay for her medication. There are no monthly or yearly limits on the number of requests submitted for these reasons.

To obtain compassionate supplies, health care professionals are required to fax the duly completed “Eligibility Application Form” to the toll-free fax line (1-866-888-PILL). Requests are then filled by the participating manufacturers and delivered to your office.

For more detailed information on the program, contact the SOGC at (800) 561-2416 ext. 359. Updated application forms can be obtained from Berlex, Janssen-Ortho, Organon and Wyeth representatives, the SOGC National Office and the member-only section of the SOGC Web site.

Sexualityandu.ca Adds “Date-Rape” Module: Empowering Knowledge

The SOGC’s award-winning sexual health website www.sexualityandu.ca will be releasing a new section this month, challenging perceptions about a complicated and misunderstood problem – drug-facilitated sexual assault.

More commonly known by the generic terms “date rape” or “drug rape”, drug-facilitated sexual assault is a crime committed when someone exploits the fact that a person is intoxicated to sexually assault them. The new web content explores the problem from the perspective of health professionals, teens, adults, parents and teachers.

For professionals, the new section will look at treatment and procedure for victims of drug-facilitated sexual assault, as well as police reporting obligations of physicians. Information has been included to help physicians recognize the effects and after-effects of designer drugs associated with drug-facilitated sexual assault such as Rohypnol®, Gamma Hydroxy-Butyrate (GHB) and Ketamine.

Simple instructions on drug testing and sample collection have also been included – typically, “date-rape” drugs break down quickly in the human body, and blood or urine samples may be required immediately to prove a victim has been drugged. The site also examines treatment options for victims, including STI prophylaxis, Emergency Contraceptives and counselling, as well as screening for pregnancy and STIs.

Sexualityandu released the health professional information earlier this month. Information for the public, to be released in coming months, will address common misconceptions about drugs and sexual assault, and will include valuable information for parents, teens, adults and teachers, explaining this crime and how they can avoid falling victim.

Drug-facilitated sexual assault is a serious but elusive problem, and clearing up public misconceptions is no small task. Typically, media attention and public discussion focus only on the stereotype victim: the woman in the bar who is raped after her drink is spiked with a “roofer”. Because many drugs used to facilitate sexual assault have powerful amnesic effects and break down quickly, and because it’s believed that many victims never report these crimes, no one can say for sure just how often drug-facilitated sexual assault is committed. However, despite heavy media coverage, for now incidents involving spiked drinks likely make up a very small percentage of drug-facilitated sexual assaults in Canada. A much more serious and often overlooked problem is the number of women who are sexually assaulted after drinking alcohol with friends at a bar or party.

The new sexualityandu material looks at the full spectrum of the crime, from designer drugs to alcohol and marijuana, from spiked drinks to voluntary intoxication. The site will offer visitors the information they need to understand the risks and to spot this crime before it happens. The site will also include information and instructions for victims on where they can find help and treatment, and what they can expect should they decide to report the incident to police.

Sexualityandu.ca Adds “Date-Rape” Module: Empowering Knowledge
The New Quebec CME in Obstetrics:
Preconception to Postpartum

November 17-18, 2005 at the Ritz Carlton Hotel, Montreal, QC
in association with the Association des omnipraticiens en périnatalité du Québec (AOPQ)

This new CME conference will offer the participate knowledge on everything from preconception to postpartum. This event will be held at the Ritz Carlton Hotel in Montreal on Thursday, November 17 and Friday, November 18, 2005.

SCIENTIFIC PROGRAMME
The scientific programme was developed to meet the needs of specialists, family physicians, nurses and midwives who offer healthcare services to women. Some of the topics to be presented will be: Induction of Labour, VBAC and Medical Management of Missed Abortion. You will also have the opportunity to participate in a variety of small group sessions to discuss cases relevant to your personal experiences.

To view the most up-to-date Scientific Programme, please visit our website at www.sogc.org.

The deadline date of Tuesday, October 11, 2005 is fast approaching... Don’t forget to take the time to register to attend this new and exciting conference!

TO REGISTER:
√ Complete the registration form that you received in the mail with the Preliminary Programme and return it to our office along with your payment, either by fax at 613-730-4314 or by mail to SOGC, 780 Echo Drive, Ottawa, ON K1S 5R7
Or
√ Online, visit our website at www.sogc.org.

FOR HOTEL ACCOMMODATION:
Contact: Ritz Carlton Hotel, 1228 Sherbrooke Street West, Montréal, Québec
Telephone: 1 800 363-0366 ou (514) 842-4212, poste 868 ou 869
Special rate: $165 per night (** Note: to obtain the special rate, please advise hotel staff that you are attending the SOGC conference.) **

NEED ADDITIONAL INFORMATION?
Contact the SOGC, either by phone (613) 730-4192 or 1 800 561-2416, by fax (613) 730-4314 or by email regionals@sogc.com. Please continue to visit our Website, www.sogc.org, for updates on all of our CME events.

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New Conference!

SOGC/AOGQ/SOLAMER CME
October 6-8,
Loews Le Concorde, Québec, QC

(Programme offered in French and Spanish – simultaneous translation will be available)

A post-graduate education event organized jointly by:
- The Society of Obstetricians and Gynaecologists of Canada (SOGC)
- The Association des obstétriciens et gynécologues du Québec (AOGQ)
- The Société latine de médecine de la reproduction (SOLAMER)
- The Department of Obstetrics and Gynaecology, Laval University

Scientific Programme: The Scientific Programme for this new conference was developed in order to fill the needs of specialists, family physicians, nurses and midwives providing health services to women. The topics that will be presented cover obstetrics, cancer, menopause, hysterectomy and alternatives, and infertility. To review updates on the Scientific Programme, please visit the SOGC website at www.sogc.org.

HAVE YOU FORGOTTEN TO REGISTER? DO NOT WORRY... WE ARE STILL ACCEPTING REGISTRATION FOR THIS CME PROGRAMME!

To Register: Complete the registration form and return it to our office along with your payment either:
- Fax to: (613) 730-4314 OR
- Mail to: SOGC, 780 Echo Drive, Ottawa, ON K1S 5R7 received in the mail with the preliminary programme or call our office at (613) 730-4192 to obtain a copy OR
- Online: visit our website at www.sogc.org

Conference Site: Loews Le Concorde, 1225, cour du général de Montcalm, Québec, QC; Tel : (418) 647-2222 or 1 800 463-5256

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Au plaisir de vous accueillir à Québec!