EDITORIAL

The SOGC Responds To Recent JAMA Article On HRT and The Risk Of Breast Cancer

The following "Statement to the Press" was released to address the concerns of the public and the media as a result of the article "Menopausal Estrogen and Estrogen-Progestin Replacement Therapy and Breast Cancer Risk" published in JAMA on January 26, 2000 (Vol.283, No.4, pp 485-491). This statement is based on information from the Consensus guidelines on Menopause and Osteoporosis published by the SOGC in November/December 1998. A more comprehensive response addressing specific issues raised in the article will be developed and forwarded to all SOGC members and other health professionals.

The Society of Obstetricians and Gynaecologists of Canada (SOGC) has reviewed data published in the January 25th edition of the Journal of the American Medical Association (JAMA) from the National Cancer Institute's Breast Cancer Detection Demonstration Project (BCDDP), showing a slight increased risk of breast cancer associated with long-term use of hormone replacement therapy. This risk has been reported in previously published studies. Unfortunately, the results as presented in this study only adds to the complexity and uncertainty surrounding the issue of breast cancer and hormone replacement therapy (HRT). At this time, the SOGC believes it is essential to restate the facts on the risks of hormone replacement therapy within the appropriate context.

In 1998, the SOGC published a consensus on Menopause and Osteoporosis which was based on the best scientific evidence available. This study shows that, based on a recent meta-analysis of over 50 epidemiological studies published on the risk of breast cancer with mone replacement therapy, current users of HRT, or those who ceased one to four years previously, had a small increased relative risk of breast cancer. The combined analysis reported no increased risk for HRT users of less than five years. For women who had used HRT for five years or longer, the average relative risk of breast cancer increased by approximately two percent per year of use. This reported relative risk for breast cancer with HRT would account for an excess of two, six or 12 cases per 1,000 HRT users after five, ten or 15 years of use, respectively. Within five years of discontinuation of HRT use, the increased relative risk virtually disappeared.

There is a greater risk of developing breast cancer due to excessive alcohol consumption or by failure to exercise regularly than that attributable to HRT. In fact, the risk of developing breast cancer increases by 60% if alcohol consumption exceeds 2 drinks per day, by 60% if a women does not exercise, by 2.8% for each year menopause is delayed and by only 2.3% by year of use of hormone replacement therapy. Age is also a risk factor.

It is therefore important to note that the increased risk as reported is therefore extremely small, particularly when compared with other known risk factors.

Canadian women who have reached menopause are at a greater risk of developing other diseases, such as cardiovascular disease, if they don't take hormone replacement therapy. Heart disease is the number one killer of women in this age group. Hormone replacement therapy not only protects women after menopause from developing heart disease, but also provides protection against osteoporosis (which afflicts one in four women over the age of 50), as well as colorectal cancer.

"The SOGC believes that the implications for women are similar to those of other studies: women should discuss the potential benefits and risks of hormone replacement therapy with their health care provider based on their individual health needs and personal risk factors for such things as cancer, osteoporosis and heart disease" stated Dr. André Lalonde, Executive Vice-President of the SOGC. "A woman may not need to take hormone replacement therapy indefinitely, and should reassess her needs with her health care provider on a regular basis" added Dr. Lalonde.

An element in the BCDDP study is the somewhat greater, but still small risk of breast cancer diagnosis with estrogen-progestin use compared with estrogen alone. Because the subjects were surveyed over the past 20 years, they could have been on higher doses and different regimens of estrogen-progestin than are commonly prescribed today. The results, therefore, may not be reflective of current lower-dose therapies.

Questions raised by the BCDDP study point to the need for further investigation. More definitive answers areanticipated in 2006 at the conclusion of the National Institute of Health: Women's Health Initiative, a randomized, double-blind, clinical trial which is studying benefits or risks of estrogen and progestin on the bone, heart, breast and other tissues.

SOGC Strategic Plan 2000 - 2005

The Council of the SOGC is proud to publish the Society's Strategic Plan for the period 2000 to 2005. Enclosed in this month's mailing of the News is a one-page summary of this document.

The Strategic Plan consists of a clear statement of strategic orientations and goals intended to assist all SOGC members, officers and staff in the daily conduct of their core activities, which remain the raison d'être of our organization (see figure). Five strategic directions were identified, namely: Continuing Professional Development, Women's Health Issues, Practice Environment, Promotion of the Specialty and the International Women's Health Program.

The planning process was developed and implemented over a period of two years of efforts, reflection and discussions among our membership, Council and partners. First, the SOGC Task Force on Women's Health produced the Discussion Paper *SOGC and Women's Health: 2000 and beyond*, which signaled a turning point for the Society and its members, and their role in women's health. Then the Strategic Planning Working Group initiated a comprehensive consultation process that laid the foundation of this Plan. Thanks to the members' effective response to the Survey on Strategic Priorities, the generouscontribution of the time and insight of Council members, and the feedback from various partners, the Working Group was able to produce an effective working document. The process culminated with a week-end retreat of the 1998-1999 and 1999-2000 Council members which produced the final version of the plan.

Successful implementation of the Strategic Plan will require integration into SOGC core activities. The National Office management team is

A. B. Lalonde, MD, MSc, FRCSC,

currently developing an operational plan that will include the measurable results for each strategic orientation and identify the suitable strategies and actions. Special attention will be devoted to the appropriate allocation of human and financial resources, self-financing of some activities, and to establishing prioritized and integrated timelines. The National Office will report annually on progress to Council and all the membership through the Society's Annual Report.

I am confident that the Strategic Plan 2000-2005 will reinforce our fundamental mission, truly address our membership's concerns, and open the way to a successful future for our Society and all its members. Please feel free to discuss with me any of your concerns. I can assure you of the National Office's commitment to its entire membership.

More Information About the 56th Annual Clinical Meeting, Montréal, Québec, June 17-21, 2000

By Liette Philippe, CME Conference Coordinator and Dr. Ken Milne, Associate Executive Vice President

ACM Preliminary Program
A comprehensive ACM Preliminary Program, including registration and accommodation request forms, was distributed in mid February. If you have not received a copy, please contact the SOGC and we will immediately mail one to you.

Deadlines to remember
This year, you have two very important deadlines to remember! May 1, 2000 is the cut-off date for reserving your room at The Queen Elizabeth Hotel. May 19, 2000 is the deadline to qualify for the early registration fees. It is also the deadline for the Social and Leisure Programs. Please refer to your Preliminary Program for more details.

The scientific program in review
Pre-course programs associated with the ACM will include an ALARM course June 15 and 16 and a Prep for Practice Seminar for the Junior Members which will be presented on Friday, June 16. The Annual Clinical Meeting will begin on Saturday, June 17 and end on Wednesday, June 21. The four and half day meeting will present 11 International Symposia, 7 Post Graduate Courses, 18 Best Practice Sessions and 2 Luncheon Symposia. These presentations will cover a wide spectrum of clinical topics relevant to those providing obstetrics and gynaecology care. The Post Graduate Courses and Best Practice Sessions will be structured in an interactive learning environment to optimize your educational experience.

This year the ACM will profile a scientific Abstract Program to be presented on Tuesday, June 20. This day will begin with an International Symposium which will address the future of research in Obstetrics and Gynaecology in Canada. Throughout the remainder of the day, Abstract Paper and Poster Presentations will be given along with an update on four important and significant ongoing clinical trials in Canada.

Other highlights included in this year's ACM Program will be the Cannell Lecture, Stump the Professor, MD Management Presentations for members and the Canadian Foundation for Women's Health Research Grant Awards Presentation. The meeting will conclude with the SOGC Awards Presentation and the installation of our new President.

Evening Events
The SOGC and the AOGQ are pleased to offer a variety of evening activities throughout the conference. Following the Opening Reception at The Queen Elizabeth hotel on Saturday night, you will have a unique opportunity to attend the Montréal Museum of Fine Arts for a private viewing of the blockbuster exhibition "From Renoir to Picasso: Masterpieces from the Musée de l'Orangerie". Afterwards, join your colleagues for the Dining Out Experience at one of the nearby gourmet restaurants.

On Sunday you will experience an evening of award winning entertainment with Isabelle Boulay. Thisexclusive performance is part of a Gala Fundraising Evening for the Canadian Foundation for Women's Health. After the show, meet Isabelle Boulay at the wine and cheese reception.

The President's Reception is scheduled for Monday night from 18:00 to19:00. This is the perfect place to meet friends before proceeding to an amazing classical concert with Angèle Dubeau and her all-female musicians at the Notre-Dame Basilica.

The 3rd Resident Fun Night will take place on the last evening of the conference. Although we have not yet worked out all the details, we promise that it will be a fun-filled evening. Watch for more information in the next few months.

It is important to note that the registration deadline for these evening events is May 19th, 2000. Please refer to the Preliminary Program for complete details.

SOGC / Air Canada Draw
Participating in this draw will provide you with an opportunity to show your support to the SOGC and have a chance to win one of the following great prizes: First prize - two airline tickets to any destination in North America that Air Canada flies. Second prize - one SOGC Meeting Registration for the 57th ACM in St. John's, Newfoundland in the year 2001.

Here's how it works. Book your flight with Air Canada and quote the SOGC Convention Number (CV004538). You do not have to use the SOGC's official travel agent to participate. Any travel agent booking your flight with Air Canada can quote the SOGC Convention Number. To be eligible, the Convention Number (CV004538) must appear on your ticket in the *Tour Code Box.* Simply deposit a photocopy of the ticket in the designated box at the on-site SOGC Registration Desk before noon on Monday, June 19 and you could be a winner!

1600 Doctors needed in Rural Canada

Statistics released today by the Canadian Medical Association and the Society of Rural Physicians (SRPC) show that rural Canada is short 1,652 family doctors. A national shortage of physicians is affecting particularly our most vulnerable rural communities who now have to deal with a third less general practioners (GP) per capita than urban areas.

Dr Patty Vann, President of the SRPC noted that "some rural communities have less than half the required number of doctors and that the working conditions themselves are a barrier to attracting new physicians. Traditional government rural incentive schemes are overwhelmed, and are unable to help increasingly desperate communities."

"Governments have waited too long to fix the problem", said Dr. Hugh Scully, President of the CMA. "To deal with a problem of this magnitude, we have to start with increasing medical school enrolment by 25% and ensuring training so that more physicians are prepared for rural practice."

Statistics Canada tells us that 6.4 million Canadians live in rural areas. There are only 4,775 GP's to look after them. This is one family doctor or GP for every 1,340 rural residents. The shortage of rural specialists is even greater as less than 3% of specialists practice in these communities. Numbers of rural doctors across Canada have decreased by 15% since 1994, while our rural population has increased by 4%.

Governments need to work with the medical community to ensure rural Canadians have access to quality health care.

Source: Canadian Medical Association

Foundation News

Continuing Collaboration with Carter-Horner

By Robyn Harris, Executive Director, Canadian Foundation for

At a meeting with Carter-Horner Inc. in Toronto this past December, president Greg Drohan presented Foundation president Lynn Krepart with a cheque for $25,000 (see picture). This is the second installment of a three year, $75,000 agreement that was negotiated in 1997. This agreement allows Carter-Horner to place the Foundation logo on packages of *Answer Now* and *First Response*.

Thank you, on behalf of the Foundation

In 1999 the Foundation made tremendous strides in obtaining funding for the purpose of supporting research in women's health. It is thanks to the many donors that the Foundation is able to fulfill it's mandate. To all of you who contributed to the success in 1999, our heartfelt gratitude. To those who have not yet pledged their financial support or renewed their support in 2000, I welcome you to do so. Thank you for your generous support.

Corporate Sponsors
Carter-Horner Inc.; Duchesnay Inc.; Fournier Pharma Inc.; Réno-Dépôt Inc.; Wyeth-Ayerst Canada

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Dr. Dianne M. Miller; The Graduating Ob/Gyn Residents University of Toronto 98

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Dr. Thomas F. Baskett; Dr. and Mrs. Richard Bourke; Dr. John Lewis; Janet MacMillan; Dr. Thomas Charles Mainprize; Dr. Annalisa Meyer; Dr. Michael S. Sand; Dr. Jacques Seydoux; Dr. Roger W. Turnell

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National and International Meetings

World Congress on Gynaecologic Endoscopy
March 26 to 29, 2000
Tel Aviv, Israel
Information:
Secretariat, World Congress
on Gynaecologic Endoscopy
Phone: +972 3 514 0000
Fax: +972 3 517 5674
E-mail: endoscopy@kenes.com

The Fetus as a Patient
April 1st to 5, 2000
Rome, Italy
Information:
2nd Institute of Obstetrics and Gynecology
University «La Sapienza» of Rome
Phone: +39 06 446 0484/0507
Fax: +39 06 446 9128/446 4518
E-mail: perinat@flashnet.it

Symposium on Ultrasound in Obstetrics and Gynaecology
April 14 to 16, 2000
Richmond, British Columbia
Information:
BC Women's Hospital and Health Centre
Maria Fiel de Sousa
Program Co-ordinator
Phone: (604) 875-3100
Fax: (604) 875-3013
E-mail: mfiel@cw.bc.ca

7th Biennal World Congress of Endometriosis
May 14 to 17, 2000
London, UK
Caroline Roney Medical Conference Organisers
Phone: +44 181 661 0877
Fax: +44 181 661 9036
E-mail: MedConfOrg@aol.com

37e Congrès de la FGOLF
May 25 to 27, 2000
Liège, Belgium
Information:
Yolande Piette Communication
Phone: + 32 (4) 254 12 25
Fax: + 32 (4) 254 12 90
E-mail: ypc@compuserve.com

VIII European Congress on Pediatric and Adolescent Gynecology
June 7 to 10, 2000
Prague, Czech Republic
Information:
Czech Medical Association JEP
Fax: +420 2 294 610
E-mail:senderova@cls.cz
Website:
www.congress.cls.cz/pediatricgynecology

V European Congress on Menopause
July 1st to 5, 2000
Copenhagen, Denmark
Information:
International Congress Services
Phone: +45 39 460 500
Fax: +45 39 460 515

News from Kiboga

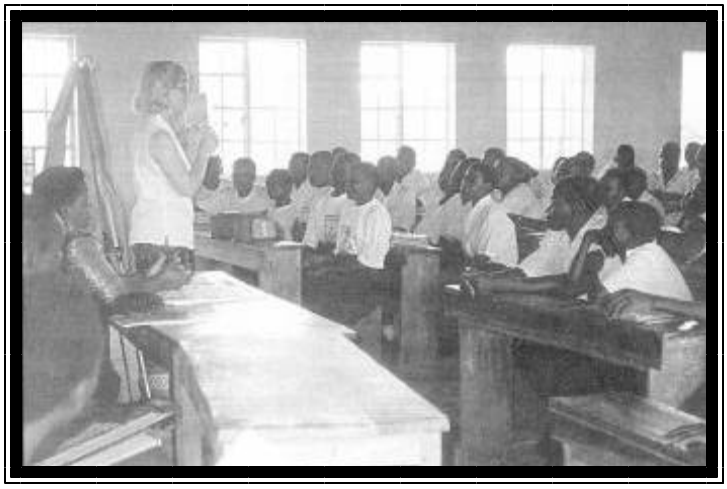
By Dr. Liisa Honey and Dr. Doug Cochen, SOGC Members

We really didn't know what to expect when we came to Kiboga, Uganda with the FIGO Save the Mothers Project. We knew there was significant poverty and only basic healthcare. Overwhelming maternal mortality statistics suggested we would witness about four mothers die during our stay. What we couldn't anticipate was the breadth and scope of the problems we would see. Nothing could have prepared us for what we have seen and done in a few short weeks here!

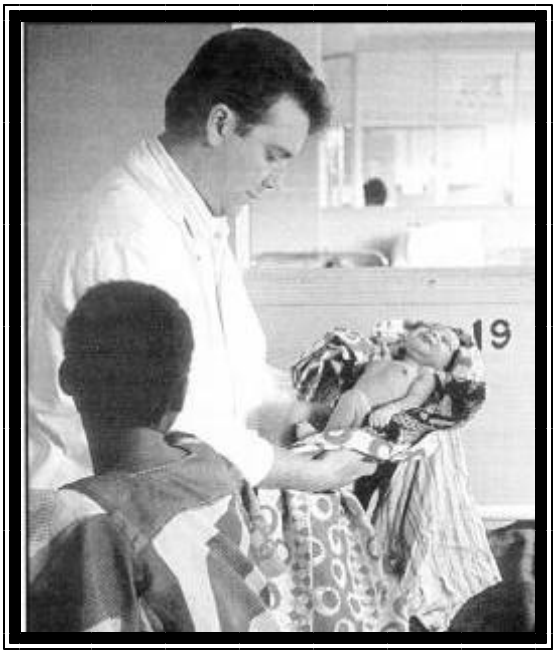
Routine obstetrical care includes treating life threatening malaria, typhoid, and shigella. Severely obstructed labour is common due to the young age of marriage and nutritional deficiencies. The incidence of twins is astounding. A high point for us was making a clinical diagnosis of an abdominal pregnancy! We're happy to report that mom and her 3-kg. baby girl are doing well. On the other hand it is disheartening to see men, women women and children dying from diseases we have never seen in Canada. A young man who had survived a car accident died 2 days later from tetanus. Neonatal tetanus from cord infections is diagnosed frequently.

Because women in this culture have little status, their health care needs are not seen as a priority. A woman's husband has the right to decide whether or not she can access health care. Despite this oppression, we met women who were able to fight for their right to healthcare. One woman arrived on a bicycle with severe pre-eclampsia and fetal distress. She had a previous scar. Fortunately she and her baby survived a repeat cesarean section. Postoperatively, the mother told us she had known she had to get to hospital and had asked her husband's permission. He refused and insisted she deliver at home. At that point she threatened to report him to the local authorities and borrowed money from a neighbour. In labour she travelled 2 hours by bicycle taxi to the hospital. I feel her strength and determination will help empower other women in her village.

Unfortunately, all of our stories don't have happy endings. Two days ago an 18-year-old primip arrived at the hospital with severely obstructed labour. She had been pushing at home for days by the time her husband took her for medical care. There was no fetal heart. She was obviously septic. She passed away about one hour after we completed a cesarean section. Although her case was tragic, the hospital statistics reflect the fact that these situations are less common now than before the project came to Kiboga. Perhaps we are starting to see a difference and the local women are turning to us for help sooner. That in itself is our reward.



FIGO - Save the Mother
Dr. Liisa Honey - Adolescent Healthy Sexuality Program



FIGO - Save the Mothers
Dr. Doug Cochen - Maternity Rounds
Kiboga Hospital

International News

The AED (Antiepileptic Drug) Pregnancy Registry

The AED (Antiepileptic Drug) Pregnancy Registry is the first North American registry for pregnant women who are taking any AED, monotherapy orpoly-therapy to prevent seizures. Any pregnant woman taking any of the medications listed below should be urged to call the toll-free number : 1-888-233-2334. All information will be kept confidential. Educational material will be provided. Enrolled women will be asked to provide information about the health status of their infants. The findings will be analyzed to assess the fetal risk from all the listed medications during pregnancy.

Depakene

List of medications:

Depakene
Depakote
Diamox
Dilantin
Felbatol
Klonopin
Lamictal
Mebaral
Phenobarbital
Sabril
Serax
Tegretol
Tiagabine
Topamax
Tranxene
Valium
Zarontin

How to register:

Massachusetts General Hospital (USA)
Harvard Medical School
Genetics & Teratology Unit
Phone: 1-888-233-2334
Email:
aedregistry@helix.mgh.harvard.edu
Website:
http://neuro-www2.mgh.harvard.edu/aed/registry.nclk

Source: Massachusetts General Hospital (USA), Harvard Medical School, Genetics & Teratology Unit

Industry News

Diclectin's Safety During Pregnancy Once Again Confirmed

The safety of the only antinauseant approved and indicated for the treatment of nausea and vomiting of pregnancy (Diclectin) has been once again confirmed by Gerald G. Briggs, the author of the renowned American reference book entitled "Drugs in Pregnancy and Lactation", in its BRIGGS update issue dated December 1999. So, thispublication supports all the other healthorganizations and authorities that have already acknowledged the safety of the drug, namely: Health Canada, FDA, The Society of Obstetricians and Gynaecologists of Canada, Motherisk,Reprotox and The New England Journal of Medicine.

In this update, Briggs and his co-authors have given the risk factor "A", which is the highest safety rating, to both ingredients (doxylamine-pyridoxine) of Diclectin. Thisclassification confirms once again the fact that the bulk of the studies, particularly controlled studies in pregnant women, have confirmed the safety of the drug combination for the foetus throughout the pregnancy. The authors have stated that "the evidence indicating that doxylamine-pyridoxine is safe in pregnancy is impressive. "

Gerald G. Briggs is a distinguished clinical pharmacist and professor with a world-wide reputation. He contributed to a great number of studies and specialized publications on drugs during pregnancy and lactation, among which seven reference books published in six languages and 71 publications.

In Canada, between 50 and 80 percent of pregnant women suffer from nausea or vomiting, which can last throughout the pregnancy. Physical and psychological symptoms related to this condition induce problems at different levels. In its most severe form called hyperemesis gravidarum, this medicalcondition affects almost 7,000 women in Canada every year, and shows evidence-based risks for the mother's and foetus' health.

Bits and Pieces

SOGC's New Street Address
As you are all aware, the SOGC moved into a new building last May, adjacent to the Royal College of Physicians and Surgeons of Canada. Until now, we had kept the same street address but the law requires that we have our own address. So from now, here is our new street address : 780 Echo Drive. Our postal code remains the same.

International Menopause Society
Dr. Barbara B. Sherwin, SOGC member and professor at the Department of Psychology and Gynaecology at McGill University has been elected to the Executive Committee of the International Menopause Society. She is the only Canadian member to sit on that committee. Congratulations to Dr. Sherwin.

APOG
The winning APOG poster this year was a communication and media program for residents across Canada done by Dr. S. Johnston. Second prize was won by Dr. M. Fung Kee Fung. Congratulations to both of them!

Positive Side
The Positive Side is a bilingual newsletter (Vision positive in French) written for people living with HIV/AIDS with great input from HIV-positive people and their care providers. The publication was really well received by those who attended the recent skills-building symposium hosted by The Canadian AIDS Society in Winnipeg. A free subscription to this quarterly newsletter is available to any individual or organization. Information: phone 1-800-263-1638, fax 1-877-403-2302, e-mail positive@catie.ca.