

## SOGC Welcomes New Recommendations on **HPV** Vaccination

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## New Global Postpartum Haemorrhage Initiative Launched

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## New alliance to address medication safety during pregnancy and breastfeeding

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## UBC offers first-ever interdisciplinary ALARM course for residents

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## NEW GLOBAL POSTPARTUM HAEMORRHAGE INITIATIVE launched in Mali

In February 2007, SOGC member and international volunteer Gilles Perreault traveled to Mali to participate in the launch of postpartum haemorrhage prevention activities, as well as a training session on the active management of the third stage of labour (AMTSL). Dr. Perreault participated in this event as a volunteer with the SOGC, but more specifically as a representative of FIGO who is involved with the project due to their ongoing global initiative to reduce postpartum haemorrhage.

This global initiative recognizes that the Millennium Development Goals focus on the reduction of maternal mortality rate by 75% by 2015. The achievement of this objective will be impossible without special efforts to prevent postpartum hemorrhage (PPH), which represents almost 30% of all maternal mortality cases. The World Health Organization (WHO), FIGO and the International Confederation of Midwives (ICM) launched a joint statement in 2003 to promote the active management of the third stage of labor (AMTSL). This intervention has the potential to reduce the incidence of

postpartum hemorrhage by up to 60%. Several international aid agencies, including USAID, are strongly preoccupied by this cause, and have invested resources in working toward global progress. FIGO and ICM have also followed up their original joint statement with a second collaboration and statement launched at the FIGO World Congress. Information about FIGO's PPH initiative is available on the FIGO website [www.figo.org](http://www.figo.org).

In Mali, USAID, along with its partners PATH, Prevention of Postpartum Haemorrhage Initiative (POPPHI), and IntraHealth, collaborated with the Department of Health to conduct a pilot project to promote the use of AMTSL in a selected number of health centers in Bamako, the capital of Mali. This pilot project helped to demonstrate that it is feasible to introduce this approach in low-resource settings, that it is efficient and gives the anticipated results (i.e. decreasing hemorrhage and transfusion needs) but also enhancing the birth attendant's esteem towards his/her profession, improving postpartum follow-up as well as the interaction between the client and the birth attendant.

With the positive results of the pilot project, the Department of Health has decided to expand the AMTSL training to all areas of the country. On February 12, 2007 the Departmental officers, USAID delegates and its partners, FIGO delegates participated in the POPPHI National Launch Day in Bamako, Mali.

As a follow-up to that event, the Malians held their first national instructor training for the AMTSL from Feb. 13-17. The training was conducted within a train the trainer model, much like the model used with ALARM International, a program which Dr. Perreault has been involved with in the past. Dr. Perreault was therefore able to participate in this training as a guest instructor, and his contributions were extraordinarily well appreciated by the team on the ground.

Dr. Perreault returned from his trip to Mali with a hope and optimism, having found it reassuring to see that a country with very limited resources was willing and is able to take charge and improve the quality of its obstetrical care services.

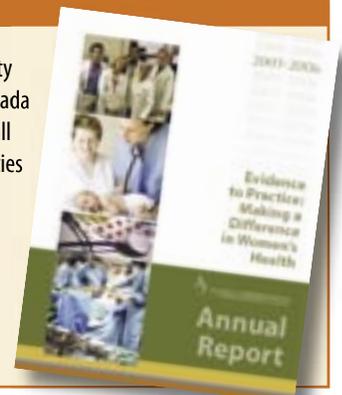
## NEW WORLD HEALTH Organization Resource on Medical Abortion

Based on the conclusions of the International Consensus Conference on Medical Abortion in Early First Trimester, held in Bellagio, Italy, the World Health Organization has produced a resource for answering questions related to medical abortion. The document, titled "Frequently Asked Clinical Questions about Medical Abortion", answers common questions regarding pre- and post-abortion counseling and care, as well as contraindications and the recommended regimen for medical abortion.

The document is available from the World Health Organization website. A link is also provided from the SOGC website's members' homepage at <http://www.sogc.org/members>

## SOGC ANNUAL REPORT now Available

The 2005-2006 annual report of the Society of Obstetricians and Gynaecologists of Canada is now available. The report summarizes all developments in SOGC projects and priorities from 2005-2006, including the Society's financial statements for the year. To view the report, please visit the SOGC website at <http://www.sogc.org>.





## SOGC COMMITTEE MEMBERSHIPS

By Dr. André B. Lalonde  
Executive Vice-President, SOGC

Without doubt, SOGC's Executive Committee, Council, and Clinical and Practice Committees comprise the backbone of our society. For over 15 years, the SOGC has developed and maintained over 20 clinical and practice committees in our specialty.

Our committee structure is designed to provide our members with an opportunity to work towards the establishment of guidelines, policy statements, and clinical opinions addressing major issues in obstetrics and gynaecology, women's health, and international health. The committee structure warrants representation

from across Canada, and our regional committees help ensure balanced and equal representation. Committee tenure is three years with the potential for re-nomination to a second term, which can be arranged in collaboration with the committee chair.

Throughout the years, most of our distinguished members have worked very hard to bring new knowledge and research to the bedside. All of our clinical guidelines are thoroughly reviewed by Executive and Council – constituting, in essence, a peer review of over 30 members. Constantly seeking new avenues for

collaboration, we pride ourselves in ensuring that our committees remain active in their work.

In the coming month or two, our regional committee members will be seeking members for nomination to various committees. If you have a subject area of interest, please let the SOGC or your regional representative know. SOGC staff actively support the work of our committees, and will be pleased to work with you in bringing our members and the public the best evidence-based practice in obstetrics and gynaecology.

## WELCOME BACK Kelly Nolan!

The SOGC is pleased to welcome back Kelly Nolan, Director of Communications and Public Education, who returned to the SOGC from maternity leave on March 1. The entire SOGC, and the communications division in particular, are very excited to welcome Kelly back, and would like to once again take this opportunity to congratulate her and her family on their new addition Rory.

## INNOVATIVE AD CAMPAIGN Takes Aim at Smoking during Pregnancy

To help get the word out on the dangers of smoking, the City of Ottawa's 2006 "Exposé" contest had local students design mass-media to be used in the city's anti-smoking advertising campaign. Though not chosen as the winning entry, this innovative poster highlighting the dangers of smoking during pregnancy was

chosen to be developed and included as part of Ottawa's ad campaign. The concept was developed by a student at Immaculata Catholic High School in Ottawa. The letters on the woman's abdomens are occasionally reversed to illustrate that the anti-smoking messages were written from the baby's perspective.

To highlight the dangers of smoking during pregnancy, the City of Ottawa has provided the SOGC with copies of this poster to distribute to its members. To receive a copy of this poster, while supplies last, please contact Geneviève St-Gelais at [gstgelais@sogc.com](mailto:gstgelais@sogc.com) or (613) 730-4192 ext. 329.





## Council 2006-2007

### Executive Committee:

- **President:**  
Dr. Donald B. Davis; Medicine Hat, AB
- **Past-President:**  
Dr. Michael Elias Helewa; Winnipeg, MB
- **President-Elect:**  
Dr. Guylaine Gisele Lefebvre; Toronto, ON
- **Executive Vice-President:**  
Dr. André B. Lalonde; Ottawa, ON
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Dr. Mark Heywood; Vancouver, BC
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Dr. Scott Alexander Farrell; Halifax, NS
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- **Chair, Central Region:**  
Dr. Margaret Burnett; Winnipeg, MB
- **Alternate Chair, Central Region:**  
Dr. Annette Epp; Saskatoon, SK
- **Chair, Ontario Region:**  
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- **Alternate Chair, Ontario Region:**  
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Dr. Diane Francoeur; Montreal, QC
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- **APOG Representative:**  
Dr. Patrick Mohide; Hamilton, ON
- **Corresponding Member:**  
The Hon. Lucie Pépin, Senator; Ottawa, ON



## Don't miss the 17th West/Central CME Program in beautiful Banff, Alberta! March 29 - 31, 2007

### The Rimrock Resort Hotel

In association with the Alberta Society of Obstetricians and Gynecologists (ASOG)

### SCIENTIFIC PROGRAM

New for the 2007 West/Central, SOGC is proud to offer:

#### SCC Colposcopy Workshop

with Dr. Elizabeth Brydon, Dr. James Bentley and Dr. Jessica McAlpine  
Saturday, March 31, 10:30 - 12:30

For complete conference details, please visit our website, <http://www.sogc.org>

#### STILL TIME TO REGISTER:

**REGISTER ON-LINE at**

**[www.sogc.org](http://www.sogc.org) or**

**MAIL OR FAX YOUR COMPLETED**

**REGISTRATION FORM**

(included with the Preliminary

Program) to:

**SOGC**

**780 Echo Drive • Ottawa, ON K1S 5R7**

**Fax: (613) 730-4314**

#### CONFERENCE SITE

The Rimrock Resort Hotel – One of

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**Questions?** Contact us by email at: [events@sogc.com](mailto:events@sogc.com)

# 3<sup>rd</sup> Gynaecology Ontario CME Program — April 20-21, 2007

Toronto  
Marriott  
Downtown  
Eaton Centre



## SCIENTIFIC PROGRAM

New concurrent sessions  
for the 2007 Gynaecology  
CME:

### SCC for the ObGyns

with Dr. Peter Bryson, Dr. Michael Shier  
and Dr. V. Cecil Wright

### SCC / OCFP (for the Family Practitioners)

with Dr. Vivien Brown, Dr. Nancy Durand  
and Dr. Sara Taman

For complete and up-to-date details, please  
visit our website, <http://www.sogc.org>.

REGISTER ON-LINE at [www.sogc.org](http://www.sogc.org)

or Mail or fax your completed

Registration Form (included with the

Preliminary Program), to:

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780 Echo Drive • Ottawa, ON K1S 5R7

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Register Today!

### To book your hotel room:

Toronto Marriott Downtown Eaton  
Centre (back by popular demand) 525  
Bay Street, Toronto

- Standard room: \$149 per night single/  
double occupancy
- Tel.: 1-800-905-0667
- Group code: SOGC

**Important deadline to remember: Friday,  
March 23rd, 2007 for both your registration  
early bird rate and hotel booking.**

### Questions?

Contact us by email at: [events@sogc.com](mailto:events@sogc.com)

## Upcoming Meetings



### SOGC Meetings

#### 17<sup>th</sup> West/Central CME

March 29–31, 2007, Banff, Alberta

#### 3<sup>rd</sup> Ontario Gynaecology CME

April 20–21, 2007, Toronto, Ontario

#### 63<sup>rd</sup> Annual Clinical Meeting

June 21–26, 2007, Ottawa, Ontario

### ALARM Program Schedule

Location	Date
Toronto, ON	April 22-23, 2007 <i>(in conjunction with the 3<sup>rd</sup> Gyn. ON CME)</i>
Montreal, ...	<i>(offered in French)</i> May 11-12, 2007
Ottawa, ON	June 19-20, 2007 <i>(in conjunction with the 63<sup>rd</sup> ACM)</i>
Kelowna, BC	September 21-22, 2007
Saint-John, NB	November 2-3, 2007
Toronto, ON	December 2-3, 2007 <i>(in conjunction with the 26<sup>th</sup> ON CME)</i>

### Other Meetings

**Société de Chirurgie Gynécologique et  
Pelvienne (SCGP) - 4<sup>th</sup> Congress**, May 10-12,  
2007. Angers, France. For registration and  
information contact [isgirault@chu-angers.fr](mailto:isgirault@chu-angers.fr); Tel.  
02 41 35 48 99. <http://www.sogp.asso.fr/>

**St. Boniface General Hospital - Woman  
and Child Program Conference 2007 -  
The Reproductive Years: New Questions**,  
May 3, 2007. Norwood Hotel, Winnipeg.  
For more information call (204) 237-2947.

**Royal College of Obstetricians  
and Gynaecologists (RCOG) –  
31<sup>st</sup> British Congress of Obstetrics  
and Gynaecology**. July 4-6, 2007; London, UK;  
[www.bcocg2007.co.uk](http://www.bcocg2007.co.uk).

Don't miss the SOGC's  
63<sup>rd</sup> Annual Clinical  
Meeting!

June 21-26, 2007  
Ottawa, Ontario

For more information, meeting  
highlights and hotel reservation  
information, please visit our  
website at [www.sogc.org](http://www.sogc.org).



## CHUQ HONOURS Dr. Michel Roy with Sirius Prize

The SOGC offers its congratulations to Dr. Michel Roy, winner of the Centre hospitalier universitaire de Québec's (CHUQ) SIRIUS Prize. Dr. Roy was honoured in front of nearly 650 guests with the "Rayonnement" prize. Dr. Roy is the first gynecologic oncologist in North America to perform a radical trachelectomy of the cervix, a procedure allowing women to maintain a certain level of fertility. Since then Dr. Roy has successfully performed this operation dozens of times, allowing a majority of patients to go on to successful pregnancies.

In addition, Dr. Roy is also a founding member of the Society of Gynecologic Oncologists of Canada (GOC), a Past President of the Society of Canadian Colposcopists (SCC), and a dedicated member of SOGC.

On behalf of the SOGC, we congratulate Dr. Roy on his recent accolade and for his continuing devotion to providing excellence in care.

## SO, WHAT'S YOUR STORY?

The SOGC News wants to hear from you, our membership!

Each issue, the SOGC News publishes articles and profiles celebrating the accomplishments of our members, and highlighting their contributions to the specialty and the health of Canadians. So if one of our members is winning an award, pioneering an innovative new approach to care, or simply deserves recognition for a distinguished career, we want to hear about it!

Send your submissions, articles or story ideas to the SOGC News at

[mhaymes@sogc.com](mailto:mhaymes@sogc.com).

## 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. Available grants include: - Millennium Fellowships for Community Physicians - Junior Member's Elective Grant in International Women's Health - SOGC International Development Award for Volunteers. For application forms and further details on all of SOGC's fellowships, grants and awards, visit the "About SOGC" section of our website, <http://www.sogc.org>, or call us at (800) 561-2416.



The Millennium Fellowship for Nurses and Midwives allowed me to further my clinical skills in provision of low risk reproductive care to women. As a Registered Midwife working with socially and economically marginalized women and their families, it has been extremely useful in my clinical practice to provide women and their partners with a greater depth of information and smoother access to reproductive care, including contraception, sexually transmitted disease identification and management, and pre- and post-abortion care. In addition, I was able to follow a number of my clients in my work with Dr. Trouton in the management of early pregnancy loss/abortion.

I participated in the care of over 120 patients with Dr. Trouton. I was able to systematically learn the steps in counseling concerning reproductive health options with regard to pregnancies and reproductive health in general. I learned to impart the clinical information necessary and provide emotional support as needed, providing clinical care and comfort measures during procedures.

As a long-time feminist and advocate for women's sexual and reproductive rights, this fellowship allowed me to serve women, and their families, in a more holistic and practical manner. I am grateful to the SOGC, other midwives and Dr. Trouton for supporting me in this endeavour.

Thank you.

**Lorna J McRae, RM**

Winner of a Winter 2006 Millennium Fellowship  
for Nurses and Midwives



## RESIDENT LIFE: Gynaecological Endoscopy Training across Canada

By Dr. Ciaran Goojha, PGY-3, University of Saskatchewan

Endoscopy has emerged in multiple surgical specialties as a valuable approach to common surgical procedures, and in many cases, has been established as the gold standard. Gynaecology is no exception. Patient benefits include decreased post operative pain, shorter hospital stay, decreased scar formation, and improved recovery time. The demand from patients for these procedures is increasing. Thus, Canadian Obstetrics and Gynaecology Residents must be prepared to offer these services upon graduating.

The SOGC Junior Members Committee was given a survey titled: "What's Up with Gynaecological Endoscopy in Your Institution?" The goal of the survey was to evaluate exposure to endoscopy in various programs across the country. Fifteen of the sixteen programs throughout Canada responded. The responses are summarized below.

### 1. Does your program have a mandatory endoscopy/laparoscopy rotation?

Five of the fifteen programs have mandatory endoscopy rotations. Emphasis on hysteroscopy and laparoscopy vary. Rotations consistently run between one to two months, and occur between PGY-2 and PGY-4.

In 2006/2007, one program implemented a mandatory MIS/urogynaecology rotation in PGY-3. One other program plans a similar mandatory rotation in 2007/2008.

The remaining programs do not have mandatory endoscopy rotations. All programs describe the opportunity to learn endoscopic skills on other rotations including REI and General Gynaecology. Elective opportunities exist in most programs.

Two schools also run a one- to two-day endoscopy course for all residents.

### 2. What objectives must residents meet in endoscopy in your program?

All programs have objectives in endoscopy that residents must meet prior to graduation, regardless if a mandatory rotation is available or not. These objectives are very similar throughout the country. Most programs have written formal objectives which include: knowledge of indications, safety,

complications, and limitations of endoscopic surgery, basic endoscopic skills including diagnostic laparoscopy, laparoscopic TL, cystectomy, hysteroscopy, endometrial ablation, simple ectopic pregnancy (salpingectomy/salpingostomy), and lysis of adhesions.

Objectives in advanced laparoscopic skills, including LAVH, laparoscopic sacrocolpopexy, stage III-IV endometriosis, and total laparoscopic hysterectomy, vary across the country depending on availability of teaching.

Most programs have adopted the CanMEDS method of developing objectives for various rotations. Three programs have officially developed CanMEDS objectives for endoscopy.

### 3. Does your institution have an endoscopy training lab?

Facilities across the country vary greatly. Fourteen of 15 programs have access to basic endoscopic dry labs, which include equipment like portable laparoscopic towers, laparoscopic lenses/cameras and equipment, and rubber abdomen models. Instruction varies from self-directed to formal training.

Three programs describe access to minimally invasive surgery (MIS) labs, which are shared between all surgical specialties. These MIS labs have sophisticated computer simulators which allow residents to practice port placement and various laparoscopic maneuvers.

Two programs also have access to 'wet' endoscopic labs at various times, including practicing on pigs.

Three programs are currently constructing new facilities to provide improved endoscopic lab experience.

### 4. Is gynaecological endoscopy performed outside of the OR in your institution?

Although many endoscopic procedures are performed as 'day surgery', the majority of facilities provide the services only in the OR.

Two programs describe the opportunity for residents to do minor endoscopic procedures (diagnostic hysteroscopy, Essure hysteroscopic tubal sterilization, and global endometrial

ablation) in an ambulatory care setting, outside of the OR. These procedures are carried out under conscious sedation, without presence of an anaesthetist. Similar facilities are available for TA's in some centers.

Two programs also describe training in office hysteroscopy.

### 5. Do PGY-5s in your program feel prepared to offer endoscopy when they finish?

The overwhelming response across the country is 'yes'. It seems programs are training residents to feel very competent in all basic endoscopic skills. Expertise in advanced endoscopic skills, including LAVH and TLH, vary for graduating residents, depending on their exposure to staff members with the ability to teach these skills. Unfortunately, this exposure is limited across the country.

Gynaecological endoscopy is an integral component of training in ob/gyn. The future of gynecology practice will rely heavily on minimally invasive procedures- this demand already exists today. It seems the challenge for programs to train residents in basic endoscopic skills has been met, as most residents graduating feel they have the skill to provide these services. However, integrating the teaching of advanced endoscopic skills remains variable across the country. This finding is consistent with a recently published article by Raymond et al. in Toronto, called Endoscopy teaching in Canada: A survey of obstetrics and gynecology program directors and graduating residents (Journal of Minimally Invasive Gynecology [2006] 13, 10-16). Decreased funding, decreased OR time, and lack of teachers with advanced endoscopic skills are all factors.

As programs across Canada try to improve training of advanced endoscopic skills, residents must be aware that fellowships are available in Canada and the USA in advanced gynaecologic endoscopy. It is important that more Canadian ob/gyn graduates seek these opportunities to not only provide advanced teaching to residents in the future, but to improve care for gynaecology patients across Canada.



## University of Montreal UPDATE

By Valérie Héту, PGY-3;  
and Caroline Laroche, PGY-3

This July, the program has welcomed six new PGY-1s, for a total of 28 residents. We are pleased to welcome: Marie-Hélène Arpin, Élise Dubuc, Frédéric Dzineku, Julio Saumet, Laurence Simard-Émond and Frédéric St-Jacques. It is particularly nice to see such a high proportion of male residents! We have also been fortunate to integrate two PGY-2s, Caroline Laroche and Béatrice Cormier, who transferred programs. On the gossip side, there have been a few weddings (congratulations to Bi Lan Wo and Julio Saumet) and a few new babies (congratulations to Manon Charlebois, Dr Geneviève Roy and Dr Lynda Hudon).

Without doubt 2006 was a prolific year, with seven graduates completing successfully their Royal College exams. Marie-Ève Allard, Marie-Hélène Aubé, Marie-Yanouk Blain, Nathalie East, Martine Goyet, Véronique Mareschal and Mélanie Millaire are now scattered across the province of Québec to start community practice.

On the academic side, the University of Montreal's ob/gyn program went through some changes this year. PGY-1 residents must do more community rotations, including one in Lasarre. External clinic periods as well as general emergency rotations were added to the curriculum. Residents have welcomed these changes.

The relationship between medical specialists and the Quebec Department of Health was stormy during the last months. Consequently, some activities were boycotted, including our weekly academic afternoons and instruction to externs and students, resulting in the cancellation of rotations. Hopefully, an agreement between both parties was signed just before the Holidays. The academic activities will start again in January and will include laparoscopic surgery workshops.



## UNIVERSITY UPDATE: Western University

By Ariadna Grigoriu, PGY-4; and Shunaha Kim, PGY-2

Currently, we have 22 amazing residents in our program. In July, we welcomed six new PGY-1s, including four CaRMS-matched positions and two IMGs. They have all brought a lot of new energy and excitement to our program. We were also joined by one new fellow, Dr. P. Chang, in Reproductive Endocrinology and Infertility, and will be congratulating our senior fellows Dr. M. Al-Sharanian in MFM and Dr. Erik Walter in Urogynecology.

Additionally, there have been a few changes to our faculty – we wish all the best to outgoing faculty Drs. Steve Carey and Janice Kwon from gyne-oncology. We are also proud to welcome Dr. Dave Langlois, who joined our department from Credit Valley Hospital in Mississauga.

From an educational point of view, our residents continue to enjoy the community rotation in Windsor. In the PGY-3 year, each resident spends three months in Windsor (Windsor Regional Hospital). So far the rotation has received excellent reviews – all of the residents have been very satisfied with the surgical experience they acquire there. Much thanks to our mentors Dr. G. Hasen, Dr. J. Polsky and Dr. J. Tomc. This rotation only strengthens our already strong surgical skills that we take so much pride in.

In November of this past year, the residents also had a chance to enjoy a full academic day at the new CSTAR facilities here at UWO. In partnership with J&J Ethicon, Drs. Sugimoto and MacMillan led a gynecologic laparoscopy course which included a live wet lab.

On the personal level, we extend congratulations to two of our residents, who are planning weddings for the upcoming summer. Congrats to Dr. S. Dunlop and Dr. K. Finkenzeller! Other fun social events of the past year have included the annual welcome BBQ in the summer, HH Allen Day at Bellamere Winery, the Departmental Retreat, and the Christmas Party at Chez MacMillan's. We also had a lot of fun at our Games Night last summer – a welcome new addition to our social events calendar.

During the past year, many of our residents have presented and won awards at numerous conferences. The senior residents had a great time at the American Association of Gynecologic Laparoscopy Conference in Las Vegas. We are also involved in the South Western Ontario Perinatal Outreach Program, and this year marked the first year that our residents participated in the MOREOB program. In December of this year, the PGY-2s and PGY-3s also attended the APOG Introduction to Research course held in Toronto.

In closing, we would like to offer our congratulations and best wishes to our PGY-5s – Dr. A. Chan, Dr. C. Kerner, Dr. P. Nascu and Dr. J. Rawlins – all of whom have decided to pursue careers here in the community.

*Thank you for a great year!*

## Queen's University UPDATE

By Marette Regnier, PGY-3;  
and Lynn Shepherd, PGY-2

Greetings from Kingston, Ontario! In June, we said congratulations and goodbye to our chief Melissa Comette, who is now practicing in Owen Sound, Ontario. This year, we have fourteen residents after welcoming three PGY-1s in July: Amber Whitford, Jonathan Huber and Kristy Cooke. We also welcomed Heather Cockwell back from maternity leave in July after the birth of Alex in April – congratulations!

It's been five years since we started taking three residents per year, which has resulted in some new opportunities in our rotation schedule. Fourth year residents will now spend four months doing community ob/gyn, in addition to four months each of gynecologic oncology and senior obstetrics. Fifth year residents will do four months each of senior gynecology (during which time they perform the administrative duties as chief), clinics and elective time. We have also added a two month rotation in community ob/gyn to the second year schedule. Starting in July, all of Queen's residency programs will be changing to a 13-block academic year. Some programs are already doing this, so it will be easier to do off-service rotations and electives if we are all on the same schedule.

We continue to have weekly half days on Thursday mornings where we start off with grand rounds, usually presented by one of our residents. Afterwards, we have two hours of teaching and then the PGY-5s have a chance to practice their exam skills with one of the staff. Every month a different staff person hosts journal club in their home, and we discuss two articles while enjoying some of the cuisine from one of our many excellent restaurants. In January our PGY-3s, PGY-4s and PGY-5s wrote the CREOG exam. February promises to be busy with CaRMS interviews and the Urogynecology conference in Quebec City, which will be attended by four of our residents. This is one of many conferences we are privileged to attend throughout the year. In March, a few residents will participate in the TIPS course, an excellent two day session on teaching. Many of us will be presenting at our annual J.A. Low research day, which will be held at the end of March this year. In April, all residents will participate in our annual departmental OSCE, giving us an excellent opportunity to practice exam skills. As a department, we are also in our third year of the MOREOB program. Finally, in June we will have our annual resident retreat and a big party for our graduating residents.

As we look forward to the second half of our academic year, it is exciting to see continued growth and improvement in our program. Cheers!

## CAN YOU STUMP THE PROFESSOR IN 2007?

The Junior Member Committee invites you to submit cases for the 2007 edition of "Stump the Professor".

Since its inception, this event has become a participant favourite at the SOGC's Annual Clinical Meeting (ACM). This year, the SOGC Junior Member Committee is calling for entries for our 2007 ACM in Ottawa.

All residents who are members of the SOGC are invited to submit a detailed summary of an interesting case which arose at their centre, in the hopes of stumping our panel of ob/gyn experts. The winning entries will be selected by a committee, and the individuals whose entries are selected will be invited to present their case to a panel of distinguished ob/gyn professors at the 2007 Annual Clinical Meeting in Ottawa, June 21-26.

A \$1,000 prize is awarded to the Best Obstetrical Case and Best Gynaecological Case to help defray the cost of attending the Annual Clinical Meeting.

**The deadline for case submissions is March 1st, 2007.**

For more information and submission requirements, please visit the junior members' section of our website, [www.sogc.org](http://www.sogc.org). All submissions should be sent via email to Janie Poirier at [jpoirier@sogc.com](mailto:jpoirier@sogc.com).

## NEW DEADLINE DATES for elective grant applications

### New application deadlines:

**November 15:** For electives taking place between January 1st and June 30th

**May 15:** For electives taking place between July 1st and December 31st

For more information, please visit the Junior Member section of the SOGC website.

## A Program in Growth and Evolution.

The New Year has already brought about a significant number of changes for the International Women's Health Division here at the SOGC. These changes and growth have been precipitated by actual and anticipated new projects that the Society has taken on in the International domain.

First and foremost, as reported in February's newsletter, the SOGC has been successful in renewing its international Partnership Program. In addition to the renewal, we are also anticipating the addition of a new partner, Burkina Faso. Furthermore, we have also received some one-time funding in this program for a number of specific activities which are to be conducted prior to June 2007. These activities include an international leadership forum that will bring together Junior Members from across the Partnership Program.

To facilitate this work, Victoria Hopkins has been hired with the International Women's Health Division to work with Liette Perron on the administration of the Partnership Program. Victoria is a graduate of the Norman Paterson School of International Affairs at Carleton University, and has recently returned from a six month CIDA Internship in Kenya.

With the anticipated commencement of the new QUARITE project, a joint research project conducted by the SOGC and the University of Montreal, Suzanne Plourde will be changing the focus of her work. Suzanne, who has been responsible for the ALARM International Program (AIP) since 2003, will be taking on a new role as the Project Manager for the QUARITE Project. In her new position, she will be responsible for the overall management of the three-year project, acting as SOGC's primary coordinator. The project is to be conducted in Senegal, Mali and Madagascar, and will include the delivery of all components of the ALARM International program, including the "train the trainer" components. As such, Suzanne will continue to have the opportunity to work with the membership of the SOGC who volunteer within the program.

In her own words, Suzanne is particularly interested in this project because, "it will afford the SOGC the opportunity to demonstrate the impact that the ALARM International Program can have on maternal mortality and morbidity within a country of intervention."

With Suzanne taking on this new role, the SOGC has recruited Ms. Moya Crangle as the new Project Manager for ALARM International Program. Ms. Crangle joined the International Women's Health Team in January 2007, and will be responsible for the coordination of the AIP. She is a registered midwife who holds a Master's Degree in Reproductive and Sexual Health Research from the London School of Hygiene and Tropical Medicine. She comes to us with ample experience in international development, including her work with Médecins Sans Frontières in Afghanistan and Côte d'Ivoire, and Maternity Worldwide in Ethiopia and The Gambia. She has also recently returned from Rankin Inlet, Nunavut, where she completed a short contract to provide primary health to women and their babies.

Moya looks forward to being a part of the exciting International activities of the SOGC. She is particularly impressed by the AIP model and its focus on quality of care, as well as the sexual and reproductive rights framework for the program.

"The involvement of professional associations in maternal and newborn health is both unique and valuable," she said. "I feel privileged to be able to work as part of the International team, and look forward to working in collaboration with the membership."

Moya's graduate studies had a particular focus on research, and specifically on using research and evidence to influence policy and program management. This interest and skill is very compatible with the programs aim of acting as both a training and mobilizing tool.

Finally, with the growth of the division, and the increase in activities of the program and our volunteers, we are also very pleased to welcome Dominique Pelletier to the team. Dominique will be assuming responsibilities for Finance and Logistics within the International Women's Health Program. She will facilitate much of our financial reporting to funders, and will provide oversight of logistics and reimbursements related to member travel. Dominique comes to the SOGC after a long employment with Héma-Quebec, the provincially funded, non-profit blood bank.

The Society is very pleased that the work of the International Program has gained the credibility and profile to enable it to build on its

existing projects and activities. We welcome the new members of the staff team, and encourage members to be in touch with them.

To contact the International Women's Health team, contact the SOGC national office at (613)730-4192.

- Liette Perron, Director, International Women's Health Program ex. 223, lperron@sogc.com
- Suzanne Plourde, Project Manager, QUARITE, ext 241, splourde@sogc.com
- Moya Crangle, Project Manager, ALARM International Program, ext 243, mcrangle@sogc.com
- Jolanta Scott-Parker, Coordinator, Promotion/Communication and Special Projects, ext 236, jscottparker@sogc.com
- Victoria Hopkins, Coordinator, SOGC Partnership Program, ext 253, vhopkins@sogc.com
- Dominique Pelletier, Coordinator, Finance, ext dpelletier@sogc.com
- Jackie Oman, Administrative Assistant, ext. 254 joman@sogc.com

## International Women's Health Photo Contest: Collaboration for Health



As a new initiative in 2007, the SOGC will be conducting a photo contest as part of its International Women's Health Symposium, held at the Annual Clinical Meeting in Ottawa this June. All SOGC members are invited to submit photos that reflect the theme "Collaboration for Health".

The entry deadline is March 31, 2007, and winning entries will be displayed at the International Women's Health Symposium in Ottawa. Complete Contest details and submission guidelines are available in the International Women's Health Section of the SOGC website, <http://www.sogc.org>.

# SOGC PARTNERS IN KOSOVO

## Launch New FIGO Project



In 2005, the International Federation of Obstetrics and Gynaecology (FIGO) launched its second generation of national-level maternal and newborn health projects aimed at contributing to the reduction of maternal and newborn mortality and morbidity. The projects also aim to strengthen the capacity of national professional associations (Ob/Gyn and midwives) to engage in field projects designed to improve maternal and newborn health.

The SOGC is actively involved in projects in Haiti, Uganda, Kosovo and Ukraine. The SOGC's role in these projects is as the "twinning" society to improve the capacity of local associations to improve health. The SOGC will be actively involved with the projects for their duration, working in partnership with the associations to meet their stated objectives. As part of the twinning relationship, SOGC members have been assigned as mentors to the projects. Each of the projects include both an ob/gyn and midwife mentor.

Planning activities for these projects began in 2005. With funding now secured, most of the projects were launched in late 2006 or will be launched in early 2007.

On January 12, 2007, the Kosovar Association of Obstetricians and Gynecologists (KOGA) launched their four year FIGO project to reduce maternal and newborn mortality. At an impressive ceremony at the Grand Palace Hotel in Pristina, more than 80 guests gathered to mark the occasion. Representatives and dignitaries in attendance included a representative of the Minister of Health, UNICEF, WHO, and faculty from the Medical School. Dr. Hoxha, President of KOGA welcomed all in attendance and many of the invited guests brought greetings and congratulations.



(left to right) Dr. Lulaj, Director of the FIGO project, Dr. Hoxha, President of KOGA, and Dr. Lila, Manager of the FIGO project, speak at the new project's launch.

Dr. Ferdinand Pauls and Dr. Hoxha, President of the Kosovar Association of Obstetricians and Gynecologists.

Dr. Ferdinand Pauls, the SOGC mentor of the Kosovar project, was in attendance for the celebration. Though this is the first formal partnership agreement with KOGA since the completion of an earlier partnership program in 2004, the SOGC has had an ongoing relationship with KOGA for five years. Dr. Pauls is joined in his mentorship responsibilities by registered midwife Cathy Ellis.

During the launch event, members of the Kosovar association spoke about some of the details of the project. Dr. Lulaj outlined the project objectives and financial commitments. Dr. Lila explained some of the details of the project, specifying that there would be a six month preparation phase, a six month implementation phase and then three years of progressive completion in three maternity hospitals. The overall project goals include: the strengthening of the organizational capacity of the association; the assumption of a leadership role in the development and implementation of national standards and protocols; and the initiation of partnerships with other stakeholders including women's groups.

Other FIGO twinning projects that the SOGC is involved in are at various stages of development. Ukraine and Uganda have already launched their project activities and Haiti is scheduled to launch their activities in early March.

## CONTENT REVIEW TO PRODUCE 4th Edition ALARM International Program

In early February, the ALARM/GESTA International Committee (AGIC) met in Ottawa for a two-day intensive meeting to review the content and methodology of the current ALARM International Program (AIP). This review was precipitated by a number of factors including feedback received from our partner countries, as well as new information and evidence emanating from the SOGC's newly formed Obstetrical Content Review Committee. In addition, there were some content areas that needed to be updated in order to ensure consistency with new technology and global initiatives - in particular, the FIGO's Prevention of Postpartum Haemorrhage.

The AGIC was joined by representatives from four of our partner countries (Dr. Romeo Menendez from Guatemala, Dr. Lauré Adrien from Haiti, Dr. Christine Biryabarema from Uganda and Dr. Iryna Mogilevkina from the Ukraine), as well

as representatives from the ALARM Canada Committee (Dr. Glenn Gill), the International Women's Health Committee (Dr. Ralph Cooke and Dr. Eileen Hutton), the MOREOB program (Dr. Kenneth Milne), and an adult education specialist (Margaretha Rebel). The contributions of those in attendance were extremely valuable. In particular, the important perspective offered by our partners ensured that the realities of practice in a low resource environment were well represented.

There is a significant amount of work still to be done to complete the review, which is anticipated in June of 2007. The completion of this process will represent the 4th edition of the ALARM International Program.



## The 2007 National Physician Survey IS HERE

### Your chance to affect the medical policies, plans and priorities of the future

The envelopes and emails have been sent and the 2007 National Physician Survey is in the field. Watch for the bright white envelope with the familiar logo, or keep an eye on your email and be sure to take advantage of this opportunity to help shape the future of medicine in Canada.

In the next three years, hundreds of decisions that directly affect the future of our profession will be made by governments, educators, regulators and professional associations. By promptly completing and returning your 2007 National Physician Survey questionnaire, you can help ensure those decisions are informed decisions. Your answers to questions ranging from your place of work and method of remuneration to patient loads and plans for the future will paint an up-to-date and comprehensive picture of where medicine is today and where it is going.

The 2007 National Physician Survey is the only national survey of physicians, residents and medical students led by the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada and the Canadian Medical Association. The data gathered from this second edition of the survey will be widely shared through a website, publications and the work of researchers who will mine the data to meet specific challenges. Watch for your 2007 National Physician Survey questionnaire in the mail or in your inbox and be sure to add your voice. For more information on this year's survey and to view the full results of the 2004 edition, visit [www.nationalphysiciansurvey.ca](http://www.nationalphysiciansurvey.ca).

Every physician in Canada will receive a personal invitation to complete the National Physician Survey (NPS), either by email or by regular mail. The invitations to complete the NPS are being sent out in waves over a period of several weeks. This is why some of your colleagues may have already been contacted about the NPS and you haven't yet received your invitation. If you haven't been contacted about the NPS by the end of February, then we need to hear from you (contact Sarah Scott, NPS coordinator at [info@nationalphysiciansurvey.ca](mailto:info@nationalphysiciansurvey.ca)).

Your personal invitation contains your NPS identification number and the URL link to the questionnaire (or paper copy of the questionnaire). As such, your invitation is not transferable to anyone else. Please note that your name will only be linked to your identification number for mailing purposes so you don't receive reminders once your survey has been completed.

## NEW PODCASTS from SOGC.org

Be sure to visit <http://www.sogc.org> for the latest podcasts from the Society of Obstetricians and Gynaecologists of Canada. Now you can enjoy the SOGC's high-quality CME presentations when you want, where you want.

Visit the site to download audio and video clips from our CME meetings to your PC or handheld device.

Current topics include: Herpes Simplex Virus, the Human Papillomavirus, Dysmenorrhea, oral contraceptives and Obesity and Pregnancy.

Check back soon for new updates and topics. Visit [www.sogc.org](http://www.sogc.org) today.

## NEW ALLIANCE TO ADDRESS MEDICATION SAFETY DURING PREGNANCY AND BREASTFEEDING

### CaseMed-Pregnancy Press Release

A new Alliance of health professionals, academia, patients, health care policy experts and industry individuals has been formed to address issues related to the use of medications during pregnancy. **The Canadian Alliance for Safe and Effective Medications in Pregnancy and Breastfeeding** (CaseMed-Pregnancy) intends to advocate for maternal/foetal and breastfeeding health and safety issues, particularly with regards to the safety of medications.

Founding members of CaseMed-Pregnancy are: Anne Tomalin, CanReg Inc., Dr. Gideon Koren, Motherisk, Dr. Donald Davis, Society of Obstetricians and Gynaecologists of Canada (SOGC), Mercedes Benegbi, Thalidomide Victims Association of Canada (TVAC) and Carole Boyer, Duchesnay Inc.

"The main goal of CaseMed-Pregnancy is to have pregnant women and their fetuses recognized as a vulnerable patient population and to ensure that health care professionals and patients have access to current and reliable information on the safety and efficacy of medications used during pregnancy and breastfeeding", stated Anne Tomalin, Chair and Coordinator of the new Alliance.

The idea of creating this Alliance emerged following the Motherisk Symposium Establishing a New Benchmark for Drug Evaluation during Pregnancy, which took place during the 2006 Canadian Therapeutics Congress. The objective of this symposium was to review and discuss scientific and regulatory issues, challenges and solutions to ensure that pregnant women in need of drug therapies can be safely treated. The Symposium's proceedings have just been published in the January issue of Canadian Journal of Clinical Pharmacology ([www.cjcp.ca](http://www.cjcp.ca)).

"The articles contained in these proceedings deal with a variety of aspects of the issues, from the clinical and toxicological to the regulatory, from first trimester teratological effects to late pregnancy pharmacotherapy of labour", stated Dr. Gideon Koren. "It is hoped that this will help to empower the formation of new avenues to study drug therapies during pregnancy and lactation as well as establish a new benchmark for drug evaluation during pregnancy. Treating the mother while protecting the unborn should always be our main concern," concluded Dr. Koren.

## OSOG Annual Dinner and Awards Banquet

The Ontario Society of Obstetricians and Gynecologists invites you to join us in honouring the late Dr. Carl Nimrod (previous Chair, Obstetrics and Gynecology, University of Ottawa), winner of the OSOG lifetime achievement award. The award will be presented to Dr. Nimrod's family.

This year's event will be held on Friday, April 27th, 2007, at the Westin in Ottawa. Cocktails will be served at 5:30 and dinner at 6:30. Tickets are \$50.00.

To register, or for more information, please contact the Ontario Medical Association at 1 800 268-7215 (ext 3234). Other inquiries may be directed to the OSOG office at 1 800 563-6764.

# Don't miss THE SCC ANNUAL CLINICAL MEETING in Ottawa



## ▶ UBC HOSTS FIRST-EVER

### interdisciplinary ALARM course for residents

On January 12-13, a unique Advances in Labour and Risk Management (ALARM) was offered to an interdisciplinary group of residents at Vancouver's University of British Columbia. ALARM is an intensive two-day course that examines the most recent clinical recommendations for managing high-risk conditions encountered during labour and delivery. The UBC course, offered to residents from UBC's midwifery, ob/gyn and family practice programs, marks the first time that the popular ALARM course has been offered to a multi-disciplinary group of residents. In total, 34 participants took part in the course, including 12 ob/gyn residents, ten family practice residents, ten midwifery students and two infant transport paramedic personnel.

By all accounts, the course was a great success. As a result, the program will now be offered annually at UBC. The principles of teamwork and knowledge sharing, which are so important in intrapartum care, are optimally learned in a multidisciplinary environment. The ALARM course, such as the course offered in Vancouver, helps to provide just such an environment. Feedback from participants reiterated these principles.

The goal of the ALARM Course is to improve the process and outcome of intrapartum care. The course included "hands-on" workshops, group discussions and a practical exam, aimed at educating specialists, family physicians, midwives and nurses. Course content is derived from evidence-based Canadian guidelines. It is intended to be sensitive to the realities of practice and to incorporate the principles of adult learning. Its design, maintenance, and presentation are multidisciplinary and cooperative.

If you are interested in hosting an ALARM course at your University, please contact Linda Kollesh, Scientific Program Officer at [lkollesh@sogc.com](mailto:lkollesh@sogc.com), or by phone at (613)730-4192 ext. 347, to obtain additional information.



In January, ALARM faculty and staff hosted a unique ALARM course tailored for a multi-disciplinary group of residents at the University of British Columbia. (Left to right, back row): Dr. Jan Christilaw; Carol Cameron, RM; Linda Kollesh; and Dr. Nancy Kent (front row): Kim Campbell, RM; and Dr. William Ehman. (absent) Dr. Susan Harris.

### Postgraduate Course 1 – Colposcopy Update: Society of Canadian Colposcopists – June 22, 2007 - 08:30 – 16:30

The Society of Canadian Colposcopists (SCC) has organized an exciting Annual Clinical Meeting (held in conjunction with the SOGC's Annual Clinical Meeting) in Ottawa on June 22, 2007.

Guest speakers include Montreal's Dr. Eduardo Franco, a world expert on HPV, and Dr. Patrick Walker, a leader in the UK cervical cancer screening program.

#### A wide range of topics will be presented including:

- LEEP and preterm labour: What's the connection?
- Colposcopy of glandular lesions: Differentiation from other cervical lesions
- New paradigms in primary and secondary cervical cancer prevention
- Vulvodynia
- Cervical cancer screening in the era of HPV vaccination

For additional information, see the SOGC ACM Preliminary Program or visit our website at [www.colposcopycanada.org](http://www.colposcopycanada.org).

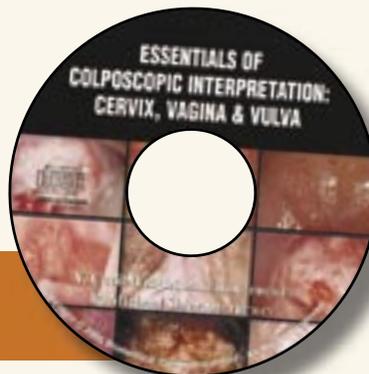
In addition, the SCC will be celebrating its 20th anniversary with a gala evening on June 22, 2007, at the Chateau Laurier. More details will be published in the April edition of the SCC Newsletter.

*We hope to see you in Ottawa.*

*Peter Bryson MD, President, Society of Canadian Colposcopists (SCC)*

## Colposcopy CD-ROMs Accredited by SOGC Available through the Society of Canadian Colposcopists

- **100 Case Colposcopy Challenge: Cervix, Vagina and Vulva** including more than 150 images in a Powerpoint® presentation. One credit rating per hour to a maximum of four hours.
- **Understanding Cervical Colposcopy** by analysis of 240 colpophotographs in a Powerpoint® presentation. One credit rating per hour to a maximum of three hours.
- **Interpreting Blood Vessel Patterns in Colposcopy** by analysis of 92 true colpophotographs in a Powerpoint® presentation. One credit rating per hour to a maximum of two hours.
- **Carbon Dioxide Laser Surgery for Lower Genital Tract Disease** with 246 frames including schematics, text, colpo- and macrophotographs in a Powerpoint® presentation. One credit rating per hour to a maximum of four hours.
- **Essentials of Colposcopic Interpretation: Cervix, Vagina and Vulva** – Includes 723 high quality descriptive images (642 true colpophotographs, 14 photos, 17 cytology, 30 histology, 20 schematics) in Powerpoint® presentation. One credit rating per hour to a maximum of four hours
- **Diseases and Abnormalities of the Vulva, Vagina and Adjacent Sites** - This CD contains 597 frames (416 high quality illustrative images - no cervigrams), often with supportive histology, in a Powerpoint® presentation. **This CD is currently awaiting accreditation by the SOGC.**



To order, go to [www.sogc.org/scc/english/education/index.asp](http://www.sogc.org/scc/english/education/index.asp), or call the Secretariat Office at 613-730-4192 ext. 320/1-800-561-2416 ext. 320.

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- *11 millions d'insertions dans le monde<sup>2</sup>*
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<sup>1</sup>MIRENA® (système intra-utérin libérant du lévonorgestrel) est indiqué pour la contraception.

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Trois mois après l'insertion, les effets indésirables le plus souvent signalés sont les modifications de l'écoulement menstruel (29,4%), pouvant prendre la forme de microrragies, d'un écoulement menstruel de plus longue ou de plus courte durée, de saignements irréguliers, d'oligoménorrhée, d'aménorrhée, d'un écoulement menstruel abondant, de dorsalgie et de dysménorrhée. Le SIU peut également occasionner les effets indésirables suivants: douleur abdominale (11%), céphalées (5,8%) et douleur mammaire (3,2%). Ces effets sont plus fréquents au cours des premiers mois suivant la pose de MIRENA®, mais diminuent avec le temps.

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Références: 1. Monographie de MIRENA®, le 22 décembre 2005. 2. Données internes, Berlex Canada inc.

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# IMMUNIZATION COMMITTEE RECOMMENDS HPV vaccination for women nine to 26

In February, the National Advisory Committee on Immunization released its statement on Human Papillomavirus (HPV) vaccination. The Society of Obstetricians and Gynaecologists of Canada (SOGC) welcomes the National Advisory Committee on Immunization's (NACI) recommendation that Canadian girls and women aged 9 to 26 should be vaccinated to protect them against the Human Papillomavirus (HPV), the primary cause of cervical cancer and other gynaecological diseases.

"NACI's recommendations are an important step towards the prevention of HPV in Canadian girls and women," said Dr Donald Davis, President of the SOGC. "What has to happen now is for the federal, provincial and territorial governments to move quickly to increase access to HPV vaccination. Currently individuals must pay for the injections; SOGC believes that girls and young women should have access to vaccination,

no matter where they live in Canada, and regardless of their financial situation."

Immunization is a new strategy to help eliminate gynaecological diseases caused by HPV. While the vaccine was approved for use in Canada in July 2006, the federal government was waiting for the NACI Report's recommendations before proceeding to consider a publicly-funded vaccination program. "With these recommendations in hand, we are hopeful that the Canadian Immunization Committee (CIC) will move quickly to take the next vital step, to operationalize a publicly-funded vaccine program," said Dr Davis.

Notwithstanding the positive preventive outcomes attributed to the vaccination, SOGC continues to emphasize the use of annual Pap testing in order to diagnose abnormal cervical cell activity at its earliest stages.

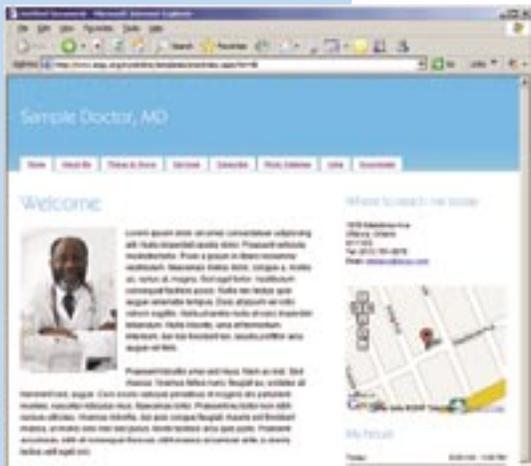
## HPV-related gynaecological cancers

Three out of four (75 per cent) Canadians will likely have at least one HPV infection in their lifetime. Infection with HPV can cause low-grade cervical and genital lesions, abnormal Pap tests and is linked to vulvar and vaginal cancer. HPV types 6, 11, 16 and 18 cause 70 per cent of anogenital cancers and pre-cancers, 35-50 per cent of all mild cervical lesions and more than 90 per cent of genital warts.

Cervical cancer is the second most common cancer in Canadian women aged 20-44 with an estimated 1,400 newly diagnosed cases each year and more than 400 deaths. In addition, more than 200 Canadian women die from vulvar/vaginal cancer every year. It is not widely known that Canada has among the highest reported rates of cancer of the vulva worldwide.

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## NEW ACCREDITED FELLOWSHIPS from the GOC

The Society of Gynecologic Oncologists of Canada (GOC) is very pleased to announce that Laval University, McGill University and the University of Ottawa have received approval from the Royal College of Physicians and Surgeons of Canada to offer two-year fellowship programs in gynecologic oncology.

The Ottawa program at The Ottawa Hospital will be headed by Dr. Tien Le and will receive one fellow every two years, beginning July 2008.

Dr. Lucy Gilbert is the Director of the McGill program. McGill will offer a two-year clinical or a three-year clinical and research fellowship. The program will receive one fellow beginning in July 2007.

Laval will offer a two-year fellowship program at L'Hôtel-Dieu de Québec in Québec City. The

fellowship will offer a unique opportunity for the trainee to acquire solid skills in invasive laparoscopic procedures and in radical vaginal surgery. The program will receive one fellow every two years beginning July 2007. Trainees should have a working knowledge of the French language.

*Applications for the 2007 Laval fellowship should be sent as soon as possible in confidence to:*

Dr. Marie Plante, Head of the Division of Gynecologic Oncology and Fellowship Program Director, Laval University.

L'Hôtel-Dieu de Québec, 11 Côte du Palais,  
Québec, QC G1R 2J6

Tel.: 418-691-5392,

fax: 418-691-5720.

Email: marie.plante@crhdq.ulaval.ca

### GOC/NOCA GRANT FOR ELECTIVE IN GYNECOLOGIC ONCOLOGY By GOC

President Dr. Barry Rosen,  
and NOCA Executive  
Director Elisabeth Ross

A partnership between the Society of Gynecologic Oncologists of Canada (GOC) and the National Ovarian Cancer Association will provide grants for obstetrics and gynecology residents who would like to take a one-month elective in gynecological oncology at a cancer centre in Canada. As the current shortage and aging population continue to drive demand for specialized care, we hope this initiative will increase the number of ob-gyn residents who select this specialty and continue to practice in Canada.

A monetary award of \$1,500 will cover travel to a cancer centre and housing for the duration of a one-month elective wherein the sponsored resident will work with a gynecologic oncology team. For the first year, 12 awards are available.

We are pleased to call for submissions indicating interest in an elective and identifying a centre of choice. For more information or to apply, go to [www.g-o-c.org](http://www.g-o-c.org) or contact Mrs. Hélène Soublière at the GOC National Office by email at [hsoubliere@sogc.com](mailto:hsoubliere@sogc.com) or phone 613-730-4192 ext. 250 or 800-561-2416 ext. 250.

## INTERNATIONAL MEDICAL CORPS Seeks Ob/Gyns for Training in Kabul

International Medical Corps, a global humanitarian nonprofit organization that offers healthcare training and development, is currently seeking volunteer ob/gyns to join the Rabia Balkhi Hospital project in Kabul, Afghanistan. This short-term volunteer contract would involve mentoring and teaching Afghan ob/gyns. The goal of this project is to improve the quality of care at RBH through the provision of continuing education, refresher training and related services by also establishing a sustainable OB/GYN Residency Training program that will improve the knowledge base and skills of the physicians, nurses, midwives, other health care workers, and support staff at the facility. The SOGC is not affiliated with this program.

For more information on the International Medical Corps, please visit their website at <http://www.imcworldwide.org>. If you are interested in volunteering for this position, please contact Hanna van Drempt, International Recruiter & HR Officer at [hvandrempt@imcworldwide.org.uk](mailto:hvandrempt@imcworldwide.org.uk).