50

1971 ★ 2021

GLOBAL CONGRESS ON MIGS

AGL 2021

NOVEMBER 14-17 ■ Austin, Texas

FINAL PROGRAM

THE FUTURE OF MIGS
GLOBALIZATION AND INNOVATION

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Sonata® Treatment

DURABLE RESULTS Through 3 Years

The **RESULTS** are in!

92% **without surgical reintervention** for HMB at 3 years

94% **were satisfied** with their treatment at 3 years

88% reported **improved symptoms** at 3 years

REFERENCE: Lukes A, Green MA. Three-Year Results of the SONATA Pivotal Trial of Transcervical Fibroid Ablation for Symptomatic Uterine Myomata. J Gynecol Surg. 2020;36:5, 228-233.

Visit us at **BOOTH# 623** for a hands-on product demonstration

SONATA TREATMENT IMPORTANT SAFETY INFORMATION:

Intended Use: The Sonata System is intended for diagnostic intrauterine imaging and transcervical treatment of symptomatic uterine fibroids, including those associated with heavy menstrual bleeding. **Contraindications:** Current pregnancy; active pelvic infection; known or suspected gynecologic malignancy or premalignant disorders such as atypical endometrial hyperplasia; presence of one or more intratubal implants for sterilization; and presence of an intrauterine device (IUD), unless removed prior to the introduction of the Sonata Treatment Device. **Potential Postoperative Events:** Anticipated postoperative events include: abdominopelvic pain/cramping; back pain; constipation; dizziness/fatigue; headache; fever; malaise; nausea/vomiting; sloughing and, less commonly, intact expulsion of ablated fibroid tissue per vaginam (particularly after treatment of submucous fibroids), and vaginal spotting/bleeding/dysmenorrhea. Potential risks associated with fibroid ablation using the Sonata System include: allergic reactions (including rash) to device materials; bowel or bladder perforation; cervical/vaginal laceration or tear; dysmenorrhea; electrical shock; hematometrium; hemorrhage; infections: major and minor local and systemic infections, including intrauterine infection; retention of device fragment; skin burn from the dispersion of radiofrequency energy; thrombotic events; unintended injury to the uterus, cervix or vaginal vault, adjacent organs or tissue; unknown risk to future pregnancies; and complications including death. **Adenomyosis:** Effectiveness in women with clinically significant adenomyosis has not been established. **Pregnancy:** Safety and effectiveness with regard to fertility and fecundity after use of the Sonata System have not been established.

gynesonics®

WELCOME!

FROM THE SCIENTIFIC PROGRAM CHAIR

Dear Friends and Colleagues,

It is my distinct honor and privilege to welcome you to the AAGL's 50th Global Congress! The Scientific Program Committee has tirelessly and meticulously developed a hybrid Congress this year full of innovative and engaging content.

Together we celebrate 50 years of the AAGL and honor the pioneers who shaped our organization into the global association we have today. We also cast our eyes forward toward the future AAGL that we will create, by embracing our theme for this year: "The Future of MIGS: Globalization and Innovation."

We each come to this Congress with our own hopes, needs, and expectations. For many, the journey to arrive to this day has been filled with much struggle. We welcome each of you, with all our hearts, to this momentous day together again. We miss our colleagues who cannot be here in person but find comfort in our unified purpose, knowing that they are learning the same content, in real-time, right along with us.

Perhaps you come to the 50th Global Congress looking solely for enriching content that also provides CME's. You will be pleased to have over 20 options to choose from! Maybe there is a surgical technique that you would love to see demonstrated. For you, we have live and pre-recorded surgeries, all by the brightest minds in our field, ready to guide you! Or maybe you want to glean the most information in the least amount of time? The all-new, fast-paced, high-impact, AAGL Talks will appeal to you!

You may be curious what industry has developed over the last two years and are looking forward to exploring the Exhibit Hall where we have our industry representatives ready to showcase the latest in medical advances. Or perhaps you have found yourself reflecting over how much the AAGL has done for the development of your career and are excited for celebrations of our 50th anniversary?

It could be that along with all these great offerings, like so many of us, you crave familiar faces, the companionship of beloved colleagues and the long overdue reunion. You will enjoy seeing each other pass by in the halls or over the computer screen. For those in person, you will savor memories made at the Presidential Gala and the Foundation of the AAGL Karaoke Party FUNdraiser.

For each of you, whether you are attending virtually or in-person, this event is sure to rejuvenate you and fill your hearts, along with your minds.

The protection of our in-person attendees, faculty, exhibitors, AAGL staff and conference staff is of the upmost importance. As a medical society, we will model the most prudent methods for protecting ourselves, each other, and the community around us. As such, we require that all present have submitted their proof of vaccination, or a COVID negative test, and consent to following all safety protocols in place at the time of the Congress. This may include mask wearing and six feet social distancing requirements while attending all AAGL Global Congress activities.

It is my hope that this meeting will inspire you, broaden your knowledge, and renew your spirit!

Mauricio S. Abrão, MD, PhD
2021 Scientific Program Chair

GLOBAL CONGRESS ON MIGS

AAGL 2021

NOVEMBER 14-17 ■ Austin, Texas

2021 INDUSTRY SPONSORS

For 50 years, AAGL's commitment to education has been paramount to our mission of serving women by advancing the safest and most effective treatments for gynecologic conditions. We gratefully acknowledge the generous support from the following corporations who partner with us in achieving this mission.

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1990 Michael S. Baggish
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1992 Patrick J. Taylor
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1995 The Journal of the AAGL
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2015 John F. Steege
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2016 45th Anniversary
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2021 Thomas L. Lyons
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BOARD/COMMITTEE MEETINGS & SPECIAL EVENTS

Saturday, November 13

7:30 am – 4:30 pm	FMIGS Bootcamp (by invitation only)	Exhibit Hall 3-Labs / Ballroom E-Didactics
12:00 pm – 1:00 pm	FMIGS Luncheon	Ballroom E
5:30 pm – 7:30 pm	FMIGS/Graduation & Happy Hour	Ballrooms F & G

Sunday, November 14

8:00 am – 11:00 am	Foundation Board Meeting	Austin Board Room
6:30 pm – 7:00 pm	50TH Champagne Toast	Ballroom D Foyer
7:30 pm – 9:00 pm	Leadership Reception	Geraldine's at the Hotel Van Zandt
8:30 pm – midnight	Foundation Karaoke Party	Geraldine's at the Hotel Van Zandt

Monday, November 15

6:30 am – 7:45 am	Industry Breakfasts	
	Gynesonics	Ballroom F
	Hologic	Ballroom G
11:00 am – 12:00 pm	Special Interest Groups	
	Endometriosis	Room E
	Hysteroscopy	Room 14
	Oncology	Room 15
12:30 pm – 1:30 pm	SurgeryU Board Meeting	Austin Board Room
1:00 pm – 2:00 pm	JMIG Editor's & Awards Meeting	Ballroom E
2:15 pm – 4:15 pm	FMIGS PD's & APD's Town Hall	Ballroom E
2:30 pm – 3:30 pm	Affiliated Society President's Meeting	Austin Board Room
3:15 pm – 4:15 pm	Special Interest Groups	
	Pelvic Pain	Room 14
	Fibroids	Room 15
6:30 pm – 8:30 pm	Welcome Reception in Exhibit Hall	Exhibiit Hall 4

Tuesday, November 16

6:30 am – 7:45 am	Industry Breakfasts	
	Applied	Ballroom G
	Myovant	Ballroom F
11:00 am - 12:00 pm	Special Interest Groups	
	Robotics	Room E
	Pediatric-Adolescent Gyn Sug	Room 14
11:30 am - 1:00 pm	AchieverHER Luncheon (by invitation)	
1:00 pm – 3:00 pm	FMIGS Board Meeting	Austn Board Room
1:00 pm – 3:00 pm	FMIGS YAN Town Hall	Room E
3:15 pm – 4:15 pm	Special Interest Groups	
	Urogyn/Vaginal Surgery	Room 14
	Family Planning	Room 15
3:15 pm – 4:15 pm	EMIG Steering Committee	Austn Board Room
3:15 pm – 4:15 pm	FMIGS Fellows Town Hall	Room E
5:30 pm – 7:00 pm	Industry Sponsored Symposia	
	Intuitive	Ballroom G
	Medtronic	Ballroom F
6:00 pm – 8:00 pm	COGA Affiliated Society (Virtual)	Room 14
8:00 pm – 12:00 pm	Presidential Gala	Fairmont Hotel

Wednesday, November 17

4:30 pm – 6:00 pm	General Session VII/Closing Ceremony	Ballroom D

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1. Laberge P, Garza-Leal J, Fortin C, Grainger D, Johns DA, Adkins RT, Presthus J, Basinski C, Swarup M, Gimpelson R, Leyland N, Thiel J, Harris M, Burnett PE, Ray GF. A Randomized Controlled Multicenter US Food and Drug Administration Trial of the Safety and Efficacy of the Minerva Endometrial Ablation System: One-Year Follow-Up Results. J Minim Invasive Gynecol. 2017 Jan 1;24(1):124-132.]

PROGRAM SCHEDULE

AAGL FMIGS Fellows Bootcamp · Saturday, November 13, 2021 7:30 am – 4:30 pm

Postgraduate Courses · Sunday, November 14, 2021

Registration Hours: 6:00 am - 5:30 pm · Austin Convention Center - (1st Floor - Foyer/4th Street Entrance)

COURSE	Morning Didactic Courses 7:00 am – 9:30 am	ROOM
601-ANAT	CME DIDACTIC: Advanced Anatomy: ISSA Cadaveric Dissection (Pre-recording)	
603-HYST	CME DIDACTIC: Laparoscopic Hysterectomy from Basic to Complex	12AB
604-FIBR	CME DIDACTIC: Fibroids & Adenomyosis - Extirpative Non-Hysterectomy	16AB
605-ENDO	CME DIDACTIC: Diagnosing and Evaluating the Extent of Endometriosis and Adenomyosis with Imaging	18ABC
606-VAG	CME DIDACTIC: Vaginal Hysterectomy: Multi-Approach including v-Notes	17AB
607-REPR	CME DIDACTIC: Reproductive Surgery	19AB
	9:45 am - 12:15 pm	
608-ANAT	CME DIDACTIC: Navigating the Pelvis: The Surgical Anatomy That Will Keep You Out of Trouble	12AB
609-FIBR	CME DIDACTIC: Fibroids: Non-Extirpative Surgical Medical and Radiologic	16AB
610-ENDO	CME DIDACTIC: Safely Pushing the Surgical Envelope in the Surgical Treatment of Endometriosis	18ABC
611-ROBO	CME DIDACTIC: Robotics: Fundamentals Today – Mastery Tomorrow	17AB
613-HSC	CME DIDACTIC: Becoming a Hysteroscopy Guru	19AB
	Past President's Roundtable Luncheon · Ballroom F & G 12:30 pm - 1:30 pm	
	Afternoon Lab Courses 1:45 pm - 5:00 pm	
602-ANAT	CME CADAVERIC LAB: Advanced Anatomy: ISSA Cadaveric Dissection	Exhibit Hall 3
612-ROBO	CME DIDACTIC/SIMULATION LAB: CADAVERIC LAB: Robotics: Tips for Success	Exhibit Hall 3
614-HSC	CME DIDACTIC/SIMULATION LAB: Advancing Your Hysteroscopy Skills with Global Experts	Exhibit Hall 3
615-SUTR	CME DIDACTIC/SIMULATION LAB: Fundamentals of Laparoscopic Suturing	Exhibit Hall 3
	Afternoon Didactic Courses 2:30 pm - 5:00 pm	
616-ENDO	CME DIDACTIC: Endometriosis 360°	12AB
617-PELV	CME DIDACTIC: Pelvic Pain - A Time to Heal	16AB
618-ENDO	CME DIDACTIC: Endometriosis Surgery: Tailoring Surgery for DIE: New Trends in Surgical Dissection and Re-definitions of Resection's Concept	18ABC
619-ONC	CME DIDACTIC: Oncology for the Non-Oncologist	17AB
620-URO	CME DIDACTIC: Urogynecology	19AB
	5:15 pm - 6:30 pm **CME General Session · Ballroom D** AAGL Foundation Noteworthy Awards Honorary Chair Address - Thomas L. Lyons Presidential Address - Ted T.M. Lee	
	6:30 pm - 7:00 pm 50TH Champagne Toast - Austin Convention Center (Foyer Outside General Session Ballroom D)	
	7:30 pm - 9:00 pm Leadership Reception - (Invite Only) - Geraldine's at the Hotel Van Zandt	
	8:30 pm - 12:00 am Foundation Karaoke Party Event - Geraldine's at the Hotel Van Zandt	

CONGRESS · MONDAY, NOVEMBER 15, 2021

Registration Hours: 6:00 am - 5:30 pm · Austin Convention Center - (1st Floor - Foyer/4th Street Entrance)
Industry Sponsor Breakfast Symposia 6:30 am - 7:45 am
Exhibit Hall Hours 9:30 am – 3:00 pm (Exhibit Hall 4)

CME General Session II: AAGL MED Talk · FAAGL Signature Awards · Jordan M. Phillips Keynote Address · Ballroom D - 8:00 am - 9:30 am

Refreshment Break & Virtual Posters in Exhibit Hall 4 - 9:30 am - 11:00 am

	12AB	16AB	17AB	18ABC	
11:00am -12:30 pm	Open Comm 1 Endometriosis	Open Comm 2 Fibroids	Open Comm 3 Basic Science	Plenary 1 Laparoscopy	

Box Luncheon & Virtual Posters in Exhibit Hall 4 - 12:30 pm - 3:00 pm

2:00 pm - 3:00 pm	CME Panel 1 Ovarian Endo	Plenary 2 Oncology	Open Comm 4 Hysteroscopy	CME Surgical Tutorial 1 Adenomyosis	
3:15 pm - 4:15 pm	CME Panel 2 RF Ablation	Debate 1 Prolapse Surgery	Plenary 3 Robotics	CME Surgical Tutorial 2 Brothers in Harm	

CME General Session III: AAGL MED Talk · Cadaveric Uterine Transplant · Ballroom D - 4:30 pm - 6:30 pm

Welcome Reception outside Ballroom D in the Foyer - 6:30 pm - 8:30 pm

CONGRESS · TUESDAY, NOVEMBER 16, 2021

Registration Hours: 6:00 am - 5:30 pm · Austin Convention Center - (1st Floor - Foyer/4th Street Entrance)
Industry Sponsor Breakfast Symposia 6:30 am - 7:45 am
Exhibit Hall Hours 9:30 am – 3:00 pm (Exhibit Hall 4)

CME General Session IV: AAGL MED Talk · Endometriosis Journey · Preoperative Ultrasound in Endometriosis · Ballroom D - 8:00 am - 9:30 am

Refreshment Break & Virtual Posters in Exhibit Hall 4 - 9:30 am - 11:00 am

	12AB	16AB	17AB	18ABC	19AB
11:00am -12:30 pm	Pre-recorded Surgery 1	Open Comm 5 Laparoscopy	Open Comm 6 Robotics	Plenary 4 Endometriosis	Open Comm 7 Oncology

Box Luncheon & Virtual Posters in Exhibit Hall 4 - 12:30 pm - 3:00 pm

2:00 pm - 3:00 pm	CME Surgical Tutorial 3 Endo of the Bowel	Plenary 5 Fibroids	Open Comm 8 New Instrumentation	CME Debate 2 Vaginal Surgery	Pre-recorded Surgery 2
3:15 pm - 4:15 pm	CME Surgical Tutorial 4 Hysteroscopy	Plenary 6 Hysteroscopy	Open Comm 9 Orifice	CME Panel 3 Morcellation	Pre-recorded Surgery 3

CME General Session V: AAGL MED Talk · Business Meeting · Ballroom D - 4:30 pm - 5:30 pm

Industry Sponsored Symposia - 5:30 pm - 7:00 pm

Presidential Gala at the Fairmont Hotel - 8:00 pm - 12:00 am

CONGRESS · WEDNESDAY, NOVEMBER 17, 2021

Registration Hours: 6:30 am - 3:00 pm · Austin Convention Center - (1st Floor - Foyer/4th Street Entrance)
Exhibit Hall Hours: 9:30 am - 3:00 pm (Exhibit Hall 4)

CME General Session VI: AAGL MED Talk · Live Surgeries · Ballroom D - 8:00 am - 9:30 am

Refreshment Break & Virtual Posters in Exhibit Hall 4 - 9:30 am - 11:00 am

	12AB	16AB	17AB	18ABC	19AB
11:00am -12:30 pm	Open Comm 10 Endometriosis	Open Comm 11 Laparoscopy	Open Comm 12 Research	Plenary 7 New Instrumentation	Open Comm 13 Urogynecology

Box Luncheon & Virtual Posters in Exhibit Hall 4 - 12:30 pm - 3:00 pm

2:00 pm - 3:00 pm	CME Debate 3 Cervical Cancer	Plenary 8 Urogynecology	Open Comm 14 Pelvic Pain	CME Surgical Tutorial 5 Tips & Tricks - Robotic Surgery	Open Comm 15 Laparoscopy
3:15 pm - 4:15 pm	CME Surgical Tutorial 6 Apical Prolapse	Open Comm 16 Laparoscopy	Open Comm 17 Laparoscopy-Variety	CME Panel 4 Future of Endoscopy	Open Comm 18 Laparoscopy-Variety

CME General Session VII: AAGL MED Talk · Pre-Recorded Surgery · Ballroom D - 4:30 pm - 6:00 pm

Closing Ceremony · 5:45 pm – 6:00 pm

AAGL appreciates your support by booking your rooms at the official Congress hotels.

Attendee/Faculty Housing

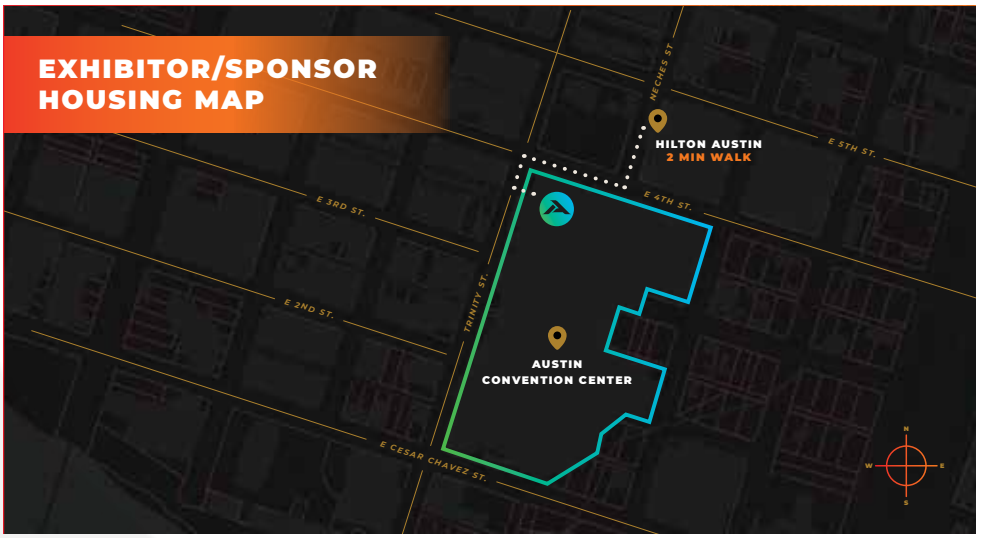
The JW Marriott
110 E. 2nd Street
Austin, TX 78701
512-474-4777

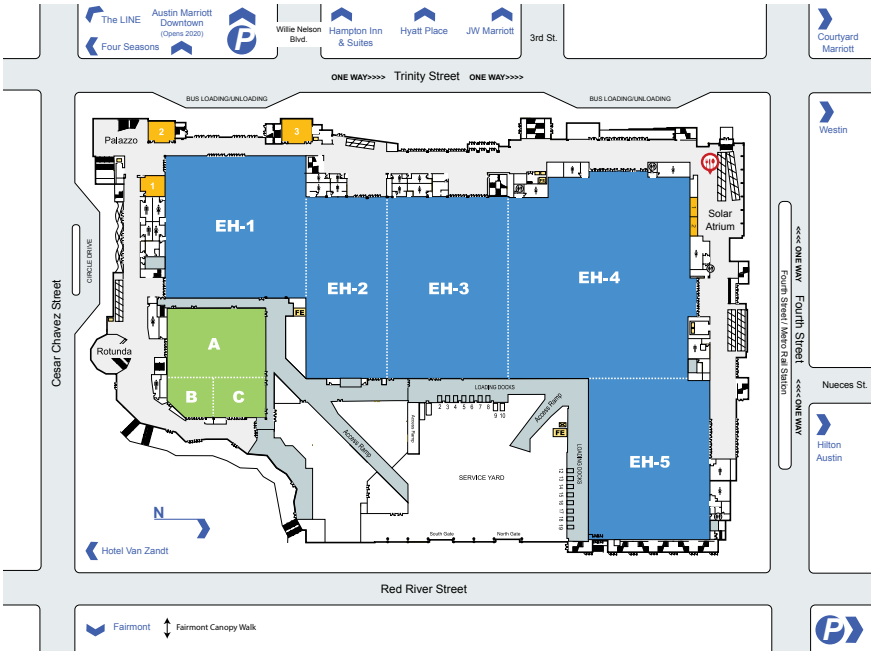
Marriott Austin
304 E. Cesar Chavez Street
Austin, TX 78701
512-457-1111

Hyatt Place Austin
211 E. 3rd Street.
Austin, TX 78701
512-476-4440

Sponsor/Exhibitor Housing

Hilton Austin
500 E. 4th Street
Austin, TX 78701
512-482-8000



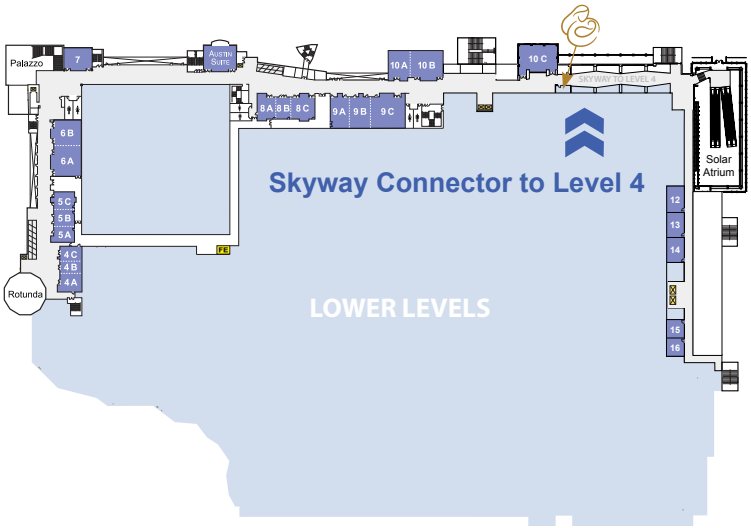


Level 1

Registration
PG Labs
Exhibit Hall

Level 3

Austin Suite
Mother's Lounge
AAGL Offices/Media Room



Level 4

PG Didactics
FMIGS Graduation
Speaker Ready Room
Congress Breakouts
Symposia
General Session

YOUR GLOBAL CONGRESS EXPERIENCE INCLUDES

- Over 30+ CME Credits.
- Access to 20 Postgraduate Lab and Didactic Courses.
- ISSA (International School of Surgical Anatomy) Advanced Cadaveric Dissection: A 4-hour Course on September 25th Live from Verona, Italy.
- Congress General Sessions, Plenary Sessions, "Ted" Style AAGL Talks, Debates, Surgical Tutorials, Live Surgeries, Open Communications and Poster Presentations.
- Exhibit Hall and Opening Reception showcasing the most innovative companies and products in MIGS.
- Food and Beverage Events including: Exhibit Hall Box Lunch, Light Breakfast Each Day, and Morning and Afternoon Beverage Breaks.
- Networking and Industry Hosted Morning and Evening Symposia and other AAGL Sanctioned Events.
- Access to the online Scientific Program and Abstract Supplement book.
- Access to AAGL's Virtual Venue, Mobile App, Scheduling Tool, and Networking Platform.
- Access to all On Demand Content (Available until December 31, 2021).
- Access to purchase add-on tickets to the PG Labs, Past Presidents Luncheon Roundtables, Foundation Karaoke Event and the Presidents Gala*

In-Person Fees

Category	AAGL Member	Non Member*
Practicing Physician Developed Country	$625	$975
Practicing Physician Emerging Market	$475	$625
Resident/Fellow, Allied Health, Retired	$375	$375

**Non Member rate includes one year membership in AAGL.*
***Proof of Residency or Fellowship is required.*
****Fully retired/Out of Practice.*
*****Emerging Market*

Post Graduate Course and Optional Ticket Pricing

Add-On Courses and Tickets (In Person Only)	Price Per Ticket/Person	Attendance Limited (First come first served basis)
PG Hysteroscopy Simulation Lab	$525	60
PG Robotic Simulation Lab	$525	20
PG Anatomy Cadaveric Lab	$1,575	36
PG Suturing Tutorial Lab	$525	60
Past Presidents Luncheon Roundtable*	$50	200
Foundation Karaoke Fundraising Event	$25 (donation)	No Limit
Box Lunch ticket (November 15-17)	$50	No Limit
50th Presidents Gala individual ticket (November 16)	$125 advance/$200 onsite	500
50th Presidents Gala table of 10 (November 16)	$1,100 table of 10 (advance purchase required)	No Limit
Guest Fee	$95	No Limit

Guest Policy

A name badge is required for guests attending the AAGL Global Congress. A $95 fee applies and includes entry to:

- Congress Opening General Session and Casual Reception – November 14.
- The Welcome Reception in the Exhibit Hall – November 15.
- Entrance to the exhibit hall November 15 to November 17.

Separate ticket fees apply for the Foundation Karaoke Night, exhibit hall box lunches and the Presidents Gala. Please include your guest's name during the registration process. Additional tickets may be purchased at the onsite registration desk.

Cancellation Policy

In-Person Registration Cancellation: Any in-person registrant that is unable to travel to the meeting b/c of government or company travel mandates, will be converted to a virtual registration and any in-person special event tickets purchased in advance (PG Labs, Gala, Past Presidents Luncheon) will be 100% refunded. Please submit your cancellation in writing to registration@aagl.org. Virtual Registration Cancellation: Virtual registration cancellation must be received in writing to registration@aagl.org. You will receive a full refund if received before November 13th, after this date, refunds are no longer available. Unfortunately, refunds cannot be granted for no-shows, however, you will have access to all the on-demand content until December 31, 2021.

On-Site Registration Desk

The on-site registration desk on the first floor of the Austin Convention Center on the 4th street side of the building.

Registration Desk Hours:
Sunday, November 14 through
Tuesday November 16 – 6:00 am – 5:30 pm

Wednesday, November 17 – 6:30 am – 3:00 pm

Mobile App

Check out AAGL's updated Global Congress Meeting App, now available for free on iOS and Android devices. You can use the app to access our show schedule, explore the exhibits, access venue maps, and more. The app also allows you to connect with delegates, share photos and comments on the meeting, and to share content on social networks.

In the Google Play or Apple Store, download "Pheedloop Go" and Log in to AAGL

pheedloop

Download on the App Store

GET IT ON Google Play

Austin Live Music Stage

Exhibit Hall 4, First Level

Austin is known as the Live Music Capitol of the World! Come check out local talent on our Live Music Stage where we feature music each day during the lunch break!

Monday, November 14 – Wednesday, November 17
12 noon – 2:00 pm

Drew Davis (Monday, November 15)
Henry Invisible (Monday, November 15 Welcome Reception)
Jonny Gray (Tuesday, November 16)
Beth James (Wednesday, November 17)

Visit the AAGL Booth #513

Exhibit Hall 4, First Level

Come learn about the many programs and services available with your membership in the AAGL Booth! Stop by for a meet and greet with our general session speakers, take and share "selfie" at our selfie station or relax and network in our lounge area.

Exhibit Hall Hours
Monday, November 15
9:30 am – 3:00 pm

Book Signing

10:00 am – 10:30 am
Beating Endo
Iris Kerin Orbuch, MD

12:30 pm – 1:00 pm
Getting Pregnant Simply and Resolving Recurrent Miscarriage
Brian M. Cohen, MBChB, MD

Welcome Reception
6:30 pm – 8:30 pm

Tuesday, November 16 and Wednesday, November 17
9:30 am – 3:00 pm

Speaker Ready Room

Computers are available to review and upload your presentations or make minor changes during operating hours. Changes to educational content are not allowed.

Upon arrival, presenters will be required to complete a presenter form. Electronic storage devices will be scanned for viruses prior to computer usage. If viruses are found, the device will need to be cleaned before it can be used in the Speaker Ready Room.

Room 11A & 11B

Saturday, November 13 and Sunday, November 14
6:00 am – 6:00 pm

Monday, November 15 – Wednesday, November 17
6:00 am – 5:30 pm

Mother's Lounge

AAGL will have a private Mother's Lounge in the Austin Convention Center located on the third floor. The Mother's Lounge is complimentary and given private secure areas with comfortable furnishings and includes charging station and a refrigerator. Any items left in the room are at your own risk. AAGL is not responsible for any lost or stolen items. The Lounge will be available during the Congress from 6am – 6pm every day, with extended hours during the welcome reception on Monday, November 15 until 8:30 pm.

1ST ANNUAL KARAOKE PARTY
Music is Medicine

SUNDAY, NOV 14, 2021
8:30 PM – MIDNIGHT
GERALDINE'S AT THE HOTEL VAN ZANDT

$25 DONATION TO ATTEND
TICKETS AVAILABLE AT THE REGISTRATION DESK.
NO TICKETS AT THE DOOR.

$1500 VIP TABLES
BASED ON AVAILABILITY
INCLUDES SEATING, DRINKS, AND APPETIZERS

PRIZES AWARDED FOR:
BEST COSTUME, BEST FUNDRAISING,
BEST PERFORMANCE AND MORE!

ALL PROCEEDS BENEFIT THE FOUNDATION OF THE AAGL

50TH PRESIDENTIAL GALA
BLACK TIE & BOOTS

TUESDAY, NOV 16, 2021
8:00 PM – MIDNIGHT
FAIRMONT AUSTIN
PALM COURT BALLROOM, 7TH FLOOR
TICKETS: $125
ATTIRE: BLACK TIE, BOOTS (OPTIONAL)

SUPPORT FOR THIS EVENT HAS BEEN PROVIDED BY:

PLATINUM SPONSORS
GYNESONICS INC.
MYOVANT SCIENCES INC./PFIZER INC.

GOLD SPONSORS
HOLOGIC INC.
INTUITIVE SURGICAL INC.
MEDTRONIC
MINERVA SURGICAL INC.

Target Audience

This activity meets the needs of surgical gynecologists in practice and in training, as well as other healthcare professionals in the field of gynecology.

Accreditation

The AAGL is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

50TH Global Congress on MIGS - The AAGL designates this live activity for a maximum of 31 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The American College of Obstetricians and Gynecologists will recognize this educational activity. In order to apply for cognates, please fax a copy of your certificate to ACOG at (202) 484-1586.

The American Nurses Credentialing Center (ANCC) accepts *AMA PRA Category 1 Credits™* toward recertification requirements.

The American Academy of Physician Assistants (AAPA) accepts *AMA PRA Category 1 Credits™* from organizations accredited by the ACCME.

Continuing Medical Education

This symbol CME indicates a postgraduate course or session that qualifies for CME credit.

Continuing medical education credit is not offered during meals, breaks, receptions, training sessions, satellite meetings, or any private group meeting (e.g., council meetings, invitation-only meetings, editorial board meetings, etc.). In addition, CME credit is not offered during Poster Sessions, Open Communication Sessions, Video Sessions, or the luncheon discussions.

Continuing medical education is a lifelong learning modality designed to enable physicians to remain current with medical advances. The goal of AAGL is to sponsor educational activities that provide learners with the tools needed to practice the best medicine and provide the best, most current care to patients.

As an accredited CME provider, AAGL adheres to the ACCME Policies that are relevant to AAGL, as well as to the Accreditation Criteria and the ACCME Standards for Commercial Support. CME activities must: first, address specific, documented, clinically important gaps in physician knowledge, competence or performance; second, be documented to be effective at increasing physician knowledge, skill or performance; and third, conform to the ACCME Standards for Commercial Support.

AAGL must not only obtain complete disclosure of commercial and financial relationships pertaining to gynecologic medicine, but also resolve any perceived conflicts of interest. All postgraduate course faculty members and all organizers, moderators and speakers in the Scientific Program have completed disclosures of commercial and financial relationships with manufacturers of pharmaceuticals, laboratory supplies and medical devices, and with commercial providers of medically-related services. The disclosures were reviewed by the Professional Education Committee, which resolved perceived potential conflicts of interest.

The AAGL has been resurveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded Accreditation with Commendation for 6 years as a provider of continuing medical education for physicians.

ACCME accreditation seeks to assure the medical community and the public that AAGL provides physicians with relevant, effective, practice-based continuing medical education that supports U.S. health care quality improvement.

The ACCME employs a rigorous, multilevel process for evaluating institutions' continuing medical education programs according to the high accreditation standards adopted by all seven ACCME member organizations. These organizations of medicine in the U.S. are the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards of the U.S., Inc.

Needs Assessment

By developing educational courses in minimally invasive gynecology (MIG) we hope to increase the use of MIG and reduce morbidity and complication rates associated with these procedures. .

Practice Gap: At present in the United States, about 15 to 20% of the 600,000 hysterectomies are performed by laparoscopy and robotics, respectively. This is due to lack of training during their formal education and the multiple difficulties to acquire formal training once in medical practice.

Gap Analysis: MIG procedures are aimed at preserving the highest possible quality of life for women by using smaller and fewer incisions, reducing pain and trauma to the body, and enabling quicker recovery. Yet, the ability to perform these more patient-friendly procedures requires most gynecologists to commit to post-residency training since they are not routinely taught during formal training. This requires a commitment to lifelong learning because of the development of new technologies and instrumentation.

Planning the Intervention:

Summary: The goal of our intervention is that through continuing medical education (CME gynecologists will attend activities organized into didactic and hands-on sessions to acquire and/or advance their skills in MIG. An open forum will follow with discussion designed to stimulate faculty and participants in interaction.

Proposed Method:

I. Create awareness of the role MIG plays.

II. Hands-on laboratory that will allow each participant to practice MIG techniques on cadavers.

III. Transfer skill to course participants through didactic lectures, video presentations and demonstration and supervised wet lab surgery.

IV. Expectations are that future courses can be organized to spread awareness and transfer skills in MIG to other gynecologists, who are willing to commit to this lifelong process.

V. To maximize the return of this year's Congress, upon completion participants will be requested to explain how their newly acquired knowledge and skills will impact their practice.

Objectives:

At the conclusion of the course, the participant should be able to:

I. Apply the latest developments in minimally invasive healthcare for women.

II. Demonstrate the skills needed for proficiency.

III. Employ minimally invasive surgical techniques such as laparoscopic hysterectomy, myomectomy, pelvic floor repair, treatment of endometriosis and advanced hysteroscopic techniques

IV. Acquire hands-on experience in the anatomy laboratory as well as laboratories focused on laparoscopic suturing, hysteroscopy, robotic surgery, and single-port surgery.

V. Apply the latest advances in research and techniques in the field of minimally invasive gynecologic surgery.

VI. Evaluate data presented to determine the best methods for practice of gynecologic medicine.

VII. Demonstrate and enhance their presentation and publication skills with a hands-on workshop.

VIII. Interpret and evaluate basic science techniques such as stem cell biology, cellular systems biology and pre-surgical planning.

Additional Barriers and Possible Solutions:

Additional Barriers: Additional Barriers: MIG is relatively difficult to learn and all procedures require accurate surgical skills and experience to perform. Therefore, the course participants may not be able to utilize the techniques immediately upon completion of this course.

Possible Solutions: Continue to provide physicians with additional education and resources they need to elevate their practice in gynecology while increasing their skills in minimally invasive gynecology.

Code of Conduct

AAGL is committed to providing a friendly, safe, supportive, and harassment-free environment during the Congress. AAGL expects Congress participants to respect the rights of others and communicate professionally and constructively, whether in person or virtually, handling disagreement with courtesy, dignity, and an open mind. All participants are expected to observe these rules of conduct in all Congress venues. Organizers will actively enforce this code throughout this event. Violations are taken seriously. If an attendee or participant engages in inappropriate, harassing, abusive or disruptive behavior or language, the AAGL has the right to carry out any action it deems appropriate.

What to Do

If you have any concerns about an individual's conduct, please go to the AAGL Registration Counter for the procedure to follow to report the incident.

Age Restriction

Children under 16 years of age are not permitted in sessions and workshops, but may be allowed into the exhibit hall if accompanied by an adult.

Audio-Visual Recording

Video- and audio-recording of sessions by congress attendees is strictly prohibited. Registration, attendance, or participation in AAGL meetings, Congress, and other activities constitutes an agreement that allows AAGL to use and distribute your image or voice in all media. If you have questions about this policy, please visit the AAGL Registration Counter.

Anti-Harassment Statement

AAGL encourages its members to interact with each other for the purposes of professional development and scholarly interchange so that all members may learn, network, and enjoy the company of colleagues in a professional atmosphere. Consequently, it is the policy of the AAGL to provide an environment free from all forms of discrimination, harassment, and retaliation to its members and guests at all regional educational meetings or courses, the annual global congress (i.e. annual meeting), and AAGL-hosted social events (AAGL sponsored activities). Every individual associated with the AAGL has a duty to maintain this environment free of harassment and intimidation.

Reporting an Incident

AAGL encourages reporting all perceived incidents of harassment, discrimination, or retaliation. Any individual covered by this policy who believes that he or she has been subjected to such an inappropriate incident has two (2) options for reporting:

1. By toll free phone to AAGL's confidential 3rd party hotline: (833) 995-AAGL (2245) during the AAGL Annual or Regional Meetings.

2. By email or phone to: The Executive Director, Linda Michels, at lmichels@aagl.org or (714) 503-6200.

All persons who witness potential harassment, discrimination, or other harmful behavior during AAGL sponsored activities are expected to report the incident and be proactive in helping to mitigate or avoid that harm and to alert appropriate authorities if someone is in imminent physical danger.

For more information or to view the policy please visit https://www.aagl.org/wp-content/uploads/2018/02/AAGL-Anti-Harassment-Policy.pdf

FELLOWSHIP IN MINIMALLY
INVASIVE GYNECOLOGIC SURGERY

AAGL FELLOWSHIP PROGRAM

Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) sponsors a two and three year compreVensive training program in advanced gynecologic endoscopy.

- Offered through more than 50 hospital sites.
- Educational objectives focus on evidence-based medicine, anatomical principles, instrumentation, operative laparoscopy, operative hysteroscopy, and robotics.
- In-depth experience using state-of-the-art techniques.
- 500+ AAGL Fellows graduated.




Deadline to apply for the 2023-2025 FMIGS Program is MAY 2, 2022.

MORE INFO: WWW.AAGL.ORG/SERVICE/FELLOWSHIPS

2021 AAGL FMIGS Fellows Boot Camp

7:30 am - 4:30 pm
Room: Exhibit Hall 3
By Invitation for FMIGS Fellows only.

Chair: *Nicole M. Donnellan, MD*

Faculty: *Mobolaji O. Ajao, Ted L. Anderson, Amy Benjamin, Erin T. Carey, Angela Chaudhari, Mark W. Dassel, Timothy A. Deimling, Nita A. Desai, Tri A. Dinh, Nicole M. Donnellan, Keith T. Downing, Erica C. Dun, Amanda Ecker, Monique R. Farrow, Christine E. Foley, Joseph L. Hudgens, Kimberly A. Kho, Cara R. King, Michelle Y. Louie, Miguel Luna Russo, Gretchen E. H. Makai, Magdy P. Milad, Meenal Misal, Vadim V. Morozov, Stephanie N. Morris, Jamal Mourad, James K. Robinson, Sangeeta Senapati, Matthew T. Siedhoff, Mireille D. Truong, Maria Victoria Vargas, Jeffrey J. Woo, Amanda C. Yunker*

This full day program is designed to enhance FMIGS trainees' surgical techniques through low and high- fidelity simulation models. Small group, hands-on sessions will permit fellows to explore various technologies in operative hysteroscopy, expand skills in laparoscopic suturing and knot tying and develop further comfort with robotic platforms. A session on verbal communication in the OR that aims to improve surgical teaching as well as interactive panels will assist participants in the growth of important aspects professional development.

Learning Objectives: *At the conclusion of this course, the participant will be able to:* 1) Properly utilize correct hysteroscopic instrumentation; 2) identify surgical techniques to increase complete removal of intrauterine pathology; 3) counsel patients regarding the risks and benefits of operative hysteroscopic treatment options; 4) develop skills in using the robotic platform; 5) identify pelvic anatomy through the robotic perspective as it applies to gynecologic procedures; 6) employ a team approach to OR setup, patient positioning, docking, and instrumentation; 7) practice tips and techniques for efficient laparoscopic suturing and intracorporeal knot tying; 8) acquire skills for optimizing surgical teaching; and 9) understand better how to maximize fellowship experiences to prepare for the transition to independent practice.

COURSE OUTLINE

6:30 am	Breakfast at Hyatt Place Austin hotel		
7:00 am	Registration at Austin Convention Hall Exhibit Hall 3		
7:30 am	Introductions and Course Overview		*NM Donnellan*
7:45 am – 9:15 am	**1st Year Fellows A & B (46 total, two groups 23)** Laparoscopic Suturing A Hysteroscopy B **2nd Year Fellows C & D (44 total, two groups of 22)** Robotics C Lego Challenge D		*Exhibit Hall 3*
9:30 am – 11:15 am	Laparoscopic suturing Hysteroscopy Robotics Lego Challenge	D (2nd Year Fellows) A (1st Year Fellows) B (1st Year Fellows) C (2nd Year Fellows)	*Exhibit Hall 3*
11:20 am – 12:00 pm	PANELS **1st Year Fellows A & B (46 total, two groups 23)** Panel "Make the Most of Fellowship" **2nd Year Fellows C & D (44 total, two groups of 22)** Panel "Transition to Faculty: Lessons Learned""		*Ballroom E*
12:00 pm – 1:00 pm	LUNCH		*Ballroom E*
12:15pm – 12:55 pm	"Habits of a Highly Effective Surgeon" All Faculty and Fellows		*MP Milad*
1:00 pm – 2:30 pm	Laparoscopic suturing Hysteroscopy Robotics Lego Challenge	C (2nd Year Fellows) D (2nd Year Fellows) A (1st Year Fellows) B (1st Year Fellows)	*Exhibit Hall 3*
2:45 pm – 4:15 pm	Laparoscopic suturing Hysteroscopy Robotics Lego Challenge	B (1st Year Fellows) C (2nd Year Fellows) D (2nd Year Fellows) A (1st Year Fellows)	*Exhibit Hall 3*
4:30 pm	Adjourn		*All Faculty*

BREAKOUT SESSIONS

Hysteroscopy (10)

James K. Robinson,
Section Chair

Ted Anderson
Erica Dun
Gretchen Makai
Magdy Milad
Stephanie Morris
Jamal Mourad
Jeffrey Woo

Laparoscopic Suturing (15)

Joseph L. Hudgens,
Section Chair

Mobolaji Ajao
Amy Benjamin
Erin Carey
Angela Chaudhari
Tri Dinh
Keith Downing
Amanda Ecker
Kimberly Kho
Cara King
Michelle Louie
Miguel Russo
Sangeeta Senapati
Matthew Siedhoff

Robotics (10)

Monique R. Farrow,
Section Chair

Tim Deimling
Nita Desai
Meenal Misal
Vadim Morozov
Mireille Truong
Maria Vargas

Lego Challenge

Nicole M. Donnellan,
Section Chair

Angela Chaudari
Mark Dassel
Christine E. Foley
Amanda C. Yunker

Panel 1st Year Fellows

Christine E. Foley
Meenal Misal
Miguel Russo
Jeffrey Woo

Panel 2nd Year Fellows

Angela Chaudhari
Jay L. Hudgens
Amanda C. Yunker

FELLOWSHIP IN MINIMALLY INVASIVE GYNECOLOGIC SURGERY

Honoring the FMIGS Graduating Class of 2021

Graduation Ceremony

Saturday, November 13, 2021
5:30 pm - 7:30 PM CDT

Austin Convention Center
Ballroom F&G, 4th Level

5:30 pm	Welcome and Introduction: *Ted T.M. Lee, MD, AAGL President*
5:35 pm	Foundation of the AAGL Awards: *K. Warren Volker, MD, PhD, FAAGL President*
5:40 pm	Recognition of 2020 Graduates Presentation of Certificates to Class of 2021 *James K. Robinson, III, MD, MS, FMIGS President*
6:30 pm	Cocktail Reception

Thank You!

OLYMPUS
FOR YOUR SUPPORT

50
1971 ★ 2021

Class of 2021

NICOLE O. AFUAPE, MD
CREIGHTON UNIVERSITY ARIZONA
PHOENIX, ARIZONA

MOONA ARABKHAZAELI, MD
MONTEFIORE MEDICAL CENTER
ALBERT EINSTEIN COLLEGE OF MEDICINE
BRONX, NEW YORK

PRISCILA ALMEIDA BARBOSA, MD
HOSPITAL BP - A BENEFICÊNCIA PORTUGUESA DE SÃO PAULO, BRAZIL

WHITNEY A. BARNES, MD, MPH
THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER
WASHINGTON, DISTRICT OF COLUMBIA

KELLY BENABOU, MD, MS
BRIDGEPORT HOSPITAL, YALE-NEW HAVEN HEALTHBRIDGEPORT, CONNECTICUT

SALVADOR MARIO BERLANGA NARRO, MD
TECNOLÓGICO DE MONTERREY—TECSALUD
MONTERREY, NUEVO LEON, MEXICO

ELIZABETH BRUNN, MD
MEDSTAR WASHINGTON HOSPITAL CENTER
GEORGETOWN UNIVERSITY
WASHINGTON, DISTRICT OF COLUMBIA

PETRA CHAMSEDDINE, MD
UNIVERSITY OF LOUISVILLE
LOUISVILLE, KENTUCKY

WILSON V. CHAN, MD
MOUNT SINAI HOSPITAL & WOMEN'S COLLEGE HOSPITAL
TORONTO, ONTARIO, CANADA

JOSEPH SHIH CHE CHEN, MD
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER
DALLAS, TEXAS

AMANDA L. CHU, MD
PENN STATE MILTON S. HERSHEY MEDICAL CENTER
HERSHEY, PENNSYLVANIA

RICHARD H. COCKRUM, MD
NORTHSHORE UNIVERITY HEALTH SYSTEM
UNIVERSITY OF CHICAGO
EVANSTON, ILLINOIS

ADELA G. COPE, MD
MAYO CLINIC
ROCHESTER, MINNESOTA

RACHEL M. CULLIFER, MD
CHRISTIANA CARE HEALTH SYSTEM
NEWARK, DELAWARE

JOHN M. DAVITT, MD
MAYO CLINIC
PHOENIX, ARIZONA

STEPHANIE I. DELGADO, MD
BAYLOR COLLEGE OF MEDICINE
HOUSTON, TEXAS

DARL L. EDWARDS, MD, MHK, MScHQ
MOUNT SINAI HOSPITAL & WOMEN'S COLLEGE HOSPITAL
TORONTO, ONTARIO, CANADA

EMILY A. EDWARDS, MD
LEGACY HEALTH MEDICAL GROUP
PORTLAND, OREGON

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COLUMBIA UNIVERSITY MEDICAL CENTER
NEW YORK, NEW YORK

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OTTAWA, ONTARIO, CANADA

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SCRIPPS CLINIC MEDICAL GROUP
SAN DIEGO, CALIFORNIA

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PARK RIDGE, ILLINOIS

AAGL
ELEVATING GYNECOLOGIC SURGERY

iage INDIAN ASSOCIATION OF GYNAECOLOGICAL ENDOSCOPISTS

17th AAGL International Congress on
"Unravelling Uterine Issues"
Mumbai, India along with IAGE

LIVE WORKSHOP ON
June 2nd - 3rd, 2022.

CONGRESS ON
June 4th - 5th, 2022.

6th June 2022
POST CONGRESS WORKSHOP
CADAVERIC DISSECTION

Prakash Trivedi
AAGL Program Chair

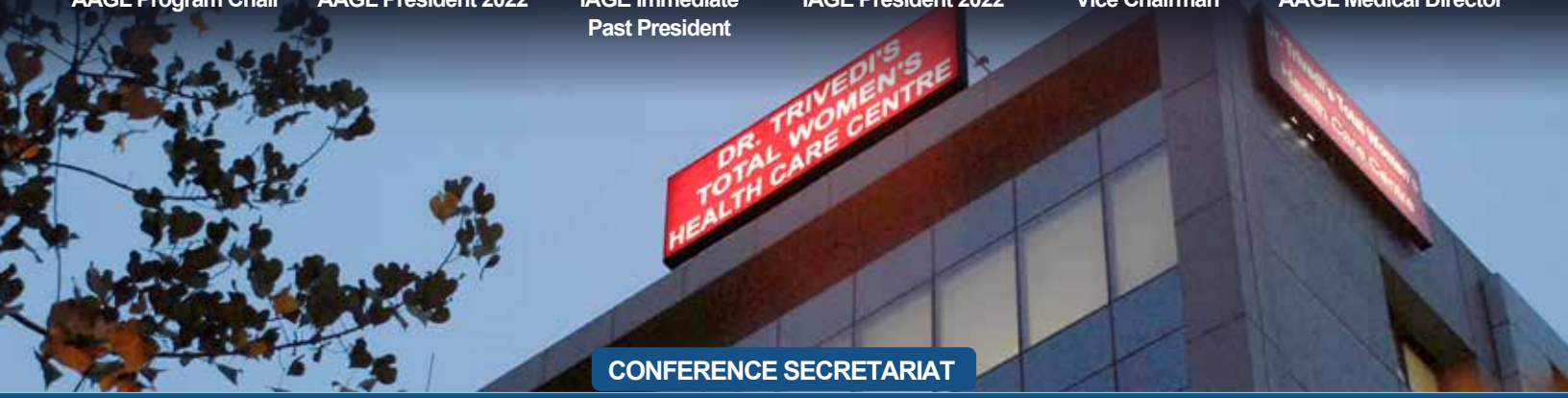
Mauricio S. Abrão
AAGL President 2022

S. Krishnakumar
IAGE Immediate Past President

Bhaskar Pal
IAGE President 2022

Shailesh Puntambekar
Vice Chairman

Linda D. Bradley
AAGL Medical Director



CONFERENCE SECRETARIAT

Total Women's Health Care Centre, 1, 2, 3 Gautam Building, Opp. Balaji Temple, Tilak Road., Ghatkopar East, Mumbai 400 077.
Contact: +91 9833272076/ +91 9699273973/ +91 9821055198 | Email: dr.ptrivedi@gmail.com.

SUNDAY, NOV 14, 2021

1971 ★ 2021

Past President's Roundtable Luncheon

FRANKLIN D. LOFFER, MD
PRESIDENT, '85-'86

BRIAN M. COHEN, MD
PRESIDENT, '92-'93

BARBARA S. LEVY, MD
PRESIDENT, '94-'95

GRACE M. JANIK, MD
PRESIDENT, "06-'07

MARIA FEDELA R. PARAISO, MD
PRESIDENT, '19-'20

BALLROOM F & G · 12:30 PM – 1:30 PM · TICKETS: $50

TOPIC	SPEAKER
Succeeding as an Academic Gynecologic Surgeon: Pearls & Pitfalls	Arnold P. Advincula (2015-2016)
Everything You Wanted to Know About Operative Hysteroscopy: But Were Afraid to Ask	Linda D. Bradley (2011)
Lessons in Leadership: Navigating New Roads	Jubilee Brown (2020)
Recurrent Miscarriages. Repair of Ischemic Uterine Fundus and Immunology	Brian M. Cohen (1993)
Medical Device Innovation - How to Navigate from an Idea to a Product	Jon Ivar Einarsson (2016-2017)
Real World Office Hysteroscopy	Gary N. Frishman (2018)
History of Reproductive Medicine and Surgery" Since 1910	Victor Gomel (1999)
Office Hysteroscopic Procedures Without Anesthesia	Keith B. Isaacson (2012)
Uterine Isthmocele- When and How to Treat	Grace M. Janik (2007)
2 Years in Practice, 9,000 Surgeries, 500 Clinical Trials: What Would You Like to Know?	D. Alan Johns (2003)
Pushing Your Surgical Envelope-A Balancing Act	Ted T.M. Lee (2021)
Equity and Evidence-Based Medicine	Barbara S. Levy (1995)
Management of Incompletely Resected Submucosal Myomas	Franklin D. Loffer (1986)
Pathophysiology, Treatment and Prevention of Endometriosis	Anthony A. Luciano (1996)
The Easy Rules to Lower Your MIS Complications	Javier F. Magrina (2013)
Artificial Intelligence and Recognition of Endometriosis	Daniel C. Martin (1991)
Hysteroscopic Treatment of First Trimester Miscarriage – Throw Your Suction Curettage Away!	Charles E. Miller (2008)
AAGL, An American Idea Who Led to Globalization of Minimally Invasive Surgery. Learning from the Past and the Vision for the Next Fifty Years	Ceana H. Nezhat (2014)
Surgical Mentorship Using All Tools and All Routes in Pelvic Floor Surgery	Marie Fidela R. Paraiso (2016)

601-ANAT
Advanced Anatomy "How to Become a Sailor and Not a Pirate" - The Secrets of Laparoscopic Retroperitoneal Surgical Anatomy to Perform Safe Gynecologic Surgery – Live from Verona, Italy

6:00 am – 10:30 am PDT/3:00 pm – 7:30 pm CEST
ON-DEMAND - RECORDED LIVE - SATURDAY, SEPTEMBER 25, 2021 CME
Didactic | Fee: Online Webinar - Included in Registration


Co-Chairs: Marcello Ceccaroni and Shailesh P. Puntambekar
Faculty: Francesco Bruni, Roberto Clarizia, Daniele Mautone, Andrea Puppo, Giovanni Roviglione, Stefano Uccella

Comprehensive anatomy and adequate surgical technique can transform a complicated surgical case into a standardized step-by-step procedure. Minimal access procedures are limited and magnified surgical fields, which may impair a global perception of the anatomic structures. In this intensive course, with the help of broadcasted live cadaveric dissections performed by the faculty, pelvic and retroperitoneal anatomy are unraveled.

Vascular, urinary, nerve dissections, and the approach to the pelvic spaces and pelvic floor are detailed to target deep endometriosis, bulky lesions, fibroids in difficult locations, pelvic floor defects and oncologic cases. This course also has a special focus on ureteric anatomy, which is the Achilles' heel for the gynecologist. After this rich experience, the learners will be able to master pelvic complex cases with standard and secure surgical technique, based on a detailed anatomic review.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Recognize the anatomical landmarks and major pelvic structures pertinent to gynecologic laparoscopy and retroperitoneal dissection for basic, intermediate and advanced procedures; 2) discuss laparoscopic surgical techniques to enter and expose avascular spaces of the pelvis, pelvic floor, parametrial ligaments, nerves and pelvic vessels and their relations to the ureter and retroperitoneal structures; 3) review the principles for a nerve-sparing techniques in pelvic surgery; and 4) provide step-by-step dissection of the uterine artery and the pelvic ureter related to gynecologic retroperitoneal procedures (i.e., big uteri, infra-ligamentary myomas, deep endometriosis and gynecologic cancers).

COURSE OUTLINE

3:00 pm	Welcome, Introduction and Course Overview	
3:05 pm	Sailing Safely: Cartography of Retroperitoneal Anatomy for a Safe Laparoscopic Navigation	*S. Puntambekar*
3:30 pm	Diving along the pelvic Big Vessels: Laparoscopic Surgical Anatomy of Pelvic Lymphadenectomy	*F. Bruni, G. Roviglione*
4:10 pm	Sailing Along the Abdominal Big Vessels: Laparoscopic Surgical Anatomy of Para-Aortic Lymphadenectomy	*A. Puppo*
4:50 pm	"Friends will be friends": Laparoscopic Surgical Anatomy of the Ureter	*S. Uccella*
5:30 pm	"How to Unfreeze a Frozen Pelvis": Different Surgical Approaches to Visceral and Somatic Nerves for Radical and Ultra-Radical Procedures	*M. Ceccaroni*
6:10 pm	The Pelvic Dancefloor: Laparoscopic Surgical Anatomy of the Pelvic Floor for Sacrocolpopexy	*D. Mautone*
6:50 pm	The Front Doors: Laparoscopic Surgical Anatomy of Anterior Compartment Spaces and Ligaments to Prevent Bladder and Ureteral Injuries	*R. Clarizia*
7:20 pm	Questions & Answers	
7:30 pm	Adjourn	

602-ANAT
3rd International School of Surgical Anatomy (ISSA) Course: Tips and Tricks in Laparoscopic Retroperitoneal Surgical Anatomy to Perform Safe Gynecologic Surgery

1:45 pm – 5:00 pm
Room: Exhibit Hall 3
Cadaveric Lab | Fee: $1,575 (In-person only) CME


Co-Chairs: Marcello Ceccaroni and Shailesh P. Puntambekar
Faculty: Pere Barri, Sarah Choi, Roberto Clarizia, Humberto J. Dionisi, Jon I. Einarsson, Luis Flavio Fernandes, Kathy Huang, Nucelio Lemos, Daniele Mautone, Giovanni Roviglione, Stefano Uccella

Following the principles taught in the International School of Surgical Anatomy-(ISSA), this hands-on cadaveric course will provide a step-by-step surgical approach to the pelvic viscera, retroperitoneal avascular spaces and pelvic ureters. Emphasis will be put upon identifying anatomical landmarks, including surgical principles and techniques to enter the retroperitoneal avascular spaces. Instruction on techniques for gentle tissue handling to avoid bleeding, proper traction, counter-traction, sharp and blunt dissections while preventing vascular, urinary, bowel and nervous complications. Special care will be given to nerve-sparing techniques during laparoscopic dissection, with demonstration of main pathways of visceral and somatic pelvic innervation. This course includes cadaveric specimen with intact uteri and cervix using laparoscopic instrumentation.

Learning Objectives: *At the conclusion of this course, the clinician will be able to:* 1) Recognize the anatomical landmarks and major pelvic structures pertinent to gynecologic laparoscopy and retroperitoneal dissection; 2) apply laparoscopic surgical techniques to enter and expose the avascular spaces of the pelvis, parametrial ligaments, nerves and pelvic vasculature and their relations to the ureter and intraperitoneal structures; and 3) illustrate the step-by step dissection of the pelvic ureter and pelvic-nerves related to the different gynecological procedures and nerve-sparing techniques for gynecologic cancers and endometriosis surgery

COURSE OUTLINE

1:45 pm	Welcome, Introductions, and Course Overview	
1:50 pm	**LAB I:** Hands-on Laparoscopic Dissection of Uterus, Adnexa, Parametrial Ligaments and Lateral Pelvic Sidewall: Tips and Tricks to Perform Safe Laparoscopic Hysterectomy and Adnexal Surgery • Opening of para-vesical and para-rectal spaces, dissection and isolation of the ureter, pelvic vessels and uterine artery • Hypogastric artery identification and ligation, identification and resection of the cardinal ligament • Opening retropubic space of Retzius, identifying bladder pillars and anterior parametrium, isolation of the ureter in the ureteral tunnel • Tips and tricks for performing safe radical hysterectomy, pelvic lymphadenectomy, and managing complications	*All Faculty*
2:50 pm	Break	
3:05 pm	**LAB II:** Hands-on Laparoscopic Dissection of Posterior Compartment and Pelvic Nerves: • Dissection of pre-sacral, retro-rectal, ileo-lumbar and recto-vaginal spaces • Identification and isolation of visceral pelvic innervation: inferior mesenteric plexus, superior hypogastric plexus, hypogastric nerves, pelvic splanchnic nerves, pelvic plexus • Tips-and tricks for nerve-sparing pelvic surgery in gynecologic oncology and deep endometriosis procedure • Identification of obturator nerve, sciatic nerve, pudendal nerve, sacral plexus, sacral roots, avoiding and managing complications	
4:45 pm	Questions & Answers	*All Faculty*
5:00 pm	Adjourn	

The AAGL acknowledges it has received educational grants/in-kind support for this course. Please see page 90.

603-HYST
Fibroids & Adenomyosis - Extirpative Non-Hysterectomy

7:00 am – 9:30 am
Room: 12AB
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Sven Becker and Nutan Jain*
Faculty: *Jose De Los Rios, Suketu Mansuria, Mariona Rius*

In this session, we tackle the most common problems of the difficult laparoscopic hysterectomy. It is our most common surgery and while easy many times, it can be quite challenging. We offer a practical, down-to-earth analysis of the key difficulties and discuss pragmatic solutions every laparoscopic surgeon should know. Essential for the beginner, educational for the experienced surgeon.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Describe key aspects of the laparoscopic hysterectomy; 2) demonstrate essential management strategies for typical difficult situations; and 3) discuss how to be more competent in the management of the challenging laparoscopic hysterectomy.

COURSE OUTLINE

7:00 am	Welcome, Introduction and Course Overview	
7:05 am	How to Avoid in Difficult Hysterectomies	*S. Becker*
7:30 am	What the Cuff? *(detailed talk about management of vaginal cuff during HLT and its complications)*	*J. De Los Rios*
7:55 am	Managing the Scarred Bladder Flap and Obliterated Posterior Cul-de-sac	*S. Mansuria*
8:20 am	Salpingectomy, Always?	*M. Rius*
8:45 am	Tackling Bowel and Bladder Adhesions in TLH	*N. Jain*
9:10 am	Questions & Answers	
9:30 am	Adjourn	

604-FIBR
Laparoscopic Hysterectomy

7:00 am – 9:30 am
Room: 16AB
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Errico Zupi and Joerg Keckstein*
Faculty: Innie Chen, John C. Petrozza, Marco A. Pinho de Oliveira, Nikolai Rukhilada

The aim of this course is to provide all the most recent results in approaching two of the more common women's pathologies, Adenomyosis and Uterine fibroids. The course will demonstrate, with high-quality evidence and video presentation, all of the modalities of minimally invasive approaches to the mentioned diseases in order to give the best possible up-to-date to the attendants.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Describe all the actual opportunities, we have in approaching Adenomyosis and Uterine fibroids; 2) Describe the role of Minimally invasive approach to the mentioned pathologies; and 3) discuss among panelists and attendees.

COURSE OUTLINE

7:00 am	Welcome Introduction and Course Overview	
7:05 am	Technical Aspects for Fertility Sparing Resection of Adenomyosis	*J. Keckstein*
7:20 am	When and How to Perform Conservative Surgery for Extensive Adenomyosis?	*M. Pinho de Oliveira*
7:35 am	Surgery for Adenomyosis: Is There a Limit?	*M. Pinho de Oliveira*
7:50 am	The Strategy of Adenomyosis Management and Reproductive Outcomes	*N. Rukhliada*
8:05 am	Preoperative and Intraoperative Medical Adjuncts for Fibroid Surgery	*I. Chen*
8:20 am	Adenomyosis and Pain	*E. Zupi*
8:35 am	Adenomyosis and Infertility	*E. Zupi*
8:50 am	Fertility Conserving Surgery for Symptomatic Uterine Fibroids	*J.C. Petrozza*
9:05 am	Image Based Surgery for Uterine Fibroids	*J.C. Petrozza*
9:20 am	Questions & Answers	
9:30 am	Adjourn	

605-ENDO
Diagnosing and Evaluating the Extent of Endometriosis and Adenomyosis with Imaging

7:00 am – 9:30 am
Room: 18ABC
Didactic | Fee: Included in Registration
CME


Co-Chairs: *Alessandra Di Giovanni and Scott Young*
Faculty: *George Condous, Caterina Exacoustos, Cristina Ros Cerro*

This course provides evidence-based techniques for evaluating adenomyosis and endometriosis with pelvic sonography. Leading experts from around the world will share their strategies for recognizing and confidently diagnosing these conditions. Videos of transvaginal ultrasound will be correlated with surgical videos and pictures. The information provided will guide the learner through the technical aspects of ultrasound and will emphasize the findings and features that are important for guiding preoperative planning and counseling of patients undergoing surgical resection of adenomyosis and endometriosis.After the break, we will have the option for pelvic floor support procedures, or we will proceed with more detailed pelvic anatomy; dissection of the space of Retzius; completion of hysterectomy with vaginal cuff closure; and cystotomy with repair. Participants will be able to complete the hysterectomy and practice suturing. Throughout the course, expert faculty will present tips and tricks for avoiding injury.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* : 1) Improve diagnostic confidence evaluating for adenomyosis on pelvic sonography; 2) demonstrate the utility of pelvic sonography for the diagnosis of deep endometriosis with emphasis on the most common locations, the uterosacral ligaments and rectosigmoid colon; and 3) demonstrate the capability of diagnosing deep endometriosis on routine pelvic ultrasound.

COURSE OUTLINE

7:00 am	Welcome, Introduction and Course Overview	
7:05 am	Ultrasound Diagnosis of Adenomyosis	*C. Exacoustos*
7:30 am	How and Why Transvaginal Ultrasound Should be the Primary Imaging Technique in the Management of Bowel Endometriosis	*G. Condous*
7:55 am	Imaging in Deep Endometriosis on the Posterior Compartment	*A. Di Giovanni*
8:20 am	Imaging in Deep Endometriosis on the Anterior Compartment, Endometriomas, Fixed Ovaries and Tubes	*C. Ros-Cerro*
8:45 am	How to Detect Deep Endometriosis on Routine Pelvic Sonography	*S. Young*
9:10 am	Questions & Answers	
9:30 am	Adjourn	

606-VAG
Vaginal Hysterectomy: Multi-Approach including v-Notes

7:00 am – 9:30 am
Room: 17AB
Didactic | Fee: Included in Registration
CME


Co-Chairs: *Jan F. Baekelandt and Lauren Siff*
Faculty: *Grover May, Howard Salvay*

Many guidelines state that the vaginal route should be our access of choice for hysterectomy whenever feasible, yet the numbers of vaginal hysterectomy keep declining.

This course will focus on the most challenging points of vaginal hysterectomy: anterior colpotomy, posterior colpotomy and vault suspension.

vNOTES (vaginal Natural Orifice Transluminal Endoscopic Surgery) broadens the indications for vaginal surgery. It enables surgeons to perform gynaecological operations leaving no visible scars. As the entire endoscopic procedure is performed transvaginally, no abdominal incisions are made while vNOTES offers the advantages of superior endoscopic visualization and the use of endoscopic instruments for better control of haemostasis. Nearly all benign gynaecological operations can be performed via vNOTES, but in this course we focus on vNOTES hysterectomy.

This course will teach you how to get started and how to optimize your success in vNOTES. It will teach you how vNOTES can help you in high BMI patients and in cases where vaginal access is difficult. You will also learn how to perform a high vault suspension via vNOTES, how to successfully complete a difficult hysterectomy via vNOTES, and how to morcellate a large uterus vaginally.

Learning Objectives: *At the conclusion of this course, the participant will be able to:* 1) Describe how to deal with a challenging anterior and posterior colpotomy; 2) demonstrate how to perform a high vault suspension via conventional vaginal surgery and via vNOTES; and 3) describe how to morcellate a large uterus vaginally.

COURSE OUTLINE

7:00 am	Welcome, Introduction and Course Overview	
7:10 am	Difficult Vaginal Hysterectomy Entries: Anterior and Posterior	*L. Siff*
7:25 am	vNOTES: Getting Started and Optimizing Success	*H. Salvay*
7:40 am	Apical Suspension at the Time of Vaginal Hysterectomy: Identifying and Anchoring the USLS	*L. Siff*
7:55 am	Uterosacral Ligament Suspension via vNOTES	*H. Salvay*
8:10 am	Hysterectomy in High BMI Patients	*G. May*
8:25 am	Help, I Can't Reach the Anterior Peritoneal Fold Vaginally	*J. Baekelandt*
8:40 am	Vaginal Morcellation of Large Uterus	*G. May*
8:55 am	How to Successfully Complete a Difficult Hysterectomy via vNOTES	*J. Baekelandt*
9:10 am	Questions & Answers	
9:30 am	Adjourn	

607-REPR
Reproductive Surgery

7:00 am – 9:30 am
Room: 19AB
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Rebecca Flyckt and Jim Tsaltas*
Faculty: *Zaraq Khan, Prakash Trivedi, Anusch Yazdani*

Reproductive surgery has a unique emphasis on reconstruction, preservation, and enhancement of gynecologic anatomy and reproductive function. This fast-paced interactive session offers learners both an overview and an exploration of foundational topics and innovative procedures in modern reproductive surgery. The panel of internationally recognized reproductive endocrinologists and infertility specialists will demonstrate essential techniques and offer surgical pearls for performing top quality fertility surgeries. A new feature this year is a whole-panel discussion of endometriosis management using a cascading clinical scenarios format. Numerous surgical videos will enhance the didactic contents and showcase the surgical techniques needed for surgeons to be successful as either an embedded reproductive surgeon in an REI practice or as a referral surgeon for this important subspecialty area.

Learning Objectives: *At the conclusion of this course, the participant will be able to:* 1) Develop new surgical techniques and tips in treating gynecologic conditions that will improve reproductive outcomes; 2) associate successfully with fertility providers and practices to provide needed services to fertility patients; 3) manage diverse presentations and clinical scenarios of endometriosis specifically in the fertility patient; and 4) determine transition to office-based procedures to enhance the outpatient experience and build practice volume and revenue.

COURSE OUTLINE

7:00 am	Welcome, Introduction and Course Overview	
7:10 am	Fibroids in infertility and ART	*P. Trivedi*
7:30 am	Surgical Techniques for Preserving the Ovary	*J. Tsaltas*
7:50 am	The Endometriosis Cascade in the Infertility Patient: An Interactive Panel and Audience Session (whole panel)	*All Faculty*
8:10 am	Questions & Answers	
8:20 am	Bringing Hysteroscopy to the Office Setting Including Hysteroscopic Management of Failed Pregnancies	*R. Flyckt*
8:40 am	Uterine Isthmocele: When and How to Surgically Intervene	*Z. Khan*
9:00 am	Tubal Assessment and Surgery Topic	*A. Yazdani*
9:20 am	Questions & Answers	
9:30 am	Adjourn	

608-ANAT
Navigating the Pelvis: The Surgical Anatomy That Will Keep You Out of Trouble

9:45 am – 12:45 pm
Room: 12AB
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Benoit Rabischong and Cara Robinson King*
Faculty: *Shan Biscette, Luis Flavio Fernandes, Linda C. Yang*

Extensive knowledge of pelvic anatomy must be considered a fundamental pillar of advanced laparoscopy for all subspecialities and pathologies. This course will revisit the retroperitoneal anatomy of the pelvis from the approach of various pelvic spaces. Surgical dissection will include identification of the most sensitive structures, including pelvic nerves, ureters, bladder, and vasculature, with the anatomical advantage offered by laparoscopy. Beyond normal anatomy, the specifics of common operating conditions, such as obesity, deep endometriosis, and fibroids, will be addressed. We are delighted to share a wide range of surgical videos displaying complex laparoscopic pelvic anatomy.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* Describe how to approach the different pelvic spaces by laparoscopy; 2) demonstrate how to identify and preserve the different vascular, ureteral and nerve structures of the pelvis; and 3) discuss how the surgeon must adapt to different anatomical conditions, such as deep endometriosis, obesity, or fibroids, to minimize complications.

COURSE OUTLINE

9:45 am	Welcome, Introduction and Course Overview	*B. Rabischong/* C.R. King
9:50 am	Pelvic Avascular Spaces Highway to a Safe Surgery	*L.F. Fernandes*
10:15 am	Pelvic Neuroanatomy: Basic Knowledge to Avoid Surgical Trouble	*B. Rabischong*
10:40 am	Size Matters: Navigating Surgery in the Obese Patient	*S. Biscette*
11:05 am	Overcoming Anatomic Distortion of the Obliterated Anterior Cul-de-sac	*L. Yang*
11:30 am	Laparoscopic Hysterectomy: Surgical Techniques to Make Large Fibroids Look Easy	*C.R. King*
11:55 am	Questions & Answers	
12:15 pm	Adjourn	

609-FIBR
Fibroids: Non-Extirpative Surgical Medical and Radiologic

9:45 am – 12:45 pm
Room: 16AB
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Sarah L. Cohen-Rassier and David J. Levine*
Faculty: *Ayman Al-Hendy, Marisa L. Cañete, Scott G. Chudnoff, Jessica Shepherd*

This course provides a comprehensive update of the options for non-extirpative treatment of uterine fibroids, including medical management, radiologic techniques (Focused Ultrasound Surgery and Uterine Artery Embolization) and surgical procedures using Radiofrequency Ablation. A balanced discussion will take place to review optimal patient candidates for each treatment option, as well as tips and tricks for success. Video examples and interactive discussions will help illustrate the topics and techniques.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Optimize uterine fibroid treatment selection based on patient goals, symptoms and pathology; 2) describe tips for success with radiofrequency surgical techniques; and 3) discuss how to safely prescribe medical treatment options for uterine fibroids.

COURSE OUTLINE

9:45 am	Welcome, Introduction and Course Overview	
9:50 am	Medical Treatment of Uterine Fibroids	*A. Al-Hendy*
10:10 am	The Advantages and Disadvantages of Extirpative versus Ablative Techniques	*S. Chudnoff*
10:30 am	Vaginal Radiofrequency of Fibroids: Scientific Evidence and Application of the Technique	*M.L. Canete*
10:50 am	Transcervical and Transabdominal Treatment of Fibroids Utilizing Ultrasonic Directed RF Energy	*D. Levine*
	Break	
11:10 am	Fibroids- How Does Health Care Disparities Impact our Patients	*J. Shepherd*
11:30 am	Slide Show of Tough Cases- Discuss the Best Option from Multidisciplinary Approach	*S. Cohen-Rassier*
11:50 am	Questions & Answers	
12:15 pm	Adjourn	

610-ENDO
Safely Pushing the Surgical Envelope in the Surgical Treatment of Endometriosis

9:45 am – 12:45 pm
Room: 18ABC
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Ceana H. Nezhat and Arnaud Wattiez*
Faculty: *Laura A. Douglass, William Kondo, Marco Puga*

The heaviness of medical Practice makes difficult for surgeons to develop their skills and extend their indications once they are out of their graduation period. The objectives of this course is to provide incentive to doctors to broaden their indications through the use of well-defined surgical techniques demonstrated by experts in difficult scenarios. The limits to be broken may be theoretical or practical. Both aspects of these limitations will covered through surgical examples perfectly selected and explained in details by the faculties chosen. Those experts have an extensive experience in their field and will share their tips and tricks for a safe training.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Discuss the keys of the limitation in their practice; 2) describe specific surgical skills to overcome their limitations; and 3) describe the necessary safe steps to broaden their surgical activity without compromising the patient's safety.

COURSE OUTLINE

9:45 am	Welcome, Introduction and Course Overview	
9:50 am	Setting Yourself Up for Success: Laparoscopic Approach to Tackle Endometriosis Excision (Port Configuration)	*L. A. Douglass*
10:15 am	7 Key Points to Improve Your Surgical Envelope	*M. Puga*
10:40 am	Anatomical Landmarks to Guide You in Difficult Scenario	*A. Wattiez*
11:05 am	Intelligent Light and Florescent Guided Surgery for Endometriosis	*C. H. Nezhat*
11:30 am	Laparoscopic Treatment of Recto-sigmoid Endometriosis: Technical Aspects, Tips and Tricks	*W. Kondo*
11:55 am	Questions & Answers	
12:15 pm	Adjourn	

611-ROBO
Robotics: Fundamentals Today – Mastery Tomorrow

9:45 am – 12:45 pm
Room: 17AB
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Gaby N. Moawad and Megan N. Wasson*
Faculty: *Arnold P. Advincula, Devin Garza, Kristin E. Patzkowsky, Fatih Şendağ*

This course provides a comprehensive review of the principles and techniques of robotic surgery for the novice and expert robotic gynecologic surgeon. Video will be used extensively to illustrate techniques that utilize this technology to allow successful outcomes and optimize efficiency. The course will demonstrate, with high-quality evidence and video presentation, robotic technology for tackling benign gynecologic pathology, including retroperitoneal anatomy, hysterectomy, myomectomy, endometriosis, prolapse, and fertility preservation.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* Describe robotic instrumentation and applicability; 2) apply robotic technology to surgical management of benign gynecologic conditions; and 3) optimize surgical efficiency utilizing robotic technology.

COURSE OUTLINE

9:45 am	Welcome, Introduction and Course Overview	
9:50 am	Clinical Strategies for Robot-Assisted Fertility Sparing Surgery	*G.N. Moawad*
10:10 am	Go Big or Go Home: Mastering Robotic Hysterectomy for Difficult Pathology	*K.E. Patzkowsky*
10:30 am	Strategies for Successful Myomectomy	*D. Garza*
10:50 am	Excision of Endometriosis from Stage I through Stage IV	*M.N. Wasson*
11:10 am	Clinical Strategies for Robot-Assisted Fertility Sparing Surgery	*A.P. Advincula*
11:30 am	Robotic Surgery for Apical Prolapsus and Robotic Burch Colposuspension	*F. Sendag*
11:50 am	Questions & Answers	
12:15 pm	Adjourn	

612-ROBO
Robotics: Tips for Success

1:45 pm – 5:00 pm
Room: Exhibit Hall 3
Simulation Lab | Fee: $525 (In-person only)

CME


Co-Chairs: *Gaby N. Moawad and Thiers R. Soares*
Faculty: *Arnold P. Advincula, Richard W. Farnam, Devin Garza, Gerald J. Harkins, Martin Martino, Erinn Myers, Fatih Sendag, Ido Sirota, Arleen Song, Mariano Tamura, Megan N. Wasson*

This course is designed to help gynecologic surgeons incorporate robotic-assisted technology into their minimally invasive surgery armamentarium. Faculty will share their expertise and guide you through simulation and hands-on cadaveric dissection. The course will include an anatomical tour of the pelvis through the robot's eye, strategies for patient selection, OR setup, patient positioning, port placement, docking, instrumentation and novel technologies.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Develop skills in using the robotic platform as an adjunct for minimally invasive surgery in benign gynecology; identify pelvic anatomy through the robotic perspective as it applies to gynecologic procedures; and 3) employ a team approach to OR setup, patient positioning, docking, and instrumentation that leads to surgical efficiency, safety, and limitation of complications.

COURSE OUTLINE

1:45 pm	Welcome, Introductions, and Course Overview	
1:50 pm	LAB I: Simulation Lab, Room Set Up, Patient Positioning, Docking, Port Placement, Instruments, and Novel Technologies	*All Faculty*
3:20 pm	LAB II: Develop a Basic Robotic Skillset for Pelvic Sidewall Dissection and Hysterectomy in a Safe and Reproducible Manner	*All Faculty*
4:50 pm	Questions & Answers	
5:00 pm	Adjourn	

The AAGL acknowledges it has received educational grants/in-kind support for this course.
Please see page 90.

613-HSC
Becoming a Hysteroscopy Guru

9:45 am – 12:15 pm
Room: 19AB
Didactic | Fee: Included in Registration


Co-Chairs: *Luis Alonso Pacheco and Christina A. Salazar*
Faculty: *Attilio Di Spiezio Sardo, Martin Farrugia, Amy L. Garcia, Mariam Hanstede*

From the AAGL Hysteroscopy SIG we are confident that this will be the most interesting and educational course that you have attended. This session will offer a fresh vision from the daily use in common situations to the recently proposed hysteroscopic treatment. We want to provide you a deep understanding of the surgical technique in three different situations (Retained products of conception, Polyps and Cesarean scar defects) and highlight the benefits of the new miniresectoscopes. We will also discuss about the role of the hysteroscopy in PALM-COEIN. Our goal is to provide you a new vision of the hysteroscopy to become a Hysteroscopy Guru.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Demonstrate the role of hysteroscopy in PALM-COEIN; 2) discuss the best surgical approach for the different intracavitary pathology; and 3) describe more about mini and maxi resectoscopes.

COURSE OUTLINE

9:45 am	Welcome, Introduction and Course Overview	
9:50 am	Hysteroscopy and PALM-COEIN	*L. Alonso Pacheco*
10:10 am	Mastering the Resectoscope Mini- and Maxi	*M. Farrugia*
10:30 am	Practical Experience for Hysteroscopic Polypectomy	*A.L. Garcia*
10:50 am	How to Deal with Congenital Mullerian Anomalies	*A. Di Spiezio Sardo*
11:10 am	Hysteroscopic Niche Resection	*M. Hanstede*
11:30 am	Hysteroscopic Management of Retained Products of Conception	*C. Salazar*
11:50 am	Questions & Answers	
12:15 pm	Adjourn	

614-HSC
Advancing Your Hysteroscopy Skills with Global Experts

1:45 pm – 5:00 pm
Room: Exhibit Hall 3
Didactic/Simulation Lab | Fee: $525 (In-person only)


Co-Chairs: *Attilio Di Spiezio Sardo and Amy L. Garcia*
Faculty: *Mariana da Cunha Vieira, Martin Farrugia, Isabel C. Green, Sergio Haimovich, Mariam Hanstede, Christina A. Salazar*

Hands-On Simulation Lab
Join with industry partners in a dedicated hands-on experience that is unmatched in surgical skills education. Work directly with hysteroscopic experts in one-on-one instruction with the latest technologies for hysteroscopic procedures and endometrial ablation. The leading companies in women's health and hysteroscopy will be represented with complete systems and working models to provide the most engaging and productive experience possible. Learn about the current devices available for gynecologic procedures and enhance your surgical skills.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Use properly utilize correct hysteroscopic instrumentation and endometrial ablation devices correctly; 2) improve operative hysteroscopic outcomes and decrease surgical complications; and 3) Implement surgical techniques to increase complete removal of intrauterine pathology.

COURSE OUTLINE

1:45 pm	Welcome, Introduction and Course Overview	
1:50 pm –5:00 pm	**Hysteroscopy Ergonomics** • Perform diagnostic hysteroscopy with reusable and disposable systems. • Perform operative hysteroscopy with reusable and disposable systems using operative instruments for directed biopsy, polypectomy and septum transection. **Hysteroscopic Tissue Removal Systems (HTR)** • Perform operative hysteroscopy for polyps, fibroids, retained products of conception, and visual D&C using HTR systems. **Resectoscopy** • Utilize principles of electrosurgery and perform myoma resection, polypectomy or endometrial ablation/ resection using resectoscopes and various electrodes. **Endometrial Ablation** • Perform simulated endometrial ablation with proper use of endometrial ablation devices. **Fluid Management** • Incorporate appropriate fluid management systems into operative hysteroscopy using different hysteroscopic devices. **Virtual Reality Simulation** • Explore virtual reality surgical skills development by performing tissue removal, resectoscopy and diagnostic hysteroscopy in a simulated computer environment.	*All Faculty*

The AAGL acknowledges it has received educational grants/in-kind support for this course.
Please see page 90.

615-SUTR
Fundamentals of Laparoscopic Suturing

1:45 pm – 5:00 pm
Room: Exhibit Hall 3
Didactic/Simulation Lab | Fee: $525 (In-person only)

CME


Co-Chairs: *Fariba Mohtashami and Kristen J. Sasaki*
Faculty: *Jaime Albornoz, Lydia E. Garcia, Joseph L. Hudgens, Thomas G. Lang, Deirdre Lum, Helizabet Abdalla Ribeiro*

This course provides a comprehensive review of the Fundamentals of Laparoscopic Suturing, from basic to advanced, in a dry lab setting. Didactics contain a variety of surgical videos highlighting practical tips and tricks for needle introduction and setting, tissue re-approximation and suture management, intra-corporeal and extra-corporeal knot tying techniques. The goal is to allow ample time for hands-on practice under direct supervision of the faculty who are not only expert MIS surgeons, but more importantly, experienced instructors with ability to guide learners in a dry lab setting. The faculty along with the co-chairs will provide immediate feedback and one-on-one instructions based on your individual needs. More advanced techniques such as baseball stich, sliding knot and cinch knot will be demonstrated and practiced during the hands-on session for the more advanced learners. Regardless of your skill level, this course will improve your confidence and competence in your next OR.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Detail different options for needle introduction, setting and removal; 2) demonstrate efficient techniques for tissue re-approximation and suture management; and 3) perform intra-corporeal and extra-corporeal knot in an efficient and reproducible manner.

COURSE OUTLINE

1:45 pm	Welcome, Introduction and Course Overview	
1:50 pm	Introduction and Removal of Needle Setting needle Tissue Re-approximation Techniques	*K.J. Sasaki*
2:10 pm	Intracorporeal Knot – Common Mistakes; Extracorporeal Knot Tips & Tricks; Running Suture	*F. Mohtashami*
2:30 pm	Questions & Answers	
2:40 pm	Dry Lab Hands-on	*F. Mohtashami/ K.J. Sasaki*
4:55 pm	Wrap-up	
5:00 pm	Adjourn	

The AAGL acknowledges it has received educational grants/in-kind support for this course.
Please see page 90.

616-ENDO
Endometriosis 360º

2:30 pm – 5:00 pm
Room: 12AB
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Francisco Carmona Herrera and Shanti I. Mohling*
Faculty: *Ken R. Sinervo, Smitha Vilasagar, Patrick Yeung*

This course features a comprehensive overview of advanced concepts in endometriosis, focusing on new paradigms for diagnosis and treatment of this challenging condition. Expert practitioners will provide in-depth discussion on best timing and management of endometriosis in the setting of infertility. The session will cover the most current understanding and strategies in the treatment of thoracic and diaphragmatic endometriosis and will address tips for surgical management. Finally, experts will address the diagnosis and management of pediatric and adolescent endometriosis and best strategies for the treatment of surface endometriosis.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Define the diagnosis and best surgical management for thoracic endometriosis; 2) describe the timing and relevance of excision of endometriosis in the setting of infertility; 3) discuss the diagnosis and management of endometriosis in the pediatric and adolescent setting; and 4) define best strategy for managing superficial and surface endometriosis in early stage disease.

COURSE OUTLINE

2:30 pm	Welcome, Introduction and Course Overview	
2:35 pm	Endometriosis Management in the Pediatric/adolescent Population	*S. Vilasagar*
3:00 pm	Surface Endometriosis, Why Can't We Just Vaporize It?	*P. Yeung*
3:25 pm	Surgical Treatment of Deep Endometriosis and Fertility	*F. Carmona Herrera*
3:50 pm	Thoracic Endometriosis: is it as Rare as Once Believed?	*K.R. Sinervo*
4:15 pm	*Diaphragmatic Endometriosis: Surgical Mobilization of the Liver to Access Disease*	*S.I. Mohling*
4:40 pm	*Questions & Answers*	
5:00 pm	*Adjourn*	

617-PELV
Pelvic Pain - A Time to Heal

2:30 pm – 5:00 pm
Room: 16AB
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Sawsan As-Sanie and Frank F. Tu*
Faculty: *Erin Carey, Michael Hibner, M. Jean Uy-Kroh, Juan Diego Villegas-Echeverri*

This course brings diverse perspectives from a panel of expert clinicians to achieve the goal of healing the patient afflicted with chronic pelvic pain. Dialogue across the continuum of the course will reinforce key biological and clinical principles that have been found by these senior clinicians to effectively treat these conditions that go beyond a traditional gynecology-centric focus. Drawing on existing published literature and clinical perspectives, the panel will cover the rationale for approaching pelvic pain in an interdisciplinary and longitudinal fashion to optimize a woman's pelvic health trajectory. A blend of both procedural and non-procedural treatments are covered as part of this comprehensive care philosophy.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Describe how to be aware of the core biological pathways responsible for emergence and persistence of pelvic pain; 2) describe an appropriate initial workup for patients with chronic pelvic pain; and 3) prescribe therapy for chronic pelvic pain that accounts for the multidisciplinary nature of this condition.

COURSE OUTLINE

2:30 pm	Welcome, Introduction and Course Overview	
2:35 pm	An Island of One: Providing Comprehensive Multidisciplinary Pelvic Pain Therapy	*M.J. Uy-Kroh*
2:55 pm	When Pain is in Your Head: CPP and Central Sentitization	*J.D. Villegas-Echeverri*
3:15 pm	Pelvic Cross Organ Sensitization	*F.F. Tu*
3:35 pm	Pins and Needles: Exploring the Science Behind Dry Needling, Acupuncture, Trigger Point Injections and Chemodeneration in Myofascial Pelvic Pain	*E. Carey*
3:55 pm	Hysterectomy for Chronic Pelvic Pain: Is it Hype or the Best Hope?	*S. As-Sanie*
4:15 pm	Pudendal Neuralgia and Nerve Entrapment	*M. Hibner*
4:35 pm	Questions & Answers	
5:00 pm	Adjourn	

618-ENDO
Endometriosis Surgery: Tailoring Surgery for DIE: New Trends in Surgical Dissection and Re-definitions of Resection's Concept

2:30 pm – 5:00 pm
Room: 18ABC
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Charles E. Miller and Tatnai L. Burnett*
Faculty: *Leila V. Adamyan, Adrian C. Balica, Marco Antonio Bassi, Alan M. Lam*

In the song "The Gambler", singer/songwriter, Kenny Rogers states "You've got to know when to hold 'em", Know when to fold 'em. While there are circumstances, such as unrelenting pelvic pain, when aggressive excision is imperative, there are other situations, such as the patient undergoing fertility treatment, when a less aggressive approach should be considered.

This course is designed not only to provide a comprehensive review of the principles and techniques through extensive use of video for the treatment of the obliterated cul-de-sac, deep infiltrative endometriosis of the rectocervix and genitourinary system, but will also provide an update on neuroanatomy to enhance endometriosis excision outcomes as well as provide techniques to enhance long term ovarian health at time of endometrioma surgery.

In addition, and equally important, this course will review circumstances, relying on prevailing medical literature, when a less radical approach may be considered including discussion on risk/benefit.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Describe safe approaches for the treatment of the obliterated cul-de-sac, deep infiltrative endometriosis of the rectocervix and genitourinary system, and the ovarian endometrioma; 2) describe pelvic neuroanatomy and how to avoid injury at time of deep infiltrative endometriosis excision; and 3) describe circumstances when less radical endometriosis surgery should be considered..

COURSE OUTLINE

2:30 pm	Welcome, Introduction and Course Overview	
2:35 pm	Pelvic Neuroanatomy: The Necessary RoadMap to Improving Endometriosis Excision Outcomes	*A.C. Balica*
2:55 pm	Deconstructing the Obliterated Posterior Cul-de-sac	*T. L. Burnett*
3:15 pm	Laparoscopic/Robotic Management of Genitourinary Endometriosis	*A.M. Lam*
3:35 pm	The Endometrioma Decision Tree for Women with Fertility Concerns	*C.E. Miller*
3:55 pm	Retrocervical Endometriosis in Women with Infertility	*L.V. Adamyan*
4:15 pm	Advances in Techniques for Bowel Resection in Endometriosis	*M. Bassi*
4:35 pm	Questions & Answers	
5:00 pm	Adjourn	

619-ONC
Oncology for the Non-Oncologist

2:30 pm – 5:00 pm
Room: 17AB
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Audrey T. Tsunoda and Agnaldo Lopes da Silva Filho*
Faculty: *Jubilee Brown, Pedro Escobar, Nicole Fleming*

This course provides a broad review of the current oncologic principles for the non-oncologist. Application of advanced anatomical understanding in non-oncologic cases, management of endometrial and ovarian cancer cases, and ERAS protocols will be discussed and demonstrated. Evidence-based summaries and a diversity of videos will en base the rationale behind oncological cases and lessons learned for a safety and efficient general practice.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Describe how to master oncologic principles that are applicable for the general practitioner with better surgical results; 2) indicate adequate initial surgical management for adnexal masses, ovarian and endometrial cancer; and 3) perform the pelvic approach by oncologists and its usefulness in benign cases.

COURSE OUTLINE

2:30 pm	Welcome, Introduction and Course Overview	
2:35 pm	Peritoneal & Retroperitoneal Anatomy: Not Only for The Oncologist	*P. Escobar-Rodriguez*
3:00 pm	Management of the Adnexal Mass	*J. Brown*
3:25 pm	What Should Everybody Know About Ovarian Cancer?	*A.T. Tsunoda*
3:50 pm	Updates in Surgical Management Endometrial Cancer	*N. Fleming*
4:15 pm	Perioperative Enhanced Recovery Programmes for Gynaecological Cancer Patients	*A.L. Silva Filho*
4:40 pm	Questions & Answers	
5:00 pm	Adjourn	

620-URO
Urogynecology

2:30 pm – 5:00 pm
Room: 19AB
Didactic | Fee: Included in Registration

CME


Co-Chairs: *Revas Botchorishvili and Amy J. Park*
Faculty: *Leonardo Bezerra, Jonathon Solnik, Johnny Yi*

This course will review the principles and techniques underlying minimally invasive pelvic floor reconstruction for urinary incontinence and pelvic organ prolapse. This comprehensive course will review relevant pelvic anatomy, and laparoscopic and vaginal techniques to perform hysteropexy, how to optimize laparoscopic surgery for stress urinary incontinence, and how to prevent and manage complications of laparoscopic pelvic organ prolapse surgery.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Recognize with the relevant anatomy to perform surgery for urinary incontinence and pelvic organ prolapse; 2) review minimally invasive techniques to perform hysteropexy, and urinary incontinence and pelvic organ prolapse surgery; and 3) to review how to prevent and treat complications of laparoscopic prolapse surgery.

COURSE OUTLINE

2:30 pm	Welcome, Introduction and Course Overview	
2:35 pm	Laparoscopic Anatomy for the Pelvic Surgeon	*J.J. Solnik*
3:00 pm	Hysteropexy	*A. Park*
3:25 pm	Complications of Laparoscopic POP Surgery: Prevention and Treatment	*R. Botchorishvili*
3:50 pm	Tips & Tricks in Laparoscopic Surgery for Stress Urinary Incontinence	*L. Bezerra*
4:15 pm	Adopting Single Port robotics for Sacrocolpopexy	*J. Yi*
4:40 pm	Questions & Answers	
5:00 pm	Adjourn	

CME GENERAL SESSION I

OPENING CEREMONY

Sunday, November 14, 2021

5:15 pm – 6:30 pm

Ballroom D

Welcome *5:15 pm - 5:20 pm*
Ted T.M. Lee, MD, President

Introductions *5:20 pm - 5:25 pm*
Mauricio S. Abrao, MD, Scientific Program Chair

Welcome Presidents & Guests *5:25 pm - 5:30 pm*
Linda D. Bradley, MD, Medical Director

AAGL Foundation Noteworthy Awards
5:30 pm - 5:45 pm
Warren Volker, MD, PhD, FAAGL President
(See Page 38)

Honorary Address *5:45 pm - 5:55 pm*
Thomas L. Lyons, MD, MS

Presidential Address *5:55 pm – 6:15 pm*
Ted T.M. Lee, MD

Acknowledgement of Presidential Service
6:15 pm – 6:20 pm
Jubilee Brown, MD, Immediate Past President

50TH Anniversary Champagne Toast
6:30 pm – 7:00 pm
Ballroom D Foyer

FRANKLIN D. LOFFER PRESIDENTIAL ADDRESS

Breaking Barriers to Push the Surgical Envelope

Ted T.M. Lee, MD

Dr. Lee is the Director of Minimally Invasive Gynecologic Surgery of University of Pittsburgh Medical Center at Magee Women's Hospital and is current President of AAGL as part of his four-year term on the Executive Committee of AAGL.

Dr. Lee earned his medical degree from Tufts University School of Medicine in 1992 and completed his residency in Ob/Gyn at Temple University Hospital in Philadelphia. He also matriculated to the Physician Leadership and Management Program at University of Pittsburgh, School of Business.

He strongly believes in the use of surgical videos as an educational tool for advancing the art and science of minimally invasive gynecologic surgery. He was awarded multiple times for the best surgical video presentation by ACOG. He is the only five-time Golden Laparoscope Award winner for best surgical video at AAGL. His devotion as a clinician-educator is evidenced by his successful mentorship of minimally invasive surgical fellows since 2001. His fellowship has placed the highest number of fellows in major academic institutions among all AAGL MIGS Fellowships, since its inception.

Dr. Lee's practice is entirely dedicated to minimally invasive surgical options for women, as he is a firm believer that virtually all benign gynecologic surgical conditions should be treated in a minimally invasive fashion. Dr. Lee's clinical expertise includes minimally invasive surgery for the treatments of endometriosis (including severe endometriosis involving bowel, bladder, and ureter), fibroids, abnormal uterine bleeding, urinary incontinence, and pelvic organ prolapse.

Dr. Lee is a sought-after lecturer and surgeon who has taught and performed live surgeries around the world. He was featured as one the three Master Surgeons in the Steel Surgeon Event at the 2014 AAGL Global Congress. He is repeatedly nominated by his peers as the one of the "Best Doctors" in America since 2004.

HONORARY ADDRESS

Welcome Back!!

Thomas L. Lyons, MD, MS

Dr. Lyons has been an active member of the AAGL since 1981 and in that time has served in numerous leadership roles. Dr. Lyons served on the Board of Directors from 1995-1997 and was one of the first Program Directors for the AAGL Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) program. He is an active member on the AAGL Leadership Committee, a current member of The Foundation of the AAGL Board of Directors, and is a member of the ESGE, AGES, AIUM, ISGE, and SLS.

Dr. Lyons graduated with an M.S. in Clinical and Biopsychology from the University of Georgia, where he was an All-American athlete and the recipient of several prestigious college athletic awards. Going on to earn his medical degree and complete his internship and residency at the University of Colorado, Dr. Lyons financed his medical education by playing Offensive Guard for the Denver Broncos.

Dr. Thomas Lyons' clinical practice, the Center for Women's Care & Reproductive Surgery, (1993-2013), was devoted to gynecologic endoscopy, pelvic reconstructive surgery, and infertility. He also served as Clinical Associate Professor at the Augusta University/UGA Medical Partnership and as Adjunct Assistant Professor at the University of Georgia College of Veterinary Medicine.

Dr. Lyons has been a participant in numerous academic and clinical studies, he has authored more than 100 scholarly publications, and developed instrumentation that is currently in use worldwide. Eleven FMIGS Fellows have graduated from Dr. Lyons' program, including his first fellow, AAGL outgoing president Dr. Ted Lee. Having retired from active practice in December 2017, he remains dedicated to the development and teaching of minimally invasive, patient-friendly procedures to physicians worldwide.

Foundation Noteworthy Awards

5:30 pm – 5:45 pm

The Foundation of the AAGL Noteworthy Awards recognize individuals who have made significant contributions to empowering progress in minimally invasive gynecologic surgery through their innovation, leadership, and mentorship. The winners of these prestigious awards were chosen by nomination and voted on by an independent award committee.

The Leila V. Adamyan MD, PhD Innovation in Surgery and Reproductive Medicine Awards

The Leila V. Adamyan, MD, PhD, Innovation in Surgery and Reproductive Medicine Award recognizes groundbreaking achievements in the advancement of the science, practice, technolozgy, and education in gynecology and gynecologic surgery nationally, regionally, or internationally. These 2021 award winners represent five decades of innovative surgeons instrumental in the advancement of minimally invasive gynecologic surgery.

Jacques E. Hamou, MD
IRCAD, France

Phillippe R. Koninckx, MD, PhD
Gruppo Italo Belga, Leuven Belgium and Rome Italy
University of Oxford, Oxford United Kingdom
Università Cattolica del Sacro Cuore Italy and Russia

Camran R. Nezhat, MD, FACOG, FACS
Founder, Worldwide EndoMarch
Founder, Camran Nezhat Institute

Harry Reich, MD, FACOG, FRCOG, FACS
Honorary Medical Director Emeritus Endometriosis Foundation of America, USA

Arnaud Wattiez, MD
Latifa Hospital, Dubai, United Arab Emirates
IRCAD, Strasbourg, France
University of Strasbourg, France

Award Committee:
Chair: *Javier F. Magrina, MD*
Co-Chair: *Assia A. Stepanian, MD*
Anastasia Ussia, MD, Mario Malzoni, MD, Resad P. Pasic, MD, PhD

Harrith M. Hasson, MD Emerging Countries Award

The Harrith M. Hasson, MD, Emerging Countries Scholarship Award recognizes a deserving physician from a developing economy who is empowering progress in minimally invasive gynecology within their community.

Eduardo Luna Ramírez, MD
Hospital Militar de Especialidades de la Mujer y Neonatología, Mexico

Award Committee
Chair: *Shannon Cohn, JD*
Co-Chair: *Brian M. Cohen, MB ChB, MD*
Andrew I. Brill, MD, Megan Cesta, MD

Barbara S. Levy, MD, FACOG, FACS AchieveHER *NEW*

The Barbara S. Levy, MD, FACOG, FACS, AchieveHER Award recognizes women leaders in minimally invasive gynecologic surgery who have paved the way for female MIGS surgeons; served in leadership roles; and have been an influential mentor for five or more years.

Danielle E. Luciano, MD
University of Connecticut School of Medicine, USA

Award Committee
Chair: *Vadim V. Morozov, MD*
Co-Chair: *Barbara S. Levy, MD, PhD*
Bimal M. John, MD, Linda C. Yang, MD, May S. Thomassee, MD

Franklin D. Loffer, MD Exceptional Resident Award *NEW*

The Franklin D. Loffer, MD, Exceptional Resident Award recognizes a resident who demonstrates leadership qualities and an exceptional commitment to empowering progress in minimally invasive gynecologic surgery.

Danielle Ikoma, MD
University of Iowa, USA

Award Committee
Chair: *Lori L. Warren, MD*
Iwona M. Gabriel, MD, PhD, K. Warren Volker, MD, PhD, Nisse V. MD, MPH

John F. Steege, MD Mentorship Award

The John F. Steege, MD Mentorship Award recognizes outstanding AAGL members who have provided at least ten years of support and mentorship to future generations of minimally invasive gynecologic surgeons.

Marcello Ceccaroni, MD, PhD
IRCCS Sacro Cuore Don Calabria Hospital, Italy

Award Committee
Chair: *Charles E. Miller, MD*
Kathy Huang, MD, Marie Fidela R. Paraiso, MD, Michael Hibner, MD, Michael L. Sprague, MD

To learn more about the Foundation of the AAGL or to give in support of these awards, please visit www.foundation.aagl.org.

50TH Anniversary Champagne Toast

6:30 pm - 7:00 pm
Ballroom D Foyer

minerva SURGICAL
50TH ANNIVERSARY SPONSOR

Foundation of the AAGL Karaoke Party
8:30 pm - 12:00 am
Geraldine's - Hotel Van Zandt

Industry Sponsored Breakfast Symposia

6:30 am -7:45 am

Transcervical Fibroid Ablation (TFA) with Sonata: High Precision with No Incision

BALLROOM F

This morning symposium will present Transcervical Fibroid Ablation (TFA) with the Sonata® System and explore its potential use in your fibroid armamentarium. A distinguished panel of expert gynecologists who manage fibroids will discuss unmet needs in treatment of symptomatic uterine fibroids, review the latest data about this important technology, and relate their current practice experience, including optimal patient selection for this treatment modality.

Program Objective:

- Delineate unmet needs in the diagnosis and treatment of uterine fibroids
- Compare and contrast current diagnosis and treatment guidelines for uterine fibroids
- Examine the use of transcervical fibroid ablation (TFA) as an alternative to more invasive surgical treatment options
- Summarize the appropriate patient profile for TFA

Speakers:

James Greenberg, MD
Brigham and Women's Hospital
Boston, MA

Leslie Hansen-Lindner, MD
Atrium Health Charlotte
Charlotte, NC

David Levine, MD
Mercy Hospital St. Louis
St. Lous, MO

Bridging the Gap in Fibroid Treatment Options: Breakfast with the Inventor of Acessa Laparoscopic Radiofrequency Ablation

BALLROOM G

Dr. Bruce Lee will share his journey of discovery, the watershed moment Acessa Lap-RFA became a treatment option for uterine fibroids, and how it fits into a busy practice. He will explain the technology, give tips, and show key steps of the procedure via curated case footage.

Dr. Lee will be introduced by Dr. Soyini Hawkins, an early adopter, who will provide her perspective on how offering Acessa changed her practice and the lives of her patients.

Speaker:

Bruce B. Lee, MD
Newport Beach, CA

Soyini Hawkins, MD
Fibroid and Wellness Center of Georgia
Alfaratta, GA

CME GENERAL SESSION II

Monday, November 15, 2021

8:00 am – 9:30 am

BALLROOM D

AAGL MED TALK

Artificial Intelligence for Dummies: From Machine Learning to Automation Surgery

Gaby Moawad, MD

8:05 am – 8:20 am

Dr. Moawad is an Associate Professor of Obstetrics and Gynecology, Director of Gynecological Robotic Surgery and FMIGS Associate Director at George Washington University School of Medicine and Health Sciences in Washington, D.C.

After completing his undergraduate medical training at the Lebanese University, he went on to excel during his residency at The George Washington University, serving as administrative chief resident in his final year. Dr. Moawad completed an AAGL Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) at The GW Medical Faculty Associates and is a member of the gynecology team which participates in The MFA's Menstrual Disorders Center and The Pelvic Floor Center.

Dr. Moawad is a published author with specific interest in fibroids, endometriosis, and minimally invasive gynecologic procedures. He is also a Junior Fellow of the American Congress of Obstetricians and Gynecologists, and has received several awards, including the AAGL Award for Excellence in Endoscopic Surgery when he was in residency.

Dr. Moawad's AAGL Talk "AI for Dummies: From Machine Learning to Automation Surgery" will discuss how technology has been integrated into every facet of human life, and whether it is completely advantageous remains unknown, but one thing is for sure; we are dependent on technology. Medical advances from the integration of artificial intelligence, machine learning, and augmented realities are widespread and have helped countless patients. Much of the advanced technology utilized by medical providers today has been borrowed and extrapolated from other industries. There remains no great collaboration between providers and engineers, which may be why medicine is only in its infancy of innovation with regards to advanced technologic integration.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) identify the different technologies currently being utilized in a variety of surgical specialties; and 2) seek collaboration outside of the purely medical community for the betterment of all patients seeking care.

Foundation Signature Awards

8:25 am – 8:55 am *(See Page 46)*

JORDAN M. PHILLIPS KEYNOTE ADDRESS

Deconstructing and Reconstructing the Patient

Linda G. Griffith, PhD
8:55 am – 9:25 am

What are the frontiers in drug development for gynecological disorders? The field is moving beyond biomarkers to first deconstructing the patient, analyzing signaling networks to find mechanistic insights into how groups of patients present differently, and then to reconstructing the patient in the lab using organoids, tissue engineering, and organs-on-chips to test new disease targets and drug efficacy. Move over mice!

A pioneer in tissue engineering, Linda G. Griffith, PhD, is Professor of Biological and Mechanical Engineering and MacVicar Fellow at MIT where she directs the Center for Gynepathology Research. Dr. Griffith's research focus are the ground-breaking developments in tissue engineering, and organs-on-chips and the integration of these platform technologies with systems biology to humanize drug development. Dr. Griffith has chaired numerous scientific meetings, including the Keystone Tissue Organoids Conference and has co-chaired the Open Endoscopy Forum at MIT annually since 2015.

Join Professor and Pioneer, Linda G. Griffith, PhD for a groundbreaking presentation on the future of gynecologic care.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Identify the strengths and limitations of genomic sequencing approaches for developing new drug targets in chronic inflammatory diseases (like endometriosis and adenomyosis), and how such approaches dovetail with systems immunology approaches to define targets in patient subgroups; 2) describe state of the art methods for replicating the patient using in vitro models of uterine disorders, used for disease modeling and drug target validation; 3) describe the current strengths and weaknesses of humanized models of gynecological disorders involving organs-on-chips.

Refreshment Break and Virtual Posters
9:30 am - 11:00 am

Box Lunches and Virtual Posters
12:30 pm - 2:00 pm

Exhibit Hall 4

Foundation Signature Awards

8:25 am – 8:55 am

The Foundation of the AAGL takes great pride in presenting Signature Awards to the "best of the best" selected by our award committees. The authors of the top scoring abstracts were asked to submit a full manuscript or video for scoring by an independent committee of up to five physicians. The top scoring manuscripts and a video were selected for award and will be presented throughout the Congress.

Signature Awards will be presented during General Session II on November 15, 2021, 8:00 AM (CDT) – 9:30 AM (CDT).

The Foundation of the AAGL Signature Awards are supported through the generous donations received by our endowed funds and industry sponsors. We thank everyone who submitted their research for consideration for presentation and would like to congratulate the 2021 award winners.

Jay M. Cooper Award

Best Paper on MIGS by a Fellow

Supported by the Jay M. Cooper Endowment

Presented in: Open Communications 11, Laparoscopy, 11:00 am, Room: 16AB

Very Low Rates of Ureteral Injury in Laparoscopic Hysterectomy Performed by Fellowship-Trained Minimally Invasive Gynecologic Surgeons

Shabnam Gupta, MD
Louise King, MD, JD
Mobolaji Ajao, MD, MPH
Jon Einarsson, MD, MPH
Brigham and Women's Hospital, Boston, MA
Beth Israel Deaconess Medical Center, Boston, MA

Award Committee
Chair: Hye-Chun Hur, MD
Co-Chair: K. Warren Volker, MD, PhD
Matthew Hopkins, MD, Nutan Jain, MD, Adi Katz, MD

Jerome J. Hoffman Award

Best Paper Submitted by a Resident or Fellow

Supported by the Jerome J. Hoffman Endowment

Presented In: Plenary 5, Fibroids, 2:00 pm, Room: 16AB

Decreased Complications and Reoperations with Minimally Invasive Myomectomy: A Population-Based Cohort

Sarah Simko, MD
Kai Dallas, MD
Andrea Molina, MD
Matthew Siedhoff, MD, MSCR
Kelly Wright, MD
Jennifer Anger, MD
Mireille Truong, MD
Adventist Health White Memorial, Los Angeles, CA
Cedars Sinai Medical Center, Los Angeles, CA

Award Committee
Chair: Karine Lortie, MD
Co-Chair: K. Warren Volker, MD, PhD
Erin Carey, MD, Shana Miles, MD, Timothy Deimling, MD, MS

Robert B. Hunt Award

Best Paper Published in JMIG (September 2020-August 2021)

Supported by the Robert B. Hunt Endowment

Addition of Lidocaine to the Distension Medium in Hysteroscopy Decreases Pain During the Procedure–A Randomized Double-Blind, Placebo-Controlled Trial

Oshri Barel, MD, MHA
Elad Preuss, MD
Natan Stolovitch, MD
Shiri Weinberg, MD
Eran Barzilay, MD, PHD
Moty Pansky, MD
Ben Gurion University of the Negev, Be'er Sheva, Israel

Award Committee
Chair: Tommaso Falcone, MD
Co-Chair: Gary Frishman, MD
Jason Abbott, B Med (Hons), PhD, David Boruta II, MD, Rosanne Kho, MD, Antonio Setubal, MD, Mireille Truong, MD

Jordan M. Phillips Award

Best Research Paper on MIGS

Supported by the Jordan M. Phillips Endowment

Presented In: Open Communications 12, Research, 11:00 am, Room: 17AB

Non-Contraceptive Progestins and Risk of Venous Thromboembolism: A Nested Case-Control Study of the Marketscan Databases

Richard Cockrum, MD
Jackie Soo, ScD
Sandra Ham, MS
Kenneth Cohen, MD
Shari Snow, MD
University of Chicago Medicine, Chicago, IL

Award Committee
Chair: Amanda Yunker, DO, MSCR
Co-Chair: Joseph Gobern, MD, MBA
Pietro Bortoletto, MD, Lara Harvey, MD, MPH, Emad Mikhail, MD

Golden Hysteroscope Award

Best Paper on Hysteroscopy

Supported by an Educational Grant from Olympus America, Inc.

Presented In: Plenary 6, Hysteroscopy, 3:15 pm, Room: 16AB

Changes in the Expression of Endometrial Receptivity Genes after Hysteroscopic Metroplasty in Infertile Women with Uterine Malformation

Attilio Di Spiezio Sardo, MD, PhD
Maria Chiara De Angelis, MD
Brunella Zizolfi, MD, PhD
Virginia Foreste, MD
Alessandra Gallo, MD
Alfonso Manzi, MD
Giuseppe Bifulco, MD, PhD
University of Naples Federico II, Naples, Italy

Award Committee
Chair: Jose Carugno, MD
Co-Chair: John Sunyecz, MD
Sergio Haimovich, MD, Christina Salazar, MD

Golden Laparoscope Award

Best Surgical Video on MIGS

Supported by an Educational Grant from Olympus America, Inc.

Presented in: Plenary 1, Laparoscopy, 11:00 am, Room: 16AB

Laparoscopic Repair of Colo-Ovarian Fistula

Eung-Mi Lee, MD, MBA
Christine Foley, MD
Ted T.M. Lee, MD

Magee Womens Hospital, University of Pittsburgh Medical Center, Pittsburgh, PA
University of Pittsburgh, Providence, RI

Award Committee
*Chair: Suketu Mansuria, MD**
Co-Chair: Shanti Mohling, MD
Nicholas Fogelson, MD, Michelle Louie, MD, Ido Sirota, MD

**Dr. Suketu Mansuria recused himself from grading the videos for the Golden Laparoscope Competition because of his position at Magee Womens Hospital, University of Pittsburgh, Pittsburgh, PA.*

Daniel F. Kott Award

Best Paper on New Instrumentation or Technology on MIGS

Supported by the Daniel F. Kott Fund

Presented In: Virtual Poster

Operative Planning for Pelvic Floor Disorders: Comparing Treatment Plans During a Telehealth Visit and an In-Person Visit

Elizabeth Braxton, MD
Smitha Vilasagar, MD
Megan Tarr, MD, MS
Erinn Myers, MD
Atrium Health Women's Center for Pelvic Health, Charlotte, NC

Award Committee
Chair: Jon Einarsson, MD, MPH
Co-Chair: Kristinell Keil, MD
Peter Rosenblatt, MD, Ralph Turner, MD, Amanda Yunker, DO, MSCR

Kurt K.S. Semm Award

Best Paper on Laparoscopic Surgeries

Supported by the Kurt K.S. Semm Fund

Presented In: Plenary 1, Laparoscopy, 11:00 am, Room: 17AB

Does Gas Insufflation During Gynecologic or Urologic Oncologic Laparoscopy Cause Dissemination of Malignant Cells

Yossi Tzur, MD
Nadav Michaan, MD
Ido Laskov, MD
Aviad Cohen, MD
Dan Grisaru, MD
Avi Beri, MD
Tel Aviv Sourasky Medical Center, Tel Aviv, Israel
Tel Aviv University, Tel Aviv, Israel

Award Committee
Chair: Amy Broach, MD
Co-Chair: Thomas Lyons, MD, MS
Liselotte Mettler, MD, Michelle Louie, MD, Jonathan Song, MD

IRCAD Award

Excellence in Education

Supported by an Educational Grant from KARL STORZ Endoscopy-America, Inc.

Presented in: Open Communications 3, Basic Science, 11:00 am, Room: 17AB

Levator Ani Trigger Point Injections and Chemodenervation with Onabotulinum Toxin a: An Introduction and How-to Guide

Jacqueline Wong, MD
Asha McClurg, MD
Erin Carey, MD, MSCR
University of North Carolina, Chapel Hill, NC
Oregon Health and Science University, Portland, OR

Award Committee
Chair: Audrey Tsunoda, MD
Co-Chair: Vadim Morozov, MD
Joseph Hudgens, MD, Deirdre Lum, MD, James Casey, MD

JMIG Editorial Board Award

Best Video Published in JMIG September 2020 to August 2021

Considerations for the Surgical Management of Diaphragmatic Endometriosis

Miguel Luna Russo, MD
Mark Dassel, MD
Daniel Raymond, MD
Elliott Richards, MD
Tommaso Falcone, MD
Cara King, DO, MS
Cleveland Clinic, Cleveland, Ohio
Cleveland Clinic London, London, United Kingdom

Award Committee
Chair: Gary Frishman, MD
Co-Chair: Jason Abbott, B Med (Hons), PhD
David Boruta II, MD, Antonio Setubal, MD, Mireille Truong, MD

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1971 ★ 2021

Plenary 1
Laparoscopy

11:00 am – 12:30 pm
Room: 18ABC

***Moderators**: Justin Clark, Kate A. O'Hanlan*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:04 am	Approach to the Laparoscopic Excision of Bladder Endometriosis *D. Nguyen*
11:11 am	Decreasing Utilization of Minimally Invasive Hysterectomy for Cervical Cancer in the United States *K. Ciesielski*
11:18 am	Does Gas Insufflation during Gynecologic or Urologic Oncologic Laparoscopy Cause Dissemination of Malignant Cells *Y. Tzur*
11:25 am	Go Wide before Closing in: A Safe Approach to Minimally Invasive Hysterectomy for a Large Broad Ligament Leiomyoma *P. Katebi Kashi*
11:32 am	Laparoscopic Management of Cesarean Scar Pregnancy *E. Crihfield*
11:39 am	Laparoscopic Posterior Inferior Mediastinal Prone Position Lymphadenectomy for Recurrent Gynecologic Carcinoma *B. Azevedo*
11:46 am	Laparoscopic Repair of Colo-Ovarian Fistula *E. Lee*
11:53 am	Laparoscopic Technique for Extraction of Large Abdominopelvic Masses *K. Ambacher*
12:00 pm	Minimally Invasive Management of Second Trimester Placenta Percreta *S. Mathur*
12:07 pm	Pelvic Nerves in Laparoscopy: A Review of Anatomy and Approach to Dissection *S. Gupta*
12:14 pm	Questions & Answers
12:30 pm	Adjourn

Open Communications 1
Endometriosis

11:00 am – 12:30 pm
Room: 12AB

***Moderators:** Adrian C. Balica, Kristen J. Sasaki*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:03 am	A Case of Small Bowel Obstruction Following Appendectomy *N. Afuape*
11:09 am	Can Transvaginal Ultrasound Features Predict the Need for Laparoscopic Ureterolysis in Women with Suspected Endometriosis? *B. Tharmarajah*
11:15 am	Comparing Characteristics and Postoperative Outcomes of Hysterectomy for Endometriosis Versus Other Benign Indications: A NSQIP Study *K. Stewart*
11:21 am	Near Infrared Imaging with Indocyanine Green for Resection of Diaphragmatic Endometriosis *C. Pickett*
11:27 am	Pre-Operative Risk Factors for Anastomotic Leak after Bowel Resection for Endometriosis *T. Gaughan*
11:33 am	Rectal Shaving in Stage IV Endometriosis *A. Quevedo*
11:39 am	Recurrent Hemorrhagic Ascites in Endometriosis: A Case Series and Systematic Review *K. Searle*
11:45 am	Suburethral Endometriosis as a Clinical Finding of Extensive Disease: A Case Report and Review of Literature *Y. Youssef*
11:51 am	Surgical, Mechanical, and Chemical Identification of the Ureter in Complex Pelvic Surgeries *J. Woo*
11:57 am	Temporary Uterine Artery Occlusion and Surgical Techniques for Stage 4 Endometriosis *A. Elfeky*
12:03 pm	Transrectal High-Intensity Focused Ultrasound for the Management of Rectosigmoid DEEP Infiltrating Endometriosis *G. Dubernard*
12:09 pm	Excision of a Deeply Infiltrating Endometriosis Nodule and Neuroma Involving the Sacral Nerve Root Plexus Adjacent to the Ischial Spine *J. Hudgens*
12:15 pm	Questions & Answers
12:27 pm	Adjourn

Open Communications 2
Fibroids

11:00 am – 12:30 pm
Room: 16AB

***Moderators:** Matthew R. Hopkins, Mireille D. Truong*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:04 am	Cervical Fibroid Myomectomy *S. Sunkara*
11:10 am	Laparoscopic Myomectomy: Surgical Tips and Tricks *J. Savoni*
11:16 am	Pregnancy Outcomes Following Minimally Invasive Vs Open Myomectomy *M. McHale*
11:22 am	Radiofrequency Ablation of Uterine Fibroids and Pregnancy Outcomes: An Updated Review of the Literature *M. Polin*
11:28 am	Robotic Assisted Total Laparoscopic Hysterectomy for Complex Uteri with Cervical Fibroids: Tips and Tricks with an ABC Approach *M. Shu/P. Piekos*
11:34 am	Surgical Considerations in Parasitic Fibroid Excision *K. Denny*
11:40 am	Systematic Review of Outcomes after Radiofrequency Ablation for Fibroids: An AAGL Practice Committee Evidence Review *K. Kho*
11:46 am	The Association between Patient Body Mass Index and Initial Procedure Performed as Treatment of Fibroid *K. Chaves*
11:52 am	The Impact of Race/Ethnicity on Use of Minimally Invasive Surgery for Fibroids *R. Schneyer*
11:58 am	The True Fibroid Map: Correlating Preoperative MRI and Intraoperative Findings *A. Chitkara*
12:04 pm	Transcervical Radiofrequency Ablation of Uterine Fibroids Global Registry (SAGE): Study Protocol and Preliminary Results *L. Christoffel*
12:10 pm	Vascular Control during Robotic Myomectomy for 13cm Broad Ligament Fibroid *L.A. Hackworth*
12:16 pm	Questions & Answers
12:28 pm	Adjourn

Open Communications 3
Basic Science

11:00 am – 12:30 pm
Room: 17AB

Moderators: Kristinell Keil, Fariba Mohtashami

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:04 am	A Communication Tool for Uterine Manipulation: Surgical View Standardization and Simulation Communication Training *T. Khalife*
11:10 am	Complicated Laparoscopic Trachelectomy Following Supracervical Hysterectomy *T. Sutaria*
11:16 am	Histological and Immunohistochemical Assessment of Ovarian Tissue and Endometrium in Patients with Diminished Ovarian Reserve *V. Dementyeva*
11:22 am	Le Fort Colpocleisis *M. Schwartz*
11:28 am	Left Upper Quadrant Entry: Tips and Tricks for Success *R. Young*
11:34 am	Levator Ani Trigger Point Injections and Chemodenervation with Onabotulinum Toxin a: An Introduction and How-to Guide *J. Wong*
11:40 am	Linguistic Differences by Gender in Letters of Recommendation for Minimally Invasive Gynecologic Surgery Fellowship Applicants *E. Tappy*
11:46 am	Magnetic Resonance Imaging (MRI): Basics for the Gynecologist *T. Brah*
11:52 am	The Leadership Landscape: Characteristics of Current Faculty in Leadership Positions in Obstetrics and Gynecology Departments *D. Das*
11:58 am	The Use of 3D Motion Capture for the Quantitative Assessment of Surgical Tool Motion in Expert Laparoscopic and Naïve Surgeons *C. Jago*
12:04 pm	Trends in Residents Volume and Route of Hysterectomy after the Implementation of a Minimally Invasive Gynecologic Oncology Program *P. Mojica-Claudio*
12:10 pm	Pelvic Neuroanatomy Learning from Fresh Frozen Cadaveric Dissections: Overview of Commonly Encountered Pelvic Nerves in Neuropelveology *K. Kanno*
12:16 pm	Questions & Answers
12:28 pm	Adjourn

Surgical Tutorial 1
Adenomyosis

2:00 pm – 3:00 pm
Room: 18ABC
CME


Co-Chairs: *Jason A. Abbott and Karen Wang*
Faculty: *Grigoris F. Grimbizis, Sony Singh*

This course addresses the surgical issues associated with adenomyosis. The frequent occurrence of co-existing pathologies requires detailed diagnosis and consideration of modalities for diagnosis and management of both adenomyosis and other disease states. Sonography, MRI and additional diagnostic techniques will be considered. Surgical techniques for adenomyosis will vary depending on location of disease, with localised and more wide-spread pathology presenting variations that need to be approached with differing methods. Video guides, key touchpoints to reduce risk and demonstration of a variety of options and tools to assist in the surgical management of adenomyosis will be presented. Surgery with fertility preservation as a focus will be discussed and the issues and limitations around evidence and outcomes for intervention presented. How surgical staging systems can he improved into the future to aid in patient-centered outcomes will be discussed.

Learning Objectives: *At the conclusion of this activity, the participant will be able to:* 1) Describe the options for diagnosis of adenomyosis with an emphasis on the extent of disease and co-existing pathologies; 2) choose a surgical approach that is appropriate to the pathology and aligned with the patient's outcomes and objectives; and 3) discuss the issues and limitations in current surgical and other staging systems for adenomyosis.

COURSE OUTLINE

2:00 pm	Welcome and Introduction *J. Abbott/K. Wang*
2:05 pm	Diagnosis and Co-management of Adenomyosis *S. Singh*
2:15 pm	Surgical Management of Diffuse Adenomyosis *G.F. Grimbizis*
2:25 pm	Surgical Management of Localised Adenomyosis (Adenomyoma) *K. Wang*
2:35 pm	Surgical Staging Systems and Outcomes *J. Abbott*
2:45 pm	Questions & Answers
3:00 pm	Adjourn

Panel 1
What is the Best Treatment for Ovarian Endometrioma?

2:00 pm – 3:00 pm
Room: 12AB
CME

Chair: *Francisco Carmona Herrera*
Faculty: *Massimo Candiani, Ludovico Muzii*

Ovarian endometriomas are one of most the frequently encountered forms of endometriosis as they are found in up to 40% of women with endometriosis. However, their treatment is still controversial as it may affect not only ovarian physiology and ovarian reserve, but also spontaneous or after IVF/ICSI conception rates may be decreased and pregnancy outcomes impaired. This session will provide a close overview of the available treatments for this entity, discussing which is the best treatment in case of associated infertility and describing the endometrioma's ablative surgery, the most promising current technique of treatment.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Discuss the different available treatments for ovarian endometrioma; 2) distinguish the best treatment for a infertile patient with ovarian endometrioma; and 3) explore the rationale and surgical basis of ablative treatment for endometrioma.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:05 pm	Ovarian Endometrioma: Overview of the Different Available Treatments *F. Carmona Herrera*
2:20 pm	Endometrioma's Ablative Surgery *M. Candiani*
2:35 pm	What is the Best Treatment in Case of Associated Infertility? *L. Muzii*
2:50 pm	Questions & Answers
3:00 pm	Adjourn

Plenary 2
Oncology

2:00 pm – 3:00 pm
Room: 16AB

Moderator: *Mario M. Leitao, Susan C. Tsai*

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:04 pm	Laparoscopic Extraperitoneal Total Retroperitoneal Dissection- the Right Approach *M. Andou*
2:11 pm	Lymphadenectomy, Sentinel Node Mapping Plus Backup Lymphadenectomy and Sentinel Node Mapping Alone in Endometrial Cancer *G. Bogani*
2:18 pm	Minimally Invasive Surgery in High-Grade Endometrial Carcinoma and Risk for Local Recurrence: An Israeli Gynecology Oncology Group Study *G. Levin*
2:25 pm	Retrograde Ureteral Indocyanine Green Injection at the Time of Pelvic Lymph Node Debulking for Metastatic Cervical Cancer *T. Horton*
2:32 pm	Robot Debulking of Right Pelvic Lymph Nodea 360-Degree Approach *S. Varma*
2:39 pm	Robotic Resection of Isolated Ovarian Cancer Recurrence in the Lesser Sac *M. Worley*
2:46 pm	Questions & Answers
3:00 pm	Adjourn

Open Communications 4
Hysteroscopy

2:00 pm – 3:00 pm
Room: 17AB

Moderator: *Ted L. Anderson, Stephanie N. Morris*

COURSE OUTLINE

2:00 pm	Complete Longitudinal Vaginal Septum Resection and Hysteroscopic Metroplasty *D. Acosta*
2:06 pm	Complicated Hysteroscopic Removal of Retained IUD Fragment *L. Palacios-Helgeson*
2:12 pm	Hysteroscopic Removal of Foreign Body *J. Arun*
2:18 pm	Management of Retained Products of Conception with Office Hysteroscopy *H. Haber*
2:24 pm	One Stop Menstrual Disorders Clinic: Introduction of a New Service *R. Parsonson*
2:30 pm	Operative Hysteroscopic Management of Persistent Retained Products of Conception *C. Ritchie*
2:36 pm	Primary Hysteroscopic Treatment of Early Pregnancy Loss *R. Kmetz*
2:42 pm	Role of Embryoscopy in Patients with Missed Abortion. A Preliminary Experience *S. Artazcoz*
2:48 pm	Questions & Answers
3:00 pm	Adjourn

Plenary 3
Robotics

3:15 pm - 4:15 pm
Room: 17AB

Moderator: *Erinn Myers, Robert K. Zurawin*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:19 pm	Multiquadrant Robotic Assisted Primary Cytoreduction for Stage III C Ovarian Cancer Part I Complete Omentectomy Right Diaphragm Stripping *P. Lim*
3:26 pm	Multiquadrant Robotic Assisted Primary Cytoreduction for Stage III C Ovarian Cancer Part II Modified Posterior Exenteration *P. Lim*
3:33 pm	Robotic Radical Hysterectomy with Vaginal Cerclage without Uterine Manipulator: Novel Technique, Feasibility, and Oncologic Outcomes *R. Lim*
3:40 pm	Robotic Resection of Retroperitoneal Pelvic Tumor *M. Vieira*
3:47 pm	Robotic Trachelectomy for Cervical Myoma after Partial Hysterectomy *M. Corinti*
3:54 pm	Robotic-Assisted Uterus Retrieval from Living Donor for Uterine Transplantation: First Case in Brazil *M. Vieira*
4:01 pm	Questions & Answers
4:15 pm	Adjourn

Panel 2

RF Frequency Ablation of Uterine Fibroids - The New Frontiers

3:15 pm – 4:15 pm
Room: 12AB
CME

Chair: *Kimberly A. Kho*
Faculty: *Jessica A. Shepherd, Craig J. Sobolewski*

To discuss the use of radiofrequency ablation technology for the treatment of uterine disorders. We will provide a review of the technology, its development for applications in gynecology, and provide an update of outcomes data. High volume surgeons will share their experiences with RF fibroid ablation and provide practical tips for implementation into our treatment armamentarium

Learning Objectives: *At the conclusion of this activity, the participant will be able to:* 1) Specify radiofrequency ablation technology and its applications in gynecologic surgery; 2) discuss the most recent clinical outcomes data for laparoscopic and transvaginal radiofrequency; and 3) review surgical tips and tricks and best practices for implementation into a comprehensive fibroid treatment program.

COURSE OUTLINE

3:15 pm	Welcome and Introduction *K.A. Kho*
3:20 pm	The Need for Alternative/Non-extirpative Options for Fibroid Management *K.A. Kho*
3:35 pm	Technology Review and Surgical Tips/Tricks/ Insights *C.J. Sobolewski*
3:50 pm	The Patient Experience and Integrating RF Ablation into Practice *J.A. Shepherd*
4:05 pm	Questions & Answers
4:15 pm	Adjourn

Debate 1

Prolapse Surgery: Native Tissue Repair vs Mesh?

3:15 pm – 4:15 pm
Room: 16AB
CME

Chair: *Andrew I. Sokol*
Faculty: *Peter Rosenblatt (MESH) vs Cheryl B. Iglesia (NATIVE TISSUE)*

There has been much debate over the past several years about the outcomes of native tissue repairs versus mesh augmented repairs. FDA action, with the removal of vaginal mesh kits from the market, has re-focused attention on outcomes of native tissue repairs. However, graft augmentation is still in use, and recent studies have called into question the FDA's actions prior to the completion of mandated surgical trials.

Learning Objectives: *At the conclusion of this activity, the participant will be able to:* 1) Understand the most up-to-date evidence regarding the use of transvaginal mesh; 2) describe current FDA-approved uses of synthetic mesh in pelvic reconstructive surgery; and 3) Discuss current medical society positions on the use of synthetic grafts in pelvic reconstructive surgery.

Surgical Tutorial 2

Surgeons in Harm: Bladder, Ureters and Endometriosis in a Deadly Embrace

3:15 pm – 4:15 pm
Room: 18ABC
CME

Co-Chairs: *Jon I. Einarsson and Filipa Osorio*
Faculty: *Ted Lee, Anna Novosad*

This highly interactive session will allow for the liberal use of videos in describing the management of severe endometriosis.

Learning Objectives: *At the conclusion of this activity, the participant will be able to:* 1) Discuss different management options for severe endometriosis; and 2) discuss the latest medical protocols and surgical techniques for the management of patients with severe endometriosis.

Each Speaker will present a 10-minute talk on their approach to Endometriosis of the Bladder and Ureter My Approach

COURSE OUTLINE

3:15 pm	Welcome and Introduction *J. Einarsson*
3:20-3:30 pm	Endometriosis of the Bladder and Ureter My Approach *F. Osorio*
3:30-3:40 pm	Endometriosis of the Bladder and Ureter My Approach *T. Lee*
3:40-3:50 pm	Endometriosis of the Bladder and Ureter My Approach *A. Novosad*
3:50-4:00 pm	Endometriosis of the Bladder and Ureter My Approach *J. Einarsson*
4:00 pm	Panel Discussion - Questions & Answers
4:15 pm	Adjourn

CME **GENERAL SESSION III**

Monday, November 15, 2021

4:30 pm – 6:30 pm

BALLROOM D

AAGL MED TALK

Office Hysteroscopy: Seeing Is Believing. A Manifesto For Change

Linda D. Bradley, MD

4:35 pm - 4:50 pm

Dr. Bradley is an internationally recognized gynecologic surgeon, known for her expertise and innovation. Having attained her medical degree from the University of Cincinnati College of Medicine her focus lies in the areas of diagnostic and operative hysteroscopy, saline infusion sonography, endometrial ablation, alternatives to hysterectomy, long-term contraception (intrauterine devices and hormonal contraception) hysteroscopic sterilization, women's wellness, and the evaluation of abnormal uterine bleeding

Dr. Bradley has published numerous journal articles and has performed several live telesurgery procedures for national and international meetings. In 2018 she was invited by the American College of Obstetrics and Gynecology to perform the first operative hysteroscopic procedure in Addis Ababa, Ethiopia.

A Professor of Surgery at the Cleveland Clinic Lerner College of Medicine at Case Western Reserve University and Vice Chair of the Obstetrics, Gynecology, and Women's Health Institute at the Cleveland Clinic, her clinical work includes Director of the Center for Menstrual Disorders, Fibroids and Hysteroscopic Services.

Dr Bradley holds innumerable publication and teaching awards, serves in many leadership positions in national organizations and is a past President and current Medical Director of the AAGL.

Dr. Bradley's AAGL MED Talk "Office Hysteroscopy: Seeing is Believing, A Manifesto For Change" is a manifesto providing the compelling reasons for embracing office hysteroscopy in your clinical practice. It will describe the imperatives, necessity and urgency of acquiring the necessary tools, techniques, and skills needed to embrace office hysteroscopy. Dispelling myths, providing myriad indications for hysteroscopy, this session will leave you ready to set a due date to get started and motivate you to incorporate more procedures in your practice. Why wait?

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Describe the imperatives, necessity, and urgency of performing hysteroscopy in your office; 2) Dispel the myths often associated with office hysteroscopy; and 3) Determine how you will get started and your due date for starting office hysteroscopy.

Live Cadaveric Uterine Harvest and Transplant

Shailesh Puntambekar, MD
4:50 pm - 6:30 pm

Dr. Puntambekar is Managing Director and Consultant Oncosurgeon at Galaxy CARE Multispeciality Hospital specializing in laparoscopic cancer surgery in Pune, India. Considered a leading expert in Laparoscopic Pelvic Surgery and Gynecological Cancer Surgery, Dr. Puntambekar developed laparoscopic radical hysterectomy for cervical cancer known the world over as the "Pune Technique" and his lectures on Pelvic Anatomy have been widely acknowledged for the newer concepts in Pelvic Anatomy.

As the first robotic Oncosurgeon in India, Dr. Puntambekar has performed more than 400 robotic surgeries and has been invited to perform live surgical workshops in many countries around the world, including England, France, Italy, Israel, Australia, South Africa, and Greece to name a few. Dr. Puntambekar currently serves on the AAGL Board of Directors as the International Secretary and is also a member of the AAGL Oncology Committee. He is also a four-time recipient of AAGL's Golden Laparoscope Award presented for the best surgical video. And he won the Kurt Semm Award given annually to recognize the Best Abstract on Laparoscopic Surgery.

Dr. Puntambekar's AAGL Talk provides a step-by-step guide to a transplanted uterus. This procedure offers hope to women with Absolute Uterine Factor Infertility (AUFI) and a chance at motherhood.

Laparoscopic retrieval of the uterus from a donor provides longer pedicle lengths; better ligation of branches of the uterine artery; shorter surgical time and lesser morbidities for donor surgery. The patient benefits with improved vascular anastomoses, in turn, reducing chances of rejection. Longer pedicles help in attaining resemblance to natural supports of the uterus. Laparoscopic retrieval helps in better visualization, and replicable steps to all young aspirants. All these benefits aid in quicker recovery of both donor and the patient.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Demonstrate and discuss the procedures for uterus transplantation and general issue.

Welcome Reception in Exhibit Hall 4

6:30 pm – 8:30 pm

Our exhibitors are ready to reconnect at this formal opening of the 50th AAGL Global Congress. Join us for hosted bars, hors d'oeuvres, lively conversation, and networking with colleagues.

Industry Sponsored Breakfast Symposia

6:30 am -7:45 am

vNOTES: The Technique Every MIGS Surgeon Should Know

BALLROOM G

This vNOTES symposium offers insight into the use of this modern MIGS technique for general, complex, urogynecology and oncology cases. An expert panel will share their diverse experience, the most recent literature, and procedural videos that demonstrate the benefits and positive patient outcomes of vNOTES. Don't miss out on this opportunity to engage with a knowledgeable panel on their adoption of this versatile and contemporary approach to vaginal surgery that every MIGS surgeon should know.

Moderators:

Cheryl Iglesia, MD
MedStar Health, Georgetown University School of Medicine
Washington, DC

Grover May, MD, FACOG
State of Franklin Healthcare Associates,
ETSU College of Medicine
Johnson City, TN

Speakers:

Jan Baekelandt, MD, PhD
AZ Imelda Hospital
Bonheiden, Belgium

Alexander Burnett, MD
Winthrop P. Rockefeller Cancer Institute,
University of Arkansas for Medical Sciences
Little Rock, AR

Cihan Kaya, MD, MSc
Haseki Training and Research Hospital
Istanbul, Turkey

Erin Miller, DO
OB/GYN Berkeley Medical Center
Martinsburg, WV

Erica Stockwell, DO, MBA
AdventHealth Celebration
Celebration, FL

Evolving Treatment Paradigm: A Medical Alternative for Uterine Fibroids-Associated Heavy Menstrual Bleeding

BALLROOM F

Join us for a lively panel discussion on a medical alternative for your patients with heavy menstrual bleeding associated with uterine fibroids (UF). This interactive symposium will strengthen your current knowledge of UF, provide an overview of a medical management option for heavy menstrual bleeding associated with UF, and review typical patient cases for your clinical consideration.

Speakers:

Sukhbir Sony Singh, MD, FRCSC, FACOG
Ottawa Hospital Research Institute, The Ottawa Hospital
Ottawa, CAN

Ayman Al-Hendy, MD, PhD, FRCSC, FACOG, CCRP
University of Chicago
Chicago, IL

Obianuju Sandra Madueke Laveaux MD, MPH
University of Chicago
Chicago, IL

AAGL
ELEVATING GYNECOLOGIC SURGERY

18th International Global Congress on MIGS

in conjunction with

Endometriosis2023

Chair **Mario Malzoni** (Italy)
Co-Chair **Mauricio S. Abrão** (Brazil)

May 7-10, 2023
Rome - Italy

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CME **GENERAL SESSION IV**

Tuesday, November 16, 2021

8:00 am – 9:30 am

BALLROOM D

AAGL MED TALK

The Rock and Roll rEvolution of Laparoscopic Surgery

Marcello Ceccaroni MD, PhD
8:05 am - 8:20 am

Dr. Ceccaroni started his journey in MIGS 20 years ago, completing his residency in Obstetrics and Gynecology in at the University of Bologna, earning his PhD Degree at the Catholic University of the Sacred Heart in Rome, Italy, with a specific interest in Molecular Pathology in Gynecologic Oncology. From 2004 to 2007 he worked as Consultant at the Department of Obstetrics and Gynecology, Sacro Cuore - Don Calabria Hospital in Verona, Italy, where from 2007-2014 he served as Director of the Gynecologic Oncology and Minimally Invasive Pelvic Surgery Unit. Currently, Dr. Ceccaroni is Head of the Department of Obstetrics and Gynecology, Gynecologic Oncology and Minimally Invasive Pelvic Surgery, Sacro Cuore, Don Calabria Hospital.

Known internationally for his research, Dr. Ceccaroni's pioneering work on cadavers led him to discover some once hidden neural pathways of the female pelvis, which led to a nerve-sparing laparoscopic technique for pelvic cancers and eradication of deep endometriosis with rectal and parametrial resection. This groundbreaking method is recognized worldwide as "The Negrar Method". He is the author of numerous publications in international peer-reviewed scientific journals and from January 2017 to December 2018, was a member of the Board of Directors of AAGL.

Dr. Ceccaroni's AAGL Talk "The Rock and Roll rEvolution of Laparoscopic Surgery" highlights the evolution of laparoscopic surgery through the last decades. The parallelism with rock and roll music is intuitive because both laparoscopy and rock were initially fought by the traditionalist "wings" of surgeons and musicians, but the strength of innovation finally conquered even the most skeptical. Laparoscopy, just like rock and roll music, is a visual art that can broadcast messages on the stage at events like the AAGL Global Congress.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) understand the parallel between the evolutionary principles, visions, and messages of rock and roll and laparoscopic surgery both technically and philosophically; and 2) Recognize that advances in healthcare technology are nothing if not lead by a keen surgeon who, just like the front man of a rock and roll band, has to guide the scope and his surgical team in the human body to heal complex diseases, such as gynecological malignancies and deep endometriosis with a radical but harmonic and low-impact approach.

Refreshment Break and Virtual Posters
9:30 am - 11:00 am

Box Lunches and Virtual Posters
12:30 pm - 2:00 pm

Exhibit Hall 4

My Journey with Endometriosis

Mauricio S. Abrão, MD, PhD
8:20 am – 8:40 am

Mauricio S. Abrao, MD, earned his PhD degree in gynecology and obstetrics at the University of São Paulo, Brazil, in 1996, defending a thesis on the evaluation of CA-125 II, C-reactive proteins, serum amyloid A, and anticardiolipin antibodies in the diagnosis of pelvic endometriosis. His life's work has been dedicated to developing studies and treatment options for endometriosis-related pelvic pain and infertility through a multidisciplinary approach and is in continuous search for advancement in this area.

During his career Dr. Abrão has published over 160 papers. One of these papers (Endometriosis Lesions that Compromise the Rectum Deeper than the Inner Muscularis Layer have more than 40% of the Circumference of the Rectum Affected by the Disease), presented at the AAGL meeting in Washington DC in November 2007, received the Carlo Romani Award for the best paper on endometriosis and has since been cited in numerous publications.

Since completing his residency in 1989 at the Teaching Hospital of the University of São Paulo, Dr. Abrão has been Head of the Endometriosis Unit situated within the Department of Obstetrics and Gynaecology. He is the Founder and was President of the Brazilian Society of Endometriosis and Minimally Invasive Gynaecology from 2008 to 2013 and in 2014 was the President of the 12th World Congress on Endometriosis.

Dr. Abrão has been the Editor in Chief of the Journal of Endometriosis and Pelvic Pain Disorders (JEPPD) since January 2016. He is currently the Division Head of Gynecology at Hospital Beneficência Portuguesa de Sao Paulo, Program Director of the AAGL FMIGS 3-year International Fellowship Program and Director of the Endometriosis Division at the University of Sao Paulo.

As the AAGL Scientific Program Chair and President Elect of the AAGL Board of Directors, Dr. Abrao looks forward to the year ahead and to sharing a groundbreaking announcement regarding the surgical management of endometriosis that will have a profound impact on how we manage our endometriosis patients.

Preoperative Ultrasound Diagnosis and Surgical Management of Deep Endometriosis

Mario Malzoni, MD, Alessandra Di Giovanni, MD
8:40 am – 9:30 am

Dr. Malzoni is a world-renowned endometriosis specialist and is recognized for his extraordinary skill at endoscopic surgery and gynecology. Coming by the profession naturally, as both his father and grandfather were gynecologists, after graduation from Naples University, Dr. Malzoni conducted his first gynecologic surgery under the guidance of his father. His training included an appointment to the Department of Laparoscopic Surgery at Columbia University, where he worked to master the newest (at that time), surgical techniques under the guidance of the founder of laparoscopic hysterectomy; Dr. Harry Reich. After three years at Columbia University, Dr. Malzoni returned home to Italy to continue the family clinic in Avellino, started by his family.

Dr. Malzoni serves as Chair of "Endoscopica Malzoni" Center for Advanced Pelvic Surgery and Chief of the Center for Advanced Pelvic Surgery and is a member of the AAGL Board of Directors. He is also Honorary-Professor Emeritus at the University and Research Centre in Moscow, Russia, Scientific Director of the Malzoni Group, and past President of the Italian Society of Gynecological Endoscopy (SEGI). In addition to management of the medical institutions, on average Dr. Malzoni performs about 2,000 operations annually, including the laparoscopic treatment of uterine cancer, hysterectomy, and ovarian cancer.

Dr. Alessandra Giovanni is a gynecologist with subspecialty in pelvic ultrasonography for gynecological benign and malignant diseases (more than 10.000 procedures). Dr. Giovanni has been a Consultant for Endoscopica Malzoni-Center for Advanced Pelvic Surgery, Avellino, Italy since 2012. She has also been a lead and co-author of several peer reviewed scientific publications and has served as Chair and speaker at several international conferences and scientific events.

During their AAGL presentation "Preoperative Ultrasound Diagnosis and Surgical Management of Deep Endometriosis," Drs. Malzoni and Di Giovanni will discuss the important use of ultrasound technology to

enable gynecologic clinicians to make accurate diagnoses during both standard and compound exams. In the event of the diagnosis of advanced pelvic endometriosis, laparoscopy is considered a feasible and safe procedure but is a highly complex surgery. This requires specific skills in laparoscopic procedures with dedicated preoperative evaluation and optimal knowledge of surgical anatomy (neuro anatomy) and the handling of instruments and electrosurgery technologies.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Identify and diagnose the appropriate candidate for laparoscopic procedures; and 2) Utilize tips and tricks to overcome the difficulties related to distortion of pelvic anatomy due to severe pelvic deep infiltrating endometriosis.

JMIG

The Journal of Minimally Invasive Gynecology

The authoritative source informing practicing physicians of the latest, cutting-edge developments occurring in this emerging field

Research, clinical opinions and case reports from the brightest minds in gynecologic surgery

The international clinical forum for the exchange and dissemination of ideas, findings and techniques relevant to **gynecologic endoscopy** and other minimally invasive procedures.

IMPACT FACTOR – 4.137

Congratulations to the authors, reviewers and editors for your dedication to excellence to the Journal, as evidenced in the increase of our Impact Factor from 3.107 to 4.137. What a fantastic achiievement!

Ted T.M. Lee, MD
AAGL President

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The Journal of Minimally Invasive Gynecology

Editorial/Advisory Meeting (by invitation)

1:00 pm – 2:00 pm

BALLROOM E

The Journal of Minimally Invasive Gynecology hosts this meeting to recognize the contributions of our outstanding editors, ad hoc reviewers, and social media scholars.

We celebrate and give thanks to these dedicated experts, without whom continued success would be impossible.

Tomasso Falcone, MD, Editor-in-Chief
Gary N. Frishman, MD, Deputy Editor
Jason A. Abbott, Ph.D., FRANZOG, Associate Editor
David M. Boruta, MD, Associate Editor
Rosanne M. Kho, MD, Associate Editor
António Setúbal, MD, Media Editor
Mireille D. Truong, MD, Social Media Editor
Jeffrey R. Wilson, Ph.D., Statistical Associate Editor
Linda Michels, Editorial Manager

This Meeting will be on Monday, Nov 15, 2021 in Ballroom E 1:00 pm – 2:00 pm

1:30 pm **Editor's Report –Tommaso Falcone, MD**

1:35 pm **Robert B. Hunt Award for the Best Paper Published in JMIG**

Dr. Hunt was one of the preeminent leaders of the AAGL: President of the AAGL 1991 – 1992 and founding Editor-in-Chief of The Journal of the AAGL—now The Journal of Minimally Invasive Gynecology—from its inception in 1993 until he retired in 2002. He was instrumental in establishing this well-respected journal which informs and educates physicians all over the world.

Robert B. Hunt Award
Best Paper Published in JMIG (September 2020-August 2021)
Supported by the Robert B. Hunt Endowment

Addition of Lidocaine to the Distension Medium in Hysteroscopy Decreases Pain During the Procedure–A Randomized Double-Blind, Placebo-Controlled Trial

Oshri Barel, MD, MHA
Elad Preuss, MD
Natan Stolovitch, MD
Shiri Weinberg, MD
Eran Barzilay, MD, PhD
Moty Pansky, MD
Ben Gurion University of the Negev, Be'er Sheva, Israel

1:40 pm **2021 Video Award Winner**

"Considerations for the Surgical Management of Diaphragmatic Endometriosis"

by *Miguel Luna Russo, Mark Dassel, Daniel Raymond, Elliott Richards, Tommaso Falcone, Cara King*
Corresponding Author: Miguel Luna Russo

1:45 pm **Top Editorial Board Members**

May-Tal Sauerbrun, MD
Douglas Brown, MD
Horace Roman, MD, PhD
Megan Wasson, DO
Chih-Feng Yen, MD, PhD
Charles E. Miller, MD

1:50 pm **Top Ad Hoc Reviewers**

Martin Healey, MD
Meghan C. H. Ozcan, MD
Ricardo dos Reis, MD
Julian A. Gingold, MD, PhD
Lindsay Clark Donat, MD
Siddhi Mathur, MD
Bianca Carpentier
Janelle K. Moulder, MD
Oluwatosin Goje, MD
Frances R. Batzer, MD
Cecile A. Ferrando, MD, MPH
Steven Radtke, MD
Megan S. Orlando, MD
Kristin E. Patzkowsky, MD
Bruce S. Kahn, MD
Laura Detti, MD
Sharon Jakus-Waldman, MD
Alexis Gadson, MD
David B. Redwine, MD
Salvatore Giovanni Vitale, MD
Nicole Michelle Donnellan, MD
Sara R. Till, MD, MPH
Amy J. Park, MD
Amanda Marie Tower, MD

1:55 pm **Top Social Media Scholars**

Emad Mikhail, MD
Ritchie Mae Delara, MD
Alyssa N. Small Layne, MD

2:00 pm **Adjourn**

Plenary 4
Endometriosis

11:00 am – 12:30 pm
Room: 18ABC

Moderators: Robert Clarizia, Iris K. Orbuch

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview	
11:04 am	Excision of Deep Endometriosis of the Rectosigmoid Colon: Individualizing Care to the Presenting Pathology	*S. Warring*
11:11 am	Isolated Endometriosis in the Ischial Spine Region. an Anatomic Laparoscopic Approach	*R. Pereira*
11:18 am	Isthmocele Endometriosis- the Relationship between Cesarean Section and Endometriosis	*L. Bar-El*
11:25 am	Laparoscopic Management of Endometriosis with Deep Infiltration of the Bladder	*L. Cosgriff*
11:32 am	Modified Ubess and CA-125 Endometriosis Severity Prediction Model – Preliminary Results	*B. Tharmarajah*
11:39 am	Surgical Evaluation and Management of Concomitant Anterior and Posterior Deep Infiltrating Endometriosis	*B. Roberts*
11:46 am	Surgical Management of Inguinal Endometriosis	*G. Beroukhim*
11:53 am	Sustained Efficacy and Safety of Relugolix Combination Therapy in Women with Endometriosis-Associated Pain: Spirit 52-Week Data	*S. As-Sanie*
12:00 pm	The Effect of Time Since Surgical Diagnosis of Endometriosis on Treatment Outcomes with Relugolix Combination Therapy: Spirit Program	*C. Becker*
12:07 pm	Tips and Tricks for Diaphragmatic Endometriosis Resection and Management of Iatrogenic Pneumothorax	*M. Dejenie/M. Singh*
12:14 pm	Questions & Answers	
12:30 pm	Adjourn	

Open Communications 5
Laparoscopy

11:00 am – 12:30 pm
Room: 16AB

Moderators: Humberto J. Dionisi, Vadim V. Morozov

COURSE OUTLINE

11:00 am	A Case of Déjà Vu: Surgical Correction of a Uterine Avm and Hysteroscopic Resection of Rpoc Secondary to Invasive Placenta	*J. Tigdi*
11:06 am	A Stepwise Approach to Hysterectomy Complicated by Mullerian Anomaly: A Case of a Bicornuate Uterus	*E. Carbaugh*
11:12 am	Combined Laparoscopic-Assisted Robotic-Hysteroscopic Isthmoplasty Using Near-Infra Red Technology: A Novel Approach	*F. Chan*
11:18 am	Laparoscopic Approach to Conservative Management of Ovarian Ectopic Pregnancy	*J. Dada*
11:24 am	Laparoscopic Management of Tubo-Ovarian Abscess Refractory to Percutaneous Drainage	*K. McEntee*
11:30 am	Laparoscopic Mitrofanoff Withradical Utethrectomy Withmartius FLAP Reconstructionforvaginal Tumour Infiltrating Urethra	*S. Puntambekar*
11:36 am	Laparoscopic Neocervix Creation in a Woman with Secondary Infertility Following a Radical Trachelectomy for Adenocarcinoma of the Cervix	*E. Smith Romero*
11:42 am	Laparoscopic Removal of Ovarian Ectopic Pregnancies	*S. Seaman/R. Boone*
11:48 am	Optimizing Visualization in the Pelvis: When More Trendelenburg Is Not Enough	*R. Silverstein*
11:54 am	Safe Approaches to Laparoscopy in the 3rd Trimester of Pregnancy	*A. McClurg*
12:00 pm	Successful Staged Management of Cervico Vaginal Agenesis- Seven Cases	*N. Sanker*
12:06 pm	Uterine Dehiscence: Laparoscopic Uterine Repair in Early Pregnancy	*D. Edwards*
12:30 pm	Adjourn	

Open Communications 6
Robotics

11:00 am – 12:30 pm
Room: 17AB

Moderators: Shanti I. Mohling, Jamal Mourad

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview	
11:04 am	Vertical Vaginal Cuff Closure Technique	*J. Mourad*
11:10 am	Number of Myomas Is the Most Important Risk Factors for Blood Loss of Robotic Myomectomy: Analysis of 242 Cases	*S. Lee*
11:16 am	Quantifying a Comprehensive Training Protocol for a Novel Transvaginal Robotic System	*R. Zurawin*
11:22 am	Robotic Assisted Laparoscopic Isthmocele Repair	*L. Michel*
11:28 am	Robotic Assisted Laparoscopic Resection of a Cesarean Section Scar Ectopic Pregnancy	*M. Winter*
11:34 am	Robotic Assisted Laparoscopic Wedge Resection of a Large Cornual Ectopic Pregnancy	*M. Gruttadauria*
11:40 am	Robotic Hysterectomy for Large Fibroid Uterus – 5 Strategies	*R. Sinha*
11:46 am	Robotic-Assisted Laparoscopic Resection of a Cornual Ectopic Pregnancy: Video Presentation	*A. Goodwin*
11:52 am	Using Machine Learning to Predict Operative Time and Enhance Operating Room Scheduling for Robotic Hysterectomies	*G. Algarroba*
11:58 am	Hysteroscopic and Robotic Assisted Laparoscopic Repair of Uterine Niche	*E. Budden*
12:04 pm	Minimally Invasive Anesthesia for Minimally Invasive Surgery: A Prospective Cohort Study	*P. Giampaolino*
12:10 pm	Efficiencies in Robotic Radical Trachelectomy	*T. Odunsi*
12:16 pm	Questions & Answers	
12:30 pm	Adjourn	

Pre-Recorded Surgeries – Session 1
Room: 12AB

11:00 am Laparoscopic Modified Davydov's Procedure M. Candiani
11:15 am Laparoscopic Assisted Neovagina – Modified Vecchetti Procedure S.Y. Brucker
11:40 am Laparoscopic Cerclage J.I. Einarsson
12:00 pm Sacrocolpopexy A. Rosamilia
12:12 pm Dermoid Cyst Removal W. Kondo

Open Communications 7
Oncology

11:00 am – 12:30 pm
Room: 19AB

Moderators: William M. Burke, R. Wendel Naumann

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:04 am	Identification of Inguinal Sentinel Lymph Nodes in Recurrent Vulvar Melanoma *D. Knigin*
11:10 am	Incidence of Venous Thromboembolic Events with Long Term Enoxaparin in Patients Undergoing Robotic Surgery for Endometrial Cancer *A. Palmieri*
11:16 am	Innovative Protocol of ART in Women with LNG-Ius for Fertility-Sparing Treatment of Endometrial Intraepithelial Neoplasia *A. Gallo*
11:22 am	Laparoscopic Purse-String Technique for Containment of Gynecologic Malignancy *M. Ruhotina*
11:28 am	Minimally Invasive Surgery in Advanced Endometrial Carcinoma Is Associated with an Increased Risk for Local Recurrence *L. Kogan*
11:34 am	Miniresectoscopy Endometrial Biopsy Accuracy Respect Dilatation and Curettage in Endometrial Cancer: A Retrospective Analysis *G. Miele*
11:40 am	Performance of a Multi-Cancer Detection Test as a Tool for Diagnostic Resolution of Symptomatic Gynecological Cancers *M. Liu*
11:46 am	Perioperative Outcomes Following Opportunistic Bilateral Salpingo-Oophorectomy at the Time of Sacrocolpopexy *S. Andres*
11:52 am	Primary Debulking Via Robotic-Assisted Laparoscopy for Stage IIIc Poorly Differentiated Endometrioid Adenocarcinoma of the Ovary *S. Jiggetts*
11:58 am	Sentinel Node Mapping in Endometrial Cancer Using Hysteroscopic Injection of Indocyanine Green and Near-Infrared Fluorescence Imaging *G. Bogani*
12:04 pm	The Association of Endosalpingiosis with Gynecologic Malignancy *S. Ghaith*
12:10 pm	Uterine Transposition after Radical Trachelectomy for Fertility Preservation: Step-By-Step of the Surgical Technique *G. Rey Valzacchi*
12:16 pm	Questions & Answers
12:30 pm	Adjourn

Surgical Tutorial 3
Endometriosis of the Bowel: When Anatomy Meets Surgery

2:00 pm – 3:00 pm CME
Room: 12AB


Co-Chairs: *Simone Ferrero and Assia A. Stepanian*
Faculty: *Paulo Ayroza Ribeiro, Horace Roman*

This course provides a comprehensive review of the anatomical and surgical principles of the treatment of bowel endometriosis. Nowadays, the surgical treatment of bowel endometriosis is usually performed by laparoscopy or by robotic surgery. The course will describe the techniques used to treat bowel endometriosis, including shaving, disk excision, or segmental bowel resection. Videos will be used to illustrate the techniques used to treat bowel endometriosis. High-quality evidence will be provided to facilitate the procedure's choice based on the nodules' characteristics (such as size, number of lesions, depth of infiltration in the intestinal wall). The course will also provide a detailed description of the anatomical landmarks and surgical tips and tricks that allow to decrease the risk of intraoperative and postoperative complications.

Learning Objectives: *At the conclusion of this activity, the participant will be able to:* 1) Choose the appropriate surgical technique to treat bowel endometriosis; 2) describe the different techniques used to treat bowel endometriosis; and 3) Describe the anatomical anatomical landmarks and surgical tip and tricks during surgery for bowel endometriosis.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:05 pm	Classification, Locations, and Management of Bowel-Involving Endometriosis *A. Stepanian*
2:15 pm	Choice of the Surgical Approach on the Basis of the Location on Bowel Endometriosis *S. Ferrero*
2:25 pm	Anatomy of the Retrorectal Space: A Freeway to Functional Surgery *P. Ayroza Ribeiro*
2:35 pm	Endometriosis Involving the Low/mid Rectum: Specific Anatomy Requires Specific Approaches *H. Roman*
2:45 pm	Questions & Answers
3:00 pm	Adjourn

Debate 2
Vaginal Surgery/vNotes vs. Laparoscopic Hysterectomy for the 1 Kilo Club– What's Your Way?

2:00 pm – 3:00 pm CME
Room: 18ABC


Co-Chairs: *Harry Reich and Anastasia Ussia*
Faculty: *Xiaoming Guan, Resad Paya Pasic*

This debate will discuss and compare vaginal hysterectomy/V notes and laparoscopic hysterectomy for the especially large uterus. Vaginal hysterectomy with reusable instruments will also be considered.

The reason for the 1 kg club will be explained.

Learning Objectives: *At the conclusion of this activity, the participant will be able to:* 1) Demonstrate advantages and disadvantage including complications of each procedure; 2) Demonstrate control of the uterine artery; and 3) Discuss costs of these procedures.

Pre-Recorded Surgeries – Session 2
Room: 19AB

2:00 pm Laparoscopic Myomectomy S.L. Cohen-Rassier
2:32 pm Endometrial Ablation Vaporization F. Carmona Herrera

Plenary 5
Fibroids

2:00 pm – 3:00 pm
Room: 16AB

Moderator: *Julian A. Gingold, Luiz G. Oliveira Brito*

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:04 pm	30-Day Incidence of Complications and Readmission after Myomectomy *K. Moore*
2:11 pm	A 6-Step Technique for Smooth Transvaginal Extraction of a Fibroid in Laparoscopic Myomectomy *K. Shimada*
2:18 pm	Decreased Complications and Reoperations with Minimally Invasive Myomectomy: A Population-Based Cohort *S. Simko*
2:25 pm	Durable Improvement in Generic and Fibroid-Specific Quality of Life in Women Treated with the Sonata System after Three Years *K. Roy*
2:32 pm	Safety & Efficacy of Womed Leaf™, a Novel Barrier Film to Prevent Intrauterine Adhesions after Hysteroscopic Myomectomy: The PREG1 Trial *A. Thurkow*
2:39 pm	The Gynecologist's Role in the Workup and Management of Patients with Leiomyomas Demonstrating Fumarate Hydratase Deficiency *C. Chan*
2:46 pm	Questions & Answers
3:00 pm	Adjourn

Open Communications 8
New Instrumentation

2:00 pm – 3:00 pm
Room: 17AB

Moderator: *Barbara S. Levy, Audrey T. Tsunoda*

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:04 pm	Diagnostic Accuracy of Intraoperative Tools for Detecting Endometriosis *S. Maheux-Lacroix*
2:10 pm	Novel Articulated Laparoscopy in Gynecologic Surgery *M. Leon*
2:16 pm	Smarther MRI. Novel Software Generates 3d Renderings of Fibroid Uterus for Preoperative Surgical Planning and Intraoperative Approach *T. Fenster*
2:22 pm	The Cerene Cryoablation Device for the Treatment of Heavy Menstrual Bleeding: 36-Month Outcomes from the Clarity Study *H. Curlin*
2:28 pm	The Use of Intra-Abdominal Ultrasound during Robotic Myomectomy *J. Chaoul*
2:34 pm	Transcervical Fibroid Ablation with the Sonata® System in an Ambulatory Setting with Local Anesthetic Is Highly Tolerable *A. Soltan*
2:40 pm	Virtual Reality Effects on Acute Pain during Office Hysteroscopy: A Randomized Control Trial *E. Brunn*
2:46 pm	Questions & Answers
3:00 pm	Adjourn

Surgical Tutorial 4
Taking on the Hysteroscopies Your Colleagues Fear

3:15 pm - 4:15 pm
Room: 12AB

CME


Co-Chairs: *Keith B. Isaacson and Alka Kumar*
Faculty: *Stefano Bettocchi, Eleonora Castellacci*

The goal of this tutorial is to demonstrate advanced hysteroscopic skills to those interested in the technique.

Learning Objectives: *At the conclusion of this activity, the participant will be able to:* 1) Discuss the safe techniques needed to take your hysteroscopic skills to the advanced level; 2) discuss the advantages of office based hysteroscopic techniques; 3) discuss the skill needed to hysteroscopically treat an isthmocele without injuring the bladder; and 4) discuss how to completely resect the endometrium and completely remove intramural myomas leaving no unwanted tissue behind.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	Hysteroscopic Myomectomy in the Office with No Anesthesia *S. Bettocchi*
3:30 pm	Hysteroscopic Repair of the Isthmocele *E. Castellacci*
3:40 pm	Performing the Challenging Tcre *A. Kumar*
3:50 pm	Complete Hysteroscopic Removal of Intramural Myomas *K.B. Isaacson*
4:00 pm	Questions & Answers
4:15 pm	Adjourn

Panel 3

Should Electronic Power Morcellation Be Performed in a Containment System?

3:15 pm – 4:15 pm
Room: 18ABC

CME

Chair: *Elizabeth A. Pritts*
Faculty: *William H. Parker, Matthew T. Siedhoff*

This course provides an evidence-based update regards the use of contained morcellation during laparoscopic surgery. Tissue attenuation can be achieved by "electro-mechanical or power" morcellation or "tissue fragmentation or hand" morcellation. It is performed both laparoscopically and laparotomically. Does it matter if the tissue is malignant or benign, does it matter if the morcellation (hand or power), is contained or uncontained. What do the data really say? We will discuss these aspects based upon the best available evidence, period. Those interested in "expert opinion" will not find solace here!

Learning Objectives: *At the conclusion of this activity, the participant will be able to:* 1) Discuss the evidence regards contained versus uncontained morcellation; 2) demonstrate an evidence-based approach to tissue attenuation for your surgical cases, both myomectomy and hysterectomy; and 3) discuss the evidence regards outcomes after power (electro-mechanical) verses hand (tissue fragmentation) morcellation.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	Does In-bag Morcellation of Myomatous Tissue Matter: Cancer, Not Cancer? *E. Pritts*
3:35 pm	Containment Systems Are Not the Answer *W. Parker*
3:50 pm	Why Consider Contained Power Morcellation Over Contained Manual Morcellation? *M. Siedhoff*
4:05 pm	Questions & Answers
4:15 pm	Adjourn

Plenary 6

Hysteroscopy

3:15 – 4:15 pm
Room: 16AB

Moderator: *Franklin D. Loffer, Sukhbir "Sony" Singh*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:19 pm	A Framework Approach for Hysteroscopic Uterine Septum Incision: Partial and Complete *P. Romanski*
3:26 pm	Changes in the Expression of Endometrial Receptivity Genes after Hysteroscopic Metroplasty in Infertile Women with Uterine Malformation *A. Di Spiezio Sardo*
3:33 pm	Hystero-Embryoscopy: Evaluation and Evacuation of Spontaneous Missed Abortions *M. Hincapie*
3:40 pm	Hysteroscopic Resection Vs Blind Dilation and Curettage (D&C) for Treatment of Cesarean Scar Pregnancy: A Randomized Clinical Trial *A. Di Spiezio Sardo*
3:47 pm	Hysteroscopy for Retained Products of Conception *C. Jago*
3:54 pm	Ultrasound-Guided Hysteroscopy in the Complex Uterine Isthmus *A. Dave*
4:01 pm	Questions & Answers
4:15 pm	Adjourn

Open Communications 9

Natural Orifice

3:15 pm – 4:15 pm
Room: 17AB

Moderator: *Xiaoming Guan, Resad P. Pasic*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:19 pm	Bilateral Salpingo-Oopherectomy for BRCA Mutation Carriers Via Transvaginal Natural Orifice Transluminal Endoscopic Surgery Approach *A. Mohr-Sasson*
3:25 pm	Simplifying Vaginal Natural Orifice Transluminal Endoscopic Surgery (VNOTES) in Ten Steps *A. Chua*
3:31 pm	Stepwises Technique in Robotic Assisted Notes Sacrocolpopexy *X. Guan*
3:37 pm	Surgical Outcomes of Hysterectomy Via Robotic Assisted Versus Traditional Transvaginal Natural Orifice Transluminal Endoscopic Surgery *T. Koythong*
3:43 pm	Systematic Review on Hysterectomy by Vaginal Natural Orifice Transluminal Endoscopic Surgery Compared to Laparoscopic Hysterectomy *N. Noori*
3:49 pm	The Original Minimally Invasive Hysterectomy, Safe, Teachable, and More Relevant Today Than Ever *K. Burchett*
3:55 pm	Questions & Answers
4:15 pm	Adjourn

TUESDAY

Pre-Recorded Surgeries – Session 3
Room: 19AB

3:15 pm Contained Power Morcellation at Total Laparoscopic Hysterectomy (following the FDA mandated technique) K.A. Shibley "Tony"
3:40 pm Pelvic Lymphadenectomy - Reproducibility of the Technique (Flourescence) M. Vieira

AAGL
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- Laparoscopic Complications, Hysteroscopy Complications, and Special Considerations

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Please stop by the AAGL21 onsite registration desk or email Gerardo Galindo at ggalindo@aagl.org if you have any questions.

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CME **GENERAL SESSION V**

Tuesday, November 16, 2021

4:30 pm – 5:15 pm

BALLROOM D

AAGL MED TALK

Leadership, Mentorship and Developing New Skills after Training

Cara Robinson-King, DO
4:35 pm – 4:50 pm

Dr. Robinson-King is an obstetrician-gynecologist in Cleveland, Ohio and is affiliated with multiple hospitals in the area, including Cleveland Clinic and University of Wisconsin Hospitals. She received her medical degree from Michigan State University College of Osteopathic Medicine. Having completed her residency training at Tufts University, Baystate Medical Center in Obstetrics and Gynecology she followed that with a Fellowship in Minimally Invasive Gynecologic Surgery at Magee-Women's Hospital in Pittsburgh, PA. While in Pittsburgh, she also obtained her Masters' Degree in Medical Education from the University of Pittsburgh School of Medicine.

An advocate for promoting evidence-based care, education, and research for transgender health, she is a member of the World Professional Association for Transgender Health (WPATH). Surgical education remains a priority and Dr. King has earned multiple teaching awards for education endeavors for both medical students and residents, including the Ellen Hartenbach Award in 2018 for Innovation in Simulation.

Dr. Robinson-King is a member of the Cleveland Clinic Section of Minimally Invasive Gynecologic Surgery (MIGS) and is the Director of Benign Gynecologic Surgery and Associate Program Director of the MIGS Fellowship. She served as a member of the AAGL Fellowship Board, as well as the Society of Gynecologic Surgeons Executive Board and is a two-time recipient of the Golden Laparoscope Award, AAGL's most prestigious video award.

Dr. Robinson-King's AAGL Talk "Leadership, Mentorship and Developing New Skills after Training" discusses the importance of leadership and mentoring in medicine, as these skills are rarely taught during medical training. In addition, education should not come to an end once doctors are established in their careers. New technology and techniques in the industry are constantly evolving, thus the persistent development of new skills and expansion of knowledge is vital to high-quality patient care.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Identify and utilized effective mentorship; and 2) Understand the importance of continued training and development.

Business Meeting
4:55 pm - 5:15 pm

A Year in Review
Ted T.M. Lee, President

Induction of 2022 AAGL President
Maurício S. Abrao

COGA SYMPOSIA
Expert Know-Hows in the Management of Complex Gynecologic Pathology
6:00 pm – 8:00 pm CDT
(Thursday, November 17, 8:00 am – 10:00 am Beijing time)
Room 14, Virtual Only


Chairs: *JH Lang, C.Y. Liu*
Co-Chairs: *Lan Zhu, Xiaoming Guan, Peter Lim*
Faculty: *Yang Xiang, Jinhua Leng, Xiaowen Tong, Qing Yang, Ruixia Guo, Xiang Xue, Dabao Xu*
Other Faculty: *Chongdong Liu, Juan Liu, Chang Liu*

As advancing of various new technologies in Gynecological Minimally Invasive Surgery (GMIS) at a wrapping speed, how to catch up the paces of innovation and how to maintain the safety and efficacy of GMIS in the management of complex gynecologic pathology are drawing significant attention for GMIS surgeons. However, China, with its massive patient population and high surgical volume, provides its gynecologists the advantage of pmassing data and developing valuable insights and thereby validating many of these complex diseases in an impressively short time. Capitalizing on the wisdom and experiences garnered from the research and insights of these gynecologists, this course presents various tips and tricks in the management of these complex pathology in GMIS. This fascinating progrpm will offer four mini sessions with discussions, including 1. Two controversial topics of vaginal mesh and cervical cancer; 2. Two subspecialty surgeons sharing advanced stage endometriosis with TOA and cancer treatment; 3. Tackling of uterine malformation and MRKH; 4. Innovations in hysteroscopy as handling challenging intrauterine adhesion.

Learning Objectives: *At the conclusion of this course, the participant will be able to:* 1) Articulate the complex gynecologic issues utilizing innovative GMIS technologies; 2) Incorporate specific GMIS techniques that can improve the safety and efficacy of challenging procedures; 3) Demonstrate application of sound principles to a specific surgery that would ease the mindset of surgeons in clinical practices; and 4) Understanding the controversies associated with minimally invasive surgery in treatment of early-stage cervical cancer.

COURSE OUTLINE		SPEAKER	COMPERE
6:00 pm	Welcome, Introduction and Course Overview	*J.Lang*	
6:05 pm– 6:17 pm	Current Situation of Trans Vaginal Mesh Repair for Pelvic Organ Prolapse and National Complications Registration System	*Lan Zhu*	*Xiaoming Guan*
6:17 pm - 6:29 pm	The Guideline and Controversy of Laparoscopic Surgery for Cervical Cancer	*Yang Xiang*	
6:29 pm - 6:34 pm	Discussion	*Yang Xiang*	
6:34 pm - 6:46 pm	Laparoscopic Management of Ovarian Abscess in Women with Ovarian Endometrioma	*Jinhua Leng*	
6:46 pm - 6:58 pm	Personal Good and Bad Experiences in Managing Medical Tepms Specialized in Gynecological Cancer Treatments	*Xiaowen Tong*	
6:58 pm - 7:03 pm	Discussion		
7:03 pm - 7:15 pm	Accurate Identification and Surgical Correction of Type IIb Uterine Malformation Using Synchronized Hysteroscopy and Laparoscopy	*Qing Yang*	*Peter Lim*
7:15 pm - 7:27 pm	An Economic, Safe, Feasible Technique-Laparoscopy-Assisted Peritoneal Vaginoplasty by Pushing-Down Peritoneum for Patients with MRKH Syndrome	*Ruixia Guo*	
7:27 pm - 7:32 pm	Discussion		
7:32 pm - 7:44 pm	Hysteroscopy as a Colposcopy	*Xiang Xue*	
7:44 pm - 7:56 pm	Prevention of Postoperative Intrauterine Adhesion Using a Patent Intrauterine Stent-A Single-Center RCT Study	*Dabao Xu*	
7:56pm - 8:00 pm	Discussion		
8:00 pm	Summary	*J.Lang*	

Industry Sponsored Evening Symposia

5:30 pm -7:00 pm

INTUITIVE

Hysterectomy and Beyond: The Value I've Found with da Vinci Technology Across My Total Practice

BALLROOM G

Drs. Michael Fields and Jessica Vaught will share the value they've found in the da Vinci Xi system and advanced instrumentation across their total gynecologic practices. Covering clinical, operational and economic value, the presenters will dive deep into why and how they perform da Vinci robotic-assisted surgery including hysterectomy, myomectomy, sacrocolpopexy, endometriosis resection, and more. Join this evening symposium to learn how these surgeons have applied da Vinci technology effectively and efficiently in their practices.

Speakers:

Jessica Vaught, MD, FACOG
Winnie Palmer Hospital
Orlando, FL

Michael Fields, MD, FACOG
Fields Center for Women's Health & Robotic Surgery
Knoxville, TN

Medtronic

Changing the Paradigm in the Treatment of Early Pregnancy Loss

BALLROOM F

Join a discussion with Dr. Charles E. Miller MD FACOG about hysteroscopic resection versus blind suction D&C for the treatment of first trimester miscarriage. Become a part of the movement to effect a long overdue paradigm shift toward a more effective procedure that is ultimately Better for Women.

Speaker:

Dr. Charles E. Miller MD FACOG
Advanced IVF Institute
Chicago, IL

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AAGL 2021

CME **GENERAL SESSION VI**

Wednesday, November 17, 2021

8:00 am – 9:30 am

BALLROOM D

AAGL MED TALK

Complications are Part of Surgery: How to Get Out Unharmed

Samar Nahas, MD, MPH
8:05 am – 8:20 am

Dr. Nahas is an Associate Clinical Professor of Gynecology and Oncology at the University of California, Riverside (URC), School of Medicine. Dr. Nahas earned her Canadian Board in Obstetrics and Gynecology from the University of British Columbia, followed by a Fellowship in Gynecologic Oncology from the University of Manitoba. She then completed a second Fellowship in Advance Laparoscopic and Robotic Fellowship in Gynecologic Oncology at the Mayo Clinic. At the same time, she earned a Master's in Public Health from Johns Hopkins University.

In her role at UCR, Dr. Nahas oversees the development and growth of Obstetrics and Gynecology at UCR School of Medicine as well as its residency program. She is also Department Chair of the Women's Health Department for UCR Health.

Dr. Nahas is also a member of the American College of Obstetrics and Gynecology, Royal College of Physician and Surgeons Canada, the Society of Gynecologic Oncology, and American Association of Gynecologic Laparoscopists. Dr. Nahas also served on the SurgeryU Editorial Board for two years in 2018 and 2019.

Dr. Nahas has made several presentations on a variety of laparoscopic surgical videos and has taught in several national and international laparoscopic conferences and workshops.

Dr. Nahas' AAGL Talk "Complications are Part of Surgery: How to Get Out Unharmed" will provide ways to approach the most common complication during simple to more advanced laparoscopic surgeries from hysterectomy to advance endometriosis and cancer surgery. This will include complications related to entry, difficult pathology, advanced surgery, or change in anatomy. Dr. Nahas will provide tips and tricks for prevention, early recognition and management for gastrointestinal (GI), genitourinary (GU) and vascular injuries.

Learning Objectives: *At the conclusion of this course, the participants will be able to:*
1) Discuss the tips and tricks to prevent, recognize, and manage common intra-operative complication GI, GU, and vascular injuries.

Jose "Tony" Carugno, MD
8:25 am – 8:55 am

LIVE SURGERY I

Hysteroscopic Multiple Endometrial Polypectomy

Procedure: Diagnostic Hysteroscopy and Hysteroscopic Multiple Endometrial Polypectomy.

The live surgery demonstration of the hysteroscopic procedure will be performed in the Operating Room with the patient under general anesthesia. Initially, a diagnostic hysteroscopy using the vaginoscopy "No touch" technique will be demonstrated, followed by hysteroscopic multiple endometrial polypectomies performed with a tissue retrieval system device. Tips and tricks to apply both in the office setting as well as in the operating room will be demonstrated. Principles of ergonomics in hysteroscopy will be highlighted.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Identify patient with clinical symptoms of multiple endometrial polyps who are candidates for hysteroscopic polypectomy; 2) Enumerate benefits of the hysteroscopic approach for the treatment of endometrial polyps; and 3) Select the ideal hysteroscopic approach for the patient with multiple endometrial polyps.

Suketu M. Mansuria, MD
8:55 am – 9:25 am

LIVE SURGERY II

Multiple C-Sections

This case will be a TLH for a 49-year-old patient with menorrhagia and dysmenorrhea. She has multiple small fibroids and a history of 4 C-sections. On exam her uterus is adherent to her abdominal wall and pulled cephalad.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) More familiar with retroperitoneal anatomy and the technique of controlling the uterine artery at its origin from the internal iliac artery; and 2) Proper technique for developing the bladder flap in patients with an obliterated anterior cul-de-sac and severe bladder adhesions.

Refreshment Break and Virtual Posters
9:30 am - 11:00 am

Box Lunches and Virtual Posters
12:30 pm - 2:00 pm

Exhibit Hall 4

Plenary 7
New Instrumentation and Technology

11:00 am – 12:30 pm
Room: 18ABC

Moderators: *Joseph L. Hudgens, Liselotte Mettler*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:04 am	Comparison between Robotic Single-Port Myomectomy Using New Da Vinci SP® Surgical System and Robotic Multi-Site Myomectomy *S. Park*
11:11 am	Excision of an Occult, Obstructed Hemivagina Under Laparoscopic Ultrasound Guidance in a Patient with Ohvira Syndrome *H. Wirth*
11:18 am	In-Person Versus Video Preoperative Visit: A Randomized Clinical Trial *E. Braxton*
11:25 am	Intraureteral Indocyanine Green (ICG) in Benign Gynecologic Surgery *A. Cope*
11:32 am	Medical Treatment of Uterine Arteriovenous Malformation: A Systematic Review and Meta-Analysis *A. Rosen*
11:39 am	Neural Network Image Segmentation Model for Laparoscopic Gynecological Surgeries *C. Souza*
11:46 am	Novel Technique of Pelvic Autonomic Nerve-Sparing with Near-Infrared Fluorescence Technology and ICG during Deep Endometriosis Surgery *K. Kanno*
11:53 am	Surgical Planning Via Telehealth Consultation Is Effective for Patients Undergoing Minimally Invasive Gynecologic Surgery *E. Braxton*
12:00 pm	Treatment of a Cesarean Scar Pregnancy Using Microwave Ablation—a Novel Solution to a Complex Problem *A. Hernandez Lopez*
12:07 pm	Utilizing Augmented Reality to Create an Effective Simulator in Uterine Manipulation *S. Radtke*
12:14 pm	Questions & Answers
12:30 pm	Adjourn

Open Communications 10
Endometriosis

11:00 am – 12:30 pm
Room: 12AB

Moderators: *Mariona Rius, Giovanni Roviglione*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:04 am	Acute Bowel Obstruction Complicating Peritoneal Endometriosis Resection *V. Bruscagin*
11:10 am	Data from a Cohort of Newly Diagnosed with Endometriosis Do Not Demonstrate That Endometriosis Is Always a Progressive Disease *M. Canis*
11:16 am	Endometriosis Affecting the Base of Appendix and the Middle Rectal Artery: A Case Report *A. Koiti Nakamura*
11:22 am	How Ovarian Reserve Changes after Deep Infiltrative Endometriosis Surgery? *O. Melkozerova*
11:28 am	Qualitative ICG Imaging to Assess Rectal Anastomotic Perfusion in Deep Infiltrating Endometriosis Surgery *F. Heredia*
11:34 am	Real-World Effectiveness of Elagolix in Reducing Endometriosis Pain: 6-Month Results from Elagolix Longitudinal Outcomes (LOTUS) Study *S. Agarwal*
11:40 am	Robotic Approach to Ectopic Endometriosis in a Patient with Duplicated Ureters *S. Kass*
11:46 am	Robotic-Assisted Laparoscopic Treatment of Bladder Endometriosis *D. Maranhao*
11:52 am	Role of Concurrent Appendectomy in Management of Advanced Endometriosis *G. Rivera Ortiz*
11:58 am	Treating Women with Endometriosis-Associated Pain during the COVID-19 Pandemic *J. Carrillo*
12:04 pm	Treatment of Deep Infiltrative Endometriosis with Methotrexate Carried in Lipid Core Nanoparticles (LDE): A Pilot Study *R. Ávila-Tavares*
12:10 pm	Questions & Answers
12:30 pm	Adjourn

Open Communications 11
Laparoscopy

11:00 am – 12:30 pm
Room: 16AB

Moderators: Jaime Albornoz Valdez, Ido Sirota

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:04 am	Colostomy-Free Bowel Injury Repair *M. Andou*
11:10 am	Deep Pelvic Side Wall Anatomy; A Case of Laparoscopic Management of Vaginal Vault Fistula to the Presacral Area *G. Namazi*
11:16 am	Gravid Laparoscopic Abdominal Cerclage *O. Casas Diaz*
11:22 am	Laparoscopic Excision of an Ectopic Pregnancy in a Non-Communicating Uterine Horn *T. Cameo*
11:28 am	Laparoscopic Management of an Abdominal Ectopic Pregnancy *W. Chan*
11:34 am	Uterine Rupture at 18 Weeks in a Short Interval Pregnancy Following Uterine Surgery *C. Waters/C. Echeazu*
11:40 am	Vaginal Cuff Dehiscence: Tips for Laparoscopic Repair and Prevention *T. Sia*
11:46 am	Variables Affecting Opening Intra-Abdominal Pressure in Laparoscopic Surgery *C. Murphy*
11:52 am	Very Low Rates of Ureteral Injury in Laparoscopic Hysterectomy Performed By Fellowship-Trained Minimally Invasive Gynecologic Surgeons *S. Gupta*
11:58 am	"Does a Two-Layer Vaginal Cuff Closure at the Time of Laparoscopic Hysterectomy Reduce Complications Vs. a One-Layer Closure?" *A. Zeccola*
12:04 pm	Combined Robotic-Assisted Laparoscopic-Hysteroscopic Isthmoplasty Using Near-Infra Red Technology: A Novel Approach *F. Chan*
12:10 pm	Transvaginal Sonography Accurately Determines Infiltration Length of Rectosigmoid Deep Endometriosis *M. Aas-Eng*
12:16 pm	Robotic-Assisted Laparoscopic Surgery: Lower Insufflation Pressures Reduced the Risk of Hemodynamic Instability *B. Andrews*
12:22 pm	Questions & Answers
12:30 pm	Adjourn

Open Communications 12
Research

11:00 am – 12:30 pm
Room: 17AB

Moderators: *Brian M. Cohen, Elizabeth A. Pritts*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:04 am	Clinical Predictors of Failed Medical Treatment in Patients with Tubo-Ovarian Abscess *R. Patel*
11:10 am	Effect of Training the Mentor on Quality of Instruction and Trainees' Performance in Laparoscopic Oophorectomy Telementoring *A. Semsar*
11:16 am	Evaluating Surgical Complexity of Endoscopic Hysterectomy: An Inter-Rater Agreement Study for Novel Scoring Tool *M. Misal*
11:22 am	Non-Contraceptive Progestins and Risk of Venous Thromboembolism: A Nested Case-Control Study of the Marketscan Databases *R. Cockrum*
11:28 am	Peri-Operative Opioid Prescribing Practices of Resident Trainees Compared with Staff Surgeons *A. Murji*
11:34 am	Post-Operative Opioid Use with a Modified ERAS Protocol: A before-and-after Comparison *D. Mirtsching*
11:40 am	Satisfaction with Opioid Use after Minor Gynecologic Surgery: A Pilot Prospective Study *C. Moss*
11:46 am	The Effect of Preemptive Local Anesthesia on Postoperative PAIN Following Vaginal Hysterectomy: A Randomized Controlled Trial *O. Gluck*
11:52 am	Variation of Chargemaster Price Listings for Hysterectomy Procedures across Five States *A. Kadesh*
11:58 am	Iub™ Sead™ a Novel Intra Uterine Ball: Spherical Endometrial Ablation Device *S. Haimovich*
12:04 pm	Assessment of Vaginal Preparation Solutions to Prevent Microbial Contamination at Key Surgical Sites in Laparoscopic Hysterectomy *M. Marinone*
12:10 pm	Reflection Versus Reality: Accuracy of Surgeon Self-Reflection on Hysterectomy Quality Metrics *T. Milman*
12:16 pm	Questions & Answers
12:30 pm	Adjourn

Open Communications 13
Urogynecology

11:00 am – 12:30 pm
Room: 19AB

Moderators: *Michelle Louie, Johnny Yi*

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:04 am	Assessing the Impact of Obesity on Surgical Quality Outcomes Among Women Undergoing Hysterectomy for Benign, Non-Urgent Indications *M. Cybulsky*
11:10 am	Combined Robotic Ventral Rectopexy and Sacrocolpopexy- a Single Institution Approach *M. Paraiso/J. Ross*
11:16 am	Creation of Neovagina Using Complete Laparoscopic Dissection *D. Kansal*
11:22 am	Hysteroscopic Resection of Cystic Adenomyosis *J. Tavcar*
11:28 am	Impact of Morcellation Method and Site on Laparoscopic Hysterectomy Outcomes in Obese Patients *M. Louie*
11:34 am	Intention Matters: Success Rate of Bilateral Oophorectomy at the Time of Vaginal Hysterectomy for Pelvic Organ Prolapse *C. Messingschlager*
11:40 am	Minimally Invasive Sacrocolpopexy Mesh Exposure Rates with and without Concomitant Total Hysterectomy *H. Winn*
11:46 am	Robotic Excision of Transobturator Midurethral Sling *D. McKee*
11:52 am	Robotic-Assisted Repair of Peritoneal-Perineal Hernia: A Case Report *M. Shoraka*
11:58 am	Simplified "in-Bag" Ovarian Dermoid Cystectomy through Single-Site Incision in a 16 Week Pregnant Patient *Z. Guan/Q. Wang/J. Liu*
12:04 pm	Single Port Robotic Assisted Sacrocolpopexy: Technique and Tips *L. Griebel*
12:10 pm	Vaginal Cuff Dehiscence Among Gender Diverse Persons *J. Wong*
12:16 pm	Questions & Answers
12:30 pm	Adjourn

Surgical Tutorial 5
Tips and Tricks for Robotic Surgery

2:00 pm – 3:00 pm
Room: 18ABC

CME


Co-Chairs: *Antonio Gargiulo and Kathy Huang*
Faculty: *Nicholas Fogelson, Jamal Mourad, Andrea Vidali*

There is nothing more inspiring than watching master surgeons present difficult cases; however, having the opportunity to absorb their surgical pearls is even better. In this tutorial, we will present the tips and tricks for robotic-assisted laparoscopy from the perspectives of thought leaders in robotic-assisted laparoscopic surgery. We present an array of surgical techniques and pearls to successfully manage complex benign gynecologic conditions. We learn from the experience of high-volume surgeons who have special expertise in difficult hysterectomy, myomectomy, retroperitoneal dissection, neuroanatomy, and deep infiltrating endometriosis.

Learning Objectives: *At the conclusion of this activity, the participant will be able to:* 1) Demonstrate innovative surgical techniques to manage challenging hysterectomy, myomectomy, endometriosis, and pelvic pain; and 2) review the pertinent anatomy, especially that which pertains to deep retroperitoneal dissection and neuroanatomy.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:05 pm	Beyond Hysterectomy—Thinking Outside the Box *J. Mourad*
2:15 pm	Myometrial Closure and Tissue Extraction Tips and Tricks in Robotic Myomectomy *A. Gargiulo*
2:25 pm	Deep Retroperitoneal and Neuroanatomy *N. Fogelson*
2:35 pm	Robotic Treatment of Deep Infiltrating Endometriosis *K. Huang*
2:45 pm	Optimizing ICG Use for Ureteral Management in Robotic Surgery *A. Vidali*
2:55 pm	Questions & Answers
3:00 pm	Adjourn

Debate 3

Cervical Cancer After the LACC Trial. Is There Still Room for MIS?

2:00 pm – 3:00 pm
Room: 12AB

CME

Chair: *Javier F. Magrina*
Faculty: *Mario M. Leitao, Amanda Nickles Fader*

In the last three decades, a greater emphasis on reducing surgical morbidity and improving quality of life for women has led to the rapid advancement of minimally invasive gynecologic surgery. Despite the existence of few randomized controlled trials supporting the use of minimally invasive hysterectomy in benign disease and endometrial cancer, there is a lack of randomized data supporting the use of minimally invasive radical hysterectomy in cervical cancer.

Despite this, retrospective data suggesting superior surgical and comparable oncologic results led to widespread acceptance of this procedure across the Americas, Europe, Asia, and Australia. However, a recent international randomized controlled trial published in the New England Journal of Medicine comparing radical open versus minimally invasive hysterectomy has called into question the efficacy and safety of the latter procedure. Using this trial as a framework, this session and debate will focus on the importance of conducting randomized surgical trials in gynecology, the challenge with performing these trials, and how to interpret the data.

Learning Objectives: *At the conclusion of this activity, the participant will be able to:* 1) Examine the data supporting various surgical techniques for radical hysterectomy; 2) analyze the challenges of performing randomized surgical trials; and 3) discuss the relevance of randomized gynecologic surgery trials and how to interpret the data.

Plenary 8

Urogynecology

2:00 pm - 3:00 pm
Room: 16AB

Moderator: *Cecile A. Ferrando, Thiers R. Soares*

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:04 pm	A Stepwise Approach to Lefort Colpocleisis *S. Benlolo*
2:11 pm	Laparoscopic Sacrospinous Ligament Hysteropexy *S. Haikal*
2:18 pm	Patient and Surgical Characteristics Associated with Delay or Cancellation of Elective Gynecologic Surgeries Due to the COVID-19 Pandemic *R. Kim*
2:25 pm	Recurrent Paravaginal Abscess: An Unusual Presentation of a Distal Ectopic Ureteral Remnant after Prior Nephrectomy *D. Lovell*
2:32 pm	Robotic-Assisted Laparoscopic Rectal Prolapse Repair in a Patient with Indiana Pouch *A. Stanton*
2:39 pm	Suprapubic-Assisted Transurethral Excision of Eroded Transvaginal Cerclage Suture *L. Ramirez-Caban*
2:46 pm	Questions & Answers
3:00 pm	Adjourn

Open Communications 14

Pelvic Pain

2:00 pm - 3:00 pm
Room: 17AB

Moderator: *Monica Kondo, Anibal Scarella*

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:04 pm	Cannabidiol Use, Substitution for Medications, and Perceptions of Effectiveness in Women with Chronic Pelvic Pain *G. Whitmore*
2:10 pm	Preoperative Clinical Features of Isolated Fallopian Tube Torsion: Evidence from a Large Series *R. Meyer*
2:16 pm	Resection of a Longitudinal Vaginal Septum in an Obstructed Hemi-Vagina *M. Leaf*
2:22 pm	Surgical Interventions for the Management of Chronic Pelvic Pain Syndrome in Women *M. Leonardi*
2:28 pm	Transobturator Tape and Chronic Pelvic Pain: A Big "Mesh" *R. Eliason*
2:34 pm	Trigger Point Injections Followed By Immediate Myofascial Release in the Treatment of Pelvic Floor Tension Myalgia *G. Lewis*
2:40 pm	Unexpected Adenomyosis Among Hysterectomy for Benign Indications: A Review of Preoperative Characteristics and Imaging *M. Le Neveu*
2:46 pm	Questions & Answers
3:00 pm	Adjourn

Open Communications 15
Laparoscopy

2:00 pm - 3:00 pm
Room: 19AB

Moderators: *Kristen Pepin, Agnaldo Lopez*

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:04 pm	Assessing Activity and Recovery Following Benign Gynecologic Surgery Using an Activity Monitor and Validated Tool Sets: A Pilot Study *J. Kim*
2:10 pm	Intraoperative Techniques for Evaluation of Minor Ureteral Injuries *N. King*
2:16 pm	Management of a Rare Case of Chemical Peritonitis after Laparoscopic Dermoid Cystectomy *C. Eng*
2:22 pm	Pre-Operative Magnetic Resonance Imaging (MRI) and Surgical Management of Endometriosis *J. Travieso*
2:28 pm	Scary Disseminated Peritoneal Parasite Tumors: A Rare Complication after Previous Laparoscopic Myomectomy *C. Sun*
2:34 pm	Surgical Approach to Laparoscopic Hysterectomy for a Large Cervical Fibroid *N. King*
2:40 pm	Surgical Principles for Management of Major Vessel Injury during Laparoscopic Gynecologic Surgery *M. Orlando*
2:46 pm	Questions & Answers
3:00 pm	Adjourn

Surgical Tutorial 6
The Treatment of Apical Prolapse

3:15 pm – 4:15 pm CME
Room: 12AB

Chair: *Marie Fidela R. Paraiso*
Faculty: *Luiz Oliviera Brito, Olivia Cardenas-Trowers*

Learn from the Urogynecology experts so you can manage pelvic organ prolapse by all routes and with all tools. In this tutorial, we will present surgical techniques and review of anatomy for various procedures to treat pelvic organ prolapse. Laparoscopic procedures for apical prolapse with or without robotic assistance and vaginal route procedures will be demonstrated and discussed. Pertinent clinical outcomes will be briefly summarized. Your key takeaways from this tutorial will include when to use native tissue or mesh for apical prolapse repair and when the robotic platform is most useful.

Learning Objectives: *At the conclusion of this activity, the participant will be able to:* 1) Demonstrate tips and trick to minimally invasive abdominal and vaginal approaches to treatment of vaginal apex prolapse; 2) discuss various techniques utilizing native tissue or mesh-based repairs; and 3) summarize strategies to avoid and manage complications in surgical treatment of vaginal apex prolapse.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	Tips n' tricks for Performing Uterosacral Ligament Suspension *O. Cardenas-Trowers*
3:35 pm	Sacrocolpopexy: Techniques and Complications *L.G. Brito*
3:50 pm	Vaginal Apex Prolapse Surgery: When to Mesh and Not to Mesh, Optimizing Your Tools, and Thinking Out of the Box *M.F.R. Paraiso*
4:05 pm	Questions & Answers
4:15 pm	Adjourn

Panel 4
Beyond the Visible: The Future of Endoscopy – Computer Vision Explained

3:15 pm – 4:15 pm CME
Room: 18ABC

Chair: *Michel Canis*
Faculty: *Nicolas Bourdel, T. Vercauteren*

The endoscopic revolution was based on several technical innovations, mainly an improved vision of the surgical field. As we move to the future, our surgical vision will be improved using numerical images, augmented reality and machine learning computer vision as the cornerstone of this revolution. Although these tools are already applicable in clinical practice, surgeons will have to collaborate with computer scientists to design the surgical technologies of the future. These technologies, based on software, will allow us to identify structures which are not currently visible. This will facilitate the identification of vulnerable structures, such as ureters, diseases such as myomas and endometriosis, and will revolutionize our surgical practice.

Learning Objectives: *At the conclusion of this activity, the participant will be able to:* 1) Explain the basic principles of deep learning in medical image analysis; 2) hyperspectral label-free imaging; 3) machine learning algorithm for surgery; 4) augmented reality; and 5) computer vision.

COURSE OUTLINE

3:15 pm	Welcome, Introductions and Course Objectives *M. Canis*
3:20 pm	Intraoperative Hyperspectral Label-Free Imaging: From System Design to First-in-Patient Translation *T. Vercauteren*
3:45 pm	Image Guided Surgery: From Technical Innovation to Machine Learning and Computer Vision Revolution *N. Bourdel*
4:05 pm	Faculty Discussion/Questions and Answers
4:15 pm	Adjourn

Open Communications 16
Laparoscopy

3:15 pm – 4:15 pm
Room: 16AB

Moderators: *Nucelio Lemos, John A. Sunyecz*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:18 pm	Clinical Outcomes of Drug-Free in Vitro Activation (IVA) with Modified Surgical Technique in Patients with Diminished Ovarian Reserve *V. Dementyeva*
3:24 pm	Expanding Horizons: Laparoscopic Management of Unruptured Cornual Heterotopic Pregnancy Safeguarding Intrauterine Pregnancy *S. Munshi*
3:30 pm	Preventing Isthmocele after Cesarean Section (PICS): A Pilot Randomized Controlled Trial *C. Warshafsky*
3:36 pm	Recurrent Ovarian Torsion and Fixation – Risk Factors and Predictors for Treatment Outcome *A. Akdam*
3:42 pm	Resection of a Cornual Heterotopic Pregnancy Using Single-Site Laparoscopic Techniques *S. Delgado*
3:48 pm	Robotic Assisted Laparoscopic Tubal Anastomosis *M. Mahmoud*
3:54 pm	Ruptured Ectopic Pregnancies Following Methotrexate Treatment: Clinical Course and Predictors for Improving Patient Counseling *A. Cohen*
4:00 pm	Questions & Answers
4:15 pm	Adjourn

Open Communications 17
Laparoscopy-Variety

3:15 pm – 4:15 pm
Room: 17AB

Moderators: *Kathy Huang, Juan Salgado*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:19 pm	Benefit of Routine Cystoscopy at Time Uncomplicated Total Laparoscopic Hysterectomy *W. Zhang*
3:25 pm	Laparoscopic Appendectomy: Surgical Techniques for the Benign Gynecologist *E. Wang*
3:31 pm	Laparoscopic High Anterior Resection for Management of Primary Peritoneal Carcinoma Recurrence: A Case Report *S. Sakate*
3:37 pm	Sonographic Characteristics of Isolated Fallopian tube Torsion Compered to Ovarian and Adnexal Torsion. a Retrospective Trial *R. Tamir Yaniv*
3:43 pm	Surgical Approach to a Non-Communicating Uterine Horn *P. Sabu*
3:49 pm	The Art of Manipulation: Preparing the Learner for Uterine Manipulation in Laparoscopic Hysterectomy *A. Shafa*
3:55 pm	A Novel Access to the Sacrospinous Ligament and the Coccygeal Muscle *C. Souza*
4:01 pm	COVID19 Pandemic Impact on Same-Day Discharge Rates after Minimally Invasive Surgery for Endometrial Cancer *B. Lees*
4:07 pm	Questions & Answers
4:15 pm	Adjourn

Open Communications 18
Laparoscopy-Variety

3:15 pm – 4:15 pm
Room: 19AB

Moderators: *Nash Moawad, Tevfik Yoldemir*

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:18 pm	Determents for Pelvic Organ Prolapse Recurrence in Women Undergoing Laparoscopic Sacrocolpopexy and Sacrohysteropexy *E. Grinstein*
3:24 pm	Is Same Day Discharge (SDD) after Minimally Invasive Sacrocolpopexy (MISC) Safe? a 9 Year Database Analysis *R. Kopkin*
3:30 pm	It's in the Bag! a Review of Laparoscopic Specimen Retrieval *E. Miazga*
3:36 pm	Laparoscopic Hysteroperineopexy for Pelvic Dysfunction after Proctocolectomy *M. McGrattan*
3:42 pm	Laparoscopic Trocar Dimensions: Marketed Versus True Dimensions – a Descriptive Study *T. Limperg*
3:48 pm	Management of Post Uterine Transplant Hysterectomy a Big Dilemma *S. Puntambekar*
3:54 pm	Rate of Unexpected Malignancy at the Time of Hysterectomy Being Performed for a Benign Indication *C. Elliott*
4:00 pm	Questions & Answers
4:15 pm	Adjourn

CME

GENERAL SESSION VII

Wednesday, November 17, 2021
4:30 pm – 6:00 pm
BALLROOM D

AAGL MED TALK

Gender Affirmation Surgery for the Transgender Patient

Cecile A. Ferrando, MD, MPH
4:35 pm – 4:55 pm

Dr. Ferrando is a Urogynecologist and Pelvic Reconstructive Surgeon at the Obstetrics, Gynecology and Women's Health Institute, Cleveland Clinic.

Dr. Ferrando attended medical school at the State University of New York (SUNY) Stony Brook, where she also completed a Master's in Public Health program. She completed a residency in Obstetrics and Gynecology in the combined Brigham & Women's Hospital/ Massachusetts General Hospital program, followed by a fellowship in Female Pelvic Medicine and Reconstructive Surgery at the Cleveland Clinic. She is board certified in Obstetrics and Gynecology and Female Pelvic Medicine and Reconstructive Surgery.

Dr. Ferrando has authored more than 30 peer-reviewed articles and 6 book chapters and has made numerous presentations at national meetings. With an interest in caring for transgender patients, Dr. Ferrando is of a multidisciplinary transgender-specific team at Cleveland Clinic. Her experience in this area includes providing primary care and hormone therapy services, as well as surgical consultations. She is the author of Comprehensive Care of the Transgender Patient.

Dr. Ferrando's AAGL Talk "Gender Affirmation Surgery for the Transgender Patient" focuses on the development of a transgender surgical program within a gynecologic practice. There will be a discussion of how transgender care has evolved over the last decade and where the field is going in the future as it pertains to surgical innovation as well as surgical training at the post-graduate level. Attendees will also hear testimonials from patients about their surgical experiences.

Learning Objectives: *At the conclusion of this course, the participants will be able to:* 1) Provide an overview of where we are today with regards to gender affirming care; 2) Discuss new innovations in the surgical techniques and post-graduate training in this field; and 3) Share patient experiences with gender affirmation surgery.

Sarah Choi, FRANCOG, MBChB, MRCOG
4:55 pm – 5:45 pm

LIVE SURGERY III

Robot-Assisted Radical Excision of Large Recto-Vaginal Endometriotic Nodule in Nerve-Sparing Approach

This case will provide a surgical demonstration of a complete excision of sizeable endometriotic nodule involving dual-lumen excision - vagina and rectum - and a low rectal segmental resection by transvaginal natural orifice tissue extraction (NOSE). This case demonstrates surgical dissection following principles of Negrar Method in nerve-sparing surgery. This course discusses the surgical anatomy in nerve-sparing endometriosis resection, the management of rectal endometriosis, and the techniques to achieve safe and effective dissection around rectal pathology and in the deep pelvis. The procedure was undertaken with Da Vinci Xi surgical system, but the techniques are translatable to laparoscopic MIGS.

Learning Objective: *At the conclusion of this activity, the participant will be able to:* 1) identify the anatomical landmarks (retroperitoneal spaces, surgical layers, and fasciae) for nerve-sparing surgery in the posterior pelvic compartment; 2) discuss the principles of management of rectal endometriosis; and 3) implement the principles of surgical dissection in pouch of Douglas obliteration and rectal adhesions.

Closing Ceremony

5:45 pm – 6:00 pm

Scientific Virtual Posters will be available for viewing at anytime in Exhibit Hall 4 and online at Congress.AAGL.org on Monday, November 15th through Wednesday, November 17th.

5867 #Twitterimpact: The Impact of Oral Presentation Tweets at Gynecologic Society Scientific Meetings on Journal Publication
J. Savoni, E. Hoang, S. Kodama, S. Desale, C.B. Iglesia

5866 15 Years of Uterine Sarcomas in a Third-Level Private University Hospital in Mexico City.
B. Flores Maldonado, A. Galvan Luna, V. Garcia Lopez, M.D.L.A. Flores Manzur, M. Cordova Castillo, R. Rivas

6239 3D Ultrasound Preoperative Planning for a Laparoscopic Cornual Wedge Resection
V. Flatow, A. Rebarber, C.J. Ascher-Walsh, S. Aksel, S. Khalil

5900 7 Golden Steps of Surgery for Endometriosis – a Simplified Approach to Difficult Cases of Endometriosis
S. Saini, S. Gupta

6698 A Case of Laparoscopic Excision of a Large Ovarian Cyst with Controlled Drainage
G. Namazi, J. Tavcar, S.N. Morris

6394 A Comparative Analysis of Diagnosis and Measurement of Uterine 'Niche' Performed by Non-Specialist and Specialist Sonographers
A. Mohr-Sasson, T. Dadon, A. Brandt, R. Meyer, R. Mashiach, M. Zajicek

6253 A Comparative Study of Efficacy of CO^2 Laser Treatment Alone and in Combination with Platelet-Rich Plasma for Vulvovaginal Atrophy
S. Tseluyko, E.B. Piskunova

5921 A Cut Above the Rest: A Complete Peritonectomy
Y. Suliman, A. Lyon, M.A. Stuparich, S. Nahas, S. Behbehani

6420 A Descriptive Analysis of Occult Gynecologic Malignancy in a Large Series of Supracervical Hysterectomy with Sacrocolpopexy
M.K.M Shu, S. Andres, D. Kadakia, J.Y. Lee, A. Eddib

5819 A Large Parasitic Fibroid on the Mesentery
S.J. Seaman, H. Daifotis, J.H.J. Kim

5773 A New Insight of the Fascia in Gynecologic Surgery, "the Dissectable Layer"
S. Yanai, M. Andou, S. Sakate, M. Sawada, K. Kanno

6598 A Novel Camera Rotation Approach for a Robot-Assisted Total Laparoscopic Hysterectomy for Large Fibroid Uterus
R. Hutchinson, J.G. Putman, T.P. Boren

6714 A Novel Introduction to Treatment of Chronic Pelvic Pain with Extracorporeal Shock Wave Therapy (ESWT)
J.A. Shepherd

6404 A Novel Technique Using Ultrasonic Shears Versus Traditional Methods in Labiaplasty: A Retrospective Case-Control Study
T.H. Le, E.G. Lockrow, S. Endicott

6151 A Pilot Study of Guided Conservative Hysteroscopic Evacuation of Early Miscarriage.
S. Weinberg-Hendel, M. Pansky, I. Burshtein, U. Beller, H. Goldstein, O. Barel

6221 A Resident's Guide to Laparoscopic Hysterectomy of Large Fibroid Uterus
S. Schatzman-Bone, S. Gupta, M. Loring

6540 A Retrospective Cohort Study on the Effects of Postoperative Phone Calls after Benign Gynecologic Surgery
Y.X. Liu, S.K.R. Kim, C. Oak, K. Oh, W.M. Burke

5617 A Survey of Grit, Mindset, and Happiness Among Participants Completing a Fellowship in Minimally Invasive Gynecology Surgery Program
A.R. Carrubba, M.G. Leon, M.G. Heckman, J.J. Cochuyt, L.A. Chase, T.A. Dinh, C.C. DeStephano

5771 A Twist of Fate: Laparoscopic Management of Recurrent Ovarian Torsion
G.K. Lewis, E.A. Roman, A.R. Carrubba

6663 Abdominal Wall Injections for Chronic Pelvic Pain: An Introduction and How-to Guide
J. Wong, A.B. McClurg, E.T. Carey

6017 Achievement of Self-Reported Goals from a Randomized Trial of Laparoscopic Versus Abdominal Hysterectomy for Benign Indications
J.S.C. Chen, D.J. McIntire, K.A. Kho

6268 Adnexal Torsion: Narcotic Administration and Gynecologists' Diagnostic Accuracy
M.C. Leaf, J. Prasad, J. Chang, A. Ziogas, N. Chuba

6567 An Incidental Finding of Isolated Fallopian tube Torsion in Adolescent: A Case Report and Review of Literature
H.M. Felimban, D.M. Alajani

5945 Anatomical Distribution of Deep Endometriosis on Transvaginal Ultrasound and Clinical Features: Implications on Non-Invasive Diagnosis
R.M. Rocha, J.V.C. Zanardi, C. Uzuner, J. Mak, G. Condous

6721 Approach to Dissection: Captive Uterus Syndrome
R.D. Patel, O.L. Dziadek, A.I. Montealegre, A.B. Bhalwal

6453 Approach to Ovarian Dermoid Cysts in Context of Anti-NMDA Receptor Encephalitis: A Case Series
E.A. Smith Romero, T. Rao, C. Johansson

5593 Approach to a Total Laparoscopic Hysterectomy with Anterior Abdominal Wall Adhesions
E.E. OBrien, S. Miles

5752 Appropriate Preoperative Planning Leads to Successful Removal of the Small Volume Ovarian Remnant
M.G. Leon, E.A. Roman, T.A. Dinh

6532 Are Foley Catheters Needed during Hysterectomies? an Appraisal of 426 MIGS Hysterectomies without Bladder Catheterization or Cystoscopy
T.C. Sowby, L. To, E.M. Salom

5969 Asherman's Care in a Covid-19 Pandemic
M.M. Hanstede

5906 Asherman's Syndrome (AS) after Long Term Use of a Levenorgestrel Containing IUD, Cause or Coincidence?
J.F. Molkenboer, M. Hanstede

6407 Assessing the Effectiveness of a Hysterectomy Patient Education Video Narrated in Spanish: A Feasibility Study
D.L. Howard, S. Sunkara, J.B. Nijjar

6531 Assessment of Obstetric and Gynecology Residents: An Assessment of Attitudes before and after Initiation of a Robotic Training Curriculum
M.E. Pumphrey, L. Fouad

6606 Asymptomatic Postmenopausal Endometrial Thickening: A Comparison between Transvaginal Ultrasound and Hysteroscopy
P. Patrizia, A. Serva, D. Angela, C. Taccaliti, D.F. Christian, B. Matteo, T. Sara, G.

6284 Benchmarks for 3-D Systems (Simbionix) Bladder Flap Module for the Xi Robot: Differentiating Novice from Experienced and Expert Surgeons
A.G. Cope, B.E. Willborg, J.J. Lazaro, E.D. Lindstrom, C.C. DeStephano, M.H. Vetter, K.C. Mara, G. Glaser, C.L. Langstraat, A.H. Chen, M.A. Martino, T.A. Dinh, R. Salani, I.C. Green

5699 CD16 and CD56 mRNA Expression in Decidua of Patients with Missed and Spontaneous Abortions.
O.P. Lebedeva, I.O. Zhukova, O.N. Kozarenko, S.P. Pakhomov

6637 COVID-19 Delays in Gynecologic Surgery and Their Association with Race, Ethnicity and Insurance Status
D.A. Elsahy, O.M. Higgins, C.M. Pickett, K.M. Kasper, KM

6615 CS Scar Pregnancy, the Challenge, the Triumph
H.N. AlSalem, J. Tigdi, M. Leonardi

6292 Case Report: Complication after Laparoscopic Hysterectomy and Sacral Colpopexy
K.P. Silva, C.F. Kikuchi Fernandes, J.M. Cordeiro Ruano

5697 Case Report: Young Nulligravid with Chronic Non-Puerperal Uterine Inversion Secondary to a Prolapsed Myoma with Malignant Histopathology
I.R.L. Maniego, P.V. Aquino-Aquino

6471 Cesarean Scar Pregnancy Resection with Isthmocele Repair Utilizing Temporary Vascular Clips to Minimize Blood Loss
L. Yu, E. Bardawil, S.W. Biest

6682 Changing the Paradigm for Office Hysteroscopic Tissue Removal with the Aveta® Auto
A.L. Garcia, A.I. Brill

6621 Cinelaparoscopy the Remarkable Early Progress in Video-Documentation of Laparoscopic Surgery.
D.F. Kott, R.J. Turner

6687 Clarifying Values of Surgical Providers to Improve Care for Transgender Patients Undergoing Gender-Affirming Surgery
K.E. Goldrath, C.R. Douglas, A.R. Aliabadi, V. Rodriguez-Triana

5816 Clinical Implications of Anatomic Variations of the Presacral Space
T. Odunsi, G. Feuer, C.H. Nezhat

6320 Combined Hysteroscopic and Laparoscopic Approach to a Complicated Case of Asherman's Syndrome
A.R. Schmidt, D. Luciano, A.P. Ulrich

6686 Comparison of Calcified Fibroid Tissue Model Removal Rate of the Aveta® Wave to the Truclear™ Dense Tissue Shaver Mini and the Myosure® Reach
A.L. Garcia

5834 Comparison of Surgical Outcomes from Laparoscopic Vs Laparotomy Approach for Uterine Myomectomies Based on Fibroid Burden
B.C. Andrews, L. Van Reesma, T.J. Gaughan, M.R Hoffman, P.R. Movilla

6562 Contained Tissue Extraction of a Presumed Benign Large Ovarian Tumor within an Inflated Containment System
T. Shibley

5983 Contained Transvaginal Specimen Removal: A Simple Technique Using Materials Readily Available in the MIGS Operating Room
S. Walker, A. Froehlich

5787 Conversion of Appointments to Televisits in a Minimally Invasive Practice during the COVID-19 Pandemic
M.C. Toaff, A. Soltani, S. Golden- Espinal, J.G. Keltz, C.L. Grimes

5692 Core Features That Contribute to Complexity at Laparoscopic Hysterectomy: An International Consensus Development Study
M. Leonardi, K.P. Robledo S.J. Gordijn, G. Condous

6285 Cost Effective Simulation Model for Laparoscopic Uretero-Ureterostomy
A. Jampa, A.R. Carrubba

6647 Cost Value Analysis of Single Incision Midurethral Sling Insertion in the In Office Vs. Hospital Setting.
S.B. Shenoy, M.R. Wright, V.R. Lucente, K.M. Hamilton, J. Pisan

6709 Counseling a Patient on Laparoscopic Abdominal Cerclage Placement
C.H. Waters, C.W. Chan, M.L. Nimaroff

5832 Credentialing and Patient Safety in Robotic Gynecologic Surgery: Changes over the Last Nine Years
R.G. Silverstein, K.J. Moore, E.T. Carey, M. Al-Jumaily, L.D. Schiff

6726 Decidualized Juvenile Cystic Adenomyoma Mimicking a Cornual Heterotopic Pregnancy
E.L. Stockwell

5978 Deep Endometriosis: An Anatomical Challenge Unraveling and Restoring Anatomy
B.T.C. Porto, P. Ayroza Ribeiro, C.R.S. Lima, A.L. Gonçalves, M. Carpenedo Tomasi, H.A. Ribeiro

6365 Definitive Management of C-Section Scar Ectopic Pregnancy with Robotic-Assisted Laparoscopic Total Hysterectomy
N.B. Luna Ramirez, A. Elfeky, P. Bral

5768 Development and Implementation of a Robotic Surgery Training Curriculum
M. Aioub, T. Gee, O. Mutter, K. Harmon, A. Abdo, S. Prescott, H. Zhao, J. Diaz, A. Ayala-Crespo

6642 Development of a Haptic Simulator for Laparoscopic Trocar Insertion Training
A.F. Galvan, K.A. Kho, J. Shields, A. Majewicz Fey

6248 Development of a Simulation Model for Minimally Invasive Myomectomy
R.J. Schneyer, K.N. Wright, M.T. Siedhoff, M.D. Truong

6518 Dissection and Removal of Retroperitoneal Cyst of Unknown Origin
S.K.R. Kim, W.M. Burke

5961 Distinct Strategy in Challenging Myomectomies: Associated Techniques with Two Stages Laparoscopy Surgery
B.G. Peixoto, P. Ayroza Ribeiro, F.D.A. Asencio, L.C. Favaro, B.T.C. Porto, H.A. Ribeiro

5908 Does Procedure Time and Size Matter for Office Hysteroscopy Treatment of Retained Products of Conception?
T. Tanvir, M. Meeta, A. Singh

6605 Does the Presence of Adenomyosis Affect the Results of DEEP Infiltrating Endometriosis Surgery?
M. Rius Gracia, C. deGuirior, C. Ros, Martínez-Zamora, M.Á. Quintas, L, F. Carmona

5705 Double Trouble: Pelvic Pain Associated with a Dual Presentation of Endometriosis and Granulomatous Peritonitis
H. Mandell, M.A. Stuparich, S. Nahas, S. Behbehani

6036 Effect of Age on Surgical Outcomes and Rate of Complication in Women Undergoing Laparoscopic Sacrocolpopexy and Sacrohysteropexy
O. Gluck, E. Grinstein, B. Deval

6037 Effect of Body Mass Index on Surgical Outcomes and Complications in Women Undergoing Laparoscopic Sacrocolpopexy
E. Grinstein, O. Gluck, B. Deval

6380 Effect of Gabapentin on Sedation and Same Day Discharge in Gynecologic Laparoscopy
K. Stearns, M. Thelen, S.W. Tsaih, B.D. Beran

6504 Effect of the COVID-19 Pandemic on Ectopic Pregnancy Outcomes
J. Huntly, V. Flatow, S. Khalil, C.J. Asher-Walsh

5740 Effects of Tranexamic Acid Administration at Time of Myomectomy with a Particular Focus on Fibroid Characteristics.
R.M. Cullifer, H.V. Toma, G.E.H. Makai, Y. Yi, M.M. Pacis

5539 Efficacy of Laparoscopic and Trans-Abdominal Cerclage in Patients with Cervical Insufficiency: A Systematic Review and Meta-Analysis
G.J. Marchand, K.M. Sainz, A. Azadi, K. Ware, A.T. Masoud, J. Vallejo, A. King, S. Ruther, G. Brazil, K. Cieminski, J. Parise, A. Arroyo

6013 Endometrial Micropoliposis, Hysteroscopic Manifestation of Chronic Endometritis
G. Rodríguez Reyes, G. Cuevas Velasco, K.L. Benitez Castro

6300 Endometriosis and Pelvic Pain in the Adolescent: Delayed Diagnosis Leading to Long-Term Suffering and the Need for Intervention
L.L.Q. Lelea, G.N. Moawad

5738 Endometriosis in Transgender Men – A Systematic Review with Metanalysis
F. Okita, M. Abrao, L.A.S. Lara, M.P. Andres, C. Cunha, L.G. Oliviera Brito

5627 Enhanced Myometrial Vascularity: Case Presentation and Review
S. Murphy, J. Woo, B.S. Kahn

6182 Environmental Toxicants and Uterine Leiomyoma in Patient and in-Vitro Studies: A Systematic Review
J. Sodhi, H.M. Chan, R. Chow, I. Chen

6541 Ergonomics for the Minimally Invasive Gynecologic Surgeon
S. Gutta, A. LeBental, I.S. Eisner

5873 Evaluating the Content, Understandability, and Actionability of Endometriosis-Related Instagram Posts
N. Walker, A. Liew-Spilger, K.A Smith

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Opening Reception
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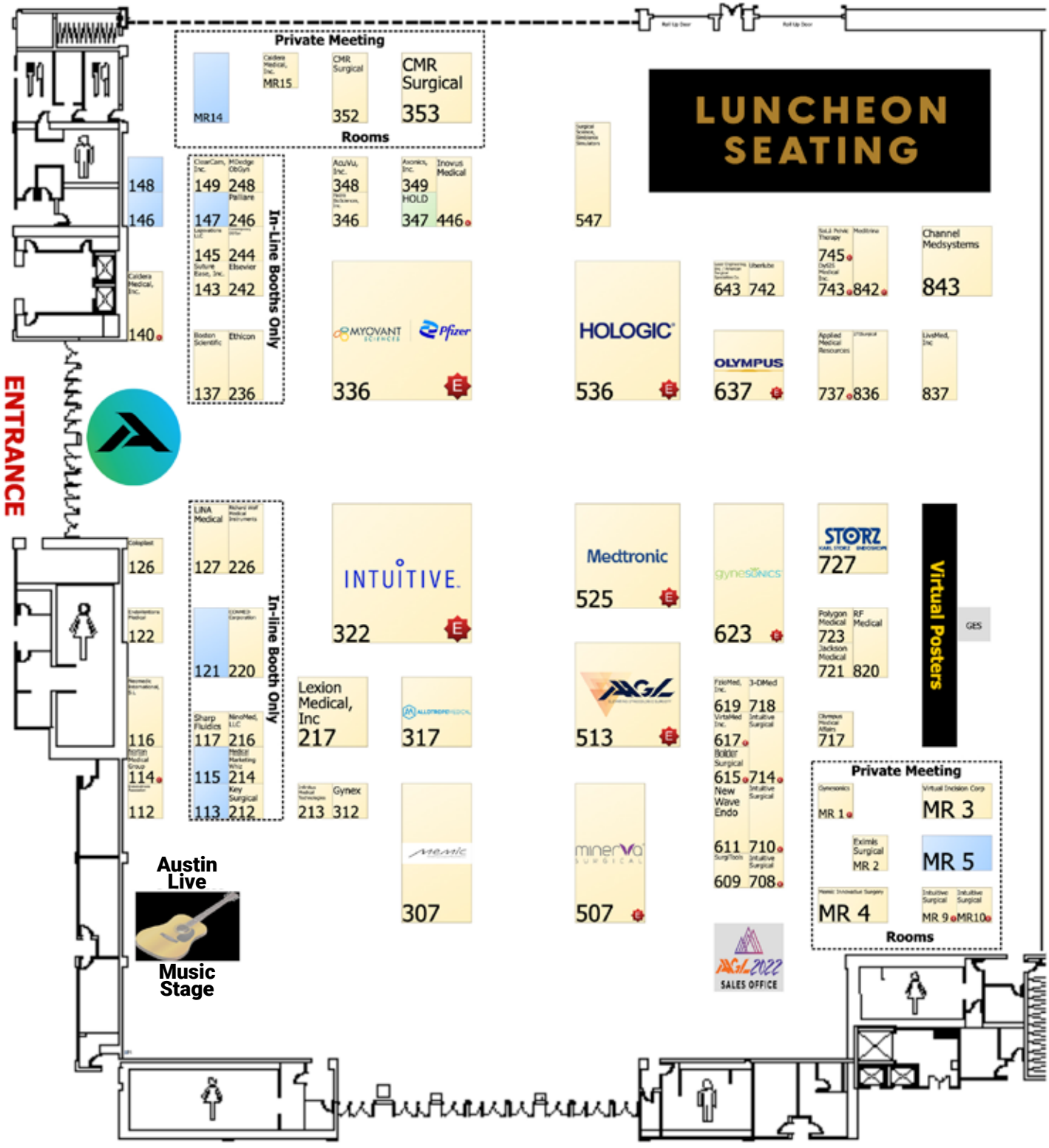
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1920 McKinney Avenue, 8th Floor
Dallas, TX 75201
Website: www.270surgical.com

3-Dmed 718

255 Industrial Drive
Franklin, OH 45005
Phone: 937.746.2901
Website: www.3-dmed.com

We specialize in laparoscopic simulation training stations and related materials including skills training exercises, practice instruments and a large variety of anatomical models for use in our trainers and others. We also are an authorized distributor for the Kyoto Kagaku line of task trainers and ultrasound training models.

AAGL 513

6757 Katella Avenue
Cypress, CA 90630
Phone: 800.554.2245
Website: www.aagl.org

As the global leader in Minimally Invasive Gynecologic Surgery, our mission is to elevate the quality and safety of health care for women through excellence in clinical practice, education, research, innovation, and advocacy. We provide dynamic evidence-based learning to members throughout their career. We advance the field of gynecologic care by encouraging new ideas, surgical innovation, and collaboration, while developing transformational leaders that set standards for patient care in order to serve their local, national, and international communities.

AcuVU, Inc. 348

4546 El Camino Real, Suite 211
Los Altos, CA 94022
Phone: 650.804.0050
Website: www.acuvuinc.com

The Hummingbird HTx Hysteroscope is a single use, "see and treat" device for viewing of the adult cervical canal and uterine cavity, and performing diagnostic or operative procedures in a clinical office. The disposable cannula is a straight rigid scope that allows rigid therapeutic tools passing through. The cannula are 4.5mm diameter/5Fr working channel and 6.2mm diameter/9Fr working channel, has in flow and out flow fluid ports. The images are displayed on a 19 inch high resolution monitor.

Allotrop Medica Inc. 317

2450 Holcombe Boulevard, Suite X
Houston, TX 77021
Phone: 832.799.8546
Website: www.allotropemed.com

Allotrope Medical is committed to helping surgeons safely and easily identify the ureter during pelvic operations. The Houston-based company's first product –StimSite™–is designed to assist surgeons in the critical step of ureter identification in millions of operations performed every year. Our vision is to advance smooth muscle stimulation technology as the standard of care to help improve minimally invasive surgical outcomes and drive healthcare efficiency.

Applied Medical Resources 737

22872 Avenida Empresa
Rancho Santa Margarita, CA 92688
Phone: 949.713.8200
Website: www.appliedmedical.com

Applied Medical designs, develops, manufactures and sterilizes healthcare solutions that enable advanced surgical procedures and optimize patient outcomes. We achieve this while also reducing healthcare costs and offering unrestricted choice. Applied Medical is committed to furthering minimally invasive surgery by offering sophisticated training, including workshops, symposia and our simulation-based programs.

Axonics, Inc. 349

26 Technology Drive
Irvine, CA 92618
Phone: 949.748.8470
Website: www.axonics.com

Axonics® is dedicated to improving the quality of life of people suffering from bladder and bowel dysfunction, conditions that impact the lives of tens of millions of adults globally. The Company's products include the Axonics Sacral Neuromodulation System designed to treat overactive bladder and fecal incontinence and the Bulkamid® hydrogel designed to treat women with stress urinary incontinence. For more information, visit www.axonics.com and www.bulkamid.com.

Bolder Surgical 615

100 Boston Scientific Way
331 S. 104th Street, Suite 200
Louisville, CO 80027
Phone: 720.921.5778
Website: www.boldersurgical.com

Bolder Surgical was founded with the mission to elevate surgical expectations. Leveraging an expertise in energy delivery and precision surgical devices, the company delivers solutions to give surgeons options they've never had, optimizing workflow while allowing for minimal surgical impact on every patient. Bolder Surgical has reinvented vessel sealing with CoolSeal, continuing the company's legacy of innovation. Bolder Surgical was the first and only company to acquire FDA clearance for a 3 mm pediatric vessel sealer, and its mechanical stapler is the only 5 mm stapler on the market. Manufactured in the US, Bolder Surgical's products have been adopted at hundreds of hospitals throughout the world.

Boston Scientific 137

100 Boston Scientific Way
Marlborough, MA 01752
Phone: 612.819.5674
Website: www.bostonscientific.com

Boston Scientific has been committed to helping you treat pelvic floor disorders since 1995. We continue to invest in delivering the most comprehensive clinical research and most-studied portfolio of pelvic floor products in the industry, so you can feel confident you're providing your patients with the best therapy options.

Caldera Medical, Inc. 140

4360 Park Terrace Drive
Westlake Village, CA 91361
Phone: 818.879.6555
Website: www.calderamedical.com

Caldera Medical is a medical device company solely focused on women's health with a commitment to our mission of "Improving the Quality of Life for Women!" We develop, build and market best in class surgical products for the treatment of Stress Urinary Incontinence, Pelvic Organ Prolapse, Polyps and Fibroids. We work closely with surgeons to help those here at home, as well as women around the world, through our humanitarian programs to give them the access to the education and treatment they deserve.

Channel Medsystems 843

2919 7th Street
Berkley, CA 94710
Phone: 510.338.9301
Website: www.channelmedsystems.com

Channel Medsystems' mission is to bring innovation to women's healthcare for the benefit of women, physicians, and the healthcare system. Our initial product offering, Cerene®, was developed to allow physicians to safely and effectively treat women with Heavy Menstrual Bleeding in the physician's office. The novel cryo-based device was originally approved by the FDA supported by the largest Premarket Approval (PMA) pivotal study of its kind, and clearly established the benefits of the 2.5-minute treatment. The procedure was well-tolerated with minimal anesthesia resulting in a significant reduction in bleeding severity and dysmenorrhea and demonstrated the ability to access and systematically assess the uterine cavity 12 months post-procedure. The current generation

Cerene device was approved by the FDA in 2020 and is now available for commercial use. Call 510-338-9301 or email info@channelmedsystems.com for an in-office demonstration.

ClearCam, Inc. 149

2101 E. St. Elmo Road, Building 1, Suite 100
Austin, TX 78744
Phone: 888.863.8128
Website: www.clearcam-med.com

The Kelling™ Device provides continuous vision and clarity throughout laparoscopic procedures without removing the scope from the body cavity. The swift tip cleans the distal lens of fog, debris, cautery, and fluid with a simple twist.

CMR Surgical 353 & 352

1 Evolution Business Park Milton Road
Cambridge, CB24 9NG
Phone: 44.012.237.5530.0
Website: www.cmrsurgical.com

CMR Surgical is the UK's leading surgical robotics company. Our ambition is to extend the benefits of minimal access surgery to millions more people every year. Our next-generation robotic system, Versius, has been designed to significantly increase the volume and range of supported procedures, making the benefits of robotic minimal access surgery universally accessible and affordable. Versius is not cleared by the FDA and is not commercially available for sale in the USA.

Coloplast Corp. 126

1601 W. River Road
Minneapolis, MN 55411
Phone: 800-258-3476
Website: www.us.coloplast.com

Making life easier for people with intimate healthcare needs, Coloplast is a leading global manufacturer and marketer of innovative medical devices for the management and treatment of urological conditions to include stress urinary incontinence, pelvic organ prolapse, kidney stones and ED. Products include the new Titan® Touch, Restorelle®, Altis®, and ReTrace®.

CONMED Corporation 220

6455 S. Yosemite Street, Suite 800
Greenwood Village, CA 80111
Phone: 239.207.0300
Website: www.conmed.com

CONMED is a global medical technology company that specializes in the development and sale of surgical and patient monitoring products and services that allow our physician customers to deliver high quality care and, as a result, enhanced clinical outcomes for their patients. Our broad portfolio of products are recognized as technological leaders by healthcare professionals within the Orthopedic, Laparoscopic, Robotic and Open Surgery, Gastroenterology and Pulmonology, and Cardiology and Critical Care specialties across the world.

Contemporary OB/GYN 244'

485 Route 1 South, Building F, Suite 210
Iselin, NJ 08830
Phone: 203.807.6952
Website: www.contemporaryobgyn.net

For nearly 50 years, busy practitioners have trusted Contemporary OB/GYN to translate the latest research into outstanding patient care. With critical thinking from top academic physicians, we are dedicated to providing readers with evidence-based information on scientific advances in a clinically useful, compellingly illustrated format. Learn more at ContemporaryOBGYN.net.

DySIS Medical Inc. 743

3455 Peachtree Road NE, 5th Floor
Atlanta, GA 30326
Phone: 770.847.8482
Website: www.dysismedical.com

DYSIS® is computer-aided colposcopy with innovative cervical mapping that quantifies acetowhitening and creates the color-coded DYSISmap™ to help healthcare professionals detect cervical lesions more clearly. The IMPROVE-COLPO study demonstrated an increased detection of patients with high-grade lesions by 44% when the DYSISmap was used for biopsy selection after a thorough visual colposcopic assessment. Additionally, high-resolution images and video (including exam playback) improve documentation, patient communication and help healthcare professionals direct patients with greater assurance for screening, treatment or conservative management using SMARTtrack™, a side-by-side comparison of a patient's DYSIS colposcopy exams. DYSIS is used by healthcare professionals globally.

Elsevier, Inc. 242

1600 JFK Boulevard, Suite 600
Philadelphia, PA 19103
Phone: 215.239.3900
Website: www.elsevierhealth.com

Elsevier is a world-leading provider of information solutions that enhance the performance of science, health, and technology professionals, empowering them to make better decisions, and deliver better care.

Endometriosis Association 112

8585 N. 76th Place
Milwaukee, WI 53223
Phone: 414.355.2200
Website: www.endofund.org

Endometriosis Association is an international nonprofit organization, founded in 1980, that has provided support, education, and research for 37 years. Along with providing support to those affected by endometriosis, our mission is to educate patient, professional, and public audiences about the disease, and to fund endometriosis research. Research activities include collaboration with the National Institutes of Health, and a long-term research partnership with Vanderbilt University School of Medicine. Endometriosis Association was instrumental in promoting acceptance of operative laparoscopy and highly supportive of the pioneers of less invasive, more effective surgery. Association President and Executive Director, Mary Lou Ballweg, and the Association have authored numerous publications including four books, scientific articles, and brochures in 31 languages.

EndoVentions Medical, LLC 122

380 Channing Way, #371
San Rafael, CA 94903
Phone: 631.897.9281
Website: www.gynevue.com

EndoVentions Medical is pioneering new technology to address current and future needs in delivering efficient and economical delivery of healthcare in gynecological MIS procedures. Our first innovative product, a Modular Digital Hysteroscope, offers considerable versatility and utility in performing all hysteroscopic procedures ranging from a simple diagnostic procedure to more complex morcellation/tissue removal procedures in virtually any procedural site: OR, outpatient, and office settings.

Ethicon US, LLC 236

4545 Creek Road
Cincinnati, OH 45242
Phone: 877.384.4266
Website: www.ethicon.com

Ethicon US LLC , a Johnson & Johnson company, commercializes a broad range of innovative surgical products, solutions and technologies used to treat some of today's most prevalent medical issues, such as: colorectal and thoracic conditions, women's health conditions, hernias, cancer and obesity. Learn more at www.ethicon.com, or follow us on Twitter @Ethicon.

Eximis Surgical MR 2

1772 Prairie Way, Suite E
Louisville, CO 80027
Phone: 917.968.5819

Website: www.eximissurgical.com

Eximis Surgical Inc., develops innovative technologies for the removal of large specimens during minimally invasive procedures. The company is in the pre-market phase and is actively working towards FDA submission for its first device in the platform. Eximis Surgical' proprietary technology is designed to provide surgeons a fully automated and contained system that leverages controlled RF energy delivery to segment large tissue specimens for removal through a small incision.

FzioMed, Inc. 619

231 Bonetti Drive
San Luis Obispo, CA 93401
Phone: 805.546.0610
Website: www.fziomed.com

FzioMed develops and commercializes absorbable surgical biomaterials based on its patented polymer science, for use in applications including spine, orthopedics, tendon, peripheral nerve, gynecology and general surgery. Oxiplex/IU® Adhesion Barrier Gel for Intrauterine Surgery serves to separate surgically traumatized opposing tissue surfaces in the uterine cavity. Other FzioMed adhesion barriers include Oxiplex® spine gel, Oxiplex/AP® and Dynavisc.

Gynesonics, Inc. 623

600 Chesapeake Drive
Redwood City, CA 94063
Phone: 650.216.2860
Website: www.gynesonics.com

Gynesonics believes that women deserve safe, effective, incision-free alternatives to hysterectomy and myomectomy for the treatment of symptomatic uterine fibroids. The Sonata® System for Sonography-Guided Transcervical Fibroid Ablation is FDA cleared and commercially available in the United States and Europe. The Sonata System is the first and only transcervical fibroid ablation system with intrauterine ultrasound imaging. The Sonata System combines real-time intrauterine ultrasound guidance with targeted radiofrequency ablation in an incisionless procedure to treat symptomatic uterine fibroids.

GYNEX Corporation 312

14603 NE 87th Street
Redmond, WA 98052
Phone: 888.486.4644
Website: www.gynex.com

Gynex is a provider of quality OBGYN instruments with transparent pricing.

Hologic, Inc. 536

Marlborough, MA 01752
Phone: 508.263.2900
Website: www.hologic.com

At Hologic, we pride ourselves in being an innovative medical technology company focused on improving women's health and well-being. Our GYN Surgical Solutions Division achieves this through differentiated, evidence-based solutions for minimally invasive gynecologic procedures. We continue to foster innovation and pioneer solutions designed to improve physician experience and patient outcomes for hysteroscopic procedures including endometrial ablation, tissue resection and beyond.

Infinitus Medical Technologies 213

7304 VanClaybon Road
Apex, NC 27523
Phone: 919.285.1178
Website: www.infinitusmedical.com

Infinitus Medical Technologies is a Veteran owned surgical positioning & infrastructure company dedicated to evolving safety for both patients & surgical providers. We offer the only patented combined patient handling and Trendelenburg positioning systems in the industry. Our Genesis Bi-Wing facilitates safer ergonomic processes and reduces variance of positioning care. Staff can lift & slide both patient & pad to lithotomy, while standardizing arm adduction across a wide adult BMI spectrum.

Inovus Medical 446

St. Helens, WA9 5AA
Phone: 441744752952
Website: www.inovus.org

Inovus Medical is a multi award winning designer and manufacturer of surgical training technologies based in St Helens, UK. The company was founded in 2012 with a clear purpose, to improve surgical care through connected training. At the heart of everything Inovus does are its core values of affordable, accessible and functional technologies.

Intuitive Surgical, Inc. 322

1020 Kifer Road
Sunnyvale, CA 94086
Phone: 408.523.2100
Website: www.intuitive.com

Intuitive®, headquartered in Sunnyvale, Calif., was founded in 1995 to create innovative, robotic-assisted systems that help empower doctors and hospitals to make surgery less invasive than an open approach. Since da Vinci® became one of the first robotic-assisted systems cleared by the FDA for general laparoscopic surgery, it's taken robotic-assisted surgery from concept to reality. Working with doctors and hospitals, we're continuing to develop new, minimally invasive surgical platforms and future diagnostic tools to help solve complex healthcare challenges around the world. Innovating for minimally invasive care. It's the passion that drives us at Intuitive®.

Jackson Medical 721

575 14th Street NW, Suite 100
Atlanta, GA 30318
Phone: 713.459.9021
Website: www.jackson-medical.com

Jackson Medical (Atlanta, GA) is committed to establishing a safer standard of care in surgery. Our goal is to enhance patient safety with US-made products like GloShield, an intuitive safety shield that prevents OR fires and patient burns associated with existing surgical fiber-optic light cables. Mitigate risk quickly in a cost-effective manner without impacting surgical workflow or surgical techniques.

KARL STORZ Endoscopy-America, Inc. 727

2151 E. Grand Avenue
El Segundo, CA 90245
Phone: 800.421.0837
Website: www.karlstorz.com

KARL STORZ is a global provider of MIS products. Our Rubina™ 4K IMAGE1™ S system to operate in both white light and NIR/ICG provide precise visualization of lymph nodes and vessels when performing SLN mapping and/or lymphadenectomy. Our product portfolio also encompasses flexible and rigid hysteroscopes, true bipolar resection, specialized hand instruments. With products for use in virtually every healthcare setting, KARL STORZ is committed to enabling anywhere care.

Key Surgical 212

8101 Wallace Road
Eden Prairie, MN 55344
Phone: 952.914.9789
Website: www.keysurgical.com

Key Surgical is a leading global provider of sterile processing, operating room, and endoscopy products; supporting a wide range of processes and procedures in hospitals, same-day surgery facilities, GI centers, and more. Just like our customers, we are focused on positive surgical outcomes through excellence in instrument reprocessing and the procedures themselves. Patient safety is at the heart of everything our customers (and we) do.

Lapovations LLC 145

700 W. Research Center Boulevard, Suite 1437
Fayetteville, AR 72701
Phone: 636.300.7227
Website: www.lapovations.com

Lapovations is creating a platform of innovative products that improve laparoscopy. Our flagship product AbGrab® is a single-use device that uses suction to lift the abdominal wall prior to closed insertion entry. Manually lifting can be difficult and unreliable, especially with obese patients or for clinicians with small hands. Towel clips create puncture wounds that can cause needless bruising and post-op pain. AbGrab® provides a reliable and non-invasive solution for abdominal wall elevation.

Laser Engineering, Inc./ American Surgical Specialties Co. 643

475 Metroplex Drive, Suite 401
Nashville, TN 37211
Phone: 615.739.5418
Website: www.laserengineering.com

Laser Engineering is a CO2 laser manufacturer located in Nashville. Laser Engineering will be debuting the Aurora Isotope CO2 Laser with Dual Delivery option utilizing a Heavy Duty Long Articulating Arm or the UltraLase Aiming Beam Fiber. Laser Engineering offers a full line of laser accessories including Robotic Delivery systems, GYN Fiber Handpieces, Micromanipulators- American Surgical offers an extensive line of Surgical Laparoscopic Instruments. Laser Focused on CO2 Innovations.

Lexion Medical, Inc 217

545 Atwater Circle
St. Paul, MN 55103
Phone: 855.688.FLOW
Website: www.lexionmedical.com

LEXION is a comprehensive pneumo-management, smoke evacuation, and CO2 conditioning system for laparoscopic and robotic procedures. Our system provides enhanced visibility, stable pneumo, improved safety, clinical benefits, and cost savings. The LEXION system comprises of one-way, real-time intelligent insufflator, the AP 50/30, CO2 conditioning trocar, the InsuflowPort®, and closed-loop, active smoke eliminator, the PneuView® XE, to create the optimal surgical insufflation environment.

LiNA Medical 127

1856 Corporate Drive, Suite 135
Norcross, GA 30093
Phone: 855.546.2633
Website: www.linamed.com

LiNA Medical develops and distributes innovative, simple to use devices for minimally invasive gynecology and urogynecology. LiNA Medical USA distributes the EnPlace™ system, a minimally invasive, meshless approach to pelvic floor ligament fixation as well as the ARCTV™ transvaginal sling system. LiNA Medical also manufactures the LiNA OperåScope™ single-use operative hysteroscopy system, LiNA Xcise™ cordless laparoscopic morcellator as well as the LiNA Bipolar Loop™ and LiNA Gold Loop™.

LivsMed, Inc 837

2305 Historic Decateur Road, Suite 100
San Diego, CA 92106
Phone: 619.870.4258
Website: www.artisential.com

LivsMed envisions a new paradigm of laparoscopic surgery where articulating technology is available to every surgeon. ArtiSential, our articulating laparoscopic instrument, has received the Red Dot Design Award and recognition from SAGES for its groundbreaking technology. Working with physicians worldwide, LivsMed focuses on revolutionizing the capabilities of minimally invasive surgery and advancing patient outcomes around the world. For more information about LivsMed, visit www.artisential.com

MDedge ObGyn 248

7 Century Drive, Suite 302
Parsippany, PA 07054
Phone: 973.290.8228

Website: www.mdedge.com/obgyn
MDedge ObGyn combines latest news and conference coverage from Ob.Gyn. News with practical clinical reviews, relevant and timely expert commentary, and surgical technique articles and videos from OBG Management, providing users with a one-stop information destination. All content is streamlined for ease of use, categorized by specialty and condition/ disease state.

Medical Marketing Whiz 214

6977 Kennesaw Road
Canton, MI 48187
Phone: 888.418.8065
Website: www.medicalmarketingwhiz.com
Medical Marketing Whiz is a marketing agency specializing in helping OBGYN's and other women's health providers grow high-ticket services such as intimate wellness, hormone therapy, aesthetics, and other in-office procedures such as hysteroscopy, ablations, and more

Mediflex Surgical Products 347

250 Gibbs Road
Islandia, NY 11749
Phone: 631.582.6424
Website: www.mediflex.com

Since 1969, Mediflex has been innovating devices for surgical efficiency and retraction —to save time and cost, reduce staff and produce better surgical outcomes. FlexArm™ and StrongArm™ holding & positioning systems provide unparalleled versatility and flexibility as they offer rigid stabilization of scopes and/or retraction instruments - which eliminates an assistant during robotic / laparoscopic procedures. Showcased products include the DynaTrac™ Retraction System, a reusable retractor frame which accommodate elastic stays for superficial retraction and blades for deep retraction in pelvic region procedures and sterile, disposable Port-Free Internal Retractors for organ retraction or suspension —complimentary to robotic procedures as well as a Reposable Trocar/ Cannula System designed to reduce cost and waste.

Meditrina 842

1601 S. De Anza Boulevard, Suite 165
Cupertino, CA 95014
Phone: 408.471.4877
Website: www.meditrina-inc.com

The Aveta System is an all-in-one tissue removal solution for intrauterine pathology. Because of its small footprint, it can be equally integrated into any exam, procedure, or operating room—offering patients and physicians more advanced, convenient, and cost-effective procedure options. Wide-angle HD hysteroscopy with electronic upright image-lock, advanced fluid management with improved pressure and fluid deficit control, full physician control on the scope handle, and the smallest insertion diameter with the largest working channel allows optimized tissue resection. The newly released Aveta Opal Single-Use Hysteroscope, a part of the Aveta office suite, is fully scalable and can quickly be converted from a pressurized saline bag to a full fluid management procedure when complex pathology is detected. The Aveta Opal Scope gives Gynecologists an economic and safe alternative for performing hysteroscopies in the office with full O.R. performance.

Medtronic 525

710 Medtronic Parkway
Minneapolis, MN 55432
Phone: 800.722.8772
Website: www.medtronic.com

We lead global healthcare technology, boldly attacking the most challenging problems. Our

Mission — to alleviate pain, restore health, and extend life — unites a global team of 90,000+ people, and our technologies transform the lives of two people every second, every hour, every day. Expect more from us. Medtronic. Engineering the extraordinary.

Memic Innovative Surgery 307

5300 NW 33rd Avenue, Suite 115
Fort Lauderdale, FL 33309
Phone: 877.636.4287
Website: www.memicmed.com

Memic is transforming robotic surgery with its Hominis® Surgical System, the only robotic system that enables a transvaginal approach to gynecologic surgery. Hominis features miniature humanoid-shaped robotic arms that replicate the motions of a surgeon's arms, providing human level dexterity, multi-planar flexibility and 360 degrees of articulation. For more information, including our indications for use.

Minerva Surgical, Inc. 507

101 Saginaw Drive
Redwood City, CA 94063
Phone: 650.284.3500
Website: www.minervasurgical.com

Minerva Endometrial Ablation System delivers the result patients are asking for. Zero Bleeding. Minerva produced 72% of Amenorrhea Rate, twice as high as the nearest competitor. Recent market research suggests that 90% of women interested in an endometrial ablation prefer Amenorrhea vs. a significant reduction in bleeding. MINERVA ES features proprietary Extension Tubes that flow CO2 evenly throughout the entire uterine cavity to detect perforations.

Myovant Sciences, Inc. / Pfizer, Inc 336

2000 Sierra Point Parkway, 9th Floor
Brisbane, CA 94005
Phone: 631.926.0214
Website: www.myovant.com

Myovant Sciences aspires to redefine care for women and for men through purpose-driven science, empowering medicines, and transformative advocacy. Our purpose is resolute and fueled by the opportunity to improve the lives of millions of women and men, many impacted by diseases during their most productive years of live. At Pfizer, we apply science and our global resources to bring therapies to people that extend and significantly improve their lives. We strive to set the standard for quality, safety and value in the discovery, development and manufacture of health care products, including innovative medicines and vaccines.

Neomedic International, S.L 116

MAESTRAT 41-43
Terrasa, 08225
Phone: 34.937.804.505
Website: www.neomedic.com

Unique solutions for POP and SUI. PROLAPSE: ANCHORSURE. Reliable and minimal invasive anchoring device for All sacrospinous fixation techniques. SUI: NEEDLELESS. Single incision sling with 20% more surface than regular minislings so that both internal obturator muscles are reached for a better long term urethral support. KIM. Knotless Incontinence Mesh. The Lightest and tissue friendly sling for SUI. FEMALE REMEEX. Unique lifetime adjustable sling for Female SUI, for ISD and recurrent patients.

New Wave Endo 611

6601 Lyons Road, Suite D-8
Coconut Creek, FL 33073
Phone: 888.700.8890
Website: www.NewWaveEndo.com

We present here a novel laparoscopic system called the M-Close Kit that delivers anesthesia into the pre-peritoneal nerve plane surrounding the port site and at the same time facilitates a gold-standard, safe(no exposed needles) and accurate(1cm from each side of the defect) port closure.

NinoMed, LLC 216

241 Parker Road
Chapel Hill, NC 27517
Phone: 919.869.2012
Website: www.ninomed.com

NinoMed is a rapidly growing Medical Device and Business Analytics company. Our products provide value by improving patient care, safety and efficiency. Our products include: Safe-T-Secure®, the original, All-In-One Trendelenburg patient positioning solution for robotic & laparoscopic surgery. Pluma-Soft®, a pressure redistribution system designed to prevent pressure ulcer formation during surgery.

Norton Medical Group 114

4803 Olympia Park Plaza, Suite 1100
241 Parker Road Louisville, KY 40241
Phone: 502.272.5051
Website: www.nortonhealthcare.com

Norton Women's Care, a part of Norton Healthcare located in Louisville, KY, is seeking a board certified or eligible minimally invasive gynecologic surgeon. As the leader in the region, we have 64.4% market share for gynecology. Norton Women's & Children's Hospital is a designated Center of Excellence in Minimally Invasive Gynecology TM (COEMIG). Join an integrated team approach with urogynecology, general gynecology, APRN, nurse navigator, and pelvic floor PT.

Olympus America Inc.. 637

800 West Park Drive
Westborough, MA 01581
Phone: 800.401.1086
Website: www.medical.olympusamerica.com

Our Medical Business works with health care professionals to combine our innovative capabilities in medical technology, therapeutic intervention, and precision manufacturing with their skills to deliver diagnostic, therapeutic and minimally invasive procedures to improve clinical outcomes, reduce overall costs and enhance quality of life for patients. Visit medical.olympusamerica.com and truetolife.com

Olympus Medical Affairs 717

3500 Coporate Parkway
Center Valley, PA 18034
Phone: 484.280.1188
Website: www.olympusamerica.com
Olympus PneumoLiner

Pacira BioSciences, Inc. 346

5 Sylvan Way, Suite 300
Parsippany, NJ 07054
Phone: 908.295.6137
Website: www.pacira.com

Pacira BioSciences, Inc. is the industry leader in its commitment to non-opioid pain management and regenerative health solutions to improve patients' journeys along the neural pain pathway. To learn more about Pacira, including the corporate mission to reduce overreliance on opioids.

Palliare 246

301 Mission Avenue, #211
Oceanside, CA 92054
Phone: 760.696.3727
Website: www.palliare.com

The EVA15 Insufflation and Smoke Evacuation System is designed to create a safer operating room environment and deliver best-in-class insufflation and smoke evacuation performance to meet the particular demands of laparoscopic, endoluminal, endoscopic, and robotic surgical procedures. The EVA15 Insufflator maintains continuous 7-15mmHg pressure, automatically compensates for leaks and suctioning, is designed for easy integration into any OR setting, and works with standard laparoscopic trocars.

RF Medical 820

#408, 254 Beotkkot-ro, Geumcheon-gu
Seoul, Seoul-t'ukpyolsi 08511
Phone: 82.221.084.200
Website: www.rfa.co.kr

RF Medical is dedicated to popularizing radiofrequency ablation treatments since 2003. Our extensive product range spans from tumor ablation such as thyroid nodules to even varicose vein treatments. With advanced technology and proven quality, we developed the world's first RF Myolysis System. We have supplied our products to hospitals and OBGYN clinics that offer solutions for treatments of uterine myomas while preserving the uterus

Richard Wolf Medical Instruments Corporation 226

353 Corporate Woods Parkway
Vernon Hills, IL 60061
Phone: 800.323.9653
Website: www.richardwolfusa.com

Richard Wolf Medical Instruments is dedicated to improving patient outcomes through innovation in endoscopy. For over 100 years, Richard Wolf has pursued endoscopic solutions focused on improving surgical results while reducing patients' trauma. In the pursuit of the spirit of excellence, Richard Wolf prides itself on quality and innovation.

Sharp Fluidics 117

3496 Breakwater Court
Hayward, CA 94545
Phone: 615.477.9883
Website: www.sharpfluidics.com

Faster and safer minimally invasive fascia closure that produces less port site pain for your patients. NeoClose closes the fascia for minimally invasive port sites utilizing PLGA anchors to approximate the fascia providing a stronger closure versus traditioinal closed loop suture closure.

SoLá Pelvic Therapy 745

Melbourne, FL 32901
Phone: 321.288.0273
Website: www.solapelvictherapy.com

SoLá PelvicTherapy is a proprietary photobiomodulation laser and method for treating muscle pain and spasm in those persons suffering from chronic pelvic pain. SoLá Therapy began commercial use in the summer of 2019. Over 3,500 procedures have been performed. 80% of treated women have achieved rapid improvement. Mean time to maximum pain reduction is 2 weeks. SoLá Pelvic Therapy has achieved remarkable results in patients with diagnoses including endometriosis, IC, and hypertonic pelvic floor. The SoLá Pelvic Therapy laser records patient-reported outcomes from every single treatment on every single patient. Our safety and effectiveness data is likely the most robust and generalizable in the industry.

Surgical Science, Simbionix Simulators 547

200 S. Harobr City Boulevard
Minneapolis, MN 55439
Phone: 952.457.8704
Website: www.surgicalscience.com

Surgical Science is a leading supplier of innovative, evidence-based virtual reality simulators for medical professionals. Our products help advance clinical performance by providing safe skills and equipment training before entering operating theaters and procedure rooms, and can be found in simulation centers, hospitals, universities, and medical device industry partners in over 60 countries.

SurgiTools 609

231 Timberlane Drive
Woodvale, Western Australia, 6026
Phone: 505.620.2917
Website: www.SurgiTools.com

Visit SurgiTools to see the world's first colpotomizer with a 20mm oncology margin. ColpoWave features 2 raised rotating edges. The first lifts the tissue at the vaginal fornices for benign hysterectomy. The second lifts tissue at 20mm for radical hysterectomy. This double-ended colpotomizer includes 2 sizes in one instrument. SurgiTools also offers the Uterine Positioner, a non-power assistant to hold your uterine manipulator in place. This positioner does not require disposables.

Suture Ease, Inc. 143

1735 N. 1st Street, Suite 290
San Jose, CA 95112-4511
Phone: 408.459.7595
Website: www.suturease.com

Suture Ease develops and markets novel technologies that combine efficacy and ease of use for laparoscopic procedures. The CrossBow Fascial Closure System, a Medical Design Excellence Award GOLD winner, utilizes an innovative "snare guide" mechanism to enable simple and reliable port site wound closure. Our latest technology is the EzStitch Port Site Closure System. The device employs exceptional safety combined with an elegant and robust design, enabling surgeons to close with confidence.

Uberlube 742

7316 N. Ridgeway
Skokie, IL 60076
Phone: 773.454.5188
Website: www.uberlube.com

Überlube is a premium silicone lubricant formulated to enhance intimace without getting in the way. Überlube is soft and silky, never sticky. Our packaging insures a bio-static product. Our pump is metered so you know just how much is coming out with each pump. No spills or overuse. It works in water and the body-safe ingredients are free of parabens, glycerine, gluten and soy. Überlube is doctor recomended and distributed globally. For free samples email uberlube@uberlube.com.

VirtaMed Inc. 617

16144 Churchview Drive, Unit 101
Lithia, FL 33547
Phone: 813.661.4341
Website: www.virtamed.com/en/medical-training-simulators/surgical-gynecology/

VirtaMed believes that surgical excellence is best achieved through digital surgeries. Since 2007, we create the leading solutions to develop surgical skills, build operative confidence, optimally plan and provide intra-operative guidance for surgeons at all levels in their career.

Virtual Incision Corp MR 3

2125 Transformation Drive
Lincoln, NE 68508
Phone: 402.740.5392
Website: www.virtualincision.com

Virtual Incision is reimaging the future of surgery and is on a mission to expand patient access to MIGS regardless of site of care. Invited guests will be able to test drive and provide feedback on MIRA®, a system weighing only 2 lbs designed to be quickly moved and set up in minutes. MIRA® is currently in human clinical trials for endoscopic manipulation of tissue during bowel resection procedures and is not available for sale in the US. Contact events@virtualincision.com for details.

AAGL/FMIGS Fellows Boot Camp – November 13, 2021

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ACCME requires the source of all support from commercial interests to be disclosed to learners for all CME activities. We gratefully acknowledge their support of these educational activities.

AAGL 50th Global Congress – November 14, 2021

602-ANAT

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612-ROBO

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Durable Equipment: Intuitive Surgical, Medtronic; Disposable Supplies: Applied Medical Resources Corporation, CooperSurgical, ETHICON, Intuitive Surgical, Medtronic.

614-HSC

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615-SUTR

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General Session III

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General Session IV

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CME FACULTY AND DISCLOSURES

CME faculty for the 50th AAGL Global Congress on Minimally Invasive Gynecology are required to disclose all financial relationships with any commercial interest. Those noted with an asterisk have nothing to disclose.

Jason A. Abbott, MD
University of New South Wales
School of Women's and Children's Health
Sydney, New South Wales, Australia
Contracted Research: Merck & Co.
Consultant: Hologic
Speakers Bureau: Bayer HealthCare

Mauricio S. Abrao, MD*
Hospital das Clinicas Faculdade de Medicina
Sao Paulo University
Sao Paulo SP, Brazil

Leila V. Adamyan, MD, PhD*
V.I. Kulakov National Medical Research Center for Obstetrics, Gynecology and Perinatology, Ministry of Healthcare of Russia
Moscow, Russia

Arnold P. Advincula, MD
Columbia University Irving Medical Center - New York Presbyterian Hospital
Obstetrics and Gynecology
New York, NY
Consultant: AbbVie, CONMED Corporation, Intuitive Surgical, Titan Medical Consultant and Royalty: CooperSurgical

Jaime Albornoz Valdes, MD*
Unit of Reproductive Medicine Clinica Las Condes
Santiago, Region Metropolitana
Chile Santiago, Chile

Ayman Al-Hendy, MD, PhD
University of Illinois at Chicago
Chicago, IL
Consultant: Myovant Sciences, AbbVie, ObsEva, Bayer HealthCare

Luis Alonso Pacheco, MD
Centro Gutenberg
Reproductive Surgery Unit
Malaga, Spain
Consultant: Centro Gutenberg

Sawsan As-Sanie, MD, MPH
University of Michigan
Department of Obstetrics and Gynecology
Ann Arbor, MI
Consultant: AbbVie, Bayer HealthCare, Myovant Sciences, Eximis
Royalty: UpToDate

Paulo Ayroza Ribeiro, MD, PhD
Santa Casa de Sao Paulo School of Medical Sciences
Obstetrics and Gynecology
Sao Paulo, Brazil
Consultant: Johnson & Johnson, Karl Storz

Adrian C. Balica, MD*
Rutgers Robert Wood Johnson Medical School
Department of Obstetrics and Gynecology
New Brunswick, NJ

Pere N. Barri, MD*
Department of Obstetrics, Gynecology and Reproduction, Hospital Universitario DEXEUS
Barcelona, Spain

Jan F. Baekelandt, MD, PhD
Gynecological Oncology and Endoscopy
Imelda Hospital
Bonheiden, Belgium
Consultant Applied Medical
Contracted Research: Memic
Speakers Bureau: Memic

Marco Bassi, MD, PhD*
Faculty of Medicine of University of São Paulo
Gynecology
São Paulo, Brazil

Sven Becker, MD, PhD*
Frankfurt University Women's Hospital
Frankfurt, Germany

Stefano Bettocchi, MD, PhD*
University of Bari, Italy
Bari, Italy

Leonardo Sobreira Bezerra, PhD
Federal University of Ceara
Department of Health of Women, Children and Adolescents
Fortaleza, Brazil
Consultant: Promedon

Shan M. Biscette, MD, MSc, MBA*
University of Louisville Dept of Ob/Gyn
Minimally Invasive Gynecologic Surgery
Louisville, KY

Revaz Botchorishvili, MD*
CHU Clermont-Ferrand
Gynecological Surgery
Clermont-Ferrand, France

Nicolas Bourdel, MD, PhD
CHU Estaing de Clermont-Ferrand
Gynecological Surgery
Clermont-Ferrand, France
CEO and Stock Ownership: SurgAR

Luiz G. Oliviera Brito, MD, MSc, PhD*
Obstetrics and Gynecology
University of Campinas/CAISM
Campinas, Brazil

Jubilee Brown, MD*
Levine Cancer Institute Carolinas Healthcare System
Charlotte, NC

Francesco Bruni, MD*
Gynecology and Obstetrics, Gynecologic Oncology, Minimally-Invasive Pelvic Surgery, International School of Surgical Anatomy, IRCCS Sacro Cuore Don Calabria Hospital
Negrar di Valpolicella, VERONA, Italy

Tatnai L. Burnett, MD*
Mayo Clinic
Department of Obstetrics and Gynecology, Division of Gynecologic Surgery
Rochester, MN

Massimo Candiani, MD*
San Raffaele Hospital
Obstetrics and Gynecology
Milano, Italy

Marisa Cañete, MD*
Clínica Santa Elena
Gynecologic Department
Madrid, Spain

Michel J. Canis, MD, PhD*
Gynecologic Surgery
C.H.U. Clermont-Ferrand CHU Estaing
Clermont-Ferrand, France

Olivia O. Cardenas-Trowers, MD*
Mayo Clinic
Gynecology
Jacksonville, FL

Erin T. Carey, MD, MSCR
Obstetrics and Gynecology
University of North Carolina
Chapel Hill, NC
Medical Legal: Expert Witness
Educational Speaker: Med-IQ
Consultant: Teleflex Medical

Francisco Carmona Herrera, MD
Hospital Clinic
Dept. Of Gynecology
Barcelona Spain
Contracted Research: ADAMED
Speakers Bureau: AMAMED, Gedeon Richter Pharmaceuticals
Consultant: Medtronic

Jose A. Carugno, MD*
Obstetrics, Gynecology and Reproductive Sciences
University of Miami
Pembroke Pines, FL

Eleonora Castellacci, MD*
Regional Center of Excellence in Hysteroscopy
Palagi Hospital
Florence, Italy

Marcello Ceccaroni, MD, PhD*
Gynecology and Obstetrics, Gynecologic Oncology, Minimally-Invasive Pelvic Surgery, International School of Surgical Anatomy, IRCCS Sacro Cuore Don Calabria Hospital
Negrar di Valpolicella
Verona, Italy

Innie Chen, MD, MPH, FRCSC*
Ottawa Hospital Research Institute
Ottawa, ON, Canada

Sarah Choi, FRANZCOG*
Sydney Women's Endosurgery Centre, St. George Hospital
Sydney NSW, NSW Australia

Scott G. Chudnoff, MD, MS
Maimonides Medical Center
OBGYN and Women's Health
Brooklyn, NY
Consultant: CooperSurgical, MicroCube, Myovant Sciences

Roberto Clarizia, MD, PhD*
Gynecology and Obstetrics, Gynecologic Oncology, Minimally-Invasive Pelvic Surgery, International School of Surgical Anatomy
IRCCS Sacro Cuore Don Calabria Hospital, Negrar di Valpolicella
Verona, Italy

Sarah L. (Cohen) Rassier, MD, MPH*
Mayo Clinic
Rochester, MN

George Condous, FRANZCOG, FRCOG, MBBS, MD
Acute Gynaecology, Early Pregnancy and Advanced Endosurgery Unit
Sydney Medical School Nepean, University of Sydney, Nepean Hospital
Sydney, NSW Australia
Sole Trader: Omni Gynaecological Care

Mariana da Cunha Vieira, MD*
Department of Ob/Gyn
University of Sao Paulo
Sao Paulo, Brazil

Jose F. De Los Rios, MD
Clinica Del Prado
Gynecological Endoscopy Unit
Medellin, Colombia
Speakers Bureau: Johnson & Johnson

Alessandra Di Giovanni, MD *
Endoscopica Malzoni Group
Salerno, Italy

Attilio Di Spiezio Sardo, MD, PhD*
University of Naples "Federico II"
Naples, Italy

Humberto J. Dionisi, MD*
Cedem
Cordoba, Argentina

Laura Douglass, MD*
University of Chicago Medicine
Chicago, IL

Jon Ivar I. Einarsson, MD, PhD, MPH
Brigham and Womens Hospital
Boston, MA
Consultant: Arthrex, Hologic, Olympus

Pedro F. Escobar, MD*
University of Puerto Rico, School of Medicine
San Juan, Puerto Rico

Caterina Exacoustos, MD*
Department of Surgical Sciences, University of Rome "Tor Vergata"
Roma, Italy

Richard W. Farnam, MD
Texas Urogynecology and Laser Surgery Center
El Paso, TX
Consultant: Intuitive Surgical

Martin Farrugia, MD, PhD, FRCOG
Spencer Private Hospitals
Margate, United Kingdom
Consultant and Speakers Bureau: Ethicon Endo-Surgery, Olympus Europe

Luiz Flavio C. Fernandes, MD*
Ginecologia
Hospital Beneficência Portuguesa de São Paulo
Sao Paulo SP, Brazil

Cecile A. Ferrando, MD, MPH*
Center for Urogynecology & Pelvic Reconstructive Surgery
Cleveland Clinic
Cleveland, OH

Simone Ferrero, MD, PhD*
University of Genoa
DINOGMI
Genoa, Italy

Nicole D. Fleming, MD
MD Anderson Cancer Center
Gynecologic Oncology
Houston, TX
Consultant: Tesaro, GlaxoSmithKline

Rebecca L. Flyckt, MD*
University Hospitals
Beachwood, OH

Nicholas S. Fogelson, MD*
Pearl Womens
Portland, OR

Amy L. Garcia, MD
Center for Womens Surgery
Albuquerque, NM
Consultant: ARK Surgical, Meditrina, Minerva Surgical, UVision360
Speakers Bureau: Karl Storz

Lydia E. Garcia, MD*
Gyn
New England gynecology and surgical services
Nashua, NH

Antonio R. Gargiulo, MD
Brigham and Women's Hospital - Harvard Medical School
Department of Obstetrics, Gynecology and Reproductive Biology
Boston, MA
Consultant: Medicaroid, Lumenis, Inc.

Devin M. Garza, MD
Gynecology
North Austin Medical Center & St David's Surgical Hospital
Austin, TX
Speakers Bureau: Applied Medical, Avanos, Hologic, Intuitive Surgical, CooperSurgical

Isabel C. Green, MD, MEHP*
Mayo Clinic Rochester MN
Rochester, MN

Linda G. Griffith, PhD*
MIT, Director
Center for Gynepathology, Research and the Human Physiome
Cambridge, MA

Grigoris Grimbizis, MD, PhD
Aristotle University of Thessaloniki
1st Department of Obstetrics and Gynecology
Thessaloniki, Greece

Xiaoming Guan, MD, PhD*
Minimally Invasive Gynecologic Surgery
Baylor College of Medicine
Houston, TX

Sergio Haimovich, MD, PhD*
Gynecology Ambulatory Surgery Unit
Hillel Yaffe Medical Center
Hertzeliya, Israel

Miriam M. Hanstede, MD*
Asherman Expertise Centrum
Spaarne Gasthuis
Hoofddorp/Haarlem, Netherlands

Gerald J. Harkins, MD, FACOG*
Obstetrics and Gynecology
UPMC
Harrisburg, PA

Michael Hibner, MD, PhD*
Arizona Center for Chronic Pelvic Pain
Scottsdale, AZ

Kathy Huang, MD*
Department of Obstetrics and Gynecology
NYU Langone Medical Center
New York, NY

Joseph L. Hudgens, MD*
Obstetrics and Gynecology
Eastern Virginia Medical School
Norfolk, VA

Cheryl B. Iglesia, MD*
Director - National Center for Advanced Pelvic Surgery
Medstar Health/Georgetown University School of Medicine
Washington, DC

Keith B. Isaacson, MD
MIGS Center
Center for Minimally Invasive Gynecologic Surgery
Newton, MA
Consultant: Karl Storz, Medtronic

Nutan Jain, MD*
Obs & Gynae
Vardhman Trauma & Laparoscopy Centre Pvt. Ltd.
Muzaffarnagar, India

Joerg Keckstein, MD
Endometriosis Centre Drs. Keckstein
Villach, Austria
Speaker: Storz

Zaraq Khan, MD*
Mayo Clinic
Department of Obstetrics and Gynecology, Division of Gynecologic Surgery
Rochester, MN

Kimberly A. Kho, MD, MPH
University of Texas Southwestern Medical Center
Obstetrics and Gynecology
Dallas, TX
Consultant: Myovant Sciences

Cara Robinson King, DO, MS*
Cleveland Clinic
Obstetrics and Gynecology
Cleveland Heights, OH

William Kondo, MD*
Sugisawa Medical Center
Minimally Invasive Surgery
Curitiba, Brazil

Alka Kumar, MBBS, MS
Radhakrishna Multispecialty and IVF Centre
Hysteroscopy Division
Bangalore, India
Consultant: Arthrex, Inc

Alan M. Lam, MD, FRACOG, FRANZCOG
Centre for Advanced Reproductive Endosurgery
St Leonards NSW
New South Wales, Australia
Consultant: Arthrex
Speakers Bureau: Johnson & Johnson

Thomas G. Lang, MD*
Progressive Ob/gyn
Boynton Beach, FL

Ted T.M. Lee, MD*
Magee Womens Hospital, UPMC
Obstetrics, Gynecology and Reproductive Sciences
Pittsburgh, PA

Mario Mendes Leitao, Jr., MD
Memorial Sloan-Kettering Cancer Center
New York, NY
Consultant: Intuitive Surgical, Ethicon Endo-Surgery, Takeda, Medtronic
Contracted Research: KCI/Acelity

Nucelio Lemos, MD, PhD
Gynecology and Neuropelveology
Increasing – Institute for Care and Rehabilitation in Neuropelveology and Gynecology
São Paulo, Brazil
Research Support and Speakers Bureau: Medtronic
Eventual Speaker in Two Sponsored Symposia: Promedon

David J. Levine, MD
Gynecology Minimally Invasive Surgery
Mercy Hospital St. Louis
Saint Louis, MO
Consultant: Gynesonics
Speakers Bureau: Gynesonics

Megan Loring, MD*
Minimally-Invasive Gynecologic Surgery
Newton-Wellesley Hospital - MIGS
Newton, MA

Deirdre Lum, MD*
Ob/Gyn
Stanford University
Stanford, CA

Thomas L. Lyons, MD*
Nicholson, GA

Javier F. Magrina, MD*
Mayo Clinic Arizona
Surgical Gynecology
Phoenix. AZ

Suketu M. Mansuria, MD
Magee Womens Hospital
Obstetrics, Gynecology and Reproductive Sciences
Pittsburgh, PA
Speakers Bureau: Medtronic, Olympus

CME FACULTY AND DISCLOSURES

Martin A. Martino, MD
Gynecologic Oncology
Ascension
Jacksonville, FL
Speakers Bureau: GSK
Patient Safety Consultant: Intuitive Surgical, Medtronic, Johnson & Johnson

Daniele Mautone, MD*
Department of Obstetrics and Gynecology, Gynecology Oncology and Minimally-Invasive Pelvic Surgery International School of Surgical Anatomy
Sacred Heart Hospital, Negrar, Italy
Negrar (Verona), Italy

Grover May, MD*
State of Franklin OB/GYN Specialists
Johnson City, TN

Charles E. Miller, MD
The Advanced Gynecologic Surgery Institute
Naperville, IL
Consultant: AbbVie, Boston Scientific, Espiner Medical Inc
Contracted Research: Allergan Pharmaceutical, Blue Seas Medical Spa – Investor, Eximis Surgical, Inc.
Speakers Bureau: Allergan Pharmaceutical

Gaby N. Moawad, MD, FACOG*
MIGS
The George Washington University
Washington, DC

Shanti Mohling, MD*
Pearl Women's Center
Portland, OR

Fariba Mohtashami, MD, FRCSC
University of British Columbia
Vancouver British Columbia
Vancouver BC, Canada
Educational Grant for Residency Training Program: Medtronic

Jamal Mourad, DO
Banner University Medical Center – Phoenix
Minimally Invasive Gynecologic Surgery
Phoenix, AZ
Speakers Bureau: Intuitive Surgical

Ludovico Muzii, MD*
Università La Sapienza
Roma, Italy

Erinn M. Myers, MD*
Obstetrics and Gynecology, Division of Urogynecology and Pelvic Surgery
Atrium Health
Charlotte, NC

Samar Nahas, MD
University of California Riverside
Yorba Linda, CA
Consultant: Medtronic, CooperSurgical

Ceana H. Nezhat, MD
Atlanta Center for Minimally Invasive Surgery
Atlanta, GA
Consultant: Karl Storz, Baxter, Plasma Surgical, Aesculap, Inc.

Amanda Nickles Fader, MD
Johns Hopkins Hospital
Baltimore, MD
Advisory Board: Eisai

Anna Novosad, MD*
Universal clinic "Oberig"
Kiev, Ukraine

Filipa Beja Osorio, MD*
Hospital da Luz
Minimally Invasive Surgery
Lisboa, Portugal

Marie Fidela R. Paraiso, MD*
Cleveland Clinic Foundation
OB/GYN and Women's Health
Cleveland, OH

Amy J. Park, MD
Female Pelvic Medicine and Reconstructive Surgery
National Center for Advanced Pelvic Surgery
Shaker Heights, OH
Speakers Bureau: Allergan Pharmaceutical
Royalty: UptoDate

William H. Parker, MD
UCSD
Gynecology and Reproductive Sciences
Del Mar, CA
Consultant: AbbVie

Resad P. Pasic, MD, PhD
University of Louisville
OBGYN & Women's Health
Louisville, KY
Speakers Bureau: Olympus, Medronic, CooperSurgical

Kristin E. Patzkowsky, MD*
Johns Hopkins Hospital
Baltimore, MD

John C. Petrozza, MD
Obstetrics & Gynecology, Massachusetts General Hospital
Boston, MA
Consultant: Hologic

Marco A. Pinho de Oliveira, MD*
Gynecology
State University of Rio de Janeiro
Rio De Janeiro, Brazil

Elizabeth Anna Pritts, MD, BFD
Wisconsin Fertility Institute
Middleton, WI
Speakers Bureau: AbbVie

Marco Puga, MD
Clinica Alemana
Santiago, Chile
Speakers Bureau: Johnson & Johnson, Medtronic

Shailesh P. Puntambekar, MD, PhD*
Managing Director and Consultant Oncosurgeon
Galaxy CARE Multispeciality Hospital
Pune, India

Andrea Puppo, MD*
Gynaecology and Obstetrics, Azienda Ospedaliera S.Croce e Carle
Sori, Italy

Benoit Rabischong, MD, PhD*
OB/Gyn
Clermont-Ferrand, France

Harry Reich, MD, FRCOG*
Dallas, PA

Helizabet Abdalla Ribeiro, MD, PhD
Obstetrics and Gynecology
Santa Casa de São Paulo School of Medical Sciences
São Paulo, Brazil
Consultant: Johnson & Johnson, Karl Storz

Mariona Rius, MD*
Hospital Clinic
Gynecology Department, ICGON
Barcelona, Spain

Horace Roman, MD, PhD
Clinique Tivoli-Ducos
Bordeaux, France
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Cristina Ros Cerro, MD, PhD*
Hospital Clinic I Provincial de Barcelona
Barcelona, Spain

Peter L. Rosenblatt, MD
Boston Urogynecology Associates
Cambridge, MA
Consultant: Boston Scientific, Medtronic, Solace, Coloplast
Legal Defense: Boston Scientific, Johnson & Johnson, Bard Medical
Stock Ownership: Origami, Solace

Giovanni Roviglione, MD*
Gynecology and Obstetrics, Gynecologic Oncology, Minimally-Invasive Pelvic Surgery, International School of Surgical Anatomy
IRCCS Sacro Cuore Don Calabria Hospital, Negrar di Valpolicella
Verona, Italy

Nikolai N Rukhilada, MD*
Russian State Pediatric University
St.Petersburg, Russian Federation

Christina A. Salazar, MD*
Women's Health
Dell Seton University of Texas at Austin
Austin, TX

Howard B. Salvay, MD
PAMF
Santa Cruz, CA
Speakers Bureau: Applied Medical

Kristen J. Sasaki, MD
The Advanced Gynecologic Surgery Institute
OBGYN
Naperville, IL
Speakers Bureau: AbbVie
Consultant: Espiner Medical Inc, Myovant Sciences

Fatih Sendag, MD*
Ege University
Izmir, Turkey

Jessica A. Shepherd, MD, MBA
University of Illinois
Chicago, IL
Consultant and Speakers Bureau: AbbVie
Speakers Bureau: Acessa Health,
Consultant: Hologic
Consultant: Cynosure

Tony Shibley, MD
Ob/Gyn
Fairview South Hospital
Edina, MN
Speakers Bureau: Olympus, CooperSurgical
Royalty: Advanced Surgical

Matthew T. Siedhoff, MD, MSCR
Cedars-Sinai Medical Center
Division of Minimally Invasive Gynecologic Surgery
Los Angeles, CA
Consultant: Applied Medical

Lauren Siff, MD*
OBGYN and Surgery, Virginia Commonwealth University Health
Richmond, VA

Agnaldo Lopes Silva Filho, MD
Federal University of Minas Gerais
Gynecology and Obstetrics
Belo Horizonte, Brazil
Consultant: Bayer HealthCare, Johnson & Johnson

Ken R. Sinervo, MD, MSc, FRCSC*
Center for Endometriosis Care
Atlanta, GA

Sukhbir Sony Singh, MD, FRCSC
The Ottawa Hospital
Department of Obstetrics, Gynecology, and Newborn Care
Ottowa, Ontario, Canada
Consultant: Abbvie, Bayer HealthCare, Myovant
Speakers Bureau: Bayer HealthCare, Ethicon Endo-Surgery

Ido Sirota, MD, MHA*
Raphael Hospitals
Tel Aviv, NY Israel

Thiers Raymundo Soares, MD
State University of Rio de Janeiro
Obstetrics and Gynecology
Rio de Janeiro RJ, Brazil
Speakers Bureau: Ethicon Endo-Surgery

Craig J. Sobolewski, MD
Duke University Medical Center
OBGYN
Durham, NC
Consultant: Medtronic
Speakers Bureau: Medtronic, CooperSurgical
Paid Speaker: Hologic

Andrew I. Sokol, MD*
Female Pelvic Medicine and Reconstructive Surgery
Medstar Health / Georgetown University
Washington, DC

Pamela T. Soliman, MD*
UT MD Anderson Cancer Center
Houston, TX

Jonathon Meir Solnik, MD
Mount Sinai Hospital
Department of Obstetrics and Gynecology
Toronto, Ontario, Canada
Consultant: Medtronic, Olympus, AbbVie
Options: Felix
Stock Owner: Field Trip Inc

Arleen H. Song, MD, MPH*
Division of Minimally Invasive Gynecologic Surgery
Duke University
Durham, NC

Assia A. Stepanian, MD
Academia of Womens Health and Endoscopic Surgery
Atlanta, GA
Contracted Research: Empower, AbbVie

Mariano Tamura, MD*
Gynecology
Hospital Israelita Albert Einstein
Sao Paulo SP, Brazil

Prakash H. Trivedi, MD, DGO, FCPS, DNB*
Dr. Trivedi's Total Health Care
Obstetrics and Gynaecology
Mumbai, India

Jim Tsaltas, MD
Monash University
Obstetrics and Gyanecology
East Melbourne, Victoria, Australia
Education Partner and Fellowship Funding: Covidien
Speakers Bureau: Covidien

Audrey Tieko Tsunoda, MD, PhD.
Hospital Erasto Gaertner
Gynecologic Oncology
Curitiba PR, Brazil
Speakers Bureau: Medtronic, CooperSurgical, Merck & Co., AstraZeneca, Roche

Frank F. Tu, MD, MPH
Ob/Gyn
NorthShore University HealthSystem
Evanston, IL
Consultant: AbbVie, Myovant Sciences, UroShape
Royalty: UpToDate

Stefano Uccella, MD*
Obstetrics and Gynecology Department
University of Verona
Verona, Italy

Anastasia Ussia, MD*
Villa del Rosario Clinic
Gynecology / Laparoscopic Surgery
Rome, Italy

M. Jean Uy-Kroh, MD*
Cleveland Clinic Abu Dhabi
Abu Dhabi, United Arab Emirates

Tom K. Vercauteren, PhD
King's College London
School of Biomedical Engineering & Imaging Sciences
London, United Kingdom
Consultant, Director and Co-founder and Stock Ownership Hypervision Surgical
Stock Ownership: Mauna Kea Technologies
Contracted Research: Moon Surgical, Medtronic

Andrea Vidali, MD
JCMC/Rutgers University
OB/GYN
Jersey City, NJ
Stock Ownership: Pregmune LLC

Smitha Vilasagar, MD*
Atrium Health/Carolinas HealthCare System
Ob/Gyn
Charlotte, NC

Marcelo Vieira, MD, PhD*
Beneficência Portuguesa Hospital
Gynecology Department
São Paulo, Brazil

Juan Diego Villegas-Echeverri, MD*
Algia
Unidad de Laparoscopia Ginecológica Avanzada y Dolor Pélvico
Pereira, Colombia

Karen C. Wang, MD
Johns Hopkins Hospital
Division of Minimally Invasive Gynecologic Surgery
Ellicott City, MD
Consultant and Surgical Education: Olympus
Consultant: AbbVie

Megan N. Wasson, DO*
Department of Medical and Surgical Gynecology
Mayo Clinic in Arizona
Phoenix, AZ

Arnaud Wattiez, MD*
University of Strasbourg and Latifa Hospital Dubai
Dubai, United Arab Emirates

Linda C. Yang, MD
Loyola University Medical Center
Division of Minimally Invasive Gynecologic Surgery
Maywood, IL
Ownership: KLAAS LLC

Anusch Yazdani, MD*
Eve Health
Spring Hill, Australia

Patrick P. Yeung, MD*
Saint Louis University
Saint Louis, MO

Johnny Yi, MD*
Mayo Clinic Arizona
Department of Medical and Surgical Gynecology
Phoenix, AZ

Scott Young, MD*
Mayo Clinic Arizona
Radiology
Phoenix, AZ

Vanna Zanagnolo, MD*
Istituto Europeo di Oncologia
Milan, Italy

Errico Zupi, MD*
University of Siena
Ob/Gyn
Siena, Italy

Mee Kristine Aas-Eng, MD
Intitute of Clinical Medicine, University of Oslo
Obstetrics and Gynaecology, Oslo University Hospital
Oslo, Norway
Department of Gynecology, Hospital St John of God
Vienna, Austria

Kathleen E. Ackert, DO
Obstetrics & Gynecology, St. Luke's University Health Network, Bethlehem, PA

Danilo A. Acosta, MD
Minimally Invasive Gynecologic Surgery Department
Maimonides Medical Center
Brooklyn, NY

Sanjay K. Agarwal, MD
Center for Endometriosis Research and Treatment
University of California San Diego
San Diego, CA

Miriam Aioub, MD
Obstetrics, Gynecology, and Reproductive Sciences
Temple University Hospital
Philadelphia, PA

Gabriela Algarroba, MD
New York University School of Medicine - Long Island
Department of Obstetrics and Gynecology
Mineola, NY

Dhaherah Mani Aljahani, MBBS
Obstetrics & Gynecology Department
Security Forces Hospital Program
Riyadh, Saudi Arabia

Amir Akdam, MD
Department of Obstetrics and Gynecology
Lis Maternity Hospital
Tel Aviv Sourasky Medical Center
Tel Aviv, Israel

Hanan N. AlSalem, MBBS, KBOG
Minimally Invasive Gynecologic Surgery
Obstetrics and Gynecology
McMaster University
Hamilton, ON, Canada

Kristin Ambacher, MD
University of Calgary
Calgary, AB Canada

Masaaki Andou, MD, PhD
Obstetrics & Gynecology
Kurashiki Medical Center
Kurashiki, Japan

Sarah Andres, DO
University at Buffalo, The State University of New York
Obstetrics and Gynecology
Buffalo, NY

Brooke C. Andrews, MD, MPH
Obstetrics & Gynecology
University of Kentucky
Lexington, KY

Lauren Andrew, MD
University of Calgary
Calgary, AB, Canada

Jaime Arruda, MD
Obstetrics and Gynecology
University of Colorado
Denver, CO

Santiago Artazcoz, MD
Hospital Naval Pedro Mallo
Obstetrics and Gynecology
Buenos Aires, Argentina

Janhavi Arun, MD
Henry Ford Health System
Detroit, MI

Nicole O. Afuape, MD
St. Joseph's Hospital and Medical Center
Creighton University School of Medicine, Phoenix
Obstetrics and Gynecology
Phoenix, AZ

Roberta Ávila-Tavares, MD
Obstetrics and Gynecology, University of Campinas
Campinas, Brazil

Bruno R. Azevedo, MD
Surgical Oncology
Instituto de Hematologia e Oncologia de Curitiba / Oncoclinicas
Curitiba, Curitiba Brazil

Yana B. Aznaurova, MD, PhD
Department of Reproductive Medicine and Surgery, A.I. Evdokimov Moscow State Medical & Dental University, Moscow
Moscow, Russian Federation

Olufemi Babalola, MSc, MHS
Center for Devices and Radiological Health, Food and Drug Administration
Silver Spring, MD

Nora Badiner, MD
Obstetrics and Gynecology
NY Presbyterian Weill Cornell Medical Center
New York, NY

Liron Bar-El, MD
OB/GYN
Lenox Hill Hospital/Northwell Health
New York, NY

Rodrigo B. Barachisio Lisboa, MD
Obstetrics and Gynecology
University of Campinas
Campinas, Brazilmoo

Ruben J. Barrera, MD
Minimally Invasive Gynecologic Surgery,
BronxCare Health System - Icahn School of Medicine at Mount Sinai
Bronx, NY

Christian M. Becker, MD
Nuffield Department of Women's and Reproductive Health
John Radcliffe Hospital
Oxford, United Kingdom

Patrick Bellelis, MD, PhD
ObGyn, University of Sao Paulo
Sao Paulo, Brazil

Samantha Benlolo, MD, FRCSC
Obstetrics and Gynecology
St. Michael's Hospital
Toronto, ON Canada

Gabriela Beroukhim, MD
Obstetrics, Gynecology & Reproductive Medicine
Yale New Haven Hospital
New Haven, CT

Janet Berry, MD
Gynaecology
Portsmouth Hospitals University NHS Trust
Portsmouth, United Kingdom

Veena Bhagavathi
Rutgers Robert Wood Johnson Medical School
New Brunswick, NJ

Lisa M. Bird, MD
Obstetrics and Gynecology
TriHealth
Cincinnati, OH

Jacqueline Bissonette, MD
Obstetrics and Gynecology
Penn State Health Milton S. Hershey Medical Center
Hershey, PA

Giorgio Bogani, MD, PhD
Fondazione IRCCS Istituto Tumori di Milano
Milano, Italy

Ryan M. Boone, MD
Columbia University Irving Medical Center - New York Presbyterian Hospital
Obstetrics and Gynecology
New York, NY

Tara K. Brah, MD
Johns Hopkins University School of Medicine
Minimally Invasive Gynecologic Surgery
Baltimore, MD

Elizabeth G. Braxton, MD
Ob/Gyn
Atrium Health- Women's Center for Pelvic Health
Charlotte, NC

David A. Brown, MBBS, MRCOG, DM
Consultant Obstetrician & Gynaecologist
Montego Bay, Jamaica

Elizabeth Brunn, MD
MedStar Washington Hospital Center
Obstetrics and Gynecology
Washington, DC

Victor S.S. Bruscagin, Sr, MD, PhD
General Surgery
Hospital e Maternidade São Luiz - São Caetano do Sul
São Paulo, Brazil

Adjoa Bucknor, MD
Mount Sinai Hospital
New York, NY

Emily Budden, MD
University of Arizona
Tucson, AZ

Kaitlin Taylor Burchett, MD
Wake Forest School of Medicine
Obstetrics and Gynecology
Winston-Salem, NC

Abigail Cain, MD MPH
OB/GYN
University of Texas Health Science Center San Antonio Long School of Medicine
San Antonio, TX

Tamara Cameo, MD
Obstetrics and Gynecology
Washington University in St. Louis/Barnes-Jewish Hospital
St. Louis, MO

Emily R. Carbaugh, MD
UPMC Magee-Womens Hospital
Department of Obstetrics, Gynecology, and Reproductive Sciences
Pittsburgh, PA

Casey Michelle Carney, DO
OBGYN
Einstein Medical Center
Philadelphia, PA

Jorge F. Carrillo, MD
University of Central Florida
Orlando, FL

Aakriti R. Carrubba, MD
Gynecologic Surgery
Mayo Clinic Florida
Jacksonville, FL

Olivia Casas Diaz, MD
Obstetrics and Gynecology
MedStar Washington Hospital Center
Washington, DC

Laura Casagrande, MD
Gynecology, Clinical Avella e Deus
Sorocaba, Brazil

Deborah M. Cassis, MD
The American British Cowdray Medical Center
Lomas de Bezares, EM, Mexico

Catherine W. Chan, MD
Obstetrics & Gynecology
Zucker School of Medicine at Hofstra/Northwell
Minimally Invasive Gynecologic Surgery, North Shore University Hospital & Long Island Jewish Medical Center
Manhasset, NY

Felix Chan, MD, MRCOG, FRANZCOG, CGO
Macquarie University Hospital
Director, Robotic Surgery and Gynaecology
Macquarie Park, New South Wales, Australia

Wilson Ventura Chan, MD
Department of Obstetrics and Gynecology
Mount Sinai Hospital, University of Toronto
Toronto ON, ON, Canada

Erica J. Chang-Patel, MD
Obstetrics and Gynecology
LAC+USC Medical Center
Los Angeles, CA

Jessica Chaoul, MD
Icahn School of Medicine at Mount Sinai
New York, NY

Katherine F. Chaves, MD
Vanderbilt University Medical Center
Division of Gynecology
Nashville, TN

Joseph S.C. Chen, MD
Minimally Invasive Gynecology
UT Southwestern Medical Center
Dallas, TX

Eun Hye Cho, MD
Department of Obstetrics and Gynecology
Ewha Womans University Seoul Hospital, College of Medicine
Ewha Womans University
Seoul, Korea, Republic of (South

Ladina Christoffel, MD
Spital Oberengadin
Samedan, Switzerland

Angelica Anne Acedillo Chua, MD
Quirino Memorial Medical Center & St Luke's Medical Center
Quezon City, Quezon City

Katharine M. Ciesielski, MD
Department of Obstetrics and Gynecology
University of Southern California
Los Angeles, CA

Richard H. Cockrum, MD
Obstetrics and Gynecology
University of Chicago Medicine
Chicago, IL

Aviad Cohen, MD
Sackler Faculty of Medicine, Lis Maternity Hospital, Sourasky Medical Center
Tel Aviv, Israel

Paulette Coombs, DO
Obstetrics and Gynecology
HCA Healthcare/USF Morsani College of Medicine GME/Brandon Regional Hospital
Brandon, FL

Alexandria E. Connor, MD
OBGYN & Women's Health
University of Louisville Hospital
Louisville, KY

George Contos, MD
Obstetrics and Gynecology
Wayne State University
Royal Oak, MI

Elizabeth Cook, MD
Obstetrics and Gynecology
Baylor College of Medicine
Houston, TX

Adela G. Cope, MD
Department of Obstetrics and Gynecology
Division of Gynecologic Surgery
Mayo Clinic
Rochester, MN

Mariana Corinti, MD
Gynecology
Hospital Israelita Albert Einstein
Sao Paulo, Sao Paulo Brazil

Lauren Cosgriff, MD
OB/GYN
Montefiore Medical Center
Bronx, NY

Eric G. Crihfield, MD
Obstetrics & Gynecology
Zucker School of Medicine at Hofstra/Northwell
Manhasset, NY

Janet Cruz, MD
Minimally Invasive Gynecologic Surgery
University of California Riverside
Riverside, CA

Angelica M. Cuello-Salcedo, MD
Ob Gyn
Unidad de Laparoscopia Ginecologica Avanzada y Dolor Pelvico -ALGIA
Pereria, Colombia

Gisela Cuevas Velasco, MD
Cirugía Endoscópica Ginecológica, ISSSTE, México
Estado de Mexico, Mexico

Rachel M. Cullifer, MD
Obstetrics and Gynecology
Christiana Care Health System
Newark, DE

Howard L. Curlin, MD
Vanderbilt University Medical Center
Division of Minimally Invasive Gynecologic Surgery
Nashville, TN

Marta Cybulsky, MDCM, MSc
Obstetrics and Gynecology
University of Toronto
Toronto, ON, Canada

Jazleen Dada, MBChB
University of Toronto
Obstetrics and Gynecology
Toronto, ON, Canada

Deepanjana Das, MD
Northwestern University
Female Pelvic Medicine and Reconstructive Surgery
Chicago, IL

Arpit Dave, MD
Carondelet St. Joseph Hospital
Tucson, AZ

John Mather Davitt, MD
Department of Medical and Surgical Gynecology
Mayo Clinic Arizona
Phoenix, AZ

Anna de Boer
Obsetrics and Gynaecology
Catharina Ziekenhuis Eindhoven
Eindhoven, Netherlands

Joshua Dean, MD
Obstetrics and Gynecology
William Beaumont Hospital
Royal Oak, MI

Menbere A. Dejenie
UCR, School of Medicine
Riverside, CA

Stephanie Delgado, MD
Minimally Invasive Gynecologic Surgery
Baylor College of Medicine
Houston, TX

Victoria O. Dementyeva, MD
V.I. Kulakov National Medical Research Center for Obstetrics, Gynecology and Perinatology, Ministry of Healthcare of Russia
Moscow, Moscow

Richard H. Demir, MD
Desert Women's Care
Chandler, AZ

Esra Demirel, MDObstetrics & Gynecology
Northwell Health - North Shore University Hospital and Long Island Jewish Medical Center
Manhasset, NY

Kathryn J. Denny, MD
The George Washington University
Washington, DC

Jessica DiSilvestro, MD
Obstetrics and Gynecology, Women
Cranston, RI

Eshani Dixit
Rutgers Robert Wood Johnson Medical School
New Brunswick, NJ

Vanessa Dorismond, MD, MA
Obstetrics and Gynecology
Howard University Hospital
Washington, DC

Gil Dubernard, MD, PhD
Croix-Rousse University Hospital
Gynecology and Obstetric
Lyon, France

Omar F. Duenas Garcia, MD, MPH, MS
Obstetrics and Gynecology
West Virginia University, Morgantown, WV

Elizabeth Dunn
Uniformed Services University of the Health Sciences
Bethesda, MD

Olivia L. Dziadek, MD
Department of Obstetrics, Gynecology and Reproductive Sciences, McGovern Medical School at The University of Texas Health Science Center at Houston (UT Health)
Houston, TX

Chinwe I. Echeazu, MD
Obstetrics & Gynecology
Zucker School of Medicine at Hofstra/Northwell
Manhasset, NY

Darl Louis Edwards, MD, MHK, FRCSC
Mount Sinai Hospital
Department of Obstetrics and Gynecology
Toronto ON, Ontario, Canada

Etoroabasi Ekpe, MD, MPH
Department of Obstetrics and Gynecology
Northwestern Medicine
Chicago, IL

Amanda Marguerite Elbin, MD
OB/GYN
St. Joseph Mercy Hospital Ann Arbor
Ann Arbor, MI

Amro Elfeky, MD
Maimonides Medical Center
Minimally Invasive Gynecologic Surgery Department
Brooklyn, NY

Rachel E. Eliason, MD
Obstetrics and Gynecology
UT College of Medicine Chattanooga
Phoenix, AZ

Cara Elliott, HBSc
Faculty of Medicine, University of Toronto
Toronto, ON, Canada

Deena A. Elsahy, MD
Obstetrics and Gynecology
Indiana University
Indianapolis, IN

Charmian Eng, MBBS, FRANZCOG
Liverpool Hospital
Liverpool, Australia

Juan Escalona, MD
Departamento de Ginecología y Obstetricia
Universidad de Concepción
Concepción, Chile

Tamatha B. Fenster, MD
Weill Cornell Medicine
Obstetrics and Gynecology
New York, NY

Virginia Flatow, MD
Mount Sinai Hospital
New York, NY

Teresa Flaxman, PhD
Clinical Epidemiology, Ottawa Hospital Research Institute
Ottawa, ON, Canada

Christina Fleckenstein, BS
Drexel University College of Medicine
Philadelphia, PA
Department of Obstetrics and Gynecology
Reading Tower Health
Reading, PA

Hubert Fornalik, MD
Gynecologic Oncology
Lutheran Health Network
Fort Wayne, IN

Courtney R. Fox, MD
Gynecology, Good Samaritan Hospital Medical Center
West Islip, NY

Dmitry Fridman, MD, PhD
Obstetrics and Gynecology
Duke University Medical Center
Durham, NC

Iwona M. Gabriel, MD, PhD
Department of Gynecology and Obstetrics
Medical University of Silesia
Bytom, Poland

Sheena Galhotra, MD
Banner University Medical Center Phoenix
Phoenix, AZ

Alessandra Gallo, MD
University of Naples "Federico II"
Naples, Italy

Aldo F. Galvan, GRA
Mechanical Engineering, University of Texas – Austin
Austin, TX

Reetam Ganguli
Brown University
Alpert Medical School
Providence, RI

Nuria Soledad Garcia-Ruiz, MD
Gynecology
Cleveland Clinic Florida
Weston, FL

Thomas J. Gaughan, MD
University of Kentucky
Obstetrics & Gynecology
Lexington, KY

Feven Getaneh, MD
Department of Obstetrics
Gynecology and Reproductive Sciences
Yale New Haven Hospital
New Haven, CT

Summer Ghaith, BS
Mayo Clinic Alix School of Medicine – Arizona Campus
Alix School of Medicine
Phoenix, AZ

Pierluigi Giampaolino, MD, PhD
University of Naples Federco II
Napoli, Italy

Julian A. Gingold, MD, PhD
OB/GYN & Women's Health, Reproductive Endocrinology and Infertility
Montefiore Medical Center
Hartsdale, NY

Ohad Gluck, MD
Obstetrics and Gynecology, Wolfson Medical Center
Tel Aviv University
Tel Aviv, Israel

Noah Goldman, MD
Rutgers University - New Jersey Medical School
Newark, NJ

Kathryn E. Goldrath, MD
University of California - Los Angeles
Los Angeles, CA

Bianca Gomes Peixoto, MD
Gynecology, Santa casa de São Paulo
Gynecology, Irmandade da Santa Casa de Misericórdia de São Paulo
São Paulo, Brazil

Alexandra Isabel Goodwin, MD
Northwell Health at South Shore University Hospital
Obstetrics and Gynecology
Bay Shore, NY
Gynecologic Surgery, Mayo Clinic Arizona
Phoenix, AZ

Ehud Grinstein, MD
Wolfson Medical Center
Holon, Israel

Ashley L. Gubbels, MD
University of Rochester Medical Center
Rochester, NY

Michelle Gruttadauria, MD
Stony Brook University Hospital
Department of Obstetrics
Gynecology and Reproductive Medicine
Stony Brook, NY

Zhenkun Guan, BS
Gynecology, Third Affiliated Hospital of Guangzhou Medical University
Guangzhou, China

Shabnam Gupta, MD
Minimally Invasive Gynecologic Surgery
Brigham and Women's Hospital
Boston, MA

Sravanthi Gutta, MD
Department of Obstetrics Gynecology and Reproductive Sciences, Temple University Hospital, Philadelphia, PA

Maria Antonia E. Habana, MD, MSc
OB GYNE
University of the Philippines Manila
Manila, Philippines

Hilary Rose Haber, MD
Brigham and Women's Hospital
Obstetrics and Gynecology
Boston, MA

Samantha Haikal, DO
Obstetrics & Gynecology
University of Illinois College of Medicine - Peoria
Peoria, IL

Laura A. Haworth, MD, MSW, MPH
Eastern Virginia Medical School
Obstetrics and Gynecology
Norfolk, VA

Fernando Heredia, MD
Departamento de Ginecología y Obstetricia, Universidad de Concepción
Unidad de Cirugía Mínimamente Invasiva y Robótica, Clínica Andes Salud Concepcion
Concepción, Chile

Adrian L. Hernandez Lopez, MD
Obstetrics and Gynecology
Kaiser Permanente Los Angeles Medical Center
Los Angeles, CA

Maria Hincapie, MD
Atlanta Center for Minimally Invasive Surgery and Reproductive Medicine
Atlanta, GA

Laura N. Homewood, MD
Obstetrics and Gynecology
University of Virginia
Charlottesville, VA

Toni Horton, DO
Obstetrics and Gynecology
Cleveland Clinic Akron General
Akron, OH

David Leighton Howard, MD, PhD
Obstetrics and Gynecology
WellHealth Quality Care
Las Vegas, NV

Christine Eun Hur, MD
Obstetrics and Gynecology
Cleveland Clinic Ohio
Cleveland, OH

Ana Maria Iancu, MD, MSc
Department of Obstetrics & Gynaecology
University of Toronto
Toronto, ON, Canada

Masao Ichikawa, MD
Nippon Medical School
Tokyo, Japan

Caitlin A. Jago, MD, MSc, FRCSC
University of Ottawa
Ottawa, ON Canada

Alekhya Jampa
School of Medicine, Jawaharlal Nehru Medical College
Belgaum, India

Galabadage G. Jayasinghe, MD
Obstetrics and Gynaecology, Westmead Hospital
Sydney, NSW, Australia

Mei Ji, MD
Department of Gynecology
The First Affiliated Hospital of Zhengzhou University
Zhengzhou, Henan, China

Shantel Jiggetts, MD
Maimonides Medical Center
Minimally Invasive Gynecologic Surgery Department
Brooklyn, NY

Dhara Kadakia, BA
Jacobs School of Medicine and Biomedical Sciences
University at Buffalo, The State University of New York
Buffalo, NY

Amanda D. Kadesh, MD
Obstetrics and Gynecology
Abington Hospital-Jefferson Health
Abington, PA

Kiyoshi Kanno, MD
Obstetrics & Gynecology
Kurashiki Medical Center
Kurashiki, Japan

Dinesh Kansal, MD
Director and HOD Gynaecology
BLK Max Superspeciality Hospital
New Delhi, India

Stephanie L. Kass, MD
OB/GYN, Cooper University Hospital
Camden, NJ

Payam Katebi Kashi, MD, PhD
Division of Gynecology Oncology, Department of Ob/Gyn
Inova FairFax Women's Hospital
McLean, VA

Kei Kato, MD
Obstetrics & Gynecology
Kurashiki Medical Center
Kurashiki, Japan

Eric J. Keller, MD, MA
Radiology
Stanford University
Stanford, CA

Catriona O. Kerr-Wilson, MBChB, BSc (Hons)
Gynaecology
NHS Lanarkshire
Glasgow, United Kingdom

Tarek Khalife, MD
OBGYN
Mayo Clinic Health System
Mankato, MN

Kimberly A. Kho, MD, MPH
Obstetrics and Gynecology
University of Texas Southwestern Medical Center
Dallas, TX

Jin Hee Jeannie Kim, MD
Department of Obstetrics and Gynecology
Columbia University Irving Medical Center - New York Presbyterian Hospital
New York, NY

Renita S. Kim, MD
Icahn School of Medicine at Mount Sinai
New York, NY

Sara Ka Rham Kim, MD
Department of Obstetrics
Gynecology and Reproductive Medicine, Stony Brook University Hospital
Stony Brook, NY

Luke J. King, DO
OB/GYN
Geisinger Medical Center
Danville, PA

Nathan R. King, MD
Minimally Invasive Gynecologic Surgery
University of Pittsburgh Medical Center - Magee Womens Hospital
Pittsburgh, PA

Rachel Yoon Kmetz, MD
Advocate Lutheran General Hospital
Obstetrics and Gynecology
Park Ridge, IL

David Knigin, MD, PhD
Hadassah Medical Center
Gynecologic Oncology
Jerusalem, Israel

Anna Kobylianskii, MD
Obstetrics and Gynecology
University of Toronto, Toronto, Canada

Liron Kogan, MD
Hadassah Medical Center
Gynecologic Oncology
Jerusalem, Israel

Akemi D. Koiti Nakamura, MD
Gynecology
Hospital Israelita Albert Einstein
Sao Paulo, Brazil

Shreya Kondle, BA
The University of Texas Southwestern Medical School
Dallas, TX

Rachel Kopkin, MD
Obstetrics and Gynecology
Division of Female Pelvic Medicine and Reconstructive Surgery, Baylor College of Medicine
Houston, TX

Tamisa Koythong, MD
Baylor College of Medicine
Minimally Invasive Gynecologic Surgery
Houston, TX

Alka Kumar, MBBS MS
Hysteroscopic Surgery Division, Women Health Centre
Jaipur, India

Shozo Kurotsuchi, MD, PhD
Tokoname City Hospital
Tokoname, Japan

Thuan H. Le, MD
Minimally Invasive Gynecologic Surgery
Walter Reed National Military Medical Center
Kensington, MD

Margot Le Neveu, MD
Department of Gynecology and Obstetrics
Johns Hopkins Medicine
Baltimore, MD

Marie-Claire Leaf, MD
Department of Obstetrics and Gynecology
University of California Irvine Medical Center
Long Beach, CA

Olga P. Lebedeva, PhD, Grand PhD
Laboratory of Metagenomics and Food Biotechnology
Voronezh State University of Engineering Technologies
Voronezh, Russian Federation
Department of Obstetrics and Gynecology
Belgorod National Research University
Belgorod, Russian Federation

Alexandra LeBental, MD
Department of Obstetrics Gynecology and Reproductive Sciences, Temple University Hospital, Philadelphia, PA

Eung-Mi Lee, MD, MBA
Obstetrics and Gynecology
Boston Medical Center
Boston, MA

Sa Ra Lee, MD, PhD
Obstetrics and Gynecology
Seoul Asan Medical Center, University of Ulsan College of Medicine
Seoul, Korea, Republic of (South)

Brittany Lees, MD
Levine Cancer Institute, Atrium Health
Charlotte, NC

Latashia-Lika Q. Lelea, MD, MPH
OBGYN, University of Central Florida HCA Consortium
Gainesville, FL

Mateo G. Leon, MD
Obstetrics, Gynecology, and Reproductive Sciences
The University of Texas Health Science Center at Houston/ McGovern Medical School
Houston, TX

Mathew Leonardi, HBSc, MD, FRCSC
Obstetrics and Gynecology
McMaster University
Hamilton, ON, Canada

Gabriel Levin, MD
Gynecologic Oncology
Hadassah Medical Center
Jerusalem, Israel

Gregory K. Lewis, MD
Obstetrics and Gynecology
Rochester Regional Health
Rochester, NY

Gregory Kirk Lewis, MD
Medical and Surgical Gynecology, Mayo Clinic Florida
Jacksonville, FL

Jessica Li, BMed, BSc (Med) Hons
Faculty of Medicine
University of New South Wales
Sydney, NSW, Australia

Alyson Liew-Spilger, DO
Obstetrics and Gynecology
University of Oklahoma Health Sciences Center
Oklahoma City, OK

Peter C. Lim, MD
Gynecologic Oncology
Center of Hope @ Reno / University of Nevada School of Medicine
Reno, NV

Ryan K. Lim, BS
Obstetrics and Gynecology
University of Nevada School of Medicine
Reno, NV

Tobias B. Limperg, MD, MSc
Division of Minimally Invasive Gynecologic Surgery
Vanderbilt University Medical Center
Kansas City, MO
Endometriose in Balans, MC Haaglanden
The Hague, Netherlands

Juan Liu, MD, PhD
The Third Affiliated Hospital of Guangzhou Medical University
Guangzhou/Guangdong, China

Minetta C. Liu, MD
Mayo Clinic
Rochester, MN

Ying X. Liu, MD
Department of Obstetrics
Gynecology and Reproductive Medicine, Stony Brook Medicine
East Setauket, NY

Michelle Louie, MD
Obstetrics and Gynecology
University of Chapel Hill
Chapel Hill, NC

Daniel Lovell, MD
Obstetrics and Gynecology, Atrium Health
Charlotte, NC

Nuria B. Luna Ramirez, MD
Obstetrics and Gynecology, Maimonides Medical Center
Brooklyn, NY

Miguel Antonio Luna-Russo, MD
Women's Health Institute, Cleveland Clinic
Cleveland, OH

Rossini F. Lyria
Hospital Erasto Gaertner
Curitiba, Brazil

Sarah Maheuz-Lacroix, MD, PhD
CHU de Québec-Université Laval
Département d'obstétrique et de Gynécologie
Quebec, Quebec, Canada

Mohamad Mahmoud, MD
Obstetrics and Gynecology
Rochester Regional Health System
Rochester, NY

Berenice Flores Maldonado, MD[1]
Reproductive Medicine, Hospital Angeles del Pedregal
Ciudad de México, DF, Mexico

Hanna Mandell, MA
School of Medicine, University of California, Riverside
Riverside, CA

Iza Rolle Labian Maniego, MD
OBGYN- Section of Minimally Invasive Gynecologic Surgery
Quirino Memorial Medical Center
Quezon City, Philippines

Debora D.A. Maranhao, MD
Gynecology, Hospital Israelita Albert Einstein
São Paulo, Brazil

Greg J. Marchand, MD
The Marchand Institute for Minimally Invasive Surgery
Mesa, AZ

Michelle Marinone, MD
Departments of Obstetrics
Gynecology, and Reproductive Biology, Danbury Hospital
Danbury, CT

Siddhi Mathur, MD, FRCSC
Obstetrics and Gynecology
University of Toronto
Toronto Ontario, ON, Canada

Dennis Mauricio, MD
Department of Obstetrics
Gynecology & Reproductive Sciences
Yale University
New Haven, CT

Asha B. McClurg, MD
University of North Carolina
Obstetrics and Gynecology
Chapel Hill, NC

Kelli M. McEntee, MD
Virginia Mason Franciscan Health
Gynecology
Seattle, WA

Meghan McGrattan, MD
Department of Obstetrics and Gynecology
University of Toronto
Toronto ON, ON, Canada

Melissa McHale, MD
Johns Hopkins Hospital
Gynecology & Obstetrics
Baltimore, MD

Dana C. McKee, MD
Department of Medical and Surgical Gynecology
Mayo Clinic Arizona
Phoenix, AZ

Julia S. Mead, MD, MS
Obstetrics and Gynecology
Dartmouth Hitchcock Medical Center
Lebanon, NH

Oxana A. Melkozerova, MD
Administration, Ural Research Institute of Maternity and Child Care Ministry of Health of the Russian Federation, Ekaterinburg, Russia
Ekaterinburg, Russian Federation

Nir Meller, MD
Obstetrics and Gynecology
Sheba Medical Center
Ramat-Gan, Israel

Amanda L. Merriman, MD, MPH
Obstetrics and Gynecology
Division of Urogynecology and Pelvic Surgery, Atrium Health
Charlotte, NC

Cory Messingschlager, MD
Obstetrics and Gynecology
Cleveland Clinic
Cleveland, OH

Raanan Meyer, MD
Obstetrics and Gynecology
Sheba Medical Center
Ramat-Gan, Israel
Faculty of Medicine, Tel-Aviv University
Tel-Aviv, Israel

Elizabeth Miazga, MD, FRCSC
Obstetrics and Gynecology
St. Michael's Hospital
University of Toronto
Toronto, ON, Canada

Lindsey Michel, MD
Stamford Hospital
Department of Obstetrics & Gynecology
Stamford, CT

Gian Marco Miele, MD
Università Magna Graecia Catanzaro
Salerno, Italy

Nora E. Miles, MD
Obstetrics and Gynecology
Medical College of Wisconsin
Wauwatosa, WI

Maria Miro, MD
HM Hospitales
Gine4
Madrid, Spain

Meenal Misal, MD
Department of Medical and Surgical Gynecology
Mayo Clinic Arizona
Phoenix, AZ

Drennen S. Mirtsching, MD
Obstetrics & Gynecology
University of Kentucky
Lexington, KY

Waldir Pereira Modotti, MD, PhD
OB & GYN, IAM
Atendimento Medico Hospitalar
Assis SP, Brazil

Aya Mohr-Sasson, MD
Obstetrics and Gynecology
Sheba Medical Center
Ramat-Gan, Israel

Paola Mojica-Claudio, MD
Centro Médico Episcopal San Lucas / Ponce Health Sciences University
OBGYN
Ponce, Puerto

Andrea L. Molina, MD
Department of Obstetrics and Gynecology
Cedars-Sinai Medical Center
Los Angeles, CA

Jan F.M. Molkenboer, MD, PhD
Asherman Expertise Center
Spaarne Gasthuis, Haarlem, Netherlands

Patrice Imamu Monthrope, MD
Obstetric and Gynaecology
Noel Holmes Hospital, Western Regional Health Authority
Montego Bay, Jamaica

Hwa Sook Moon, MD, PhD
Obstetrics & Gynecology
Good Moonhwa Hospital, Busan
Korea, Republic of (South)

Omer Moore, MD
Department of Obstetrics and Gynecology
The Yitzhak Shamir (formerly Assaf Harofeh) Medical Center
Zerifin, Israel
Department of Obstetrics and Gynecology
Hillel Yaffe Medical Center
Hadera, Israel

Kristin J. Moore, PhD, MPH
University of Minnesota Medical School
Department of Family Medicine & Community Health
Minneapolis, MN

Michael L. Moore, MD
Advanced Womens Health Institute
Greenwood Village, CO

Karen Hiromi Mori, MD
Gynecolgy, Irmandade da Santa Casa de Misericórdia de São Paulo
São Paulo, Brazil

Chailee Moss, MD
Gynecology and Obstetrics
Johns Hopkins University School of Medicine
Baltimore, MD

Ally Murji, MD, MPH, FRCSC
Department of Obstetrics and Gynecology
Mount Sinai Hospital
Toronto, ON, Canada

Sujal Atul Munshi, MD, DNB
Minimal Invasive Surgery, Munshi Hospital
Ahmedabad, India

Colleen Murphy, MD
OBGYN
Yale New Haven Health - Bridgeport Hospital
Bridgeport, CT

Sarah Murphy, DO
Department of Obstetrics and Gynecology
Eastern Carolina University
Greenville, NC

Golnaz Namazi, MD
OB/GYN
Brigham and Women's Hospital
Boston, MA

Alexis Newmark, MD
Obstetrics and Gynecology
University of Connecticut
Farmington, CT

Dong Bach Nguyen, MD
University of Ottawa
Ottawa, ON, Canada

Samatha Nibert
Obstetrics and Gynecology
West Virginia University
Morgantown, WV

M. Nicole Nienow Birch, MD
Obstetrics & Gynecology
University of Illinois at Chicago
Chicago, IL

Kayla E. Nixon, MD, MS
Department of Obstetrics and Gynecology
Division of Minimally Invasive Gynecologic Surgery, Northwestern Medicine
Chicago, IL

Nargis Noori, MBBS
Westmead Hospital
Westmead, NSW, Australia

Aldo R. Nunez, MD
Obstetrics and Gynecology
Detroit Medical Center
Detroit, MI

Emily E. OBrien, MD
OB/Gyn
UPMC Magee Womens Hospital
Pittsburgh, PA

Tosin Odunsi, MD, MPH
Atlanta Center for Minimally Invasive Surgery and Reproductive Medicine
Atlanta, GA

Fernanda Okita, MD
Gynecology
Beneficiência Portuguesa de São Paulo
Sao Paulo, Brazil

Megan S. Orlando, MD
Obstetrics and Gynecology, Cleveland Clinic
Cleveland, OH

Raphael José Palhares Fins, MD
Obstetrics and Gynecology
Irmandade da Santa Casa de Misericórdia de São Paulo
São Paulo, Brazil

Leslie Palacios-Helgeson, MD
Legacy Health System
Portland, OR

Alicia J. Palmieri, DO
Jersey Shore University Medical Center
Gynecologic Oncology
Neptune, NJ

Shivani Parikh, MD
Obstetrics and Gynecology
TriHealth
Cincinnati, OH

So Yun Park, MD, PhD
Department of Obstetrics and Gynecology
Ewha Womans University Seoul Hospital, College of Medicine
Ewha Womans University
Seoul, Korea, Republic of (South)

Rebecca Parsonson, MBBCh
NHS Lanarkshire
Obstetrics and Gynaecology
Glasgow, United Kingdom

Ricky D. Patel, DO
Obstetrics and Gynecology
University of Texas Health Science Center Houston
Houston, TX

Palermo Patrizia, MD, PhD
MESVA
Department of Obstetrics and Gynecology
Universita' Delgi Studi Di L'Aquila
L'Aquila, Italy

Ricardo M.A. Pereira, MD
Centro de Endometriose do Hospital Santa Joana
MIGS
Sao Paulo, Brazil

Charlotte M. Pickett, MD
Obstetrics and Gynecology
University of New Mexico
Albuquerque, NM

Patryk Piekos, MD
University at Buffalo, The State University of New York
Obstetrics and Gynecology
Buffalo, NY

Elena B. Piskunova, MD
Gynecology Department
Cosmetology&Plastic surgery Center
Ekaterinburg, Russian Federation

Melanie Polin, MD
Columbia University Medical Center
Obstetrics and Gynecology
New York, NY

Beatriz T.C. Porto, MD
Gynecolgy, Irmandade da Santa Casa de Misericórdia de São Paulo
São Paulo, Brazil

Madison E. Pumphrey, MD
OBGYN
UF Health Jacksonville
Jacksonville, FL

Jessica G. Putman, MD
Minimally Invasive Gynecologic Surgery
University of Tennessee College of Medicine Chattanooga
Chattanooga, TN

Angela Q. Qu, DO
Obstetrics and Gynecology
MedStar Washington Hospital Center
Washington, DC

Amira Quevedo, MD
University of Louisville Hospital
OBGYN & Women's Health
Louisville, KY

Steven J. Radtke, MD
Obstetrics and Gynecology
Texas Tech University
El Paso, TX

Laura C. Ramirez-Caban, MD
Gynecology, Cleveland Clinic Florida
Fort Lauderdale, FL

Nili Raz Kfir El, MD, MSc
Gynecology Ambulatory Surgery Unit
Department of Obstetrics and Gynecology
Hillel Yaffe Medical Center
Hadera, Israel
The Ruth and Bruce Rappaport Faculty of Medicine
Technion institute of technology
Haifa, Israel

Himabindu Reddy, MD, MPH
Obstetrics and Gynecology
Montefiore Medical Center/Albert Einstein College of Medicine
Bronx, NY

Connie O. Rees, MD, MSc
Obsetrics and Gynaecology
Catharina Ziekenhuis Eindhoven
Eindhoven, Netherlands

Guido M. Rey Valzacchi, MD
Hospital Italiano of Buenos Aires
Gynecology
Buenos Aires, Argentina

Evelyne Richard, MD
Département de Médecine Sociale et Préventive, Université Laval
Québec, QC, Canada

Courtney Ritchie, MD
Detroit Medical Center/Wayne State University School of Medicine
Obstetrics and Gynecology
Detroit, MI

Gabriella Rivera Ortiz, MD
Obstetrics and Gynecology, University of Puerto Rico
San Juan, PR

Brittany Roberts, MD
University of South Florida
Obstetrics and Gynecology
Tampa, FL

Rodrigo M. Rocha, MD, PhD
Gynaecology and Obstetrics
Acute Gynaecology, Early Pregnancy, and Advanced Endosurgery Unit
Nepean Clinical School - Nepean Hospital
Kingswood, NSW, Australia

Cristobal Rodriguez Valero, MD
Hospital San Jose
Monterrey NL, Mexico

Phillip A. Romanski, MD
Weill Cornell Medical Center
The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine
New York, NY

Adam Rosen, MD
Obstetrics and Gynecology
University of Toronto
Toronto, ON, Canada

James H. Ross, MD
OB/GYN and Women's Health
Cleveland Clinic Foundation
Cleveland, OH

Kelly H. Roy, MD
Arizona Gynecology Consultants
Phoenix, AZ

Merima Ruhotina, MD
Yale New Haven Health
Minimally Invasive Gynecology
New Haven, CT

Priya Sabu, MD
Carilion Clinic Virginia Tech
Roanoke, VA

Sushila Saini, MD
Gynae Laparoscopy
Jaipur Doorbeen Hospital
Jaipur, India

Shintaro Sakate, MD
Obstetrics and Gynecology
Kurashiki Medical Center
Kurashiki, Japan

Natesan Gnana Sanker, MD, DNB, MRCOG
SKS Hospital & PG Institute
OBS & GYN
Salem TN, India

Jessica Savoni, DO
Obstetrics and Gynecology
MedStar Washington Hospital Center
Washington, DC

Steph Schatzman-Bone, MD
OBGYN, Massachusetts General Hospital /
Brigham and Women's Hospital
Boston, MA

Adrienne R. Schmidt, MD
Obstetrics and Gynecology
University of Connecticut
Farmington, CT

Kathryn Schmiech, MD
Obstetrics and Gynecology
VCU Health
Richmond, VA

Rebecca J. Schneyer, MD
Department of Obstetrics and Gynecology
Cedars-Sinai Medical Center
Los Angeles, CA

Michael A. Schwartz, BS, BA
Mayo Clinic Alix School of Medicine
School of Medicine
Jacksonville, FL

Sierra J. Seaman, MD
Obstetrics and Gynecology
Columbia University Irving Medical Center - New
York Presbyterian Hospital
New York, NY

Karlee Searle, BSc
University of Toronto
Faculty of Medicine
Toronto, ON, Canada

Roy Segal, MD
Department of Obstetrics and Gynecology
Lis Maternity Hospital, Tel Aviv Sourasky Medical
Center
Tel Aviv, ID, Israel

Azin Semsar, PhD
Information Systems
University of Maryland Baltimore County
Baltimore, MD

Alessandro Serva, MD
MESVA
Department of Obstetrics and Gynecology
Universita' Delgi Studi Di L'Aquila
L'Aquila, Italy

Anousheh Shafa, MD
Department of Obstetrics and Gynecology
Mayo Clinic, Rochester
Rochester, MN

Sachin B. Shenoy, MD
MIGS, Then Institute of Pelvic Medicine and
Reconstructive Surgery
Allentown, PA

Gregory Shifrin, MD
Surgery of Tomorrow ASC
Brooklyn, NY

Yasuhiko Shiki, MD
Obstetrics and Gynecology
Osaka Rosai Hospital
Sakai, Japan

Kyoko Shimada, MD
Kurashiki Medical Center
Kurashiki, Japan

Massoud B. Shoraka, MD
Obstetrics and Gynecology, University of Florida
Gainesville, FL

Michael K.M. Shu, MD
Minimally Invasive Gynecologic Surgery
Kaleida Health
Williamsville, NY

Ghadear H. Shukr, MD
Obstetrics and Gynecology, Minimally Invasive
Division
Henry Ford Hospital
West Bloomfield, MI

Tiffany Y. Sia, MD
GYN Surgery, Memorial Sloane Kettering
New York, NY

Yara Sifri, MD
Obstetrics, Gynecology and Reproductive Science
Icahn School of Medicine at Mount Sinai
New York, NY

Karina P. Silva
RUANO, Gynecology
Federal University of São Paulo
São Paulo, Brazil

Sarah Simko, MD
Adventist Health White Memorial
Los Angeles, CA

R. Gina Silverstein, MD
Obstetrics and Gynecology
University of North Carolina
Chapel Hill, NC

Manpreet K. Singh, MD
UCR, School of Medicine
Riverside, CA

Rooma Sinha, MD
Minimal Access and Robotic Surgery
Apollo Hospitals
Hyderabad, India

Katherine Ann Smith, MD
Gynecology, University of Oklahoma Health
Sciences Center
Oklahoma City, OK

Sarah N. Smith, BSc Eng, MD
Obstetrics and Gynecology
University of Saskatchewan
Regina, SK, Canada

Evelyn Al Smith Romero, MD, hBSc
Obstetrics and Gynaecology
Liverpool Hospital, Liverpool
NSW, Australia

Noam Smorgick, MD
Department of Obstetrics and Gynecology
Zefirin, Israel

Jasmine Sodhi, HBSc
Biology, University of Ottawa
Ottawa, ON, Canada

Adel Soltan, MBChB, MD, FRCOG
Liverpool Womens Hospital
Liverpool, United Kingdom

Yue Song, MS
Yale School of Public Health
New Haven, CT

Charles A. Souza, MD
School of Minimally Invasive Surgery
Instituto Crispi - Brazil
Lages SC, Brazil

Taralyn Clawson Sowby, DO, MBA
The Center for Gynecologic Oncology
Miramar, FL

Nicole M. Spencer, MD
Obstetrics and Gynecology
Banner University Medical Center Phoenix
Phoenix, AZ

Amanda P. Stanton, PA-C
Medical and Surgical Gynecology
Mayo Clinic
Jacksonville, FL

Kristen Stearns, MD
Obstetrics and Gynecology
Medical College of Wisconsin
Milwaukee, WI

Kelsey A. Stewart, MD
University of Minnesota
Minneapolis, MN

Erica Lynn Stockwell, DO MBA
Gynecologic Surgery
AdventHealth
Celebration, FL

Yasmine Suliman, BA
Division of Obstetrics and Gynecology
University of California Riverside School of Medicine
Riverside, CA

Chung-Hsien Sun, MD
OB/GYN
Lucina Women & Children Hospital
Kaohsiung City, Taiwan

Tarangi Sutaria, MD
The George Washington University
Washington, DC

Mari Sawada, MD
Obstetrics and Gynecology
Kurashiki Medical Center
Kurashiki, Japan

Aditi N. Tandon, MS
Dr. Sudha Tandon IVF
Endoscopy & Maternity Centre
Mumbai, India

Aruna Tantia, MS, FMAS
Minimal Invasive Gynaecology
ILS Hospitals, DD-6 Salt Lake
Kolkata, India

Tanvir Tanvir, MS
Obstetrics and Gynaecology
Tanvir Hospital
Hyderabad, India

Erryn E. Tappy, MD, MPH
UT Southwestern Medical Center
Female Pelvic Medicine and Reconstructive Surgery
Dallas, TX

Jovana Tavcar, MD
Center for Minimally Invasive Gynecologic Surgery
Newton-Wellesley Hospital, Mass General Brigham
Boston, MA

Brindaa Tharmarajah, MD, FRANZCOG, MSurg
Liverpool & Campbelltown Hospital
MIGS Unit
Sydney, NSW, New South Wales, Australia

George K. Thomas, MD
Minimally Invasive Gynecologic Surgery
Cleveland Clinic Florida
Weston, FL

Andreas L. Thurkow, MD
Gynaecology
Bergman Clinics
Amsterdam, Netherlands

Jayesh Tigdi, MD, FRCSC
McMaster University
Minimally Invasive Gynecologic Surgery, Obstetrics and Gynecology
Hamilton, ON, Canada

Miriam C. Toaff, MD
Department of Obstetrics and Gynecology
New York Medical College
Valhalla, NY

Jennifer Travieso, MD
Department of Obstetrics and Gynecology
University of Michigan
Ann Arbor, MI
Minimally Invasive Gynecologic Surgery
UT Health Austin and Dell Medical School
Austin, TX

Svetlana Tseluyko, MD
Gynecology Department
Cosmetology&Plastic Surgery Center
Ekaterinburg, Russian Federation

Ralph J. Turner, MD
Zeid Women's Health Center
Tyler, TX

Yossi Tzur, MD
Lis Maternity Hospital, Tel Aviv Sourasky Medical Center
Department of Obstetrics & Gynecology
Tel Aviv, Israel

Pooja Uppalapati, MD, MBA
OBGYN
Donald and Barbara Zucker SOM at Hofstra/Northwell
Manhasset, NY

Shruti Varma, DO
Jersey Shore University Medical Center
Obstetrics & Gynecology
Neptune, NJ

Pooja S. Vyas, MD
Obstetrics and Gynecology
University of Chicago Medicine
Chicago, IL

Natalie Walker, MD, MS
Obstetrics and Gynecology
University of Oklahoma Health Sciences Center
Oklahoma City, OK

Scott Walker, MD
Surgery, Alpert Medical School, Brown University
Providence, RI

Mary E. Wampfler, MD
OB/GYN
Ascension St. Vincent
Indianapolis, IN

Alexander Wang, MD
Orlando VA Medical Center
Orlando, FL

Emily B. Wang, MD, MPH
Obstetrics and Gynecology
University of Texas Southwestern Medical Center
Dallas, TX

Qianqing Wang, MD
Xinxiang City Central Hospital
Xinxiang, China

Yanzhou Wang, MD
Department of Obstetrics and Gynecology
Southwest Hospital, Third Military Medical University
Chongqing, China

Simrit K. Warring, MD
Mayo Clinic
Obstetrics & Gynecology
Rochester, MN

Chelsie Warshafsky, MD, FRCSC
Obstetrics & Gynecology
University of Toronto
Vancouver BC, ON, Canada

Caitlin H. Waters, MD
Obstetrics & Gynecology
Zucker School of Medicine at Hofstra/Northwell
Manhasset, NY

Shiri Weinberg-Hendel, MD
Obstetrics and Gynecology
Assuta Ashdod University Hospital
Ashdod, Israel

Gabrielle T. Whitmore, MD
Department of Obstetrics and Gynecology
University of Michigan
Ann Arbor, MI

Heather Winn, MD
Obstetrics and Gynecology
Division of Urogynecology and Pelvic Surgery
Atrium Health
Charlotte, NC

Marc L. Winter, MD
Hoag Memorial Hospital Presbyterian
Gynecology
Laguna Hills, CA

Hannah Wirth, MD, MS
Obstetrics and Gynecology
Kaiser Permanente Los Angeles Medical Center
Los Angeles, CA

Jacqueline M.K. Wong, MD
Obstetrics and Gynecology
Northwestern University
Chicago, IL

Jacqueline Wong, MD
Oregon Health and Science University
Obstetrics and Gynecology
Portland, OR

Jeffrey J. Woo, MD
Department of Gynecological Surgery
Scripps Clinic Medical Group
San Diego, CA

Jennifer W.H. Wong, MD
Kaiser Permanente Northern California
Oakland, CA

Michael J. Worley, Jr, MD
Brigham and Women's Hospital/Dana Farber
Cancer Institute
Gynecologic Oncology
Boston, MA

Micah Ray Wright, DO
Minimally Invasive Gynecologic Surgery
St. Lukes University
Breinigsville, PA

Shiori Yanai, MD
Obstetrics & Gynecology
Kurashiki Medical Center
Kurashiki, Japan

Rina Tamir Yaniv, Sr, MD
OBGYN, Meir Medical Center
Kfar-Saba, Israel

Yasunori Yoshino, MD
Gynecology
Kurashiki Medical Center
Kurashiki-city, Japan

Riley Jean Young, MD
Mayo Clinic
Department of Obstetrics and Gynecology
Rochester, MN

Youssef Youssef, MD
Hurley Medical Center
Flint, MI

Lulu Yu, MD, MPHS
Washington University School of Medicine
St. Louis, MO

Alison M. Zeccola, MD
Obstetrics, Gynecology and Reproductive
Sciences
Magee-Womens Hospital
Pittsburgh, PA

Anna Zelivianskaia, MD
Minimally Invasive Gynecologic Surgery, MedStar
Washington Hospital Center/Georgetown
University
Washington, DC

Jorge H. Zepeda Ortega, MD
Clinica de Ginecologia Avanzada y Maternidad,
Hospital Angeles Morelia
Morelia Mich, MH, Mexico

Hao Zhang
Department of Gynecology, Obstetrics and
Gynecology
Hospital of Fudan University
Shanghai, China

Wenjia Zhang, MD
Center for Minimally Invasive Gynecologic
Surgery, Newton Wellesley Hospital
Newton, MA

Robert K. Zurawin, MD
Obstetrics and Gynecology
Baylor College of Medicine
Houston, TX

Myfembree®
(relugolix, estradiol, and norethindrone acetate) tablets
40 mg, 1 mg, 0.5 mg

One small pill. Once a day.

The only FDA-approved once-daily pill to reduce heavy menstrual bleeding associated with uterine fibroids in premenopausal women[1]

The recommended total duration of treatment is 24 months.[1]
Pill size: 7.94 mm in diameter.

Response rates with Myfembree ~70%

72.1% and **71.2%** in LIBERTY 1 and 2 vs **16.8%** and **14.7%** for placebo, respectively (*P* <0.0001)[1]

- **Myfembree was studied in LIBERTY 1 and 2,** which were 2 replicate, 24-week, randomized, double-blind, placebo-controlled clinical trials that enrolled premenopausal women with heavy menstrual bleeding associated with uterine fibroids[1]
- Response rate was the primary endpoint, defined as the proportion of women receiving Myfembree who achieved menstrual blood loss volume <80 mL ***and*** ≥50% reduction in menstrual blood loss volume from baseline over the last 35 days of treatment. Mean menstrual blood loss volume (± standard deviation) at baseline was 231 mL (± 156) [1]

INDICATION

Myfembree is indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women.

Limitations of Use: Use of Myfembree should be limited to 24 months due to the risk of continued bone loss which may not be reversible.

IMPORTANT SAFETY INFORMATION

BOXED WARNING: THROMBOEMBOLIC DISORDERS AND VASCULAR EVENTS

- **Estrogen and progestin combination products, including Myfembree, increase the risk of thrombotic or thromboembolic disorders including pulmonary embolism, deep vein thrombosis, stroke and myocardial infarction, especially in women at increased risk for these events.**
- **Myfembree is contraindicated in women with current or a history of thrombotic or thromboembolic disorders and in women at increased risk for these events, including women over 35 years of age who smoke or women with uncontrolled hypertension.**

CONTRAINDICATIONS

Myfembree is contraindicated in women with any of the following: high risk of arterial, venous thrombotic, or thromboembolic disorder; pregnancy; known osteoporosis; current or history of breast cancer or other hormone-sensitive malignancies; known hepatic impairment or disease; undiagnosed abnormal uterine bleeding; known hypersensitivity to components of Myfembree.

WARNINGS AND PRECAUTIONS

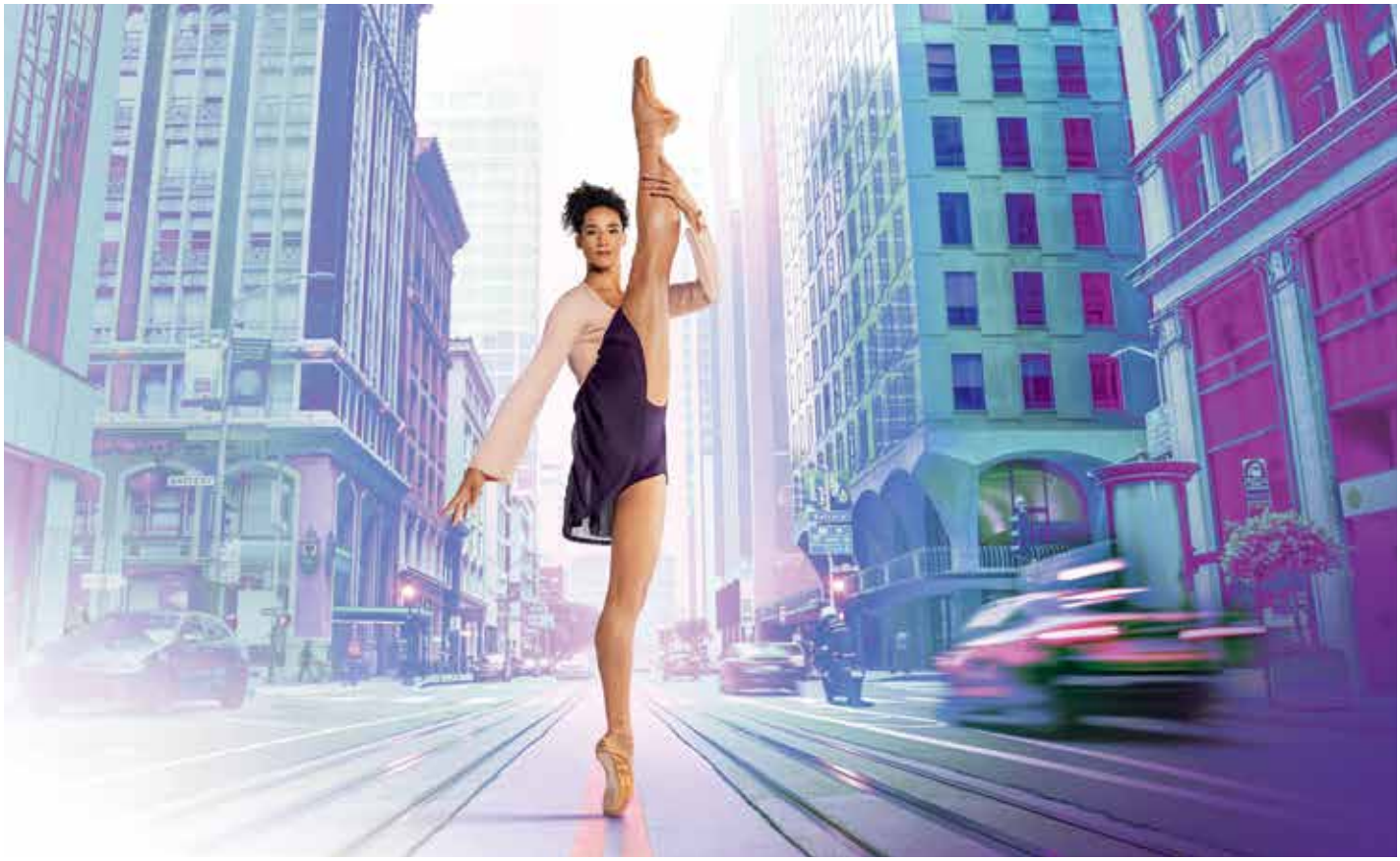
Thromboembolic Disorders: Discontinue immediately if an arterial or venous thrombotic, cardiovascular, or cerebrovascular event occurs or is suspected. Discontinue at least 4 to 6 weeks before surgery associated with an increased risk of thromboembolism, or during periods of prolonged immobilization, if feasible. Discontinue immediately if there is sudden unexplained partial or complete loss of vision, proptosis, diplopia, papilledema, or retinal vascular lesions and evaluate for retinal vein thrombosis as these have been reported with estrogens and progestins.

Bone Loss: Myfembree may cause a decrease in bone mineral density (BMD) in some patients, which may be greater with increasing duration of use and may not be completely reversible after stopping treatment. Consider the benefits and risks in patients with a history of low trauma fracture or risk factors for osteoporosis or bone loss, including medications that may decrease BMD. Assessment of BMD by dual-energy X-ray absorptiometry (DXA) is recommended at baseline and periodically thereafter. Consider discontinuing Myfembree if the risk of bone loss exceeds the potential benefit.

Hormone-Sensitive Malignancies: Discontinue Myfembree if a hormone-sensitive malignancy is diagnosed. Surveillance measures in accordance with standard of care, such as breast examinations and mammography are recommended. Use of estrogen alone or estrogen plus progestin has resulted in abnormal mammograms requiring further evaluation.

Depression, Mood Disorders, and Suicidal Ideation: Promptly evaluate patients with mood changes and depressive symptoms including shortly after initiating treatment, to determine whether the risks of continued therapy outweigh the benefits. Patients with new or worsening depression, anxiety, or other mood changes should be referred to a mental health professional, as appropriate. Advise patients to seek immediate medical attention for suicidal ideation and behavior and reevaluate the benefits and risks of continuing Myfembree.

Hepatic Impairment and Transaminase Elevations: Steroid hormones may be poorly metabolized in these patients. Instruct women to promptly seek medical attention for symptoms or signs that may reflect liver injury, such as jaundice or right upper abdominal pain. Acute liver test abnormalities may necessitate the discontinuation of Myfembree use until the liver tests return to normal and Myfembree causation has been excluded.



Common adverse events and discontinuation rates vs placebo[1]

- Discontinuation rates due to adverse events (3.9%) were similar to placebo (4.3%)
- The most common adverse events occurring at ≥3% and at a greater incidence than placebo were hot flush/hyperhidrosis/night sweats; abnormal uterine bleeding; alopecia; and decreased libido. These are not all the possible side effects of Myfembree

Learn more at MyfembreeHCP.com

Gallbladder Disease or History of Cholestatic Jaundice: Discontinue Myfembree if signs or symptoms of gallbladder disease or jaundice occur. For women with a history of cholestatic jaundice associated with past estrogen use or with pregnancy, assess the risk-benefit of continuing therapy. Studies among estrogen users suggest a small increased relative risk of developing gallbladder disease.

Elevated Blood Pressure: For women with well-controlled hypertension, monitor blood pressure and stop Myfembree if blood pressure rises significantly.

Change in Menstrual Bleeding Pattern and Reduced Ability to Recognize Pregnancy: Advise women to use non-hormonal contraception during treatment and for one week after discontinuing Myfembree. Avoid concomitant use of hormonal contraceptives. Myfembree may delay the ability to recognize pregnancy because it alters menstrual bleeding. Perform testing if pregnancy is suspected and discontinue Myfembree if pregnancy is confirmed.

Risk of Early Pregnancy Loss: Myfembree can cause early pregnancy loss. Exclude pregnancy before initiating and advise women to use effective non-hormonal contraception.

Uterine Fibroid Prolapse or Expulsion: Advise women with known or suspected submucosal uterine fibroids about the possibility of uterine fibroid prolapse or expulsion and instruct them to contact their physician if severe bleeding and/or cramping occurs.

Alopecia: Alopecia, hair loss, and hair thinning were reported in phase 3 trials with Myfembree. Consider discontinuing Myfembree if hair loss becomes a concern. Whether the hair loss is reversible is unknown.

Effects on Carbohydrate and Lipid Metabolism: More frequent monitoring in Myfembree-treated women with prediabetes and diabetes may be necessary. Myfembree may decrease glucose tolerance and result in increased blood glucose concentrations. Monitor lipid levels and consider discontinuing if hypercholesterolemia or hypertriglyceridemia worsens. In women with pre-existing hypertriglyceridemia, estrogen therapy may be associated with elevations in triglycerides levels leading to pancreatitis. Use of Myfembree is associated with increases in total cholesterol and LDL-C.

Effect on Other Laboratory Results: Patients with hypothyroidism and hypoadrenalism may require higher doses of thyroid hormone or cortisol replacement therapy. Use of estrogen and progestin combinations may raise serum concentrations of binding proteins (e.g., thyroid-binding globulin, corticosteroid-binding globulin), which may reduce free thyroid or corticosteroid hormone levels. Use of estrogen and progestin may also affect the levels of sex hormone-binding globulin, and coagulation factors.

Hypersensitivity Reactions: Immediately discontinue Myfembree if a hypersensitivity reaction occurs.

ADVERSE REACTIONS: Most common adverse reactions for Myfembree (incidence ≥3% and greater than placebo) were hot flush/hyperhidrosis/night sweats, abnormal uterine bleeding, alopecia, and decreased libido. These are not all the possible side effects of Myfembree.

DRUG INTERACTIONS: P-gp Inhibitors: Avoid use of Myfembree with oral P-gp inhibitors. If use is unavoidable, take Myfembree first, separate dosing by at least 6 hours, and monitor patients for adverse reactions. **Combined P-gp and Strong CYP3A Inducers:** Avoid use of Myfembree with combined P-gp and strong CYP3A inducers.

LACTATION: Advise women not to breastfeed while taking Myfembree.

Please see Brief Summary of the full Prescribing Information including BOXED WARNING on the following pages

Reference: 1. Myfembree [Prescribing Information]. Brisbane, CA: Myovant Sciences, Inc. May 2021.

MYFEMBREE® (relugolix, estradiol, and norethindrone acetate) tablets, for oral use

Brief Summary of the Full Prescribing Information

Rx Only

WARNING: THROMBOEMBOLIC DISORDERS AND VASCULAR EVENTS

- **Estrogen and progestin combination products, including MYFEMBREE, increase the risk of thrombotic or thromboembolic disorders including pulmonary embolism (PE), deep vein thrombosis (DVT), stroke and myocardial infarction (MI), especially in women at increased risk for these events.**
- **MYFEMBREE is contraindicated in women with current or a history of thrombotic or thromboembolic disorders and in women at increased risk for these events, including women over 35 years of age who smoke or women with uncontrolled hypertension.**

1. INDICATIONS AND USAGE

MYFEMBREE is indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women.

Limitations of Use

Use of MYFEMBREE should be limited to 24 months due to the risk of continued bone loss which may not be reversible.

4. CONTRAINDICATIONS

MYFEMBREE is contraindicated in women:

- With a high risk of arterial, venous thrombotic, or thromboembolic disorders. Examples include women over 35 years of age who smoke, and women who are known to have:
  - current or history of deep vein thrombosis or pulmonary embolism
  - vascular disease (e.g., cerebrovascular disease, coronary artery disease, peripheral vascular disease)
  - thrombogenic valvular or thrombogenic rhythm diseases of the heart (for example, subacute bacterial endocarditis with valvular disease, or atrial fibrillation)
  - inherited or acquired hypercoagulopathies
  - uncontrolled hypertension
  - headaches with focal neurological symptoms or migraine headaches with aura if over 35 years of age
- Who are pregnant. Exposure to MYFEMBREE early in pregnancy may increase the risk of early pregnancy loss.
- With known osteoporosis, because of the risk of further bone loss.
- With current or history of breast cancer or other hormone-sensitive malignancies, and with increased risk for hormone-sensitive malignancies.
- With known hepatic impairment or disease.
- With undiagnosed abnormal uterine bleeding.
- With known anaphylactic reaction, angioedema, or hypersensitivity to MYFEMBREE or any of its components. Anaphylactoid reactions have been reported.

5. WARNINGS AND PRECAUTIONS

5.1. Thromboembolic Disorders and Vascular Events

MYFEMBREE is contraindicated in women with current or history of thrombotic or thromboembolic disorders and in women at increased risk for these events.

Discontinue MYFEMBREE immediately if an arterial or venous thrombotic, cardiovascular, or cerebrovascular event occurs or is suspected. Discontinue MYFEMBREE at least 4 to 6 weeks before surgery of the type associated with an increased risk of thromboembolism, or during periods of prolonged immobilization, if feasible.

Discontinue MYFEMBREE immediately if there is sudden unexplained partial or complete loss of vision, proptosis, diplopia, papilledema, or retinal vascular lesions and evaluate for retinal vein thrombosis as these have been reported in patients receiving estrogens and progestins.

Estrogen and progestin combinations, including the estradiol/norethindrone acetate component of MYFEMBREE, increase the risk of thrombotic or thromboembolic disorders, including pulmonary embolism, deep vein thrombosis, stroke, and myocardial infarction, especially in women at high risk for these events. In general, the risk is greatest among women over 35 years of age who smoke, and women with uncontrolled hypertension, dyslipidemia, vascular disease, or obesity.

In Phase 3 placebo-controlled clinical trials in 1066 women treated with MYFEMBREE for another indication, 2 thromboembolic events (DVT and PE) occurred in 1 woman with risk factors of obesity and a preceding knee injury and one case was reported for a woman treated with relugolix monotherapy in the postmarketing period.

5.2. Bone Loss

MYFEMBREE is contraindicated in women with known osteoporosis. Consider the benefits and risks of MYFEMBREE treatment in patients with a history of a low trauma fracture or risk factors for osteoporosis or bone loss, including taking medications that may decrease bone mineral density (BMD) (e.g., systemic or chronic inhaled corticosteroids, anticonvulsants, or chronic use of proton pump inhibitors).

Assessment of BMD by dual-energy X-ray absorptiometry (DXA) is recommended at baseline and periodically thereafter. Consider discontinuing MYFEMBREE if the risk associated with bone loss exceeds the potential benefit of treatment. Although the effect of supplementation with calcium and vitamin D was not studied, such supplementation for patients with inadequate dietary intake may be beneficial. MYFEMBREE may cause a decrease in BMD in some patients. BMD loss may be greater with increasing duration of use and may not be completely reversible after stopping treatment. The impact of BMD decreases on long-term bone health and future fracture risk in premenopausal women is unknown.

In Phase 3 clinical trials, women treated with MYFEMBREE for up to 52 weeks had a decline in lumbar spine BMD of 0.80%.

5.3. Hormone-Sensitive Malignancies

MYFEMBREE is contraindicated in women with current or a history of hormone-sensitive malignancies (e.g., breast cancer) and in women at increased risk for hormone-sensitive malignancies. Discontinue MYFEMBREE if a hormone-sensitive malignancy is diagnosed.

Surveillance measures in accordance with standard of care, such as breast examinations and mammography are recommended. The use of estrogen alone or estrogen plus progestin has been reported to result in an increase in abnormal mammograms requiring further evaluation.

5.4. Depression, Mood Disorders, and Suicidal Ideation

Promptly evaluate patients with mood changes and depressive symptoms including shortly after initiating treatment, to determine whether the risks of continued therapy with MYFEMBREE outweigh the benefits. Patients with new or worsening depression, anxiety, or other mood changes should be referred to a mental health professional, as appropriate. Advise patients to seek immediate medical attention for suicidal ideation and behavior. Reevaluate the benefits and risks of continuing MYFEMBREE if such events occur.

In Phase 3 placebo-controlled clinical trials, as compared to placebo, a greater proportion of women treated with MYFEMBREE reported depression (including depression, mood swings, and depressed mood) (2.4% vs. 0.8%), irritability (2.4% vs. 0%), and anxiety (1.2% vs. 0.8%). Suicidal ideation occurred in women treated with MYFEMBREE in placebo-controlled clinical trials conducted for a different indication.

5.5. Hepatic Impairment and Transaminase Elevations

Contraindication in Patients with Hepatic Impairment

MYFEMBREE is contraindicated in patients with known hepatic impairment or disease. Steroid hormones may be poorly metabolized in patients with impaired liver function.

Transaminase Elevations

Instruct women to promptly seek medical attention for symptoms or signs that may reflect liver injury, such as jaundice or right upper abdominal pain. Acute liver test abnormalities may necessitate the discontinuation of MYFEMBREE use until the liver tests return to normal and MYFEMBREE causation has been excluded.

In Phase 3 placebo-controlled clinical trials, elevations [≥ 3 times the upper limit of the normal (ULN) reference range] in alanine aminotransferase (ALT) occurred in 0.4% (1/254) of women treated with MYFEMBREE compared with no elevations in placebo-treated women. Elevations ≥ 3 times ULN in aspartate aminotransferase (AST) occurred in 0.8% (2/254) of women treated with MYFEMBREE compared with 0.4% (1/256) of placebo-treated women. No pattern in time to onset of these liver transaminase elevations was identified.

5.6. Gallbladder Disease or History of Cholestatic Jaundice

Discontinue MYFEMBREE if signs or symptoms of gallbladder disease or jaundice occur. For women with a history of cholestatic jaundice associated with past estrogen use or with pregnancy, assess the risk-benefit of continuing therapy. Studies among estrogen users suggest a small increased relative risk of developing gallbladder disease.

5.7. Elevated Blood Pressure

MYFEMBREE is contraindicated in women with uncontrolled hypertension. For women with well-controlled hypertension, continue to monitor blood pressure and stop MYFEMBREE if blood pressure rises significantly.

In one of the two Phase 3 clinical trials (Study L1), more women experienced the adverse reaction of new or worsening hypertension with MYFEMBREE as compared to placebo (7.0% vs. 0.8%).

5.8. Change in Menstrual Bleeding Pattern and Reduced Ability to Recognize Pregnancy

Exclude pregnancy before initiating MYFEMBREE. Start MYFEMBREE as early as possible after the start of menses but no later than 7 days after menses has started. If MYFEMBREE is initiated later in the menstrual cycle, irregular and/or heavy bleeding may initially occur. Women who take MYFEMBREE may experience amenorrhea or a reduction in the amount, intensity, or duration of menstrual bleeding, which may delay the ability to recognize pregnancy. Perform pregnancy testing if pregnancy is suspected and discontinue MYFEMBREE if pregnancy is confirmed.

Advise women of reproductive potential to use effective non-hormonal contraception during treatment with MYFEMBREE and for one week after the final dose. Avoid concomitant use of hormonal contraceptives with MYFEMBREE. The use of estrogen-containing hormonal contraceptives can increase estrogen levels which may increase the risk of estrogen-associated adverse events and decrease the efficacy of MYFEMBREE.

5.9. Risk of Early Pregnancy Loss

MYFEMBREE is contraindicated for use in pregnancy. Based on findings from animal studies and its mechanism of action, MYFEMBREE can cause early pregnancy loss. However, in both rabbits and rats, no fetal malformations were present at any dose level tested which were associated with relugolix exposures about half and approximately 300 times exposures in women at the recommended human dose, respectively.

5.10. Uterine Fibroid Prolapse or Expulsion

Advise women with known or suspected submucosal uterine fibroids about the possibility of uterine fibroid prolapse or expulsion and instruct them to contact their physician if severe bleeding and/or cramping occurs while being treated with MYFEMBREE. In Phase 3 placebo-controlled clinical trials, uterine fibroid prolapse and uterine fibroid expulsion were reported in women treated with MYFEMBREE.

5.11. Alopecia

Consider discontinuing MYFEMBREE if hair loss becomes a concern.

In Phase 3 placebo-controlled clinical trials, more women experienced alopecia, hair loss, and hair thinning (3.5%) with MYFEMBREE, compared to placebo (0.8%). In 3 of the 11 affected women treated with MYFEMBREE across Phase 3 clinical trials, alopecia was reported as moderate. For one MYFEMBREE-treated woman in the extension trial, alopecia was a reason for discontinuing treatment.

No specific pattern of hair loss was described. The majority of affected women completed the study with reported hair loss ongoing. Whether the hair loss is reversible is unknown.

5.12. Effects on Carbohydrate and Lipid Metabolism

More frequent monitoring in MYFEMBREE-treated women with prediabetes and diabetes may be necessary. MYFEMBREE may decrease glucose tolerance and result in increased blood glucose concentrations.

Monitor lipid levels and consider discontinuing MYFEMBREE if hypercholesterolemia or hypertriglyceridemia worsens. In women with pre-existing hypertriglyceridemia, estrogen therapy may be associated with elevations in triglycerides levels leading to pancreatitis. Use of MYFEMBREE is associated with increases in total cholesterol and low-density lipoprotein cholesterol (LDL-C).

5.13. Effect on Other Laboratory Results

Patients with hypothyroidism and hypoadrenalism may require higher doses of thyroid hormone or cortisol replacement therapy.

The use of estrogen and progestin combinations may raise serum concentrations of binding proteins (e.g., thyroid-binding globulin, corticosteroid-binding globulin), which may reduce free thyroid or corticosteroid hormone levels.

The use of estrogen and progestin may also affect the levels of sex hormone-binding globulin, and coagulation factors.

5.14. Hypersensitivity Reactions

MYFEMBREE is contraindicated in women with a history of hypersensitivity reactions to relugolix or any component of MYFEMBREE. Immediately discontinue MYFEMBREE if a hypersensitivity reaction occurs.

6 ADVERSE REACTIONS

The following clinically significant adverse reactions are discussed elsewhere in the labeling:

- Thromboembolic Disorders and Vascular Events
- Bone Loss
- Depression, Mood Disorders, and Suicidal Ideation
- Hepatic Impairment and Transaminase Elevation
- Elevated Blood Pressure
- Uterine Fibroid Prolapse or Expulsion.
- Alopecia
- Effects on Carbohydrate and Lipid Metabolism
- Hypersensitivity Reactions

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

The safety of MYFEMBREE was evaluated in two placebo-controlled clinical trials, Study L1 (LIBERTY 1) and Study L2 (LIBERTY 2), in women with heavy menstrual bleeding associated with uterine fibroids. In the Phase 3 studies, women received a once daily relugolix 40 mg tablet plus an over encapsulated tablet of E2 1 mg and NETA 0.5 mg (relugolix+E2/NETA), which is equivalent to 1 tablet of MYFEMBREE. Across the two studies, 254 women received MYFEMBREE once daily for 24 weeks. Additionally, 256 women received placebo for 24 weeks, and 258 women received relugolix 40 mg monotherapy once daily for 12 weeks followed by MYFEMBREE for 12 weeks. Of these, 476 women were treated with MYFEMBREE in a 28-week extension trial, Study L3 (LIBERTY Extension), for a total treatment duration of up to 12 months. Demographics were similar across the studies; approximately 43% were White, 51% were Black, and approximately 23% were of Hispanic or Latino ethnicity. The mean age at study entry was approximately 42 years (range 19 to 51 years).

Serious Adverse Reactions

Serious adverse reactions were reported in 3.1% of MYFEMBREE-treated women compared with 2.3% of placebo-treated women in Studies L1 and L2. In MYFEMBREE-treated women, serious adverse drug reactions included uterine myoma expulsion and menorrhagia experienced by one woman, uterine leiomyoma (prolapse), cholecystitis, and pelvic pain reported for one woman each.

Adverse Reactions Leading to Study Drug Discontinuation

In the two placebo-controlled clinical trials (Study L1 and Study L2), 3.9% of women treated with MYFEMBREE discontinued therapy due to adverse reactions, compared with 4.3% receiving placebo. The most common adverse reaction leading to discontinuation of MYFEMBREE was uterine bleeding (1.2%) with onset usually reported within the first 3 months of therapy.

Common Adverse Reactions

The most common adverse reactions reported in at least 3% of women treated with MYFEMBREE and at an incidence greater than placebo during double-blind placebo-controlled treatment are summarized in Table 1.

Table 1: Adverse Reactions Occurring in 3% or More of Women Treated with MYFEMBREE and at a Greater Incidence than Placebo in Studies L1 and L2

Adverse Reaction	MYFEMBREE (N = 254) %	Placebo (N = 256) %
Hot flush, hyperhidrosis, or night sweats	10.6	6.6
Abnormal uterine bleeding[1]	6.3	1.2
Alopecia	3.5	0.8
Libido decreased[2]	3.1	0.4

[1] Includes menorrhagia, metrorrhagia, vaginal haemorrhage, polymenorrhoea, and menstruation irregular.

[2] Includes libido decreased and loss of libido.

In one of the two Phase 3 clinical trials (Study L1), more women experienced the adverse reaction of new or worsening hypertension with MYFEMBREE as compared to placebo (7.0% vs 0.8%).

Less Common Adverse Reactions

Adverse reactions reported in at least 2% and less than 3% of women in the MYFEMBREE group and greater incidence than placebo included irritability, dyspepsia, and breast cyst. Other important adverse reactions reported in women treated with MYFEMBREE included one serious reaction each of uterine myoma expulsion (0.4%) and uterine leiomyoma (prolapse) (0.4%).

The adverse reactions most commonly reported in the extension trial, Study L3, were similar to those in the placebo-controlled trials.

Bone Loss

The effect of MYFEMBREE on BMD was assessed by dual-energy X-ray absorptiometry (DXA). The least squares mean percent change from baseline in lumbar spine BMD at Month 6 in Studies L1 and L2 is presented in Table 2.

Table 2: Mean Percent Change (On-Treatment) from Baseline in Lumbar Spine BMD in Women with Uterine Fibroids at Month 6 in Studies L1 and L2

	Studies L1 and L2 Treatment Month 6	
	Placebo	MYFEMBREE
Number of Subjects	256	254
Percent Change from Baseline (95% CI*)	0.18 (-0.21, 0.58)	-0.23 (-0.64, 0.18)
Treatment Difference, %	-0.42	

*Confidence Interval

In the open-label extension Study L3, continued bone loss was observed with 12 months of continuous treatment with MYFEMBREE. The least squares mean percent change from baseline in lumbar spine BMD at Month 6 and Month 12 for women treated with MYFEMBREE in Studies L1 or L2 and then continued on MYFEMBREE for an additional 28 weeks in Study L3 is presented in Table 3, below.

Table 3: Mean Percent Change (On-Treatment) from Baseline in Lumbar Spine BMD at Month 6 in Studies 1 and 2 and Month 12 in Study 3 in Women with Uterine Fibroids treated with MYFEMBREE

	Study L3 (N = 163)	
	Month 6*	Month 12
Percent Change from Baseline* (95% CI)**	-0.23 (-0.69, 0.24)	-0.80 (-1.36, -0.25)

*Baseline and Month 6 assessments include only those participants from Studies L1 and L2 who participated in Study L3.

**CI = confidence interval.

A separate concurrent prospective observational study enrolled 262 women with uterine fibroids who were age-matched to participants of Studies L1 and L2. These women did not receive treatment for uterine fibroids and underwent DXA scans at Month 6 and Month 12 to monitor for changes in BMD. Mean percent change from baseline (95% CI) in BMD at the lumbar spine at Month 6 and Month 12 was 0.00 (-0.32, 0.31) and -0.41 (-0.77, -0.05), respectively.

A decline in lumbar spine BMD of > 3% was observed in 23% (30/132) of women who had a DXA scan following 12 months of MYFEMBREE treatment in Study L3 and in 17.4% (37/213) of untreated women in the Observational Cohort. A decline of > 8% was seen in 1% (1/132) of women treated with MYFEMBREE who completed a DXA scan at Month 12 and in 0.9% (2/213) of untreated women in the Observational Cohort.

In Studies L1, L2, and L3, 0.6% (4/634) women treated with MYFEMBREE experienced low trauma fractures (defined as a fall from standing height or less). Two of these women were treated with relugolix monotherapy for 12 weeks prior to MYFEMBREE therapy.

Depression, Mood Disorders, and Suicidal Ideation

In the Phase 3, placebo-controlled trials (Studies L1 and L2), MYFEMBREE was associated with adverse mood changes. A greater proportion of women treated with MYFEMBREE compared to placebo reported depression (including depression, mood swings, and depressed mood) (2.4% vs. 0.8%), irritability (2.4% vs. 0%), and anxiety (1.2% vs. 0.8%).

Suicidal ideation was reported for women treated with MYFEMBREE in placebo-controlled clinical trials conducted for a different indication.

Resumption of Menstruation after Discontinuation

Post study menstrual status was available for 35 women in Study L1 and 30 women in Study L2 who were treated with MYFEMBREE and prematurely discontinued the study or did not continue into the long-term extension study. For these women, 100% (35/35) in Study L1 and 93.3% (28/30) in Study L2 resumed menses. The mean time from last dose to occurrence of menses was 36 days in Study L1 and 30.7 days in Study L2. Mean time to occurrence of menses was longer for women who achieved amenorrhea (40.6 days and 41.1 days in Studies L1 and L2, respectively) compared with women without amenorrhea (33.0 days and 26.6 days in Studies L1 and L2, respectively) in the last 35 days of treatment. After 12 months of treatment with MYFEMBREE (Study L1 or Study L2, then Study L3) 93.8% (61/65) of women resumed menses. Mean time from last dose of drug to occurrence of menses was 40.5 days. Mean time to occurrence of menses was longer in women who reported amenorrhea over the last 35 days of treatment compared with women without amenorrhea over the last 35 days of treatment (45.6 days vs. 32.6 days, respectively).

Women who did not have a return to menses included those who had surgery, used alternative medications associated with amenorrhea, entered menopause, and unknown cause.

Increases in Lipids

Lipid levels were assessed at baseline and Week 24/End of Treatment in Study L1 and Study L2. Of the women with normal total cholesterol (< 200 mg/dL) at baseline, increases to > 200-240 mg/dL were seen in 13.7% of women treated with MYFEMBREE as compared to 7.7% of women treated with placebo, and increases to > 240 mg/dL were seen in 1.7% and 0.6% of MYFEMBREE and placebo-treated women respectively. For women with LDL < 130 mg/dL at baseline, increases to 130 to < 160 mg/dL, 160 to < 190 mg/dL and ≥ 190 mg/dL were seen in 9.3%, 1.5%, and 0.5% of women treated with MYFEMBREE as compared to 6.5%, 0.5% and 0% of women treated with placebo, respectively.

6.2 Postmarketing Experience

The following adverse reactions have been identified during post-approval use of relugolix monotherapy outside of the United States. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Immune system disorders: anaphylactoid reaction

Skin and subcutaneous tissue disorders: drug eruption

Neoplasms, benign, malignant and unspecified: uterine leiomyoma degeneration

Respiratory, thoracic and mediastinal disorders: pulmonary embolism

7 DRUG INTERACTIONS

7.1 Effect of Other Drugs on MYFEMBREE

P-gp Inhibitors

Co-administration of MYFEMBREE with P-gp inhibitors increases the AUC and maximum concentration (C_{max}) of relugolix and may increase the risk of adverse reactions associated with MYFEMBREE. Avoid use of MYFEMBREE with oral P-gp inhibitors.

If use is unavoidable, take MYFEMBREE first, separate dosing by at least 6 hours, and monitor patients for adverse reactions.

Combined P-gp and Strong CYP3A Inducers·

Use of MYFEMBREE with combined P-gp and strong CYP3A inducers decreases the AUC and C_{max} of relugolix, estradiol, and/or norethindrone and may decrease the therapeutic effects of MYFEMBREE. Avoid use of MYFEMBREE with combined P-gp and strong CYP3A inducers.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Exposure Registry

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to MYFEMBREE during pregnancy. Pregnant females exposed to MYFEMBREE and healthcare providers are encouraged to call the MYFEMBREE Pregnancy Exposure Registry at 1-(855) 428-0707.

Risk Summary

MYFEMBREE is contraindicated in pregnancy. Based on findings from animal studies and its mechanism of action, MYFEMBREE may cause early pregnancy loss. Discontinue MYFEMBREE if pregnancy occurs during treatment.

The limited human data with the use of MYFEMBREE in pregnant women are insufficient to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes *[see Data]*.

In animal reproduction studies, oral administration of relugolix in pregnant rabbits during organogenesis resulted in spontaneous abortion and total litter loss at relugolix exposures about half those at the maximum recommended human dose (MRHD) of 40 mg. In both rabbits and rats, no fetal malformations were present at any dose level tested which were associated with relugolix exposures about half and approximately 300 times exposures in women at the MRHD, respectively *[see Data]*.

Epidemiologic studies and meta-analyses have not found an increased risk of genital or non-genital birth defects (including cardiac anomalies and limb-reduction defects) following exposure to estrogens and progestins before conception or during early pregnancy.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. There are insufficient data to conclude whether the presence of uterine fibroids reduces the likelihood of achieving pregnancy or increases the risk of adverse pregnancy outcomes. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the United States general population, the estimated background risks of major birth defects and miscarriage in clinically recognized pregnancies are 2% to 4% and 15% to 20%, respectively.

Data

Animal Data

In an embryo-fetal development study, oral administration of relugolix to pregnant rabbits during the period of organogenesis (Days 6 to 18 of gestation) resulted in abortion, total litter loss, or decreased number of live fetuses at a dose of 9 mg/kg/day (about half the human exposure at the maximum recommended human dose (MRHD) of 40 mg daily, based on AUC). No treatment related malformations were observed in surviving fetuses. No treatment related effects were observed at 3 mg/kg/day (about 0.1-fold the MRHD) or lower. The binding affinity of relugolix for rabbit GnRH receptors is unknown.

In a similar embryo-fetal development study, oral administration of relugolix to pregnant rats during the period of organogenesis (Days 6 to 17 of gestation) did not affect pregnancy status or fetal endpoints at doses up to 1000 mg/kg/day (300 times the MRHD), a dose at which maternal toxicity (decreased body weight gain and food consumption) was observed. A no observed adverse effect level (NOAEL) for maternal toxicity was 200 mg/kg/day (86 times the MRHD). In rats, the binding affinity of relugolix for GnRH receptors is more than 1000-fold lower than that in humans, and this study represents an assessment of non-pharmacological targets of relugolix during pregnancy. No treatment related malformations were observed up to 1000 mg/kg/day.

In a pre- and postnatal developmental study in pregnant and lactating rats, oral administration of relugolix to rats during late pregnancy and lactation (Day 6 of gestation to Day 20 of lactation) had no effects on pre- and postnatal development at doses up to 1000 mg/kg/day (300 times the MRHD), a dose in which maternal toxicity was observed (effects on body weight gain). A NOAEL for maternal toxicity was 100 mg/kg/day (34 times the MRHD).

8.2 Lactation

Risk Summary

There are no data on the presence of relugolix or its metabolites in human milk, the effects on the breastfed child, or the effects on milk production. Relugolix was detected in milk in lactating rats *[see Data]*. When a drug is present in animal milk, it is likely that the drug will be present in human milk.

Detectable amounts of estrogen and progestin have been identified in the breast milk of women receiving estrogen plus progestin therapy and can reduce milk production in breast-feeding women. This reduction can occur at any time but is less likely to occur once breast-feeding is well established.

The developmental and health benefits of breast-feeding should be considered along with the mother's clinical need for MYFEMBREE and any potential adverse effects on the breastfed child from MYFEMBREE or from the underlying maternal condition.

Data

Animal Data

In lactating rats administered a single oral dose of 30 mg/kg radiolabeled relugolix on post-partum day 14, relugolix and/or its metabolites were present in milk at concentrations up to 10-fold higher than in plasma at 2 hours post-dose.

8.3 Females and Males of Reproductive Potential

Based on animal data and the mechanism of action, MYFEMBREE can cause early pregnancy loss if MYFEMBREE is administered to pregnant women.

Pregnancy Testing

MYFEMBREE may delay the ability to recognize pregnancy because it may reduce the intensity, duration, and amount of menstrual bleeding. Exclude pregnancy before initiating treatment with MYFEMBREE. Perform pregnancy testing if pregnancy is suspected during treatment with MYFEMBREE and discontinue treatment if pregnancy is confirmed.

Contraception

Advise women of reproductive potential to use effective non-hormonal contraception during treatment with MYFEMBREE and for 1 week following discontinuation. Avoid concomitant use of hormonal contraceptives with MYFEMBREE. The use of estrogen-containing hormonal contraceptives may increase the risk of estrogen-associated adverse events and is expected to decrease the efficacy of MYFEMBREE.

8.4 Pediatric Use

Safety and effectiveness of MYFEMBREE in pediatric patients have not been established.

8.7 Hepatic Impairment

MYFEMBREE is contraindicated in women with hepatic impairment or disease. The use of E2 (a component of MYFEMBREE) in patients with hepatic impairment is expected to increase the exposure to E2 and increase the risk of E2-associated adverse reactions.

10. OVERDOSAGE

Overdosage of estrogen plus progestin may cause nausea, vomiting, breast tenderness, abdominal pain, drowsiness, fatigue, and withdrawal bleeding.

Supportive care is recommended if an overdose occurs. The amount of relugolix, estradiol, or norethindrone removed by hemodialysis is unknown.

Please see full Prescribing Information for Patient Counseling Information

This Brief Summary is based on MYFEMBREE Prescribing Information dated May 2021, which can be found at MYFEMBREE.com.

Manufactured by Patheon Inc., 2100 Syntex Court, Mississauga, Ontario L5N 7K9, Canada

Manufactured for Myovant Sciences, Inc., Brisbane, CA 94005

Approved: May 2021

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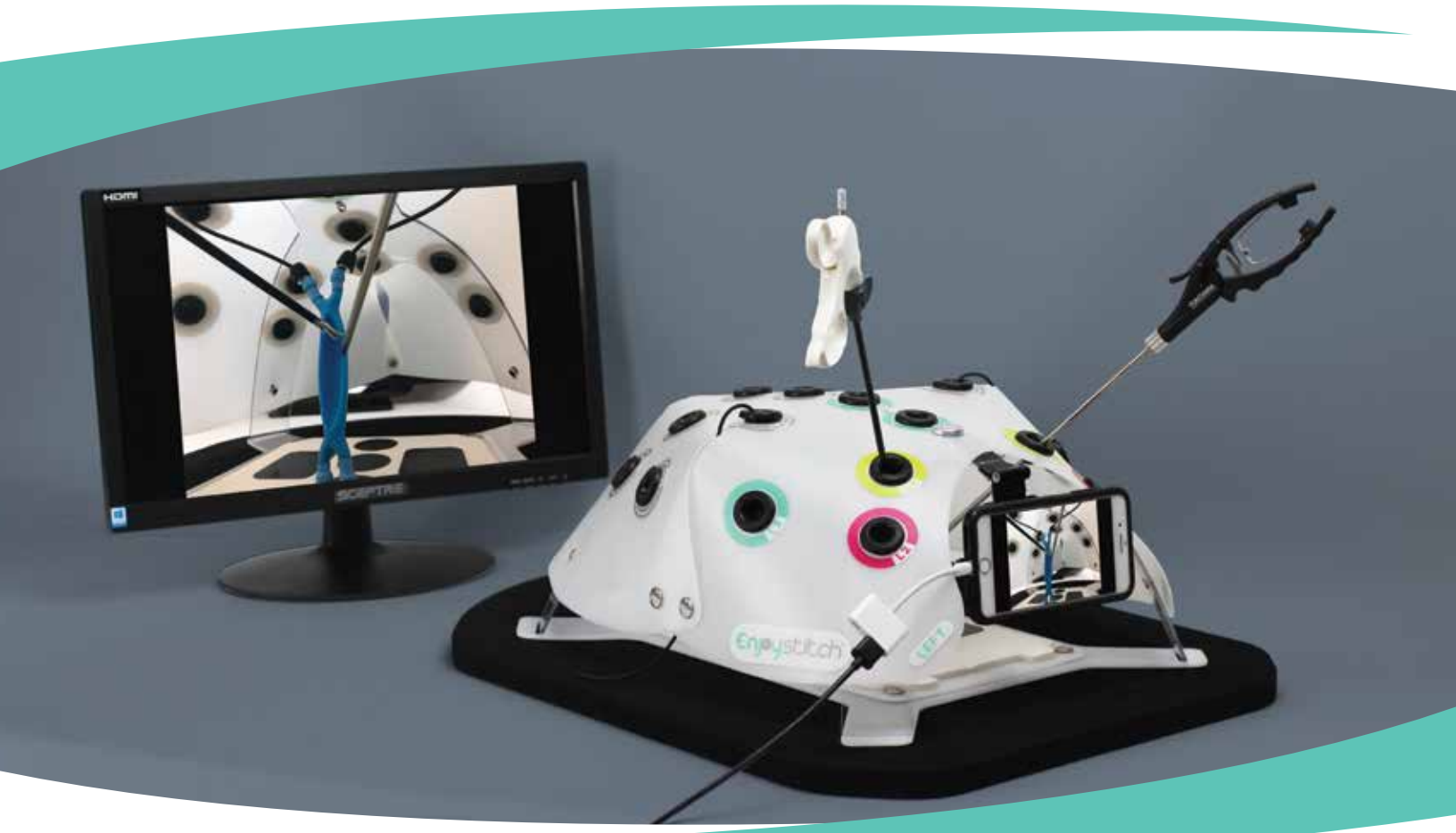

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With special thanks to the AAGL Team for their dedicated efforts and diligent work on this congress.

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*We would also like to recognize **Baron Miller** of Buzzbox Media for his inspired graphic design!*

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1. Redan, J.A., et al. Protect the Ureters. *JSLS* (2009)13:139–141.
2. Shippert, R.D. A Study of Time-Dependent Operating Room Fees and How to save $100,000 by Using Time-Saving Products. *The American Journal of Cosmetic Surgery*, (2005)22, 25-34.

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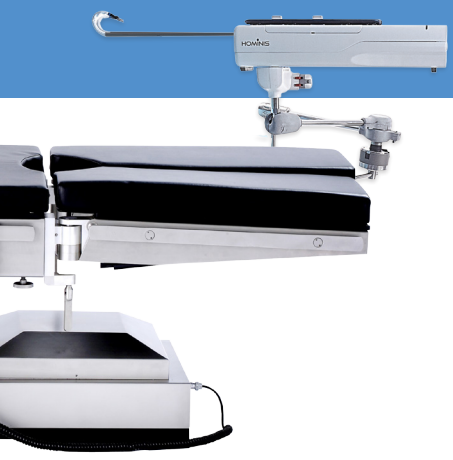

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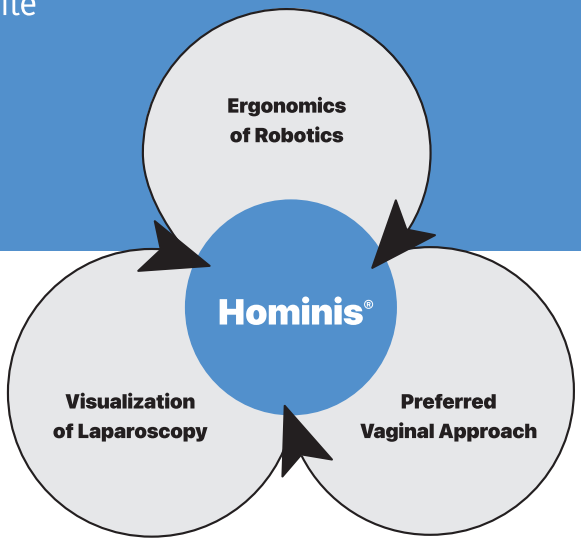

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