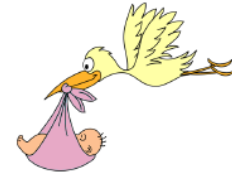




الجمعية اللبنانية للتوليد والأمراض النسائية
 Lebanese Society of Obstetrics & Gynecology
 Société Libanaise d'Obstétrique & de Gynécologie

The Stork



INSIDE THIS ISSUE

- Welcome
- Hot from the Press
- Practice Guidelines
- LSOG Activities
- Upcoming Events
- Upcoming Meetings

After the positive feedback that we received from you, we are pleased to release the Summer issue of STORK. This issue highlights new achievements of LSOG. It also sheds light on the new national guidelines for the prenatal screening for aneuploidy, updates on the First National Pap Smear Campaign, in addition to a multitude of other newsworthy items.

We hope that you find this newsletter useful and as always are open for suggestions and comments.

Sincerely,
 Anwar Nassar, MD
 Editor-in-Chief

REUTERS HEALTH: THE EFFECT OF MATERNAL FASTING DURING RAMADAN ON PRETERM DELIVERY. A PROSPECTIVE COHORT STUDY

Johnny Awwad, MD, Ihab Usta, MD, Julien Succar, MD, Khaled Musallam, MD, Ghina Ghazeeri, MD, Anwar Nassar, MD

A study from the American University of Beirut Medical Center that was published in the British Journal of Obstetrics and Gynaecology (BJOG) has concluded that fasting during the month of Ramadan does not seem to increase the baseline risk of preterm delivery (PTD) in pregnant women regardless of the gestational age during which this practice is observed.

This study received a wide international coverage and the lead author Dr. Nassar was interviewed by REUTERS and ABC radio Australia to comment on its implications. A total of 468 women with singleton pregnancies who elected to fast and matched controls at 4 medical centers were approach-



Continued on page 4

The 2009 Lebanese National Mammography Campaign: Results and Assessment Using a Survey Design

Loulou Kobeissi, Rasha Hamra, Goleen Samari, Mohammad Khalifeh, MD, Leila Koleilat

The following is a summary of the publication from HE the previous minister of public health DR MJ Khalifeh on the results of the 2009 national breast cancer screening campaign in Lebanon.

Breast cancer is the leading cancer among women globally. It comprises about 18% of all female diagnosed cancers. In the developing world, breast cancer's incidence rate is increasing at 3-4%. In addition, 45% of the annual registered deaths are attributed to breast cancer. In the Arab world, breast cancer constitutes between 13-35% of all female diagnosed cancers. In Lebanon, breast cancer is also the leading cancer among women. According to the Lebanese National Cancer Registry (NCR), breast cancer constituted more than one-third of all female cancers. In 2007, the crude breast cancer incidence rate was estimated at 82.9 per 100,000 female population, and the over all age-standardized rate (ASR) (using total world population as a reference) was 91.8 per 100,000 female populations.

Continued on page 4

THE INTERNATIONAL & PAN ARAB CONGRESS OF LSOG

LSOG2012 congress is hosting the Pan Arab meeting and world experts in woman's health issues from USA, Europe, UK, and the Arab Region. Updates in maternal fetal medicine, fetal echography, gynecologic oncology and surgery, breast health, reproductive medicine & infertility, smart cells, neonatal care, and sexual health will be at your disposal. Advanced workshops on Ob ultrasound, laparoscopy/hysteroscopy, and Cervical cancer reduction will be offered. Book yourselves and be there, November 15-17, 2012. For Updates visit: www.lso2012.com

PRENATAL SCREENING FOR ANEUPLOIDY: ESTABLISHING NATIONAL GUIDELINES

An expert group of Lebanese Maternal Fetal Medicine specialists has convened under the umbrella of LSOG to establish practice guidelines for "non-invasive aneuploidy screen." We share with you a summary of their recommendations.

1. Screening and/or invasive diagnostic testing for aneuploidy should be available to all women, regardless of maternal age.
2. Women should be counseled regarding the differences between screening and invasive diagnostic testing, and should be offered both options, irrespective of their age.
3. Regardless of which screening tests the obstetrician decides to offer his or her patients, information about the detection and false-positive rates, advantages, disadvantages, limitations, and cost, as well as the risks and benefits of diagnostic procedures, should be presented to patients so that they can make informed decisions. In this respect, the availability of pertinent patient educational material is highly recommended.
4. Irrespective of the screening option chosen, the patient should be counseled that screening provides an individual risk assessment, but is not diagnostic, and thus will not detect all chromosomal abnormalities.
5. The choice of the screening test depends on many factors, including gestational age at first prenatal visit, number of fetuses, prior obstetric history, family and genetic history, availability of the test, and desire for early test results.
6. Screening options in the first trimester (11-13^{6/7} weeks) include nuchal translucency (NT) measurement by ultrasound, serum markers including Pregnancy Associated Plasma Protein-A and free or total β -hCG, or a combination of both, which is known as combined first trimester screen.
7. Measurement of NT alone is less effective for first-trimester screening (70% detection rate of Down syndrome at a screen-positive rate of 5%) than is the combined test (up to 85% detection rate for the same screen-positive rate). However, this may be the optimal approach in the event of a multiple gestation.
8. Specific training, standardization, use of appropriate ultrasound equipment, and ongoing quality assessment are important to achieve optimal NT measurement for Down syndrome risk assessment, and this procedure should be limited to centers and individuals meeting these criteria.
9. Neural tube defect screening, using MSAFP level, should be offered in the second trimester to women, who had a normal fetal karyotype by invasive testing in the first trimester.
10. Screening options during the second trimester are limited to triple (AFP, hCG & Estriol) or quadruple (Triple + Inhibin) serum screening and ultrasound examination.
11. At the same screen-positive rates, screening strategy involving combined first-trimester screen (NT + PAPP-A & β -HCG) results in a higher Down syndrome detection rate than does the second trimester maternal serum triple screen (69% detection rate) and is comparable to the quadruple screen (81% detection rate).
12. Serum integrated screening is a useful option in pregnancies where NT measurement is not available or cannot be obtained.

Drs. Abdallah Adra, Elie Anastabiades, Rabih Chahine, Mary Chammas, Assaad Kesrouani & Fadi Mirza

Injuring the Endometrium to Improve IVF Success

Cochrane Database Syst Rev

August 23, 2012 — A healthy young woman has approximately a 25% chance to achieve a successful pregnancy with each menstrual cycle. After about 1 year of trying to become pregnant, 15% of couples will remain unsuccessful. If fertility treatments fail repeatedly, in vitro fertilization (IVF) is eventually recommended. This treatment offers the best per-attempt chance for pregnancy, which is why patients have the highest level of expectation for treatment success. Despite these expectations, the overall live birth rate is only 30% with IVF. In most cases, this is a consequence of aneuploidy with the embryo. Several other factors (e.g., endometriosis, fibroids, adenomyosis, immunologic or hematologic problems, hydrosalpinx) can also reduce success rates. When treatments fail repeatedly, the evaluation can be extended and certain additional therapeutic measures can be offered. The benefit of endometrial "injury" induced prior to IVF treatment has been evaluated in recent years. Several mechanisms are believed to play a role in improving the outcome with this intervention. Cytokines that are released during the repair process induce endometrial changes favorable for implantation. Endometrial injury also induces decidualization, which favors implantation. The healing after the injury slows endometrial development, which is otherwise accelerated after stimulation, thereby increasing the likelihood for an in-phase endometrium at the time of transfer.

Randomized controlled trials that evaluated the effect of endometrial injury performed within 6 months of IVF were considered for the analysis in this recent Cochrane review. Five studies involving 294 women in the injury group and 297 women in the control group were included. The Pipelle biopsy equipment was used in 4 studies and the Novak curette in 1. In most trials, a biopsy was performed.

The live birth rate reported in 2 studies was higher in the biopsy group (odds ratio [OR], 2.46; 95% confidence interval [CI], 1.28-4.72). The clinical pregnancy rate (reported in all 4 trials in which biopsy was done in the previous cycle) also was higher in the injury group (OR, 2.61; 95% CI, 1.71-3.97). This review concluded that endometrial injury induced in the cycle before IVF treatment improves ongoing pregnancy and live birth rates in patients with previous IVF failure.

UPCOMING LSOG ACTIVITIES

I. LSOG seminars:

- a. Sep: First series of "Woman's Health in Emergencies", with WHO, from 3-6 pm, Faculty of Health Sciences, Lebanese University, Fanar
- b. Sep: Progestins in Ob/Gyn, South and North

II. Professional activities

- a. Finalization of IVF sub-group mandate coordinated by Dr. Antoine Abu-Musa

- b. Finalization of the medical coding of Ob/Gyn acts and K values

III. National/regional activities

- a. Maternal mortality committee meetings in Ministry of Public Health
- b. Aug/Dec: Collaboration with UNFPA to conduct "Training and support in reproductive health emergencies", Beqaa and North
- c. Aug-Sep: Collaboration with WHO to conduct training on "Risk management in maternal health"

For updates visit LSOG website: www.LSOG.org.lb

Universal Cervical Length Screening: To Do or Not To Do?

Preterm birth represents a major public health concern worldwide with nearly 13 million infants born prior to 37 weeks. Cervical length on transvaginal ultrasound is considered by some authorities the most powerful predictor of preterm birth. Thus, cervical length (CL) assessment by transvaginal sonography is recommended for those parturients with known risk factors for preterm delivery such as those with multiple gestations, prior preterm birth, and history of cervical surgery. Despite the usefulness of CL measurement by ultrasound as a predictor of preterm delivery, routine use to date is not recommended by professional societies, such as the American College of Obstetricians and Gynecologists (ACOG), because of the lack of proven treatments affecting outcome. Additionally, a Cochrane review in 2009 concluded that there is insufficient evidence to recommend routine screening of asymptomatic or symptomatic pregnant women with transvaginal cervical length assessment.

Most preterm births occur in patients with no prior preterm births. Hence, the role of universal CL screening and the intervention with vaginal progesterone supplementation, if indicated, was the subject of a large trial led by Dr. Sonia Hassan. This was a large, multi-center, international trial conducted in 44 centers across the US and the world including India, Ukraine, Belarus, Italy, and South Africa. The investigators concluded in an article published in 2011 that the administration of vaginal progesterone gel to women with a short cervix (10-20 mm) is associated with substantial reduction in the rates of preterm delivery prior to 33 weeks and respiratory distress syndrome. These results were supported by a meta-analysis by Romero et al that was published earlier this year. In recognition of these studies, a pertinent editorial by Combs stated that CL should no longer "remain investigational" but should become "routine". Another editorial by Campbell advocated for universal CL screening and vaginal progesterone use for prevention of early preterm birth, saying "doing nothing is no longer an option." Yet, this approach has not been endorsed to date by professional societies like ACOG. Moreover, earlier this year, the U.S. Food and Drug Administration denied approval for progesterone vaginal gel for the reduction of risk of preterm birth.

WELL- WOMAN VISIT (based on ACOG Committee Opinion - August 2012)

The annual woman's health assessment, including "annual examinations", is a basic part of medical care, and is essential in promoting women's health and wellness as well as identifying medical problems and strengthening preventive practices.

The annual health assessment should include screening, evaluation, and counseling, in addition to immunizations based on age and risk factors. A pelvic exam is a suitable tool being part of the evaluation of genital tract, pelvic, rectal, and urologic problems. Speculum examinations for cervical cancer screening should begin at age 21 years, irrespective of sexual activity of the patient. How easy is it to convince single, non-sexually active women to have a speculum examination in our community is a different story.

The decision to receive an internal examination can be left to the patient if she is asymptomatic and has undergone a total hysterectomy and bilateral salpingo-oophorectomy for benign indications and has no history of vulvar intraepithelial neoplasia, cervical intraepithelial neoplasia 2 or 3, or cancer; is not infected with HIV; is not immunocompromised; and was not exposed to in utero diethylstilbestrol. There is no need for cytology testing in this population. However, annual examination of the external genitalia should continue.

The breast self-examination is recommended and should be encouraged by the physician. Clinical breast examination should be performed annually in women aged 40 years and above, and every 1-3 years in women aged 20-39 years. The patient should consent to any type of examinations performed.

First Specialty Symposium
Hot Topics in Perinatal Medicine

Organized by the Division of Maternal Fetal Medicine at the Department of Obstetrics and Gynecology and the Continuing Medical Education Office at the American University of Beirut

Date: September 15, 2012
 Location: Hisham Jaroudi Auditorium, Hariri School of Nursing, American University of Beirut

This activity has been approved for AMA PRA Category 1 Credit™

For more information and registration, please contact:
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PAP SMEAR CAMPAIGN

LSOG in collaboration with 3 professional societies in LOP, MOPH, and in joint efforts with "Think Again" campaign, have launched the "First National Pap Smear Campaign" as part of "Cervical Cancer Prevention" campaign, during March/April 2012. The Campaign involved 312 hospitals, medical and primary health care centers, and 120 physicians. It involved media and educational and health promotion activities, cultural events, as well as financial incentives providing Pap smear for free or discounted costs.

A 24/7 hotline was made available to everybody for any questions or clarifications.

As a result, and over around 35 days, the overall results were encouraging. A total of 225 calls were received from all over Lebanon (20% from men), in addition to tens of messages and missed calls, asking about Pap smear, with 25% asking about the vaccine.

As for the uptake of Pap smear, and based on centers who reported back to LSOG, there was an estimated increase of about 8.5% in Pap smear uptake. In an analysis of about 15 centers, the number of Pap smears made rose from 1214 to 1432.

As this was the first campaign ever carried in Lebanon, there is a clear documentation of benefits related to:

- 1) Awareness and sensitization towards the importance of Pap smear
- 2) National engagement in this campaign
- 3) Support and collaboration of MOPH at all levels

These are valuable points to keep as LSOG prepares for the 2nd campaign in 2013.

UPCOMING MEETINGS

Conference	Date	Location	Website
Hot Topics in Perinatal Medicine	Sep 15, 2012	Beirut, Lebanon	http://staff.aub.edu.lb/~webobs/symposium/symposium.html
XX FIGO World Congress of Gynecology and Obstetrics	October 7-12, 2012	Rome, Italy	www.figo2012.org
41 st Global Congress of Minimally Invasive Gynecology	November 5-9, 2012	Las Vegas, USA	www.aagl.org/events
17 th World Congress on Controversies in Obstetrics, Gynecology and Infertility	November 8-11, 2012	Lisbon, Portugal	www.congressmed.com/cogilisbon
The International & Pan Arab Congress of LSOG	November 15-17, 2012	Beirut, Lebanon	www.lso2012.com
5 th International Symposium on Assisted Reproduction	December 12-14, 2012	Madrid, Spain	www.simposiofundaciontambre.com

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THE EFFECT OF MATERNAL FASTING DURING RAMADAN ON PRE-TERM DELIVERY

continued from page 1

ed. There were no differences in smoking history and employment between the 2 groups. There was no difference in the proportion of women who had PTD <37 weeks (10.4% versus 10.4%) or PTD<32 weeks (1.5% versus 0.5%) in the Ramadan-fasted group and controls, respectively. The rate PTD was also similar in those who fasted before or during the third trimester. The mean birth weight was lower (3094 ± 467 versus 3202 ± 473 g, p=0.024) and the rate of ketosis and ketonuria was higher in the Ramadan-fasted women. On multivariate stepwise logistic regression analysis, fasting was not associated with an increased risk of PTD (OR 0.72; 95% CI 0.34-1.54; P=0.397). The only factor that had a significant effect on the PTD rate was body mass index (OR 0.43; 95% confidence interval (CI) 0.20-0.93; P=0.033).

National Mammography Campaign

continued from page 1

The mean age of breast cancer diagnosis in Lebanon is observed to be younger when compared to the West, where it ranges between 49.8 years and 50.8 years. Studies also show younger age at presentation to be an independent worse prognostic factor for survival. Women with younger age at initial diagnosis are observed to have larger tumor sizes, more positive lymph nodes involvement, more negative hormone receptors, and higher tumor grades. In the 2009 Ministry of Public Health mammography campaign, data from 83 centers on 10,953 women were analyzed.

The mean age was 49±9.7 years. 84.1% of the women were married, 13.6% had university education, and 40.7% were current smokers. 82.9% indicated to have ever breast fed, and 36.9% were current or ever users of OCP. As for family history, 8.9% indicated to have an aunt with breast cancer, 8.8% have a sister, 7.5% an aunt on the father's side, and 7.3% have a mother. 97.8% indicated they would repeat the exam next year. 51.6% had normal diagnosis. Television messages and a friend were the two most common routes to hear about the campaign.

Women who participated in the campaign before compared to those participating for the first time were more likely to be older, of higher educational levels, non-smokers, and with a family history of breast cancer.