LETTER FROM THE PRESIDENT

Winter in Cleveland comes with the promise of snow days expectantly awaited by our kids, subzero temperatures, and thoughts of an early spring. And spring means the promise of friendships reconnected, lifetime learning, and travel to Toronto for our next ACRM! We hope that you are all making your travel plans for the NASPAG ACRM, to be held April 7-9, 2016, at the Royal Fairmount Hotel in Toronto. Our hotel block is already 76% full, so make your hotel reservations soon! Program Chair Sari Kives, MD, will share details on the ACRM in this newsletter; she has been doing an amazing job, in partnership with her program committee and our Talley support team. It’s not too late to register, and we hope to see you there with friends and colleagues old and new. Bring colleagues who want to brush up on their best practices in PAG and have not yet experienced the joys of NASPAG. Reach out to your med school classmates with whom you’d like to reconnect, and talk them into a rendezvous at the NASPAG meeting. Thanks to the efforts of Vice President and Membership chair Eduardo Lara-Torre, MD, our membership is pushing 500; let’s see if we can increase that number substantially with more North American and global members vested in improving the reproductive health of young people. Now, more than ever, we need a global push for improving reproductive health. Thanks to the emergence of Zika virus, a known pathogen in Africa since the 1950s but now a worldwide threat, we need a greater emphasis on prevention of pregnancy and improved access to reproductive care for young people. In Brazil, where abortion is illegal except in cases of rape or the woman’s life threatened by the pregnancy, the government now goes door to door urging women of reproductive age not to have children for the next two years. Imagine a world where instead, the government goes door to door offering LARCs and improved access to pregnancy prevention strategies, including handouts on how to negotiate “no”, free condoms, and promotion of dual methods for pregnancy prevention. In our own backyard, teen pregnancy rates in the US remain appallingly high, with my own state, Ohio, currently scoring the 23rd worst teen pregnancy rate in the USA. At our ACRM, learn how to insert LARCs safely, brush up on your knowledge of the latest and greatest in PAG, and learn how better to think globally and act locally. We hope to see you there!

Our NASPAG board and leadership has been busy on all fronts, finalizing our strategic plan, moving forward with our searches for JPAG Editor in Chief and Executive Director. Our efforts have been consistent with our year’s theme, “Celebrate the Past, Elevate the Present, and Invent/Embrace the Future.” You will notice our mission has evolved, wordsmithed by our tireless board and embraced with the last bylaws approval this month. Our 2016 mission and goals now read:

Mission:
The mission of NASPAG is to provide multidisciplinary leadership in education, research and gynecologic care to improve the reproductive health of youth.

Goals:
1. Serve and be recognized as the lead provider in PAG education, research and clinical care.
2. Conduct and encourage multidisciplinary and inter-professional programs of medical education and research in the field of PAG.
3. Advocate for the reproductive wellbeing of children and adolescents and the provision of unrestricted, unbiased and evidence-based practice of PAG.
Our ACRM, JPAG articles, and local efforts by each of you help us elevate the field of PAG near and far. We now also announce a NASPAG branded award that you can give to a resident or medical student who embraces the best in PAG. Givers of the award must be NASPAG members, using this link to access the award certificate (http://www.naspag.org/page/residentaward). On the research front, our first Bayer research fellows will be studying PCOS collaboratively, with the fellows’ research consortium flourishing under the leadership of Drs. Veronica Gomez-Lobo and Jenn Dietrich. We also now announce potential funding for young investigators on bleeding disorders, thanks to our colleagues in the Foundation for Women and Girls with Blood Disorders (FWGBD). Dr. Jenn Dietrich, NASPAG board member and co-chair of our Education Committee, serves on the FWGBD board and helped facilitate the approval of this research funding in the field of PAG. In advocacy, we have endorsed ACOG’s statement on Breast and Labial Surgery in Adolescents, as well as endorsing their statement on Guidelines for Adolescent Health Research. We now have 19 educational handouts on various topics downloadable from our NASPAG website, thanks to our very vibrant Education Committee, under the leadership of Drs. Judy Simms-Cendan and Jennifer Dietrich. Under the leadership of past co-chair Drs. Nathalie Fleming and Meredith Loveless, current co-chairs Drs. Tricia Huegelet and Carol Wheeler, and assistance from Dr. Paritosh Kaul, our resident education committee has published short and long curricula for PAG in our journal, now downloadable free from our website via a link to the Elsevier JPAG site. Dr. Beth Rackow and our Coding Committee have helped NASPAG get new PAG diagnoses into ICD-10 and plan to study PAG RVUs in both ob-gyn and pediatrics. Many of our committees need your help; get involved by volunteering for a committee, as well as by sending in your ideas for what you would like to see NASPAG accomplish.

Also on our minds has been the upcoming retirement of our current Executive Director and JPAG Editor in Chief, Dr. Joe Sanfilippo. Joe has been serving NASPAG in these dual roles since 2003, with elevation of NASPAG, membership approaching 500 for the first time, impact factor of the Journal rising significantly over the last decade, and thoughtful stewardship of NASPAG throughout his journey. As part of our Celebrate the Past and Elevate the Present, we wish to honor him at our ACRM in Toronto. You can help! Whether you will be there in person, or in spirit, please send your donations to the Friends of NASPAG in honor of Joe Sanfilippo, MD. We are hoping to raise a significant sum in honor of his contributions to NASPAG. Your name, unless you choose to be anonymous, will be inscribed on the NASPAG Giving Tree, a living legacy for NASPAG acknowledged on our website.

Diamond members have given $10,000 cumulatively  
Platinum members have given $5,000-$9,999  
Gold members have given $2,500-$4,999  
Silver members $1,000-$2,499  
Bronze $500-$999

If you would rather honor another person important to you, please, do so! Joe has been amazingly serving in these dual roles for NASPAG, but we want to grow the organization without exceeding the bandwidth of any one individual. Thus, we are going to divide Joe’s job in two, with separate Executive Director and JPAG Editor in Chief starting at the end of 2016. Thus, we want to grow our Friends of NASPAG fund to align with our growing efforts to be the leaders in PAG care, education, research, and advocacy. For the love of Joe Sanfilippo, for the love of a favorite mentor or colleague or patient, for the love of your family, and for the love of NASPAG, give now, and give big!! For those of you who gave to NASPAG in 2015, thank you, Thank You, THANK YOU! And for those of you planning to give again or for the first time in 2016, we would love to see and acknowledge your 2016 gifts before the ACRM, in honor of Joe, and to improve the reproductive health of young people everywhere. Consider giving now, for 2016, through this link:

https://naspag.site-ym.com/?donatetonaspag

Please also send me your thoughts, your favorite anecdote about Joe, and what NASPAG means to you, as we look forward to the NASPAG 30th ACRM and come together to Celebrate the Past, Elevate the Present, and Invent/Embrace the Future. I would love to hear from each of you, as well as to collect your thoughts on NASPAG and Dr. Joe Sanfilippo, in order to shower him with love and appreciation (and hopefully a super big set of gifts to Friends of NASPAG) as we come together in Toronto. It is such a privilege and an honor to serve you this year as president of NASPAG- thank you!

Cheers, and see you in Toronto,

Ellen

Ellen S. Rome, MD, MPH  
President, NASPAG, 2015-2016
NASPAG Newsletter Article: Joseph S. Sanfilippo, M.D., M.B.A.

Within this newsletter is a personal tribute to Joe Sanfilippo, MD who, over the last 30 years, has been an instrumental leader and mentor to many physicians in the field of Pediatric and Adolescent Gynecology. Using this interview format, you’ll learn a little about the history of NASPAG and the many accomplishments of Joe.

1) How did you first become interested in Pediatric and Adolescent Gynecology, given that you originally trained in Reproductive Endocrinology?

I always had an interest in adolescents stemming from medical school and residency, reinforced by our own kids! When I was on faculty at University of Louisville, the chairman as part of "career development", sat down with me and we discussed areas of interest of course PAG rose to the top of the list.

As there was no formal training then, I went to Children's Hospital and said I would like to develop a PAG Clinic and work with an Adolescent Medicine Specialist. They supported the idea. Here we truly "went back to the literature" and then we "read textbooks" as we did not have the Internet as we do today. We rotated residents through the clinic, needless to say they all "loved the experience". I learned a ton of medicine from my Adolescent Medicine colleague.

2) Did PAG originate from pediatrics or more from gynecology?

PAG in my opinion evolved a bit predominantly from Gynecology but a very close 60-GYN/40-Pediatrics. There is a large focus on the surgical aspect of PAG hence there was a bit more Gynecologic etiology.

3) How did the first textbook in Pediatric and Adolescent Gynecology come about?

The very first textbook on PAG was written by Huffman, Capraro and Dewhurst.

In the early 90s, I put together, with a colleague in the OB/GYN department in Louisville, a textbook on PAG (the second). This required a lot of research and organization but indeed a great way to learn about all aspects of PAG. The first publication was in 1994 and there were two updated editions.

4) How did the first fellowship in PAG come about?

In the late 1980s, I decided to start a PAG Fellowship. Once the framework was established, I identified who I thought would be an excellent individual from our OB/GYN residency to focus her career on PAG. That was Paige Hertweck! Indeed, in retrospect I made a good choice and remain incredibly proud of her accomplishments, that are ever ongoing! (Paige’s fellowship in Louisville was from ’90-91). Had 1 fellow per year starting with Paige until 1997 then I moved to Pittsburgh to be chair at Allegheny General Hospital.

5) Where did the idea to form a national organization (NASPAG) some from?

I was invited to participate in the first U.S PAG Conference in Washington D.C. at the Washington Hilton Hotel from June 8-12, 1986. Dr. Alvin Goldfarb and Dr. Paul McDonough (a fellow REI) were the organizers. This was a rotation of the International Federation of Infantile and Juvenile Gynecology (FIGIJ). The, "To be Founding Members" met there and designed the basic tenets, Bylaws, etc. of NASPAG. Much credit goes to Drs. Goldfarb and McDonough for their ideas and indeed the efforts all the Founding Fathers (and Mothers: Jean Emans and Gita Gidwani) who put it all together. NASPAG was incorporated in 1986 (Delaware incorporation).

6) Who was the first and second NASPAG executive director?

Alvin Goldfarb was the first Executive Director from 1986-2004. I am the second from 2004- ongoing. (I was President of NASPAG in 2000).

7) Can you tell us about the history of the journal (JPAG)?
During that first meeting with the ‘Founding Members’, there was a discussion focused on the importance of having "A Journal", I volunteered and literally found a book on "How to Start a Journal" and indeed carved it out, with the help of my very willing and capable secretary at the time. The first issue was in 1988.

I was too young to be Editor-in Chief (EIC) so the plan was Dr. McDonough would serve in this capacity, and I would work, shall we say, very closely with him and then become the EIC, which occurred during year 1 (29 years ago).

We identified a publisher and I met with them in NYC to coordinate details of the Journal of Pediatric and Adolescent Gynecology (JPAG).

In addition to the initial coordination, I then looked at individuals who might serve on the Editorial Board. Each one was "required to" submit two articles per year in their area of expertise within PAG.

We started as four issues per year. If I heard a good lecture, and still do, I would invite the individual to write a Mini Review and then hound him or her until I received their "Mini Review".

To further address the paucity of submitted quality manuscripts, I would contact all ACRM presenters (lecturers, oral and poster presenters) and request they submit a manuscript for peer review, never a promise to be published but they would receive "due consideration". Then, and now, we have excellent reviewers for JPAG that lead to well organized and conveyed suggestions to strengthen the manuscript(s); only then would it be published.

Over the years have worked closely with different publishers. Elsevier has been outstanding in understanding JPAG and NASPAG and their "growing together".

8. Can you say something about each of the ‘Founding Members’?

They all were great educators. The Founding Fathers and Mothers, a group of dedicated individuals who from the very beginning felt a definite need to address Gynecologic care in this age group. Our discussions revolved around educating clinicians (sound familiar) and identifying individuals nationwide and in Canada who could go out and lecture. We planned a number of CME programs, and of course the need for a journal (JPAG) was an integral part of the discussion.

Albert Altcheck came to EVERY SINGLE NASPAG meeting.

Robert Brown (Adolescent Medicine) comes to many NASPAG meetings and has been very contributory to our Development Committee. He was president of NASPAG from 1993-1994.

Ezra Davidson was an ACOG president. He always had great leadership skills for a growing society.

Thomas Elkins was chairman of OBGYN at Tulane. He was very dedicated to Adolescent GYN and the issue of developmental delay, and instrumental in educating professionals regarding girls with Downs Syndrome.

Jean Emans and Gita Gidwani from day 1 were dedicated to the success of NASPAG, as were all the founding fathers, and still come on Past President's calls. Jean remains very active and has great ideas. Gita also went to England for a time to train with Sir John Dewhurst.

Don Goldstein was an outstanding surgeon. A while back we celebrated his B-day (70th no?) at Harvard and a number of us were invited to focus on the area of expertise he developed (PAG, Gyn Onc.). Ann Davis trained under him.

Paul McDonough a legend pioneering Genetics within Reproductive Endocrinology and he trained many REI fellows; was also an ASRM president.

David Muram Did classic research on estrogens and wound healing, went to Industry-Lilly eventually.

Susan Pokorny was key in pediatrics and published on office techniques for management of vaginal foreign bodies. President of NASPAG from 1995-1996.

Richard Reindollar President of ASRM and is currently CEO of that society.
NASPAG Newsletter Article: Joseph S. Sanfilippo, MD, continued


J. Spence (Canada) was an outstanding surgeon, particularly re mullerian anomalies.

As I look back it has truly been an honor and indeed a privilege to serve in my capacities with NASPAG and JPAG and incredible satisfaction to see the Society grow to what it is today. Doubt you can find this level of enthusiasm and energy on other society boards. The presidents, without exception, have each brought a unique and special focus to the forefront in their year and indeed NASPAG has benefitted in unique and special ways.

Joseph S. Sanfilippo, M.D., M.B.A.

Friends of NASPAG

Over the last 30 years, our organization has progressed, from infancy through adolescence and on to young adulthood. How have we accomplished so much? It is a reflection of you, our membership! Please consider continuing to contribute to Friends of NASPAG. Your valued contribution is a button click away. Donations can be added at the time of submitting your membership renewal.

So how do we continue to move forward at the incredible rate of NASPAG expansion? We need you, your time and talents and financial support. Please consider continuing to contribute to Friends of NASPAG. Your valued contribution is a button click away:

- Click here for detailed information about the Friends of NASPAG program.
- Submit your donation electronically by completing the secure Online Donation Form, or return the Printable PDF Donation Form to NASPAG Headquarters.
- All donors will be emailed an official receipt to use for tax purposes.

We hope to receive your Friends of NASPAG donation and support soon!

Need help in teaching? – Tools from the Resident Education Committee

Are you an experienced educator looking for some structure? Are you new to teaching PAG to your residents and students? The Resident Education Committee has been working over the last few years to develop 2 different curricula to use in teaching your learners. It is designed for residents, but can be used for other learners as well. Both curricula are in published in JPAG.

- The short curriculum is a “nuts and bolts”, 10 hour curriculum covering the major teaching objectives http://www.jpagonline.org/article/S1083-3188(13)00224-6/abstract
- The long curriculum is a comprehensive curriculum which covers all of the teaching objectives for PAG for resident training in both pediatrics and obstetrics and gynecology http://www.jpagonline.org/article/S1083-3188(15)00152-7/abstract

We hope that these provide a framework for your educational needs. In addition, the committee is working with other NASPAG groups to develop new PAGWebED modules. http://pagwebed.org/users/sign_in and simulation training. Feel free to join our workshops at the ACRM or speak with any of the committee members. We want to meet your needs as educators!

Click here to meet the committee members - http://www.naspag.org/?page=residented
Highlights from the ACRM: Are You Registered Yet?

Dear NASPAG members,

Our 30th Annual Meeting is right around the corner! This year’s meeting is our anniversary and will be held in Toronto, Ontario at the Royal York Hotel. This meeting will run from April 7 to April 9, 2016; Are you registered yet? Here’s what is in store for you at this year’s ACRM:

Outstanding symposiums from leading experts in the area of girls and adolescents

- Plenary Session I: Untangled: Guiding Teenage Girls through the Seven Transitions into Adulthood- Lisa Damour, PhD
- Plenary Session II: Vaginoplasty: Buccal Grafts; What is their Role- Linda Baker, MD
- Plenary Session III: Curbing Physician Burnout: From Risk to Resilience- Wayne Sotile, PhD
- Plenary Session IIII: Hypothalamic Amenorrhoea- Debra Katzman, MD, FRCPC
- Plenary Session IV: You Might Blame Her Parents: Hematology for Gynecology- Jennifer Dietrich
- HPV Symposium: HPV Prevention and Management Update Alix Casler, MD, and Melissa Kottke, MD, MPH, MBA

Innovative research:

We had a record number of high quality research abstracts this year. We have 100 posters and a dozen oral abstracts for you to enjoy including our returning video session.

Best evidence in Pediatrics and Gynecology

The education committee will be presenting clinical guidelines on:

- PCOS in the Adolescent- Andrea Bonny MD
- Developmental Delay and Menstrual Management- Elizabeth Quint, MD

Entertaining education opportunities

- Stump the Professor
- Debates highlighting challenges in PAG

A special Canadian venue

Our fun run will be held Saturday morning and will take advantage of the beautiful city of Toronto. Enjoy all this great city has to offer during what will be a fantastic meeting. I am really looking forward to the meeting and connecting with new and familiar faces, I promise that we will not let you down in what will be a memorable 30th anniversary filled with great information and great opportunities to build connections. Registration is now open.

See you soon
Sari Kives, MD
Board Member Spotlights: Jennifer Woods and Xiomara Santos

Jennifer Woods

1. Who/what inspired you to get involved in PAG?
Coming in to fellowship in Adolescent Medicine, I had a strong interest in gynecological issues for teens and this interest was fostered and allowed to flourish as part of my fellowship training in Indianapolis with the tutelage of many mentors including Dennis Fortenberry, Don Orr, Marcia Shew and Maggie Blythe.

2. What do you most enjoy about the field of PAG and/or NASPAG?
NASPAG is that special place where you come to share common interests in the field of PAG with others who are just as excited as you are and are excited to share their knowledge freely with you. Everyone is welcome to participate and to become a leader. I first came to the ACRM as a fellow in 2005 and have been to every meeting since—it has become just that important to me both professionally and personally.

3. Can you tell us a bit about your experience volunteering with NASPAG and serving on the Board of Directors?
Everyone is welcome and encouraged to volunteer to be a part of NASPAG. This is the message I heard from my very first meeting and I continue to hear at the ACRM, in e-blasts, word of mouth, etc. And the best part is, that the message is true: EVERYONE is welcome. As a third year fellow, I was asked by Mary Ott, one of the faculty in Adolescent Medicine at Indianapolis, to review abstracts with her as part of her duties as a member of the Abstract Committee. I have to say that I LOVED it. With this opportunity, I became a member of the abstract committee when Mary rotated off the committee and have been involved with the committee ever since and have served as chair for two years. This is just one example of how welcoming NASPAG members are and how you can easily become not just a member of a committee but also grow into a leader on a committee. Many continued thanks to Mary for this great opportunity.

My time on the board has been a chance for me to see the real heart, soul and brain power of NASPAG at work. The board shows just how dedicated our membership really is to PAG and the teens that we see in our clinical, education and research worlds. Being a board member has been truly a special experience that I would not trade with anyone.

4. What one to three words best describe you?
Thoughtful, dedicated, sarcastic (I promise these three things actually do blend well together!)

5. What do you most enjoy in your “down time”? Any favorite hobbies or activities?
I love to garden although I am still getting used to the Colorado terrain after living here over a year, and I love to spend time with my two very high-energy dogs, Arrow (my 1-year old Aussie) and Deacon (my 6-year old border collie). My husband and I also love to travel—we are going to Washington DC, Napa, California, and Oahu and Kauai, this year (you have to love it when your husband’s niece graduates from high school in Hawai’i).

Xiomara Santos

1. Who/what inspired you to get involved in PAG?
I was initially exposed to the PAG field during my OB/GYN residency at Baylor College of Medicine. I had the opportunity to work with Dr. Jennifer Dietrich during that time and I was fascinated by the type of cases she was involved in. I found the pathology to be very interesting and I really liked the patient population.

2. What are some insights that you could share with junior NASPAG members to assist them in being successful in PAG?
One recommendation is to establish good relationships with other pediatric specialties (Urology, Surgery, Endocrinology, Hematology, etc.) in your practice area. Not only are they a source for referrals but also many of our patients require multidisciplinary care and it is important to have the involved providers on the same page in order to provide the best patient care.

3. Can you tell us a bit about your experience volunteering with NASPAG and serving on the Board of Directors?
It has been a very interesting and good learning experience. I have learned about the logistics of running an organization like NASPAG and all the complexities involved. The members of the Board are all amazing individuals and I feel privileged and honored to have the opportunity to work alongside them.

4. What one to three words best describe you?
Dependable and honest. And nice

5. What do you most enjoy in your “down time”? Any favorite hobbies or activities?
Watching movies, going to the beach, playing tennis
SEXUALIZATION – SOCIAL MEDIA UPDATE

I ask you are the following familiar:

Kik Yik Yak    After School    Other Anonymous Apps

Does that mean anything to you? Well come aboard, you need to know this stuff!

HOUSTON WE HAVE A PROBLEM!

Interesting work that is part of a new book, American Girls by Nancy Jo Sales provides us with “clinically useful” info or at least as I see it.

A few facts: American children have presence “online” at age 2
Selfie culture connects with “Sexualization”
Sex sells whether you are 15, 55, 75 and way beyond.

We learn, from Ms. Sales, about interviews with 200 girls across 10 states, so what is interesting for us to share? It’s all about Tweens and Teens. Teens are knowledgeable about “sexualization” and its ramifications. We indeed need to remind teens of the hazards of on line communication and “transmitting into cyberspace”. Teens have a different view of social media in comparison to adults. The teen needs to “Survive and Thrive” in at times relatively hostile environment. Posts that lead to ridicule, perhaps bullying become a keen concern to teen and parent(s). Texting at times seems to be “24/7”. Teens seek attention and post sexualized photo’s as Ms. Sales communicates. But the process of “self-promotion” begins with us as parents, here, look at the “photos of my kid(s), share my enthusiasm”, don’t you agree they are “cute”.

Do you know about “Snapchats” and Instagram posts? Ms. Sales shared an interesting experience, she was “observing at a mall type setting and lo and behold a “parade of mothers, daughters” passed by; the key point was the mothers and daughter were “look-alikes”. They were in “booty shorts, cleavage-bearing tops” and the way you distinguished mother from daughter was the “heels and bling” with the former. So the interpretation, mothers want to “look hot” like their daughters!

Now who benefits, perhaps the Plastic Surgeons, in light of a 98% increase in cosmetic surgery from 2000 to 2012. Yep all types of surgery, breasts, hips, facial, you name it. Then we have the on line porn problem that we are told begins at 6 y/a. Incredible!

Take Home Message, know what your own daughters are pursuing online, know how to address the problem when your teen Mom asks you. What is the best approach? Somehow we keep learning from our “Social Media” experts within NASPAG, or at least they have “my ear”! Are you listening?

Joseph S. Sanfilippo, M.D., M.B.A.
Executive Director
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