GLOBAL CONGRESS ON MIGS

AGL 2021

NOVEMBER 14-17 • Austin, Texas

FINAL PROGRAM

THE FUTURE OF MIGS
GLOBALIZATION AND INNOVATION

SCIENTIFIC PROGRAM CHAIR
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PRESIDENT
TED T.M. LEE, MD
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: abdomen/pelvic pain/cramping; back pain; constipation; dizziness/fatigue; headache; fever; malaise; nausea/vomiting; sloughing and, less commonly, intact expulsion of ablated fibroid tissue per vaginum (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.


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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

The Future of MIGS – Globalization and Innovation
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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2020 Resad P. Pasic
Virtual Meeting
2021 Thomas L. Lyons
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2000-2001 William H. Parker
2001-2002 David L. Olive
2002-2003 Andrew J. Brill
2003-2004 G. David Adamson
2004-2005 D. Alan Johns
2005-2006 Richard J. Gimpelson
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2007-2008 Charles E. Miller
2008-2009 Resad P. Pasic
2009-2010 C.Y. Liu
2010-2011 Linda D. Bradley
2011-2012 Keith B. Isaacson
2012-2013 Javier F. Magrina
2013-2014 Ceana H. Nezhat
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2015-2016 Jon Ivar Einarssson
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2018-2019 Jubilee Brown
2019-2020

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Co-Chair: John Sunyez
Sergio Haimovich

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

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Chair: Karine Lorrie
Co-Chair: K. Warren Volker
Erin Carey, Timothy Deming, Shana Miles

Kurt Semm Award Committee
Chair: Thomas L. Lyons
Co-Chair: Liselotte Mettler
Amy Broach, Courtney Lim, Jonathan Song

Abstract & Video Review Committee
**Saturday, November 13**

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

**Sunday, November 14**

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

**Monday, November 15**

- 6:30 am – 7:45 am: Industry Breakfasts at Ballroom F
- 11:00 am – 12:00 pm: Special Interest Groups at Room E
- 12:30 pm – 1:30 pm: SurgeryU Board Meeting at Austin Board Room
- 1:00 pm – 2:00 pm: JMIG Editor’s & Awards Meeting at Ballroom E
- 2:15 pm – 4:15 pm: FMIGS PD’s & APD’s Town Hall at Ballroom E
- 2:30 pm – 3:30 pm: Affiliated Society President’s Meeting at Austin Board Room
- 3:15 pm – 4:15 pm: Special Interest Groups at Room 14
- 6:30 pm – 8:30 pm: Welcome Reception in Exhibit Hall at Exhibit Hall 4

**Tuesday, November 16**

- 6:30 am – 7:45 am: Industry Breakfasts at Ballroom G
- 11:00 am – 12:00 pm: Special Interest Groups at Room E
- 11:30 am – 1:00 pm: AchieverHER Luncheon (by invitation) at Austin Board Room
- 1:00 pm – 3:00 pm: FMIGS Board Meeting at Austin Board Room
- 3:15 pm – 4:15 pm: Special Interest Groups at Room 14
- 3:15 pm – 4:15 pm: EMIG Steering Committee at Austin Board Room
- 3:15 pm – 4:15 pm: FMIGS Fellows Town Hall at Room E
- 5:30 pm – 7:00 pm: Industry Sponsored Symposia at Ballroom G
- 6:00 pm – 8:00 pm: COGA Affiliated Society (Virtual) at Room 14
- 8:00 pm – 12:00 pm: Presidential Gala at Fairmont Hotel

**Wednesday, November 17**

- 4:30 pm – 6:00 pm: General Session VII/Closing Ceremony at Ballroom D
Radically different
Plasma technology transforms the standard of care

Discover the power, precision and efficiency of plasma with Symphion. An intelligent operative hysteroscopy system that virtually eliminates downtime in your OR.

Experience the endometrial ablation device proven to be the most effective available in FDA clinical trials: Minerva ES with PlasmaSense technology.¹

Meet Minerva—The Uterine Health Company at Booth 507 to see the power of plasma in person. We are excited to be back live at AAGL to introduce you to our expanded line of advanced, minimally invasive devices for the treatment of Abnormal Uterine Bleeding (AUB).

### 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)

<table>
<thead>
<tr>
<th>COURSE</th>
<th>Morning Didactic Courses</th>
<th>ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>601-ANAT</td>
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<td>12AB</td>
</tr>
<tr>
<td>603-HYST</td>
<td>DIDACTIC: Laparoscopic Hysterectomy from Basic to Complex</td>
<td>16AB</td>
</tr>
<tr>
<td>604-FIBR</td>
<td>DIDACTIC: Fibroids &amp; Adenomyosis - Exirpative Non-Hysterectomy</td>
<td>18ABC</td>
</tr>
<tr>
<td>605-ENDO</td>
<td>DIDACTIC: Diagnosing and Evaluating the Extent of Endometriosis and Adenomyosis with Imaging</td>
<td>17AB</td>
</tr>
<tr>
<td>606-VAG</td>
<td>DIDACTIC: Vaginal Hysterectomy: Multi-Approach including v-Notes</td>
<td>19AB</td>
</tr>
<tr>
<td>607-REPR</td>
<td>DIDACTIC: Reproductive Surgery</td>
<td>19AB</td>
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<thead>
<tr>
<th>COURSE</th>
<th>Afternoon Lab Courses</th>
<th>9:45 am - 12:15 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>602-ANAT</td>
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<td>Exhibit Hall 3</td>
</tr>
<tr>
<td>612-ROBO</td>
<td>DIDACTIC/SIMULATION LAB: CADAVERIC LAB: Robotics: Tips for Success</td>
<td>Exhibit Hall 3</td>
</tr>
<tr>
<td>614-HSC</td>
<td>DIDACTIC/SIMULATION LAB: Advancing Your Hysteroscopy Skills with Global Experts</td>
<td>Exhibit Hall 3</td>
</tr>
<tr>
<td>615-SUTR</td>
<td>DIDACTIC/SIMULATION LAB: Fundamentals of Laparoscopic Suturing</td>
<td>Exhibit Hall 3</td>
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<thead>
<tr>
<th>COURSE</th>
<th>Afternoon Didactic Courses</th>
<th>2:30 pm - 5:00 pm</th>
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<tbody>
<tr>
<td>616-ENDO</td>
<td>DIDACTIC: Endometriosis 360º</td>
<td>12AB</td>
</tr>
<tr>
<td>617-PELV</td>
<td>DIDACTIC: Pelvic Pain - A Time to Heal</td>
<td>16AB</td>
</tr>
<tr>
<td>619-ONC</td>
<td>DIDACTIC: Oncology for the Non-Oncologist</td>
<td>17AB</td>
</tr>
<tr>
<td>620-URO</td>
<td>DIDACTIC: Urogynecology</td>
<td>19AB</td>
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5:15 pm - 6:30 pm  
**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
### General Session II: AAGL Med Talk · FAAGL Signature Awards · Jordan M. Phillips Keynote Address · Ballroom D - 8:00 am - 9:30 am

<table>
<thead>
<tr>
<th>Time</th>
<th>12AB</th>
<th>16AB</th>
<th>17AB</th>
<th>18ABC</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 am - 12:30 pm</td>
<td>Open Comm 1 Endometriosis</td>
<td>Open Comm 2 Fibroids</td>
<td>Open Comm 3 Basic Science</td>
<td>Plenary 1 Laparoscopy</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time</th>
<th>2:00 pm - 3:00 pm</th>
<th>3:15 pm - 4:15 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Panel 1 Ovarian Endo</td>
<td>Plenary 2 Oncology</td>
</tr>
<tr>
<td></td>
<td>Panel 2 RF Ablation</td>
<td>Debate 1 Prolapse Surgery</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time</th>
<th>12AB</th>
<th>16AB</th>
<th>17AB</th>
<th>18ABC</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 am - 12:30 pm</td>
<td>Plenary 1 Adenomyosis</td>
<td>Surgical Tutorial 1 Endo of the Bowel</td>
<td>Plenary 8 New Instrumentation</td>
<td>Pre-recorded Surgery 1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time</th>
<th>12AB</th>
<th>16AB</th>
<th>17AB</th>
<th>18ABC</th>
<th>19AB</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 am - 12:30 pm</td>
<td>Plenary 9 Orifice</td>
<td>Surgical Tutorial 2 New Instrumentation</td>
<td>Plenary 10 Endometriosis</td>
<td>Open Comm 11 Laparoscopy</td>
<td>Plenary 11 Urogynecology</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time</th>
<th>12AB</th>
<th>16AB</th>
<th>17AB</th>
<th>18ABC</th>
<th>19AB</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 am - 12:30 pm</td>
<td>Pre-recorded Surgery 2</td>
<td>Plenary 17 New Instrumentation</td>
<td>Open Comm 9 Pelvic Pain</td>
<td>Surgical Tutorial 2 New Instrumentation</td>
<td>Plenary 12 Endometriosis</td>
</tr>
</tbody>
</table>

### 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

The Future of MIGS – Globalization and Innovation
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
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.
- 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 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

<table>
<thead>
<tr>
<th>Category</th>
<th>AAGL Member</th>
<th>Non Member*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing Physician Developed Country</td>
<td>$625</td>
<td>$975</td>
</tr>
<tr>
<td>Practicing Physician Emerging Market</td>
<td>$475</td>
<td>$625</td>
</tr>
<tr>
<td>Resident/Fellow, Allied Health, Retired</td>
<td>$375</td>
<td>$375</td>
</tr>
</tbody>
</table>

*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

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

### 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.

### 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.
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.

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
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

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

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)

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.
SOCIAL EVENTS

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 ‡ 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 (ACMCE) 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 (FMIGS) sponsors a two and three year comprehensive 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
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 as well as interactive panels will assist participants in the growth of important aspects professional development.

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.

The Future of MIGS – Globalization and Innovation

2021 AAGL FMIGS Fellows Boot Camp

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

COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 am</td>
<td>Breakfast at Hyatt Place Austin hotel</td>
</tr>
<tr>
<td>7:00 am</td>
<td>Registration at Austin Convention Hall Exhibit Hall 3</td>
</tr>
<tr>
<td>7:30 am</td>
<td>Introductions and Course Overview</td>
</tr>
<tr>
<td>7:45 am - 9:15 am</td>
<td>1st Year Fellows A &amp; B (46 total, two groups 23)</td>
</tr>
<tr>
<td></td>
<td>Laparoscopic Suturing A</td>
</tr>
<tr>
<td></td>
<td>Hysteroscopy B</td>
</tr>
<tr>
<td></td>
<td>2nd Year Fellows C &amp; D (44 total, two groups of 22)</td>
</tr>
<tr>
<td></td>
<td>Robotics C</td>
</tr>
<tr>
<td></td>
<td>Lego Challenge D</td>
</tr>
<tr>
<td>9:30 am - 11:15 am</td>
<td>Laparoscopic suturing Hysteroscopy A (2nd Year Fellows)</td>
</tr>
<tr>
<td></td>
<td>Robotics B</td>
</tr>
<tr>
<td></td>
<td>Lego Challenge</td>
</tr>
<tr>
<td>11:20 am - 12:00 pm</td>
<td>1st Year Fellows A &amp; B (46 total, two groups 23)</td>
</tr>
<tr>
<td></td>
<td>Panel &quot;Make the Most of Fellowship&quot;</td>
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<tr>
<td></td>
<td>Panel &quot;Transition to Faculty: Lessons Learned&quot;</td>
</tr>
<tr>
<td>12:00 pm - 1:00 pm</td>
<td>LUNCH</td>
</tr>
<tr>
<td>12:15 pm - 12:55 pm</td>
<td>“Habits of a Highly Effective Surgeon” All Faculty and Fellows</td>
</tr>
<tr>
<td>1:00 pm - 2:30 pm</td>
<td>Laparoscopic suturing Hysteroscopy A (2nd Year Fellows)</td>
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<tr>
<td></td>
<td>Robotics A</td>
</tr>
<tr>
<td></td>
<td>Lego Challenge A</td>
</tr>
<tr>
<td>2:45 pm - 4:15 pm</td>
<td>Laparoscopic suturing Hysteroscopy B (1st Year Fellows)</td>
</tr>
<tr>
<td></td>
<td>Robotics C</td>
</tr>
<tr>
<td></td>
<td>Lego Challenge B</td>
</tr>
<tr>
<td>4:30 pm</td>
<td>Adjourn</td>
</tr>
</tbody>
</table>

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
Nicolette M. Donnellan, Section Chair
Angela Chaudhari
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
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
NICOLE O. AFUAPE, MD  
CREIGHTON UNIVERSITY ARIZONA  
PHOENIX, ARIZONA

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

PRISCILA ALMEIDA BARBOSA, MD  
HOSPITAL BP - A BENIFICÊNCIA 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 MOUNT SINAI HOSPITAL & WOMEN'S COLLEGE HOSPITAL  
HERSHEY, PENNSYLVANIA

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

ADELA G. COPE, MD  
MASS GENERAL  
ROCHESTER, MINNESOTA

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

JOHN M. DAVITT, MD  
MASS GENERAL  
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 HEALTHMEDICAL GROUP  
PORTLAND, OREGON

AMRO M. ELFEKY, MD  
MAIMONIDES MEDICAL CENTER  
BROOKLYN, NEW YORK

LUIS MARCELO GARZA AYALA, MD  
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JEFFREY J. WOO, MD  
SCRIPPS CLINIC MEDICAL GROUP  
SAN DIEGO, CALIFORNIA

RACHEL W. YOON, MD  
ADVOCATE LUTHERAN GENERAL HOSPITAL  
PARK RIDGE, ILLINOIS
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

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.
## Past President’s Roundtable Luncheon

**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)
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)
Office Hysteroscopic Procedures Without Anesthesia | Keith B. Isaacs (2012)
Uterine Isthmocele - When and How to Treat | Grace M. Janik (2007)
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)
Surgical Mentorship Using All Tools and All Routes in Pelvic Floor Surgery | Marie Fidelia R. Parasio (2016)
601-ANAT
Advanced Anatomy “How to Become a Sailor and Not a Pirate” - The Secrets of Laparoscopic Retropitoneal 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
Didactic | Fee: Online Webinar - Included in Registration

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:
- Review basic and advanced procedures;
- Discuss laparoscopic surgical techniques to enter and expose avascular spaces of the pelvis, pelvic floor, para-rectal ligaments, nerves and pelvic vessels and their relations to the uterus and retroperitoneal structures; and
- Review the principles for nerve-sparing techniques in pelvic surgery; and
- Provide step-by-step dissection of the uterine artery and the pelvic ureter related 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 uterine and retroperitoneal structures; 3) review the principles for a nerve-sparing techniques in pelvic surgery; and 4) provide step-by-step dissection of the ureteric artery and the pelvic ureter related to gynecologic retroperitoneal procedures (i.e., big uter, infra-ligamentary myomas, deep endometriosis and gynecologic cancers).

COURSE OUTLINE

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

Co-Chairs: Marcello Ceccaroni and Shailesh P. Puntambekar
Faculty: Francesco Brunii, Roberto Clarizia, Daniele Mautone, Andrea Pippo, 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 ures. 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 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 uterus and retroperitoneal 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.

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-vascular and para-rectal spaces, dissection and isolation of the ureter, pelvic vessels and ureter artery
- Hypogastric artery identification and ligation, identification and resection of the cardinal ligament
- Opening retroperitoneal 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

LAB II: Hands-on Laparoscopic Dissection of Posterior Compartment and Pelvic Nerves:
- Dissection of pre-sacral, retro-rectal, ilio-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 procedures
- Identification of obturator nerve, sciatic nerve, pudendal nerve, sacral plexus, sacral roots, avoiding and managing complications

1:45 pm Welcome, Introductions, and Course Overview
3:00 pm Hands-on Laparoscopic Dissection of Uterus, Adnexa, Parametrial Ligaments and Lateral Pelvic Sidewall. Tips and Tricks to Perform Safe Laparoscopic Hysterectomy and Adnexal Surgery
3:30 pm Openings of the Para-Vascular and Para-Rectal Spaces
3:50 pm Retroperitoneal Dissection of the Ureter
4:10 pm Retroperitoneal Dissection of the Pelvic Splanchnic Nerves
4:30 pm Opening of the Anterior Compartment Spaces
5:10 pm Identification and Isolation of the Ureter
5:30 pm Closure of the Course

The AAGL acknowledges it has received educational grants/in-kind support for this course. Please see page 90.
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  
7:30 am What the Cuff? (detailed talk about management of vaginal cuff during HLT and its complications)  
7:55 am Managing the Scarred Bladder Flap and Obliterated Posterior Cul-de-sac  
8:20 am Salpingectomy, Always?  
8:45 am Tackling Bowel and Bladder Adhesions in TLH  
9:10 am Questions & Answers  
9:30 am Adjourn

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 attendees.

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  
7:20 am When and How to Perform Conservative Surgery for Extensive Adenomyosis?  
7:35 am Surgery for Adenomyosis: Is There a Limit?  
7:50 am The Strategy of Adenomyosis Management and Reproductive Outcomes  
8:05 am Preoperative and Intraoperative Medical Adjuncts for Fibroid Surgery  
8:20 am Adenomyosis and Pain  
8:35 am Adenomyosis and Infertility  
8:50 am Fertility Conserving Surgery for Symptomatic Uterine Fibroids  
9:05 am Image Based Surgery for Uterine Fibroids  
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

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

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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>7:00 am</td>
<td>Welcome, Introduction and Course Overview</td>
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<tr>
<td>7:05 am</td>
<td>Ultrasound Diagnosis of Adenomyosis</td>
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<td>7:30 am</td>
<td>How and Why Transvaginal Ultrasound Should be the Primary Imaging Technique in the Management of Bowel Endometriosis</td>
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<td>7:55 am</td>
<td>Imaging in Deep Endometriosis on the Posterior Compartment</td>
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<td>8:20 am</td>
<td>Imaging in Deep Endometriosis on the Anterior Compartment, Endometriomas, Fixed Ovaries and Tubes</td>
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<tr>
<td>8:45 am</td>
<td>How to Detect Deep Endometriosis on Routine Pelvic Sonography</td>
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<tr>
<td>9:10 am</td>
<td>Questions &amp; Answers</td>
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<td>9:30 am</td>
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606-VAG

Vaginal Hysterectomy: Multi-Approach including v-NOTES

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

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 vNOTES; and 3) describe how to morcellate a large uterus vaginally.

COURSE OUTLINE

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<tr>
<td>7:00 am</td>
<td>Welcome, Introduction and Course Overview</td>
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<tr>
<td>7:10 am</td>
<td>Difficult Vaginal Hysterectomy Entries: Anterior and Posterior</td>
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<tr>
<td>7:25 am</td>
<td>vNOTES: Getting Started and Optimizing Success</td>
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<td>7:40 am</td>
<td>Apical Suspension at the Time of Vaginal Hysterectomy: Identifying and Anchoring the USLS</td>
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<td>7:55 am</td>
<td>Uterosacral Ligament Suspension via vNOTES</td>
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<td>8:10 am</td>
<td>Hysterectomy in High BMI Patients</td>
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<td>8:25 am</td>
<td>Help, I Can’t Reach the Anterior Peritoneal Fold Vaginally</td>
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<tr>
<td>8:40 am</td>
<td>Vaginal Morcellation of Large Uterus</td>
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<tr>
<td>8:55 am</td>
<td>How to Successfully Complete a Difficult Hysterectomy via vNOTES</td>
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<tr>
<td>9:10 am</td>
<td>Questions &amp; Answers</td>
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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
7:30 am  Surgical Techniques for Preserving the Ovary
7:50 am  The Endometriosis Cascade in the Infertility Patient: An Interactive Panel and Audience Session (whole panel)
8:10 am  Questions & Answers
8:20 am  Bringing Hysteroscopy to the Office Setting Including Hysteroscopic Management of Failed Pregnancies
8:40 am  Uterine Isthmocele: When and How to Surgically Intervene
9:00 am  Tubal Assessment and Surgery Topic
9:20 am  Questions & Answers
9:30 am  Adjourn

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

Extensive knowledge of pelvic anatomy must be considered a fundamental pillar of advanced laparoscopy for all subspecialties 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
9:50 am  Pelvic Avascular Spaces Highway to a Safe Surgery
10:15 am  Pelvic Neuroanatomy: Basic Knowledge to Avoid Surgical Trouble
10:40 am  Size Matters: Navigating Surgery in the Obese Patient
11:05 am  Overcoming Anatomic Distortion of the Obliterated Anterior Cul-de-sac
11:30 am  Laparoscopic Hysterectomy: Surgical Techniques to Make Large Fibroids Look Easy
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

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
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

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

**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: 1) 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**

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<tr>
<td>9:45 am</td>
<td>Welcome, Introduction and Course Overview</td>
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<tr>
<td>9:50 am</td>
<td>Clinical Strategies for Robot-Assisted Fertility Sparing Surgery G.N. Moawad</td>
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<tr>
<td>10:10 am</td>
<td>Go Big or Go Home: Mastering Robotic Hysterectomy for Difficult Pathology K.E. Patzkowsky</td>
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<tr>
<td>10:30 am</td>
<td>Strategies for Successful Myomectomy D. Garza</td>
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<tr>
<td>10:50 am</td>
<td>Excision of Endometriosis from Stage I through Stage IV M.N. Wasson</td>
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<tr>
<td>11:10 am</td>
<td>Clinical Strategies for Robot-Assisted Fertility Sparing Surgery A.P. Advincula</td>
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<td>11:30 am</td>
<td>Robotic Surgery for Apical Prolapsus and Robotic Burch Colposuspension F. Şendağ</td>
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<td>11:50 am</td>
<td>Questions &amp; Answers</td>
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### 612-ROBO
#### Robotics: Tips for Success

**1:45 pm – 5:00 pm**

**Room:** Exhibit Hall 3

**Simulation Lab | Fee:** $525 (In-person only)

**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 Sirotta, 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**

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>9:45 am</td>
<td>Welcome, Introduction and Course Overview</td>
<td>L. Alonso Pacheco</td>
</tr>
<tr>
<td>9:50 am</td>
<td>Hysteroscopy and PALM-COEIN</td>
<td>L. Alonso Pacheco</td>
</tr>
<tr>
<td>10:10 am</td>
<td>Mastering the Resectoscope Mini- and Maxi</td>
<td>M. Farrugia</td>
</tr>
<tr>
<td>10:30 am</td>
<td>Practical Experience for Hysteroscopic Polypectomy</td>
<td>A. L. Garcia</td>
</tr>
<tr>
<td>10:50 am</td>
<td>How to Deal with Congenital Mullerian Anomalies</td>
<td>A. Di Spiezio Sardo</td>
</tr>
<tr>
<td>11:10 am</td>
<td>Hysteroscopic Niche Resection</td>
<td>M. Hanstede</td>
</tr>
<tr>
<td>11:30 am</td>
<td>Hysteroscopic Management of Retained Products of Conception</td>
<td>C. Salazar</td>
</tr>
<tr>
<td>11:50 am</td>
<td>Questions &amp; Answers</td>
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</tr>
<tr>
<td>12:15 pm</td>
<td>Adjourn</td>
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### 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**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>1:45 pm</td>
<td>Welcome, Introduction and Course Overview</td>
<td>All Faculty</td>
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<tr>
<td>1:50 pm</td>
<td>–5:00 pm Hysteroscopy Ergonomics</td>
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<tr>
<td></td>
<td>• Perform diagnostic hysteroscopy with reusable and disposable systems</td>
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<tr>
<td></td>
<td>• Perform operative hysteroscopy with reusable and disposable systems using operative instruments for directed biopsy, polypectomy and septum transection.</td>
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<tr>
<td>1:55 pm</td>
<td>Hysteroscopic Tissue Removal Systems (HTR)</td>
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<td></td>
<td>• Perform operative hysteroscopy for polyps, fibroids, retained products of conception, and visual D&amp;C using HTR systems.</td>
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<tr>
<td>1:56 pm</td>
<td>Resectoscope</td>
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<td></td>
<td>• Utilize principles of electrosection and perform myoma resection, polypectomy or endometrial ablation/ resection using resectoscopes and various electrodes.</td>
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<tr>
<td>2:00 pm</td>
<td>Endometrial Ablation</td>
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<tr>
<td></td>
<td>• Perform simulated endometrial ablation with proper use of endometrial ablation devices.</td>
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<tr>
<td>2:01 pm</td>
<td>Fluid Management</td>
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<td></td>
<td>• Incorporate appropriate fluid management systems into operative hysteroscopy using different hysteroscopic devices.</td>
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<tr>
<td>2:02 pm</td>
<td>Virtual Reality Simulation</td>
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<tr>
<td></td>
<td>• Explore virtual reality surgical skills development by performing tissue removal, resectoscopy and diagnostic hysteroscopy in a simulated computer environment.</td>
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</tbody>
</table>

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)

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 stitch, 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 360°

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

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

The Future of MIGS – Globalization and Innovation
617-PELV
Pelvic Pain - A Time to Heal

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

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 Sensitization  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

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

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

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

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 hysterectomy, 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 hysterectomy, 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 Hysterectomy  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
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.

FRANKLIN D. LOFFER PRESIDENTIAL ADDRESS

Breaking Barriers to Push the Surgical Envelope

Ted T.M. Lee, MD
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.

**Welcome Back!!**

Thomas L. Lyons, MD, MS
The Leila V. Adamyan MD, PhD Innovation in Surgery and Reproductive Medicine Awards recognize groundbreaking achievements in the advancement of the science, practice, technology, 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. Magnina, MD
Co-Chair: Assia A. Stepanian, MD

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. Thomasssee, 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.
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. Louis, 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
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.
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.

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

**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**
Jay M. Cooper Award
Best Paper on MIGS for 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
Jon Einarsson, MD, MPH
Louise King, MD, JD
Shabnam Gupta, MD
Gynecologic Surgeons
Laparoscopic Hysterectomy Performed
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
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Louise King, MD, JD
Shabnam Gupta, MD
Gynecologic Surgeons
Laparoscopic Hysterectomy Performed
Presented in: Open Communications 11, Laparoscopy, 11:00 am, Room: 16AB

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 Sedhodf, 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

Robert B. Hunt Award
Best Paper Published in JMG
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
Osili Barei, MD, MHA
Elad Preuss, MD
Natan Stolovitch, MD
Shiri Weinstein, MD
Eran Barzilay, MD, PhD
Moty Pantely, MD
Ben Gurion University of the Negev, Beer Sheva, Israel
Award Committee
Chair: Hye-Chun Hur, MD

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.

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Louise King, MD, JD
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Gynecologic Surgeons
Laparoscopic Hysterectomy Performed
Presented in: Open Communications 11, Laparoscopy, 11:00 am, Room: 16AB

Jerome J. Hoffman Award
Best Paper Submitted by a Resident or Fellow
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Moty Pantely, MD
Ben Gurion University of the Negev, Beer Sheva, Israel
Award Committee
Chair: Hye-Chun Hur, MD

Golden Laparoscope Award
Best Paper on New Instrumentation or Technology on MIGS
Supported by the Kurt K.S. Semm 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 Sot, ScD
Sandra Ham, MS
Kenneth Cohen, MD
Shari Snow, MD
University of Chicago Medicine, Chicago, IL
Award Committee
Chair: Amanda Yuneker, DG, MSCR
Co-Chair: Joseph Gobern, MD, MBA
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.
Award Committee
Chair: Tone M. Lee, MD
Magee Womens Hospital, University of Pittsburgh Medical Center, Pittsburgh, PA
University of Pittsburgh, Pennsylvania, RI

Golden Hysteroscope Award
Best Paper on Hysteroscopy
Supported by an Educational Grant from KARL STORZ Endoscopy-America, Inc.
Presented In: Plenary 1, Hysteroscopy, 3.15 pm, Room: 16AB
Changes in the Expression of Endometrial Recceptivity Genes after Hysteroscopic Metroplasty in Infertile Women with Uterine Malformation
Attilio Di Spiezzo Sardo, MD, PhD
Maria Chiara De Angelis, MD
Brunella Zazzali, 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 Sunyeicz, MD
Sergio Haimovich, MD, Cristina Saltarz, MD

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 Laparoscopic Cause Dissemination of Malignant Cells
Yossi Tzur, MD
Nada Ben Hama, MD
Ido Laskov, MD
Aviad Cohen, MD
Dan Grisera, 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 Louise, 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
Leverat Ani Trigger Point Injections and Chemodenervation with Onabotulinum Toxin a: An Introduction and How-to Guide
Jacqueline Wong, MD
Ash McClurg, MD
Erin Carey, MD, MSCR
University of North Carolina, Chapel Hill, NC
Oregon Health and Science University, Portland, OR
Award Committee
Chair: Audrey Tsonoda, MD
Co-Chair: Vadim Morozov, MD
Joseph Hughes, 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 London, London, England
Cleveland Clinic London, London, United Kingdom
Award Committee
Chair: Gary Frishman, MD
Co-Chair: Jason Abbott, MD
Nicholas Fogelson, MD, Michelle Lucie, MD, Ido Sirota, MD

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Support the Foundation of the AAGL

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foundation.aagl.org
Get Yours Today!

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

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**COURSE OUTLINE**

11:00 am – 12:30 pm

**Plenary 1**

**Laparoscopy**

**Open Communications 1**

**Endometriosis**

**Open Communications 2**

**Fibroids**

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

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

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**Event Description**

- **Endometriosis**
- **Fibroids**
- **Open Communications**
- **Plenary Session**

---

**Detailed Session Topics**

- Temporary Uterine Artery Occlusion and Surgical Techniques for Stage 4 Endometriosis A. Eftekary
- Transcervical High-Intensity Focused Ultrasound for the Management of Rectosigmoid DEEP Infiltrating Endometriosis G. Dubernard
- Excision of a Deeply Infiltrating Endometriosis Nodule and Neuroma Involving the Sacral Nerve Root Plexus Adjacent to the Ischial Spine J. Hudgens

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**Speakers List**

- A. Eftekary
- G. Dubernard
- J. Hudgens

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**Conference Location**

Room: 18ABC

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**Conference Days**

- MONDAY, NOV 15, 2021

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**Conference Duration**

- 11:00 am – 12:30 pm
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 Trends in Residents Volume and Route of Hysterectomy after the Implementation of a Minimally Invasive Gynecologic Oncology Program
P. Mojica-Claudio
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 Naive 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 Neuropelvology
K. Kanno
12:16 pm Questions & Answers
12:28 pm Adjourn

Surgical Tutorial 1
Adenomyosis

2:00 pm – 3:00 pm
Room: 18ABC

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 widespread 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 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 be 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 for 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

Chair: Francisco Carmona Herrera
Faculty: Massimo Candiani, Ludovicu Muzzi

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 fertile 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. Muzzi
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  

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<tr>
<td>2:00 pm</td>
<td>Welcome, Introduction and Course Overview</td>
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</table>
| 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 Nodet  
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  

<table>
<thead>
<tr>
<th>COURSE OUTLINE</th>
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| 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-Helgeston |
| 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  

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<tr>
<th>COURSE OUTLINE</th>
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<tbody>
<tr>
<td>3:15 pm</td>
<td>Welcome, Introduction and Course Overview</td>
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</tbody>
</table>
| 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

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

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.

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

Surgical Tutorial 2
Surgeons in Harm: Bladder, Ureters and Endometriosis in a Deadly Embrace

3:15 pm – 4:15 pm
Room: 18ABC

Co-Chairs: Jon J. 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

The Future of MIGS – Globalization and Innovation
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.

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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.
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.

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 (AUIF) 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.

Live Cadaveric Uterine Harvest and Transplant

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

General Session III (continued)

The Future of MIGS – Globalization and Innovation
49
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
18th International Global Congress on MIGS
in conjunction with
Endometriosis 2023
May 7-10, 2023
Rome - Italy

The future has come Rome

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

Marcello Ceccaroni MD, PhD
8:05 am - 8:20 am
**My Journey with Endometriosis**

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

Mauricio S. Abrão, 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 São Paulo, Program Director of the AAGL FMIGS 3-year International Fellowship Program and Director of the Endometriosis Division at the University of São Paulo.

As the AAGL Scientific Program Chair and President Elect of the AAGL Board of Directors, Dr. Abrão 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.
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 achievement!

Ted T.M. Lee, MD
AAGL President
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

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
### Plenary 4
**Endometriosis**

11:00 am – 12:30 pm  
Room: 18ABC

**Moderators:** Robert Clarizia, Iris K. Orbuch

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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>11:00 am</td>
<td>Welcome, Introduction and Course Overview</td>
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<tr>
<td>11:04 am</td>
<td>Excision of Deep Endometriosis of the Rectosigmoid Colon: Individualizing Care to the Presenting Pathology</td>
<td>S. Warring</td>
</tr>
<tr>
<td>11:11 am</td>
<td>Isolated Endometriosis in the Ischial Spine Region: an Anatomic Laparoscopic Approach</td>
<td>R. Pereira</td>
</tr>
<tr>
<td>11:18 am</td>
<td>Uterine Dehiscence: Laparoscopic Repair in Early Pregnancy</td>
<td>D. Edwards</td>
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<tr>
<td>11:25 am</td>
<td>Laparoscopic Management of Endometriosis with Deep Infiltration of the Bladder</td>
<td>L. Cosgriff</td>
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<tr>
<td>11:32 am</td>
<td>Modified Ubess and CA-125 Endometriosis Severity Prediction Model – Preliminary Results</td>
<td>B. Thamaraj</td>
</tr>
<tr>
<td>11:39 am</td>
<td>Surgical Evaluation and Management of Concomitant Anterior and Posterior Deep Infiltrating Endometriosis</td>
<td>B. Roberts</td>
</tr>
<tr>
<td>11:46 am</td>
<td>Surgical Management of Inguinal Endometriosis</td>
<td>G. Beroukh</td>
</tr>
<tr>
<td>11:53 am</td>
<td>Sustained Efficacy and Safety of Relugolix Combination Therapy in Women with Endometriosis-Associated Pain: Spirit 52-Week Data</td>
<td>S. As-Sanie</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>The Effect of Time Since Surgical Diagnosis of Endometriosis on Treatment Outcomes with Relugolix Combination Therapy: Spirit Program</td>
<td>C. Becker</td>
</tr>
<tr>
<td>12:07 pm</td>
<td>Tips and Tricks for Diaphragmatic Endometriosis Resection and Management of Iatrogenic Pneumothorax</td>
<td>M. Deyenie/M. Singh</td>
</tr>
<tr>
<td>12:14 pm</td>
<td>Questions &amp; Answers</td>
<td></td>
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<tr>
<td>12:30 pm</td>
<td>Adjourn</td>
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### Open Communications 5
**Laparoscopy**

11:00 am – 12:30 pm  
Room: 16AB

**Moderators:** Humberto J. Dionisi, Vadim V. Morozov

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<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>11:00 am</td>
<td>A Case of Déjà Vu: Surgical Correction of a Uterine Avm and Hysteroscopic Resection of Rvop Secondary to Invasive Placenta</td>
<td>J. Tadgi</td>
</tr>
<tr>
<td>11:06 am</td>
<td>A Stepwise Approach to Hysterectomy Complicated by Mullerian Anomaly: A Case of a Bicornuate Uterus</td>
<td>E. Carbaugh</td>
</tr>
<tr>
<td>11:18 am</td>
<td>Laparoscopic Approach to Conservative Management of Ovarian Ectopic Pregnancy</td>
<td>J. Dada</td>
</tr>
<tr>
<td>11:24 am</td>
<td>Laparoscopic Management of Tubo-Ovarian Abscess Refractory to Percutaneous Drainage</td>
<td>K. McEntee</td>
</tr>
<tr>
<td>11:30 am</td>
<td>Laparoscopic Mitrofanoff Withradical Uterectomy Withmartius FLAP Reconstruction for vaginal Tumour Infiltrating Urethra</td>
<td>S. Puntambekar</td>
</tr>
<tr>
<td>11:36 am</td>
<td>Laparoscopic Neocervix Creation in a Woman with Secondary Infertility Following a Radical Trachelectomy for Adenocarcinoma of the Cervix</td>
<td>E. Smith Romero</td>
</tr>
<tr>
<td>11:42 am</td>
<td>Laparoscopic Removal of Ovarian Ectopic Pregnancies</td>
<td>S. Seaman/R. Boone</td>
</tr>
<tr>
<td>11:48 am</td>
<td>Optimizing Visualization in the Pelvis: When More Trendelenburg Is Not Enough</td>
<td>R. Silverstein</td>
</tr>
<tr>
<td>11:54 am</td>
<td>Safe Approaches to Laparoscopy in the 3rd Trimester of Pregnancy</td>
<td>A. McClurg</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Successful Staged Management of Cervical Vaginal Agensis- Seven Cases</td>
<td>N. Sanker</td>
</tr>
<tr>
<td>12:06 pm</td>
<td>Uterine Dehiscence: Laparoscopic Uterine Repair in Early Pregnancy</td>
<td>D. Edwards</td>
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<tr>
<td>12:30 pm</td>
<td>Adjourn</td>
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### Open Communications 6
**Robotics**

11:00 am – 12:30 pm  
Room: 17AB

**Moderators:** Shanti I. Mohling, Jamal Mourad

<table>
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<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>11:00 am</td>
<td>Welcome, Introduction and Course Overview</td>
<td></td>
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<tr>
<td>11:04 am</td>
<td>Vertical Vaginal Cuff Closure Technique</td>
<td>J. Mourad</td>
</tr>
<tr>
<td>11:10 am</td>
<td>Number of Myomas Is the Most Important Risk Factors for Blood Loss of Robotic Myomectomy: Analysis of 242 Cases</td>
<td>S. Lee</td>
</tr>
<tr>
<td>11:16 am</td>
<td>Quantifying a Comprehensive Training Protocol for a Novel Transvaginal Robotic System</td>
<td>R. Zurawin</td>
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<tr>
<td>11:22 am</td>
<td>Robotic Assisted Laparoscopic Isthmoecele Repair</td>
<td>L. Michel</td>
</tr>
<tr>
<td>11:28 am</td>
<td>Robotic Assisted Laparoscopic Resection of a Cesarean Section Scar Ectopic Pregnancy</td>
<td>M. Winter</td>
</tr>
<tr>
<td>11:34 am</td>
<td>Robotic Assisted Laparoscopic Wedge Resection of a Large Cornual Ectopic Pregnancy</td>
<td>M. Gruttadauria</td>
</tr>
<tr>
<td>11:40 am</td>
<td>Robotic Hysterectomy for Large Fibroid Uterus – 5 Strategies</td>
<td>R. Sinha</td>
</tr>
<tr>
<td>11:46 am</td>
<td>Robotic-Assisted Laparoscopic Resection of a Cervical Ectopic Pregnancy: Video Presentation</td>
<td>A. Goodwin</td>
</tr>
<tr>
<td>11:52 am</td>
<td>Using Machine Learning to Predict Operative Time and Enhance Operating Room Scheduling for Robotic Hysterectomies</td>
<td>G. Algarroba</td>
</tr>
<tr>
<td>11:58 am</td>
<td>Hysteroscopic and Robotic Assisted Laparoscopic Repair of Uterine Niche</td>
<td>E. Budden</td>
</tr>
<tr>
<td>12:04 pm</td>
<td>Minimally Invasive Anesthesia for Minimally Invasive Surgery: A Prospective Cohort Study</td>
<td>P. Giampaolino</td>
</tr>
<tr>
<td>12:10 pm</td>
<td>Efficiencies in Robotic Radical Trachelectomy</td>
<td>T. Odunsi</td>
</tr>
<tr>
<td>12:16 pm</td>
<td>Questions &amp; Answers</td>
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<td>12:30 pm</td>
<td>Adjourn</td>
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**Pre-Recorded Surgeries – Session 1**

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 Cervicale J.I. Einarsson

12:00 pm  
Sacrococlopexy  A. Rosamilla

12:12 pm  
Dermoid Cyst Removal  W. Kondo
Welcome, Introduction and Course Overview

Identification of Inguinal Sentinel Lymph Nodes in Recurrent Vulvar Melanoma
D. Knigin

Incidence of Venous Thromboembolic Events with Long Term Enoxaparin in Patients Undergoing Robotic Surgery for Endometrial Cancer
A. Gallo

Innovative Protocol of ART in Women with LNG-Ius for Fertility-Sparing Treatment of Endometrial Intraepithelial Neoplasia
A. Palmieri

Laparoscopic Purse-String Technique for Containment of Gynecologic Malignancy
M. Ruhotina

Minimally Invasive Surgery in Advanced Endometrial Carcinoma Is Associated with an Increased Risk for Local Recurrence
L. Kogan

Miniresectoscopy Endometrial Biopsy Accuracy Respect Dilatation and Curettage in Endometrial Cancer: A Retrospective Analysis
G. Miele

Performance of a Multi-Cancer Detection Test as a Tool for Diagnostic Resolution of Symptomatic Gynecological Cancers
M. Liu

Perioperative Outcomes Following Opportunistic Bilateral Salpingo-Oophorectomy at the Time of Sacrocolpopexy
S. Andres

Primary Debunking Via Robotic-Assisted Laparoscopy for Stage IIC Poorly Differentiated Endometrioid Adenocarcinoma of the Ovary
S. Jiggetts

Sentinel Node Mapping in Endometrial Cancer Using Hysteroscopic Injection of Indocyanine Green and Near-Infrared Fluorescence Imaging
G. Bogani

The Association of Endosalpingiosis with Gynecologic Malignancy
S. Ghaith

Uterine Transposition after Radical Trachelectomy for Fertility Preservation: Step-By-Step of the Surgical Technique
G. Rey Valzacchi

Questions & Answers

Adjourn

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.
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
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

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

This course provides an evidence-based update regarding 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 laparatomically. 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 Stepwise 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

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 Lymphadectomy - Reproducibility of the Technique (Flourescence) M. Vieira

The Future of MIGS – Globalization and Innovation
Essentials in Minimally Invasive Gynecology (EMIG) Didactic Program

12 in-depth modules including 81 videos, designed to assist practicing physicians with basic and advanced endoscopic surgery.

Special Offer for AAGL21 Attendees!

AAGL21 In-person and virtual attendees receive 20% off EMIG, when you purchase the program during this year’s meeting dates, November 14 - 17, 2021.

Hurry, this offer is only valid if purchased during the convention dates and only available to in person and virtual attendees!

Training Modules Included:

- General Endoscopic Principles
- Principles of Applied Anatomy and Physiology
- Instrumentation
- Energy Sources
- Operating Room Set up and Patient Positioning

- Principles of Operative Laparoscopy and Operative Hysteroscopy
- Laparoscopic Procedures and Hysteroscopic Procedures
- Laparoscopic Complications, Hysteroscopy Complications, and Special Considerations

Detailed program information, including module highlights and faculty: https://www.aagl.org/emig/

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

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.

Cara Robinson-King, DO
4:35 pm – 4:50 pm
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 pmaising 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 programming 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.
Industry Sponsored Evening Symposia
5:30 pm - 7:00 pm

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

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

CONGRESS • TUESDAY, NOV 16, 2021

2021 AAGL Global Congress on MIGS
JOIN US FOR THE...

50TH PRESIDENTIAL GALA
BLACK TIE & BOOTS

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

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PDA
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.
**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.

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.
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
Intrauterine 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
C. Waters/C. Echeazu

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. Kooi 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
Role of Concurrent Appendectomy in Management of Advanced Endometriosis
D. Maranhao

11:52 am
“Does a Two-Layer Vaginal Cuff Closure at the Time of Laparoscopic Hysterectomy Reduce Complications Vs. a One-Layer Closure?”
F. Heredia

11:58 am
Colostomy-Free Bowel Injury Repair
M. Andou

12:04 pm
W. Chan

12:10 pm
Transvaginal Sonography Accurately Reduces vs. a One-Layer Closure?
F. Heredia

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 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. Melkozerova

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. Sala

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
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
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<tr>
<th>COURSE OUTLINE</th>
<th>11:00 am – 12:30 pm</th>
<th>Room: 17AB</th>
<th>Moderators: Brian M. Cohen, Elizabeth A. Pritt</th>
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<tr>
<td>11:00 am Welcome, Introduction and Course Overview</td>
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<tr>
<td>11:04 am Clinical predictors of failed medical treatment in patients with tubo-ovarian abscess</td>
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<td>R. Patel</td>
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<td>11:10 am Effect of training the mentor on quality of instruction and trainees' performance in laparoscopic oophorectomy</td>
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<td>A. Sensar</td>
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<td>11:16 am Evaluating surgical complexity of endoscopic hysterectomy: an inter-rater agreement study for novel scoring tool</td>
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<td>M. Misal</td>
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<td>11:22 am Non-contraceptive progestins and risk of venous thromboembolism: a nested case-control study of the markesca</td>
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<td>R. Cockrum</td>
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<td>11:28 am Peri-operative opioid prescribing practices of resident trainees compared with staff surgeons</td>
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<td>A. Murji</td>
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<td>11:34 am Post-operative opioid use with a modified ERAS protocol: a before-and-after comparison</td>
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<td>D. Mirtsching</td>
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<tr>
<td>11:40 am Satisfaction with opioid use after minor gynecologic surgery: a pilot prospective study</td>
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<td>C. Moss</td>
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<tr>
<td>11:46 am The effect of preemptive local anesthesia on postoperative pain following vaginal hysterectomy: a randomized controlled trial</td>
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<td>O. Gluck</td>
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<td>11:52 am Variation of chargemaster price listings for hysterectomy procedures across five states</td>
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<td>A. Kadesh</td>
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<td>11:58 am Iub* Sead* a novel intra uterine ball: spherical endometrial ablation device</td>
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<td>S. Haimovich</td>
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<td>12:04 pm Assessment of vaginal preparation solutions to prevent microbial contamination at key surgical sites in laparoscopic hysterectomy</td>
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<td>M. Marinone</td>
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<td>12:10 pm Reflection versus reality: accuracy of surgeon self-reflection on hysterectomy quality metrics</td>
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<td>T. Milman</td>
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<tr>
<td>12:16 pm Questions &amp; Answers</td>
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<td>12:30 pm Adjourn</td>
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<th>COURSE OUTLINE</th>
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<th>Room: 19AB</th>
<th>Moderators: Michelle Louie, Johnny Yi</th>
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<tr>
<td>11:00 am Welcome, Introduction and course overview</td>
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<tr>
<td>11:04 am Assessing the impact of obesity on surgical quality outcomes among women undergoing hysterectomy for benign, non-urgent indications</td>
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<td>M. Cybulsky</td>
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<td>11:10 am Combined robotic ventral rectopexy and sacrocolpopexy: a single institution approach</td>
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<td>M. Paraiso/J. Ross</td>
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<td>11:16 am Creation of neovagina using complete laparoscopic dissection</td>
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<td>D. Kansal</td>
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<tr>
<td>11:22 am Hysteroscopic resection of cystic adenosomy</td>
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<td>J. Tavcar</td>
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<td>11:28 am Impact of morcellation method and site on laparoscopic hysterectomy outcomes in obese patients</td>
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<td>M. Louie</td>
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<tr>
<td>11:34 am Intention matters: success rate of bilateral oophorectomy at the time of vaginal hysterectomy for pelvic organ prolapse</td>
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<td>C. Messingschläger</td>
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<td>11:40 am Minimally invasive sacrocolpopexy mesh exposure rates with and without concomitant total hysterectomy</td>
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<td>H. Winn</td>
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<td>11:46 am Robotic excision of transobturator midurethral sling</td>
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<td>D. McKee</td>
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<td>11:52 am Robotic-assisted repair of peritoneal-perineal hernia: a case report</td>
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<td>M. Sharaka</td>
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<td>11:58 am Simplified &quot;in-bag&quot; ovarian dermoid cystectomy through single-site incision in a 16 week pregnant patient</td>
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<td>Z. Guan/Q. Wang/J. Liu</td>
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<td>12:04 pm Single port robotic assisted sacrocolpopexy: technique and tips</td>
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<td>L. Griebel</td>
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<td>12:10 pm Vaginal cuff dehiscence among gender diverse persons</td>
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<td>J. Wong</td>
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<td>12:16 pm Questions &amp; Answers</td>
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<td>12:30 pm Adjourn</td>
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<tr>
<th>COURSE OUTLINE</th>
<th>2:00 pm – 3:00 pm</th>
<th>Room: 18ABC</th>
<th>Co-Chairs: Antonio Gargiulo and Kathy Huang Faculty: Nicholas Fogelson, Jamal Mourad, Andrea Vidali</th>
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<tbody>
<tr>
<td>2:00 pm Welcome, introduction and course overview</td>
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<tr>
<td>2:05 pm Beyond hysterectomy—thinking outside the box</td>
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<tr>
<td>J. Mourad</td>
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<tr>
<td>2:15 pm Myometrial closure and tissue extraction tips and tricks in robotic myomectomy</td>
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<tr>
<td>A. Gargiulo</td>
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<tr>
<td>2:25 pm Deep retroperitoneal and neuroanatomy</td>
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<tr>
<td>N. Fogelson</td>
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<td></td>
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<tr>
<td>2:35 pm Robotic treatment of deep infiltrating endometriosis</td>
<td></td>
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<tr>
<td>K. Huang</td>
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<td></td>
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<tr>
<td>2:45 pm Optimizing ICG use for ureteral management in robotic surgery</td>
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<tr>
<td>A. Vidali</td>
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<tr>
<td>2:55 pm Questions &amp; Answers</td>
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<tr>
<td>3:00 pm Adjourn</td>
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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.
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
Room: 12AB

Chair: Marie Fidela R. Paraíso
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. Paraíso
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
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
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

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Room</th>
<th>Moderators</th>
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<tbody>
<tr>
<td>3:15 pm</td>
<td>Welcome, Introduction and Course Overview</td>
<td>16AB</td>
<td>Nucelio Lemos, John A. Sunyecz</td>
</tr>
<tr>
<td>3:18 pm</td>
<td>Clinical Outcomes of Drug-Free in Vitro Activation (IVA) with Modified Surgical Technique in Patients with Diminished Ovarian Reserve</td>
<td></td>
<td>V. Dementyeva</td>
</tr>
<tr>
<td>3:24 pm</td>
<td>Expanding Horizons: Laparoscopic Management of Unruptured Cornual Heterotopic Pregnancy Safeguarding Intrauterine Pregnancy</td>
<td></td>
<td>S. Munshi</td>
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<tr>
<td>3:30 pm</td>
<td>Preventing Isthmocele after Cesarean Section (PICS): A Pilot Randomized Controlled Trial</td>
<td></td>
<td>C. Warshafsky</td>
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<tr>
<td>3:36 pm</td>
<td>Recurrent Ovarian Torsion and Fixation – Risk Factors and Predictors for Treatment Outcome</td>
<td></td>
<td>A. Akdam</td>
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<tr>
<td>3:42 pm</td>
<td>Resection of a Cornual Heterotopic Pregnancy Using Single-Site Laparoscopic Techniques</td>
<td></td>
<td>S. Delgado</td>
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<tr>
<td>3:48 pm</td>
<td>Robotic Assisted Laparoscopic Tubal Anastomosis</td>
<td></td>
<td>M. Mahmoud</td>
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<tr>
<td>3:54 pm</td>
<td>Ruptured Ectopic Pregnancy Following Methotrexate Treatment: Clinical Course and Predictors for Improving Patient Counseling</td>
<td></td>
<td>A. Cohen</td>
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<tr>
<td>4:00 pm</td>
<td>Questions &amp; Answers</td>
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<tr>
<td>4:15 pm</td>
<td>Adjourn</td>
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## Open Communications 17
### Laparoscopy-Variety

<table>
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<tr>
<th>Time</th>
<th>Session</th>
<th>Room</th>
<th>Moderators</th>
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<tbody>
<tr>
<td>3:15 pm</td>
<td>Welcome, Introduction and Course Overview</td>
<td>17AB</td>
<td>Kathy Huang, Juan Salgado</td>
</tr>
<tr>
<td>3:19 pm</td>
<td>Benefit of Routine Cystoscopy at Time Uncomplicated Total Laparoscopic Hysterectomy</td>
<td></td>
<td>W. Zhang</td>
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<tr>
<td>3:25 pm</td>
<td>Laparoscopic Appendectomy: Surgical Techniques for the Benign Gynecologist</td>
<td></td>
<td>E. Wang</td>
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<tr>
<td>3:31 pm</td>
<td>Laparoscopic High Anterior Resection for Management of Primary Peritoneal Carcinoma Recurrence: A Case Report</td>
<td></td>
<td>S. Sakate</td>
</tr>
<tr>
<td>3:37 pm</td>
<td>Sonographic Characteristics of Isolated Fallopian tube Torsion Compered to Ovarian and Adnexal Torsion. a Retrospective Trial</td>
<td></td>
<td>R. Tamir Yaniv</td>
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<tr>
<td>3:43 pm</td>
<td>Surgical Approach to a Non-Communicating Uterine Horn</td>
<td></td>
<td>P. Sabu</td>
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<tr>
<td>3:49 pm</td>
<td>The Art of Manipulation: Preparing the Learner for Uterine Manipulation in Laparoscopic Hysterectomy</td>
<td></td>
<td>A. Shafa</td>
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<tr>
<td>3:55 pm</td>
<td>A Novel Access to the Sacrosinus Ligament and the Coccgeyal Muscle</td>
<td></td>
<td>C. Souza</td>
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<tr>
<td>4:00 pm</td>
<td>COVID19 Pandemic Impact on Same-Day Discharge Rates after Minimally Invasive Surgery for Endometrial Cancer</td>
<td></td>
<td>B. Lees</td>
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<tr>
<td>4:07 pm</td>
<td>Questions &amp; Answers</td>
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<tr>
<td>4:15 pm</td>
<td>Adjourn</td>
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## Open Communications 18
### Laparoscopy-Variety

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Room</th>
<th>Moderators</th>
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<tbody>
<tr>
<td>3:15 pm</td>
<td>Welcome, Introduction and Course Overview</td>
<td>19AB</td>
<td>Nash Moawad, Tevfik Yoldemir</td>
</tr>
<tr>
<td>3:18 pm</td>
<td>Determents for Pelvic Organ Prolapse Recurrence in Women Undergoing Laparoscopic Sacrocolpopexy and Sacrohysteropexy</td>
<td></td>
<td>E. Grinstein</td>
</tr>
<tr>
<td>3:24 pm</td>
<td>Is Same Day Discharge (SDD) after Minimally Invasive Sacrocolpopexy (MISC) Safe? a 9 Year Database Analysis</td>
<td></td>
<td>R. Kopkin</td>
</tr>
<tr>
<td>3:30 pm</td>
<td>It’s in the Bag! a Review of Laparoscopic Specimen Retrieval</td>
<td></td>
<td>E. Miazga</td>
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<tr>
<td>3:36 pm</td>
<td>Laparoscopic Hysteroperinecpxey for Pelvic Dysfunction after Proctocolectomy</td>
<td></td>
<td>M. McGrattan</td>
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<tr>
<td>3:42 pm</td>
<td>Laparoscopic Trocar Dimensions: Marketed Versus True Dimensions – a Descriptive Study</td>
<td></td>
<td>T. Limperg</td>
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<tr>
<td>3:48 pm</td>
<td>Management of Post Uterine Transplant Hysterectomy a Big Dilemma</td>
<td></td>
<td>S. Puntambekar</td>
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<tr>
<td>3:54 pm</td>
<td>Rate of Unexpected Malignancy at the Time of Hysterectomy Being Performed for a Benign Indication</td>
<td></td>
<td>C. Elliott</td>
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<tr>
<td>4:00 pm</td>
<td>Questions &amp; Answers</td>
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<tr>
<td>4:15 pm</td>
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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.

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

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. Ak sel, 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. Mashirch, M. Zajicek

6253 A Comparative Study of Efficacy of CO2 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 Peritoneectomy
Y. Sulman, A. Lyon, M.A. Stuparich, S. Nahas, S. Bebehan

6420 A Descriptive Analysis of Occult Gynecologic Malignancy in a Large Series of Supracervical Hysterectomy with Sacrocolpoxy

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

6521 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 Gynecologic Surgery
M.E. Pumphrey, L. Fouad

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

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. Tc, 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 Levonorgestrel 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

6284 Benchmarks for 3-D Systems (Simbionix) Bladder Flap Module for the Xi Robot: Differentiating Novice from Experienced and Expert Surgeons

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, R.J. Turner

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
J.R.L. Maniego, P.V. Aquino-Aquino

6471 Cesarean Scar Pregnancy Resection with Isthmocoe 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 Cine laparoscopy 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

5816 Clinical Implications of Anatomic Variations of the Presacral Space
T. Odunsu, 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 Removal Rate of the Aveta® Wave to 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. Gordan, 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

6365 Definitive Management of C-Section Scar Ectopic Pregnancy with Robotic-Assisted Laparoscopic Total Hysterectomy
N.B. Luna Ramirez, A. Efeky, 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. Schnyer, K.N. Wright, M.T. Siedhoff, M.D. Truong

6518 Dissection and Removal of Retroperitoneal Cyst of Unknown Origin
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Music Stage

The Future of MIGS – Globalization and Innovation

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| 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 Hystroscope, 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.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. |      |
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 is a provider of quality OB/GYN instruments with transparent pricing.

Hologic, Inc.
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
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
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 is its core values of affordable, accessible and functional technologies.

Intuitive Surgical, Inc.
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
757 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 U.S.-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.
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
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 every healthcare setting. We're continuing to improve the safety and effectiveness of surgical outcomes.

Lapovations LLC
700 W. Research Center Boulevard, Suite 1437
Fayetteville, AR 72701
Phone: 501.636.7227
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.**  
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**  
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 insufflators, 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**  
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 OperaScope™ single-use operative hysteroscopy system, LiNA Xcise™ cordless laparoscopic morcellator as well as the LiNA Bipolar Loop™ and LiNA Gold Loop™.

**LivsMed, Inc**  
2305 Historic Decatur 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**  
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 OB 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**  
6977 Kennesaw Road  
Canton, MI 48187  
Phone: 888.418.8065  
Website: www.medicalmarketingwhiz.com  

Medical Marketing Whiz is a marketing agency specializing in helping OB/GYNs 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**  
250 Gibbs Road  
Islandia, NY 11749  
Phone: 631.592.6424  
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**  
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**  
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 life. 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 sacropinous 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 REMEEUX. 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 (1 cm 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. Plumra-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 an internal medicine, obstetrics, gynecology, APRN, nurse navigator, and pelvic floor PT. 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 Corporate Parkway
Center Valley, PA 18034
Phone: 484.280.1188
Website: www.olympusamerica.com

**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 Beotkko-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.

### 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.

## 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 traditional closed loop suture closure.

## SoLá Pelvic Therapy
745

Melbourne, FL 32901
Phone: 321.288.0273
Website: www.solapelvictherapy.com

SoLá Pelvic Therapy 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.

## Uberlube
742

7316 N. Ridgeway
Sokie, IL 60076
Phone: 773.454.5188
Website: www.uberlube.com

Uberlube is a premium silicone lubricant formulated to enhance intimate without getting in the way. Uberlube 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, glycine, gluten and soy. Uberlube is doctor recommended 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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602-ANAT
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614-HSC
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615-SUTR
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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 women1

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)2

• 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.

• 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.
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

Common adverse events and discontinuation rates vs placebo

- 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.

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:** 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.
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 events, 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 migrane 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 anaphylactic reaction, angioedema, or hypersensitivity to MYFEMBREE or any of its components. Anaphylactic 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, periorbital edema, 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 inhibited 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 and adnexal ultrasounds. The use of estrogen alone or estrogen plus progesterin 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. 3%), and anxiety (1.2% vs. 0.8%). Suicide 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.

5.6. Galbladder Disease or History of Cholestatic Jaundice
Discontinue MYFEMBREE if signs or symptoms of gallbladder disease or jaundice occur. For women with a history of a 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.

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 menses but no later than 7 days after the 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 concurrent 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 prolapse or expulsion of the device in them to contact their physician if vaginal 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. Allopreg
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 and progestin combinations may be associated with elevations in triglyceride 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 hyperadrenalcinism may require higher doses of thyroid hormone or cortisol replacement therapy.
Use of MYFEMBREE may increase serum concentrations of binding proteins (e.g., thyroid-binding globulin, corticosteroid-binding globulin), which may reduce free thyroid or corticosterol 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 Prolapase 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 encapsulated tablet of E2 1 mg and NETA 0.5 mg (relugolix+E2/NETA), which is equivalent to 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, 4/76 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 excision and menorrhagia treated by hysterectomy in 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 treatment 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

<table>
<thead>
<tr>
<th>Reaction</th>
<th>MYFEMBREE (N = 254)</th>
<th>Placebo (N = 256)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot flush, hyperhidrosis, or night sweats</td>
<td>10.6</td>
<td>6.6</td>
</tr>
<tr>
<td>Abnormal uterine bleeding</td>
<td>6.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Alopecia</td>
<td>3.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Libido decreased</td>
<td>3.1</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Less Common Adverse Reactions

Adverse reactions reported in at least 2% and less than 3% of women in the MYFEMBREE group and placebo group included hot flashes, breast tenderness, breast cyst, lower abdominal pain, nausea, headache, vertigo, and urinary tract infection. Adverse reactions reported in more than 1% of women treated with MYFEMBREE included: headache, weight gain, and pms in placebo group. Other important adverse reactions reported in women treated with MYFEMBREE as compared to placebo included cystitis, breast cyst, and pms in placebo treated women. The most common adverse reaction in MYFEMBREE group was uterine bleeding.

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

<table>
<thead>
<tr>
<th>Reaction</th>
<th>MYFEMBREE (N = 254)</th>
<th>Placebo (N = 256)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study L1 and L2 Treatment Month 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Subjects</td>
<td>256</td>
<td>254</td>
</tr>
<tr>
<td>Percent Change from Baseline (95% CI)</td>
<td>0.18 (0.21, 0.58)</td>
<td>-0.23 (-0.64, 0.18)</td>
</tr>
<tr>
<td>Treatment Difference, %</td>
<td>0.42</td>
<td></td>
</tr>
</tbody>
</table>

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 17.4% (37/213) of untreated women in the Observational Cohort. A decline of ≥5% 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.

Diabetes, Mood Disorders, and Suicide Risk

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) (0.8% vs. 0.8%), irritability (2.4% vs. 0.8%), and anxiety (1.2% vs. 0.8%). Suicidal ideation was reported for women treated with MYFEMBREE in placebo-controlled clinical trials 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 known 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 26.8 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) 93.9% (181/190) 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 with compared 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.

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 (Cmax) 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 Cmax 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 above 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 for more than 20 weeks of gestation and prior to conception 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 decreases the likelihood of achieving pregnancy or increases the risk of 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 at 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.
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With special thanks to the AAGL Team for their dedicated efforts and diligent work on this congress.

Linda Michels, Executive Director; Linda J. Bell, Program Manager, Grants & SurgeryU; Roman Bojorquez, Director of Operations; Heather Bradford, Account Executive, Exhibits; Arcy Dominguez, Program Manager, FMIGS; Gerardo Galindo, Accounting & Member Services Specialist; Megan Gormley, Executive Assistant; Kenita Hidalgo, Events Marketing/Membership Manager; Colleen Lovret, Senior Director, Administration; Kathy McMahon, Program Manager, AAGL Foundation; Seth Spirrison, Database and Committee Coordinator; Linda Stewart, Controller; Abigail Symonds, SurgeryU Manager, and Doreen Wiley, Marketing and Communications Manager.

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