

PSREI Newsletter

Volume 10, Issue 19

October 2007

LETTER FROM THE PRESIDENT

Corazon T. Lim, MD FPOGS



Dear fellow doctors,

The economy has given us signs of hope and distress. Unusually, this is no place for a doctor to meddle. We usually leave business to the businessmen and politicians.

But the times have all changed where every contraction, dilation or flexing of the peso heavily affects the lives of the Filipino. Today, everything seems to be a commodity. But let me remind everyone that one of the most important commodities known to every human being is life.

So when we hear of prices soaring and jobs being lost, we doctors should care. Ultimately, we help our fellowmen manage that greatest possession of theirs – life. Our responsibility is to work toward equitable health care for all Filipinos. In other words, as doctors, we have the responsibility to ensure that Filipinos have equal access to quality health services despite the economy.

It is the challenge of magnanimity amidst crisis that I wish to bring forth and inspire in all.

Welcome Participants!

The Philippine Society of Reproductive Endocrinology and Infertility (PSREI) welcomes all delegates to its 13th Annual Convention today, October 3-5, 2007 at the Hotel Intercontinental Manila, Makati City. The theme for this year's convention is "Reproductive Endocrinology and Infertility: Responding to the Challenges of Current Practice". PSREI president Dr. Corazon T. Lim and PSREI vice president/convention chairman Dr. Eileen M. Manalo are expected to welcome today's attendees.

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EDITOR'S CORNER

Noel E. Raymundo., MD
Editor-in-Chief



Recent reports show that more and more hospitals in the Philippines are closing. Apart from a dearth in the financial resources needed to sustain these hospitals, there is also a dwindling in the number of doctors, nurses and healthcare workers, most especially in the rural areas.

What defines a hospital? Strip away all the furniture and concrete; the instruments and medicines; and you get the people who – directly or indirectly – heal a patient. At the end of the day, quality hospitals are built to last by the very talents and efforts of the people who run it and make it truly a place where the sick can find refuge from their ailments. After all, it is the doctor behind his instruments or the nurse behind the care that heals. Beyond every knowledge, skill or value is the human who realizes it into something useful and tangible.

This is why the burden lies heavily on the universities and hospitals to train and nurture the health care system's greatest assets – its people. Even if the irony may be that the best and the brightest practice abroad, quality training means that there is a guarantee that those who remain behind are capable enough to care for their fellowmen. Training and experience with state-of-the-art technology, as many would argue, are much needed in today's global environment. But at the end of the day, the quality of the hands that operate, the head which decides, and the heart that governs the use of such technology is what is most important.

Hospitals are physical structures (with the essential instruments) that are merely there to magnify the skill of the doctors, nurses or health workers. There is no doubt that the chances of an operation's success or a diagnosis' accuracy increases dramatically with the rate environment and tools. But at the end of the day, it is the human element to the hospital which truly makes it a healing place.

INTERNATIONAL CALENDAR

OCTOBER, 2007

- 17th World Congress on Ultrasound in Obstetrics and Gynecology by International Society of Ultrasound in Obstetrics and Gynecology (ISUOG), 07-Oct-07 to 11-Oct-07 Florence (Palazzo dei Congressi / Palazzo degli Affari), ITALY (**Medical Imaging - Ultrasound - OB/GYN**)
- 17th World Congress on Ultrasound in Obstetrics and Gynecology by Society for Maternal-Fetal Medicinem, 07-Oct-07 to 11-Oct-07 Florence (Palazzo dei Congressi / Palazzo degli Affari), ITALY (**OB - Maternal Fetal Medicine**)
- 63rd Annual Meeting of the ASRM by America Society for Reproductive Medicine (ASRM), 13-Oct-07 to 17-Oct-07 Washington, DC (Washington Convention Center), DC USA (**Reproductive Medicine - Female**)
- Vascular Imaging and Doppler by Thomas Jefferson University Hospital, 17-Oct-07 to 20-Oct-07 Philadelphia (Thomas Jefferson University Hospital /Jefferson Ultrasound Research and Education Institute), PA USA (**GEN - Medicine**)
- Introduction to 3D/4D OB-GYN Ultrasound — a hands-on course by Gulfcoast Ultrasound Institute, 29-Oct-07 to 30-Oct-07 St. Peter Beach (Gulfcoast Ultrasound Institute), FL USA (**Medical Imaging - Ultrasound - OB/GYN**)

THE PSREI NEWSLETTER

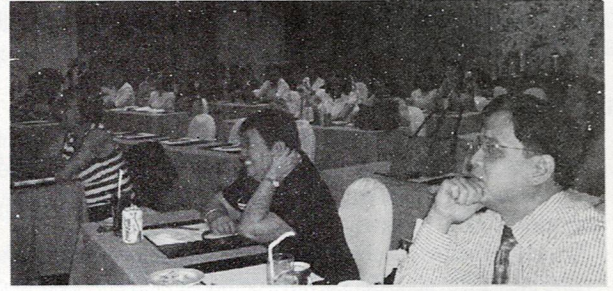
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A President's Project . . . Outreach Program . . .

Holiday Inn, Mimosa, Angeles
July 27, 2007



L'Fisher Hotel, Bacolod City
September 28, 2007

Dr. Lyra Ruth Clemente-Chua
CME Chairman



SPEAKERS:

Dr. Corazon T. Lim
Dr. Lyra Ruth Clemente-Chua
Dr. Eileen M. Manalo
Dr. Joan Tan-Garcia
Dr. Virgilio M. Novero Jr.
Dr. Noel E. Raymundo
Dr. Jesusa Banal-Silao
Dr. Eileen Co-Sy
Dr. Blanca C. De Guia

Hotel Alejandro, Tacloban City
August 25, 2007



THE PHILIPPINE BOARD OF REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY

Vision:

The ultimate vision of the board of Reproductive Endocrinology & Infertility is to provide the highest quality standards of education, training, research & service towards certification for the specialty practice of endocrinology & infertility.

Mission:

Committed to the highest quality standards of education and training, research & service in Endocrinology & Infertility, the Philippine Board of Reproductive Endocrinology & Infertility is in the forefront in the formulation, development and implementation of certification & accreditation of Fellowship Training Program in Reproductive Endocrinology & Infertility.

Goal:

To be on the forefront in the formulation, development and implementation of national quality standards for certification of Diplomates and accreditation of Fellowship Training in REI in the Philippines.

Objectives:

1. To conduct examinations and/or other procedures to test the qualifications of candidates leading to certification as Diplomates in Reproductive Endocrinology & Infertility. The criteria for certification shall be applied equally to all candidates.
2. To issue certificates or any evidence of competence to eligible physicians who the PBREI considers to have demonstrated adequate knowledge & professional competence relating to the practice of REI.
3. To accredit the Fellowship Training Program of all hospitals that have qualified for accreditation and award re-accreditation to those who have continued to maintain their accredited programs.
4. To ensure the establishments & maintenance of quality assurance of the faculty & staff of accredited institution.
5. To evaluate the cognitive performance of fellows-in-training through an annual in-service training examination for standardization and upgrading of existing program.

Composition:

The Philippine Board of Reproductive Endocrinology and Infertility (PBREI) shall be composed of all past presidents of the society, one of whom will be the chairperson.

A secretary recommended by the chair will serve as the administrative officer and is a non voting member. The secretary must be an active fellow for at least 5 years and must come from an academic sector with a minimum rank of assistant professor.

The Chair will serve for a period of 1 year.

Functions of the Board: It:

1. shall certify Diplomates in REI upon passing the certifying examination.
2. shall formulate the requirements, rules & regulations governing the Diplomat Certifying Examination.
3. shall determine the requirements for a candidates re-examination for a specified number of tries.
4. shall set the minimum requirements for accreditation of a Fellowship Training Program in REI and periodically audit or monitor compliance to such standard.
5. shall recommend the suspension of accreditation of a training program for failure to meet requirements. Fellow in such program shall not be

certified for the duration of suspension.

6. shall determine fees for accreditation, re-accreditation, examination & re-examination.
7. shall conduct annually an in-service examination.
8. shall formulate additional requirements, rules & regulations deemed necessary for efficient functions of the PBREI, and shall enforce such immediately.
9. shall continuously promote the infusion of advanced, modern & relevant technology into the health care delivery system of accredited hospitals to be concurrent in the global trends in health care relevant to health needs.

Academic Program:

The program consists of 2 years documented, graduated and progressive training in hospitals accredited by the PBREI. The instructional objectives and program for academic activities for the fellows in each year of training must be submitted in the core curriculum set by the PBREI.

Consortium Program:

This is intended to assist a program until it is fully established to stand on its own as an accredited training program. Necessary guidelines have been set that include such criteria as proximity or accessibility of institution common curriculum, common consultants, availability for supervisions, common conferences, sharing of patients and responsibility, and others that should be worked out to define the relationships in a memorandum of agreement approved by the PBREI. The consortium is allowed for only 5 years in existence.

Guidelines for Evaluation of Fellowship Training Program

1. The program must have a competency based core curriculum in the format prescribed by the Philippine Board of REI.
2. The section must have at least 3 board certified consultants. (all fellows of PSREI)
3. The section head & the training officer must be a PSREI & POGS fellow
4. Trainor to trainee ratio is 1:1
5. In a consortium there should be a lead hospital which must be a university hospital
6. Training facilities must include out patient services, teachings, & training beds, operating room for major gynaecologic surgery, endoscopy room for laparoscopy & hysteroscopy, an ultrasound section, a laboratory for semen analysis, sperm washing, hormonal evaluation and immunologic testing. Lecture room and or conference room. Access to assisted Reproductive Technology laboratory.
7. Patient load requirements: Collectively by Fellow as Primary Physician
 - a. minimum of 20 patients/week in out-patient clinic
 - b. minimum of 3 endoscopic procedures per week
 - c. minimum of 3 major reproductive operations per month
 - d. exposure to ART procedure at least 15 per year
 - e. minimum of 25 ultrasound scanning per week
 - f. minimum of 4 cases of IUI per month
8. Didactic programs should include lectures, case conferences, pre & post operative conference, journal club & clinico-pathologic conference in the following topics:
 - a. female & male reproductive tract anatomy & embryology
 - b. reproductive endocrinology

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- c. regulation of the menstrual cycle
 - d. sperm & egg transport, fertilization & implementation
 - e. normal & abnormal sexual development
 - f. abnormal puberty & growth problem
 - g. ovulation & polycystic ovary
 - h. hirsutism
 - i. menstrual disorder
 - j. breast
 - k. menopause & treatment of problem in the menopause
 - l. obesity & reproductive
 - m. thyroid & reproduction
 - n. ART
 - o. male infertility
 - p. pediatric & adolescent gynecology
 - q. reproductive immunology
 - r. molecular biology & genetics
 - s. fertility regulation
 - t. ovulation induction
 - u. endoscopy
 - v. ultrasound in reproduction & infertility
9. section must submit annually the following:
 - a. statistical reports in procedures and number of cases done by the fellows.
 - b. 2 year OPD census
 - c. list of consultant staff
 - d. names of fellows with their corresponding year level
 - e. weekly activities
 - f. training program based in the standard training program
 - g. certificate of accreditation for training
 - h. log book for each fellow for inspection.
 10. Research committee to monitor interesting and research cases of fellows
 11. Documents of Training Institutions must be kept for 5 years.
 12. Site inspection of the hospital and evaluation of the program shall be accomplished by designated number of PBSREI. Site inspection is done every 2 years.
 13. Accreditation maybe revoked at any time during the 2 year for non-compliance with the requirements.

The Art of Ovulation Induction

A Postgraduate Course and Workshop

Philippine Society of Reproductive Endocrinology and Infertility

October 5, 2007 • 8 am to 12 noon

| | | |
|----------|--|---|
| 7:45 am | Registration | |
| 8:00 am | Welcome Remarks | |
| 8:02 am | Course Orientation | |
| 8:05 am | Physiology of Ovulation and Implications in Monitoring and Treatment <ul style="list-style-type: none"> • Current concepts regarding physiology of spontaneous ovulation • Practical considerations in ovulation that affect monitoring and treatment strategies | Dr. Cora Lim - PSREI President Dr. Virgilio Novero, Jr. - Workshop Chairman |
| 8:30 am | Ovulation Induction for Timed Intercourse and Intrauterine Insemination: Indications, Agents and Strategies <ul style="list-style-type: none"> • Evidence-based indications for Ovulation Induction • Standard and newer agents for OI • General strategies in ovulation induction • Special OI considerations in PCOS, unexplained infertility, and endometriosis | Dr. Anthony Ancheta |
| 9:00 am | Ovulation Induction and Assisted Reproduction <ul style="list-style-type: none"> • Review of stimulation protocols for normal, poor and hyper responders; when to use what • Trouble shooting during ART stimulation cycles • Use of LH, aspirin, growth hormone and other drugs to improve response | Dr. Leonardo Almeda |
| 9:30 am | Managing Complications of Ovulation Induction/Ovarian Hyperstimulation: Strategies Against OHSS and Multiple Pregnancy <ul style="list-style-type: none"> • Review of pathophysiology, prevalence, and classification of OHSS • Preventive and treatment strategies for OHSS • Preventive strategies for multiple pregnancy | Dr. Virgilio Novero, Jr. |
| 10:00 am | Coffee Break | |
| 10:15 am | Ovulation Induction and Luteal Phase Support <ul style="list-style-type: none"> • Indications for luteal phase support in the various treatment protocols • Available drugs utilized for luteal phase support • Various schemes of providing luteal phase support; risks and benefits | Dr. Eileen Manalo |
| 10:45 am | Cases for Discussion | Dr. Ian Olofsson, Dr. Delfin Tan, Dr. Leonardo Almeda, Dr. Virgilio Novero Jr. |
| 11:45 am | Post Test (Interactive Questions) | Dr. Eileen Manalo - PSREI Vice President |

2007 BOARD OF DIRECTORS



Dr. Noel E. Raymundo, Dr. Eileen Co-Sy, Dr. Jesusa Banal-Silao, Dr. Virgilio M. Novero Jr., Dr. Joan Tan-Garcia, Dr. Corazon T. Lim and Dr. Eileen M. Manalo

MEMBERSHIP QUALIFICATIONS.

- The active membership shall consist of physicians who are certified Diplomates or Fellows of the Philippine Obstetrical and Gynecological Society, of high ethical standing. The founding members are classified as active members. To maintain active membership, the member shall comply with the duties and responsibilities as provided for in section 5, Article 1 of this By-laws.

Active Members:

- | | | |
|--|--------------------------------------|--|
| 1. Abat, Marinella Agnes, MD | 24. Domingo, Madonna Calderon, MD | 47. Ilao-Oreta, Ma. Concepcion, MD |
| 2. Abeleda, Ma. Lourdes R., MD | 25. Esguerra, Rosiebel, MD | 48. Pastorfide, Gregorio B., MD |
| 3. Aguilar, Angela S., MD | 26. Fernandez, Ma. Asuncion, MD | 49. Penolio, Vaneza Valentina I., MD |
| 4. Ignacio-Alensuela, Anna Belen C., MD | 27. Galang-Perez, Judith, MD | 50. Pichay, Regta L., MD |
| 5. Almeda, Leonardo A., MD | 28. Galapate, Maribel T., MD | 51. Punsalan, Patria M., MD |
| 6. Ancheta, Anthony Marc B., MD | 29. Tan-Garcia, Joan, MD | 52. Raymundo, Noel E., MD |
| 7. Anes, Maria Cecilia C., MD | 30. Gonzaga, Florante P., MD | 53. Cabrera-Salvador, Jeanmarie, MD |
| 8. Arceo, Rosalinda B., MD | 31. Lacuna, Janice B., MD | 54. Sanchez, Jose B., MD |
| 9. Banzon, Gregorio Arcadio P., MD | 32. Lim, Corazon T., MD | 55. Serrano, Grace P., MD |
| 10. Bautista, Joy J., MD | 33. Luna, Lilia P., MD | 56. Sese, Victoria Rowena, MD |
| 11. Bibit, Charlie Edwin C., MD | 34. Habana, Ma. Antonia E., MD | 57. Banal-Silao, Ma. Jesusa, MD |
| 12. Borromeo, Romana G., MD | 35. Koa-Malaya, Rena Cristina P., MD | 58. Ochoco-Sotto, Ma. Regale Noemi Romualdez |
| 13. Sazon-Carlos, Marcela Dianalyn G., MD | 36. Macalalag, Myra Cruz, MD | 59. Sua-Lao, Chiaoling, MD |
| 14. Castillo, Rey Felicisimo San Pedro, MD | 37. Manalo, Eileen M., MD | 60. Co-Sy, Eileen, MD |
| 15. Chan, Milagros A. MD | 38. Maignas, Anna Lynn Alvarado, MD | 61. Yuchongtian-Sy, Irene Ng, MD |
| 16. Clemente-Chua, Lyra Ruth, MD | 39. Martinez, Gilda G., MD | 62. Tan, Delfin A., MD |
| 17. De Guia, Blanca C., MD | 40. Flores-Medina, Mary Joyce B., MD | 63. Tan, Maria Victoria R., MD |
| 18. Luna-De Guzman, Judith Tellie, MD | 41. Dy-Meguizo, Debbie Guani, MD | 64. Tanangonan, Gladys G., MD |
| 19. Dee, Marilyn T., MD | 42. Mendiola, Rogelio P., MD | 65. Tongco, Carmencita B., MD |
| 20. Del Rosario, Santiago A., MD | 43. Mendiola, Ruderick B., MD | 66. Torres, Romerico F., MD |
| 21. Desquitado, Sonia E., MD | 44. Milla, Danny, MD | 67. Vera, Ma. Trinidad R., MD |
| 22. Diawatan, Melissa F., MD | 45. Novero, Virgilio M Jr., MD | 68. Villacorta, Ma. Cecilia M., MD |
| 23. Dimayuga, Edwin E., MD | 46. Oblepias, Enrico Gil C., MD | 69. Villamar, Lazarito Q., MD |
| | | 70. Villamayor, Teresa Quejano, MD |

News Bits

Congratulations and Welcome to the new PSREI members!

The PSREI Board of Directors and Certifying Board welcome the new members who successfully passed the written and oral examination given last September 1 and 16 and they are Dr. Maria Lourdes Gementiza Cabling, Dr. Regina Paz A. Tan-Espiritu, Dr. Gertrude Gelito and Dr. Claudette Ricero.

2007 Research Paper Contest

All the submitted papers were screened by the Committee on Research and the chosen papers for the competition will be presented during the Annual Convention on October 4 at 4-5pm. A total of three (3) interesting papers and three (3) Research papers on reproductive endocrinology and infertility will vie for cash prizes. Invited judges who will grace the affair include Dr. Santiago A. Del Rosario, Dr. Lyra Ruth Clemente-Chua, Dr. Melissa Diawatan for the Resident's interesting case contest and Dr. Virgilio Oblepias, Dr. Rosalinda B. Arceo and Dr. Patria Punsalan for the Research paper contest. This affair is sponsored by PT Kalbe. The chosen papers were:

Research Paper Contest:

1. Success rate of frozen-thawed embryo transfer in an IVF-ET program: a local Setting
2. Validation of Transvaginal ultrasonography and intraoperative findings of hysteroscopy in the diagnosis of intrauterine pathology
3. A Semen analysis in the evaluation of male infertility

Interesting Case Paper Contest:

1. Primary Amenorrhea. A case of an Estrogen Receptor Defect?
2. More than meets the eye turner syndrome and its associated medical conditions
3. What is the Essence of a Young Hysterectomized Woman? A rare case of congenital cervical atresia

ARTICLE IV - MEMBERSHIP

Section 1. MEMBERSHIP QUALIFICATIONS. The membership of the Society shall consist of active members, life members, associate members, and honorary members. The qualifications for the different categories of membership are:

- (a) **ACTIVE MEMBER.** The active membership shall consist of physicians who are certified Diplomates or Fellows of the Philippine Obstetrical and Gynecological Society, of high ethical standing. The founding members are classified as active members. To maintain active membership, the member shall comply with the duties and responsibilities as provided for in section 5, Article 1 of this By-laws.

Section 5. DUTIES AND RESPONSIBILITIES OF MEMBERS. A member, unless otherwise provided for by these By-laws, shall have the following duties and responsibilities:

- (a) To obey and comply with the By-Laws, and such rules and regulations as may be promulgated by the Society in order to attain its stated purposes:
- (b) To attend at least two (2) annual meetings every three (3) years.
- (c) To attend at least fifty (50) percent of the scientific meetings and seminars organized or sponsored by the Society.
- (d) To pay promptly the dues, fees and other assessments as may be levied upon the membership by the Board of Directors; and
- (e) To behave in a manner consistent with the tenets and principles of the Code of Medical Ethics of the Medical Profession in the Philippines and of the Philippine Obstetrics and Gynecological Society.

Guidelines in the IUI

Ethics and practice of IUI

- > Intrauterine insemination is a medically and ethically acceptable second-line technique in the treatment of various causes of infertility including unexplained infertility, and specific conditions of male and female infertility.

Qualifications to practice IUI

- > Because of certain risks in intrauterine insemination especially in cases where ovarian stimulation is required, a minimum standard of competence (Level II Care, Section 2) is necessary. This corresponds to PSREI fellows with certified competence in the conduct of IUI including ovarian stimulation and who are knowledgeable about the effectiveness, adverse effects and costs of IUI treatment.

Responsibilities of the IUI practitioner

1. Counseling regarding the benefits and risks of IUI
2. Counseling regarding the benefits and risks of ovarian stimulation (when applicable)
3. A report of the IUI procedure which includes pertinent information (especially sperm count and motility) about the pre-wash and post-wash samples and a description of the concluded IUI procedure (difficulty, manipulation if any, catheter used, ultrasound guidance, etc)
4. Inform the couple that, in the event of a pregnancy, children conceived after IUI are considered legitimate children provided that a written instrument is executed by both husband and wife authorizing such an insemination before the birth of the child (Article 164 of the Family Code). This instrument shall be recorded with the civil registrar with the birth certificate of the child.