



The Obstetrical Society of Philadelphia
To embrace our legacy, foster collegiality, and share expertise to improve the health of women in Philadelphia and beyond

NOVEMBER 2020

Newsletter

VOL. 47, NO. 6

President's Message



DONALD DEBRAKELEER, DO
 PRESIDENT: OBSTETRICAL SOCIETY OF PHILADELPHIA

Adapt and Overcome!

A United States Marine Corp motto that has now become a healthcare motto. Not enough PPE-figure out how to reuse and extend useable life. Have to socially distance-figure out how to continue to meet the demands of patient care, as well as see enough patients to maintain financial viability. Cannot meet in person to continue professional education-develop computer technology with virtual meetings and webinars. October was the first webinar in the history of the Obstetrical Society of Philadelphia. An informative panel discussion gave us an update on changes in practice that the COVID pandemic has caused. The feedback has been positive, and we will continue to improve as the year goes on, until we can meet in person again.

November's meeting will be another opportunity for a very timely and informative webinar. Throughout history, the United States has been considered a "melting pot". We are a nation of immigrants. To survive in America, these immigrants usually lived in tight-knit communities. I was lucky to have been raised in one such community in western Pennsylvania. For me, this was a great opportunity to learn about the traditions and cultures of many different groups. Inadvertently, a result of living around many ethnic groups like this, is that people develop perceptions and expectations that lead to stereotypes. Sadly, this may then lead to implicit behavior that can only be called racism or bigotry.

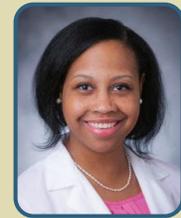
Sociology research has discussed many theories of racism and prejudice. There have been theories advanced that this is a basic human instinct. Judging or assessing a group

different than one's own may be part of a survival technique. "Knowing your enemy" may have been a basic survival technique for humans that use their brains instead of physical attributes alone. Also knowing your own group and staying within your own group helped one to stay safe.

Racism and prejudice are not just concepts, but atrocities of our society. The fact that a black baby is three times more likely to die in the neonatal intensive care unit when cared for by a white physician instead of a black physician, or that four to five black women die in childbirth for every white woman that dies in childbirth, or that COVID deaths for Black Americans may be twice that of White Americans, or that Black Americans are more likely to have their pain undertreated than White Americans exists is unacceptable and contradictory to what it should mean to be a physician. As physicians, we cannot stand by idly while these statistics exist. We must find ways to uncover the imperceptible within ourselves. Our patient's lives clearly depend on it. We are still at a very basic level of understanding this phenomenon, but necessary research on this issue is finally being done in a significant way. The attention this subject deserves is long overdue.

Dr. Sarahn Wheeler is one of the leading researchers in racial disparity in obstetrical care. Dr. Wheeler's current research projects focus on examining the barriers to preterm birth prevention treatments in black women. Her lecture for this month's meeting, "Racial Disparity in Obstetrical Outcomes from Roots to Reduction" will be interesting, informative and should push us to a more equitable and higher quality of care. 

Upcoming Lecture



SARAHN WHEELER, M.D.
 ASSISTANT PROFESSOR OF OBSTETRICS
 AND GYNECOLOGY
 DUKE UNIVERSITY SCHOOL OF MEDICINE

Thursday, November 19, 2020
 7:00 PM

"Racial Disparity in Obstetrical Outcomes from Roots to Reduction"

See page 6 for details.

UNCOMFORTABLE FACTS:

- A black baby is **three times more likely** to die in a NICU when cared for by a white physician vs. a black physician
- A black woman is **four to five times more likely** to die in childbirth than a white woman

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Analysis of Legal Issues Regarding Supreme Court Challenge to The Affordable Care Act (ACA)



SHERRY L. BLUMENTHAL MD, FACOG

I had the privilege of listening to several virtual discussions about the Supreme Court (SCOTUS) testimony presented November 10.

On the evening of Nov. 10 there was a public virtual discussion among legal scholars and advocates for women's health care rights, and on Nov. 11, a virtual Town Hall sponsored by the US Constitution Center. While the former was biased towards women's health care rights, including a lawyer from the National Women's Law Center, it also included a physician from the Board of Trustees of the American Medical Association, Jesse Ehrenfeld, MD, MPH.

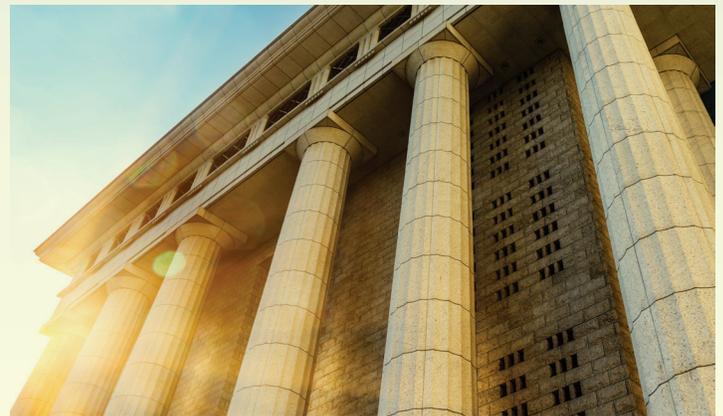
The latter was non-partisan, as is the mission of the Constitution Center, and resulted in agreement as to the non-validity of the claims in *Texas v. California*. The resulting statements so far by SCOTUS, as reported by the *Washington Post* Nov. 11, and by the Women's Law Project in PA, concur about most issues, including the validity of the claim, the "severability" of the claim from the rest of the ACA, and a predicted decision.

As a disclaimer, I have a bias due to my position as a retired OB/GYN but that is supported by many legal sources. I have no personal stake in any of this except that I am fighting for equal rights for women, including equal health care rights, through medical and non-medical organizations. I try to be educated in all aspects of this issue, including Constitutional aspects. This opinion is my own, not of any medical or legal institution.

The ACA has been vital to millions of women in several areas, including cancer screenings, contraceptive affordability and access, and Maternity care. Before the ACA many of my privately-insured working patients, did not have coverage for Maternity care or contraception. Medicaid had limitations on enrollment which excluded many of the working poor, who could not access care due to lack of coverage and inability to afford insurance of health visits.

The ACA guarantees that private insurance plans cover these services. And the Medicaid expansion in most states, including PA, has helped millions get needed health care. Complete repeal of the ACA would harm a large number of citizens.

As a physician, I have seen many pros and cons to the ACA. Some, including the rush to computerize medical records and the reduced reimbursements, have hurt many physicians. The harm is both financial and emotional, and has greatly contributed to physician



"burn-out" in a time of a pandemic, when my colleagues are already stressed and depressed by the daunting task of saving lives and being able to practice medicine. Many have retired early, many practices have been unable to sustain themselves financially, and medicine has become increasingly the purview of corporations and faceless health care systems. This is bad for everyone.

The insurance industry and the public benefit from the ACA. The "individual mandate" appeared to be in response to concerns by insurers that the youngest and lowest risk patients would not purchase insurance through the ACA therefore increasing insurers own risks. But many of the public dislikes the "mandate", which was already struck down by SCOTUS. Another concern with the ACA is the cost of enrollment, still a barrier to many of the working poor.

According to the Womens Law Project of PA (WLP), "Today we witnessed weak arguments asserted in a partisan effort to overturn the Affordable Care Act, the first federal law to broadly prohibit sex discrimination in health care," says WLP Director of Policy & Advocacy Amal Bass. "It is appalling to witness this effort to sabotage the health of the American people amid a pandemic and recession that is already disproportionately harming women, and especially Black and brown women. The very same people keeping our country going as essential frontline workers are most likely to lose access to healthcare if this effort is successful."

"If the ACA is overturned, coverage of mental health care, treatment for substance use disorders, maternity care, and emergency services—and the rest of the Essential Health Benefits—can be eliminated with no correlating reduction in cost. Insurance companies in some states without strong gender-equality protections would once again be



allowed to charge women more money for health insurance based solely on their sex (a practice known as “gender rating”). Insurers could deny people with pre-existing conditions coverage, and consider pregnancy and domestic violence pre-existing conditions.

“Eliminating the ACA would also end Medicaid expansion, which research shows could deprive millions of people of their health insurance, reduce access to care, increase premature deaths, increase maternal mortality, increase infant mortality, and increase medical debt.”

Plaintiffs in *Texas v California* essentially argue that even though the “individual mandate” has been overturned, there is somehow an imperative felt to compel enrollment, and that the entire ACA should be struck down as a result. Unfortunately, the argument is completely along party lines, with Republican Attorneys General arguing as plaintiffs, and Democratic Party AGs arguing for the defense.

The legal consensus so far, both partisan and non-partisan, is that the case may have no “standing”, and that the ACA provisions should be “severable” from the “individual mandate”. We will not have the full ruling from SCOTUS until June 2021, which is when the decisions of all cases heard in this session will be decided and made public. Both Chief Justice Roberts and Associate Justice Kavanaugh stated that they felt that there was severability.

The Attorney General of PA has joined arguments to preserve the ACA. According to the WLP. “The uninsured rate in Pennsylvania is currently 7%. Research estimates that if the ACA is overturned, the number of uninsured Pennsylvanians will increase among the non-elderly by 143%, with the biggest leap (among the non-elderly) affecting people aged 19 to 26 years old.” These are women who need contraceptive and maternity benefits most.

I implore all of us who have concerns with the fallout of overturning the ACA make our opinions known to our elected representatives. I believe the ACA needs revision and repair. I have not seen any proposal for replacement. As a medical professional and an advocate for my colleagues and for women’s equality and health care rights, I urge everyone to strongly consider becoming educated on this issue.

Thank you. 🙏

CDC Updates: 10 Things Healthcare Professionals Need to Know about U.S. COVID-19 Vaccination Plans

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/vaccination.html>

1. **Many COVID-19 vaccine candidates are in development**, and clinical trials are being conducted simultaneously with large-scale manufacturing. It is not known which vaccines will be authorized or approved—CDC is planning for many possibilities.
2. **The safety of COVID-19 vaccines is a top priority.**
3. As a **patient’s most trusted source of information about vaccines**, you will play a critical role in helping build confidence in COVID-19 vaccination.
4. At least at first, **COVID-19 vaccines may be used under an Emergency Use Authorization (EUA)** from the U.S. Food and Drug Administration (FDA).
5. Once FDA authorizes or approves use of COVID-19 vaccine(s), **limited quantities will become available** very quickly because of advance planning by the U.S. government and other entities.
6. Limited COVID-19 vaccine doses may be available this year, but **supply will increase substantially in 2021.**
7. If there is limited supply, **some groups may be recommended to get a COVID-19 vaccine first.**
8. All interested vaccination **providers may not receive vaccines immediately.**
9. At first, COVID-19 vaccines may **not be authorized, approved, or recommended for children** [or pregnant people].
10. **COVID-19 vaccine planning is being updated** as new information becomes available.



Zamo's Pearls

PAUL ZAMOSTIEN, M.D.
PLANNED PARENTHOOD OF SOUTHEASTERN PENNSYLVANIA

Below are some examples of daily emails sent to people all over the country. This started as daily clinical Pearls sent to our 12 residents at Crozer-Chester Medical Center in 2015. *Zamo's Pearls of the Day* are now sent to well over 600 attendings, fellows, residents, nurse practitioners and midwives across the country. Members of the Obstetrical Society interested in being added to the list are welcomed, as well as your colleagues, residents, fellows, or whomever. There are no charges, no sponsors, and no advertising.

If you would like to join our little club, send names and email addresses to pzamo@comcast.net

Prepregnancy evaluation of women with systemic lupus erythematosus (SLE) should include assessment of antiphospholipid antibodies and anti-Ro/SS-A and anti-La/SS-B status. Of all antiphospholipid antibodies, lupus anticoagulant is associated with the most significant risk for adverse pregnancy outcome. Anticardiolipin and anti-beta-2 glycoprotein 1 do not confer any additional risks.

- Patients with the highest titers of anti-Ro/SS-A appear to be at the greatest risk of having an infant with a congenital heart block or neonatal lupus. Among women with these high titers with a previous pregnancy complicated by congenital heart block, hydroxychloroquine significantly reduces the risk of recurrence.
- Pregnancy is contraindicated in SLE patients with interstitial lung disease, congestive heart failure or pulmonary hypertension.

* M. Petri, MD, MPH, *ACOG Clinical Updates in Women's Health Care*, Volume XIX, #4, July 2020.

* P. Izmirly et al, *Journal of American College of Cardiology*, 2020.

Conception shortly after a spontaneous miscarriage without waiting for at least the first post miscarriage menstrual period is not associated with adverse maternal or neonatal outcomes (pregnancy loss, gestational age at delivery and birthweight) compared with those of women with similar interpregnancy interval who conceived after their next menstrual period.

* L. Reicher, MD et al, *AJOG* September 2020, p. 444.

VULVAR INTRAEPITHELIAL NEOPLASIA (VIN)

- Excisional biopsy
- Excision of VIN need not be deeper than the epidermis, although including a limited degree of dermis protects against incomplete resection of occult, coexisting early invasive disease. Wide margins should be at least 10 mm.
- The application of 2-5% acetic acid can optimize the likelihood that the incisions will encompass the microscopic extent of VIN.
- Even with the surgeon's best attempt to excise all disease, approximately half of VIN excisions will have positive margins. Fortunately, not all of these patients will go on to develop recurrent dysplasia. Less than half of women with positive margins on excision will develop recurrent VIN disease. Provided that there is no macroscopic disease remaining, close observation, rather than immediate reexcision, is recommended.
- Continued tobacco use has been shown to be associated with an increased recurrence risk.

* E. Rossi, MD, *Ob.Gyn News*, July/August 2020, p. 20.

Two recent studies have failed to demonstrate the presence of the SARS-CoV-2 virus in the vaginal fluid of pregnant and not pregnant women with severe COVID-19 infection.

* L. Florez, MD and J. Carugno, MD, *OBG Management*, September 2020, pp. 36-43



- A majority of women in the US with gestational diabetes do not undergo the recommended 4-12 week postpartum glucose tolerance test. In a study from Brown University, two-day postpartum glucose tolerance tests have similar diagnostic values as 4-12 week postpartum tests in predicting impaired glucose metabolism and diabetes at 1 year after delivery.

* SMFM, E. Werner, MD et al, *AJOG*, September 2020, p. 439.

- Factors associated with serum estradiol (E2) levels among postmenopausal women taking hormonal therapy include BMI, alcohol use, and smoking.
- Overweight and obese postmenopausal women using E2 therapy attained significantly greater concentrations of both total and free E2. In postmenopausal women, the aromatization from androstenedione to estrone and E2 occurs mainly in adipose tissue.
- Alcohol use of more than 2 drinks per day was significantly associated with a higher serum E2 level. This was also attributed to increased aromatase activity in the conversion of androgens to E2.
- Among oral E2 users, smoking enhanced the hepatic metabolism of E2 resulting in lower E2 levels. This was not seen in users of transdermal E2. Smoking also reduces or completely cancels the efficacy of oral E2 related effects such as alleviation of hot flushes and urogenital symptoms, beneficial effects on lipid metabolism, osteoporosis, and cardiovascular disease. Postmenopausal women who continue to smoke may need higher E2 dosages to maintain benefits in clinical outcomes.
- Antifungal medication use was not associated with E2 levels.

* I. Sriprasert, MD, PhD et al, *Green Journal*, October 2020, pp. 675-684.

VULVAR INTRAEPITHELIAL NEOPLASIA (VIN):

- There are two developmental pathways to vulvar neoplasia and malignancy:
 - 1) Usual type VIN (uVIN) - via high-risk HPV infection, often with tobacco exposure as an accelerating factor, and typically among younger women.
 - 2) Differentiated type VIN (dVIN) - in the background of lichen sclerosus in older women. This type carries with it a higher risk for progression to cancer, coexisting in approximately 80% of cases of invasive squamous cell carcinoma.
- The progression to cancer appears to occur more quickly for dVIN lesions - 22 months compared to 41 months in uVIN. The risk of progression to cancer is approximately 5% for uVIN and 33% for dVIN.
- Excisional surgery remains the mainstay of therapy for VIN, although ablative therapies (CO2 laser) and topical medical therapy (imiquimod or 5-FU) are options. More on excisional surgery next week.

* E. Rossi, MD, *Ob. Gyn News*, July/August 2020, p. 20.

GIROLAMO FRACASTORO (1483-1553):

Fracastoro was an Italian physician, poet, and scholar in medicine, mathematics, geography, and astronomy. He was born into a noble family in Verona and studied at the University of Padua where he was a fellow student with Copernicus. He studied the mode of syphilis transmission and introduced the name syphilis in a poem written in Latin in 1521 and published in 1530. His poem describes a shepherd named Syphilus who was smitten with the disease as a punishment for insulting the Greek god Apollo. Gradually the name “syphilis” came to replace the former term *Morbus Gallicus*. He also gave the first description of typhus.

As an infant, he is also reputed to have survived within the arms of his mother when she was struck and killed by a lightning bolt. He died from a stroke in 1553.

JARISCH-HERXHEIMER REACTION:

- Jarisch-Herxheimer reaction is an acute febrile reaction characterized by myalgia, fever, headache, and potentially preterm labor and fetal heart rate tracing abnormalities in pregnant women. It is caused by release of massive amounts of lipopolysaccharide by dying spirochetes after treatment of syphilis and is more frequent among patients with early syphilis or high nontreponemal titers.
- Initial treatment at a center with the capability for emergent delivery and neonatal stabilization is recommended for women with ultrasound evidence of congenital syphilis infection in a potentially viable fetus. For women with ultrasound evidence of fetal congenital syphilis, the first dose of IM penicillin G can be given on the labor and delivery unit with fetal monitoring and neonatology consultation.
- There is little evidence that corticosteroid administration prevents or mitigates the Jarisch-Herxheimer reaction.
- It has also been reported after intrapartum maternal group B streptococcal prophylaxis.

* E. Adhikari, MD, *Green Journal*, May 2020, pp. 1121-1134.

PSORIASIS AND PREGNANCY:

- Ideally, women should plan pregnancy when they are in remission and off medication or taking the minimum effective dose of medications that have the best fetal safety profiles.
- Psoriasis improves during pregnancy in 40-60% of women, worsens in 10-20%, and remains stable in the remainder. In the postpartum period, psoriasis severity remains the same or worsens in most women.
- For women with limited psoriasis (non debilitating psoriasis that involves less than 5-10% of the body surface area), topical rather than systemic therapy is recommended. Low to medium potency topical corticosteroids, and emollients and moisturizers are best.
- With resistant or extensive disease, narrow band ultraviolet B phototherapy may be preferable to systemic therapy.

Ethinyl estradiol is the estrogen component of combined hormonal contraceptives (COC) that increases the risk of cardiovascular disease in a dose-dependent response. It is a potent synthetic estrogen that has vascular and hepatic effects that may result in increased vascular resistance, prothrombotic and proinflammatory effects, and dyslipidemia.

- Blood pressure is increased by combination contraceptives because of the increased hepatic production of angiotensinogen activating the renin-angiotensin-aldosterone system. Drospirenone, a progestin, is structurally similar to spironolactone and acts as an antagonist of aldosterone receptors with an antidiuretic effect which may neutralize the renin-angiotensin-aldosterone system induction caused by estrogen.
- COC's cause an average increase in systolic blood pressure of 7-8 mm Hg with older COC's and less differences with newer and lower-dose 20 ug ethinyl estradiol COC's.

* C. Shufelt, MD and A. LeVee, MD, *JAMA online* September 21, 2020. doi:10.1001/jama.2020.11935.



THIS IMAGE WAS TAKEN IN BERKS COUNTRY DURING AN EARLY SPRING SNOW FALL AS WINTER WAS COMING TO AN END. A FRAMED & MATTED 16" x 20" PRINT OF THIS SHOT WON THE FIRST PLACE AWARD AT THE INTERNATIONAL JURIED PHOTOGRAPHY EXHIBITION HELD BY THE SALMAGUNDI ART CLUB OF NEW YORK CITY.

Vincent A. Pellegrini, M.D.
Emeritus Member

For permission to share images, email Dr. Pellegrini at vap123@aol.com

The UUSCF ASPIRE Study: Assessing the Safety of Pregnancy in the Coronavirus Pandemic

A NATIONWIDE PROSPECTIVE STUDY RECRUITING
WOMEN FROM THE EARLIEST STAGES OF PREGNANCY

WHY ARE WE DOING THIS STUDY?

ASPIRE was established by researchers at the University of California San Francisco with the goal of rigorously tracking women across pregnancy during the Coronavirus pandemic - with a focus on the first trimester.

The first trimester is a critical time for all aspects of fetal development. There are unanswered questions about the role of COVID-19 exposure, symptomatic or asymptomatic, on pregnancy outcomes and infant development.

WHAT IS INVOLVED?

We aim to determine which women become infected with COVID-19 during their pregnancy using antibody testing that women will complete at home using finger-stick blood tests (dried blood spot cards). Women will complete questionnaires and symptom checks electronically. All study activities occur at home.

We plan to follow up throughout pregnancy and will track obstetrical complications and newborn health through 18 months of life.

Any woman who is <10 gestation with reliable pregnancy dating is eligible to enroll.



CURRENT STATUS

We have enrolled almost 1,000 women from 48 states and counting.

Our goal is recruit 10,000 over the next year.

HOW CAN YOU HELP?

We need you! Please let your patients know about ASPIRE. Patients can self-enroll at ASPIRE.UCSF.EDU.

To get more involved please email us at aspire@ucsf.edu. We would love to have your partnership!

Learn more and enroll at ASPIRE.UCSF.EDU or email us at ASPIRE@ucsf.edu



The Obstetrical Society of Philadelphia

OUR MISSION: "TO EMBRACE OUR LEGACY, FOSTER COLLEGIALLY, AND SHARE EXPERTISE TO IMPROVE THE HEALTH OF WOMEN IN PHILADELPHIA AND BEYOND."



SARAHN WHEELER, M.D.
ASSISTANT PROFESSOR OF OBSTETRICS AND GYNECOLOGY
DUKE UNIVERSITY SCHOOL OF MEDICINE

Topic: **Racial Disparity in Obstetrical Outcomes
from Roots to Reduction**

Date: Thursday, November 19, 2020

Time: 7:00 PM

**This will be a Zoom Meeting –
an email invitation will be sent to
each member and Emeritus**



2020-21 Meeting Schedule



November 19, 2020
Zoom Meeting

Racial Disparity in Obstetrical Outcomes from Roots to Reduction
Sarahn Wheeler, M.D., Maternal Fetal Medicine, Duke University

January 14, 2021
Venue TBA

HIV in Pregnancy – What is new?
The Health Federation of Philadelphia

February 11, 2021
Venue TBA

Prenatal Diagnosis: The Next Step
Ronald Wapner, M.D.
Director, Reproductive Genetics
Columbia University, New York, NY

March 11, 2021
Venue TBA

Transgender Surgery and the Impact on the Gynecology Office
Christine McGinn, D.O. Papillon Center for Gender Wellness

April 16, 2020
Venue TBA

President's Night – Innovation in OBGYN and our Role in Stewardship
Donald J. DeBrakeleer, D.O., Axia Women's Health, Chief, Female Pelvic
Medicine and Reconstructive Surgery, Einstein Health System

Resident Education Day
To be announced



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