

Thursday's Highlights

7:15 AM – 8:15 AM

"Meet the Experts" CME

Breakfast Sessions

Advance registration required
EXHIBIT HALL F (Lower Level)

7:30 AM – 8:30 AM

Continental Breakfast

OSCEOLA BALLROOM A/B
(Level 2)

8:30 AM – 9:00 AM

Keynote Address:

**"Understanding
& Communicating Risk"**

OSCEOLA BALLROOM C/D
(Level 2)

10:45 AM – 12:15 PM

Plenary Symposium #3:

**"Controversies in
Bone Health"**

OSCEOLA BALLROOM C/D
(Level 2)

Partial Support by Lilly,
Merck, Warner Chilcott

12:30 PM – 2:00 PM

Plenary Symposium #4:

"The Feminine Heart"

OSCEOLA BALLROOM C/D
(Level 2)

Partial Support by Astellas

5:15 PM – 6:15 PM

Poster Session & Reception

EXHIBIT HALL (Lower Level)

Registration & Information Desk

Osceola Lobby C

Thursday

7:00 AM – 5:30 PM

Friday

7:00 AM – 5:30 PM

Saturday

7:00 AM – 12:30 PM

Exhibit Hall

Exhibit Hall (Lower Level)

Thursday

9:30 – 11:30 AM

1:00 – 3:30 PM

6:00 – 7:00 PM

Friday

9:30 AM – Noon

1:30 – 3:00 PM

Poster Viewing & Reception

Exhibit Hall (Lower Level)

Thursday

8:15 AM – 7:00 PM

Authors Available for
Questions During Reception:

6:00 – 7:00 PM

Friday

7:45 AM – 5:30 PM



JoAnn E. Manson, MD, gives the "Overview of the KEEPS Rationale, Design & Study Population" on Wednesday.

Do Your Patients Need a Vacation From Bisphosphonates?

Bisphosphonates have been the most widely used agents for the treatment of osteoporosis, but they come with safety concerns. During Thursday's 11:05 AM session—"Bisphosphonate Drug Holiday: To Be, or Not to Be?"—osteoporosis expert Nelson B. Watts, MD, will offer new information on this controversial subject.

"Bisphosphonates are unique in that they accumulate in the bone, and so treatment could produce a reservoir of drug to be released for a lingering therapeutic benefit after treatment is stopped," said Watts, Director of Mercy Health Osteoporosis & Bone Health Services in Cincinnati, OH. However, there are concerns that the frequency of osteonecrosis of the jaw (ONJ) and atypical femur fractures (AFF) appears to increase with longer-term use of bisphosphonates.

Watts plans to discuss a recent communication from the Food and Drug Administration that indicates that treatment with bisphosphonates should be individualized. "Newer analyses of some of the extension studies suggest



Nelson B. Watts, MD

that lower-risk patients may derive sufficient benefit to be able to stop after 3 to 5 years of treatment," he noted.

The bottom line, Watts said, is that "despite recent reports in the lay press, for patients at high risk of fractures due to osteoporosis, the benefits of therapy far outweigh the small risk of ONJ and AFF." However, he plans to show NAMS members that because of the accumulation of bisphosphonates in bone, stopping therapy for a "drug holiday" should be considered. "How long to treat and the duration of the 'holiday' should be individualized," he said. ■

KEEPS Results Give New Insight Into Hormone Therapy

The highly anticipated results of the Kronos Early Estrogen Prevention Study (KEEPS) were presented exclusively to NAMS attendees yesterday evening. Based on the findings from this multicenter, randomized study involving more than 700 women, researchers concluded that estrogen/progesterone treatment started soon after menopause appears to be safe; relieves many of the symptoms of menopause; and improves mood, bone density, and several markers of cardiovascular risk.

"The KEEPS trial highlights the need for individualized decision making about hormone therapy," wrote researchers from the Kronos Longevity Research Institute. Although they noted that the KEEPS results underscore the need for additional research on hormone therapy in newly menopausal women, the researchers concluded that "in the meantime, the findings

from KEEPS should provide reassurance to women who are recently menopausal and taking hormone therapy for short-term treatment of menopausal symptoms."

KEEPS is a four-year, randomized, double-blinded, placebo-controlled clinical trial of low-dose oral or transdermal (skin patch) estrogen and cyclic monthly progesterone given to healthy women ages 42 to 59 (mean age of 52) within three years after menopause. The trial didn't include women with evidence of cardiovascular disease (including coronary artery calcium scores of 50 or higher), levels of plasma cholesterol or triglycerides that would normally be treated with lipid-lowering drugs, severe obesity, or a heavy smoking habit.

Along with the primary KEEPS study, there was also a KEEPS Cognitive ancillary study.

Continued on page 6

Attend Tonight's Reception & Poster Session

Attendees and their registered guests are invited to discuss the poster presentations with authors during tonight's Poster Session & Reception from 6:00-7:00 PM in the Exhibit Hall (Lower Level). Enjoy nibbles and drinks while reviewing posters and visiting with exhibitors. Judging of posters will take place on Friday afternoon and winners will be announced on Saturday morning. ■



Cynthia A. Stuenkel, MD, along with panelists Christine D. Berg, MD, John E. Nestler, MD, and Marian Limacher, MD, participate in a question and answer session during Wednesday's Pre-Meeting Symposium.

Town Hall of Members Tomorrow!

Be sure to attend the NAMS Town Hall for members tomorrow (Friday). Hear new ideas from your peers and meet the newly elected Trustees. New business will also be discussed. The meeting will be held on Friday morning, 7:55-8:30 AM in Osceola Ballroom C/D (Level 2). ■



Vaginal aging. A new way to talk about VVA.

"I don't want to feel like I'm 20 again.

I want to feel more like me again!"

Only 7% of the 32 million American women who have symptoms of vulvar and vaginal atrophy (VVA) are receiving prescription treatments.*

Are millions of women suffering in silence?

Visit booth #301

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New NAMS President Brings a Collaborative Nursing Perspective

For NAMS's new president, making a career choice was easy. She decided on her life's work when she was a toddler. "I have always wanted to be a nurse," said Diane T. Pace, PhD, FNP, FAANP, NCMP.

Pace, who will assume the 2012-2013 presidency following the Annual Meeting, wasted no time starting on her career path. She graduated from high school at age 16 and from Tennessee's Methodist Hospital School of Nursing in 1971 at age 19. She completed her PhD in nursing from the University of Tennessee Health Science Center in 1998, and also holds bachelor's degrees in healthcare administration and nursing, along with master's degrees in education and nursing.

Pace, who will be the fourth nurse and the first nurse practitioner to serve as NAMS President, is currently an Assistant Professor in the College of Nursing at the University of Tennessee Health Science Center in Memphis, and a former Assistant Dean for faculty practice. She has been a NAMS Certified Menopause Practitioner (NCMP) since 2001, and maintains a private clinical practice providing women's health and primary care at the Methodist Teaching Practice in Memphis.

She is also active in healthcare informatics, and has been a project manager for the development and implementation of electronic health records for several healthcare systems. She has served on many state of Tennessee e-health committees, and was appointed in 2010 by the governor as a nursing representative on the state committee working with Tennessee e-health initiatives. Additionally, Pace has been a member of the American Nurses Association nursing practice committee on infor-

mation infrastructure for 5 years.

Pace has been recognized as a Top 100 nurse in Dallas and Memphis, and has received numerous awards for her roles as a clinician, educator, researcher, and nursing leader. In 2007, she was inducted as a fellow of the American Academy of Nurse Practitioners. She is one of 350 people to achieve this distinction, which recognizes nurse practitioners who make outstanding contributions to clinical practice, research, education, and policy.

Along with her professional accomplishments, Pace is also a wife, mother and grandmother. She met her husband of 40 years, Jim, during her last rotation in nursing school.

They have two daughters—an occupational therapist and an attorney—and five grandchildren, ages 3 to 7. Two of those grandchildren will join Pace and her husband for a Disney World excursion after the Annual Meeting.

16 Years of Work With Menopause

Pace initially became interested in menopause during her doctoral program, when she attended her first NAMS scientific conference in 1996 with her research mentor.

"The Scientific Program, as always, was phenomenal, and I decided that this was the area in which I wanted



Diane T. Pace, PhD, FNP, FAANP, NCMP

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Now available on the APGO and NAMS websites!

Contemporary Clinical Management of Menopause

A New Educational Module for Women's Healthcare Professionals



Artwork used by permission of Gary Max Collins (www.collinsArt.net)

This module features:

- Downloadable CME Monograph in PDF Format
- 4 CME Case Studies: including Interactive Online Cases and Video Vignettes
- Downloadable Teaching Slides in PowerPoint

While all women experience menopause by the end of their midlife years, each one does so in a unique way. Lifestyle, demographic factors, cultural attitudes, and personal issues all influence a woman's perception of menopause. Fortunately, menopause is now better understood and more openly discussed than ever before.

The goal of this educational module is to enable healthcare professionals to help midlife women take advantage of the opportunity that menopause affords to improve their overall health and address the symptoms and physical changes that menopause can bring.

The North American Menopause Society (NAMS) is proud to partner with APGO to develop this module. Both organizations greatly appreciate grant support from Novo Nordisk and Pfizer.



To access this exciting new module, visit
www.menopause.org or www.apgo.org



APGO Educational Series on Women's Health Issues

Win a Free Registration to NAMS 2013

Enter for a chance to win a free registration to the 2013 NAMS Annual Meeting in Dallas, TX, by taking your blue Exhibit Hall Passport (found in your briefcase) and collecting signatures from the exhibitors listed. When complete, place your Passport in the box located near the NAMS Exhibit Booth by 12:00 PM on Friday.

The winner, who must be present at the drawing, will be announced in the Exhibit Hall at 2:35 PM on Friday. ■

NAMS Announces 2012 Awardees

The North American Menopause Society (NAMS) is pleased to announce the recipients of the Society's 2012 awards, which recognize outstanding contributions to the field of women's health and menopause.

NAMS/Irwin J. Kerber Endowment

NAMS is pleased to announce a new endowment that will provide an annual NAMS membership to one medical resident. The first recipient is:

Myda Thi Luu, MD—Dallas, TX

NAMS/Thomas B. Clarkson Outstanding Clinical & Basic Science Research Award

Recognizing a NAMS member's outstanding menopause-related clinical or basic science research:

Frederick Naftolin, DPhil, MD—Woodbridge, CT

NAMS/Leon Speroff Outstanding Educator Award

Recognizing a NAMS member's excellence in menopause-related education of clinicians or the general public:

Cynthia A. Stuenkel, MD, NCMP—La Jolla, CA

NAMS/Lippincott Williams & Wilkins Best Paper of the Year Award

Recognizing the best paper published in *Menopause* in 2011:

Emily D. Szmuiłowicz, MD, MS—Chicago, IL

"Vasomotor symptoms and cardiovascular events in postmenopausal women"

(*Menopause* 2011;18:603-610)

NAMS/Ann Voda Community Service Award

Recognizing a healthcare provider within the NAMS membership who has demonstrated outstanding community service:

Joann H. Kersh, MD—Monroe, OH

NAMS Menopause Practitioner of the Year Award

Recognizing one current NAMS Certified Menopause Practitioner (NCMP) for outstanding work to his/her patients:

Terry M. Gibbs, DO, NCMP—Sylvania, OH

2012 NAMS New Investigator Awards

Recognizing the outstanding abstract submissions of four investigators who have achieved their degree within the past 7 years:

Maria E. Bleil, PhD—San Francisco, CA

Samar R. El Khoudary, PhD, MPH—Pittsburgh, PA

Aimee K. Johnson, MA—Waco, TX

Ran Xie, MD, PhD—West Reading, PA

2012 NAMS/Teva Women's Health Medical Residents Excellence Awards

Recognizing a total of 10 physicians who are currently in their residencies in obstetrics and gynecology or primary care:

Elizabeth Chertkow, MD, CM—Toronto, Canada

Sanaz Ghazal, MD—Milford, CT

Maliha I. Jumani, MD—Cambridge, MA

Crystal R. Lee-Billing, MD—Cleveland, OH

Wayne T. Lin, MD, MPH—Brookline, MA

Kristin Manger, MD—Cincinnati, OH

Jessica J. Schneider, MD—Wauwatosa, WI

Rupali K. Singh, MD—Reading, PA

Cara L. Thompson, DO—Greenville, SC

Crystal L. Welch, MD—Atlanta, GA

NAMS/Pfizer Medical Residents & Fellows Reporter Program Awards

Providing 30 medical residents or fellows with the opportunity to enhance their understanding of menopause practice by attending the NAMS Annual Meeting:

Foluke M. Alli, MD—Cleveland, OH

Juan P. Alvarez, MD—Atlanta, GA

Katherine Apostolakis-Kyrus, MD—St. Petersburg, FL

Nathalie Bastien-Montpeirous, MD—Keswick, VA

Stacie Braswell, MD—Nashville, TN

Casandra Cashman, MD—Ann Arbor, MI

Mary C. Coll-Black, MD—Hamilton, ON, Canada

Ricardo R. Correa, MD—Coral Gables, FL

Katharine E. Dickson, MD—Chicago, IL

Adam C. ElNaggar, MD—Memphis, TN

Laxmisilpa G. Hansen, MD—Memphis, TN

Julia G. Head, MD—Jamaica Plain, MA

Anthony N. Imudia, MD—Boston, MA

Akeira L. Johnson, MD—Milwaukee, WI

Abdullah A. Khafagy, MD—Houston, TX

Hagop Kojanian, MD—Jacksonville, FL

Sarah B. Low, MD—Tyler, TX

Mini A. Mathew, DO, PharmD—Temple, TX

Lynn Ly Ngo, MD—San Diego, CA

Vivian U. Onunkwo, MD—Smyrna, TN

Jessica R. Rubin, MD—Atlanta, GA

Amy K. Schutt, MD—Charlottesville, VA

Meera S. Shah, MD—San Francisco, CA

Katherine Ikard Stewart, MD, MBA—Baltimore, MD

Anna Szafran-Swietlik, MD—Jacksonville, FL

Jenny L. Van Winkle, MD—Houston, TX

Jeffrey H. Walden, MD—Greensboro, NC

Lauren D. Weber, DO, NCMP—Cleveland, OH

Roisin Worsley, MBBS—Camberwell, Australia

Zaixiao Zhang, MD—Columbia, SC ■

NAMS extends its congratulations to all of this year's outstanding recipients. As a reminder, you are invited to submit names for consideration of the 2013 awards by completing the form at the Registration Desk. ■



Recipients of the 2012 NAMS/Teva Women's Health Medical Residents Excellence Awards gather at lunch on Wednesday afternoon. From left: Maliha I. Jumani, MD; Rupali K. Singh, MD; Crystal R. Lee-Billing, MD; Sanaz Ghazal, MD; Elizabeth Chertkow, MD, CM; Kristin Manger, MD; Crystal L. Welch, MD; Jessica J. Schneider, MD; Wayne T. Lin, MD, MPH; and JoAnn V. Pinkerton, MD, NCMP, Chair, 2012 Awards Committee. Not pictured: Cara L. Thompson, DO.

Newly Retired & Elected NAMS Board Members

NAMS recognizes the dedication of the following retiring Board Members:

- Steven R. Goldstein, MD, FACOG, NCMP (2007-2012)
- Thomas B. Clarkson, DVM (2006-2012)
- Risa Kagan, MD, FACOG, NCMP (2007-2012)

We also introduce three new Board Members:

- Howard N. Hodis, MD
- Sheryl A. Kingsberg, PhD
- Gloria Richard Davis, MD

Look for Board Members wearing red ribbons. ■

NAMS Launches a Variety of New Initiatives

Innovations ranging from a website overhaul to a new menopause curriculum have made 2012 a “tremendously productive and exciting year for NAMS,” said NAMS Executive Director Margery L.S. Gass, MD, NCMP, and President JoAnn E. Manson, MD, DrPH, NCMP.

The redesign of the NAMS website, www.menopause.org, provides more educational resources for NAMS members, other clinicians, and the general public. The site is now clearly divided into “For Professionals” and “For Women” sections, making it easier for both groups to navigate.

For Professionals

For the first time, the professional pages include *Practice Pearls*, which were suggested by a NAMS member at last year’s Town Hall. The *Practice Pearls*, which debuted in June under the guidance of Manson and Dr. Andrew Kaunitz, consist of concise summaries of challenging clinical topics, such as the use of aspirin for the prevention of cardiovascular disease in women and an examination of whether calcium supplements are helpful or harmful for women’s health. Future *Practice Pearls* will include: the benefits and risks of statins in women, and whether ova-



ries should be conserved or removed during a hysterectomy for a benign condition.

NAMS is debuting the newly updated and referenced *Menopause Basics* Slide Set. This flash drive contains slides with menopause facts that members can add to their presentations or core courses on menopause management. “The slides can be used for talks to other clinicians, primary care providers, or the general public,” Manson said. Stop by the NAMS booth for a one-time 50% discount of \$10 (\$20 online for members) for the set.

Another great initiative is the *Contemporary Clinical Management of Menopause* curriculum created in conjunction with the Association of Professors of Gynecology and Obstetrics. Made up of a monograph,

the varying data from multiple resources. NAMS is key in this educational effort because we promote and provide accurate and unbiased information,” Pace said.

She also is dedicated to the NCMP program, and notes that several of her patients have found her through her NCMP listing on the NAMS website. “These patients didn’t know there was a specialty in menopause, but they found their way online to the NAMS website looking for information,” Pace said. In fact, one of her patients told her she had visited four different providers who never seemed to give priority to her severe menopausal symptoms, and was at her wits’ end when she finally found Pace.

“I would like to see a growth in the number of clinicians who attain the NCMP and also in members who participate in our outstanding mentor/mentee program.”

As NAMS President, Pace said she looks forward to “working with the membership, the Central Office, and the outstanding Board of Trustees to complete our agenda for this next year. My focus will be to continue to move NAMS forward in its role as the premier organization dedicated to promoting women’s health and quality of life through an understanding of menopause and healthy aging.” ■

slides, and video case studies, the curriculum for medical residents, interns, students, and professions will be available soon to members on the APGO and NAMS websites. “This offers wonderful training for a new generation of menopause practitioners,” Manson said.

For Women

One of the highlights of the new women’s section is an update of the popular *MenoNotes*, which are patient summaries on frequently asked midlife women’s health questions. Practitioners can print them out to give to their patients. The first four notes cover hot flashes, bioidentical hormones, vaginal dryness, and a menstrual calendar. “*MenoNotes*

were removed from the website 3 years ago, but with so many confusing topics in women’s health care, we thought it was time to bring them back,” Gass said. Dr. Jan Shifren is leading that task force. *MenoNotes* are funded by the NAMS Education and Research Fund, which launched last year.

In addition, the women’s section now boasts a brand-new blog called *MenoPause*, and an enhanced FAQ about the basics of menopause.

“NAMS is the preeminent multidisciplinary society for midlife women’s health, and I think all these new resources are helping to fulfill that mission even more successfully and effectively than ever,” Manson said. ■

Question of Day

Why Are You Attending the 2012 NAMS Annual Meeting?



Natasha Grell, MD, NCMP
Toronto, Ontario, Canada

“I recently became NCMP-certified. I am a family doctor and have an interest in women’s health. This meeting has a good mix of everything – clinically relevant with a lot of practical guidelines.”

Alan Corbin, PhD
Vero Beach, FL

“This is a premier organization and a great meeting. It is not just about reproduction – it’s about the whole woman.”



Sonia Enriquez, MD
Orlando, FL

“I have a lot of patients with menopause-related problems. I want to update my knowledge.”

Dr. Pace

Continued from page 3

to devote my research, clinical, and educational focus,” she said.

Pace joined NAMS in 1996 and has served on many NAMS committees, including the Scientific Program, Consumer Education and Professional Education committees. She was chair of the Website Review Committee and the Membership Committee, has been a member of the Board of Trustees since 2008, and was NAMS Treasurer before being named President-elect in 2011.

In her 41 years as a nurse and 36 years as a nurse practitioner, Pace has seen societal interest shift from embarrassment and ignorance about “the menopause” and women’s midlife health to frank discussions in the media and in provider offices. Still, she knows there is much work to be done.

For instance, Pace pointed out, a recent feature in the *Memphis Commercial Appeal* about her passion for educating women on midlife health generated much discussion from her patients and colleagues about the need for continued evidence-based data in this area of women’s care.

“Women are seeking information about midlife health and menopause, but they are often confused about

KEEPS Trial

Continued from page 1

Primary study

In the primary study, 727 participants were randomized into three groups. One group received 0.45 mg a day of Premarin, an oral conjugated equine estrogen (o-CEE). This dose was lower than the 0.625 mg a day used in the Women's Health Initiative (WHI). The second group received 50 µg a day of transdermal estradiol (t-E2) via a Climara patch,

and the third group was given a placebo.

Women on active estrogens received 200 mg of micronized progesterone (Prometrium) for 12 days each month, and women on dual placebos were given identical placebo capsules during the same time period.

Sixty-four percent of the women (466) completed all four years of the trial (compared to 50-60% compliance in the WHI) and another 16% (118 women) discontinued the study medication but continued to be fol-

lowed throughout the study.

As expected for hormone therapy (HT) administered to recently menopausal women, both HT groups had reduced symptoms of menopause, including hot flashes and night sweats, and also had favorable effects on bone mineral density compared to the placebo group. Sexual function questionnaires revealed significant improvements in lubrication and decreased pain with intercourse in both of the HT groups. However, the t-E2 group had improved arousal and desire while the o-CEE group did not.

To assess the progression of atherosclerosis, researchers conducted yearly ultrasound imaging studies on all participants to estimate thickening of the walls of the common carotid arteries. Coronary artery calcium (CAC—a marker for atherosclerotic plaque) was also assessed using high-resolution CAT scans before and at the end of the study.

The carotid ultrasound studies showed similar rates of progression of arterial wall thickness in all three treatment groups over the four years of study. These changes were generally small, limiting the statistical power to detect any differences among the groups.

Increases occurred in women who already had some CAC at baseline (5% of women with CAC equal to 0 vs. 67% of women with CAC greater than 0 at baseline had increases of 5 or more units). Despite these small numbers, there was a trend toward less progression of CAC in the two HT groups.

For example, in women with baseline CAC equal to 0, new development of CAC (defined as 5 units or more) occurred in 10.5% of those on o-CEE, 12.8% on t-E2, and 14.3% on placebo. For women with baseline CAC greater than 0, corresponding values were 63%, 64%, and 73%. Although these differences were not statistically significant (likely related to the small sample size), a trend toward lower rates of CAC with HT, compared to placebo, was apparent.

In contrast to the higher dose of o-CEE used in the WHI, which increased blood pressure levels, neither o-CEE nor t-E2 significantly affected systolic or diastolic blood pressure. In terms of biomarkers, o-CEE was associated with several potentially favorable effects, including increase in HDL ("good") cholesterol and decrease in LDL ("bad") cholesterol. However, it also increased triglyceride and CRP (but not IL-6) levels. t-E2 improved glucose levels and insulin sensitivity and had neutral effects on other biomarkers.

The researchers noted that most of the changes in biomarkers were quite small and concentrations remained within the normal range, even when changes were statistically significant.

Researchers saw no statistically significant differences in rates of breast cancer, endometrial cancer, myocardial infarction, TIA, stroke, or venous thromboembolic disease between the three groups. However, they noted that given the relatively small size of the study and the young and generally healthy study population, it's impossible to make definitive conclusions.

Cognitive study

All of the 662 women enrolled in the cognitive study were free of depression, dementia, or memory deficits at baseline. They were given a comprehensive battery of tests measuring cognition and mood at the beginning of the study and in months 12, 18, 36, and 48.


Results revealed that, unlike prior studies involving HT for older postmenopausal women, such as the Women's Health Initiative Memory Study (WHIMS), the WHI Study of Cognition and Aging (WHISCA), and the Heart and Estrogen/Progestin Replacement Study (HERS), administration of o-CEE and t-E2 to recently menopausal women did not create any detectable adverse effects either on domain-specific or general measures (ie, 3MSE) of cognition. However, no beneficial effects of HT on cognition were seen either.

Compared to placebo, women assigned to the o-CEE group improved significantly on measures of depression-dejection and anxiety-tension. The o-CEE group also showed a trend in improvement on measures of anger-hostility and memory recall of printed material. The t-E2 group had a trend toward adverse performance in memory of past events and their severity.

Partial support provided by Noven Pharmaceuticals, Inc. ■




S. Mitchell Harman, MD, presents the "KEEPS Vascular Imaging Findings" on Wednesday.



ANNUAL MEETING

Submit your abstract through the NAMS website:
www.menopause.org

- ★ The abstract submission site will open in January 2013
- ★ Abstract submission deadline is April 30, 2013
- ★ Top abstracts will be accepted for oral presentation and up to four poster prizes will be awarded (top prize: \$1,000)
- ★ Accepted abstracts published in the NAMS journal, *Menopause*



OCTOBER 9-12, 2013
GAYLORD TEXAN HOTEL

DALLAS, TEXAS



Sanjay Asthana, MD, presents "KEEPS Cognitive Function Outcomes" on Wednesday.

NAMS in Action



Margery L.S. Gass, MD, NAMS Executive Director, welcomes attendees to Orlando.



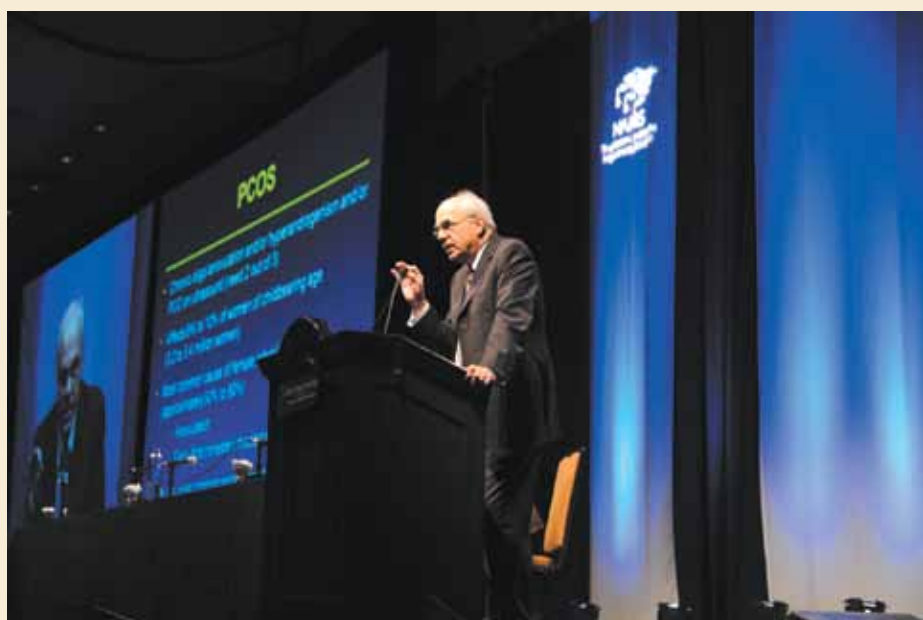
Drs. Irwin Kerber, Pam Gillaspie and Linda McLaughlin converse during breakfast before Wednesday's Pre-Meeting Symposium.



Michael S. Policar, MD, right, presents "Cervical Cancer Screening: Integrating New Guidelines Into Your Practice" during the "Midlife Screening: What, When, How?" Pre-Meeting Symposium.



Judy E. Garber, MD, presents "Breast Cancer Risk Assessment: BRCA & Beyond" during Wednesday's Pre-Meeting Symposium.



John E. Nestler, MD, presents "Diabetes, Metabolic Syndrome & PCOS Screening" during Wednesday's Pre-Meeting Symposium.



Attendees listen as JoAnn E. Manson, MD, opens the Presidential Symposium on the KEEPS Trial on Wednesday.

Novo Nordisk is proud to be a **Premier Partner of NAMS**

The commercial organization supporting Women's Health has maintained a presence in the exhibit halls of annual and regional meetings for medical societies such as The North American Menopause Society and the National Association of Nurse Practitioners in Women's Health.

Although you may not always see our booth in the exhibit hall, you can feel confident that Novo Nordisk remains as committed as ever to the community. Novo Nordisk continues to engage with medical societies and individual practitioners.

Following last year's online activities, Novo Nordisk is again partnering with NAMS in 2012:

- As a Premier Partner of the 23rd Annual Meeting
- By partially supporting the plenary symposium "It Takes Two to Tango: Reviving the Languishing Libido" with a grant
- By partially supporting the plenary symposium "WHI+10: The New Practice Paradigm in Hormone Therapy" with a grant

These are just some of the ways Novo Nordisk follows through on our Triple Bottom Line philosophy, under which we maximize value to business in an economically, socially, and environmentally responsible way.

To learn more about our products or philosophy, please see our brochure in your convention bag or visit us online at novomedlink.com/ht.