PROGRAM & EXHIBIT GUIDE

NAMS 2018 ANNUAL MEETING

October 3-6, 2018
San Diego, California
Hilton San Diego Bayfront
On behalf of the 2018 Scientific Program Committee, it is my pleasure to welcome you to sunny San Diego and the 29th Annual Meeting of The North American Menopause Society. We are delighted to share with you all the valuable information we have to offer in this multidisciplinary forum. That many of you travel long distances to be here speaks to just how important our work is.

Our meeting theme this year is Innovation, Evidence, and Individualization: Moving Menopause Management Forward. As with all NAMS meetings, our focus is on the health and well-being of midlife women.

Highlights of This Year’s Meeting

For those that attended the Utian Translational Science Symposium on Tuesday, I hope you enjoyed the presentation on New Therapies for Leiomyomas: When Surgery May Not Be the Optimal Approach. The Pre-Meeting Symposium, Everything Your Patients Always Wanted to Know About Sex but YOU Were Afraid to Ask, co-chaired by Dr. Sheryl Kingsberg, will include comprehensive and engaging presentations that will provide you with exciting updates on today’s most compelling issues relating to menopause and midlife women’s health.

New for this year, in addition to the opportunity to reserve a seat at the Meet the Experts Breakfast Roundtables, there is a special breakfast session on addressing the important issue of Trauma-Informed Care, inspired by the #MeToo movement.

This year’s Keynote Address is Healthy Longevity and Telomeres: What Does Sex Have To Do With It? presented by Dr. Elissa Epel, Professor in the Department of Psychiatry at the University of California, San Francisco. The NAMS/Pfizer Wulf H. Utian Endowed Lecture, Advances in Osteoporosis in the Last 40 Years, will be presented by Dr. J. Chris Gallagher, Professor of Medicine at Creighton University School of Medicine.

The NAMS/Kenneth W. Kleinman Endowed Lecture will be presented by Dr. Matt Motyl, Assistant Professor of Psychology and Political Sciences at the University of Illinois at Chicago. His lecture will address, Diagnosing American Democracy 2018: Suturing Divides with the Art of Constructive Disagreement.

Back by popular demand is the symposium on Top Things You Should Know This Year. In this symposium, each member of a panel of menopause experts will briefly present findings from one recent standout article in the field of menopause and women’s health. The highlighted articles will present new significant work that changes our understanding or practice of menopause medicine. At the conclusion, the panelists will entertain your questions.

In addition to the President’s Reception on Wednesday evening, please make sure that you have your ticket for the NAMS Donor Reception on Friday night, which provides a perfect opportunity to mingle and connect with your colleagues. As a reminder, the 2019 Scientific Committee, under the leadership of Dr. Marla Shapiro, has begun planning for the 2019 meeting, which will celebrate NAMS 30th anniversary, and looks forward to your topic suggestions.

I sincerely want to thank you for attending this important gathering, for your ongoing support of NAMS, and for your commitment to women’s health. Have a great meeting.
CONTENTS

Annual Meeting Educational Credits ................................................. 4
Evaluations and Claiming CME Credit.................................................. 5
Scientific Program.............................................................................. 6
Networking Events............................................................................. 18
Premier Partner of Annual Meeting.................................................... 19
Product Theater.................................................................................. 20
Corporate Liaison Council................................................................. 21
Supporter Appreciation..................................................................... 22
Abstract Review and Poster Judging................................................... 23
Awards, Scholarships, and Prizes....................................................... 24
Past Presidents.................................................................................... 26
Invitation to View Exhibits................................................................. 31
Exhibit Hall Map................................................................................ 32
Commercial Exhibits......................................................................... 33
Program at a Glance.......................................................................... Back Cover

Wi-Fi in General Session

Wi-Fi access is available in the Grand Ballroom during the Annual Meeting.
This offering is supported by grant funding from

TherapeuticsMD

Login
Network: NAMS2018
Password: NAMS2018
CME Information

The North American Menopause Society (NAMS) 2018 Annual Meeting has been planned and implemented in accordance with the ACCME’s Essential Areas and Elements as well as its Standards for Commercial Support.

To maintain the independence of its continuing medical education (CME) activities and in accordance with the policies of the ACCME, NAMS has implemented a process in which everyone in a position to control the content of a CME activity, including faculty, moderators, planners, reviewers and staff, are required to disclose all “relevant financial relationships” with any “commercial interest.” Any actual or potential conflicts of interest that exist as a result of such financial relationships must be resolved before the CME activity begins. This helps to ensure that the Society’s CME activities are free of commercial bias. The financial relationships are disclosed in the accompanying Abstract Book.

Intended Audience

This activity is intended for physicians, nurses, nurse practitioners, physician assistants, pharmacists, and other healthcare providers who treat or counsel women at midlife and beyond.

Overall Educational Objectives

By participating in this live activity, attendees should be able to

- Recognize issues in clinical practice for women at all stages of the menopause spectrum—perimenopause, menopause, and postmenopause.
- Identify strategies that enhance the probability for couples to maintain sexual desire in long-term relationships.
- Define behavioral approaches and provide treatment options that have the highest likelihood of success for weight loss. Become familiar with recent advances in the neurobiology and understand the effective treatment options for vasomotor symptoms.
- Understand recommended bone turnover markers and select the best options for treatment for osteoporosis. Evaluate genetic testing for breast cancer and review the management of genitourinary syndrome of menopause for women with or at high risk for breast cancer.
- Understand the etiology, diagnosis, and treatment options for Alzheimer disease.
- Review hypertension guidelines and new updates in heart failure and women.
- Manage sleep issues in women, including online cognitive-behavioral therapy options.

Professional Accreditation

NAMS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The North American Menopause Society (NAMS) designates this live activity for a maximum of 23.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

These credits include 21.0 AMA PRA Category 1 Credit(s)™ for the Annual Meeting lectures, symposia, and concurrent sessions, and 2.0 AMA PRA Category 1 Credit(s)™ for the Breakfast Sessions offered on Thursday and Friday morning (separate registration required).

Other healthcare providers who participate in this live activity will receive a certificate of participation. For nurses and other learners who need to report contact hours of pharmacotherapeutics education, NAMS has determined that this live activity includes a maximum of 9.0 hours of pharmacotherapeutics education.

Acknowledgment of Support

Some Plenary Symposia have received commercial support. As the provider of these Plenary Symposia, NAMS determines the topics and selects the faculty in all cases, and commercial supporters have no control or influence over content or faculty.

NAMS gratefully acknowledges partial or full support for Plenary Symposia from

- Amag Pharmaceuticals
- Amgen Inc.
- KaNDy Therapeutics Ltd.
- Radius Health, Inc.
- TherapeuticsMD

Speaker Slides

Speakers have made their slides available as handouts to attendees of the NAMS 2018 Annual Meeting. These handouts should be considered the intellectual property of the speakers or their acknowledged sources. You may access the slides by going to www.menopause.org/2018-speaker-slides
Give NAMS your input and get the continuing education credit you’ve earned! Your responses to our survey questions will give NAMS valuable feedback on the meeting, help reinforce what you’ve learned, and shape the future of NAMS education with your suggestions. Our ability to continue to offer continuing education programs and to develop the learning experiences you need to take excellent care of women at midlife and beyond depends on your participation.

Annual Meeting Evaluation Survey
It’s simple and easy. Just use your smart phone, tablet, or computer to go to www.menopause.org/2018-eval
Click on the session you attended, and answer a few quick questions.
Once you click “done,” you’ll be redirected back to the evaluation page so that you can evaluate more sessions or give us your comments on the overall meeting.
At the end of the meeting, you can link right from this page to claim your education hours, too.

Claim Your Credit After the Annual Meeting
After you have attended all the sessions you will attend at the meeting, claim your hours of participation. Please complete your hours claim form only once.
Claim your hours of participation at www.menopause.org/2018-agm-cme
Two forms are available: one for physicians and other learners and those who need only total hours of CME participation and the other for nurses or other learners who need a certificate of participation and a record of the hours of pharmacotherapeutics education.
You can also link to this form from the evaluation page (www.menopause.org/2018-eval). Use the “Claim Hours Here” button at the bottom of the page.
## Wednesday, October 3, 2018

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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| 7:30 AM   | **Pre-Meeting Symposium**  
Pre-Meeting Symposium Registration and Coffee Service  
Registration fee for the Pre-Meeting Symposium is separate from the Annual Meeting  
Sapphire Terrace (Level 4) | 4:45 PM - 6:15 PM  
**Plenary Symposium 1**  
Presidential Symposium  
Sexual Desire: Wired for Wild?  
 Supported by grant funding from Amag Pharmaceuticals  
Moderator  
Sheryl A Kingsberg, PhD  
NAMS President  
Chief, Division of Behavioral Medicine  
University Hospitals Cleveland Medical Center  
MacDonald Women’s Hospital  
Professor, Departments of Reproductive Biology and Psychiatry  
Case Western Reserve University School of Medicine  
Cleveland, Ohio |
| 8:00 AM   | **Pre-Meeting Symposium**  
Everything Your Patients Always Wanted to Know About Sex but YOU Were Afraid to Ask  
Sapphire Ballroom A-O (Level 4) | 4:45 PM - 5:15 PM  
**The Neurochemistry of Sexual Desire and Sexual Pleasure**  
James G Pfaus, PhD, IF  
Professor, Department of Psychology  
Concordia University  
Montreal, Quebec, Canada |
| 2:00 PM   | **NAMS Competency Examination (NCMP)**  
Sapphire Ballroom D&H (Level 4) | 5:15 PM - 5:45 PM  
**Sex & Drugs & Rock & Roll**  
Sheryl A Kingsberg, PhD |
| 4:30 PM   | **NAMS 2018 Annual Meeting**  
Innovation, Evidence, and Individualization: Moving Menopause Management Forward  
Welcome and Introductory Remarks  
Sapphire Ballroom A-O (Level 4) | 5:45 PM - 6:15 PM  
**Q&A With Audience** |
| 4:30 PM   | **Sheryl A Kingsberg, PhD**  
NAMS President  
Chief, Division of Behavioral Medicine  
University Hospitals Cleveland Medical Center  
MacDonald Women’s Hospital  
Professor, Departments of Reproductive Biology and Psychiatry  
Case Western Reserve University School of Medicine  
Cleveland, Ohio | 6:15 PM - 8:00 PM  
**President’s Reception**  
Promenade Plaza (Level 1)  
Supported by the Premier Partner of the 2018 Annual Meeting  
TherapeuticsMD |
| 4:35 PM   | **Gloria A Richard-Davis, MD, NCMP**  
Chair, NAMS 2018 Scientific Program Committee  
Division Director, Reproductive Endocrinology and Infertility  
University of Arkansas Medical Sciences  
Department of Obstetrics and Gynecology  
Little Rock, Arkansas |
### Thursday, October 4, 2018

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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| 6:45 AM – 8:00 AM | **Meeting and Continental Breakfast for Menopause Editorial Board Members**  
Sapphire 400 A&B (Level 4)                                           |
| 7:00 AM – 8:00 AM | **Meet the Experts Breakfast Sessions**  
Indigo Terrace (Level 2)                                               |
| 7:15 AM – 8:15 AM | **Continental Breakfast for Registrants of the Annual Meeting**  
Supported by the Premier Partner of the 2018 Annual Meeting  
TherapeuticsMD  
Sapphire Terrace (Level 4)                                           |
| 8:15 AM - 9:15 AM | **Keynote Address**  
Sapphire Ballroom A-O (Level 4)                                        |
| 8:15 AM - 9:00 AM | **Healthy Longevity and Telomeres: What Does Sex Have To Do With It?**  
Elissa Epel, PhD  
Professor, Department of Psychiatry  
University of California  
San Francisco, California                                             |
| 9:00 AM – 9:15 AM | **Q&A With Audience**                                                  |
| 9:15 AM – 10:45 AM | **Plenary Symposium 2 Breast Health**  
Supported in part by grant funding from  
TherapeuticsMD  
**Moderator**  
Lisa C Larkin, MD, FACP, NCMP, IF  
Lisa Larkin and Associates  
Internal Medicine and Women’s Health  
Cincinnati, Ohio                                                      |
| 10:15 AM – 10:45 AM | **Point-of-Care Management of GSM in Women With or at High Risk for Breast Cancer**  
Stephanie S Faubion, MD, FACP, NCMP, IF  
Director, Executive and International Medicine  
Director, Office of Women’s Health  
Professor of Medicine  
Division of General Internal Medicine  
Mayo Clinic  
Rochester, Minnesota                                                  |
| 10:45 AM – 11:15 AM | **Q&A With Audience**                                                  |
| 11:00 AM – 11:30 AM | **Refreshment Break**                                                  
Indigo Ballroom (Level 2)                                              |
| 11:00 AM – 11:30 AM | **Product Theater**  
Indigo Ballroom E (Level 2)                                            |

### Photography

No photography other than that preapproved by NAMS is permitted in the session rooms, Exhibit Hall, or Poster Hall. Violation may result in removal from the meeting.
Thursday, October 4, 2018

11:30 AM - 12:30 PM  Plenary Symposium 3
A Scientific Update on Alzheimer Disease and Women
Supported in part by grant funding from
TherapeuticsMD
Moderator
Pauline M Maki, PhD
Professor of Psychiatry and Psychology
Director, Women’s Mental Health Research Program
Senior Director of Research, UIC Center for Research on Women and Gender
University of Illinois at Chicago
Chicago, Illinois

1:30 AM - 11:50 AM  Perimenopause as a Neurologic Transition State: Emergence of Vulnerabilities to Neurodegenerative Disease
Roberta Diaz Brinton, PhD
Director, Center for Innovation in Brain Science
Professor, Departments of Pharmacology and Neurology
College of Medicine, University of Arizona
Tucson, Arizona

11:50 AM - 12:10 PM  A Scientific Update on Alzheimer Disease: Etiology, Diagnosis, and Treatment
Mark W Bondi, PhD, ABPP/CN
Past-President, The Society for Clinical Neuropsychology, American Psychological Association
Professor of Psychiatry, University of California San Diego School of Medicine
Director, Neuropsychological Assessment Unit, VA San Diego Healthcare System
San Diego, California

12:10 PM - 12:30 PM  Q&A With Audience

12:30 PM - 12:45 PM  Box Lunches Distributed

12:45 PM - 2:15 PM  Plenary Symposium 4
Vasomotor Symptoms and Hot Flashes
Supported in part by grant funding from
KaNDy Therapeutics Ltd.
TherapeuticsMD
Moderator
Rebecca C Thurston, PhD
Director, Women’s Biobehavioral Health Laboratory
Professor of Psychiatry, Psychology, Epidemiology, and Clinical and Translational Science
University of Pittsburgh
Pittsburgh, Pennsylvania

12:45 PM - 1:15 PM  KNDy Neurons, Neurokinin 3 Receptor Signaling and the Etiology of Hot Flashes
Naomi E Rance, MD, PhD
Professor and Associate Head
Department of Pathology
University of Arizona, College of Medicine
Tucson, Arizona

1:15 PM - 1:45 PM  Recent Advances in the Treatment of Vasomotor Symptoms: KNDy May Be the New Sweet Spot
Susan D Reed, MD, MPH
Research Director, Women’s Reproductive Health Research Program
Professor and Vice Chair, Department of Obstetrics and Gynecology
Adjunct Professor, Epidemiology
University of Washington School of Medicine
Seattle, Washington

1:45 PM - 2:15 PM  Q&A With Audience

2:15 PM - 3:00 PM  Refreshment Break
Indigo Ballroom (Level 2)

2:30 PM – 3:00 PM  Product Theater
Indigo Ballroom E (Level 2)
Supported by
Radius Health, Inc.
3:00 PM - 4:30 PM  Plenary Symposium 5
Genitourinary Syndrome of Menopause

Supported in part by grant funding from
TherapeuticsMD

Moderator
Risa Kagan, MD, FACOG, CCD, NCMP
Clinical Professor, Department of Obstetrics, Gynecology, and Reproductive Sciences
University of California
East Bay Physicians Medical Group
Berkeley, California

3:00 PM - 3:30 PM  Vaginal Estrogen Safety and Labeling: State of the Science
Carolyn J Crandall, MD, MS, NCMP
Professor of Medicine
David Geffen School of Medicine at the University of California
Los Angeles, California

3:30 PM - 4:00 PM  Review of Lasers for Genitourinary Syndrome of Menopause
Eric R Sokol, MD
Co-director Urogynecology and Pelvic Reconstructive Surgery
Associate Professor of Obstetrics and Gynecology and Urology
Stanford University School of Medicine
Stanford, California

4:00 PM - 4:30 PM  Q&A With Audience

4:30 PM – 5:45 PM  Concurrent Session 1
Oral Abstract Presentations
Sapphire Ballroom D (Level 4)

Moderator
Chrisandra L Shufelt, MD, MS, FACP, NCMP

4:30 PM – 4:45 PM  Effects of Hormone Therapy on Heart Fat and Atherosclerosis Progression in Recently Postmenopausal Women from KEEPS Trial
Samar R El Khoudary, PhD, MPH, BPharm, FAHA

4:45 PM – 5:00 PM  Effects of Single-Capsule 17β-Estradiol/Progesterone (TX-001HR) on Metabolic Parameters and Cardiovascular Outcomes in Menopausal Women of the REPLISH Trial
Rogerio A Lobo, MD

5:00 PM – 5:15 PM  Evaluation of Systemic Effects of a Vaginal Estradiol Softgel Capsule (TX-004HR) in Menopausal Women with Moderate-to-Severe Dyspareunia
Lisa C Larkin, MD, FACP, NCMP, IF

5:15 PM – 5:30 PM  Effect of Age, Time Since Menopause and Previous Hormone Therapy on the Response to Intravaginal 6.5 mg Prasterone
David F Archer, MD, NCMP

5:30 PM – 5:45 PM  Comparing Written and Verbal Delivery of a Treatment Regimen to Women with Overactive Bladder: Single-blinded, Randomized Controlled Trial
Lindsay Shirreff, MD, MSc(HQ), FRCS
**Thursday, October 4, 2018**

**Concurrent Session 2**
**Oral Abstract Presentations**
Sapphire Ballroom H (Level 4)

* moderator*
Mary A Fischer, PhD, WHNP-BC, NCMP

**4:30 PM – 4:45 PM**
**Caucasian Women Have Greater Gains in Subcutaneous Abdominal Adiposity in the Years Leading Up to Menopause Compared to African-American Women**
Kara L Marlatt, PhD, MPH

**4:45 PM – 5:00 PM**
**Increased Anxiety and Depressive Symptoms Are Associated with Abnormal Resting Cardiac Autonomic Function in Peri- and Postmenopausal Women with Hot Flashes**
Polly Fu, MD

**5:00 PM – 5:15 PM**
**Modifying Effect of ApoE4 Genotype on the Association Between Metabolic Phenotype and Subclinical Atherosclerosis in Postmenopausal Women**
Intira Sriprasert, MD

**5:15 PM – 5:30 PM**
**Menstrual Cycle Length over the Menopause Transition is Associated with Subclinical Atherosclerosis after Menopause: The Study of Women’s Health Across the Nation Daily Hormone Study**
Samar R El Khoudary, PhD, MPH, BPharm, FAHA

**5:30 PM – 5:45 PM**
**Estimation of the Underdiagnosis Rate of Vulvovaginal Atrophy among Women in Health Insurance Claims**
Érick Moyneur, MBA

**Concurrent Session 3 (Continued)**

**4:30 PM – 4:55 PM**
**Is It Menopause at Age 25 to 40?**
Wendy L Wolfman, MD, FRCS(C), FACOG, NCMP
Professor, Department of Obstetrics and Gynecology
University of Toronto
Director, Menopause Unit, Mount Sinai Hospital
Toronto, Ontario, Canada

**4:55 PM – 5:20 PM**
**Is It Menopause at Age 65 to 80?**
Elaine Jolly, OC, MD, FRCSC
Medical Director, Women’s Health Program, The Ottawa Hospital
Professor of Obstetrics and Gynecology, University of Ottawa
Ottawa, Ontario, Canada

**5:20 PM – 5:45 PM**
**Q&A With Audience**

**Concurrent Session 4**
**How to Build a Menopause Practice**
Sapphire Ballroom A-O (Level 4)

* moderators*
Diana L Bitner, MD, NCMP, FACOG
Director, Midlife and Menopause Health Services, Spectrum Health
Assistant Professor, Michigan State University
Grand Rapids, Michigan

Ann L Steiner, MD, NCMP, FACOG
Clinical Professor of Obstetrics and Gynecology
Director and Founder, Menopause Clinic, Dickens Center for Women
Perelman School of Medicine
University of Pennsylvania
Philadelphia, Pennsylvania

**6:00 PM – 7:00 PM**
**Poster Session and Wine and Cheese Reception**
Supported in part by grant funding from TherapeuticsMD
Indigo Ballroom (Level 2)

**7:15 PM – 8:15 PM**
**Recognition Reception**
By Invitation Only
Aqua Terrace (Level 3)
Friday, October 5, 2018

6:45 AM - 7:45 AM  Trauma-Informed Care Breakfast Session (Inspired by the #MeToo Movement)
(Note: Additional Fee From Annual Meeting Registration)
Sapphire Ballroom A-O (Level 4)

Speakers
Lisa Astalos Chism, DNP, APRN, NCMP, FAANP
Clinical Director, Women’s Wellness Clinic
Sexual Health Counselor and Educator
Karmanos Cancer Institute
Adjunct Assistant Professor, Department of Surgery
Wayne State University School of Medicine
Detroit, Michigan

Allison Johnson, LMFT
Licensed Marriage and Family Therapist and Clinical Services Manager
Center for Community Solutions
San Diego, California

7:00 AM - 8:30 AM  Continental Breakfast for Registrants of Annual Meeting
Supported by the Premier Partner of the 2018 Annual Meeting
TherapeuticsMD
Sapphire Terrace (Level 4)

7:55 AM - 8:30 AM  NAMS Town Hall Meeting of Members
Sapphire Ballroom A-O (Level 4)

8:30 AM – 9:30 AM  NAMS/Pfizer Wulf H Utian Endowed Lecture
Endowed by a 2005 grant from Pfizer Inc.
Sapphire Ballroom A-O (Level 4)

Introduced by
Wulf H Utian, MD, PhD, DSc(Med), FRCOG, FACOG, FICS
Honorary Founding President and Executive Director Emeritus, NAMS
Professor Emeritus, Reproductive Biology, Case Western Reserve University School of Medicine
Honorary Past President, International Menopause Society
Chairman, Scientific Advisory Board, Rapid Medical Research
Cleveland, Ohio

8:30 AM - 9:15 AM  Advances in Osteoporosis in the Last 40 Years
J Chris Gallagher, MD
Professor of Medicine
Creighton University School of Medicine
Omaha, Nebraska

9:15 AM - 9:30 AM  Q&A With Audience
Friday, October 5, 2018

9:30 AM - 11:00 AM  Plenary Symposium 6  
**Bone Health**  
*Supported in part by grant funding from*
Amgen  
Radius Health Inc.  
TherapeuticsMD

**Moderator**
Carolyn J Crandall, MD, MS, NCMP  
Professor of Medicine  
David Geffen School of Medicine at the University of California  
Los Angeles, California

9:30 AM - 10:00 AM  **Goal-directed Management of Osteoporosis**  
**Steven R Cummings, MD, FACP**  
Professor Emeritus, Department of Medicine  
University of California  
San Francisco, California

10:00 AM - 10:30 AM  **Bone Turnover Markers in Clinical Practice**  
**Douglas C Bauer, MD**  
Professor, Department of Medicine  
University of California  
San Francisco, California

10:30 AM - 11:00 AM  **Q&A With Audience**

11:00 AM - 11:45 AM  **Refreshment Break**  
Indigo Ballroom (Level 2)

11:15 AM - 11:45 AM  **Product Theater**  
Indigo Ballroom E (Level 2)  
*Supported by*
Amag Pharmaceuticals

11:45 AM - 12:45 PM  Plenary Symposium 7  
**Cardiovascular Disease**  
*Supported in part by grant funding from*
TherapeuticsMD

**Moderator**
Chrisandra L Shufelt, MD, MS, FACP, NCMP  
Associate Director, Barbra Streisand Women’s Heart Center and Preventive and Rehabilitative Cardiac Center  
Director, Women’s Hormone and Menopause Program  
Associate Professor of Medicine, Cedars-Sinai Medical Center  
Los Angeles, California

11:45 AM - 12:05 PM  **Update on Heart Failure: Ivabradine and Sacubitril-Valsartan**  
**Michelle M Kittleson, MD, PhD**  
Director, Heart Failure Research  
Director, Post-Graduate Education in Heart Failure and Transplantation  
Associate Professor of Medicine  
Smidt Heart Institute at Cedars-Sinai  
Los Angeles, California

12:05 PM - 12:25 PM  **Hypertension Guidelines**  
**Martha Gulati, MD, MS, FACC, FAHA, FASPC**  
Chief of Cardiology  
University of Arizona College of Medicine  
Editor-in-Chief, CardioSmart, The American College of Cardiology  
Physician Executive Director, Banner University Medicine Heart Institute  
Phoenix, Arizona

12:25 PM - 1:00 PM  **Q&A With Audience**

12:45 PM - 1:00 PM  **Box Lunches Distributed**
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>1:00 PM - 2:00 PM</td>
<td><strong>Top-Scoring Abstract Presentations</strong>&lt;br&gt;Sapphire Ballroom A-O (Level 4)</td>
<td></td>
<td><strong>Moderator</strong>&lt;br&gt;Samar R El Khoudary, PhD, MPH, BPharm, FAHA&lt;br&gt;<strong>1:00 pm – 1:15 pm</strong>&lt;br&gt;&lt;em&gt;Does Mindfulness Moderate Perceived Stress and Menopause-related Symptoms in Midlife Women?&lt;/em&gt;&lt;br&gt;Richa Sood, MD, NCMP&lt;br&gt;<strong>1:15 pm – 1:30 pm</strong>&lt;br&gt;&lt;em&gt;Hypertensive Disorders of Pregnancy and Gestational Diabetes as Risk Factors for Hot Flashes in Midlife Women&lt;/em&gt;&lt;br&gt;Rhoda Jamadar Conant, MD&lt;br&gt;<strong>1:30 pm – 1:45 pm</strong>&lt;br&gt;&lt;em&gt;Bone Turnover and Risk of Hip Fracture: A Case-Control Study in the Women’s Health Initiative&lt;/em&gt;&lt;br&gt;Carolyn J Crandall, MD, MS, NCMP&lt;br&gt;<strong>1:45 pm – 2:00 pm</strong>&lt;br&gt;&lt;em&gt;Efficacy of Internet-based Cognitive Behavioral Therapy for Treatment-induced Menopausal Symptoms in Breast Cancer Survivors: Results of a Randomized Controlled Trial&lt;/em&gt;&lt;br&gt;Vera Atema, MSc</td>
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<tr>
<td>2:00 PM - 3:30 PM</td>
<td><strong>Plenary Symposium 8</strong>&lt;br&gt;&lt;em&gt;Obesity and Weight Loss&lt;/em&gt;&lt;br&gt;Supported in part by grant funding from TherapeuticsMD</td>
<td></td>
<td><strong>Moderator</strong>&lt;br&gt;Nanette F Santoro, MD&lt;br&gt;Professor and E Stewart Taylor Chair of Obstetrics and Gynecology&lt;br&gt;University of Colorado School of Medicine&lt;br&gt;Aurora, Colorado&lt;br&gt;<strong>2:00 pm - 2:30 pm</strong>&lt;br&gt;&lt;em&gt;Behavioral Weight Loss Using Lifestyle Modification&lt;/em&gt;&lt;br&gt;Holly Wyatt, MD&lt;br&gt;Associate Professor, Department of Medicine&lt;br&gt;Division of Endocrinology, Metabolism, and Diabetes&lt;br&gt;University of Colorado, Anschutz Medical Campus&lt;br&gt;Aurora, Colorado&lt;br&gt;<strong>2:30 pm - 3:00 pm</strong>&lt;br&gt;&lt;em&gt;EMPOWIR Study Findings&lt;/em&gt;&lt;br&gt;Ruth Freeman, MD&lt;br&gt;Professor of Medicine and Obstetrics and Gynecology&lt;br&gt;Montefiore Medical Center&lt;br&gt;Bronx, New York&lt;br&gt;<strong>3:00 pm - 3:30 pm</strong>&lt;br&gt;&lt;em&gt;Q&amp;A With Audience&lt;/em&gt;</td>
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<tr>
<td>3:30 PM - 4:15 PM</td>
<td><strong>Refreshment Break</strong></td>
<td>Indigo Ballroom (Level 2)</td>
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Friday, October 5, 2018

4:15 PM - 5:30 PM  Concurrent Session 1
Oral Abstract Presentations
Sapphire Ballroom A-O (Level 4)

Moderator
Carolyn S Wilson, MD, NCMP

4:15 PM – 4:30 PM  17β-Estradiol/Progesterone in a Single, Oral, Softgel Capsule (TX-001HR) Significantly Increased the Number of Symptom-free Days in the REPLENISH Trial
Andrew M Kaunitz, MD, NCMP

4:30 PM – 4:45 PM  Estetrol, the Next Generation of Hormone Therapy: Results of a Phase 2b Dose-finding Study in Postmenopausal Women (E4 Relief)
Wulf H Utian, MD, PhD, DSc(Med), FRCOG, FACOG, FICS

4:45 PM – 5:00 PM  Interferential Current: A New Option to Treat Sexual Complains in Premature Ovarian Insufficiency Women in Use of Hormone Therapy. A Randomized Clinical Trial
Helena Patricia Giraldo, MD

5:00 PM – 5:15 PM  A Critical Appraisal of Vasomotor Symptom Assessment Tools Used in Clinical Trials Evaluating Estrogen Therapy Compared to Placebo
Marie Katherine Christakis, MD, MPH

5:15 PM – 5:30 PM  Sleep and Light Therapy for Perimenopausal Depression
Barbara L Parry, MD

4:15 PM - 5:30 PM  Concurrent Session 2
Oral Abstract Presentations
Sapphire Ballroom D (Level 4)

Moderator
Danette Conklin, PhD

4:15 PM – 4:30 PM  Increased Risk for Cardiovascular Disease Among Postmenopausal Women with Diabetes and Comorbid Posttraumatic Stress Disorder
Carolyn J Gibson, PhD, MPH

4:30 PM – 4:45 PM  MeToo and Women’s Health: Sexual Harassment, Sexual Assault, and Midlife Women’s Health
Rebecca C Thurston, PhD

4:45 PM – 5:00 PM  Impact of Prior Preterm or Term Small-for-Gestational Age Birth on Maternal Blood Pressure Throughout the Menopausal Transition in the Study of Women’s Health Across the Nation (SWAN)
Yamnia I Cortés, PhD, MPH, MS, FNP

5:00 PM – 5:15 PM  Dietary Soy Intake and Mortality Outcome in Chinese Breast Cancer Survivors
Suzanne Ho, MSc, MPH, PhD, FACE, NCMP

5:15 PM – 5:30 PM  The Johns Hopkins Menopause Curriculum App, A Pilot Study
Isa I Ryan, MD
7:00 AM - 8:00 AM Continental Breakfast for Registrants of Annual Meeting
Supported by the Premier Partner of the 2018 Annual Meeting
TherapeuticsMD
Sapphire Terrace (Level 4)

8:00 AM - 8:15 AM Announcement of Poster Prizes
Sapphire Ballroom A-O (Level 4)

8:15 AM – 9:15 AM NAMS/Kenneth W Kleinman Endowed Lecture
Introduced by
Marla Shapiro, CM, MDCM, CCFP, MHSC, FRCPC, FCFP, NCMP
Professor
Department of Family and Community Medicine
University of Toronto
Toronto, ON, Canada

8:15 AM - 9:00 AM Diagnosing American Democracy 2018: Suturing Divides With the Art of Constructive Disagreement
Matt Motyl, PhD
Assistant Professor of Psychology and Political Sciences
University of Illinois at Chicago
Chicago, Illinois

9:00 AM - 9:15 AM Q&A With Audience

4:15 PM - 5:30 PM Concurrent Session 3
Mexican Leadership Session
Sapphire Ballroom H (Level 4)
Moderator
Dr. Salvador Correu Reza
Presidente
Asociación Mexicana para el Estudio del Climaterio A.C. (AMEC)
México City

Determinación del grado de glicosilación de gonadotropinas en la menopausia
Dr. Marcelino Hernández Valencia
Unidad de Investigación de Enfermedades Endocrinas/Endocrine Research Unit
National Medical Center, Instituto Mexicano del Seguro Social (IMSS)
Mexico City

Niveles de homocisteina como factor de riesgo para cardiopatías en menopáusicas
Dr. Víctor Manuel Vargas Hernández
Adscrito en ginecología Hospital Juárez de México/Gynecology Department
Juárez Hospital of Mexico
Mexico City

Atrofia Vulvo vaginal Vs Síndrome Geniturinario de la Menopausia
Dr. Fernando Sánchez Aguirre
Jefe de la División de Ginecología y Obstetricia/Chief, Division of Gynecology and Obstetrics
Hospital Ángeles Mexico
Ex-President of AMEC

Relación entre hormonas, variables metabólicas y hábitos de consumo alimenticio en mujeres peri y posmenopáusicas
Dra. Mónica Flores Ramos
Catedrático CONACYT, Comisionado al Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz
Mexico City

Prevalencia de los cambios del perfil andrógenico en 111 mujeres con disfunción sexual en la menopausia
Dr. Guillermo Federico Ortiz Luna
Coordinador de peri y postmenopausia/Chief of Peri and Postmenopausal Department
Instituto Nacional de Perinatología (INPER)
Mexico City

5:45 PM - 6:45 PM Donor Cocktail Party
Elevation Room (30th Floor)
**Saturday, October 6, 2018**

**9:15 AM - 10:30 AM**
**Plenary Symposium 9**  
Sleep  
*Supported in part by grant funding from*  
TherapeuticsMD

*Moderator*
**Hadine Joffe, MD, MSc**  
Executive Director, Mary Horrigan Connors Center for Women’s Health and Gender Biology  
Paula A Johnson Associate Professor of Psychiatry in the Field of Women’s Health, Harvard Medical School  
Vice Chair for Psychiatry Research, Department of Psychiatry  
Brigham and Women’s Hospital, Dana Farber Cancer Institute  
Harvard Medical School  
Boston, Massachusetts

**9:15 AM - 9:45 AM**
**Sleep-circadian Rhythms and Aging Women: A Biodirectional Relationship**

**Phyllis C Zee, MD, PhD**  
Chief of Sleep Medicine in the Department of Neurology  
Benjamin and Virginia T Boshes Professor of Neurology, Sleep Medicine  
Northwestern Medicine, Feinberg School of Medicine  
Chicago, Illinois

**9:45 AM - 10:15 AM**
**Online Cognitive-Behavioral Therapy Treatment for Insomnia**

**Lee M Ritterband, PhD**  
Jean and Ronald Butcher Eminent Scholars Professor  
Department of Psychiatry and Neurobehavioral Sciences  
Director, Center for Behavioral Health and Technology  
University of Virginia School of Medicine  
Charlottesville, Virginia

**10:15 AM - 10:30 AM**
**Q&A With Audience**

**10:30 AM - 10:45 AM**
**Refreshment Break**  
Sapphire Terrace (Level 4)

**10:45 AM - 12:00 PM**
**Plenary Symposium 10**
Four Updates on the MsFLASH Postmenopausal Vaginal Health Study: Quality of Life, Sexual Attitudes and Activities, Vaginal Inflammation, and the Vaginal Microbiome

*Moderator*
**Katherine Adams Guthrie, PhD**  
Member, Public Health Sciences Division  
Fred Hutchinson Cancer Research Center  
Seattle, Washington

**10:45 AM – 11:45 AM**
**Effects of Vaginal Estradiol Tablets and Moisturizer on Menopause-specific Quality of Life and Mood in Healthy Postmenopausal Women With Vaginal Symptoms: A Randomized Clinical Trial**

**Susan J Diem, MD, MPH**  
Associate Professor of Medicine, Division of General Internal Medicine  
University of Minnesota  
Minneapolis, Minnesota

**Postmenopausal Sexual Attitudes and Activity: A Randomized Clinical Trial of Vaginal Estradiol Tablets, a Vaginal Moisturizer, and Placebo**

**Susan D Reed, MD, MPH**  
Research Director, Women’s Reproductive Health Research Program  
Professor and Vice Chair, Department of Obstetrics and Gynecology  
Adjunct Professor, Epidemiology  
University of Washington School of Medicine  
Seattle, Washington

**Effect of Vaginal Estradiol, a Vaginal Moisturizer, and Placebo on Genital Inflammation in Postmenopausal Women With Moderate to Severe GSM**

**Alissa Mitchell, BA**  
Lab Technician, Vincent Center for Reproductive Biology  
Massachusetts General Hospital  
Boston, Massachusetts
**Plenary Symposium 10** (Continued)

**Comparing Vaginal Microbiota in Postmenopausal Black Women and White Women: A Pilot Study**

Caroline Mitchell, MD, MPH  
Assistant Professor of Obstetrics, Gynecology, and Reproductive Biology  
Harvard Medical School  
Investigator, Vincent Center for Reproductive Biology  
Massachusetts General Hospital  
Boston, Massachusetts

11:45 AM - 12:00 PM  
**Q&A With Audience**

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12:00 PM - 1:00 PM  
**Plenary Symposium 11**

**Top Things You Should Know This Year**

In this symposium, each member of a panel of menopause experts will briefly present findings from one recent standout article in the field of menopause and women's health. The highlighted articles will present new significant work that changes our understanding or practice of menopause medicine. At the conclusion, the panelists will entertain your questions.

*Supported in part by grant funding from*

TherapeuticsMD

**Moderator**

Diane Todd Pace, PhD, APRN, FNP-BC, NCMP, FAANP  
Professor and Director, Special Academic Programs, College of Nursing  
Professor, College of Medicine, Department of Obstetrics and Gynecology  
University of Tennessee Health Science Center  
Memphis, Tennessee

**Panelists**

Lisa Astalos Chism, DNP, APRN, NCMP, FAANP  
Clinical Director, Women’s Wellness Clinic  
Sexual Health Counselor and Educator  
Karmanos Cancer Institute  
Adjunct Assistant Professor, Department of Surgery  
Wayne State University School of Medicine  
Detroit, Michigan

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**Plenary Symposium 11** (Continued)

Steven R Goldstein, MD, FACOG, CCD, NCMP  
Professor of Obstetrics and Gynecology  
Director of Gynecologic Ultrasound  
Co-director Bone Densitometry and Body Composition  
New York University School of Medicine  
New York, New York

Andrew M Kaunitz, MD, NCMP  
University of Florida Research Foundation  
Professor and Associate Chairman  
Department of Obstetrics and Gynecology  
University of Florida College of Medicine—Jacksonville  
Director Menopause and Gynecologic Ultrasound Services  
Southside Women's Health  
Jacksonville, Florida

JoAnn V Pinkerton, MD, NCMP  
Executive Director, The North American Menopause Society  
Professor of Obstetrics and Gynecology and Division Director of Midlife Health  
The University of Virginia Health System  
Charlottesville, Virginia

Ann L Steiner, MD, NCMP, FACOG  
Clinical Professor of Obstetrics and Gynecology  
Director and Founder, Menopause Clinic, Dickens Center for Women  
Perelman School of Medicine  
University of Pennsylvania  
Philadelphia, Pennsylvania

Maida B Taylor, MD, MPH, FACOG  
Clinical Professor, Department of Obstetrics, Gynecology, and Reproductive Sciences  
University of California  
San Francisco, California
All NAMS networking events are limited to adults who are officially registered and wearing name badges.
The North American Menopause Society is especially grateful to  
TherapeuticsMD  
who has provided a generous educational grant to help support the Society’s Mission.

This Premier Partner sponsors these special activities of the 2018 NAMS Annual Meeting:

President’s Reception on Wednesday Evening  
Attendee Briefcases  
Program & Exhibit Guide  
Attendee Continental Breakfasts  
Plenary Symposia

Representatives from TherapeuticsMD will have white ribbons on their name badges. Please be sure and acknowledge their support when you see them.
The North American Menopause Society is pleased to include Product Theaters once again this year. This educational forum will provide attendees with an in-depth discussion on exciting new products in the area of women’s health. Be sure to check the flyer in your briefcase for details.

At press time, the following had reserved a timeslot in the Product Theater, located in the Indigo Ballroom E (Level 2):

**Thursday, October 4, 2018**
- **11:00 AM – 11:30 AM**
  - **TherapeuticsMD**

**Thursday, October 4, 2018**
- **2:30 PM – 3:00 PM**
  - **Radius Health, Inc.**

**Friday, October 5, 2018**
- **11:15 AM – 11:45 AM**
  - **Amag Pharmaceuticals**
The North American Menopause Society developed the Corporate Liaison Council to foster the interchange of ideas among commercial supporters of the Society, leading to new NAMS initiatives through which the Society's Mission can better be achieved. In 2018, 12 companies became members of the NAMS Corporate Liaison Council. The Society is particularly grateful for their input and special support of NAMS' educational efforts. Representatives will have jade ribbons on their name badges; please be sure to thank them for their support.

2018 NAMS Corporate Liaison Council Members

Allergan
Amag Pharmaceuticals
Amgen USA
Ascend Therapeutics
Duchesnay
EndoCeutics, Inc.
Mitsubishi Tanabe Pharma Development America
Pfizer Inc.
Pharmavite LLC
Radius Health
RB (Reckitt Benckiser)
TherapeuticsMD
The North American Menopause Society appreciates the generous support of these companies.

<table>
<thead>
<tr>
<th>Company</th>
<th>Support Provided</th>
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<tr>
<td>Allergan</td>
<td>Support for Utian Translational Science Symposium</td>
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<tr>
<td>Amag Pharmaceuticals</td>
<td>Support for Product Theater, Support for 2018 Video Series, Support for Presidential Symposium</td>
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<tr>
<td>Amgen Inc.</td>
<td>Support for Plenary Symposium 6</td>
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<tr>
<td>CooperSurgical</td>
<td>Support for Hands-On Product Theater</td>
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<tr>
<td>Duchesnay</td>
<td>Support for 2018 Video Series</td>
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<tr>
<td>KaNDy Therapeutics Ltd.</td>
<td>Support for Plenary Symposium 4</td>
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<tr>
<td>Radius Health, Inc.</td>
<td>Support for Plenary Symposium 6, Support for Product Theater</td>
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<tr>
<td>TherapeuticsMD</td>
<td>Premier Partner of NAMS 2018 Annual Meeting, Support for Annual Meeting Plenary Symposia, Support for Product Theater, Support for WiFi in the General Session, Support for 2018 Video Series, Support for 2018 Pre-Meeting Symposium, Support for Poster Session/Wine and Cheese Reception</td>
</tr>
<tr>
<td>Uberlube</td>
<td>Support for 2018 Preview Bag</td>
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**2018 Abstract Review Committee**

NAMS attendees are encouraged to attend each of the Plenary and Scientific Sessions that will feature the top-scoring abstracts and also participate in the Poster Sessions, where you are afforded a valuable opportunity to interact with the presenters.

**Committee Members**
- Foluke M Ali, MD, FAAFP, NCMP
- Danette Conklin, PhD
- Yamnia Cortes, PhD, MPH, MS, FNP
- Mary S Dolan, MD, MPH, FACOG, NCMP
- Samar R El Khoudary PhD, MPH, BPharm, FAHA
- Gary Elkins, PhD
- Mary A Fischer, PhD, WHNP-BC, NCMP
- Carolyn J Gibson, PhD, MPH
- Pallavi Khanna, MD, NCMP
- Juliana M Kling, MD, MPH, NCMP
- Seung-Yup Ku, MD, PhD, NCMP
- Catherine M Leclair, MD
- Sara E Looby, PhD, ANP
- Dragana Lovre, MD
- Heather R MacDonald, MD
- Unjali Malhotra, MBBCh, BAO, LRC(PI)SI, NCMP
- Gabrielle Page-Wilson, MD, NCMP
- Ronald J Ruggiero, PharmD
- Chrisandra L Shufelt, MD, MS, FACP, NCMP
- Andrea Singer, MD, FACP, CCD
- David E Soper, MD
- Florence A Tremollieres, MD, PhD
- Miriam T Weber, PhD
- Melissa F Wellons, MD, MHS
- Makeba L Williams, MD, FACOG, NCMP
- Carolyn S Wilson, MD, NCMP

**2018 Poster Judging Panel**

The Poster Judging Panel will select the winners of up to four poster prizes. First-place prize is a cash award of $1,000. Second-place winners receive a cash award of $500. Authors of posters are available during the official Poster Session scheduled for Thursday, October 4, from 6:00 PM to 7:00 PM. All posters are located in Indigo Ballroom (2nd Floor).

Poster Prizes will be announced and awarded on Saturday, October 6, at 8:00 AM during the General Session.

**Invited Poster Judging Panel Members**
- Nina A Ali, MD, FACOG, NCMP
- Foluke M Ali, MD, FAAFP, NCMP
- Denise R Black, MD, FRCS(c)
- Vivien Brown, MDCM, CCFP, FCFP, NCMP
- Mercedes Castiel, MD
- Yamnia Cortes, PhD, MPH, MS, FNP
- Lori L Davis, NP, NCMP
- Mary S Dolan, MD, MPH, FACOG, NCMP
- Mary A Fischer, PhD, WHNP-BC, NCMP
- Elissa Gretz Friedman, MD, NCMP
- Carolyn J Gibson, PhD, MPH
- Pallavi Khanna, MD, NCMP
- Sara L E Looby, PhD, ANP
- Dragana Lovre, MD
- Sally E MacPhedran, MD, NCMP
- Unjali Malhotra, MBBCh, BAO, LRC(PI)SI, NCMP

**Featured Posters**

The Abstract Review Committee has selected three posters to be featured during the Poster Session on Thursday, October 4, from 6:00 PM to 7:00 PM. The presenting author of each of the three selected posters will give a 5-minute oral "run through" of his or her poster, followed by a 5-minute Q&A with attendees.

**6:00 PM - 6:10 PM**
**NT-814, a Novel Dual NK1,3 Receptor Anagonist Results in Immediate Improvements in Bothersome Postmenopausal Symptoms**
Stephen Pawsey, MBBS

**6:10 PM - 6:20 PM**
**Vaginal Microbiota, Local Immunity and Symptoms in Postmenopausal Women**
Svetlana V Yureneva, MD, PhD

**6:20 PM - 6:30 PM**
**Estrogen Deficiency and Diabetes May Impair Bone Formation and Collagen Turnover in Periodontal Tissue of Female Rats**
Gisela Rodrigues da Silva Sasso, MD
NAMS mission is to advance the field of women's health through education and research. As part of that mission, each year NAMS supports awards that recognize the efforts and contributions of individual members. This year's recipients have all made enormous contributions to NAMS, and we hope you will join us in celebrating and congratulating them when you see them during the Annual Meeting. We would also like to congratulate the recipients of the NAMS/Irwin J. Kerber scholarship and the New Investigator awards.

**Recognition Awards and Endowed Scholarship**

**NAMS/Thomas Clarkson Outstanding Clinical and Basic Science Research Award**
This award recognizes a NAMS member's outstanding menopause-related clinical or basic science research.

**Chrisandra L Shufelt, MD, MS, FACP, NCMP**
Los Angeles, California

**NAMS/Leon Speroff Outstanding Educator Award**
This award recognizes a NAMS member's excellence in menopause-related education of clinicians or the general public.

**Mary Jane Minkin, MD, NCMP**
New Haven, Connecticut

**NAMS/Ann Voda Community Service Award**
This award recognizes a healthcare provider within the NAMS membership who has demonstrated outstanding community service.

**Nicole G Jaff, PhD, NCMP**
Johannesburg, South Africa

**NAMS Certified Menopause Practitioner of the Year**
This award recognizes one current NAMS Certified Menopause Practitioner (NCMP) for outstanding work to his or her patients.

**Barbara A Soltes, MD, NCMP**
Palos Heights, Illinois

**NAMS Media Award**
This award recognizes a media professional whose body of work, through any media outlet (ie, print, television, radio, Internet), has served to expand the knowledge and understanding of menopause.

**Vivien Brown, MDCM, CCFP, FCFP, NCMP**
Toronto, Ontario, Canada

**NAMS/Lippincott Williams & Wilkins Best Paper of the Year Award**
This award recognizes the best paper published in *Menopause* in 2017. The recipient is selected by the Editor-in-Chief of the journal, Isaac Schiff, MD.

**Juliana M Kling, MD, MPH**
Scottsdale, Arizona


**NAMS/Irwin J Kerber Endowment Scholarship**
This scholarship, provided through a generous endowment to the Society, provides one medical resident working in women's health with a 2019 NAMS membership and 2018 Annual Meeting registration. The Society thanks long-time NAMS member Dr. Ralph Turner for his donations that have funded this scholarship.

**Isa Ryan, MD**
Baltimore, Maryland
AWARDS, SCHOLARSHIPS, AND PRIZES

Abstract and Poster Prizes

NAMS New Investigator Travel Awards
Recognizing the outstanding abstract submissions of three investigators who have achieved their degrees within the past 7 years.

Rhoda Jamadar Conant, MD
Edmond, Oklahoma
Hypertensive Disorders of Pregnancy and Gestational Diabetes as Risk Factors for Hot Flashes in Midlife Women

Juliana Vieira Honorato, MD
Sao Paulo, Brazil
Improvement of Vaginal Vascularization in Postmenopausal Women With Genitourinary Syndrome With Isoflavones Derived from Glycine Max (L.) Merr Vaginal Gel

Kara L Marlatt, PhD, MPH
Baton Rouge, Louisiana
Caucasian Women Have Greater Gains in Subcutaneous Abdominal Adiposity in the Years Leading Up to Menopause Compared to African-American Women

NAMS Poster Prizes
All poster presentations will be eligible for one of the available poster prizes awarded during the Annual Meeting. The winner of the first-place prize will receive a cash award of $1,000, and up to three others will each receive an award of $500.

The announcement of Poster Prizes will be made on Saturday, October 6, at 8:00 AM.

Don’t miss the official Poster Session where you can enjoy a wine and cheese reception while viewing the posters. You’ll also have an opportunity to discuss the findings with the authors.

Poster Session and Wine and Cheese Reception

6:00 PM – 7:00 PM
Thursday, October 4, 2018
Indigo Ballroom (Level 2)
Supported in part by grant funding from TherapeuticsMD
The North American Menopause Society (NAMS) thanks those who have served as Presidents of the Society for their service and contributions.

<table>
<thead>
<tr>
<th>President</th>
<th>Years</th>
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<tr>
<td>Sheryl A Kingsberg, PhD</td>
<td>2017-2018</td>
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<tr>
<td>Marla Shapiro, CM, MDCM, CCFP, MHSC, FRCPC, FCFP, NCMP</td>
<td>2016-2017</td>
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<td>Peter F Schnatz, DO, FACOG, FACP, NCMP</td>
<td>2015-2016</td>
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<td>Pauline M Maki, PhD</td>
<td>2014-2015</td>
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<td>Jan L Shifren, MD, NCMP</td>
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<td>Diane Todd Pace, PhD, APRN, FNP-BC, NCMP, FAANP, FAAN</td>
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<td>JoAnn E Manson, MD, DrPH, NCMP</td>
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<td>Steven R Goldstein, MD, FACOG, CCD, NCMP</td>
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<td>Cynthia A Stuenkel, MD, NCMP</td>
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<td>JoAnn V Pinkerton, MD, NCMP</td>
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<td>Victor W Henderson, MD, MS, NCMP</td>
<td>2007-2008</td>
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<td>Marilyn L Rothert, PhD, RN, FAAN</td>
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<td>George I Gorodeski, MD, PhD</td>
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<td>Bruce Kessel, MD</td>
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<td>James A Simon, MD, CCD, NCMP, IF, FACOG</td>
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<td>Margery LS Gass, MD, NCMP</td>
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<td>Morrie M Gelfand, CM, MD</td>
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<td>Lila E Nachtigall, MD, NCMP</td>
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<td>Nancy Fugate Woods, PhD, RN</td>
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<td>Frederick Naftolin, MD, DPhil</td>
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<td>David F Archer, MD, NCMP</td>
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<td>Bruce Ettinger, MD</td>
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<td>Ann M Voda, RN, PhD</td>
<td>1995-1996</td>
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<td>J Chris Gallagher, MD</td>
<td>1994-1995</td>
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<td>Marcha P Flint, PhD, PsyD</td>
<td>1993-1994</td>
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<td>Isaac Schiff, CM, MD</td>
<td>1992-1993</td>
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<tr>
<td>Wulf H Utian, MD, PhD, DSc(Med), FRCOG, FACOG, FICS</td>
<td>1989-1992</td>
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FOR THE TREATMENT OF WOMEN WITH MODERATE TO SEvere DYSPAREUNIA, A SYMPTOM OF VULVAR AND VAGINAL ATROPHY, DUE TO MENOPAUSE

DISCOVER SOMETHING FRESH AT BOOTH #101

IMPORTANT SAFETY INFORMATION

WARNING: ENDOmetrial CANCER, CARDIOVASCULAR DISORDERS, BREAST CANCER and PROBABLE DEMENTia

See full prescribing information for complete boxed warning.

Estrogen-Alone Therapy
- There is an increased risk of endometrial cancer in a woman with a uterus who uses unopposed estrogens
- Estrogen-alone therapy should not be used for the prevention of cardiovascular disease or dementia
- The Women's Health Initiative (WHI) estrogen-alone substudy reported increased risks of stroke and deep vein thrombosis (DVT)
- The WHI Memory Study (WHIMS) estrogen-alone ancillary study of WHI reported an increased risk of probable dementia in postmenopausal women 65 years of age and older

Estrogen Plus Progestin Therapy
- Estrogen plus progestin therapy should not be used for the prevention of cardiovascular disease or dementia
- The WHI estrogen plus progestin substudy reported increased risks of stroke, DVT, pulmonary embolism (PE) and myocardial infarction (MI)
- The WHI estrogen plus progestin substudy reported increased risks of invasive breast cancer
- The WHIMS estrogen plus progestin ancillary study of WHI reported an increased risk of probable dementia in postmenopausal women 65 years of age and older

Please see additional Important Safety Information and Brief Summary of Full Prescribing Information, including the complete Boxed Warning, on the following pages.
A TREATMENT EXPERIENCE
WITH SIMPLICITY
AT ITS CORE\(^1\)

Applicator-free, any time
of day administration\(^1\)

Mess-free administration with
no applicator, dose preparation,
or cleanup needed\(^2\)

Freedom to enjoy her everyday
activities without interruption
after insertion\(^1\)

Improvement in moderate to
severe dyspareunia seen at week
12 and beginning as early as week 2
(a secondary endpoint)\(^1,2\)

Both doses of IMVEXXY resulted
in average systemic hormone
levels that were within the normal
postmenopausal range\(^1,4^*\)

\(^*\) Systemic absorption may occur
with IMVEXXY. The risks associated
with systemic estrogen therapy
should be considered.

NOW AVAILABLE

IMVEXXY is the only ultra-low-dose vaginal estradiol available in
both 4-mcg and 10-mcg doses, offering comfortable and convenient,
any time of day, applicator-free, mess-free administration.\(^1,3\)

TO LEARN MORE, SIMPLY VISIT IMVEXXY.COM/HCP OR CALL 1-855-351-5311
TO SPEAK TO A SALES REPRESENTATIVE

IMPORTANT SAFETY
INFORMATION (cont’d)

CONTRAINDICATIONS

- IMVEXXY\(^{TM}\) is contraindicated in
women with any of the following
conditions: undiagnosed abnormal
genital bleeding; known, suspected,
or history of breast cancer; known
or suspected estrogen-dependent
neoplasia; active DVT, PE, or
history of these conditions; active
arterial thromboembolic disease or
a history of these conditions; known
anaphylactic reaction or angioedema
to IMVEXXY; known liver impairment
or disease; known protein C, protein
S, or antithrombin deficiency, or
other known thrombophilic disorders.

WARNINGS AND PRECAUTIONS

- IMVEXXY is intended only for vaginal
administration. Systemic absorption
may occur with the use of IMVEXXY.

- The use of estrogen-alone and
estrogen plus progestin therapy has
been reported to result in an increase
in abnormal mammograms requiring
further evaluation.

- The WHI estrogen plus progestin
substudy reported a statistically
non-significant increased risk of
ovarian cancer. A meta-analysis of
17 prospective and 35 retrospective
epidemiology studies found that
women who used hormonal therapy
for menopausal symptoms had an
increased risk for ovarian cancer.
The exact duration of hormone
therapy use associated with an
increased risk of ovarian cancer,
however, is unknown.

- Other warnings include: gallbladder
disease; severe hypercalcemia, loss
of vision, severe hypertriglyceridermia
or cholestatic jaundice.

- Estrogen therapy may cause an
exacerbation of asthma, diabetes
mellitus, epilepsy, migraine, porphyria,
systemic lupus erythematosus, and
hepatic hemangiomas and should
be used with caution in women with
these conditions.

- Women on thyroid replacement
therapy should have their thyroid
function monitored.

ADVERSE REACTIONS

- The most common adverse
reaction with IMVEXXY (incidence
≥3 percent) and greater than
placebo was headache.

INDICATION

IMVEXXY\(^{TM}\) (estradiol vaginal inserts)
is an estrogen indicated for the
treatment of moderate to severe
dyspareunia, a symptom of vulvar
and vaginal atrophy, due to menopause.

Please see Brief Summary of the Full Prescribing Information, including the
Boxed Warning, on the following pages.

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3.

Report-Protocol No. TXV14-01.

References: 1.

ovarian cancer. A meta-analysis of

in abnormal mammograms requiring

been reported to result in an increase

estrogen plus progestin therapy has

other known thrombophilic disorders.

S, or antithrombin deficiency, or

or disease; known protein C, protein

arterial thromboembolic disease or

or history of breast cancer; known

conditions: undiagnosed abnormal

women with any of the following

TO LEARN MORE, SIMPLY VISIT IMVEXXY.COM/HCP OR CALL 1-855-351-5311

is the only ultra-low-dose vaginal estradiol available in

vaginal atrophy, due to menopause.

INDICATION

ADVERSE REACTIONS

therapy should have their thyroid

be used with caution in women with

or cholestatic jaundice.

therapy use associated with an

women who used hormonal therapy

with systemic estrogen therapy

levels that were within the normal

activities without interruption

of estrogen and progestin therapy should be discontinued immediately.

Should a VTE occur or be suspected, estrogen plus progestin therapy should be discontinued immediately.

• Known, suspected, or history of breast cancer

• Undiagnosed abnormal genital bleeding

• Known or suspected estrogen-dependent neoplasia

• Active DVT, PE, or history of these conditions

• Active arterial thromboembolic disease (for example, stroke and myocardial infarction (MI)), or a history of these conditions

• Known anaphylactic reaction or angiodema with IMVEXY

• Known liver impairment or disease

• Known protein C, protein S, or antithrombin deficiency, or other known thrombophilic disorders

Risks from Systemic Absorption

IMVEXY™ is intended only for vaginal administration. Systemic absorption may occur with the use of IMVEXY (Pharmacokinetics [12.3] in full prescribing information). The warnings, precautions, and adverse reactions associated with systemic estrogen-alone therapy should be taken into account.

Cardiovascular Disorders

An increased risk of stroke and DVT has been reported with estrogen-alone therapy. An increased risk of PE, DVT, stroke, and MI has been reported with estrogen plus progestin therapy. Should these occur or be suspected, estrogen with or without progestin therapy should be discontinued immediately.

Risks for arterial vascular disease (for example, hypertension, diabetes mellitus, tobacco use, hypercholesterolemia, and obesity) and/or venous thromboembolism (VTE) (for example, personal family history of VTE, obesity, and systemic lupus erythematosus) should be managed appropriately.

Stroke

In the WHI estrogen-alone substudy, a statistically significant increased risk of stroke was reported in women 50 to 79 years of age receiving daily CE (0.625 mg)-alone compared to women in the same age group receiving placebo (45 versus 33 per 10,000 women-years). The increase in risk was demonstrated in year 1 and persisted [see Clinical Studies (14.2) in full prescribing information]. Should a stroke occur or be suspected, estrogen plus progestin therapy should be discontinued immediately.

Subgroup analyses of women 50 to 59 years of age suggested no increased risk of stroke for those women receiving CE (0.625 mg)-alone versus those receiving placebo (18 versus 21 per 10,000 women-years).

In the WHI estrogen plus progestin substudy, a statistically significant increased risk of stroke was reported in women 50 to 79 years of age receiving daily CE (0.625 mg) plus MPA (2.5 mg) compared to women in the same age group receiving placebo (33 versus 25 per 10,000 women-years) [see Clinical Studies (14.2) in full prescribing information]. The increase in risk was reported after the first year and persisted. Should a stroke occur or be suspected, estrogen plus progestin therapy should be discontinued immediately.

Coronary Heart Disease

In the WHI estrogen-alone substudy, no overall effect on coronary heart disease (CHD) events (defined as nonfatal MI, silent MI, or CHD death) was reported in women receiving estrogen-alone compared to placebo [see Clinical Studies (14.2) in full prescribing information].

Subgroup analysis of women 50 to 59 years of age suggests a statistically non-significant reduction in CHD events (CE [0.625 mg]-alone compared to placebo) in women with less than 10 years since menopause (8 versus 16 per 10,000 women-years).

In the WHI estrogen plus progestin substudy, there was a statistically non-significant increased risk of CHD events reported in women receiving daily CE (0.625 mg) plus MPA (2.5 mg) compared to women receiving placebo (41 versus 34 per 10,000 women-years). An increase in relative risk was demonstrated in year 1, and a trend toward decreasing relative risk was reported in years 2 through 5 [see Clinical Studies (14.2) in full prescribing information].

In postmenopausal women with documented heart disease (n=2,763), average 66.7 years of age, in a controlled clinical trial of secondary prevention of cardiovascular disease (heart and Estrogen/Progestin Replacement Study [HERS]), treatment with daily CE (0.625 mg) plus MPA (2.5 mg) demonstrated no cardiovascular benefit. During an average follow-up of 4.1 years, treatment with CE plus MPA did not reduce the overall rate of CHD events in postmenopausal women with established coronary heart disease. There was a numerically higher incidence rate of CHD events in the CE plus MPA-treated group than in the placebo-treated group but did not reach statistical significance in the subsequent years. Two thousand, three hundred and twenty-one (2,321) women from the original HERS trial agreed to participate in an open label extension of the original HERS, HERS II. Average follow-up in HERS II was an additional 2.7 years, for a total of 6.8 years overall. Rates of CHD events were comparable among women in the CE plus MPA group and the placebo group in HERS, HERS II, and overall.

Venous Thromboembolism

In the WHI estrogen-alone substudy, the risk of VTE (DVT and PE) was increased for women receiving daily CE (0.625 mg)-alone compared to placebo (50 versus 22 per 10,000 women-years), although only the increased risk of DVT reached statistical significance (22 versus 15 per 10,000 women-years). The increase in VTE risk was demonstrated during the first 2 years [see Clinical Studies (14.2) in full prescribing information]. Should a VTE occur or be suspected, estrogen-alone therapy should be discontinued immediately.

In the WHI estrogen plus progestin substudy, a statistically significant 2-fold greater rate of VTE was reported in women receiving daily CE (0.625 mg) plus MPA (2.5 mg) compared to women receiving placebo (35 versus 17 per 10,000 women-years). Statistically significant increases in risk for both DVT (26 versus 13 per 10,000 women-years) and PE (10 versus 8 per 10,000 women-years) were also demonstrated. The increase in VTE risk was demonstrated during the first year and persisted [see Clinical Studies (14.2) in full prescribing information]. Should a VTE occur or be suspected, estrogen plus progestin therapy should be discontinued immediately.

If feasible, estrogens should be discontinued at least 4 to 6 weeks before surgery of the type associated with an increased risk of thromboembolism, or during periods of prolonged immobilization.

Endometrial Cancer

An increased risk of endometrial cancer has been reported with the use of unopposed estrogen therapy in a woman with a uterus. The reported endometrial cancer risk among unopposed estrogen users is about 2 to 12 times greater than in non-users, and appears dependent on duration of treatment and on estrogen dose. Most studies show no significant increased risk associated with use of estrogens for less than 1 year. This type of risk appears associated with prolonged use, with an increased risk of 15% to 24-fold for 5 to 10 years or more and this risk has been shown to persist for at least 8 to 15 years after estrogen therapy is discontinued.

Clinical surveillance of all women using estrogen-alone or estrogen plus progestin therapy is important. Adequate diagnostic measures, including directed or random endometrial sampling when indicated, should be undertaken to rule out malignancy in postmenopausal women with undiagnosed persistent or recurring abnormal genital bleeding.

There is no evidence that the use of natural estrogens results in a different endometrial risk profile than synthetic estrogens of equivalent estrogen dose. Adding a progestin to estrogen therapy in postmenopausal women who have a uterus may cause withdrawal bleeding, which may be a precursor to endometrial cancer.

Brest Cancer

The most important randomized clinical trial providing information about breast cancer in estrogen-alone users is the WHI substudy of daily CE (0.625 mg)-alone. In the WHI estrogen-alone substudy, after an average follow-up of 7.1 years, daily CE-alone was not associated with an increased risk of invasive breast cancer (relative risk [RR] 0.80) [see Clinical Studies (14.2) in full prescribing information].

The most important randomized clinical trial providing information about breast cancer in estrogen plus progestin users is the WHI substudy of daily CE (0.625 mg) plus MPA (2.5 mg). After a mean follow-up of 5.6 years, the estrogen plus progestin substudy reported an increased risk of invasive breast cancer in women who took daily CE plus MPA. In this substudy, prior use of estrogen-alone or estrogen plus progestin therapy was reported by 20 percent of the women. The relative risk of invasive breast cancer was 1.24, and the absolute risk was 41 versus 33 cases per 10,000 women-years, for CE plus MPA compared with placebo. Among women who reported prior use of hormone therapy, the relative risk of invasive breast cancer was 1.38, and the absolute risk was 46 versus 25 cases per 10,000 women-years, for CE plus MPA compared with placebo. Among women who reported no prior use of hormone therapy, the relative risk of invasive breast cancer was 1.00, and the absolute risk was 40 versus 36 cases per 10,000 women-years for CE plus MPA compared with placebo. In the same substudy, invasive breast cancers were larger, were more likely

(continued on next page)
to be node positive, and were diagnosed at a more advanced stage in the CE (0.025 mg) plus MPA (2.5 mg) group compared with the placebo group. Metastatic disease was rare, with no apparent difference between the two groups. Endometrial pathologic responses, such as histologic subtypes and hormone receptor status did not differ between the groups [see Clinical Studies (14.2) in full prescribing information].

Consistent with the WHI clinical trial, observational studies have also reported an increased risk of breast cancer for estrogen plus progestin therapy, and a smaller increased risk for estrogen-alone therapy, after several years of use. The risk increased with duration of use, and appeared to return to baseline over about 5 years of treatment (only the observational studies have substantial data on risk after stopping). Observational studies also suggest that the risk of breast cancer was greater, and became apparent earlier, with estrogen plus progestin therapy as compared to estrogen-alone therapy. However, these studies have not generally found significant variation in the risk of breast cancer among different estrogen plus progestin combinations, doses, or routes of administration.

The use of estrogen-alone and estrogen plus progestin therapy has been reported to result in an increase in abnormal mammograms requiring further evaluation.

All women should receive yearly breast examinations by a healthcare provider and perform monthly breast self-examinations. In addition, mammography examinations should be scheduled based on patient age, risk factors, and prior mammogram results.

Ovarian Cancer: The WHI estrogen plus progestin substudy reported a statistically non-significant increased risk of ovarian cancer. After an average follow-up of 5.6 years, the relative risk for ovarian cancer for CE plus MPA versus placebo was 1.58 (95 percent CI, 0.77 to 3.24). The absolute risk for CE plus MPA versus placebo was 4 versus 3 cases per 10,000 women-years.

A meta-analysis of 17 prospective and 35 retrospective epidemiology studies found that women who used hormonal therapy for menopausal symptoms had an increased risk for ovarian cancer. The primary analysis, using case-control comparisons, included 12,110 cancer cases from the 17 prospective studies. The relative risks associated with current use of hormonal therapy was 1.41 (95% confidence interval [CI] 1.32 to 1.50); there was no increase in the risk estimated by duration of use after 5 years [median of 3 years] vs. greater than 5 years [median of 10 years] of use before the cancer diagnosis].

The relative risk associated with combined current and recent discontinuation use within 5 years before cancer diagnosis was 1.37 (95% CI 1.27 to 1.48), and the elevated risk was significant for both estrogen-alone and estrogen plus progestin products. The exact duration of hormone therapy use associated with an increased risk of ovarian cancer, however, is unknown.

Probable Dementia: In the WHIMS estrogen-alone ancillary study of WHI, a population of 2,947 hormone-untreated women 65 to 79 years of age was randomized to daily CE (0.625 mg)-alone or placebo.

After an average follow-up of 5.2 years, 28 women in the estrogen-alone group and 19 women in the placebo group were diagnosed with probable dementia. The relative risk of probable dementia for CE-alone versus placebo was 1.10 (95% CI 0.63-1.89). The absolute risk of probable dementia for CE-alone versus placebo was 37 versus 25 cases per 10,000 women-years [see Use in Specific Populations (8.5), and Clinical Studies (14.3) in full prescribing information].

In the WHIMS estrogen plus progestin ancillary study of WHI, a population of 4,532 postmenopausal women 65 to 79 years of age was randomized to daily CE (0.625 mg) plus MPA (2.5 mg) or placebo after an average follow-up of 4 years, 40 women in the CE plus MPA group and 21 women in the placebo group were diagnosed with probable dementia. The relative risk of probable dementia for CE plus MPA versus placebo was 2.05 (95 percent CI, 1.21-3.48). The absolute risk of probable dementia for CE plus MPA versus placebo was 45 versus 22 cases per 10,000 women-years [see Use in Specific Populations (8.5), and Clinical Studies (14.3) in full prescribing information].

When data from the two populations in the WHIMS estrogen-alone and estrogen plus progestin ancillary studies were pooled as planned in the WHIMS protocol, the reported overall relative risk for probable dementia was 1.76 (95 percent CI, 1.19-2.60). Since both ancillary studies were conducted in women 65 to 79 years of age, unknown women who may findings apply to younger postmenopausal women [see Use in Specific Populations (8.5), and Clinical Studies (14.3) in full prescribing information].

Gallbladder Disease: A 2- to 4-fold increase in the risk of gallbladder disease requiring surgery in postmenopausal women receiving estrogens has been reported.

Hypercalcemia: Estrogen administration may lead to severe hypercalcemia in women with breast cancer and bone metastases. If hypercalcemia occurs, use of the drug should be stopped and appropriate measures taken to reduce the serum calcium level.

Visual Abnormalities: Retinal vascular thrombosis has been reported in women receiving estrogens. Discontinue medication pending examination if there is a sudden partial or complete loss of vision, or a sudden onset of proptosis, diplopia, or migraine. If examination reveals papilledema or retinal vascular lesions, estrogens should be permanently discontinued.

Addition of a Progestin When a Woman Has Not Had a Hysterectomy: Studies of the addition of a progestin for 10 or more days of a cycle of estrogen administration, or daily with estrogen in a continuous regimen, have reported a lowered incidence of endometrial hyperplasia than would be induced by estrogen treatment alone. Endometrial hyperplasia may be a precursor to endometrial cancer. There are, however, possible risks that may be associated with the use of progestins with estrogens compared to estrogen-alone regimens. These include an increased risk of breast cancer.

Elevated Blood Pressure: In a small number of case reports, substantial increases in blood pressure have been attributed to idiosyncratic reactions to estrogens. In a large, randomized, placebo-controlled clinical trial, a generalized effect of estrogens on blood pressure was not seen.

Hypertriglyceridemia: In women with pre-existing hypertriglyceridemia, estrogen therapy may be associated with elevations of plasma triglycerides leading to pancreatitis. Consider discontinuation of treatment if pancreatitis occurs.

Hypothryroidism: Estrogen administration leads to increased thyroid-binding globulin (TBG) levels. Women with normal thyroid function can compensate for the increased TBG by making more thyroid hormone, thus maintaining free T4 and T3 serum concentrations in the normal range. Women dependent on thyroid hormone replacement therapy who are also receiving estrogens may require increased doses of their thyroid replacement therapy. These women should have their thyroid function monitored in order to maintain their free thyroid hormone levels in an acceptable range.

Fluid Retention: Estrogens may cause some degree of fluid retention. Women with conditions that might be influenced by this factor, such as a cardiac or renal dysfunction, warrant careful observation when estrogen-alone is prescribed.

Hypocalcemia: Estrogen therapy should be used with caution in women with hyperparathyroidism as estrogen-induced hypocalcemia may occur.

Exacerbation of Endometriosis: Consider discontinuation of residual endometrial implants have been reported in women treated post-hysterectomy with estrogen-alone therapy. For women known to have residual endometriosis post-hysterectomy, the addition of progestin should be considered.

Hereditary Angioid streaks: Exogenous estrogens may exacerbate symptoms of angioid streaks in women with hereditary angioid streaks.

Exacerbation of Other Conditions: Estrogen therapy may cause an exacerbation of asthma, diabetes mellitus, epilepsy, migraine, porphyria, systemic lupus erythematosus, and hepatic hemangiomas and should be used with caution in women with these conditions.

Laboratory Tests:

Serum follicle stimulating hormone (FSH) and estradiol levels have not been shown to be useful in the management of moderate to severe symptoms of vulvar and vaginal atrophy due to menopause.

Drug Laboratory Test Interactions:

Accelerated prothrombin time, partial thromboplastin time, and platelet aggregation time; increased platelet count; increased factors II, VII, antigen, VII antigen, coagulant activity, IX, X, XII, VII-X complex, II-VII-X complex, and factor VII; decreased levels of antifactor Xa; and antithrombin III; decreased antithrombin III activity; increased levels of fibrinogen and fibrinogen activity; increased plasminogen antigen and activity.

Increased thyroid-binding globulin (TBG) levels leading to increased circulating total thyroid hormone as measured by protein-bound iodine (PBI), T4 levels (by column or by radioimmunoassay) or T3 levels by radioimmunoassay, T3 resin uptake is decreased, reflecting the elevated TBG. Free T4 and free T3 concentrations are unaltered. Women on thyroid replacement therapy may require higher doses of thyroid hormone.

Other binding proteins may be elevated in serum, for example, corticosteroid binding globulin (CBG), sex hormone-binding globulin (SHBG), leading to increased total circulating corticosteroid and sex steroids, respectively. Free hormone concentrations, such as testosterone and estradiol, may be decreased. Other plasma proteins may be increased (angiotensinogen/renin substrate, alpha-1-antithrypsin, ceruloplasmin).

Increased plasma high-density lipoprotein (HDL) and HDL cholesterol concentration reductions, increased low-density lipoprotein (LDL) cholesterol concentrations, increased triglyceride levels.

Impaired glucose tolerance.

ADVERSE REACTIONS:

No drug-drug interaction studies have been conducted with IMVEXXY.

Metabolic Interactions:

In vitro and in-vivo studies have shown that estrogens are metabolized partially by cytochrome P450 3A4 [CYP3A4]. Therefore, inducers or inhibiters of CYP3A4 may affect estrogen drug metabolism. Inducers of CYP3A4, such as St. John's wort (Hypericum perforatum) preparations, phenobarbital, carbamazepine, and rifampin, may reduce plasma concentrations of estrogens, possibly resulting in a decrease in therapeutic effects and/or changes in the uterine bleeding profile. Inhibitors of CYP3A4 such as erythromycin, clarithromycin, ketocazole, itraconazole, rifabutin and grapefruit juice may increase plasma concentrations of estrogens and may result in side effects.

USE IN SPECIFIC POPULATIONS:

IMVEXXY is not indicated for use in pregnancy, in females of reproductive potential, or in children.

Geriatric Use:

There have not been sufficient numbers of geriatric women involved in clinical studies utilizing IMVEXXY to determine whether those over 65 years of age differ from younger subjects in their response to IMVEXXY.

The Women’s Health Initiative Studies:

In the WH-estrogen-alone subsyudy (daily CE 0.625 mg)-alone versus placebo, there was a higher relative risk of stroke in women greater than 65 years of age [see Clinical Studies (14.2) in full prescribing information].

In the WH estrogen plus progestin subsyudy (daily CE 0.625 mg) plus MPA (2.5 mg) versus placebo, there was a higher relative risk of nonfetal stroke and invasive breast cancer in women greater than 65 years of age [see Clinical Studies (14.2) in full prescribing information].

The Women’s Health Initiative Memory Study:

In the WHIMS ancillary studies of postmenopausal women 65 to 79 years of age, there was an increased risk of developing probable dementia in women receiving estrogen-alone or estrogen plus progestin when compared to placebo [see Warnings and Precautions (5.4), and Clinical Studies (14.3) in full prescribing information].

OVERDOSE:

Overdosage of estrogen may cause nausea, vomiting, breast tenderness, abdominal pain, drowsiness and fatigue, and withdrawal bleeding may occur in women. Treatment of overdose consists of discontinuation of IMVEXXY therapy with institution of appropriate symptomatic care.

PATIENT COUNSELING INFORMATION:

See FDA-approved PATIENT COUNSELING INFORMATION.
A ll participants are encouraged to visit the commercial exhibits located in Indigo Ballroom (2nd Floor).

Ample time is provided to review and discuss the latest products and services with company representatives. At press time, the companies on the next pages had reserved exhibit space. NAMS is grateful for their support of the meeting.

Exhibit Hours

Thursday, October 4  
9:30 AM – 11:30 AM  
1:00 PM – 3:30 PM  
6:00 PM – 7:00 PM   In-Hall Reception

Friday, October 5  
9:30 AM – 12:00 NOON  
2:30 PM – 4:15 PM

Notice

The appearance of products and services presented in the Exhibit Hall does not constitute a guarantee of the promoted product or service by NAMS.

NAMS Policy Regarding Children in the Exhibit Hall

For the protection of your children and in order to maintain the scientific nature of the display, no children under the age of 18 (with the exception of infants carried in arms or in body harnesses at all times) will be permitted in the Exhibit Hall during show hours. Strollers are not permitted in the Exhibit Hall at any time.

Passport Program

We are pleased to once again offer the popular Passport Program. Visit the designated number of exhibitors posted on the Exhibit Hall Passport form you received in your attendee briefcase to be eligible for the drawing to win free registration to the NAMS 2019 Annual Meeting in Chicago, Illinois, (September 25-28, 2019). Recipient must be in the Exhibit Hall on Friday, October 5, at 3:55 PM to be eligible to win.
AMAG Pharmaceuticals, Inc.—#201
1100 Winter Street, Waltham, Massachusetts, 02451
617/498-3300  www.amagpharma.com

INTRAROSA (prasterone) is indicated for moderate to severe dyspareunia (painful sex) due to menopause.

ASCEND Therapeutics—#208
607 Herndon Parkway, Suite 110, Herndon, Virginia, 20170
703/471-4744  www.ascendtherapeutics.com

ASCEND Therapeutics is a women’s health, specialty biopharmaceutical company focused on the development and use of transdermal drug delivery technology to overcome therapeutic barriers, thereby raising the standard of care for previously unmet chronic health conditions. ASCEND Therapeutics promotes a transdermal estradiol gel for the treatment of menopause symptoms.

Astroglide—#410
3225 Executive Ridge, Vista, California, 92081
760/727-9030  www.astroglide.com

We exist to inspire any and every individual to explore pleasure and intimacy unlike any other with our products. As one of the world’s top-selling personal lubricants, Astroglide creates sexual experiences with our secret trade formula that provides the highest level of slipperiness and retains its lubricating property for hours.

Avoscience, LLC—#209
PO Box 2867, Hayden, Idaho, 83835
888/395-5102  www.avogensmedical.com

Avogen Medical provides physician distributed, hormone free, vaginal use Intimate Capsules. Results of a 20 subject clinical trial conducted this year by Dr Allan Wu available to physicians in video format, also monograph preprint.

BedJet LLC—#111
217 Goddard Row, Newport, Rhode Island, 02840
401/404-5250  www.bedjet.com

BedJet is a cooling, warming climate comfort system for beds that attaches to any size mattress. BioRhythm sleep technology allows users to pre-program custom sleep temperatures for each hour of the night and includes proprietary night sweat management mode.

BTL—#308
362 Elm Street, Marlboro, Massachusetts, 01752
866/499-2502  www.pelvisuite.com

Founded in 1993, BTL has grown to become one of the world’s major manufacturers of medical and aesthetic equipment. With over 1,500 employees located in more than 53 countries, BTL has revolutionized the way to offer the most advanced non-invasive solutions for women’s intimate health and wellness, body shaping, skin tightening & other medical aesthetic treatments. BTL’s pelvic suite brands include BTL ULTRA FEMME 360 and BTL EMSELLA.

Cynosure, a Hologic Company—#115
919 Conestoga Road, Building 1, Suite 203, Rosemont, Pennsylvania, 19010
484/280-2641  www.duchesnayusa.com/en

Duchesnay USA is a specialty pharmaceutical company with a commitment to women’s health and improving the quality of life at every stage. We offer the only oral therapy approved to treat painful sex, a symptom of VVA due to menopause.

CooperSurgical, Inc.—#214
75 Corporate Drive, Trumbull, Connecticut, 06611
203/601-5200  www.coopersurgical.com

Since our founding in 1990, CooperSurgical has researched, developed, and manufactured a wide range of trusted brands that have advanced the standard of care for families. Our diversified portfolio of products and services focuses on women’s health, fertility, and diagnostics. Visit our booth to interact with industry leading solutions and experience why CooperSurgical is at the forefront of women’s healthcare.

Cutera, Inc.—#414
3240 Bayside Boulevard, Brisbane, California, 94005
415/657-3300  www.cutera.com

Cutera is a leading provider of laser and other energy-based systems for practitioners worldwide. Cutera’s premium portfolio of products include Secret RF, Juliet, xeo, truSculpt 3D, excel V, excel HR and enlightened, the industry’s first picosecond + nanosecond dual wavelength laser system.

Duchesnay USA—#307
919 Conestoga Road, Building 1, Suite 203, Rosemont, Pennsylvania, 19010
484/280-2641  www.duchesnayusa.com

Monalisa Touch is an innovative laser that delivers fractional CO2 laser energy into the vaginal tissue to improve vaginal and vulvar health. Fast, gentle, and effective, this treatment provides immediate and lasting relief of symptoms related to a decline in estrogen levels, including challenges with intimacy.

ellura (by Trophikos)—#106
1212 Collier Road, Atlanta, Georgia, 30318
877/421-7160  www.ellura.com

ellura is once a daily, medical-grade supplement proven effective as a non-antibiotic alternative for urinary tract infection (UTI) prevention. Backed by a robust portfolio of research, only ellura contains 36 mg PAC (proanthocyanidins) and inhibits bacterial adhesion to the bladder wall, stopping the UTI before it starts. Visit the booth to learn more about preventing recurrent UTIs in postmenopausal women, without the side effects and resistance associated with antibiotics.

Empower Pharmacy—#112
5980 W Sam Houston Parkway, North, Suite 300, Houston, Texas, 77041
832/678-4417  www.empowerpharmacy.com

Empower Pharmacy provides healthcare practitioners and patients with high-quality formulations and outstanding customer service. With state-of-the-art facilities that tout the latest equipment, cleanrooms, environmental controls, and professional staff, we are proud to be a leader in the compounding pharmacy industry.

Feel Good, Inc.—#102
1460 Gemini Boulevard #8, Orlando, Florida, 32827
407/986-3351  www.feelgoodinc.org

Feel Good, Inc. provides portable TENS (transcutaneous electrical nerve stimulation) units offering a wide variety of benefits, including alleviating back, nerve and diabetic pain and migraines.

Church & Dwight/Women’s Health—#107
500 Charles Ewing Boulevard, Ewing, New Jersey, 08628
800/833-9532  www.FemHealthPro.com

Church & Dwight Co. Inc. introduces Women’s Healthcare Solutions (FemHealthPro.com)—a comprehensive portal covering a portfolio of women’s healthcare brands and products such as RepHresh and Replens, which help treat menopause symptoms. Women’s Healthcare Solutions offers valuable resources to help support your product recommendations.
Fidia Pharma USA—#314
100 Campus Drive, Suite 105, Florham Park, New Jersey, 07932
973/507-5120  ■  www.fidiapharma.com

Hyalo Gyn is uniquely formulated allowing it to adhere to the vaginal mucosa enhancing the residence time, thus hydrating and protecting this tissue. The secret to Hyalo Gyn is Hydeal-D, its proprietary hyaluronic acid derivative component. Hyaluronic acid is naturally present in the vaginal lining and other body tissue and is responsible for maintaining hydration in moisture-sensitive environments, giving Hyalo Gyn a long duration of hydration.

Fotona—#316
2307 Springlake Road, Suite 518, Dallas, Texas, 75234
888/550-4113  ■  www.fotona.com

Fotona, celebrating 50 years of laser expertise and leadership, has sold over 25,000 lasers worldwide with distribution in over 60 countries. Fotona produces award winning lasers in dentistry, aesthetics, dermatology, gynecology, and surgery, leading the industry in quality, reliability, ease-of-use, and durability. Fotona is dedicated to its motto, “Choose Perfection.”

Good Clean Love, Inc.—#407
207 West 5th Avenue, Eugene, Oregon, 97401
541/344-4488  ■  www.goodcleanlove.com

Good Clean Love is a B-corporation committed to improving human health through education and providing the highest quality feminine hygiene and personal lubricants. We are committed to love in action, purpose, and relationships. We make safe and cruelty free products.

Hot flashes? Cool!—#409
600 Barnhill Drive, NU338, Indianapolis, Indiana, 46202
317/278-6083  ■  www.hotflashescool.com

A prototype of the “Hot Flashes? Cool!” exhibit will be on display. The exhibit uses the creative arts to educate the public about the scientific facts on menopausal hot flashes. It is based on over 500 scientific studies.

InControl Medical, LLC—#417
3225 Gateway Road #250, Brookfield, Wisconsin, 53045
262/373-0422  ■  www.incontrolmedical.com

InControl Medical, LLC: A pelvic health company focusing on urinary and fecal incontinence. Our range of products are innovatively designed, hold many patents, and are designed and manufactured in the USA.

International Menopause Society—#317
PO Box 751, Truro, Cornwall, TR2 4WD, United Kingdom
44/1726-884211  ■  www.imsoociety.org

The International Menopause Society (IMS) has grown as the only menopause society with a global responsibility to guide women, healthcare providers, and the media through the journey of menopause. The biennial IMS World Congress has been a major instrument in attaining this goal. The scientific content of the Congress will promote and advance communication, education, and research on all aspects of the health of adult women worldwide.

JDS Therapeutics—#301
1 Manhattanville Road, Purchase, New York, 10577
914/701-4554  ■  www.jdstrapeutics.com

JDS Women’s Health is focused on providing evidence-based, natural solutions to help women and the health care professionals they trust. With a nationwide footprint of healthcare representatives consulting with medical professionals every day, JDS Women’s Health is pioneering a new way of commercializing the highest quality supplements clinically targeted to address unmet healthcare needs and maintain total wellbeing and improved quality of life. JDS Women’s Health currently has three products on the market: Revaree for vaginal dryness, Relizen for hot flashes, and Serenol for the emotional symptoms of PMS.

Laclede Inc.—#416
2103 East University Drive, Rancho Dominguez, California, 90220
310/605-4280  ■  www.luvenacare.com

Laclede Inc. is the manufacturer of Luvena vaginal health products, specializing in vaginal dryness. Luvena products containing natural enzymes are free from harmful ingredients such as parabens, hormones, and chlorhexidine.

Lasering USA—#400
220 Porter Drive, Suite 120, San Ramon, California, 94583
866/471-0469  ■  www.laseringusa.com

Lasering USA will feature V-Lase. The V-Lase treatment is based on laser-induced mild, controlled heating of vaginal tissue which stimulates angiogenesis, fibroblast activity and new collagen formation without ablative or excessive thermal damage. Improves lubrication, vaginal tightening and addresses painful intercourse. An alternative to estrogen therapy without side effects. Ask about our rent-to-own program.

Lunada Biomedical—#413
6733 South Sepulveda Boulevard, Suite 115, Los Angeles, California, 90045
310/568-1048  ■  www.amberen.com

Amberen is a non-hormonal, succinate-based dietary supplement that manages menopause symptoms. Amberen’s statistically significant efficacy was demonstrated in three randomized, double-blind, placebo-controlled clinical trials. Amberen contains ammonium succinate, calcium disuccinate, monosodium-L-glutamate, glycine, magnesium disuccinate, zinc difuamrate, and tocopherol acetate.

Materna Medical—#315
2490 Hospital Drive, Suite 310, Mountain View, California, 94040
415/254-1031  ■  www.milimeical.com

Milli is the first expanding vaginal dilator. Patients control the expansion in 1 mm increments, with optional vibration. The wonderful vulva puppet is the most effective tool in women’s sexual education. Hand made in San Francisco.

Med Care Pharmaceuticals—#402
8383 Wilshire Boulevard, Beverly Hills, California, 90211
858/616-7075  ■  www.medcarepharmaceuticals.com/ menopause-skin-disorders

Med Care Pharmaceuticals is a research-based bio pharmaceuticals company that discovers and develops over the counter innovative, affordable, and safe medication and medicated creams for health disorders and illnesses. Our mission is to help midlife women to treat skin disorders that accrue during menopause, and to improve women’s lives around the world.

Medicines360—#108
353 Sacramento Street, San Francisco, California, 94111
415/951-8700  ■  www.medicines360.org

Medicines360 is a global, nonprofit pharmaceutical company with a mission to expand access to medicines for women regardless of their socioeconomic status, insurance coverage, or geographic location.

Ms. Medicine—#303
3908 Miami Road, Cinti, Ohio, 45227
513/769-5511  ■  www.msmedicine.com

Ms. Medicine is an organization committed to raising the standard of health care for women. Providers can affiliate with Ms. Medicine as a provider member or as a concierge practice provider to address the unmet healthcare needs of women in the primary care setting.

Night Bliss, Inc.—#401
1112 G Street, Petaluma, California, 94952
707/762-8411  ■  www.nightbliss.com

Medical quality bed fan with wireless activator button. User initiates pre-timed, full body wind tunnel that instantly relieves hot flash/hot sleep discomfort. Stunningly effective in restoring lost sleep without medication. Perfect vaso-motor symptom relief without health risks or side effects.
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>7:00 am</td>
<td>Registration Desk Open</td>
</tr>
<tr>
<td>8:00 am</td>
<td>Continental Breakfast for Registrants—Sapphire Terrace</td>
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<tr>
<td>9:00 am</td>
<td>Press Room Hours</td>
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<tr>
<td>9:00 am</td>
<td>Abstract Presentations—Sapphire Ballroom H</td>
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<tr>
<td>10:00 am</td>
<td>Concurrent Session 1—Pharmacology and Telomeres: What Does Sex Have To Do With It?</td>
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<tr>
<td>10:30 am</td>
<td>Concurrent Session 2—Oral Presentations—Sapphire Ballroom A-O</td>
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<tr>
<td>11:00 am</td>
<td>Concurrent Session 3—Canadian Syndrome of Menopause and Weight Loss</td>
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<td>11:30 am</td>
<td>Concurrent Session 4—How to Build TherapeuticsMD</td>
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<tr>
<td>12:00 pm</td>
<td>Box Lunches Distributed</td>
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<tr>
<td>12:15 pm</td>
<td>Refreshment Break—Indigo Ballroom</td>
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<tr>
<td>12:45 pm</td>
<td>Pre-Meeting Symposium</td>
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<tr>
<td>2:00 pm</td>
<td>Concurrent Session 5—Canadian Obesity</td>
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<td>Pre-Meeting Symposium</td>
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<td>4:00 pm</td>
<td>Concurrent Session 6—Breast Health</td>
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<td>Viewing Hours 7:45</td>
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<td>4:30 pm</td>
<td>Concurrent Session 7—Clinical Practice—Sapphire Terrace</td>
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<td>5:15 pm</td>
<td>Refreshment Break—Indigo Ballroom</td>
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<td>5:30 pm</td>
<td>Concurrent Session 8—Poster Session and Wine and Cheese</td>
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<tr>
<td>6:00 pm</td>
<td>In-Hall Reception 6:00</td>
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<tr>
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<td>President’s Reception—Indigo 202A</td>
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<tr>
<td>7:00 pm</td>
<td>Recognition Reception—Aqua</td>
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<tr>
<td>8:00 pm</td>
<td>NAMS Board Meeting</td>
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<td>NAMS Education Committee Meeting—Indigo 202A</td>
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