Ching-Yi Lin
(P1)

CURRICULUM VITAE

Ching-Yi Lin

Ministry of Health and Welfare, Deputy Minister, Taiwan

Professional Position

2022.01-2024.01	Legislator, Legislative Yuan, Taiwan.
2020.08-2022.01	Director, International Medical Service Center of Chung Shan Medical University Hospital
2020.06-2021.12	Ambassador at large, Ministry of Foreign Affair, Taiwan
2016.04-	Member, Human Rights Committee, Liberal International
2010-2014	Gynecologist, Director, mobile medical mission, Taiwan Health Corps (north India, Nepal, Kyrgyz)
2013.01-2013.02	Coordinator, Taiwan Medical Mission in Tuvalu, implementing a nationwide cervical cancer screening program and serving as a resident staff member for the Taiwan Medical Mission in Tuvalu.
2012.06-2015.07	Chief Executive Officer, International Medical Service Center of Chung Shan Medical University Hospital
2012.08-2014.07	Director, Obstetrics department of Chung Shan Medical University Hospital
2012.12-2016.12	Vice Secretary-General, Taiwan Society of Perinatology
2008.05-2011.05	Gynecologist, Taiwan ICDF’ s mobile medical mission (Tuvalu, north India)
2007.04-2011.3	Member, Committee of Women's Rights Promotion, Executive Yuan

Education

2009.09-2020.06	Doctor of Philosophy of Chung Shan Medical University, Institute of Medicine
2003.09-2005.06	Master of National Taiwan University, Institute of Molecular Medicine
1999.09-2001.06	Master of Chung Shan Medical University, Institute of Medicine
1992.09-1999.06	Doctor of Medicine of Chung Shan Medical College

The Cross-Generational Challenge in Public Health Policy

Ching-Yi Lin,

Deputy Minister, Ministry of Health and Welfare, Taiwan

Taiwan faces critical health challenges shaped by an aging population, low birth rates, and the sustainability of National Health Insurance (NHI) system. These issues demand innovative solutions to balance the accessibility of healthcare across generations.

The NHI, rising medical costs and a shrinking working-age population that may potentially cause the loss of income is a wake-up call for the reforms (e.g. co-payment mechanisms) which are essential to ensure its financial stability. Meanwhile, the super-aged society increases demand for long-term care, home-based medical care and chronic disease management. Expanding community-based care and leveraging technologies like telemedicine are vital steps.

Low birth rates exacerbate these issues, facing the challenges of the future labor force and social support systems are needed. Thus, intergenerational equity must also be prioritized to ensure the health coverage of all generations and just allocation of health resources.

Kiyoko Kato
(P2)

CURRICULUM VITAE

Kiyoko Kato, M. D., Ph. D

Current Position

Professor,
Department of Obstetrics and Gynecology, Graduate School of Medical Science,
Kyushu University, Japan

Other Position

2023~present	Chairperson of the Executive Board of Japan Society of Obstetrics and Gynecology (JSOG)
2015~2023	Editor-in Chief, Journal of Obstetrics and Gynaecology (JOGR)
2018~2023	Vice President of the Japan Society for Menopause and Women’ s Health (JMWH)

Eudcation

1986.3	M.D. graduate from Medical School of Medicine, Kyushu University (Japan)
1995.1	Ph.D. Medical School of Medicine, Kyushu University (Japan)

Positions

1986-1989	Medical Doctor of the department of Obstetrics and Gynecology, Kyushu University
1989-1992	Research fellow of La Jolla Cancer Research Foundation (USA)
1992-2009	Medical doctor in Medical Insitute of Bioregulation, Kyushu University
1992-1998	Assistant Professor
1998-2009	Associate Professor (lectuler)
2009 - 2012	Associate Professor, Department of Obstetrics and Gynecology, Faculty of Medicine, Juntendo University
2012-present	Professor, Department of Obstetrics and Gynecology, Graduate School of Medical Sciences, Kyushu University (Japan)

Research Topics

Gynecologic Oncology
Cancer stem cell
Signal transduction via Ras-Estrogen pathway
Molecular cancer biology

Development of novel therapies for treatment-resistant endometrial cancer

Kiyoko Kato

Department of Obstetrics and Gynecology, Kyushu University

The incidence of endometrial cancer has tripled in the last 15 years in Japan and is one of the most urgent gynecological cancers to be addressed. The prognosis is defined by stage and histology, with poorly differentiated carcinoma, serous carcinoma, and carcinosarcoma, especially in advanced stages, being refractory to treatment. Immune checkpoint inhibitors and molecularly targeted drugs have recently been applied clinically, but the prognosis for recurrent and advanced cancer is poor.

The presence of cancer stem cells in the cancer tissue is thought to be a factor in the resistance to treatment. Stem cells are defined as cells that have the capacity for self-renewal and multilineage differentiation. Recently, it has been reported that cancer stem cells have plasticity and diversity and interact with the surrounding cancer microenvironment, multifaceted therapeutic strategies to overcome each of these are needed.

We have analyzed endometrial cancer stem cells and reported the importance of epithelial-mesenchymal transition (EMT) and SPARC-fibronectin secreted by cancer stem cells in the acquisition of invasive and metastatic potential and the surrounding microenvironment.

In addition, YBX2 gene, which has been reported to be expressed in embryonic cells and cancer cells, was successfully introduced into cancer cells and de-differentiated to induce undifferentiated cancer stem cells, indicating that YBX2 is involved in plasticity. Using this approach, they also found that DUSP6, an ERK phosphorylation inhibitor, is important for cancer stem cell trait maintenance, and CT45A5, a cancer testis antigen, is important for treatment resistance and cancer stem cell plasticity.

DUSP6 inhibits ERK phosphorylation but enhances AKT phosphorylation, which may be related to a pathway mediated by RAS, one of the driver genes of uterine cancer.

CT45A5 is also suggested to be involved in immune function as a cancer testis antigen.

In this lecture, we will report on these our results to date and introduce the development of new therapies targeting DUSP6 and CT45A5.

Young-Tae Kim
(P3)

CURRICULUM VITAE

Young Tae KIM, M.D., Ph, D.

Affiliation and Address
Professor,
Division of Gynecologic Oncology, Department of Obstetrics and Gynecology,
Yonsei University College of Medicine
CPO Box 8044, Seoul 120-752, Korea
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Personal History

Mar. 1982- Feb. 1986	M.D. degree from Yonsei University College of Medicine, Seoul, Korea.
Jul. 1997- Sep. 1997	Visiting fellow, University of Copenhagen, Copenhagen, Denmark.
Sep. 2000-Oct. 2001	Visiting scholar, University of Arizona, Tucson, Arizona, U.S.A.
Mar. 2007- Present	Professor & Director of Obstetrics and Gynecology, Yonsei University College of Medicine, Seoul, Korea.
Oct. 2020- Present	President of Korean Society of Gynecologic Endoscopy, President of Korean Society of Gynecologic Oncology

Top Publications

- **Perioperative Outcomes of 3-Arm Versus 4-Arm Robotic Radical Hysterectomy in Patients with Cervical Cancer.**
  Yim GW, Eoh KJ, Chung YS, Kim SW, Kim S, Nam EJ, Lee JY, Kim YT. (Corresponding author) J Minim Invasive Gynecol. 2018: 25(5):823-831. PMID: 29287717 IF: 3.061
- **Upregulation of homeobox gene is correlated with poor survival outcomes in cervical cancer**
  Eoh KJ, Chung YS, Kim SW, Kim S, Nam EJ, Lee JY, Kim YT (Corresponding author) Oncotarget. 2017; 8:84396-84402. PMID: 29137433 IF: 5.168
- **Robot-assisted staging using three robotic arms for endometrial cancer: Comparison to laparoscopy and laparotomy at a single institution**
  Jung YW, Kim YT. (Corresponding author)
  Journal of Surgical Oncology. 2010:101;116-121 IF: 2.158
- **Robotic radical hysterectomy with pelvic lymphadenectomy for cervical carcinoma: A pilot study**
  Kim YT, Kim SW, Hyung WJ, Lee SJ, Nam EJ, Lee WJ.
  Gynecol Oncol. 108(1):312-316. (2008). (Awarded by Chien-Tien Hsu Fellowship 2011)

And **other 140 SCI (E) articles.**

Surgical and oncologic outcomes in endometrial cancer: Population-based cohort study comparing robotic, laparoscopic, and open surgery

Young Tae Kim, MD., Ph.D.
Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Yonsei University College of Medicine, Seoul, Korea

Endometrial carcinoma is the most common female cancer of reproductive tract in developed countries. Surgical intervention is the first step in the management of this malignancy, and the outcomes of surgery can guide the choice of postoperative adjuvant treatment. Various surgical methods including robotic surgery (RS), laparoscopic surgery (LS), and open surgery (OS) have been introduced as option to treat endometrial cancer. Clinical impact of surgical techniques of minimally invasive surgery (MIS) including LS, 3-arm RS, and 4-arm RS has also been studied recently.

Compared to the OS, the LS provides equivalent oncologic outcomes with reduced surgical and postoperative morbidity. However, the steep learning curve associated with the LS restricts its widespread application as a surgical treatment for endometrial cancer. The introduction of robotic surgery (RS) with a relatively shallower learning curve has encouraged more gynecologic oncologists to employ MIS over the OS when treating endometrial cancer, and this has resulted in approximately 80% of patients undergoing hysterectomy for cancer by the RS in the United States.

Therefore, in this presentation, we will discuss studies to compare the perioperative and oncologic outcomes of different surgical approaches with the aim of evaluating the advantages of the RS in the staging of endometrial cancer.

Frank Louwen
(P4)

CURRICULUM VITAE

Frank Louwen, M.D., Ph, D.
2011 Honorary Doctorate (Dr. h.c.) of the Russian Academy of Sciences

Professor & Head Division Obstetrics and Fetomaternal Medicine
University of Frankfurt/ Main & University Hospital
60590 Frankfurt/Main, Germany

Positions

1994-2002	**University and University Hospital Muenster, Germany**
1989-1994	Residency in Gynecology and obstetrics, Medical School, Thesis "Diagnostic criteria of HELLP-Syndrome" summa cum laude
1996	Specialist Gynecology and Obstetrics, Fellowship in Special Obstetrics and Perinatology
1997	Physician and Head Division of Obstetrics, Prenatal Medicine and Reproductive Medicine
1998	Deputy Director Department of Gynecology and Obstetrics.
2002-	**University Hospital Frankfurt Goethe-University** Full Professor and Director, Department of Obstetrics and Prenatal Medicine, Medical School and University Hospital, Goethe University Frankfurt, Germany

Academical, social and other Functions

2023/11-	President, European Board and College of Obstetrics and Gynaecology EBCOG
2023/10-	President elect, International Federation of Gynecology and Obstetrics FIGO
	Past and Founding President: German-Israel Society for Gynecology and Obstetrics
	Member board quality management of the government of the Federal Republic of Germany
	President, German Women´s Health Foundation

Awards/Honors

2019	Fellow (ad eundeum), RCOG, UK
2022	Honorary membership AOG, Ukraine
2022	Honorary membership SOG, Israel
2022	Active Fellow, AGOS, USA
2023	Fellow (hon) FOGSI, India
2023	Fellow (hon) RCPI, Ireland
2023	Fellow (hon) MOGSI, India
2024	Fellow (hon) CNGOF, France

Future of Fetomaternal Medicine

Frank Louwen
President Elect, FIGO

The future of maternofetal medicine will be determined by advances in technology, molecular and cell biology and digital developments. Another factor is the impact of increasing obesity and the growing number of patients with cesarean section status. Obesity and malnutrition will influence the proportion of foetal malformations, pre-eclampsia, glucose metabolism disorders, transmission, induction of labour and, through intrauterine imprinting and epigenetics, complications in childhood and subsequent generations. in pregnancy monitoring, the influence of AI on the evaluation of laboratory diagnostics, particularly in the RNA spectrum, foetal sonography and clinical study development, will be relevant.

Further education and training will be highly relevant in order to reduce complication rates of vaginal deliveries, make inductions more effective and provide safe concepts in diagnosis and treatment for placental disorders.

Ranee Thakar
(P5)

CURRICULUM VITAE

Ranee Thakar, MD

Ranee Thakar MD FRCOG became President of the RCOG on 9 December 2022. She is a Consultant Obstetrician and Urogynaecologist at Croydon University Hospital and an Honorary Senior Lecturer at St George's University of London. In recognition of her leadership, she was awarded the President's Award for Outstanding Leadership by the British Association of Physicians of Indian Origin in 2023. She is the past President of the International Urogynecological Association and was awarded the Distinguished Service Award in 2022. She has received several honorary fellowships from the Indian College of Obstetricians and Gynaecologists, the Royal College of Physicians of Ireland, the Bangladesh College of Physicians and Surgeons and the Japanese College of Obstetrics and Gynaecology.

Ranee has a long-standing commitment to the RCOG, having fulfilled a number of important roles including Secretary of the British Society of Urogynaecology, honorary director of conferences, and Council representative for South Asia.

Most recently, Ranee was Senior Vice President for Global Health, from 2019-2022. Under her leadership, the RCOG global health team secured funding to implement the Essential Gynaecology Skills programme in Bangladesh and she also led the Making Abortion Safe programme, which promotes safe abortion and contraception in five sub-Saharan countries. Maintaining these programmes and expanding the RCOG's global initiatives, to improve the health of women and girls globally is a priority for Ranee

Ranee has a proven track record for supporting colleagues and has made ensuring racial equity within the specialty one of her Presidential priorities. She has led to the delivery of several essential initiatives including an e-learning module on tackling racism, a tool kit on differential attainment and a coaching programme to develop champions who will provide continuing support to the RCOG membership. Ranee continues to lead the RCOG's work to tackle inequalities across women's health.

Ranee has an impressive academic profile with over 200 publications and has made a significant contribution to improving perineal trauma outcomes by training obstetricians and midwives to provide safer maternity care for women globally. She was the clinical lead of the national obstetric anal sphincter injuries (OASI) Care Bundle Project. Regionally, Ranee leads the Perinatal Pelvic Health Project and Urogynaecology network for South-West London, developing multi-disciplinary collaboration with urologists, midwives, physiotherapists, nurses and GPs.

Management of Obstetric Anal Sphincter Injuries (OASIS)

Miss Ranee Thakar, MD, FRCOG,
President of the Royal College of Obstetricians and Gynaecologists, Consultant Urogynaecologist, Croydon University Hospital, Croydon UK

Perineal trauma is a highly prevalent condition. The short- and long-term morbidity associated with perineal repair can lead to major physical, psychological, and social problems. Although it would be impossible to completely prevent perineal trauma, it could be minimised. Proven strategies include the practice of perineal massage in the antenatal period, the use of warm perineal compresses in the second stage of labour, restrictive use of episiotomy, preference for a correctly performed mediolateral over a midline episiotomy, and the use of a vacuum extractor instead of forceps for instrumental delivery. Recent years have witnessed a growing interest in the technique of manual perineal protection as a means to reduce anal sphincter trauma. It is possible that one intervention on its own may not be as beneficial as a combination of interventions, and therefore, "care bundles" have been suggested.

To standardise the classification of perineal trauma, the Royal College of Obstetricians and Gynaecologists (RCOG) has adopted a classification that is also recommended by the International Consultation on Incontinence. Prior to repair correct diagnosis of the tear is vitally important. To enable accurate diagnosis a systematic vaginal and rectal examination should be carried out on all women who have a vaginal delivery. The external anal sphincter (EAS) (striated muscle) is a distinct red coloured muscle while the internal anal sphincter (IAS) (smooth muscle) is pale in colour. Repair is carried out according to the grade of tear. The sphincter muscles are repaired with 3-0 polydioxanone (PDS) dyed sutures. When the internal anal sphincter is torn, it should be repaired using an end-to-end repair with interrupted or preferably mattress 3-0 PDS sutures. When the EAS is only partially torn (grade 3a and some 3b), then an end-to-end repair should be performed using two or three mattress sutures instead of haemostatic figure-of-eight sutures. If there is a full-thickness EAS tear (some 3b, 3c, or fourth-degree), either an overlapping or end-to-end method can be used with an equivalent outcome. After the sphincter has been repaired, the perineal muscles should be sutured in a systematic manner to reconstruct the perineal body.

A rectovaginal examination should confirm adequate repair, ensure no additional injuries have been missed, and ensure that all packs or swabs have been removed. Intravenous broad-spectrum antibiotics such as cefuroxime 1.5 g plus metronidazole 500 mg or co-amoxiclav 1.2 g should be commenced intra-operatively and continued orally for at least 3 days. Severe perineal discomfort, particularly following instrumental delivery, is a known cause of urinary retention and is more likely after regional anaesthesia, as it can take up to 12 hours before the return of bladder sensation. A Foley catheter should be inserted for about 24 hours. Detailed notes should be made of the findings and the repair. As the passage of a large bolus of hard stool may disrupt the repair, a stool softener (lactulose 15 mL bd) is prescribed for up to 10 days postoperatively.

Steven J. Fleischman
(P6)

CURRICULUM VITAE

Steven J. Fleischman, MD, MBA, FACOG
Associate Chief, Department of Obstetrics & Gynecology, Yale New Haven Hospital
Associate Clinical Professor, Yale University Department of Obstetrics, Gynecology and Reproductive Sciences

ORGANIZATIONS AND ACTIVITIES

1997-	American College of Obstetricians and Gynecologists
2024-	President Elect
2022-2024	National Treasurer
2020-Present	Finance Committee Member
2018-2021	Executive Board Member
2022-Present	Executive Board Member
2018-2021	Chair, District I
2021-2024	Member, MFM Division Search Committee
2021-2022	Member, Residency Program Director Search Committee
2017-2018	Member, Reproductive Endocrinology and Infertility Division Chief Search,
2005-2006	President, New Haven County Medical Association
2000-	New Haven Obstetrical Society
2000-	American College of Physician Executives
2007-2008	President, Ob-Gyns for Women's Health
2019-2020	Chair, Woodbridge Board of Education
2016-2019	Chair, Jewish Foundation of Greater New Haven
2020-2022	President, Jewish Federation of Greater New Haven

AWARDS/HONORS

2024	Jewish Federation President's Award
2020	ACOG District I Mentor Award
2006	Business New Haven "Top Forty under Forty"
2000	Resident Research Award

Osteoporosis: Prevention, Screening, Diagnosis and Management

Steven Fleischman

Osteoporosis, characterized by reduced bone mineral density and structural deterioration, leads to increased bone fragility and a higher risk of fractures, particularly in the spine, hip, and wrist. Often referred to as the "silent disease," it remains undetected until a fracture occurs, with postmenopausal women being particularly at risk. This presentation highlights the prevalence, risk factors, and strategies for prevention, screening, diagnosis, and management of osteoporosis. Screening through DXA scans and risk assessment tools like FRAX are essential for early diagnosis and fracture prevention. Adequate calcium and vitamin D intake, regular physical activity, and pharmacotherapy, including bisphosphonates and anabolic agents, are key components in managing the disease. Public health initiatives, education, and policy support are critical to improving awareness and access to care. Effective interventions can significantly reduce fracture risk and improve the quality of life for those at risk.