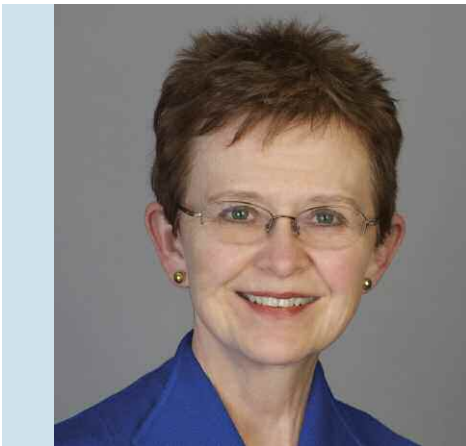


# From the EDITOR



**Margery L.S. Gass, MD, NCMP**, an internationally recognized leader in the field of menopause, Dr. Gass has been a member of the Society since 1993 and became Executive Director and Editor-in-Chief of *Menopause Management* in 2010. She is a Consultant at the Cleveland Clinic Center for Specialized Women's Health in Cleveland, Ohio. Having served as the NAMS 2002-2003 President, she was most recently Professor of Clinical Obstetrics and Gynecology at the University of Cincinnati College of Medicine in Cincinnati, Ohio, where she had been on the faculty since 1984. She was also Director of the University Hospital Menopause and Osteoporosis Center in Cincinnati, a position she had held since 1990. Dr. Gass has been an investigator on more than a dozen research projects, including serving as a principal investigator for the Women's Health Initiative, and has published and presented on a wide range of topics related to menopause, including osteoporosis, sexual dysfunction and hormone therapy. She has authored numerous articles and book chapters on menopause-related topics, and has co-edited a book on managing perimenopause. She is editor of *Menopause: The Journal of The North American Menopause Society*.

## An Open Letter to Wulf Utian

Dear Wulf,

I have been an admirer of yours since my first involvement in The North American Menopause Society many years ago. What an outstanding career you have had as a visionary and an activist for women's health! At a time when menopause was discussed only briefly in doctors' offices, and perhaps even more rarely at home, you saw the importance of bringing to public attention the health and quality of life issues that face women at menopause. Through your vision and your efforts more than 20 years ago, The North American Menopause Society, fondly called "NAMS," was founded. Much has changed since then.

Under your leadership, NAMS has played a major role in bringing menopause into the spotlight. Your concept of a multidisciplinary society led to a diverse membership of gynecologists, internists, endocrinologists, pharmacists, nurses, nurse practitioners, sex therapists, sociologists, anthropologists, basic science researchers and others. Attendees at the annual meetings come not only from North America, but from around the world. This diversity of professions and cultural heritage promotes lively discussion at meetings and stimulates all participants to be more open-minded and accepting of new ideas. Our annual meeting has always been the highlight of the year for me. I look forward to the new science and to the camaraderie of other professionals interested in the field of menopause. Thank you for your inclusive vision of the Society.

Another of your major accomplishments has been the establishment of our journal *Menopause*. Dr. Isaac Schiff has been the outstanding Editor-in-Chief of the journal since its inception. Together, you and he have chronicled a large body of research in the field of

menopause and have catapulted *Menopause* into the top ten of obstetrics and gynecology journals, according to the *Journal Citation Reports* from Thomson Reuters.

It has been a special privilege for me to work with you in the NAMS Central Office during the transition months. You have attracted an outstanding group of co-workers over the years: Ms. Carolyn Develen, Administrative Director for 20 years; Ms. Pamela Boggs, Director of Development and Education for 15 years; Ms. Elizabeth Slogar, Operations Manager for 10 years and, more recently, Ms. Sharon Summerville, Ms. Kathy Wisch, Ms. Mary Nance, Ms. Angela Bilancini, Ms. Lynne Pohve and Ms. Harriet Wadsworth. I now know firsthand that your excellent administrative skills have attracted a highly competent and productive staff.

Since moving to Cleveland, I have also come to appreciate the large and loyal group of patients you had in your medical practice. Patients and professionals alike have long recognized you as the menopause expert. However, that was not your only field of expertise. Your early work in the field of infertility and your involvement with one of the first in vitro successes demonstrate that you were a pioneer in other fields of medicine as well. Your in vitro site in Cleveland was one of only four such sites in the country, and you were the only one who was willing to undertake the first surrogate pregnancy—after much deliberation and consultation about the ethical issues. You are credited with achieving the first surrogate pregnancy in 1985 through your work with the LIFE program at the Mount Sinai Medical Center, an affiliate of Case Western University. You also introduced microtubal surgery, sterilization reversal and laser surgery in the Cleveland area.

I have also learned that NAMS was not the only organization you founded. Years ago you saw a patient who had delivered a severely handicapped child, and witnessed the challenges such families face. You perceived the need for better support for these families. That perception prompted you to organize the South Africa Inherited Disorders Association, which

flourishes to this day. In 1978 you co-founded the International Menopause Society and, further, in 1994 you founded the Council of Affiliated Menopause Societies.

Early in your career in South Africa you had many other interests. I was intrigued by the paper you wrote in 1967, analyzing the causes of death in 28 women who had died after an illegal abortion. Septic shock was most often the final diagnosis, and *Clostridium* was a fre-

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quent organism in the culture report. In this instance, your inquiry dealt with a topic that is still of concern today. The November 2009 issue of the *American Journal of Obstetrics and Gynecology* contained an article about women dying from *Clostridia* sepsis following various gynecologic procedures.

In the 1960s you were one of the first to advocate for having pediatricians attend the delivery of potentially stressed newborns so they could do the resuscitation instead of the obstetrician. In the 1970s you wrote articles about adolescent pregnancy outcomes, alerting obstetricians to the increased risk of preeclampsia in younger adolescents. During these early years your research focused on medical aspects of infertility, including the investigation of bromocriptine, LH and FSH.

Others, like me, may have wondered about your Doctor of Science degree in Medicine

from the University of Cape Town. I thought it was particularly interesting that one must be invited by the University of Cape Town Council to undertake this degree; only those who have made a seminal impact on world medicine are invited. Candidates then have to collate, describe and summarize their entire lifetime contribution. This degree has no equivalent in the United States. Fewer than 10 such degrees had been awarded over the past 100 years when you received yours in 2007. What a tremendous accomplishment!

*“It is obvious that the tradeoff between risks and benefits or risk:benefit ratio is finely balanced. This leads to difficulty in decision-making as to whether estrogen should be administered or not.”* – Wulf Utian, MD, PhD, Dsc (Med)

I did not realize until recently that your move to the United States was, in part, prompted by the risk of potential danger to you and your family because of your views against apartheid. Fortunately, the climate has changed and you can feel comfortable in your homeland again.

Throughout your career you have loved science, sought the truth and applied it to clinical practice. In 1980 you published *Menopause in Modern Perspective, a Guide to Clinical Practice*, which I bought after completing my residency in 1985. Your comments in that book about the risks and benefits of hormone therapy sound very contemporary:

“It is obvious that the tradeoff between risks and benefits or risk:benefit ratio is finely balanced. This leads to difficulty in

decision-making as to whether estrogen should be administered or not. There are two methods of addressing this problem. The first is to apply what may be termed the *minimax concept*. That is, aim to minimize the risks and maximize the benefits. This necessitates giving due care to factors such as detailed clinical evaluation so that patients with risk factors do not receive therapy, specific selection of drug, therapeutic regime[n], added progesterone, detailed follow up, and so forth. The second approach is to attempt a precise measurement of risk and benefit.”

Your conclusions in 1980 were prophetic:

1. Short-term estrogen therapy for specific menopausal symptoms is fully acceptable.
2. Long-term hormone therapy is justified in young women undergoing premature menopause, provided the due precautions are observed.
3. Long-term therapy cannot yet be recommended for all women after menopause.
4. In particular, the drug should be administered cyclically or intermittently, and in the lowest effective dose.

Thank you, Wulf, for all you have done for women’s health. You are an inspiration to all who follow in your footsteps. It is with a mixture of humility and great enthusiasm that I will carry the NAMS banner that you so capably raised and moved forward over the last 2 decades. In the spirit of your example, the members of NAMS, the Board of Trustees, the Foundation, the Central Office staff and I will recommit to our mission of promoting the health and quality of life of women through an understanding of the effects of menopause.

Best wishes and much happiness in your retirement,



Margery Gass, MD, NCMP

*Executive Director*

*The North American Menopause Society*