MIGS 26

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Syllabus

Panel 557

Standing on the Shoulders of Giants: A Conversation with the Pioneers of MIGS

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Panel-557: Standing on the Shoulders of Giants: A Conversation with the Pioneers of MIGS

Chair: Assia Stepanian
Panelists: Harry Reich, Leila Adamyan, Liselotte Mettler, Javier Magrina, Camran Nezhat, Farr Nezhat, Ceana Nezhat

Course Description

The evolution of minimally invasive gynecologic surgery was shaped by visionary surgeons who challenged established practices, introduced transformative technologies, and persevered through skepticism, obstacles, and resistance. Yet MIGS represented far more than a change in surgical access or the introduction of new operative techniques. It marked a fundamental shift in the philosophy of gynecologic surgery and women's healthcare, redefining not only how surgery is performed, but what surgery should ultimately achieve.

In this engaging fireside chat, internationally recognized pioneers— Drs. Leila Adamyan, Harry Reich, Javier Magrina, Lilo Mettler, Camran Nezhat (Farr Nezhat, and Ceana Nezhat)—will reflect on the origins and evolution of minimally invasive gynecologic surgery. Moderated by Dr. Assia Stepanian, founder of SurgeryU, the session will motivate and guide current and emerging MIGS surgeons by exploring how these leaders began their careers, the innovations and surgical advances they introduced, the barriers they encountered, and the personal qualities that helped them achieve meaningful and lasting change.

Before sharing their vision of surgeons' experiences in the future, they will walk us through their work that transformed the entire logic of surgical decision-making: how gynecologic disease is understood and classified, how indications are defined, how the appropriate extent of surgery is determined, how surgical strategy and treatment tactics are individualized, how outcomes are predicted, and how results can be standardized, measured, and critically evaluated, turning surgery from an isolated technical act into part of a structured, continuously evolving, evidence-based, and scientifically and personally enhanced continuum of care.

The discussion will highlight landmark contributions, including the expansion of minimally invasive gynecologic surgery throughout various regions of the world; the development and adoption of robotic gynecologic surgery; the international dissemination of operative laparoscopy through surgical education, scholarship, and mentorship; the advancement of video laparoscopy and endometriosis surgery; and the performance of the world's first laparoscopic hysterectomy. Together, these advances redefined the very criteria of surgical success; they enhanced the biological, functional, reproductive, psychological, and social impact of surgery and by implementing new models of surgical education, mentorship, live surgical teaching, international collaboration, and real-time dissemination of operative experience across institutions, countries, and generations.

MIGS' close relationship with Fundamental Science deepened the understanding of disease mechanisms, refined diagnoses, and provided the basis for increasingly precise and individualized surgical decisions, ensuring long-lasting surgical results, preventing complications of surgery, suppressing the development of disease and maximizing organ/tissue function. In this way, advances in MIGS opened "new horizons" of gynecologic surgery, moving the field toward a more predictive, preventive, personalized, and measurable model.

Rather than delivering individual podium presentations, the pioneers will participate in a candid and interactive discussion that encourages ideas through storytelling, reflection, and dialogue among the speakers. Their experiences will provide historical context in addressing issues that remain highly

relevant to the current and emerging generation of surgeons: introducing innovation responsibly, navigating setbacks, developing mentorship networks, maintaining professional courage, and balancing technological progress with sound surgical judgment.

At its core, the legacy is not defined by a single technique, device, or surgical access, but by a philosophy: rigorous surgical judgment, scientific evidence, patient safety, preservation of function and reproductive potential, responsible innovation, measurable outcomes, education, mentorship, and the transformation of healthcare delivery--- ultimately advancing both the quality of healthcare and the quality of women's lives far beyond the operating room. The session will conclude with the panelists' perspectives on the future of MIGS, the principles that should be preserved as the field continues to advance, and the responsibilities of the next generation in carrying this legacy forward.

- **Dr. Leila Adamyan:** Dr. Adamyan's leadership in advancing minimally invasive gynecologic surgery throughout Russia and internationally has been grounded in the integration of fundamental research, clinical science, and surgical innovation. Her pioneering work in endometriosis, adenomyosis, congenital anomalies, and adhesions included the development of original classifications designed not simply to describe disease, but to guide diagnosis, determine the appropriate extent of surgery, and define individualized surgical approaches and treatment strategies. Building on this framework, she developed original operative techniques and patented surgical approaches (more than 50), with particular emphasis on organ- and function-preserving surgery, preservation of reproductive potential, prevention of adverse postoperative consequences, and improvement of long-term clinical and reproductive outcomes and quality of life. Beyond the operating room, she has led 60 international congresses incorporating international surgical courses and live online transmissions from operating theaters. These congresses brought together leading surgeons from around the world, including founders, pioneers, and key representatives of major international schools of minimally invasive gynecologic surgery, creating a unique platform for direct exchange between surgical traditions, real-time demonstration of advanced techniques, mentorship, and training of new generations of surgeons. Through this sustained international educational network, she has played a major role in the global dissemination and evolution of MIGS.
- **Dr. Harry Reich:** Dr. Reich's performance of the world's first laparoscopic hysterectomy in 1988 became one of the defining milestones in the development of advanced gynecologic laparoscopy. He was also among the early pioneers of laparoscopic excision of endometriosis, introducing laparoscopic treatment of endometriosis as early as 1978, and later expanding minimally invasive surgery to complex deep pelvic disease. His contributions included laparoscopic excision of cul-de-sac endometriosis with rectal resection and the introduction of laparoscopic pelvic lymphadenectomy for gynecologic cancer, helping extend laparoscopy from diagnostic and relatively limited procedures to major benign, oncologic, and complex pelvic surgery. His surgical philosophy emphasized excision of disease and conservative, organ-preserving surgery whenever possible, particularly in patients with endometriosis, contributing substantially to the foundations of modern advanced laparoscopic gynecologic surgery.
- **Dr. Camran Nezhat:** Dr. Nezhat's pioneering development of video-assisted operative laparoscopy and the concept of operating from the video monitor helped transform laparoscopy from a primarily diagnostic procedure into a platform for advanced minimally invasive surgery. He was an early adopter of video laparoscopy and laser technology for endometriosis, infertility, ovarian pathology, and complex pelvic disease, and helped advance minimally invasive approaches to multi-organ surgery involving the bowel and urinary tract. His contributions to gynecologic oncology, instrumentation, surgical techniques, education, and publications helped establish the foundations of modern operative laparoscopy.

- **Dr. Javier Magrina:** Dr. Magrina's contributions span advanced laparoscopy, gynecologic oncology, and the early development and clinical adoption of robotic surgery in gynecology. Long before robotic platforms became widely established, he advanced laparoscopic approaches for selected gynecologic malignancies and complex pelvic surgery, helping define the role—and the limitations—of minimally invasive techniques in oncologic practice. Beginning in 2003, he was among the early gynecologic surgeons to systematically apply robotic technology, first using the Zeus system and subsequently the da Vinci platform, and contributed to the development of robotic techniques for both benign and malignant gynecologic conditions. His work included robotic approaches to endometrial and cervical cancer, complex hysterectomy and pelvic dissection, as well as advanced endometriosis and other challenging pelvic pathology, and contributed to the evaluation of feasibility, perioperative outcomes, complications, and appropriate indications for robotic surgery. Through extensive surgical practice, research, comparative evaluation of laparoscopic and robotic techniques, and the training of other surgeons, he played an important role in moving robotic gynecologic surgery from an emerging technology toward an established component of advanced minimally invasive gynecologic and oncologic surgery.
- **Dr. Lilo Mettler:** Dr. Mettler's contributions span operative laparoscopy, hysteroscopy, reproductive medicine, endometriosis, and minimally invasive gynecologic surgery. Working alongside Kurt Semm at the University of Kiel, she played a central role in the development of the Kiel School of Gynecological Endoscopy and in translating the rapidly expanding possibilities of operative laparoscopy into structured surgical practice, teaching, and international training. She contributed extensively to laparoscopic and hysteroscopic surgery, including hysterectomy, myomectomy, tubal and fertility-preserving surgery, endometriosis, and the management of pelvic adhesions, while also integrating minimally invasive surgery with her longstanding work in reproductive medicine. As an internationally recognized surgeon and educator in her own right, she helped establish and lead international laparoscopy courses in Kiel and played a major role in the global dissemination of operative endoscopy through hands-on training, publications, surgical atlases and manuals, mentorship, and leadership in international societies of gynecologic endoscopy and human reproduction. Through this combination of surgery, reproductive medicine, scholarship, and international education, she became one of the key figures connecting the pioneering era of Kurt Semm with subsequent generations of minimally invasive gynecologic surgeons.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe the landmark innovations that transformed modern gynecologic surgery; 2) Apply enduring surgical principles developed by pioneering surgeons to contemporary practice; and 3) Identify future opportunities for innovation in minimally invasive gynecologic surgery and reproductive surgery.

Course Outline

3:15 pm	Welcome, Introductions	A. Stepanian
3:20 pm	Where It Began	All faculty
3:28 pm	Innovation and Contribution	All faculty
3:36 pm	Resistance, Obstacles, and Persistence	All faculty
3:44 pm	Lessons for the Current Generation	All faculty
3:52 pm	The Evolution and Future of MIGS	All faculty
4:00 pm	Closing	All faculty
4:08 pm	Discussion Questions & Answers	All faculty
4:15 pm	Adjourn	

ADA Statement: In accordance with the Americans with Disabilities Act (ADA), please contact CMEsupport@aagl.org should you require any special assistance.

Disclosure of Relevant Financial Relationships

As an ACCME-accredited provider, AAGL is responsible for ensuring that accredited education is fair, balanced, free of commercial bias, and supports safe, effective patient care. AAGL maintains control over all aspects of educational planning, content, faculty selection, delivery, and evaluation.

All individuals in a position to control educational content are required to disclose financial relationships with ACCME-defined ineligible companies within the past 24 months. AAGL identifies and mitigates all relevant financial relationships before individuals assume their respective roles. Educational content is also subject to independent peer review by individuals without relevant financial relationships.

Disclosure information and acknowledgment of any commercial support are provided to learners before the activity to promote transparency and maintain the independence and integrity of the education.

Asterisk (*) denotes no financial relationships with ACCME-defined ineligible companies to disclose.

PLANNER DISCLOSURES

The following members of AAGL have been involved in the educational planning and/or review of this course (listed in alphabetical order by last name).

PROFESSIONAL EDUCATION COMMITTEE

Harold Wu, MD* - Chairman
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Linda Michels, AAGL Executive Director*
Linda Bell, AAGL Admin Support*
Nancy Williams, COO, CME Consultants*

SCIENTIFIC PROGRAM COMMITTEE

Nash Moawad, MD, MS, Chairman – Consultant (ended 12/2024): Medtronic, Womed, Integra Life Sciences
Amani Harris, MD*
Ted Lee, MD – Advisory/Consultant: Johnson & Johnson, Regeneron Pharmaceuticals
Nucelio Lemos, MD, PhD – Speakers Bureau: Pfizer, Inc., Medtronic; Advisory Board: Knight Therapeutics, Vecfer Pharma
Mario Malzoni, MD*
Emad Mikhail, MD – Consultant: Johnson & Johnson
Hannah Palin, MD*
Megan Wasson, DO*
Michael Hibner, MD, PhD*
Jose "Tony" Carugno, MD*
Angela Chaudhari, MD - Consultant: Tag/Dream Medical, Johnson & Johnson; Speakers Bureau: Johnson & Johnson
Linda D. Bradley, MD, Medical Director*
Linda Michels, Executive Director, AAGL*

COURSE CHAIR DISCLOSURE

Assia A. Stepanian, MD*

PANELIST DISCLOSURES

The following faculty have agreed to support their presentations and clinical recommendations with the best available evidence from the medical literature (in alphabetical order by last name).

Leila V. Adamyan, MD*
Javier Magrina, MD – Royalty: Aspen Surgical; Speakers Bureau: CAST (Core Access Surgical Technologies)
Liselotte Mettler, MD*
Camran R. Nezhat, MD*
Ceana H. Nezhat, MD – Consultant: Baxter, CAST (Core Access Surgical Technologies)
Harry Reich, MD*
Farr Nezhat, MD*

MITIGATION OF RELEVANT FINANCIAL RELATIONSHIPS

All relevant financial relationships have been mitigated.

Drs. Lee, Lemos, Mikhail, and Chaudhari's planning decisions, as part of the Scientific Program Committee (SPC), were peer reviewed by other planners on the SPC who had disclosed no financial relationships with ineligible companies, and found to be fair, balanced, and free of commercial bias. Dr. Moawad's financial relationships ended 12/2024, thus mitigating them. For most of his AAGL Professional Education Committee service, Dr. Mourad had no financial relationships to disclose. He recently disclosed a new relationship as a Proctor for Intuitive Surgical. Since then, he has not participated in activities involving control or influence over accredited educational content; therefore, no additional mitigation was necessary.

The panelists' disclosed financial relationships were reviewed and determined to be unrelated to the educational content, which focuses on the history, evolution, contributions, challenges, and future of minimally invasive gynecologic surgery (MIGS). Additionally, all panelists attested to maintaining balance, independence, objectivity, and scientific rigor; supporting clinical recommendations with the best available evidence; and ensuring that their educational contributions remain free of commercial bias. As the content does not relate to the products or services of the disclosed ineligible companies, no additional mitigation was required.

CULTURAL AND LINGUISTIC COMPETENCY & IMPLICIT BIAS

The California Medical Association (CMA) outlines standards for Cultural Linguistic Competency and Implicit Bias in CME. The goal of the standards is to support the role of accredited CME in advancing diversity, health equity, and inclusion in healthcare. These standards are relevant to ACCME-accredited, CMA-accredited, and jointly accredited providers located in California. AAGL is ACCME-accredited and headquartered in California.

CMA developed the standards in response to California legislation (Business and Professions (B&P) Code Section 2190.1), which directs CMA to draft a set of standards for the inclusion of cultural and linguistic competency (CLC) and implicit bias (IB) in accredited CME.

The standards are intended to support CME providers in meeting the expectations of the legislation. CME provider organizations physically located in California and accredited by CMA CME or ACCME, as well as jointly accredited providers whose target audience includes physicians, are expected to meet these expectations which began on January 1, 2022. AAGL has been proactively adopting processes that meet and often exceed the required expectations of the legislation.

CMA CME offers a variety of resources and tools to help providers meet the standards and successfully incorporate CLC & IB into their CME activities, including FAQ, definitions, a planning worksheet, and best practices. These resources are available on the CLC and IB standards page on the CMA website.

Important Definitions:

Cultural and Linguistic Competency (CLC) – The ability and readiness of health care providers and organizations to humbly and respectfully demonstrate, effectively communicate, and tailor delivery of care to patients with diverse values, beliefs, identities and behaviors, in order to meet social, cultural and linguistic needs as they relate to patient health.

Implicit Bias (IB) – The attitudes, stereotypes and feelings, either positive or negative, that affect our understanding, actions and decisions without conscious knowledge or control. Implicit bias is a universal phenomenon. When negative, implicit bias often contributes to unequal treatment and disparities in diagnosis, treatment decisions, levels of care and health care outcomes of people based on race, ethnicity, gender identity, sexual orientation, age, disability and other characteristics.

Diversity – Having many different forms, types or ideas; showing variety. Demographic diversity can mean a group composed of people of different genders, races/ethnicities, cultures, religions, physical abilities, sexual orientations or preferences, ages, etc.

Direct links to AB1195 (CLC), AB241 (IB), and the B&P Code 2190.1:

Bill Text – AB-1195 Continuing education: cultural and linguistic competency.
Bill Text – AB-241 Implicit bias: continuing education: requirements.
Business and Professions (B&P) Code Section 2190.1

CLC & IB Online Resources:

Diversity-Wheel-as-used-at-Johns-Hopkins-University-12.png (850×839) (researchgate.net)
Implicit Bias, Microaggressions, and Stereotypes Resources | NEA
Act, Communicating, Implicit Bias (racialequitytools.org)
https://www.contemporaryobgyn.net/view/overcoming-racism-and-unconscious-bias-in-ob-gyn
https://pubmed.ncbi.nlm.nih.gov/34016820/
https://hr.ucdavis.edu/departments/learning/certificate/implicit-bias
https://pmc.ncbi.nlm.nih.gov/articles/PMC7011228/