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a term bound for confusion
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The Spring IFFS Newsletter continues to highlight the myriad of activities within IFFS. Included in this issue are several interesting articles:

- Dominique de Ziegler and colleagues provide a succinct summary of age-related decline in oocyte quality and quantity and their well known correlation with infertility. Professor de Ziegler makes a strong case for a new term – ovarian response testing – to designate those medical evaluations routinely used.

- Educational Director Paul Devroey (Belgian Society for Reproductive Medicine) recounts the continuing IFFS series of successful workshops. As discussed in more detail by Prof Devroey, recent workshops were held in the Philippines (October 1-3 2012), Peru (January 15-18 2013), and Romania (February 21-23 2013). All were well received and employed the standard format of three IFFS speakers working within a framework coordinated with national member societies. The gracious support of Ferring Pharmaceuticals provides stability for continuation and expansion of this signature program.

- Professor Bruce Dumphy (Fertility Society of Australia) describes the exciting new online educational resource with which IFFS is intercalated. Sponsored by Ferring through an award to Elsevier, this resource (http://www.iffs-uit.com) provides scientific articles of great relevance. Information provided at IFFS workshops may be placed online, leveraging the educational values of those programs.

- Fernando Zegers (Chilean Fertility Society) reports good news from the American Court on Human Rights. Laws precluding ART in Costa Rica were abrogated by the court. Not only that, but the government of Costa Rica was instructed that providing ART to its citizens was a component of their human rights. Although IFFS has no member society in Costa Rica, our organization has followed this case carefully given its potential ramifications, supporting the many individuals like Professor Zegers from our member societies who were involved.

IFFS officers are deeply involved in the scientific and social program for IFFS 2013, to be held October 11-17 and hosted by our member society American Society for Reproductive Medicine (ASRM). Its location in Boston, the hub of American history, is exciting. The city has a new and expansive convention center, located on the waterfront. Many new hotels and nearby restaurants assure comfortable surroundings and convenient dining options.

Of special note is the opening night (Sunday October 13) ceremony and reception, to be held in the convention site among our exhibitors. On Wednesday October 16 a gala reception will be held in the Museum of Science. Food and drinks are provided on site, and the entire panorama is available for us to peruse—a giant Van den Graaff generator, planetarium, I-Max movies, and innumerable brain-teasing exhibits for adults, children, and the child within us. Space is limited, so remember to sign up when registering.
Ovarian reserve tests predict the magnitude of ovarian responses in ART, not the fecundity of women. The confusion stems from the fact that aging is a confounding factor. This enduring confusion justifies replacing the term of ovarian reserve – too misleading – for that of oocyte response testing.

Age-related decline in oocyte quality

The COS response in ART does not predict oocyte quality and ART outcome in two models in whom the oocyte decrease is age-independent:

1. In ovarian endometriosis, the ovarian response to COS is dramatically reduced, but ART outcome is equivalent to that of age-matched controls.
2. Certain fertile women – oocyte donors in France – have COS yields that are markedly below average without reduction in oocyte quality.

Ovarian reserve parameters – basal FSH and AMH levels and the antral follicle count (AFC) – predict the magnitude of COS responses.

For simplicity sake, we use a three-color coding system for interpreting ovarian reserve data (Fig. 2). Any apparent link between COS response – by extension, ovarian reserve testing – and ART outcome results from a confounding effect of age, not form a true independent association.

Fig. 1: Parallel age-related decrease in oocyte quality (A) and quantity (B). From Sunderam S. et al. 2012 (A) and Paddy MJ. et al. 1992 (B).

Fig. 2: Ovarian reserve testing in ART patients.
Conclusion

Ovarian reserve testing – any parameter used – predicts the magnitude of ovarian responses in ART, not fecundity. Yet, an enduring confusion erroneously intertwines the issues of oocyte quality and quantity in ART because aging is a confounding factor causing a concurrent decline of both oocyte quantity and quality. The term ovarian reserve, as catchy as it may be, is part of the confusion. It should be replaced for the more descriptive and less deceiving one of ovarian response testing.

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References


Online Educational Resource

Bruce Dunphy MD

The Elsevier IFFS-UIT Resource Centre was launched in May 2012 and is funded by the International Federation of Fertility Societies (IFFS) and Ferring Pharmaceuticals. It contains a number of educational tools, such as the Netter image bank, from where you can download Netter images as PDF files or by utilizing the slide making tool easily create image slides for presentation. The resource centre is published by Elsevier under the umbrella of Reproductive Biomedicine Online and hosts open-access and peer-reviewed educational material on infertility treatment. Professor Bruce Dunphy has been appointed as the Editor and the editorial board is expanding with experts from around the globe.

Content was initially published in English, and is now available in Japanese, Chinese, Spanish, Portuguese and Russian. The resource centre contains feature and original peer-reviewed research articles, presentations in audio, slides and video material from IFFS, UIT and other academic symposia, interviews with experts, high resolution Netter images, news and a list of conferences. Netter images can be downloaded for personal use such as for patient education, conference posters and presentations provided the source of the image is acknowledged. We anticipate developing a Resource Centre App in the near future.

The resource centre can be found at http://www.iffsuit.com. We invite you to explore and make full use of this wonderful and growing educational resource. We also welcome any suggestions regarding additional content.
On October 1-3, 2012, the second Joint IFFS-PSREI meeting was held in Manila, the Philippines. This event was supported in part by an educational grant from Ferring Pharmaceuticals, Inc. During this meeting several topics were presented including: Polycystic Ovarian Syndrome, Endometriosis, Controlled Ovarian Hyperstimulation, Controversies in Infertility, Concerns in ART and the Science of ART. A Ferring Luncheon Symposium was organised on the Megaset study.

Under the guidance of the organising committee, an interactive meeting was planned. Dr. Joan Tan-Garcia was the General Chair. More than two hundred delegates attended.

The topic of research activities was addressed with a session on the “ART” of research. In this session, the main focus was improved performance in scientific activities. In considering publishing research, it is of paramount importance to decide what topic to focus on. With this in mind, the first presentation of the session was related to the design of a study. Several aspects can be analyzed such as: a mechanistic study to find the interaction between several points of research, a pilot study to confirm feasibility, and finally the role of a randomized controlled trial. If the study design is very well planned, it lends itself to being published. It is also beneficial for a prospective randomized trial to be performed according to the existing standards. The methodology of performing a prospective randomized trial was presented at the meeting, especially as related to the study design. The most interesting study design is a two arm study with one primary endpoint. Depending on the outcome, it is easy to calculate the number of patients who have to be included in the two arms. It was discussed during the meeting that this study design is crucial. As an example of a correct study design, one could analyze the delivery rate of a day three versus day five embryo in women less than thirty-six years of age, undergoing the same stimulation protocol and replacing only one embryo. The only variable in this condition is a day three versus day five embryo. This study answers very clearly if the replacement of day three versus day five embryos initiates similar, significantly lower or higher ongoing pregnancy rates.

If the study design provides interesting data, there are different aspects which have to be taken into account: how to write an abstract, how to write a paper, how to present an abstract and how to give a lecture. For any young researcher, either a clinician or scientist, their performance in these previously described tasks is of vital importance.

One of the most neglected aspects related to the topic is, how to give a lecture. Most scientific organisations do not address the logistics of the presentation, most of the podiums are badly organised, slide projections are not handled properly, the mobility of the speaker is restricted and the interaction with the audience is limited. Needless to say, the time limitation has to be respected. The golden rule is one slide per minute and seven lines per slide. Care has to be taken regarding color distribution. During this session all these topics were explained in depth.

The feedback from the members of the audience confirmed the value of this session and suggested that this experiment be repeated. The presenters of this session were Dr. Nicholas Polyzos, MD, PhD and Dr. Dominic Stoop, MD, PhD and Prof. Dr. Paul Devroey, MD, PhD.

Early this year an IFFS-UIT Meeting was held in Cluj Napoca Romania the 21-23 of February 2013. The meeting was organised by the Romanian Society of Obstetrics and Gynaecology in collaboration with the Polish Gynaecology Society. The meeting was extremely well attended by more than 200 participants. There were five sessions in total. The sessions dealt with several aspects of reproductive medicine, such as Evidence-based Medicine.
Costa Rica is the only country where a Supreme Court has ruled against the use of ART for infertility treatment by arguing that human embryos had rights of actual persons and IVF challenged that.

After almost 10 years of appeals the case reached the Inter American Court of Human Rights. As independent Expert to the court I can report on the December 20th verdict obliging Costa Rica to restore ART and make it available in the national health system on the grounds of non-discrimination against those who cannot pay.

The verdict goes further and explicitly establishes that:
- reproductive rights are part of human rights and that the rights to found a family and to privacy and autonomy to live one’s life must prevail.
- infertility is a disease (the WHO definition) that generates disability and forbidding IVF is discrimination against those with disability.
- the protection to which embryos are entitled is achieved by the protection of pregnant women from implantation, the time from which the pregnant woman, and not the embryo, has the right to life.
- the rights of women to be protected by international laws do not equally apply to embryos and women’s rights should not be jeopardized by actions to protect embryos.

This historic decision will open new avenues in the defense of women’s rights in the Americas.

Consensus to Clinical Practice, Meet the Experts, From Efficacy to Safety, and PCOS. The question and answer sessions were very lively and debated on the different topics. Understanding evidence was discussed at length while, Embryo Quality and Implantation, Assessing Embryo Competence, the Role of AMH, and Ovarian Endometriosis evoked lively debate.

There was a sharp debate concerning ovarian stimulation protocols with mixed protocols or mono therapy. The hormonal aspects of the role of progesterone and the occurrence of OHSS were also presented. Full attention was given to PCOS syndrome especially as related to the Rotterdam Criteria. The day before the meeting, a rehearsal for interested speakers was organized. It was fascinating to observe that the speakers expressed the benefits of this rehearsal. The rehearsal focused on how to do the study, how to write the slides and how to present the slides.
IVF Pioneer Robert Edwards Dead at Age 87

Bob Edwards was a brilliant pioneer who devoted his life to challenging established scientific perceptions about reproductive biology. He was innovative, persistent and exciting in his work and discoveries, all of which was recognized with his being awarded the Nobel prize for physiology or medicine in 2010.

Professor Edwards created a new medical technology that has resulted in the birth of approximately 5 million babies from IVF, but also changed how we saw our world and human reproduction. He also inspired a new generation of physicians and scientists to continue on with the work he started. He was revered and loved by those who knew him.

Bob, as he was widely known, was a colleague, friend, supporter and inspiration to many. His sense of humor and wonder was enjoyable and contagious. He made all around him better. His genius, compassion and commitment will be missed by many, many physicians, scientists, patients, and ordinary people whose lives he has touched and changed around the world”.

Women’s Health Geneva 2014

The IFFS (International Federation of Fertility Societies) together with Women’s Health (The Swiss Societies for Reproductive Medicine and for Menopause) are organizing a congress with technical support from relevant Departments within the World Health Organization, Headquarters, Geneva. “Life style, toxicants and environment: Influence throughout Reproductive life” will take place January 9 and 10, 2014 in Geneva, Switzerland, at the Centre International de Conférence Genève, CICG.

International and national specialists in the field, including clinicians, reproductive endocrinologists, embryologists and toxicologists will together address and debate these issues. Adverse effects of known or suspected factors on reproductive life, from conception to menopause, will be presented and discussed. An attempt will be made to reach consensus on current status and gaps in basic and clinical knowledge.
Join us in Boston!
October 12-17, 2013

A Conjoint Meeting of the
International Federation of Fertility Societies and
the American Society for Reproductive Medicine

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Photographs courtesy of the Greater Boston Convention & Visitors Bureau.

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