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Less than three months are left before the XXth IFFS Congress in Munich next September and, as we have entered the last lap, everything is ready to welcome our colleagues from the different parts of the world.

The scientific program, prepared by the International Scientific Committee under the Chairmanship of our Past-President Bernard Hedon, is already in place and looks indeed very exciting. It covers all aspects of Reproductive Medicine, including assisted reproduction technologies, reproductive endocrinology, genetics, imaging and surgery, stem cells, contraception, menopause and andropause, as well as ethical and legal issues. In the Trilogies and Keynote Lectures the hottest topics will be covered, e.g., selection of the best embryo for transfer, implantation, simplification of IVF treatment failure, fertility preservation, obesity and PCOS, endometriosis and fibroids, safety of ART and hormonal therapy, use of “omics” in reproductive medicine, as well as the impact of the legal and social issues on the practice of ART.

An all time classic session is the presentation of Surveillance 2010, i.e., compilation of the regulations covering the applications of ART in the different countries of the world. This impressive work, which was started by Howard Jones and the late Jean Cohen, is now continued by Ian Cooke, Roger Kempers and Howard Jones, has been proven extremely useful not only to ART specialists but also to lawyers, ethicists and lay people.

In addition, the Local Scientific and Advisory Committees, under the leadership of Hans Tinneberg, have prepared a very broad range of Pre-Congress Courses covering hands-on endoscopy and imaging, andrology, oocyte/embryo culture and cryopreservation, but also quality management in assisted reproduction. Moreover, they have introduced several innovations in the Scientific Program, e.g., transmission of live surgery performed by renowned surgeons from three hospitals as well as nine regional meetings organized by the Russian, Chinese, Japanese, Spanish & Latin American, Indian, Egyptian, Arab, Austrian and Turkish German Societies. In addition, the Androgen Excess & PCOS Society as well as the International Infertility Counseling Organization are having their meetings on the Sunday preceding our Congress.

Last but certainly not least, our German colleagues have organized a very appealing social program with a great variety of events, including visits to museums, historical places and natural beauties, or the BMW Plant for the BMW fans or, even, roof climbing over the Olympic Stadium for the mighty! However, the highlight of the social activities is the Oktoberfest, which starts immediately after the Congress and guarantees a lot of entertainment and beer.

I am confident that the forthcoming IFFS Congress in Munich will be an unforgettable event, both scientifically and socially. Hence, on behalf of the IFFS Executives as well as our German Colleagues I would like to invite you all to join us in this exciting event. See you in Munich!
A possible decline in human sperm production was evoked in the US more than 35 years ago. However, it took the 1992 meta-analysis of the Skakkebaek’s group (1) to sound an alarm. The Danish study concluded that the mean sperm count of healthy men had fallen by approximately 50% over the last fifty years. This study generated numerous comments questioning the heterogeneity of the men included or the low sample size of several studies. Regardless, study results raised at least two important questions: does a secular drop in semen quality result in decreased fertility? and, what could be the cause(s)?

Where do we stand 15 years later?
The Danish study caused various laboratories to analyse their own semen data base since 1995. However, a majority of these studies suffer from various selection and methodological biases, and only a few well controlled and performed studies are consistent with a fall in sperm production and quality (motility, morphology) (2). No general conclusion can be drawn and the “falling sperm counts” issue must be considered as unresolved (3): the debate remains open. In the late 90s and early 2000s, several well-controlled studies showed marked geographi-
cal differences in sperm counts between normally fertile European men (for example, 4 and 5). Subsequently, a series of co-ordinated studies on thousands of young European men (mostly military conscripts) were undertaken. Important geographical differences in sperm production were found as well as a lower mean sperm production (~40-60 millions/ml) than in older fertile men. Overall, the demonstration of geographical variations of sperm concentration appears to be less controversial than the secular trends data (see Figure). However, the fact that recent generations have lower sperm counts is in accordance with a secular decrease in sperm production.

Does a secular decline in semen quality result in decreased fertility?
Low semen quality increases the likelihood of male infertility (6,7,8), especially if the female partner is subfertile. Evidence for such effects may already be apparent in Denmark where 7% of all live births are medically assisted. This raises concerns about the future fertility of western European young men.

An environmental connection?
The results of the Danish meta-analysis have helped address the fundamental issue of their putative environmental origin. In the early 90s, several papers reported an increase of testicular cancer, hypospadias and undescended testicles over the last decades. The idea of an environmental cause is reinforced by experimental and wildlife studies reporting a negative reproductive impact of various pollutants. Whether endocrine disrupting compounds (EDCs) as phthalates or numerous pesticides ubiquitous in the environment entail a male reproductive risk remains to be established. There is currently only scarce evidence that environmental pollutants including a number of EDC are the main cause of the increasing trend in human male reproductive anomalies (9). Finally, there is now a consensus that this trend could be the result of chronic low dose multi-exposures (including exposures very early in life) to a mixture of a myriad of chemicals. Lifestyle factors (tobacco smoke, stress,…) could also come into play.

Due to the complexity and urgency of the questions raised, we need to address these concerns with entirely new multidisciplinary angles integrating various approaches, from epidemiology to modern “omics”.

References
Last September a Workshop was held with the Russian Association for Human Reproduction (RAHR) in Siberia. The venue, Irkutsk, north of Mongolia, is located at the southwest end of Lake Baikal, the largest freshwater lake in the world containing 20% of the world’s fresh water. IFFS contributed to five of the nine Workshops held by the RAHR in the two days prior to the national meeting. The subjects of the Workshops were Gamete and embryo selection at ART, Ovarian stimulation: individual choices of protocol, Quality and safety control in ART, Embryo, oocyte and sperm cryopreservation and storage, Pregnancy after ART, Donation of sperm, oocytes and embryos and surrogate motherhood, Preimplantation genetic diagnosis and screening, Preparation for ART and finally, Diagnosis and treatment of male infertility. 400 participants attended. The IFFS speakers were Prof. Zi-Jiang Chen (China), Dr. Richard Kennedy (U.K.) and myself, and we contributed also to the main programme over the next two days.

The RAHR programme was organised by the President, Prof. Vladislav Korsak and the Secretary of the Scientific Committee, Dr. Anna Smirnova. The meeting was well supported by exhibitors from industry and it was enlightening that so many participants had travelled up to 2000 Km by train from all over Siberia to attend! As usual, there were many opportunities to discuss future collaboration and plans are being made to develop other patterns of educational activities.

A Workshop was held in January in Kampala, Uganda with Dr. Josaphat Byamugisha of Mulago Hospital; WHO was involved in the planning. Patient support is strong in Uganda and is led by Mrs. Ritah Sembuya, who arranged supporting speakers from iCSI, the International Consumer Support for Infertility community and attendance by patient representatives. The Fertility Society of Uganda was launched during the meeting. New models of delivering infertility care in low resource environments were discussed and these initiatives are being pursued.

An initiative has been developed jointly with the British Fertility Society and the Royal College of Obstetricians and Gynaecologists in the U.K. with Dr. Luciano Nardo, Chair of the BFS Training Committee. Named the FACE (Fertility and Assisted Conception Education) Consortium, they will send a streaming video of a London meeting to the Suzanne Mubarak Centre for Women’s Health in Alexandria, Egypt, where facilitators will be available to promote discussion. This is a novel approach to sharing a 5 day meeting with a new audience.

A Workshop will be held in Warsaw, Poland in late May, one in Surabaya, Indonesia in mid-June and Hangzhou, China in late June. A Bioethics Workshop is being planned for Santiago, Chile in November. It will be a full year and we are grateful for the unrestricted educational grants provided by Schering Plough, Serono and Casmed.
The original bye-laws of the IFA were drawn up soon after the inaugural meeting of the IFA in 1951 and were approved at the First IFA World Congress in 1954. Over the following years these went through several revisions. By 1968 when the IFFS was formally established the influence of Hubert de Watteville, who had also worked with FIGO, was clearly evident. Both organizations had very similar by-laws.

1. Congresses were held every three years in different continents.
2. Prior to 1986 the Executive Committee was made up of four officers and the representatives from 10 countries. Then in 1986 the offices of Assistant Secretary General and Assistant Treasurer were added and later, in 2004, a seventh office was added, that of the Director of Education. The number of representatives on the Executive Committee was changed from 10 to 9 with staggered terms so that only three new members were to be elected at each triennial congress.
3. By 1986 the number of physicians on the Scientific Committee Committee had been reduced from 15 to 11 members, including the past President of IFFS, the President-elect of IFFS, the past host congress President, the incoming host congress President.
4. The number of delegates from any one country who could vote in an IFFS General Assembly was dependent on the number of members in the national fertility society of that country.

During the period 1986-1989 the 5th revised By-laws were printed in booklet form by the Indian Association for Fertility and Sterility. In 1998 the 6th revision of by-laws, approved at the general assembly at the IFFS Congress in San Francisco, CA was printed in booklet form by the Secretariat in Montpellier, France.

Welcome to Munich and to IFFS 2010

Located in close proximity to the Alps, Munich is the capital of Bavaria. With nearly 1.3 million inhabitants, it is one of the largest cities in Germany and is situated in the midst of a beautiful countryside offering a spectacular variety of culinary, artistic and cultural highlights.

Munich combines the splendor of an old royal seat with the vitality of a modern high-tech location though its roots go back to 950 A.D. when monks built a monastery on the banks of the river Isar. The city owes its generous architecture to the reign of King Ludwig I who laid the foundation for the world famous “Oktoberfest” in 1810 on the occasion of his wedding. The “Oktoberfest”, which at that time was celebrated outside the city, is now held right in the heart of Munich and can be visited immediately after IFFS2010.

Munich’s townscape is marked by broad avenues and the contrast between Classicistic restraint and Baroque profusion. Visitors are quickly captivated by the flair of the city, whether it is experienced downtown close to the IFFS2010 congress venue, during a tour of the spectacular museums, castles and churches, or while strolling through the vast parks.

Daring creativity and innovation have placed new architectural accents all over the city. Among them are the world-renowned tent roof, the landmark of the Olympic Park built for the XX Olympic games in 1972; the beautiful and thrilling Allianz Arena, home of the famous Bavarian soccer club “Bayern Munchen”; and the recently opened BMW Welt, a milestone of dynamic architecture.

For the traditionalist, the 15th century Frauenkirche church, confidently overlooks the downtown area where no other building may rise above its towers. A short distance from Munich are many fascinating sites, such as the fairy tale castle of King Ludwig II and the monastery Kloster Andechs, a well known place of pilgrimage with its famous agricultural products.

More information:
www.muenchen-tourist.de
www.iffs2010.com
The International Federation of Fertility Societies (IFFS) is saddened to learn of the passing of Emeritus Professor James Boyer Brown (Jim Brown to his friends and colleagues) who passed away on Saturday 31st October 2009 at 90 years of age. Emeritus Professor Jim Brown AM, MSc (NZ), PhD (Edin), MSc (Melb), DSc (Edin), FRANZCOG (Ad Edin) was a life member of the Fertility Society of Australia and a life member of the Endocrine Society of Australia.

Jim Brown was born on October 7, 1919 in New Zealand and educated in Auckland University College where he obtained first class honours in chemistry. At 28 years of age, Jim Brown commenced his interest in endocrinology and reproduction by studying the phenomenon of oestrus in animals. Jim Brown realised earlier than most investigators at that time that the most important requirement in human clinical reproduction would be the development of a highly accurate method of timing ovulation in women. He set about preliminary bio-assays for urinary gonadotrophins and urinary oestrogens.

This was no small insight at the time. For this work, Jim Brown received a New Zealand national research scholarship to work in Edinburgh under Prof. Guy Marrian: FRS, one of the discoverers of oestrogen. Jim Brown commenced work at the newly established Clinical Endocrinology Research Unit in Edinburgh; he would later be appointed as Assistant Director. Brown’s aim was to develop a chemical method for measuring oestrogens in the urine. Prof. Marrian tried to dissuade him from this project but Jim Brown persisted and developed a fully validated method by 1955. His published paper: Chemical method for the determination of oestrone and oestriadiol in human urine. Biochemical Journal 1955; 60:185-193, has been cited 1268 times and was awarded a Full Citation Classic by the Institute for Scientific Information.

Using his method of measuring oestrogens in the urine, Brown was able to confirm the elegant patterns of oestrogen production throughout the menstrual cycle, previously shown using labour intensive bio-assays. This work led to his PhD. In a lesson for the young IFFS investigators of today, the editor of the Lancet at the time requested Jim Brown to publish his results in the Lancet. Brown’s method became the gold standard for measuring oestrogens for almost 20 years.

Prof. Brown also collaborated with Prof. Arnold Klopper in developing an assay to measure progesterone in urine. This urinary pregnanediol assay in non pregnant women was awarded a half Citation Classic by the Institute for Scientific Information. Perhaps the peak of the contribution that Jim Brown made to human clinical reproductive endocrinology came from his lead role in the purification of human gonadotrophin hormones for the induction of ovulation. He was centrally involved in the later development of the International Standard Reference Preparation. This facilitated widespread usage of gonadotrophins throughout the world and enabled one group of clinicians to speak to another to fine tune clinical ovulation induction for the benefit of patients.

After taking a position in the University of Melbourne, Department of Obstetrics and Gynaecology in 1962, Brown and colleagues used this information to revolutionise the use of gonadotrophins for the safe induction of ovulation. By refining his method for urinary oestrogen within a few hours, it enabled FSH and LH to be used in a safe manner and greatly reduced the risk of high order multiple pregnancies which had been a feature of ovulation induction up until that time. It is ironic indeed that in 2010, the issue of high order multiple pregnancies from misuse of gonadotropins for induction is still a major complication of medical care in many countries under the IFFS umbrella.

It was also during these years that Jim Brown developed the threshold theory of ovarian follicle stimulation. The elegance of this theory and its repeated confirmation over the subsequent 40 years to explain the emergence of a single dominant follicle from the 2 ovaries each month remains an extraordinary intellectual achievement upon which modern reproductive medicine is founded.

Older obstetricians and gynaecologists would remember the benefits from the era which began when Brown modified his rapid assay method to enable urinary oestriol to be measured during pregnancy. This was used for some decades as a test of placentation function and fetal wellbeing before the modern bio-physical ultrasound era emerged.

In 1971, Jim Brown was given a Personal Chair at the University of Melbourne, Department of Obstetrics and Gynaecology. He was a member of the early IVF team which developed an extended IVF treatment and practice under the clinical leadership of Carl Wood and Ian Johnston. In 1985, Jim Brown retired from the University of Melbourne with the title of Emeritus Professor. He continued to work actively in the reproductive medicine field and developed a Home Ovarian Monitor kit which could be used by patients and which was found of great value in natural family planning. This concept of fertility recognition through the chances in cervical mucous secretion have been of benefit, not only for those practicing natural family planning to avoid conception, but also, conversely, there has been a great benefit for the infertile wishing to maximise the fertile time of their cycle.

A major figure of reproductive medicine in the United States, Prof. Paul McDonough, perhaps best summa-
rized Jim Brown’s professional life with his closing editorial comment in 2003:

‘In these days of hype, grossness and glitz, Dr. Brown is a model of scientific practice who is even more imposing by the low profile that he has been able to keep over the last two decades. Perhaps these are the ideals and values for which we need to renew our subscription’

McDonough, P. Fertility and Sterility 2003;80:677-678.

In 1986, Jim Brown was awarded the Prix Antoine Lacassagne, Paris for contributions to the study of oestrogen and breast cancer. In 2005, Jim Brown was made a member of the Order of Australia (AM) for service to clinical research into women’s health and reproductive issues.

The first edition of the IFFS Surveillance documents was prepared for the delegates of the 1998 IFFS Congress. It was the outcome of visionary efforts by Dr. Howard W. Jones, Jr. and Jean Cohen to collect data from sovereign countries regarding guidelines and legal statutes governing the use of the new assisted reproductive medicine technologies (ART). They were acutely aware of public concerns over the new technologies and their initial goal was to help resolve some of the discrepancies in ART practices among different countries. However wide divergence in views among the 38 nations surveyed made it apparent that such consensus would remain elusive.

Over the following years the project has focused on tabulating the various laws, regulations, and/or guidelines established in nations to regulate and oversee the medical practice of ART. These reports have become increasing valuable to committees and commissions examining the ethical, legal, religious, moral and public policy aspects of ART. They are important documents referenced in establishing governmental regulations and in the development of voluntary rules or guidelines by organizations.

The Surveillance document has been updated and expanded every 3 years in time for each of the IFFS congresses. The founding authors prepared the first three editions and for the fourth, the 2007 edition, Ian Cooke and Roger Kempers joined as coauthors. Now for this 5th edition Douglas Saunders and Peter Brinsden have joined the team also. We mourn the death one of the original editors, Jean Cohen whose vision inspired the project.

The scope of the study has steadily increased with each edition. By 2007 the number of nations with responses had increased to 57. The 2010 edition analyzes entries from a record 107 nations with two and even three respondents from some countries for a total of 179 entries. More than one participant per nation increases the assurance of valid responses.

Funding for the project was made possible for the first four editions through the generous support of Organon. This included funds to publish the document as a supplement to Fertility and Sterility, Schering-Plough corporation awarded a grant to IFFS to develop the software to carry out the 2010 survey. To collate the data, the coauthors are analyzing the response data, developing the tables and charts, and writing the commentary.

There will be a special session during the 2010 IFFS Congress in Munich devoted to the presentation and review of this data. Surveillance 2010 will be available on the IFFS website. Hard copy distribution is not planned at this time.

IFFS Education Committee Vacancy

The post of IFFS Director of Medical Education will become vacant in September 2010 and applications are being sought. The Director sits on the IFFS Executive Committee. Applications should be submitted to the IFFS Secretariat, secretariat@iffs-reproduction.org before 1 September 2010. The Education Committee of IFFS was established in 2001 and the first committee meeting was held in 2002. The post of Director of Medical Education was established 3 years later to co-ordinate the activities of the Committee throughout the year. Education is well organised in the developed world, but as about half the members of IFFS are from low resource economies, it was felt that greater efforts should be made to bring such activities to less affluent countries. The concept of bringing these activities to the developing world was created. It was agreed to attempt to hold one Workshop in each of five different continents each year on subjects requested by local societies and to raise the funds to do so. Thirty five workshops will have been held from 2003 to the end of 2010, so we are close to our target. IFFS only supports the travel of the external experts who participate in each workshop, but there is extensive liaison with the local organiser and his scientific committee to assist in the organization. Many educational aspects are discussed, not only during the Workshops, but at the associated events, and usually continue after. In addition to these workshops, which can be held on any subject or series of subjects in Reproductive Medicine, special emphasis has been put on Low Cost IVF and on e-learning, although these areas are less well developed. Given the exceptional demand for education it is important that IFFS, which is well placed to identify expert speakers, continues this work and develops its educational activities further.

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