



## 63rd Annual Meeting of the American Society for Reproductive Medicine

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## 63rd American Society for Reproductive Medicine Annual Meeting 15–17 October 2007, Washington, DC, USA

The Annual Meeting of the Society for Reproductive Medicine (ASRM) was held on 15–17 October 2007, in Washington (DC, USA). This meeting had the largest number of registrants of any ASRM meeting, with over 6000 people attending. The theme for this meeting was Capitalizing on Innovations in Reproductive Health Care. The program was put together under the leadership of Steven Ory, ASRM President, and David Keefe, General Program Chair, and encompassed a wide variety of topics highlighting new discoveries, new treatments and new approaches to reproductive healthcare.

The Plenary lectures covered a wide variety of topics. John Quackenbush, PhD, spoke about the role of genomics in science and medicine. Martha K McClintock, PhD, discussed the effect of pheromones on fertility, sexuality and emotions. Washington Post staff writer and author, Liza Mundy presented her thoughts on how assisted reproduction is changing men, women and the world. Conly Rieder, PhD, gave a very entertaining and thought provoking talk on spindle assembly and aneuploidy development during mitosis and meiosis. Issues relating to the promise and limitations of human stem cell biology were presented by George Q Daley, MD, PhD. Marc Goldstein, MD, spoke about microsurgery for male infertility. Regulation of the ovulatory luteinizing follicle during the menstrual cycle was presented by Richard L Stouffer, PhD. Meeting participants had the opportunity to meet with some of the Plenary Speakers during special lunch seminars.

In keeping with the new tradition, started at last year's meeting, a day was devoted to issues in contraception. The program included David Grimes, MD, synthesizing the best evidence about family planning and a symposium discussing the politics of contraception development. This year 'Menopause Day' was added. A lively debate by John Buster and Nanette Santoro regarding the use of bioidentical hormones led the

day, and was followed by a mock trial implicating bioidentical hormones as the cause of breast cancer, and finishing with JoAnn E Manson, MD, DrPH, analyzing the data from the Women's Health Initiative hormone therapy trials.

Ample time was given to oral and poster presentations of abstracts from the affiliated societies (Society for Reproductive Endocrinology and Infertility, Society of Reproductive Surgeons, Society for Assisted Reproductive Technology and the Society for Male Reproduction and Urology), as well as special interest groups. Symposia topics included optimizing controlled ovarian stimulation for embryo quality, anonymity and disclosures in donors and offspring, American Society Reproductive Medicine (ASRM)/European Society for Human Reproduction & Embryology consensus on treatment of polycystic ovary syndrome for infertility, assisted reproduction in HIV discordant couples organized by the CDC, and a joint symposium organized by ASRM and the Association of American Law Schools on legislative advocacy.

The General Program Prize for the best abstract was awarded to Richard Reindollar, MD, for the Fast Track and Standard Treatment Trial (FASTT). His study randomized 503 couples seeking treatment for unexplained infertility to either standard treatment with clomiphene/intrauterine insemination (IUI), followed

by three cycles of follicle-stimulating hormone (FSH)/IUI, and six cycles of IVF, or the accelerated protocol of up to three cycles of clomiphene/IUI followed by six cycles of IVF. In the standard protocol were: 19% of women became pregnant with clomiphene, 25%, during an FSH/IUI cycle, and 66% during IVF. In the accelerated arm, 22% became pregnant during the clomiphene/IUI cycle and 69% during an IVF cycle. The study found that the use of FSH/IUI as part of an infertility treatment in women younger than 40 years of age does not provide any benefit over an accelerated treatment protocol that eliminates it. The accelerated protocol resulted in pregnancies with fewer treatment cycles and significant cost savings of US\$10,000.

A select group of individual abstract presentations are discussed below. A randomized study on the use of acupuncture in IVF was conducted at the University of Washington (WA, USA) and presented by LaTasha B Craig, MD. This study randomized 113 patients undergoing IVF to undergo acupuncture using a modified Paulus protocol for 25 mins prior to and after embryo transfer or to receive no intervention before or after embryo transfer. In this study, the use of acupuncture was associated with lower clinical, and live birth pregnancy rates compared with controls (46 vs 72%, and 39 vs 65%), a finding that contradicted previous studies.

Divya Shah from the University of Michigan in Ann Arbor (MI, USA) presented a study that demonstrated thiazolidinediones may prevent or effectively treat ovarian hyperstimulation syndrome associated with IVF. The study evaluated the effect of ciglitazone on the production of VEGF by human granulosa cells obtained from ovarian follicular aspirates from women undergoing IVF. VEGF overproduction by granulosa cells of the corpus luteum has been associated with ovarian hyperstimulation syndrome. Ciglitazone significantly reduced VEGF production at 24 and 48 h in a dose-dependent fashion.

Novel sperm testing and processing methods were shown to decreases the risk of transmission of HIV in Antiretroviral therapy (ART). Ann Kiessling, PhD, of the Bedford Research Foundation presented a study in which 262 HIV-infected men provided at least two semen samples. Sperm from the samples were then cryopreserved. Nucleic acids from the specimens were subjected to a triple bracket-nested RT-PCR assay of HIV that is designed to detect as few as one HIV-infected cell out of up to 106 cells, and/or 20 copies of HIV/RNA. A total of 107 out of the 668 sperm specimens provided by the study subjects were positive for HIV and discarded. A total of 151 couples attempted ART (IVF with intracytoplasmic sperm injection or insemination) following the semen testing and 69 pregnancies were achieved, resulting in the birth of 62 babies. All mothers and babies tested negative for HIV.

A survey in Canada revealed that physicians who care for female cancer patients are not fully aware of fertility preserving options nor do they routinely refer these women for fertility-preserving counseling or treatment. The study was conducted and presented by Karen Glass, MD. Over 1100 physicians were surveyed and 334 responses were analyzed. She found

that although 82% of respondents acknowledged that it is their responsibility to refer patients for fertility preservation, only 39% said they routinely discuss fertility preservation options with their patients. Furthermore, only 7% of clinics had protocols for referring patients for the service. In addition, only 45% of respondents reported being familiar with ovarian tissue cryopreservation and only a third of physicians reported knowing where to refer patients.

Ahmad O Hammoud from the University of Utah (UT, USA) presented a study showing that men who undergo gastric bypass surgery experience large increases in total testosterone. Obese men often have a characteristic hormonal profile called hypogonadotropic hyperestrogenic hypoandrogenism. The study compared 22 obese men with BMIs of greater than or equal to  $33 \text{ kg/m}^2$  undergoing Roux-en-Y gastric bypass surgery with 42 obese men who did not have surgery. After 2 years of follow-up the men who had surgery lost an average of 120 lbs and 17 BMI units compared with 6 lb and 0.7 BMI units in controls. Mean total testosterone increased by 311 ng/dl in the surgery group compared with 14 ng/dl in controls. The surgery group also demonstrated significant decreases in estradiol and increases in sex hormone binding globulin compared with controls.

In a presentation from the University of California, San Francisco (CA, USA), Eisenberg, Turek and colleagues proposed that ejaculatory duct obstruction can be diagnosed using a pressure-flow study similar to the urologic 'Whitaker test.' Since imaging methods provide only a static view of the male reproductive tract, this dynamic test carries value for detecting obstructions in men with dilated and nondilated reproductive systems. Further study to document that the men who undergo relief of obstruction have better outcomes than those who are not treated will be needed to bring this test to the mainstream of care.

Next year's ASRM Annual meeting will be held on 8–12 November 2008 in San Francisco (CA, USA).

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