



IFS VISION

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CONTENTS

Readers Page - Feedback of Experts and Readers on Ethical, Legal and Regulatory Issues

Research

- First IVF baby born by Kisspeptin stimulation
- Gene testing may help triage couples to level of infertility needed
- Is the slow sperm what we should be catching in ICSI?
- Is the IMSI advantage a myth – The latest cochrane review

Ethics and ART

- Is IVF discount in return for eggs, exploitation? – Egg sharing vs egg donors
- Stringent laws in IVF leading couples to desperate measures in Canada

News

- Fertility does not improve with antioxidants
- Oocyte banking for social reasons – A positive attitude in women
- Israel becomes the IVF capital of the world

Conferences and Events

IFS Activities & Member's achievements

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www.indianfertilitysociety.org

email: indianfertilitysociety@gmail.com

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Dr. (Brig) R K Sharma

President's Message



Dear Friends,

Fertivision-2013 dates are fast approaching and so is the closing date of early bird registrations. I take this opportunity again to invite all of you to register for fertivision as early as possible. Scientific committee has worked very hard to bring an excellent academic and clinically relevant program for you, so just download the form from conference website and block your seat today. For people who want to have an in-depth knowledge and discussion on a particular aspect like USG/ Andrology /IUI/IVF ICSI or endoscopy, 6 separate workshops are planned which will help you in understanding the subject in the best possible way. Younger members are encouraged to submit their research work for presentation and get an opportunity to critically evaluate their work and win a prize too. We are having prizes for best papers in clinical as well as in embryology consisting of cash prize, medal & certificate so send in your abstract in time to become illegible.

All members are advised to adhere to PNDT/ICMR guidelines in day to day practice to avoid any inconvenience at work place. Maintain your records well and submit forms in time. Members are requested to update their changed address & email and contract no. with secretariat, so you get all information/correspondence in time. I welcome all new members to the folds of IFS.

Dr Kuldeep Jain,
President, IFS

From the Desk of the Web Editors...



Dear Members,

This issue brings forth a debate on whether oocyte sharing is exploitation or not and how stringent laws in ART may lead to wrong measures. The first baby born by kisspeptin has made news. The issue also highlights a recent cochrane review on results after IMSI. Fertivision – The IFS annual conference is fast approaching and an ART academic feast is planned. We hope to see all our members participate.

Dr Mangala Telang

Dr Surveen Ghumman Sindhu

READER'S PAGE

Viewpoints on Legal, Ethical and Regulatory Issues

Dear Readers,

The last issue discussed controversy raised in vol 2 Issue 1 issues on whether public opinion should be sought for matters in ART and should a fixed sum be fixed as donor compensation. The vol 3 raised the following issues.

Question 1: Recent modifications of surrogacy rules for foreigners allows only couples married for 2 years to access facilities of ART as it is felt that a stable marriage is necessary. Should single parent surrogacy be allowed when live in couples and gays are not allowed? Or should the rules be modified to also allow live in and gays the access to this treatment.?

Question 2: Like with adoption should it be important to ensure that commissioning parents are capable of bringing up the child by ruling out alcoholism, addictions, sexual offence history, and lack of family support. Considering the above two cases - Is it important to do a background check of criminal records for all foreigners availing ART, just as it is required now that they must produce proof of marriage for 2 years.

Question 3: Would such a woman be considered a surrogate for her own oocytes if she decides to have a child at a later stage and would she come under the laws defined for surrogates as far as age and parity are concerned?

Opinion of the Experts On These Issues....



Dr Umesh Jindal
Executive members, IFS

Question 1: Recent modifications of surrogacy rules for foreigners allows only couples married for 2 years to access facilities of ART as it is felt that a stable marriage is necessary. Should single parent surrogacy be allowed when live in couples and gays are not allowed? Or should the rules be modified to also allow live in and gays the access to this treatment.

As of today the Indian law as well as Indian society does not accept Gays and Lesbian marriages and even live-in couples are not considered married. ART and adoption are allowed to single parent by law but society still has to accept the reality. The law regarding two years of marriage before surrogacy for foreign nationals can't be applied to Indians because of the inherent contradictions. Primary concern is the welfare of children which not only depends upon good parenting but also the peers and the society the child grows with.

Question 2: Like with adoption should it be important to ensure that commissioning parents are capable of bringing up the child by ruling out alcoholism, addictions, sexual offence history, and lack of family support. Considering the above two cases - Is it important to do a background check of criminal records for all foreigners availing ART, just as it is required now that they must produce proof of marriage for 2 years.

I agree that a history of criminal record and or delinquent behavior needs to be taken from all prospective parents requesting adoption or surrogacy, especially the foreign nationals. However, this should be an ethical and moral duty of the ART center rather than a statutory obligation. Doctors are expert healers and to certain extent "detectives" but not policemen. Welfare of the children born through ART has to be a considered.

Question 3: Would such a woman be considered a surrogate for her own oocytes if she decides to have a child at a later stage and would she come under the laws defined for surrogates as far as age and parity are concerned. ?

Embryo transfer with frozen embryos generated from self or donated oocytes after an interval which may range from few months to many years is a routine in ART practice. Similarly embryos derived from frozen self oocytes after an interval should be treated at par with any frozen embryo transfer. There is no question of considering these women as surrogates for embryos derived from their own genetic oocytes



Dr Ila Gupta
Executive member IFS

Question: *Recent modifications of surrogacy rules for foreigners allows only couples married for 2 years to access facilities of ART as it is felt that a stable marriage is necessary. Should single parent surrogacy be allowed when live in couples and gays are not allowed? Or should the rules be modified to also allow live in and gays the access to this treatment.*

For me as a clinician, treatment means not only giving them a healthy child, but also ensure a stable future with proper social and psychological development of the born child. Whenever a single parent comes, we are not sure of their marital status or preferences. Hence I am not comfortable in treating them.

Question: *Like with adoption should it be important to ensure that commissioning parents are capable of bringing up the child by ruling out alcoholism, addictions, sexual offence history, and lack of family support. Considering the above two cases - Is it important to do a background check of criminal records for all the foreigners availing ART, just as it is required now that they must produce proof of marriage for 2 years.*

Yes, I strongly recommend a background check on all commissioning parents.

Question : *Would such a woman be considered a surrogate for her own oocytes if she decides to have a child at a later stage and would she come under the laws defined for surrogates as far as age and parity are concern.*

In my opinion such woman should not be considered as a surrogate if she decides to have a child with her own oocytes at a later stage. Hence, she should not come under the laws defined for surrogates.

RECENT RESEARCH

First IVF baby born by Kisspeptin stimulation

At Imperial College London hormone kisspeptin has been used to stimulate ovaries to produce eggs for IVF treatment and resulted in birth of first baby by this drug. Kisspeptin can be used effectively in patients undergoing IVF treatment to more naturally stimulate the release of reproductive hormones. Kisspeptin treatment was given to 30 women as part of the trial, and successfully induced egg production in 29 of them. Eleven women became pregnant after embryo transfer. Women most at risk of developing OHSS, could use kisspeptin as a more natural alternative.

Gene testing may help triage couples to level of infertility treatment needed

UWA-affiliated Western Australian Institute for Medical Research found that mice without the SLIRP gene - a so-called 'knock-out' gene - were less fertile with sperms having lower motility. Electron microscopy of the sperm without the SLIRP gene found a disruption in the middle section of their structure, which was associated with decreased motility. If a key role for SLIRP is demonstrated in men, then it is feasible that SLIRP testing could help streamline treatment options - eg going more directly to IVF/ICSI treatment rather than continuing to try conceiving without medical intervention for another six to 12 months.

Is the slow sperm what we should be catching in ICSI?

Dr Angalea Crean, of the UNSW School of Biological research on sea squirts revealed a remarkable fact. Eggs penetrated within minutes by speedy sperm tended to be either non-viable, or produced larvae which died young. The strongest, fittest, longest-lived sea squirts were those fertilised by sperm which swam for about an hour before reaching the egg. It is unknown how widespread this phenomenon is but, given the obvious implications for IVF technologies. During ICSI a comparison between a slow sperm and a very fast moving sperm may reveal similar results and should be tried specially in recurrent implantation failure and recurrent pregnancy loss.

Is the IMSI advantage a myth? – The Latest Cochrane

Results from RCTs do not support the clinical use of IMSI. There is no evidence of effect on live birth or miscarriage and the evidence that IMSI improves clinical pregnancy is of very low quality. There is no indication that IMSI increases congenital abnormalities. Further trials are necessary to improve the evidence quality before recommending IMSI in clinical practice.

Teixeira DM, Regular (ICSI) versus ultra-high magnification (IMSI) sperm selection for assisted reproduction. Cochrane Database Syst Rev. 2013

ETHICS & ART

Is IVF discount in return for eggs, exploitation? – Egg sharing vs egg donors

One of Britain's leading fertility experts Professor Robert Winston accused clinics of exploiting women undergoing IVF, by offering them cut-price IVF in return for their eggs. It is an easy way of exploiting women wanting treatment. He felt it is unfair to subject a woman to a scenario where she shares her eggs and the other woman gets pregnant while she does not. However, there are certain advantages of egg sharing. Egg donors might not appreciate the health risks of fertility medication. With egg-sharing, women are already undergoing IVF and know the risks.

Question: Should egg sharing be allowed or is it exploitation?

Question: ICMR has given guidelines that when 7 eggs are available for each, sharing should be allowed. However, it is not just the quantity of eggs which decides the outcome but also the quality. So should we omit GV and MI oocytes from the count of 7 and how?

Stringent laws in IVF leading couples to desperate measures

Canada's fertility laws are driving infertile couples who are desperate for babies into the black market or abroad. The six-year-old law prohibiting payment for sperm, eggs or surrogacy services has Canadians seeking paid surrogates in India and other countries. Although Health Canada issued an advisory warning about the dangers of using fresh donor semen for assisted conception they are buying fresh sperm over the Internet. The stringent law criminalizing payment for donor gametes or surrogates is putting desperate couples in the hands of people that may not be competent or qualified.

Question: Do stringent ART laws give fuel to desperate and wrong measures and should ART laws be more compassionate?

NEWS

Fertility does not improve with antioxidants

A recent Cochrane review has stated that antioxidants have no role in improving fertility. A recent trend for all women being given antioxidants has developed among fertility specialists with the intention of removing oxidative stress. But a meta-analysis of 28 trials, involving a total of 3,548 women, concluded that women taking either individual or combinations of antioxidant pills were no more likely to conceive than those fed placebos or other dietary supplements such as folic acid.

Oocyte banking for social reasons – A positive attitude in women

A study performed at the hospital of the Free University of Brussels, Belgium showed that of those banking eggs around one-third (34.1%) believed they would never have to use them, with many (75%) indicating at follow-up that they considered the use of frozen oocytes less likely than anticipated at the time of oocyte collection. However, nearly all (96.2%) said they would do it again - but preferably (70.6%) at a younger age. Among those actually banking eggs, nearly all said they would recommend the treatment to others. The investigators thus suggest that oocyte freezing to preserve fertility provides important psychological reassurance for those opting to use the technology, as expressed by the positive response of all participants, even those with a lower intention of ever using their eggs.

Israel becomes the IVF capital of the world

Israel is said to have become the IVF capital of the world - for one very good reason. Israel provides free and unlimited IVF procedures for up to two "take-home babies" until a woman reaches 45 years of age. This very generous policy has made Israelis the highest per-capita users of IVF treatment in the world. In turn it has also made Israel world experts in IVF treatments. Four percent of Israeli children are born through IVF, compared to approximately one percent in the USA

Conferences and Events

National

1. AOGD (Association of Obstetricians and Gynecologists of Delhi) Annual conference on 21st and 22nd September at Delhi at hotel grand, Vasant kunj. For registration - Bharti 9818813421
2. Preconference AOGD workshop on step by step approach to practical cases in infertility on 20th Sept at Forte grand Chanakya Lane, Akbar Bhawan annexe, Chanakya puri. For registration contact Southend Fertility, Vasant Vihar ph no 9910028234, 9212300893. Bharti 9818813421
3. Hands on preconference AOGD workshop at KJIVF & Laparoscopy centre on 20th Sept 2013.
4. Preconference AOGD workshop on oocyte retrieval and IVF techniques organized by IVF center, MAMC (auditorium, MAMC) on 20th Sept For registration please contact Bharti 9818813421 or Dr Renu 9968604352.
5. Fertilvision 2013, Annual Conference of Indian Fertility Society to be held on 6th 7th 8th December 2013 at India Habitat Centre, New Delhi Details on <http://www.fertilvision2013.com>
6. 19th National Conference of Indian Society of Assisted Reproduction (ISAR) to be held from 14th to 16th Feb 2014 at

International

69th ASRM Annual Meeting to be held Conjoint with IFFS in Boston Exhibition and Convention Centre, Boston, Massachusetts, USA on Oct 12 – 17 th 2013 For more information asrm@asrm.com <http://www.asrm.org/IFFS-ASRM2013>

IFS Activities

CME on Male Infertility organized by Origyn IVF centre, MAX Pritampura on 24 th Aug 2013 under aegis of IFS

