



# IFS CONVERSATIONS

Volume 16

**Theme**

*Tackling Thin Endometrium*

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# MESSAGE FROM THE PRESIDENT DESK

**Dr K D Nayar**  
President - IFS



Dear Friends,

It is indeed a pleasure to address you all on this issue of IFS Conversations.

In this IFS conversation we have dealt with detailed Tackling Thin Endometrium. The editorial team and the authors have worked very hard towards it. Hope you all will find it very useful. The conversation also showcase various recent academic activities conducted by our extremely enthusiastic and committed member. .

Wishing you all a very pleasant reading of this issue of IFS Conversation!

**Dr. K D Nayar**  
President- IFS

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# MESSAGE FROM THE SECRETARY DESK

**Dr Surveen Ghumman**  
Secretary - IFS



Dear Friends

Indian fertility society is an academic society which focusses on academics. It has a pan India presence with 29 chapters and over 3600 members. This year the theme of year is Quality Research and academics.

One of the initiatives is IFS surveys and the first one is online on FET . Please go on the website to answer and contribute to data collection.

With the new team taking over and COVID cases being low, we have now gone on to physical meetings from this year and hope to meet all our members more often. This year our Annual Conference "Fertivision - 22" is from the 9th to 11th December. We look forward to see you in Hyderabad for it.

IFS Conversation is the official newsletter of our Society, which informs the members about activities by the society all over India. It also deals with recent topics and debates in the field of ART. This particular issue has focused on thin endometrium, the dilemmas it causes for an ART specialist and methods of tackling it

Hope you enjoy reading this issue of IFS Conversations. The editorial team has put in lot of hard work to make it an interesting read

Best Wishes

**Dr. Surveen Ghumman**  
Secretary - IFS

**INDIAN FERTILITY SOCIETY**

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**28<sup>TH</sup> JULY, 2022**

**Entrance Exam:** 31st July 10:00 - 11:00 AM  
**Viva:** 31st July 1:00 PM Onwards  
**Counselling:** 2nd August in IFS Secretariat

**Mode:** Entrance Exam in Physical Mode  
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## MESSAGE FROM THE EDITOR'S DESK



**Dr. Sweta Gupta**  
Editor - IFS



**Dr Rupali Bassi Goyal**  
Jt. Editor - IFS

Dear Friends,

Greetings from team IFS

In this issue of IFS conversation, we present to you a very important, though often neglected aspect of infertility treatment  
Tackling thin endometrium. An Article on role of GCF is written highlighting its role. In this issue , we present two in-depth articles on stem cells and platelet rich plasma treatment for thin endometrium.

We are a very academically active society. This issue also highlights all the academic activities undertaken in last 3 months from our state chapters , SIG's , vibrant webinars etc .

We sincerely thank all our authors for their wholehearted contribution towards this issue of IFS conversation . We would love to hear your comments and suggestions and also encourage all our readers to contribute in our forth coming issues of IFS conversations.

**Dr. Sweta Gupta**  
Editor, IFS

**Dr. Rupali Bassi Goyal**  
Joint Editor, IFS

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**IFS RECOMMENDATIONS FOR  
COVID 19 VACCINATION BEFORE ART**

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# INVITED ARTICLES

## Systematic review of role of Granulocyte Colony Stimulating Factor in treatment of thin endometrium in IVF

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### Abstract

**Introduction:** A functioning and receptive endometrium is crucial for embryo implantation. Thin and unresponsive endometrium is difficult to treat and contributes to implantation failure. The cross-talk between the endometrium and the developing embryo is mediated by many substances, including cytokines. Granulocyte colony-stimulating factor a cytokine marketed as filgrastim has been used for improving endometrial thickness and receptivity. We planned this study to investigate evidence available whether use of G-CSF is able to improve endometrial thickness and pregnancy outcomes in women with thin endometrium in IVF.

**Material And Method:** We searched in PubMed Central database in last 5 years using keywords (Granulocyte colony stimulating factor) AND (Thin endometrium) AND (IVF) AND (RIF).

**Result:** A total of five studies, 3 RCTs, 1 systematic review and 1 metanalysis. Discussion: In the three RCTs one RCT result is pending the other two shows no significant difference in endometrial thickness or pregnancy rate in the trial group compared to control group. Systematic review shows increase endometrial thickness as well as increased pregnancy rate in cases of RIF. Metanalysis done in RIF shows increased pregnancy rate but inconclusive about endometrial thickness.

**Conclusion:** The evidence in the literature suggests a positive influence of G-CSF for improving pregnancy rates. But the evidence in favor of endometrial thickness is either no effect or insignificant effect.

So, there is need of a more controlled RCT involving larger sample size and focusing on thin endometrium only with standard route, time and dose of administration.

### Introduction:

A functioning and receptive endometrium is crucial for embryo implantation. During the menstrual cycle the endometrium undergoes both morphologic and biologic changes that prepare it for interaction with the embryo, and ultimately for successful implantation. Once all biological changes occur, the embryo can attach, invade the endometrium and finally implant. This crucial stage lasts for a few days and is referred to as the "window of implantation". Several studies have reported a strong association between endometrial thickness and successful implantation

However, others failed to confirm such an association. The minimal adequate endometrial thickness for successful implantation, as measured in the late proliferative phase, varies between studies, with a range of 6–8 mm. However, although rare, some investigators have reported

successful implantation in an endometrium of no more than 5 mm thickness

Thin and unresponsive endometrium is difficult to treat and contributes to implantation failure

Several approaches have been implemented to increase endometrial thickness, and presumably

prepare it for the "window of implantation". Treatment with high dose oral estrogen or vaginal estradiol is one approach. Treatment with low dose Aspirin or Sildenafil by increasing blood flow to the uterus is another approach.

The cross-talk between the endometrium and the developing embryo is mediated by many substances, including cytokines (IL1, IL6 and its product LIF), integrins, adhesion molecules, growth factors and hormones etc. such as hCG, all of which support the process of apposition, adhesion and invasion

Exploration of stages of the complex process of implantation has inspired researchers to use some of the mediators to facilitate implantation for example hCG or by local injury resulting from a uterine endometrial biopsy catheter or uterine infusion of G-CSF or platelet rich plasma protein or autologous endometrial mesenchymal stromal cell infusion or bone marrow mesenchymal stem cell infusion or even systemic use of G-CSF.

Another interesting development is use of Neuromuscular electrical stimulation (NMES) combined with other modalities for improving endometrial thickness.

Granulocyte colony-stimulating factor (G-CSF or GCSF), also known as colony-stimulating factor 3 (CSF 3), is a glycoprotein that stimulates the bone marrow to produce granulocytes and stem cells and release them into the bloodstream. G-CSF is produced by endothelium, macrophages, and a number of other immune cells. The pharmaceutical analogs of naturally occurring G-CSF is the recombinant human G-CSF (rhG-CSF) synthesised in an E.coli is called filgrastim marketed as Neupogen. Another form of rhG-CSF called lenograstim is synthesised in Chinese Hamster Ovary cells (CHO cells)

The various medical uses of GCSF are

1. Chemotherapy induced neutropenia
2. Use in drug-induced neutropenia
3. Before blood donation: G-CSF is also used to increase the number of hematopoietic stem cells in the blood of the donor before collection by leukapheresis for use in hematopoietic stem cell transplantation
4. Stem cell transplants
5. For increasing endometrial receptivity/thickness: In 2011 Gleicher et.al. first used intrauterine G-CSF in four patient undergoing IVF with thin endometrium after standard endometrial preparation all the patients successfully underwent ET and conceived.

Since then G-CSF alone or in combination with other modalities has been experimented for improving endometrium and possibly pregnancy rate.

There is no standardised dose, route and time of treatment schedule. The various protocol used by different researchers in various literature are:

Local: 30 ml of GCSF gel through slow infusion into the uterine cavity under hysteroscopic guidance or without on day of hcg injection, or at the time of oocyte retrieval or on day of ET and

4thday of ET Systemic injection: s.c. 300µg one hour before ET or s.c.300µg on day of hcg or s.c.1.5mg/kg/d from transfer to day of hCG test, and if positive the treatment was continued for other 40 days.

We planned this study to investigate evidence available whether use of G-CSF is able to improve endometrial thickness and pregnancy outcomes in women with thin endometrium in IVF.

### Material And Method

This systematic review study included papers published in english literature investigated the use of intra uterine/sub cutaneous G-CSF in thin endometrium. As there was paucity of literature on thin endometrium only, we included RIF and IVF.

We searched in PubMed Central database in last 5 years using keywords (Granulocyte colony stimulating factor) AND (Thin endometrium) AND (IVF)AND(RIF).

Our primary outcome measure was endometrial thickness and secondary outcome measure was pregnancy rate.

## Result

List of the studies that evaluated the use of G-CSF in women submitted to assisted fertilization, which held thin endometrium and repeated failures

First author/Year Geographic Region	Study Type	Participants number	criteria	G-CSF method of use Date	Endometrium thickness after G-CSF (average)	Pregnancy rates (%)
Ziya Kalem et al.,2020	RCT	TG: 82 CG: 75	RIF	TG: 300 mcg IU GC: Saline	No difference	No difference
Linjiang Song et al.,china 2021	-RCT	TG: 56 CG: 43	Thin endometrium	TG:300mcg IU+TEAS CG:300mcg IU	No difference	not significantly improved
Xaiona Lin et al.,China 2020	RCT	TG: 48 CG: 48	Thin endometrium	300 mcg IU	Result pending	Result pending
Ling Zhang et al.,China 2018	Meta analysis	10 RCTs TG:521 CG:495	Infertile women under ART	Both local and systemic	inconclusive	Increased PR
Mylena et al.,Brazil2019	Systematic review	475 participants	GCSF and repeated implantation failure with thin endometrium	local	Increased thickness in 8/10 studies	Increased PR

RCT: Randomized clinical trial.

IU: intrauterine;  
CT: Clinical trial;  
TG: Treated Group;  
CG: Control Group;  
PR: pregnancy rate.

## Discussion:

We included five papers, three RCTs, one metanalysis, and one systemic review. These papers were published in last 5 years in which thin endometrium and repeated failure in assisted reproductive technique to whom G-CSF was employed.

In the three RCTs one RCT result is pending the other two shows no significant difference in endometrial thickness or pregnancy rate in the trial group compared to control group. A systemic review by Mylena et al;Brazil 2019 shows increased endometrial thickness in eight out of ten studies. This review was done from 2008 to2018 in English Spanish and Portuguese it also showed increased overall pregnancy rate but the cases selected were recurrent implantation failure with thin endometrium.

One robust metanalysis done by Ling Zhang et al., China 2018 consisting of ten RCTs involving 1016 IVF-ET cycle concluded that G-CSF administration has a beneficial role on the clinical outcome after embryo transfer by both routes of local infusion and systematic administration, especially for the cases with RIF. Further RCTs are needed to investigate the role of G-CSF in thin endometrium patients.5

## Conclusion

The evidence in the literature suggests a positive influence of G-CSF for improving pregnancy rates. But the evidence in favor of endometrial thickness is either no effect or insignificant effect. So, there is need of a more controlled RCT involving larger sample size and focusing on thin endometrium only with standard route, time and dose of administration.

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# INVITED ARTICLES

## REVIEW OF ARTICLE - ROLE OF STEM CELLS IN THIN ENDOMETRIUM

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The endometrium of uterus in human is a very complex and dynamic tissue, which undergoes periods of growth and turn over in every menstrual cycle, during wide resection, parturition, and in postmenopausal women who receive estrogen substitution therapy(1). The endometrium consists of two type of cells; i.e., epithelial cells (containing luminal and glandular cells) and supporting mesenchymal cells(2). From a functional point of view, the endometrium has two different layers; i.e., the outer functionalis layer and the inner basalis layer. The functionalis is composed of compact glandular tissue and a slack connective stroma, whereas the stroma forms the main part of inner basalis layer. During each cycle of the menstrual period, the functionalis and a small part of the basalis are shed (3). The rebuilding of the functional layer is very important for the expansion of a tissue, which is responsible for implantation and menstruation(4). The regeneration of surface epithelial in endometrium occur as a result of stromal cells that are differentiated & is not a direct development of the remains basal epithelial glands(5,6).

Sometimes the shed endometrium is not able to regenerate itself & may be due Defective function of endometrial stem/progenitor cells which results in incompetent thin endometrium (< 7 mm). Sufficient growth of the endometrium is one of the essential factors required for prosperous implantation.

Thin endometrium is a cause of worry as it is related to lower implantation and pregnancy rates. A number of treatments have been tried to increase endometrial growth, but none has been validated up to now.

The most popular ongoing treatments are intra-uterine granulocyte colony-stimulating factor, extended estrogen support, human chorionic gonadotropin priming in the follicular phase, and drugs that increase endometrial blood flow which includes Pentoxifylline, tocopherol, sildenafil, and L-arginine(7).

Cell-based therapies using endometrial stem/progenitor cells hold promising role in restoring poor endometrium.

Stem cells are undifferentiated cells that have the potential to multiply as a stem cell in undifferentiated form (self-renewal) and to mature and differentiated cells. Stem cells can be classified based on their capability to produce various types of cells: totipotent, pluripotent, multipotent, and unipotent(8).

Considering the self-renewal and the capacity of multi-lineage differentiation, stem cells therapy can be useful in the treatment of many degenerative diseases and situation that therapeutic choices are limited or do not exist. Stem cells have the potential of substituting damaged cells in the endometrium. In addition, multipotent and pluripotent stem cells has shown beneficial paracrine effects, which can decrease cell death and provide growth/trophic support to host cells and reformative activities in the host tissues. It is commonly approved that transplanted cells can provide morphological and functional benefits through multiple mechanisms including, but not restricted to, trophic support, cell replacement, regeneration of endogenous cells,

immunosuppression/anti-inflammation, stimulation, and regulatory interactions with endogenous cells(9). The scope of stem cell therapy is quickly developing and, today clinical trials have begun to investigate the use of stem/progenitor cells in the therapy of degenerative diseases, cancer, and the renovation of damaged or lost tissues(8).

A concise review of the current clinical applications of stem cell therapy in endometrial disorders will be discussed here.

YEAR	TYPE OF STUDY	CONDUCTED BY	SIZE	TITLE	POPULATION/INCLUSION CRITERIA	OUTCOME
2018	Prospective non-controlled phase I clinical trial	Caoetal	26	26 Allogeneic cell therapy using umbilical cord MSCs on collagen scaffolds for patients with recurrent uterine adhesion: a phase I clinical trial	Female with secondary infertility or embryo transfer failure due to recurrent intrauterine adhesion formation & age < 45 years	Total 10 patients became pregnant by the end of 30-month follow-up period out of which 8 patients had given live birth (6 term & 2 preterm), 1 patient was still in the third trimester of pregnancy (in august 2017) and 1 patient suffered from spontaneous abortion. All babies were healthy, including the two preterm babies(10).
2020	Observational study	Maetal	12	Intrauterine transplantation of autologous menstrual blood stem cells increases endometrial thickness and pregnancy potential in patients with refractory intrauterine adhesion	Female in age grp (22-40 yrs) with refractory intrauterine adhesions, endometrial thickness < 6 mm after traditional treatment, infertility > 1 yr.	5 patients conceived including 4 pregnancies after embryo transfer and 1 via sexual intercourse (11).
2021	Pilot study	Zhangetal	18	Unresponsive thin endometrium caused by Asherman syndrome treated with umbilical cord mesenchymal stem cells on collagen scaffolds	Female in age grp of 20-40 years, infertile female received (ART) and had frozen embryos in store, patients who underwent at least hysteroscopic adhesiolysis (HSA) twice and the uterine cavity returned to normal, women with ET < 5.5mm with the use of 6-8 mg/day estradiol valerate combined with at least 1 round of treatment with aspirin, granulocyte colony stimulating factor (G-CSF), heparin, vaginal sildenafil, or Chinese traditional medicine	Significant increase in endometrial thickness from 4.08 ± 0.26mm to 5.87 ± 0.77mm, 3 female got pregnant out of which 2 gave birth to live child & 1 had miscarriage @ 25 weeks(12).
2020	Systemic review & meta-analysis	Zhaoetal	8 studies	Clinical Efficacy and Safety of Stem Cell-Based Therapy in Treating Asherman Syndrome	Patients having Asherman syndrome and received conventional hysteroscopy adhesiolysis or hormone replacement treatment, but with no obvious alleviation, Patients administered with MSC-based stem cell therapy, data containing base line after conventional treatment and outcomes concerning the MSC-based treatment. Outcomes included menses improvement, endometrial thickness changes, side effect reports, or pregnancy outcome. Internal control, prospective follow-up studies. Written in English.	stem-cell based therapy was safe and effective in improving Asherman syndrome patients' conditions. To be specific patients has improved their menstrual volume, increased endometrial thickness, and restored regular menstrual cycles to some extent, which made it possible to provide a suitable environment for nurturing a baby, combination of stem cell transplantation and hormone was widely recognized to play an adjuvant role in maintaining the necessary estrogen level, which is needed for restoring endometrium. Thus, these results lend support to stem cell therapy as a therapeutic strategy that can enhance the prognosis of Asherman syndrome, especially for those failing conventional treatment(13).

### Conclusion

Endometrium plays an important role in reproductive and maternal health, and therefore it is important to maintain a physiological structure of endometrium & to eliminate the defects, and restore the damage. Stem cells have been the subject of intense research because of their beneficial functions. Active research is going on in this field & from the researches done in this field it can be concluded that stem cells can be a important therapy to remedy degenerative diseases, cancer, and renovation of damaged tissues for which there are limited or no therapeutic choices. Hope has been kept alive that stem cell therapy can treat many diseases, especially in diseases such as Asherman syndrome and thin endometrium. Stem cells derived from bone marrow, endometrium, menstrual blood, and cord blood can help in regeneration of the endometrium. Different approaches have already been tried to boost survival of transplanted cells in the stem cell therapy. Some forms of biomaterials like scaffolds, hydrogel, and nanostructure lipid carrier are tried to promote stem cell/drug delivery; thus, these novel biomaterials can improve the outcome of the cell therapy. hUCMSCs are best for regenerating the endometrium because features like easy accessing, having faster self-renewal properties, harvesting by non-invasive procedures in abundance, and weakly immunogenic effects. Certainly, other types of stem cells like menSC, hAMSC, and MSC have beneficial characters and can be useful in this area. We have gained much information in this field, many concerns still remain like in the field of endometrium repair, EnSCs are involved in the pathogenesis of several gynecological diseases such as endometrial cancer, endometrial hyperplasia, endometriosis, and adenomyosis. Another concern in this area is that stem cells, in addition to being involved in proliferation, also stimulate angiogenesis through secreting growth factors. Furthermore, the major obstacle that prevents the clinical development of embryonic stem cells is teratomas.

From all the studies we can conclude that stem cell and hormone combination therapy have superior therapeutic effects in improving menstruation duration, pregnancy outcome, and endometrial

thickness. Moreover, this kind of therapy was also concluded with a favorable safety profile. However, further studies with large sample sizes are needed to establish more

solid evidence for administrating this therapy in clinic.

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# INVITED ARTICLES

## ROLE OF PLATELET-RICH PLASMA (PRP) IN THIN ENDOMETRIUM

### INTRODUCTION

Implantation is the most important and vital process in reproduction. Endometrial thickness is directly related to endometrial receptivity and is a good predictor of success in assisted reproduction technology. Management of thin endometrium in ART has always been challenging and various options like estrogen, vitamin E, Ecosprin, Sildenafil, G-CSF are available for its management.

Endometrial scratching is a procedure done in luteal phase to improve endometrial receptivity a successful implantation of the embryo.

Stem cell therapy and platelet rich plasma (PRP) has emerged as a new promising treatment modalities in patients with repeated ivf failure due to thin endometrium.

PRP has been used in many medical specialties as it stimulates and causes regeneration of tissues such as mucosa, skin fat and even in promoting healing responses of diseases of bones and tendons.

PRP is prepared from autologous fresh whole blood which have a high concentration of various cytokines and growth factors such as platelet-derived growth factor (PDGF), vascular endothelial growth factor (VEGF), epidermal growth factor (EGF), transforming growth factor (TGF), fibroblast growth factor (FGF), Interleukin - 8, fibronectin and various other factors that initiate healing process.

Recently few studies have been done showing improvement in thickness of endometrium after PRP treatment in repeated ivf failure with history of thin endometrium but complete efficacy and treatment yet need to be established.

### METHOD OF PREPARATION:

PRP is autologous blood plasma containing concentrated platelets prepared from autologous whole blood by centrifugation method. In this process blood is collected by venipuncture in tubes containing anticoagulants such as acid citrate dextrose (ACD).

PRP is prepared by two methods:

#### 1. Double centrifugation PRP method

In this method PRP is prepared by double centrifugation method. Whole blood collected in tube with anticoagulant is centrifuged which make three different layers. The top most layer contains high concentration of platelets, middle layer known as buffy coat layer with WBCs and bottom layer mostly with RBCs. Upper layer with buffy coat is then transferred into a sterile tube and second centrifugation is done. There is formation of platelet pellets at the bottom of the tube which is lower one third is PRP and upper 2/3rd is platelet-poor plasma (PPP). PPP is removed and the platelet pellets is suspended in a minimum quantity of plasma (2-4 mL) by gently shaking the tube.

#### 2. Buffy coat method

In the buffy coat method, the whole blood is centrifuged at "high velocity" with subsequent collection of only the middle layer containing mainly white blood cells and platelets. The resulting whole blood is stored at 20 °C to 24 °C and then centrifuged at a high speed, resulting in three layers: a bottom layer consisting of red blood cells; a middle layer consisting of platelets and white blood cells; and a top layer containing PPP.

The top layer is discarded from the tube. The "Buffy-coat" layer is transferred to another sterile tube. The aspirate is re-centrifuged at a low rate to

cause white blood cell separation or a leukocyte filtering filter is used.

### SIDE EFFECTS:

As PRP is prepared from patient own whole blood, minimal side effects are expected with intrauterine instillation of platelet rich plasma (PRP). Occasionally there can be small bruises or irritation on injection site.

### MODE OF ACTION:

PRP contains highly concentrated platelets which release various growth factors from alpha granules of platelets, which stimulate and enhance natural healing process in different clinical applications.

Platelet causes release of various growth factors such as platelet derived growth factor, vascular endothelial growth factor (VEGF), Fibroblast growth factor (FGF), connective tissue growth factor, insulin like growth factor (IGF-1), chemokines and other cytokines that stimulate proliferation and growth.

Activation of growth factors lead to activation of a cascade of an intracellular signal proteins that causes the expression of a genes leading to cellular proliferation, matrix formation, osteoid production and collagen synthesis leading to initiation and acceleration of the natural healing process.

PRP stimulates endometrial cell proliferation, migration, endometrial regeneration and repair. When endometrial lining is still thin i.e less than 7 mm even after standard hormonal therapy in a stimulated cycle of ART, PRP is injected into the uterine cavity on the tenth day of the HRT cycle and can be repeated 2-3 times if endometrial thickness does not increase after 72 hrs of PRP infusion.

### REVIEW OF LITERATURE:

Zadehmodarres et al. in a pilot study showed the role of PRP on endometrial growth and they found in all the participants that after two PRP infusions in all patients who had a history of cycle cancellation due to the thin endometrium (1).

Siddhartha Nagireddy et al. conducted a non randomized single arm trial on effect of autologous PRP for the management of thin endometrium in frozen embryo transfer cycle.

All women who presented with thin endometrium in FET cycles were included in their study and intra uterine PRP was infused on day 11 of HRT cycle. They concluded that autologous PRP significantly improves endometrial thickness in cases of thin endometrium in FET cycles and reduces cycle cancellation rate (2).

A prospective cohort study was conducted by Y. Chang et al on 42 cycles of 34 patients to evaluate the effectiveness of platelet-rich plasma (PRP) in women with thin endometrium in frozen embryo transfer cycles (FET).

PRP was infused intrauterine on the 10th day in HRT cycle and progesterone administration day in patients with thin endometrium with thickness less than 7 mm. They concludes that PRP played an vital role in promoting endometrium proliferation and improving embryo implantation rate (3).

The PRP has also been listed for the management of thin endometrium in assisted reproduction of the clinical guideline published in July 2019 from the Canadian Fertility and Andrology Society, but the level of evidence recommended is just weak. (4)

Another prospective study was done by A. Morad et al to establish the efficacy of PRP in thin endometrium on thirty anovulatory PCOS women with CC failure for 3 cycles and found that

Intrauterine infusion of PRP could be a promising agent to increase endometrial thickness and endometrial blood flow and thus improved clinical pregnancy rate. (5)

A Prospective interventional study was done by Kim H et al in 2019 to study the effect of PRP in 24 FET patients with history of two or more failed IVF cycles and refractory thin endometrium. They concluded that PRP improved implantation, pregnancy and live birth rate and it was able to improve some aspects of endometrial receptivity (6).

A randomized clinical trial was done by Maryam efekhar Research and Clinical Center for Infertility, Yazd, Iran to establish that autologous platelet rich plasma expands endometrial thickness and improve pregnancy rate during frozen-thawed embryo transfer cycle.

They included 33 patients with thin endometrium and instilled intrauterine PRP on 13th day of HRT in patients with endometrial thickness less than 7 mm. they concluded that though statistical difference were not significant PRP seemed to have lower cancellation rate and higher pregnancy rate.

### Conclusion

PRP is an autologous cell therapy containing many bioactive growth factors that are involved in the treatment of chronic wounds, severe burns, chronic joint diseases. Though endometrial thickness management is still a challenge in ART to treating infertility specialist many studies and randomized control trials have proved efficacy of PRP in improving endometrial rejuvenation and thus increasing the implantation potential and pregnancy rate.

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## FERTILITY KONNECT

For upcoming Gynecologists & Post Graduates on  
Basics of Infertility & Reproductive Endocrinology

A joint effort of




**Topic: Endocrine Disorders related to Infertility**

Date: 10<sup>th</sup> October 2021 Time: 11 to 12 pm



**Dr. Sudha Prasad**  
President, IFS



**Dr. Neena Malhotra**  
Secretary General, IFS



**Speaker- Dr. Leena Wadhwa**  
Additional Secretary IFS,  
Professor (Obs & Gyn) & Unit Incharge  
ESIC IVF & Fertility Research Centre, New Delhi

**Moderators**



**Dr. K. Subash Malya**  
Chairperson Elect-FOGSI Endoscopy Committee 2021-23  
PVS Hospital & baby memorial hospital - Calicut, Kerala



**Dr. Anika Goswami**  
Incharge of Goswami Fertility Centre, Hissar

**Registration & Webinar Link**

<https://webinar365.in/SUN-SPECTRA-IFS-Webinar/>

For more information: [www.Indianfertilitysociety.org](http://www.Indianfertilitysociety.org)  
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08 October, 2021	Energy Sources Ectopic Pregnancy
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29 October, 2021	Myomectomy and Adenomyomectomy & fertility Tissue Retrieval and Morcellation
05 November, 2021	Fertility Sparing Surgeries in Cancer

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 Dr Damodar Rao  
+91-900 333 4329  
 Dr Renu Misra  
+91-981 114 7217

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Dr. Sudha Prasad  
President, IFS



Dr. Neena Malhotra  
Secretary General, IFS



Dr. Renu Misra  
Convener



Dr. Damodar R Rao  
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## ADVANCE IV

# PRACTICES & CONTROVERSIES IN OVULATION INDUCTION

29<sup>th</sup> OCT 2021

13:30 UAE TIME



V Hotel, Habtoor  
Complex, Dubai



## FERTILITY KONNECT

For upcoming Gynecologists & Post Graduates on  
Basics of Infertility & Reproductive Endocrinology

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### Topic : Secondary Amenorrhea

Date: 14<sup>th</sup> November 2021 Time : 11 am to 12 pm



**Dr. Sudha Prasad**  
President, IFS



**Dr. Neena Malhotra**  
Secretary General, IFS



**Speaker - Dr. Juhi Bharti**  
Associate Professor, Department of Obs & Gyn,  
AIIMS, New Delhi

Moderator



**Dr. Piya Ray**  
Ex Joint Secretary, IFS West Bengal Chapter  
Consultant AMRI Hospitals, Kolkata  
Director, Miracle Fertility & Multispecialty Clinic, Kolkata

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## Indian Fertility Society and Senora Division of Sun Pharma

Cordially Invites you for the  
**Scientific Session**



**Program Convenor**  
**Dr Rajapriya Ayyappan**  
Secretary, Indian Fertility Society  
Tamilnadu Chapter

Case 1	EFS. Not always empty	Dr. Karpagambal Sairam
Case 2	BOH with RIF	Dr. Kavita Gautham
A revolutionary combination in OBGYN		Dr. Nandita A. Thakkar
Case 3	Luteal phase stimulation - is it a way forward for poor responders	Dr. Radhika Meka
Case 4	Pcos resistant to stimulation - will cocktails Work	Dr. Divya Selva Mani

Date: Tuesday, 23<sup>rd</sup> November 2021 | Time: 1.30 pm.

**Venue**  
**Hotel Taj Club House, Royapetta Chennai.**

LUNCH FOLLOWED BY SESSION

Florita LL

A Revolutionary Combination of Lactobacilli & Lactoferrin

Restores Eubiosis, Regulates Inflammatory Markers

## FERTILITY KONNECT

For upcoming Gynecologists & Post Graduates on  
Basics of Infertility & Reproductive Endocrinology

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### Topic : Tubal Factor Infertility-Evaluation and Management

Date: 28<sup>th</sup> November 2021 Time : 11 am to 12 pm



**Dr. Sudha Prasad**  
President, IFS



**Dr. Neena Malhotra**  
Secretary General, IFS



**Speaker - Dr. Chinta Parimata**  
Assistant Professor,  
Dep. of Reproductive Medicine and Surgery  
CMC, Vellore, Chennai

Moderator



**Dr. R. Thillai Nachiyar**  
Senior Assistant Professor,  
IOG, Egmore, Chennai

Registration & Webinar Link

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## FERTILITY KONNECT

For upcoming Gynecologists & Post Graduates on  
Basics of Infertility & Reproductive Endocrinology

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### Topic : Mullerian Anomalies - Diagnostic Challenges and Management

Date: 19<sup>th</sup> December 2021 Time : 11 am to 12 pm



**Dr. Sudha Prasad**  
President, IFS



**Dr. Neena Malhotra**  
Secretary General, IFS



**Speaker - Dr. Kuldeep Jain**  
Director, KJIVF & Laparoscopy Centre, Delhi  
Founder Secretary and Past President, IFS

Moderator



**Dr. Suparna Banerjee**  
Clinical Director of Ankur Fertility Clinic  
and Institute of Reproductive Solution, Kolkata  
Immediate Past Secretary of IFS, Bengal Chapter

Registration & Webinar Link

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## FERTILITY KONNECT

For upcoming Gynecologists & Post Graduates on Basics of Infertility & Reproductive Endocrinology

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**Topic : PCOS-Etiopathogenesis and Diagnosis**

Date: 16<sup>th</sup> January 2022 Time : 11 am to 12 pm

**Dr. Sudha Prasad**  
President, IFS

**Dr. Neena Malhotra**  
Secretary General, IFS

**Speaker - Dr. Sonia Malik**  
Director & HOD, Southend Fertility & IVF, Delhi  
Past President, Indian Fertility Society

Registration & Webinar Link  
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## FERTILITY KONNECT

For upcoming Gynecologists & Post Graduates on Basics of Infertility & Reproductive Endocrinology

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**Topic : Hirsutism**

Date: 13<sup>th</sup> February 2022 Time : 11 am to 12 pm

**Dr. Sudha Prasad**  
President, IFS

**Dr. Neena Malhotra**  
Secretary General, IFS

**Speaker - Dr. Reeta Mahey**  
Additional Professor (ART) in Dept of Obs & Gyn.  
AIMS, New Delhi

Registration & Webinar Link  
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## Indian Fertility Society

**We are pleased to extend a warm invitation to all Office Bearers, Executive Members & SIG**

**Installation IFS Team 2022-24 and first EBM**

on Saturday, 23rd April, 2022  
at Hotel Pride Plaza  
from 7:30 PM Onwards

7:30 PM	Talk by Faculty
8:00PM to 8:20PM	Installation Ceremony
8:20PM to 8:30PM	President's Vision for 2022
8:30PM to 8:40PM	Secretary's report and vote of thanks
8:40PM to 9:00PM	A walk with the Past Presidents of IFS (2005-2022) Dr. Gita Khanna, Dr. Neeru Thakral, Dr. Manjusha

**Drinks & Dinner**  
9.00 PM Onwards

**Dr. KD Nayar**  
President, IFS

**Dr. Surveen Ghumman**  
Secretary General, IFS

We look forward to your esteemed presence

Meeting ID: 871 2951 0330    Passcode: 987602

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## ONLINE WORKSHOP

### INDIAN FERTILITY SOCIETY RESEARCH METHODOLOGY WORKSHOP

#### CLINICAL TRIAL: HOW TO BEGIN?

1<sup>st</sup> June, 2022 | 9:15 AM - 1:00 PM

**Dr. KD Nayar**  
President, IFS

**Dr. Surveen Ghumman**  
Secretary General, IFS

Mentor	Convener	Co-Convenors	

Time	Topic	Speaker
9:15 - 9:20 AM	Welcome Address	Dr. K.D. Nayar
9:20 - 9:25 AM	Introduction to the workshop	Prof. Mohan S. Kamath Dr. Ruma Satwik
Experts: Dr. Umesh Jindal & Dr. Jyotsna Suri		
9:30 - 10:15 AM	Why and When to plan an RCT	Dr. Ruma Satwik
10:15 - 11:00 AM	Steps of an RCT: An overview	Prof. Mohan S Kamath
Experts: Dr. Achla Batra, Dr. Treasa Joseph & Dr. Harpreet Sidhu		
11:05 - 11:45 AM	Setting up a protocol	Dr. Garima Kapoor
11:45 - 12:30 PM	Ethical and regulatory requirements	Dr. Padma Rekha Jirge
12:30 - 1:00 PM	Collaborative framework: the future?	Prof. Mohan S Kamath

**WORKSHOP FEES**  
Rs 1000/- ONLY

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31<sup>st</sup> May, 2022  
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**STEP 3:** You would receive a link to the workshop through the email id you would have used to contact us.

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## Indian Fertility Society And Elite Gynae Forum

cordially invite you for scientific program

26th May 2022 | Time : 1.30pm to 4.30pm  
Venue: Hyatt Centric Janakpuri, New Delhi

**Dr. K.D. Nayar**  
President, IFS

**Dr. Surveen Ghumman**  
Secretary General, IFS

**Dr. Narinder Kaur**  
President, Elite Gynae Forum

**Dr. Sunita Lamba**  
Chairperson, Elite Gynae Forum

Lunch Time : 1.30pm to 2.30pm

**Scientific Program**

**TOPIC 1 - Role of antioxidants in Male infertility**

Speaker	Chairpersons	Speaker	Chairpersons
<small>Dr. K.D. Nayar Chief Consultant, Infertility &amp; IVF at Barakhamba Rd Center, Dept. of Reproductive Medicine, Max Chennai Dent Hospital</small>	<small>Dr. Surveen Ghumman Director &amp; Head Infertility &amp; IVF, Max Hospital Delhi</small>	<small>Dr. Shalini Chawla Khanna Senior FIV and Laparoscopic Consultant with Max Hospitals, Delhi and NCR</small>	<small>Dr. Neeru Kean Past President IMA District</small>

**TOPIC 2- Choosing the right cocktail for LPD**

Speaker	Chairpersons	Speaker	Chairpersons
<small>Prof. Neena Malhotra Department of Obstetrics and Gynecology, AIIMS</small>	<small>Dr. Leena Walia Joint Treasurer, IFS</small>	<small>Dr. Prii Gupta Senior Consultant, Fortis FIV Delhi</small>	<small>Dr. Parul Bhatnagar Consultant Gynecologist &amp; Fertility specialist at Auro Health, Janakpuri, New Delhi</small>

**TOPIC 3- Prevention of PPH - Carbetocin The new kid on block!**


Speaker	Chairpersons	Speaker	Chairpersons
<small>Dr. Aruna Nigam Head of the Department, HANSI, Delhi</small>	<small>Dr. Narinder Kaur Practising Gynaecologist, President, Elite Gynae Forum</small>	<small>Dr. Anshu Arora Senior Consultant, Sri Nursing Home, Janak Puri</small>	<small>Dr. Sunita Lamba Dr. Consultant, ICD Obstetrics &amp; Gynaecology, Max Chennai Dent Hospital</small>

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# IFS ACTIVITIES

## SIG Activity



**Clinical Applications Of Genetic Testing For Obstetrics Care**

Date: **17<sup>th</sup> APRIL (SUNDAY)** | Venue: **THE PARK 15, PARLIAMENT STREET NEW DELHI 110001** | Time: **10:30 AM ONWARDS**

**Chief Guest:**  
**Dr. KD Nayar**  
PRESIDENT, INDIAN FERTILITY SOCIETY (IFS)

**Coordinators:**  
**Dr. Seema Thakur**  
SENIOR CONSULTANT, GENETICS & FETAL DIAGNOSIS  
**Dr. Sarabpreet Singh**  
CONVENOR, SIG, APPLIED GENETICS IFS




**WEBINAR**

**Coping with emotions of Infertility**  
Friday, 29th April '22 at 6.00 PM IST onwards

**President IFS**  
Dr. K. D. Nayar

**Secretary General IFS**  
Dr. Surveen Ghumman

**Speakers**

**Dr. Poonam Nayar**  
Consultant Clinical Psychologist,  
Alanksha IVF Center

**Dr. Rajvi Mehta**  
Convener  
SIS Holistic Medicine, IFS

**Programme Details**

Session	Speaker	Duration
Opening remarks	Dr. K. D. Nayar & Dr. Surveen Ghumman	
The emotions of an infertile couple	Dr. Poonam Nayar	20 mins.
	Q and A	
Yoga for handling emotional stress (Live demonstration)	Dr. Rajvi Mehta	20 mins.
	Q and A	




**IFS TAMIL NADU, IFS SOUTH TN. & SIG RE**  
Invite you for webinar on  
**Reproductive Endocrinology THYROID and FERTILITY**  
Date: **17<sup>th</sup> May 2022 (Tuesday)** Time: **03:30 PM to 05:30 PM**

**Indian Fertility Society** | **Chairpersons**

**Dr. KD Nayar** President, IFS | **Dr. Surveen Ghumman** Secretary, IFS  
**Dr. T. Suresh Dutt** Patron, IFS South TN | **Dr. Uma Velupillai** Consultant, Apollo, India

**Session - 1**

**Pathophysiology Links Between Thyroid and Fertility** | **Prescribing Right Dose & Management of Hypothyroidism**

**Dr. Anjali Sathya** Senior Endocrinologist, Vijaya Health Center | **Dr. Jayashree Gopal** Senior Endocrinologist, Apollo Hospital

**Session - 2 : Q & A Discussion**

**Moderators**

**Dr. Swetha Mittal** Consultant, SIG Reproductive Endocrinology | **Dr. Rajapriya Ayyappan** Secretary, IFS Tamil Nadu

**Expert Panelists**

**Dr. Sudhir Tripathi** Consultant Endocrinologist, Sri Ganga Nam Hospital, New Delhi | **Dr. Anjali Sathya** Senior Endocrinologist, Vijaya Health Center | **Dr. Jayashree Gopal** Senior Endocrinologist, Apollo Hospital

**CLICK HERE TO REGISTER**



**ONLINE WORKSHOP**  
**INDIAN FERTILITY SOCIETY**  
**RESEARCH METHODOLOGY WORKSHOP**  
**CLINICAL TRIAL: HOW TO BEGIN?**  
1<sup>st</sup> June, 2022 | 9:15 AM - 1:00 PM

**Mentor**: Dr. KD Nayar, President, IFS  
**Convener**: Dr. Surveen Ghumman, Secretary General, IFS

**Co-Convenors**

**Dr. Umesh N. Jindal** | **Prof. Mohan S Kamath** | **Dr. Rama Satwik** | **Dr. Garima Kapoor**

Time	Topic	Speaker
9:15 - 9:20 AM	Welcome Address	Dr. K.D. Nayar
9:20 - 9:25 AM	Introduction to the workshop	Prof. Mohan S. Kamath Dr. Rama Satwik
<b>Experts: Dr. Umesh Jindal &amp; Dr. Jyotsna Suri</b>		
9:30 - 10:15 AM	Why and When to plan an RCT	Dr. Rama Satwik
10:15 - 11:00 AM	Steps of an RCT: An overview	Prof. Mohan S Kamath
<b>Experts: Dr. Achla Batra, Dr. Treasa Joseph &amp; Dr. Harpreet Sidhu</b>		
11:05 - 11:45 AM	Setting up a protocol	Dr. Garima Kapoor
11:45 - 12:30 PM	Ethical and regulatory requirements	Dr. Padma Rekha Jirge
12:30 - 1:00 PM	Collaborative framework: the future?	Prof. Mohan S Kamath

**WORKSHOP FEES - 1000/- ONLY**

**To Register:**

**STEP 1:** Please make an NEFT of Rs. 1000 payable to "Indian Fertility Society" with bank details as given below.

**Bank Details**

Account name: Indian Fertility Society  
IFSC Code: UTIB0000007  
Branch: Barakhamba Branch, 148, State Street House, Barakhamba Road, Connaught Place, New Delhi-110001

Account No: 918810102280295  
Bank Name: Axis Bank

**STEP 2:** Please email the following details: Name, Qualification, Designation, Place of work, Contact number and copy of NEFT slip or number to indianfertilitysocietydelhi@gmail.com by or before 11.5.22.

**STEP 3:** You would receive a link to the workshop through the email id you would have used to contact us.

**STEP 4:** For any Queries: Contact: 9136709307, 9899308063, 01140010104

[www.indianfertilitysociety.org](http://www.indianfertilitysociety.org) | [indianfertilitysocietydelhi@gmail.com](mailto:indianfertilitysocietydelhi@gmail.com) | [indianfertilitysociety](https://www.facebook.com/indianfertilitysociety)



**INDIAN FERTILITY SOCIETY**

**5<sup>th</sup> JUNE 2022**

**IFS TAMILNADU AND SIG ANDROLOGY**

**HANDS ON SEMEN ANALYSIS AND PREPARATION**

**Dr. K. D. Nayar** IFS President | **Dr. Surveen Ghumman** IFS Secretary General

**IFS TAMILNADU CHAPTER**

**Dr. Rajapriya Ayyappan** Secretary | **Dr. K. Aarathy Paari** Executive Member

**Dr. Venugopal** SIG Andrology



# IFS ACTIVITIES

## Chapter Activity





**A never ending cycle of Learning**

*With*  
**IFS-Punjab Chapter**

**on 7<sup>th</sup> Jan - Friday**  
**Time : 6.30pm onwards**



**Dr. Sudha Prasad**  
President IFS



**Dr. Neena Malhotra**  
General Secretary IFS



**Dr. KD Nayyar**  
President Elect

**Guest Speaker**



**Dr. Geetendra Sharma**



**Dr. Sarabjeet Singh**  
Chapter Secretary  
Punjab IFS



**Dr. Sukriti Bansal**  
Jt. Secretary  
Punjab IFS



**Dr. Jasleen Randhawa**  
Treasurer  
Punjab IFS

Time	Topic
06:30 pm	Inauguration by Dr. Sudha Prasad (President IFS)
06:35 pm	Lohri greetings by Dr. Neena Malhotra (General Secretary IFS)
06:40 pm - 07:10 pm	ART Act by Dr. Geetendra Sharma
07:10 pm - 08:00 pm	Genes & Genetics in Reproductive Medicine: Panel discussion
	<div style="width: 45%;"> <b>Expert Panelists</b>                      Dr. Umesh Jindal                      Dr. KD Nayyar                      Dr. Sangeeta Khatter                      Dr. Sheetal Jindal                      Dr. Sanjeev Kumar                 </div> <div style="width: 45%;"> <b>Moderators</b>                      Dr. Sarabjeet Singh                      Dr. Sukriti Bansal                 </div>

Please click the link below to join the webinar:  
<https://zoom.us/j/96856704139?pwd=c0xGUTRYd2tOZVJENm5WU1ZjWJRkQT09>

**Passcode: 175350**

**Faculty**



**Dr. Umesh Jindal**



**Dr. Sangeeta Khatter**



**Dr. Sheetal Jindal**



**Dr. Sanjeev Kumar**



### Indian Fertility Society (Haryana) & Rewari Obs Gyn Society

present

## RECURRENT IVF FAILURE HOW TO IMPROVE RESULTS

Tuesday, Jan 18, 2022 | 4:30 PM – 6:00 PM

**Guest of Honour**



**Dr. Sudha Prasad**  
Director Mediana, Advanced IVF & Training Center, New Delhi  
President Indian Fertility Society

**CONVENORS**



**Dr. Sonu Bahara Ahlawat**  
Unit Head Reproductive Medicine  
Aravind Hospital Gurgaon  
Secretary Haryana chapter IFS



**Dr. Seema Mittal**  
Director Laxmi Memorial Hospital & Infertility Center Faridkot  
Treasurer Haryana chapter IFS

CLICK HERE TO REGISTER NOW

**ZOOM ID: 864 6806 9435**  
No password

**DIFFICULTIES ENCOUNTERED DURING OPU & ET**

**Speaker**



**Dr. Sonia Malik**  
Director & HOD  
Nova Southend Fertility & IVF New Delhi  
Past President Indian Fertility Society

**Chairpersons**



**Dr. Neeru Thakral**  
Director Morpheus Thakral IVF Center & Hospital Gurgaon  
Past President Haryana chapter IFS



**Dr. Shalu Gupta**  
Associate Director  
Cloud 9 hospital Gurgaon

**CLINICAL APPROACH TO IMPROVING THE ENDOMETRIUM:  
EVIDENCE BASED EVALUATION**

**Speaker**



**Dr. Abha Majumdar**  
Director Center of IVF & Human Reproduction  
Sri Ganga Ram Hospital  
New Delhi

**Chairpersons**



**Dr. Priya Varshney**  
Sr. Consultant IVF  
Cloud 9 hospital Gurgaon  
Secretary Haryana IFS



**Dr. Reema Goel**  
Director & Infertility Consultant  
Vishrushi Nursing Home Gurgaon  
Secretary Mission PINK Health

**BETTER IVF OUTCOME FOLLOWING IMPROVED LAB AMBIENCE**

**Speaker**



**Dr. KD Nayyar**  
Sr. Consultant & HOD  
Akanksha IVF Centre  
Mata Chanan Devi Hospital Delhi  
President Elect Indian Fertility Society

**Chairpersons**



**Dr. Pooja Sinha**  
Consultant Rohtak Medical College  
Executive member IFS



**Dr. Meenakshi Dua**  
Clinical Director  
ART Fertility Clinics Gurgaon

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# IFS ACTIVITIES

## Chapter Activity

**INDIAN FERTILITY SOCIETY  
Vidarbha Chapter (IFS-VC)**  
In Association with  
**Nagpur Obstetrics and Gynecological Society (NOGS)**  
Presents  
**Sizzling Masterstroke  
Fertility Web-Series** Participants will get  
**1 ICOG  
Points**

**Series 9**

**Embryologist: Infusing 'Healthy' life *in vitro***

Cordially invite you to  
**COR CONNECT- Live Show**

**JAN 22 2022** Supported by  
Aarush  
COR **6:00 PM**

[www.corconnect.org/ifsvidarbh](http://www.corconnect.org/ifsvidarbh)  
HELP LINE : +91-9481507191

**Welcome Address by Dr. Sushma Deshmukh**

**Lecture 1  
Sperm, Egg & Embryo Vitality: Is Embryologist the Nutritionist?**

**Speaker** **Chairpersons**

Dr. Rajvi Mehta, Dr. Sandeep Karunakaran, Dr. Krishna Chaitanya

Dr. Sudha Prasad (President IFS), Dr. Neena Malhotra (Hon. Secretary, IFS), Dr. Sushma Deshmukh (Secretary, IFS-VC), Dr. Bindu Chimote (Joint Secretary, IFS-VC), Dr. Alka Mukherjee (President, NOGS), Dr. Ashish Kubde (Secretary, NOGS)

Dr. Rajvi Mehta, Dr. Sandeep Karunakaran, Dr. Krishna Chaitanya

**Lecture 2  
Handling frozen life: Do's & Dont's in Cryopreserving gametes, embryos**

**Speaker** **Chairpersons**

Dr. Goral Gandhi, Dr. Pranay Ghosh, Dr. Ashwini Kale

**Debate  
Preserving Fertility: Vitrifying Oocytes or Embryos?**

**Speaker** **Speaker**

Dr. Gaurav Kant, Dr. Keshav Malhotra

**Judges**

Dr. Nishad Chimote, Dr. Sayali Kandari

**Q & A Session**

**Quiz Masters**

**Shining STARS QUIZ!**

Dr. Sangita Tajpuriya, Dr. Megha Jain

**Master of Ceremony**

Dr. Bindu Chimote, Dr. Mugdha Pathak

Participants Benefits, Learning from experts, Open for all, Practice changing updates, Clarify your queries from experts

Makers of:  
**COR-3 | Trazer forte | Trazer M forte | STIMUCOR**

**IFS U.P & RAJASTHAN CHAPTER**  
Invites you for a  
**WEBINAR ON  
ART Bill & Surrogacy Bill-Insights**  
Sunday 23<sup>rd</sup> January 2022 | 4.00 PM - 6.00 PM

**OFFICE BEARERS**

Dr. Sudha Prasad (President IFS), Prof. Chandravati (Patron, IFS U.P.), Dr. Neena Malhotra (Secretary, IFS), Dr. Sunita Chandra (Secretary, IFS, U.P.), Dr. Anju Mathur (Secretary, IFS Rajasthan)

**SPEAKER** **CHAIRPERSON** **MODERATOR**

Adv. Radhika Thapar, Dr. Priti Kumar, Dr. Amita Pandey

**EXPERTS**

Dr. Sonia Malik, Dr. Rajul Tyagi, Dr. Rajapriya Ayyappan, Sarabjeet Singh, Dr. Surveen, Dr. Manjusha

Please click the link below to join the webinar:  
<https://zoom.us/j/92484878313?pwd=2XBhdG85Qk1Waz2FS2dwL2lKcnYzQT09>

**Meeting ID: 924 8487 8313** **Passcode: BSVWITHU**

**BSV**  
Bringing life to life

**INDIAN FERTILITY SOCIETY  
Vidarbha Chapter (IFS-VC)**  
In Association with  
**IFS-Gujarat Chapter  
&  
Nagpur Obstetrics and Gynecological Society (NOGS)**  
Presents  
**Sizzling Masterstroke  
Fertility Web-Series** Participants will get  
**1 ICOG  
Points**

**Series 10**

**Hysteroscopy E-Carnival  
Part 2  
Stepping up and Mastering Hysteroscopy**

Cordially invite you to  
**COR CONNECT- Live Show**

**FEB 10 2022** Supported by  
Aarush  
COR **6:00 PM**

[www.corconnect.org/ifsvidarbh](http://www.corconnect.org/ifsvidarbh)  
HELP LINE : +91-9481507191

Dr. Sudha Prasad (President IFS), Dr. Neena Malhotra (Hon. Secretary, IFS), Dr. Sushma Deshmukh (Secretary, IFS-VC), Dr. Bindu Chimote (Joint Secretary, IFS-VC), Dr. Alka Mukherjee (President, NOGS), Dr. Ashish Kubde (Secretary, NOGS), Dr. Jayesh Joshi (Secretary, IFS Gujarat Chapter), Dr. Wendee Somani (President Ahmednagar Fertility Society)

**Introduction by Dr. Sushma Deshmukh**



# IFS ACTIVITIES

## Chapter Activity

**INDIAN FERTILITY SOCIETY CHHATTISGARH CHAPTER**  
Presents a Webinar on  
**ART and SURROGACY ACT 2021**  
**HOW DOES IT AFFECT THE CURRENT ART PRACTICE?**  
**21<sup>st</sup> FEBRUARY 2022 | 06:00 PM - 08:00 PM**

**CONVENERS**

**Dr. Sudha Prasad**  
President IFS

**Dr. Neena Malhotra**  
General Secretary IFS

**CHIEF GUEST**

**Dr. Abha Singh**  
Patron IFS Chhattisgarh Chapter

**CO-ORDINATORS**

**Dr. Veronica Yuel**  
Secretary IFS Chhattisgarh

**Dr. Prakriti Verma**  
Joint Secretary IFS Chhattisgarh

**Dr. Anuradha Tibrewal Choudhary**  
Treasurer IFS, Chhattisgarh

**Topic: ART ACT 2021**

**SPEAKER** **CHAIRPERSON**

**Dr. Geetendra Sharma** **Dr. Anuradha Tibrewal Choudhary**

**Topic: SURROGACY ACT 2021**

**SPEAKER** **CHAIRPERSON**

**Dr. Hitesh Bhatt** **Dr. Prakriti Verma**

**OPEN FORUM on "THE ART LEGISLATION - STREAMLINING OUR PRACTICES"**

**MODERATOR** **EXPERTS**

**Dr. Veronica Yuel** **Dr. Sonia Mallik** **Dr. Geetendra Sharma** **Dr. Hitesh Bhatt**

Note: Delegates can raise hands and ask their questions in the Open forum regarding the ACTS.

Register in Advance for this Meeting  
<https://zoom.us/j/3851442931?pwd=bDFGejFIRHBBYWNnRktBStd0tXRlR0t09>  
Meeting ID: 385 144 2931 | Passcode: Materna  
After registering, you will receive a confirmation email containing information about joining the meeting.

Academic Partner A Division of **Emcure**

Makers of

Meeting held with  
Madam Geeta Nararayan  
Joint Secretary and

Mrs Kavitha Scientist E of DHR  
on 11.2.22 at 3.00 PM



**INDIAN FERTILITY SOCIETY VIDARBHA CHAPTER**

**Sizzling Master Strokes Fertility Web-Series Series 12**

**ART & Surrogacy Act 2021: Interpretation and Implementation**

**Thursday 14<sup>th</sup> April, 2022**

**WEBINAR ON CURRENT SCENARIO OF SURROGACY IN INDIA**  
Date: 16<sup>th</sup> Apr 2022 | Time: 11:00 am to 01:00 pm

**ADDRESS BY** **WELCOME ADDRESS BY**

**Dr. K.D Nayak** (President IFS) **Dr. Sarveen Ghuman Sindhia** (Secretary General, IFS) **Dr. Himanshu Roy** (Secretary, IFS, Bihar Chapter)

**CHAIRPERSONS**

**Dr. Nreelan** (Joint Secretary IFS, Bihar Chapter) **Dr. Pratikha Singh** (Chair for Healing, Tula Health Institute Hospital & IVF) **Dr. Kalpana Singh** (Prof & FICP, Reproductive Medicine, KIMS, Patna)

**SPEAKER**

**Mr. Varun Singh** (Advocate, Supreme Court)

**Topic: Surrogacy (Regulation) Act, 2021: Decisional Autonomy or Legislative Overreach?**

**VOTE OF THANKS** **CONVENER**

**Dr. Shubhanti Kumari** (Assistant Professor, Department of Reproductive Medicine, ICMR, Patna) **Dr. Dhruvika** (Senior Resident, Department of Reproductive Medicine, ICMR, Patna)

Join Zoom Meeting  
<https://intrestipharma.com.au/j/92537815226?pwd=UXEYNHU3R0R0R0L2RLNUZURHh6SU1uQU9F>  
Meeting ID: 985 3781 5226 Passcode: carnisure

**CARNISURE XT** **CARNISURE LQ**



# IFS ACTIVITIES

## Chapter Activity






**IFS TN, IFS SOUTH TN & FOGSI Endometriosis Committee Together**  
 Invite you for webinar on  
**ADENOMYOSIS Module 1**  
 Date: 19<sup>th</sup> April 2022 (Tuesday) Time: 03:30 PM to 06:00 PM

**Chairpersons**

  
Dr. K.D. Nayar  
President, IFS

  
Dr. Surveen Ghumman  
Secretary, IFS

  
Dr. Rajapriya Ayyappan  
Secretary, IFS Tamil Nadu

  
Dr. Rakha Rajendrakumar  
VP, BSOG

  
Dr. Selvapriya Saravanan  
Secretary, IFS South TN

**Session - 1 : Scientific Session**

**Reversal of Adenomyosis & Promotion of Fertility**

  
Dr. T. Ramani Devi  
Patron IFS, South TN

**Newer Concepts in Pathogenesis**

  
Dr. Revathy Sadasivam

**Newer Imaging Insights**

  
Dr. Padmashree

**Session - 2 : Panel Discussion**  
**Pain Management in Adenomyosis**

**Moderators**

  
Dr. Sudha Sivakumar  
EC Member, IFS TN

  
Dr. Indumathi Joy  
EC Member, IFS TN



**Panelists**

  
Dr. Deepa Neelakantan




  
Dr. Pramyia Nanjundan

  
Dr. Sumathy Premanand

  
Dr. Siddharth

  
Dr. Amala Devi J

[CLICK HERE TO REGISTER](#)








**Invitation**


**Indira IVF in Association with POGS Patna & IFS Patna**  
 Invites you for CME on  
**MALE INFERTILITY & LIVE WORKSHOP ON MICROTESE**  
 Date - Sunday, 24<sup>th</sup> April 2022 | Time - 11.00 AM to 3.00 PM  
 Venue : Hotel Lemon Tree, Patna

TIME	DETAILS OF THE PROGRAM	CHAIRPERSONS/ COORDINATORS
11.15 AM TO 12.00 PM	<b>LECTURE 1</b> Evaluation & Management of male infertility. <b>Dr. Vipin Chandra</b> Head of Clinical & Lab Operations, Indira IVF Group	Dr. Vinita Singh Dr. Kalpana Singh
12.00 PM TO 12.45 PM	Inauguration by Hon'ble Sri Mangal Pandey, Health Minister, Govt. of Bihar	
12.45 PM TO 01.15 PM	<b>LECTURE 2:</b> Male Infertility: What Gynecologist should know- with a view of future <b>Prof (Dr) Sunil Jindal</b> Scientific Director & Male Infertility Specialist, Jindal Hospital	Dr. Himanshu Roy Dr. Sugniya Jaiswal
01.15 PM TO 2.30 PM	Live workshop on "Surgical & Laboratory Techniques of sperm retrieval with focus on MICROTESE" <b>Prof (Dr) Sunil Jindal</b> Scientific Director & Male Infertility Specialist, Jindal Hospital Questions & Answer Session	<b>Co-ordinators:</b> Dr. Dayanidhi Sharma Dr. Vikas Gupta
2.30 PM onwards	Lunch	

**SPEAKER**

  
**Prof. (Dr.) Sunil Jindal**  
 Andrologist & Reproductive Medicine Specialist  
 Jindal Hospital & Fertility Centre  
 Coordinators : Dr. Anjana Sinha & Dr. Nibha Mohan

  
**Dr. Vipin Chandra**  
 Chief of Clinical & Lab Operations  
 Indira IVF Group

CME will be followed by Lunch (2.30 PM ONWARDS) | Courtesy by 



**IFS TAMILNADU ANNUAL CONFERENCE**

INVITES YOU FOR THE FIRST ACADEMIC FEAST POST COVID.

**SUNDAY**

**24<sup>th</sup> April 2022 | 10 am to 5 pm**

**Venue**

**Hotel Hilton, Guindy.**

**IFS**

  
Dr. K. D. Nayyar  
President

  
Dr. Surveen Ghumman  
Secretary General

**IFS TAMILNADU**

  
Dr. Rajapriya Ayyappan  
Organising Secretary

  
Dr. Aarathy Peari  
Joint Secretary

  
Dr. Priya Kannan  
Treasurer

From the makers of







**IFS SOUTH TN, IFS TN & FOGSI Endometriosis Committee Together**  
 Invite you for webinar on  
**ADENOMYOSIS Module - II**  
 Date: 28<sup>th</sup> Apr 2022 (Thursday) Time: 3.30 pm to 6.00 pm

  
Dr. K. D. Nayar  
President IFS

  
Dr. Surveen Ghumman  
Secretary IFS

  
Dr. Sudha Prasad  
Past President IFS

**Chairpersons**

  
Dr. Gayathri

  
Dr. Amala Devi

  
Dr. Chitra

  
Dr. Kalpana Balamurugan

**Session 1: Scientific Session**

**Surgical Techniques for fertility preservation in adenomyosis**

  
Dr. Sunita Tandulwadkar

**Medical management of Adenomyosis**

  
Dr. S. Chitra

**Co existence of Adenomyosis & Endometriosis**

  
Dr. Kavitha Gautham

**Session 2: Panel Discussion**  
**Infertility management in Adenomyosis**

**Experts**

  
Dr. T. Ramani Devi  
Patron IFS, South TN

  
Dr. Rajapriya Ayyappan  
Secretary IFS, TN

**Moderator**

  
Dr. Asha Rao

**Panelists**

  
Dr. Chandra Ponnusamy

  
Dr. Archana Arulraj

  
Dr. Deepa Mukhundhan

  
Dr. Priya Selvaraj

  
Dr. Shanthi Mahilan

  
Dr. Victoria Johnston

[Click Here to Register](#)



# IFS ACTIVITIES

## Chapter Activity



**Dr. KD Nayar**  
President IFS



**Dr. Surveen Ghumman**  
Sec. General IFS

**ACADEMIC HIGHLIGHTS**

- Free Paper presentation
- Pituitary Disorders and Infertility
- Primary ovarian insufficiency - Management protocols
- Progesterone in pregnancy - Which / When / How long? Case discussion
- Preconception genetic risk assessment
- Frozen embryo transfer - Is it the future of ART?
- PCOS & Infertility - Case discussion
- Androgens in patients with a poor ovarian reserve - Updated evidence
- Sperm DNA damage & its clinical implications
- PCOS & IVF - Case discussion

**Free Paper/Poster presentation**

Please mail to: [congress@punjabmedicalcouncil.org](mailto:congress@punjabmedicalcouncil.org) according to IFSU guidelines by 24th April 2022.

**WORKSHOPS THE SKILLS OF ART**

**WORKSHOP I**  
Ovarian pickup / Embryo Transfer on Simulators  
1. OPU - The technique  
2. ET - The technique  
Question / Answer Session with the Experts

**WORKSHOP II**  
Optimizing ART protocols  
1. Timing of LH - when to start?  
2. Sperm Preparation techniques - What matters? Question / Answer Session with the Experts  
Demonstration - Sperm preparation techniques

**WORKSHOP III**  
Infertility - All explained!  
1. Assisted Reproductive Technology - What matters? Question / Answer Session with the Experts  
2. Assisted Reproductive Technology - What matters? Question / Answer Session with the Experts

Punjab Medical Council has sanctioned 4 credit hours for the CME & Workshop.

**Registration**

Sl. No.	Name	Mobile No.	Workshop
1	Dr. KD Nayar	98150 12345	Workshop I
2	Dr. Surveen Ghumman	98150 12345	Workshop I
3	Dr. Ritu Prasad	98150 12345	Workshop I
4	Dr. Anupama Bahadur	98150 12345	Workshop I
5	Dr. Shweta Nanda	98150 12345	Workshop I
6	Dr. Aradhana Kalra	98150 12345	Workshop I
7	Dr. Smriti Attam	98150 12345	Workshop I
8	Dr. Ritu S Nanda	98150 12345	Workshop I

Workshop - II is complimentary

Pre registration before 24th April 2022 is mandatory for the workshop

**3:15-4:30 pm**

**Workshop I**  
Ovarian pickup / Embryo Transfer on Simulators  
1. OPU - The technique  
2. ET - The technique  
Question / Answer Session with the Experts

**Workshop II**  
Optimizing ART protocols  
1. Timing of LH - when to start?  
2. Sperm Preparation techniques - What matters?  
Question / Answer Session with the Experts

**Workshop III**  
Infertility - All explained!  
1. Assisted Reproductive Technology - What matters?  
2. Assisted Reproductive Technology - What matters?  
Question / Answer Session with the Experts

**4:30 pm**

**Poster Awards**  
See full time

## Infertility UPDATE 2022

Optimizing Outcomes

### CME & ART WORKSHOP

Sunday, 1st May 2022  
8:00am to 5:00 pm.

**The Scientific Programme**

**VENUE: THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY Patiala**

IFS Punjab Chapter  
The Patiala Ob/Gyn Society

## IFS UP CHAPTER CME



**Date & Time**  
1<sup>st</sup> May 2022, Sunday  
6:00 PM Onwards

**Venue**  
Hotel Clarks Awadh, Lucknow



**Prof. Chandrawati**  
Lucknow



**Dr. Sunita Chandra**  
Lucknow



**Prof. Amita Pandey**  
Lucknow



**Dr. KD Nayar**

**Topic 1:**  
ART Law : What it implies for the practicing gynaecologist



**Dr. Sweeta Gupta**

**Topic 2:**  
Endometrium : An Enigma for the infertility specialist

**Chairpersons**

Prof. Chandrawati | Dr. Geeta Khanna  
Dr. Preeti Kumar

**Chairpersons**

Dr. Manju Shukla | Prof. Vinita Das  
Prof. Smriti Agarwal

**Panel Discussion**

**Topic:**  
Early Pregnancy Management Following ART Conceptions

**Moderators**  
Prof. Anjoo Agarwal | Prof. Amita Pandey

**Panelists**  
Dr. Rajul Tyagi | Dr. Anurag Gupta | Dr. Alpana (GKP)  
Dr. Neelam Mishra | Dr. Malvika Mishra | Dr. Anshul Garg

**Experts**  
Prof. Uma Singh | Dr. Renu Makkar





## INDIAN FERTILITY SOCIETY

### UTTARAKHAND CHAPTER WEBINAR

#### CRITICAL ASPECTS OF ART

Monday, 2nd May 2022 / 06.00 PM - 08.05 PM

**President IFS**



**Dr. K. D. Nayar**

**Secretary General IFS**



**Dr. Surveen Ghumman**

**Chapter Secretary**



**Dr. Ritu Prasad**

**Patron IFS UK & Guest of honour**



**Dr. Jaya Chaturvedi**  
AIIMS, Rishikesh

**Chief Guest**



**Dr. Meenu Vaish**  
President Uttarakhand Gynaec & Obst Society

**Chief Guest**



**Dr. Arti Luthra**  
President GODS

**Founder IFS UK & Special Guest**



**Dr. Anupama Bahadur**  
AIIMS, Rishikesh

**Invited Faculty (ART Consultants)**



**Dr. Shweta Nanda**  
(Jalandhar)



**Dr. Aradhana Kalra**  
(Faridabad)



**Dr. Smriti Attam**  
(New Delhi)



**Dr. Ritu S Nanda**  
(Jalandhar)

**PROGRAMME DETAILS**

Time	Topic	Faculty
8:00 pm to 8:10 pm	Welcome & Introduction	Ferring Team
<b>Session 1: Ovarian Stimulation in various scenarios &amp; Key Aspects in ART</b>		
6:10 pm to 6:30 pm	PCOS: Making them IVF ready & role of adjuvants	Dr. Ritu Prasad (Dehradun)
6:30 pm to 6:50 pm	Personalized luteal phase support in ART	Dr. Shweta Nanda (Jalandhar)
6:50 pm to 7:10 pm	CGS for High Responders: What's new??	Dr. Smriti Attam (Delhi)
7:10 pm to 7:30 pm	Endometrial Preparation for FET cycles	Dr. Aradhana Kalra (Faridabad)
<b>Session 2 : Panel Discussion</b>		
7:30 pm to 8:00 pm	CGS across spectrum of patients : key considerations (Panel Discussion)	Moderator : Dr. Ritu J Nanda (Jalandhar)
Panelists : 1. Dr. Smriti Attam (Delhi) 2. Dr. Anshul Singh (Delhi) 3. Dr. Ritu Prasad (Dehradun) 4. Dr. Meenukshi Mehta (Hisar)		
8:00 pm to 8:05 pm	Vote of thanks	Ferring Team



## INDIAN FERTILITY SOCIETY

### CHHATTISGARH CHAPTER

#### INSTALLATION CEREMONY

Saturday 7<sup>th</sup> May-2022 / 1.00 PM - 5.00 PM

Venue:- Hotel Babylon Capital, Raipur

**President IFS**



**Dr. K. D. Nayar**

**Secretary General IFS**



**Dr. Surveen Ghumman**

**Chapter Secretary**



**Dr. Prakrati Verma**

**Invited Faculties**

**Patron and Guest of Honour**



**Dr. Abha Singh**

**Chief Guest**



**Dr. Priya Bhawe Chittawar**

**Founder Secretary & Special Guest**



**Dr. Manoj Chellani**

**PROGRAM DETAILS**

LUNCH - 1PM-2 PM

INSTALLATION - 2 PM TO 3 PM

Topic	Speakers	Timing
Recent Guidelines in Endometriosis	Dr. Abha Singh	15 Min
Common Pitfalls in infertility Management	Dr. Priya Bhawe Chittawar	15 Min
Optimising success in IUI and referral to IVF	Dr. Manoj Chellani	15 Min



# IFS ACTIVITIES

## Chapter Activity

**INDIAN FERTILITY SOCIETY**  
**Vidarbha Chapter (IFS-VC)**

In Association with  
**IFS, Chhattisgarh Chapter & Nagpur Obstetrics and Gynecological Society (NOGS)**

Presents  
**Sizzling Masterstroke Fertility Web-Series**

Participants will get **1 ICOG Points**

**Series 13**  
**IVF Mom & Pregnancy Risks**

Cordially invite you to  
**CORCONNECT- Live Show**

Supported by  
**vaarush** **CORONA**

**MAY 9 | 2022** **6:00 PM**

**CLICK HERE TO JOIN**

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**INDIAN FERTILITY SOCIETY**  
**WEST BENGAL CHAPTER**

Cordially invites you to a CME on  
**"New Provisions of ART and Surrogacy law"**

**President IFS** **Secretary General IFS** **Chapter Secretary**

**Dr. K. D. Nayar** **Dr. Surveen Ghuman** **Dr. M. C. Das**

**Programme details**

Topic	Speakers
Welcome & Introduction	Secretary & Joint Secretary, IFS Bengal
4th Generation Folate: Why it's better?	Dr. Sukanta Misra
Role of NMP in RPL & TA: Recent updates	Dr. Siddhartha Chatterjee
New provisions of ART & Surrogacy law	ADV. (Dr.) Hitesh J. Bhatt
Questions & Answers	Moderators:- Dr. M.C. Das Dr. Suparna Banerjee
Vote of thanks	Dr. S.M. Rahman

**Date - 15<sup>th</sup> May, 2022** **Time - 7.30 p.m. onwards** **Venue - Taj Bengal, Kolkata**

**SustenCap** **Trafolic** **Letoval**

**IFS TAMILNADU & GG HOSPITAL**

Invite you for a physical CME on  
**ART Laws & Its Implications on Clinical Practices**

Date: 24 May 2022 (Tuesday) - Time: 04.00PM to 06.30PM

**INDIAN FERTILITY SOCIETY**

**Dr. K.D. Nayar** (President, IFS)  
**Dr. Surveen Ghuman** (Secretary, IFS)  
**Dr. Rajapriya Ayyappa** (Secretary, IFS TN)  
**Dr. Priya Kannan** (Joint Secretary, IFS TN)  
**Dr. Priya Selvaraj** (Treasurer, IFS TN)

**SESSION 1: Live Q & A - (04.30pm to 05.30pm)**  
**ART Laws 2022 - Streamlining our current Practice**

**SPEAKER**  
**Dr. Hitesh Bhatt** (Advocate and Medico-Legal Consultant)

**MODERATORS**  
**Dr. P.M. Gopinath** (Director & Senior Consultant, Institute of OBG & IVF, SIMS)  
**Dr. Priya Selvaraj** (Scientific & Clinical Director, GG Hospital)

**SESSION 2: PANEL DISCUSSION - (05.30pm to 06.30pm)**  
**Counselling in Challenging Scenarios in ART**

**MODERATORS**  
**Dr. Namita A. Thekkar** (Medical Director, Harshini's Fertility & Research Centre)  
**Dr. Madhu Priya** (Fertility Physician, MOVA Clinic)

**EXPERTS**  
**Dr. P.M. Gopinath** (Director & Senior Consultant, Institute of OBG & IVF, SIMS)  
**Dr. Rajapriya Ayyappa** (Secretary, IFS TN)  
**Dr. Vijayar Ganesh** (Secretary, TANGAAR)

**EXPERT PANELISTS**  
**Dr. K.M. Kundan Shankar** (Sr. Consultant & MOO, IBM, MAM Hospital)  
**Dr. Chitra Shastri** (Clinical Director, IVP Consultant, PSFC)  
**Dr. Aruna Adhikari** (Director, A4 Hospital)  
**Dr. Sargamathi** (Senior Embryologist, Senior Embryologist)  
**Dr. Yashini Anandan** (Senior Embryologist)

Registration free but Mandatory (60 Nos only)

**Block your date** **High Tea & Starters 04.00 - 04.30pm**

**Program Convenor : Dr. Priya Selvaraj, Treasurer, IFS TN**

Place: GG AUDITORIUM (2<sup>nd</sup> Floor)  
GG HOSPITAL, 1 A, DR. THIRUMURTHY NAGAR,  
6E, NUNGAMBAKKAM HIGH ROAD, CHENNAI-34

RSVP: Dr. Priya Selvaraj: 98400 55000 / Ms. Suguna - 98414 31228

**Indian Fertility Society**  
**(Odisha Chapter)**

**Invites you for a CME on**

**DATE : 25TH MAY 2022, WEDNESDAY | TIME : 6.30 PM - 9.00PM**

**OFFICE BEARERS**

**Dr. K.D. Nayar** (National President)  
**Dr. Surveen Ghuman** (National Secretary)  
**Dr. P.C. Mahapatra** (Advisor, IFS Odisha)  
**Dr. Lilavati Guru** (Advisor, IFS Odisha)

**Dr. Akshaya Kumar Mahapatra** (Secretary, IFS Odisha)  
**Dr. Rohani Nayak** (Joint Secretary, IFS Odisha)  
**Dr. Surendra Kumar Mohanty** (Treasurer, IFS Odisha)

**Executive Member**

**Dr. Sujata Pradhan** **Dr. Lipsa Mishra** **Dr. Prasanta Kumar Nayak** **Dr. Shakti Tripathy**

**Dr. Sanjeev Behera** **Dr. Chidananda Dash** **Mr. Phalguni Patro**

**VENUE : WELCOMHOTEL BY ITC HOTELS, BHUBANESWAR**

**PROGRAMME FOLLOWED BY DINNER**

**Academic Partner**  
**SUN PHARMACEUTICALS** **Amica** **Letroz** **Freedase 30** **NORMOZ** **MAKOZA NEO**



# IFS ACTIVITIES

## Chapter Activity

**INDIAN FERTILITY SOCIETY KARNATAKA CHAPTER**

**CME – 'The Poor Responder in IVF'**

**Faculty**

**Registration Free** | **Program Details** | **Date 29-05-2022**

**CME – 'The Poor Responder in IVF'**

TIME	TOPIC	SPEAKERS
9:00 am - 9:30 am	Registration	
9:30 am - 10:00 am	Introduction	
10:00 am - 10:25 am	Ovarian stimulation in poor responders	Dr. Roger Hart
10:25 am - 11:15 am	Management of poor responders: case based discussions	Moderators: Dr. Roger Hart, Dr. Devika Gonsheetha Panelists: Dr. M.S. Srinivas, Dr. Sachin Kulkarni, Dr. Tejas Gundewar, Dr. Ashwini G R, Dr. G Kasturi
11:15 am - 11:30 am	Coffee Break	
11:30 am - 12:00 pm	Paper presentations 1. Rich in poor? Examining the use of glabret RICH plasma in POOR responders 2. Outcome of ART in different subgroups of poor responders fulfilling thePOSEIDON criteria	Dr. Chitambar Kulkarni Dr. Shilpa Bhandari
12:00 pm - 12:30 pm	Debate: Add-ons in poor responders Evidence based or Just in case	Evidence based : Dr. Tejas Gundewar Just in case: Dr. Sachin Kulkarni
12:30 pm - 12:50 pm	Pre-implantation genetic testing – does it optimize outcome in poor responders?	Dr. Carmen Rubio
1:00pm onwards	Lunch	

**VENUE** Radisson Blu Atria  
81, Talasari Rd., Anahadpur, Marolli, Sampangannai Nagar, Bengaluru, Karnataka 560011  
Co-organiser: Dr. Divyashree P.S. - 96633 51421 | Dr Chandrika Kulkarni - 96209 90856  
Course coordinator: Email ID: shikharanandachapra@gmail.com

**Redcliffe genetics**

**INDIAN FERTILITY SOCIETY**

You are Cordially Invited to the Installation Ceremony of  
**Indian Fertility Society Madhya Pradesh Chapter**  
In Association Of Obstetrics and Gynecological Society of Bhopal & Redcliffe Genetics

**29TH MAY 2022** | **09:00 AM ONWARDS** | **HOTEL RADISSON BHOPAL**

**PAST SECRETARY** | **PRESIDENT IFS** | **SECRETARY GENERAL IFS** | **CHAPTER SECRETARY** | **BOGS PRESIDENT**

**Dr. Yatindra verma** | **Dr. K.D. Nayar** | **Dr. Surveen Ghumman** | **Dr. Priya Bhawe Chittawar** | **Dr. Anjali Kanhere**

**JOINT SECRETARY** | **GUEST OF HONOR** | **CHIEF GUEST** | **SPECIAL GUEST** | **FOUNDER SECRETARY**

**Dr. Gunjan Goswami** | **Dr. Aruna Kumar** | **Mr. Nishant Warwade** | **Dr. Archana Mishra** | **Dr. Randhir Singh**

**TREASURER** | **EXECUTIVE MEMBERS**

**Dr. Teena Gupta** | **Dr. Anuradha Pancholi**

**Dr. Pratistha Dalmia** | **Dr. Sonali Agarwal** | **Dr. Sushmita Mukherjee** | **Dr. Shilpa Bhandari**

**Program Details**

BREAKFAST 8AM-10AM			INAUGURATION 12:30-1:30			LUNCH 01:30 PM		
SESSION	TOPICS	SPEAKER	SESSION	TOPICS	SPEAKER	SESSION	TOPICS	TIMINGS
SESSION 1	Genetics and IVF- The Brave New World	Dr. Priya Bhawe Chittawar	SESSION 1	Genetics and IVF- The Brave New World	Dr. Priya Bhawe Chittawar	SESSION 1	Genetics and IVF- The Brave New World	10:00-10:20 am
SESSION 2	Live Counselling Session - Role play scenarios	Dr. Anuradha Gupta Dr. Sonali Chaudhary Dr. Fahim Jahan	SESSION 2	Live Counselling Session - Role play scenarios	Dr. Anuradha Gupta Dr. Sonali Chaudhary Dr. Fahim Jahan	SESSION 2	Live Counselling Session - Role play scenarios	10:20-11:00 am
SESSION 3	New Twist in Ovarian Stimulation	Dr. K.D. Nayar	SESSION 3	New Twist in Ovarian Stimulation	Dr. K.D. Nayar	SESSION 3	New Twist in Ovarian Stimulation	11:15 am
SESSION 4	Quiz	Dr. Anuradha Pancholi Dr. Teena Gupta	SESSION 4	Quiz	Dr. Anuradha Pancholi Dr. Teena Gupta	SESSION 4	Quiz	12:00 pm

**Invitation**

**INDIAN FERTILITY SOCIETY**  
in association with  
**SURAT OBSTETRIC & GYNAECOLOGICAL SOCIETY**

You are cordially invited for  
Installation Ceremony of

**Dr Nimish Shelat** as Patron  
**Dr Kokila Desai** as Secretary

Gujarat Chapter IFS  
and their team for the year 2022-24.  
:: Installing Officer and Chief Guest ::

**Dr K D Nayar**  
President, Indian Fertility Society 2022-24

**CME - Infertility**

**5th June 2022, Sunday, 09:00 am to 01:00 pm**  
Venue : The Amore, Near V.R. Mall, Dumas Road, Surat

**Dr Surveen Ghumman** Secretary General, IFS  
**Dr Jayesh Amin** Additional Joint Sec. IFS  
Past Sec. Guj. Chapter IFS  
**Dr Darshan Wadekar** President, SOGS  
**Dr Ravindra Korat** Secretary, SOGS

*Let's Come together for REAR.*

**INDIAN FERTILITY SOCIETY**

**INDIAN FERTILITY SOCIETY**

**IFS TAMILNADU AND SIG ANDROLOGY**

**HANDS ON SEMEN ANALYSIS AND PREPARATION**

**Dr. K. D. Nayar** IFS President  
**Dr. Surveen Ghumman** IFS Secretary General

**IFS TAMILNADU CHAPTER**

**Dr. Rajapriya Ayyappan** Secretary  
**Dr. K.Aarathy Paari** Executive Member

**Dr. Venugopal** SIG Andrology









Dr. KD Nayar  
President, IFS



Dr. Surveen Ghumman  
Secretary General, IFS



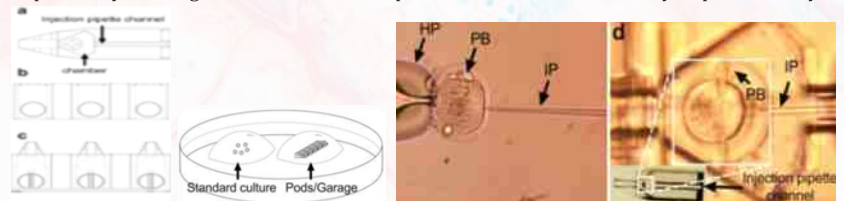
Dr. Sweta Gupta  
Editor, IFS

Can there be better device to modify current ICSI treatment ?

**Introduction:** Continued innovation in the IVF lab will not only improve success for patients but also cost and improved access. ICSI hasn't changed since its discovery 30 years ago. ICSI is a slow and difficult procedure which involves the injection of a single sperm into an egg for fertilization and it can only be carried out by experienced embryologists.

**Summary:** Dr Dunning, from the University of Adelaide's Robinson Research Institute<sup>1</sup> fabricated a micrometre scale device that houses the oocyte, minimizes oocyte manipulation and requires only one micromanipulator for microinjection. They investigated the use of the device (Pods and Garage) by assessing biocompatibility and embryo culture performance within the device; using the device to microinject presumptive zygotes and to investigate the potential for high-throughput microinjection and improved tracing of injected vs non-injected oocytes.

This new technology, smaller than a pinhead in size holds up to 10 eggs in segregated positions for quicker injection, making it easier for embryologists to track and avoid the risk of errors. By removing the need for the pipette that normally holds the unfertilized egg in position during ICSI, this device simplifies the injection process, reduces dependency on a high level of technical experience and will dramatically improve embryo



**Conclusion:** Microinjection within this device minimizes the requirement for an experienced operator for handling and manipulation, may improve embryo production and that they may form a precursor to automated ICSI. The device is expected to undergo global clinical trials in 2022. This require less training for embryologists with less expensive equipment.

**Reference:** 1. Yagoub, S.H., et al. (12th May 2022) Fabrication on the microscale: a two-photon polymerized device for oocyte microinjection. Journal of Assisted Reproduction

302, 3rd Floor, Kailash Building  
26, Kasturba Gandhi Marg C.P. New Delhi - 110001  
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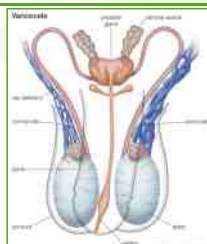
Dr. KD Nayar  
President, IFS  
Dr. Surveen Ghumman  
Secretary General, IFS  
Dr. M. Venugopal  
Co-Convener, SIG Andrology  
Mr. Gaurav Kant  
Co-Convener, SIG Andrology  
Dr. Sweta Gupta  
Editor, IFS

Varicoceles: Recommendations and Practical Considerations.

Dr KK Gopinathan MD DGO  
Unit Director & HOD ( Dept of OBG)  
CIMAR FERTILITY CENTRE's  
Edappal Hospitals Pvt Ltd

Dr Parasuram Gopinath MS FICOG  
Sr Consultant and Scientific Director,  
CIMAR FERTILITY CENTRES  
Edappal Hospitals Pvt Ltd

Image 1: Anatomy of the venous drainage from the testes (Jenson CF Nature Reviews Urology 2017)



Varicocele is the abnormal enlargement of the pampiniform plexus of veins in the scrotum due to retrograde flow or impaired drainage of the testicular vein. It is the veins of the testes, along with tributaries from the epididymis, converge to form the pampiniform plexus<sup>1</sup>.

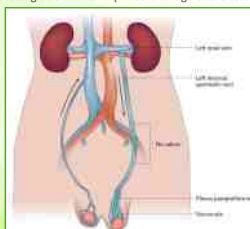
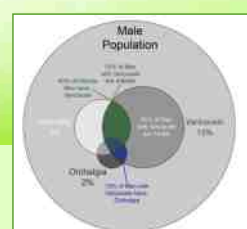


Image 2  
Varicocele predominantly occurs on the left side. It is suspected that this is related to the indirect drainage of the testicular vein to the IVC through the left renal vein (Image 1). Bilateral and right-sided varicoceles account for approximately 10% to 15% of varicoceles.<sup>2</sup>

Most of the times they are asymptomatic but occasionally presents with pain and decreased sperm count. Varicoceles are present in at least 15% of normal population<sup>3</sup> and 40% of infertile men. However, 85% of the men with varicocele are fertile<sup>4</sup>. (Image 2)



Pathophysiology of varicocele

Although varicocele pathogenesis is multifactorial, oxidative stress seems to have a central role. Increased oxidative stress can be a result of the combination of increased Reactive oxygen species (ROS) and decreased total antioxidant capacity (TAC). The increased scrotal temperature, hypoxia and reflux of toxic metabolites due to the varicocele has been shown to contribute to the oxidative stress.<sup>5</sup>



Image 3: Pathophysiology behind Varicocele Induced male infertility Jenson CF Nature Reviews Urology 2017

Diagnosis and Grading

Physical examination of the male partner gives the most valuable information regarding varicocele and its management and it shall never be neglected. In addition to diagnosis of varicocele, it also gives valuable clue regarding testicular function. Only clinically palpable varicoceles have been clearly associated with infertility. The accepted clinical grading of varicocele is as follows (Image 4).<sup>2</sup>

Varicocele grade	Clinical features
Subclinical	Examined with Doppler ultrasonography and defined as reverse venous blood flow during Valsalva manoeuvre or ectasia of the spermatic vein (>3mm)
1	Only palpable during Valsalva manoeuvre
2	Palpable without Valsalva manoeuvre
3	Visible and palpable without Valsalva manoeuvre

Image 4: Grading of varicoceles on men in an upright position  
Scrotal Ultrasonography is not recommended for the diagnosis of varicocele and is only to be done in case of an inconclusive physical examination of scrotum.

- Recommendation by ASRM & AUA for Imaging for the diagnosis of varicocele<sup>5</sup>:
- Scrotal ultrasound should not be routinely performed in the initial evaluation of the infertile male. (Expert Opinion)
  - Clinicians should not routinely perform abdominal imaging for the sole indication of an isolated small or moderate right varicocele. (Expert Opinion)

Recommendations for treatment of varicocele  
Various professional bodies have put forward their recommendations for treating varicocele. Recommendation by ASRM & AUA published in 2021 for varicocele surgery in male infertility are<sup>5</sup>

- Surgical varicocelectomy should be considered in men attempting to conceive who have palpable varicocele(s), infertility, and abnormal semen parameters, except for azoospermic men. (Moderate Recommendation; Evidence Level: Grade B)
- Clinicians should not recommend varicocelectomy for men with non-palpable varicoceles detected solely by imaging. (Strong Recommendation; Evidence Level: Grade C)
- For men with clinical varicocele and NOA, couples should be informed of the absence of definitive evidence supporting varicocele repair prior to ART. (Expert Opinion)

Further, the ASRM committee in 2014 goes on to state that an adult male not seeking conception now but with palpable varicocele, abnormal semen parameters, desiring future fertility and/or pain related to varicocele is also a potential candidate for treatment. Adolescent males with varicocele and objective evidence of testicular damage may also be considered for surgery according to ASRM. The difference in testicular volume is the most important indicator of the need for surgical intervention in such individuals.<sup>6</sup>

- Similarly, the European Association of Urology (EAU) guideline has been revised in 2021 and recommend the following:<sup>7</sup>
- Treat infertile men with a clinical varicocele, abnormal semen parameters and otherwise unexplained infertility in a couple where the female partner has good ovarian reserve to improve fertility rates. (Strong)
  - Treat varicocele in adolescents with ipsilateral reduction in testicular volume and evidence of progressive testicular dysfunction. (Weak)
  - Do not treat varicocele in infertile men who have normal semen analysis and in men with a sub-clinical varicocele. (Weak)
  - Varicocelectomy may be considered in men with raised DNA fragmentation with otherwise unexplained infertility or who have suffered from failed of assisted reproductive techniques, including recurrent pregnancy loss, failure of embryogenesis and implantation. (Weak)

Preferred Surgical Method for Varicocele

Sub inguinal microsurgical approach is the most accepted method of repair as it least invasive, cause minimal pain and has less chances of hydrocele and recurrence (1-2%). High ligation approaches (retroperitoneal, laparoscopic) are less preferred due to high recurrence rates up to 15%.<sup>8</sup>

Technique	Pregnancy rates	Recurrence	Hydrocele
High retroperitoneal ligation	53.6%	14.5%	8.6%
Laparoscopic	50.0%	4.2%	2.6%
Open ligation	46%	2.5%	2.2%
Microsurgical ligation (subinguinal)	41.8%	1.5%	0.4%
Subinguinal ligation	32.4%	0.7%	0%

**Controversies and Practical considerations**  
Despite all guidelines and recommendations, it is still controversial if varicocele repair improves fertility status. Varicocele repair for Non obstructive azoospermia and hypogonadism sparks in further debate. Unlike popular belief, we believe that varicocele is the sole reason for infertility only in a very small subset of infertile men, perhaps only 10%. Even a man with very severe OAT can be fertile and another with normal semen sample can be infertile (owing to high DFI) and hence it is impossible to define a threshold for semen parameters below which a man can be labelled infertile.

- In the literature, most studies have considered only semen parameters and endocrine parameters, but approach to an infertile couple should be holistic and the management should be based on the following factors
- Degree of OAT and Testicular damage
  - Varicocele correction is ineffective in severe OAT and already damaged testicles as the insult is permanent and irreparable.
  - Female factors
  - In couples with advanced female age, reduced ovarian reserve, or other female factors needing ART it is better the best treatment is provided at the earliest rather than a varicocele repair

Emerging evidence to recommend varicocele surgery in men having borderline or normal semen parameters with high DNA fragmentation and palpable varicocele. This needs to be further evaluated and substantiated in proper randomised control studies

- Conclusions**  
We recommend varicocele repair only in following subset of infertile couple
- Couple with reasonable trying time
  - Only moderate OAT with normal testicular size, FSH levels and palpable varicocele
  - Exclusion of other causes of OAT
  - Normal female factors with emphasis on ovarian reserve

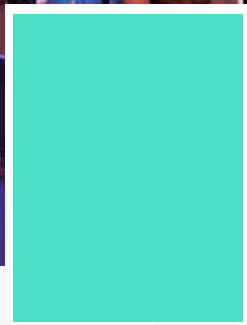
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# Workshop Memories

## FERTIVISION 2021



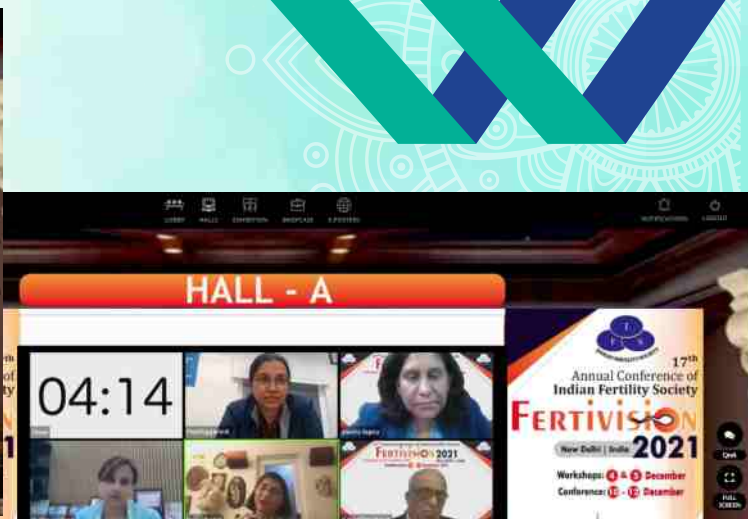


# Conference Memories

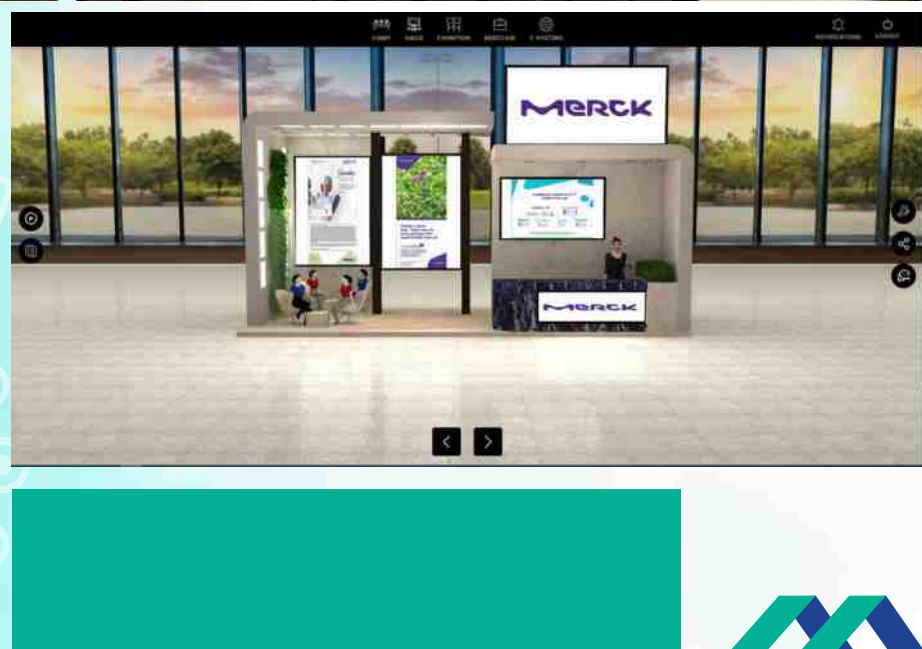
## FERTIVISION 2021







<p><b>INTAS</b> PHARMACEUTICALS</p> <p>INTAS is leading vertically integrated global pharmaceutical innovation development, manufacturing and marketing company.</p>	<p><b>FERRING</b> PHARMACEUTICALS</p> <p>Ferring is a research-driven, specialty pharmaceutical company committed to helping people build healthy lives and live better.</p>	<p><b>SUN PHARMA</b></p> <p>Sun Pharmaceutical Institute of (Sun Pharma) Vision is leading people and leading lives globally. A leading provider of value medicines.</p>	<p><b>CooperSurgical</b></p> <p>CooperSurgical is the global leader in laparoscopic and reproductive health, providing innovative products and services for every step in the ART journey.</p>	<p><b>Abbott</b></p> <p>We are dedicated to fulfilling the promise of human potential. In all places, in all aspects and in all of life.</p>	<p><b>MERCK</b></p> <p>We are here for people at every step, helping to create, improve and protect life.</p>
<p><b>BSV</b> BRINGING LIFE TO LIFE</p> <p>BSV Our belief in 'Bringing life to life' is anchored in a passion that has made us a premier provider of enhanced quality of life.</p>	<p><b>Emcure</b> SUCCESS THROUGH INNOVATION</p> <p>Emcure Pharmaceuticals is driven by the purpose to develop, manufacture and market a wide range of pharmaceutical products globally.</p>	<p><b>COOK InterMedics</b></p> <p>InterMedics served diverse field such as fertility, reproductive, clinical care, aesthetic devices and a wealth with a growing presence in ART.</p>	<p><b>Shivani</b></p> <p>Shivani Scientific Solutions (P) Ltd. is a highly focused company in ART &amp; Biomedical equipment with a proven track record of over 45 years.</p>	<p><b>SAMARTH</b></p> <p>Samarth is innovative life science company that researches, develops and markets a broad range of the leading critical care &amp; other drugs.</p>	<p><b>Mankind</b> Simplifying Life</p> <p>We aspire to add the community in leading a healthy life by formulating, developing, commercializing, and delivering affordable, accessible medicines.</p>
<p>Organised by <b>INDIAN FERTILITY SOCIETY</b></p>	<p><b>JASOPHA</b></p> <p>Jasopha Pharmaceuticals is a leading research and development company in the field of pharmaceuticals.</p>	<p><b>AstraZeneca</b></p> <p>AstraZeneca is a leading pharmaceutical company with a strong track record in the field of pharmaceuticals.</p>	<p><b>Cryo Bio System</b></p> <p>Cryo Bio System is a leading research and development company in the field of pharmaceuticals.</p>	<p><b>STORZ</b> KARL STORZ - ENDOSCOPE</p> <p>KARL STORZ</p>	<p>Organised by <b>INDIAN FERTILITY SOCIETY</b></p>











1st Prize:  
**Anviti Saraf**

2nd Prize:  
**Y. Annapurna Bhavya Reddy**

3rd Prize:  
**Chandana.S.Bhat**



**Dr. Kuldeep Jain- Best Clinical Paper(<40 yrs)**

**Dr. Reeta Mahey**

**Dr Bhawani Shekhar**

**Dr. Kuldeep Jain- Best Embryology Paper(<40 yrs)**

**Dr. Monika Rajput**

**Dr. K.D. Nayar - Best Clinical Paper(>40 yrs)**

**Dr. Reeta Bansiwala**

**Dr. K.D. Nayar - Best Embryology Paper(>40 yrs)**

**Mr. Akhil Garg**

**Dr. N Sujatha Reddy**



**Brig R.K. Sharma- Best Poster (<40 yrs)**

**Dr. Sana Naqash**

**Brig R.K. Sharma- Best Poster above (>40 yrs)**

**Dr. Vasanthi Palanivel**

**Dr. Gouri Devi Prize- 1st Team in Quiz Competition**

**Dr Bhawani Shekhar**

**Dr. Gouri Devi Prize- 2nd Team in Quiz Competition**

**Dr. Nidhi Tripathi**

**Dr. Umesh Jindal Best Paper Among Current Batch  
of IFS fellows**

**Dr. Prabhneet Kaur  
Dr. Kriti Singh**

**Dr. Sonia Malik Prize Best Clinical IFS Fellow  
(1st in exit exam)**

**Dr. Jaya Kumari**

**Dr. Sonia Malik Prize 2nd Best Clinical IFS Fellow  
(2nd in exit exam)**

**Dr. Ruchika Sood**

**Dr Abha Majumdar Best Published Original Research Paper 2021**

**Dr. Nidhi Sharma**