



# NEWSLETTER

INTERNATIONAL FEDERATION  
OF FERTILITY SOCIETIES

AUTUMN 2009



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# Message from the President

**Basil C. Tarlatzis MD, PhD**  
President of IFFS



## FACING THE CHALLENGE OF ACCESS TO ART

*The field of assisted reproduction technologies (ART) has undoubtedly undergone a phenomenal growth. What started with the birth of Louise Brown 21 years ago as an experimental procedure, is today a well established technique that has helped millions of couples to have a child. Although ART is applied worldwide, epidemiological data indicate that only a small proportion of the couples needing treatment seek or actually get it. Thus, it has been estimated that, while in the more developed countries approximately 49% of the infertile women seek care and 59% of them are treated, in the less developed countries only 10% seek treatment and 30% of them eventually get it.*

*Clearly, access to ART treatment is far from optimal and this is more profound in the less developed countries, where the percentage of infertile women actually receiving care is calculated to be close to 3%. Although the reasons hampering access to infertility treatment are many and vary between the different parts of the world, it is believed that two factors playing an important role are financial constraints and legal limitations.*

*Assisted conception involves high tech methods which are costly, may require multiple applications to achieve a pregnancy and frequently are not covered by insurances. Hence, it is becoming increasingly difficult for family budgets, especially in the poorer countries, to afford this expenditure. On the other hand, several countries around the world have adopted laws that restrict, to a variable extent, the implementation of several procedures, e.g. donor gametes, preimplantation genetic diagnosis or embryo freezing. This is forcing couples that can afford to seek treatment in other countries permitting these methods, and this has been called "reproductive tourism" or "cross-border reproductive care".*

*The IFFS, strongly believing in equal access to reproductive care for all, is trying to address both problems. Thus, as described by Ian Cooke in his article, IFFS, together with ESHRE and the Low Cost IVF Foundation, is actively participating in the effort to develop simpler and cheaper IVF procedures which would make them affordable even to countries with low resources. In addition, IFFS is taking a strong position on several controversial issues, especially on the legal*

*obstacles to ART treatment and research. In order to be more effective in our communications, we decided to collaborate with Tom Parkhill, who will serve as an advisor. As he explains in his article, his immediate goal is to establish contacts with the international press and our member societies, in order to be able to spread our message and, hopefully, influence decisions in a positive way.*

*We believe that with these and other actions, IFFS in collaboration with our member societies and our international partners, will continue the efforts to ensure that all infertile couples have equal access to safe and effective treatment.*

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**NEWSLETTER**  
INTERNATIONAL FEDERATION  
OF FERTILITY SOCIETIES

Member Societies and readers are invited to send all comments, reports or articles of 800 – 1200 words no later than 1st February for the Spring Issue and 1st July for the Autumn Issue.

The views expressed in articles in the IFFS Newsletter are those of the authors and do not necessarily reflect the official viewpoint of IFFS.

I,

m writing this article by way of an introduction, but also as a request for assistance. I have just started to assist the IFFS in its public communications, with the goal of raising the profile of the IFFS on the world stage, and especially in the press.

There are good reasons for the IFFS to take this initiative just now. It seems that fertility is always in the news. There are so many scientific and ethical boundaries which are being stretched by fertility research and clinical practice that for the press, it's an endless source of controversy, and hence news. Fertility stories are often prominent in newspapers and broadcast media; to continue to influence major policy makers, we need to be visible to the world's press. I was at the recent ESHRE congress in Amsterdam, which was packed with science journalists from the UK – this despite the fact that the World Congress of Science Journalists was taking place in London at the same time. These journalists understand that attending ESHRE (or the ASRM) will get them a story in the paper; for them, there is a great willingness to cover fertility, which in turn raises the profile of the fertility organisation.

Organisations like ASRM and ESHRE have worked hard to get good conference coverage; it has not been a passive success for them. They understand that if an organisation is going to work with the media, it needs to be clear in its aims, and it needs to involve its members or member organisations. The IFFS is well placed to work

## Presenting the IFFS to the World

Tom Parkhill

Communication Advisor

with the media on the international stage. Its international stature gives the IFFS a role and authority which few other organisations are able to fulfil e.g. in international training, in taking a role in dealing with international partners.



This international role also means that we have a responsibility to ensure that news coming out of New York or Berlin is put into a context which includes the rest of the world. One of my immediate aims will be to establish a network of international news contacts who will be able to turn to us for comment on international (and sometimes more local) issues. Sometimes this will be aimed at making the press more aware of the IFFS, but I will also aim at specific targets, like raising the awareness of the 2010 conference in Munich. I'll also be establishing an infrastructure which can respond to the press, and I'll be happy to work with individuals and member organisations where possible. At the same time, any feedback or advance notice of newsworthy items will be welcome. Our media work needs to be a partnership with our members. I'm looking forward to working with you.

Tom Parkhill, e-mail: parkhill@uno.it

A

nother IFFS Workshop, the 26th in the series, was held in Amman, Jordan at the Farah Clinic. It was a different type of Workshop this time, which lasted one day. The morning was devoted to non-obstructive azoospermia and the clinic urologist, Dr Abdel Latif Abou Khadra, presented his experience. Various lab aspects were given by Dr A.Pacey, andrologist, between live transmissions from the operating theatre. The first case was of testicular fine needle aspiration and the second case was of micro-TESE using the operating microscope. The afternoon comprised a review of oocyte cryopreservation, vitrification and ovarian tissue freezing by Dr Kay Elder, embryologist. After that, the audience went to the lab and there were 4 stations set up for participants to practice handling frozen human oocytes with thawing, refreezing and storing, supervised by the clinic's embryologist, Farah Kilani. This workshop was held on the day before the 3rd

## Education Committee

Ian Cooke MD

Emeritus Professor  
University of Sheffield

International meeting of the Jordanian Society for Reproduction and Genetics, so that the speakers were able to contribute to the main meeting.

The next Workshop will be held in Siberia, in Irkutsk, on the southern shore of Lake Baikal, in collaboration with the Russian Association of Human Reproduction in September, and all arrangements have been made.

Plans are afoot to hold a meeting in Abidjan, Ivory Coast, on A.R.T. and organised by Prof. Bernard Hedon of Montpellier and another in Alexandria, Egypt on Evidence-Based Medicine in November. We are already well advanced for a Workshop in Kampala, Uganda in January, 2010. Discussions are also proceeding for a Workshop in Surabaya, Indonesia in June, followed quickly afterwards by one in Hangzhou, China. Already, planning has begun



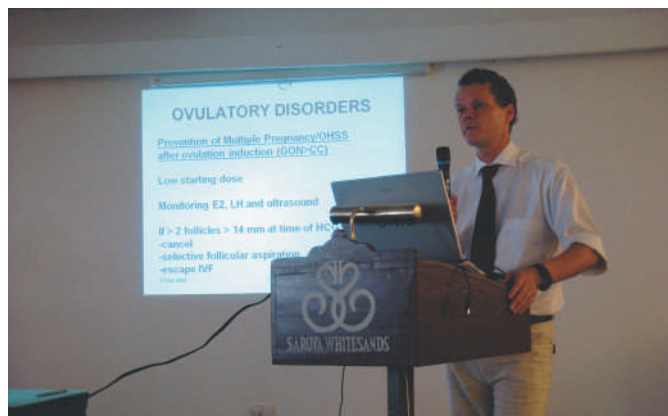
for one on bioethics in Santiago, Chile toward the end of 2010. The World Health Organization will be involved in planning the Workshops in Alexandria, Uganda and Indonesia following our designation as a Non-Governmental Organisation (NGO) in liaison with WHO.

While these Workshops are proceeding, work has continued for the data gathering exercise required for Surveillance 2010, the world-wide compendium of national rules and regulations relating to ART. The Editors, Dr Howard Jones Jr, Dr Roger Kempers, Prof. Doug Saunders and myself, have planned the questionnaire and had the software written for it. It is currently being debugged and we hope shortly to be able to put it up on the web so that country representatives can be invited to respond with details of their own national scene. The data will then be al-

located according to subject matter to each of the editors to analyse the data and write a commentary. The objective is to have the material ready for presentation at the IFFS Munich Congress next year. At that time it will become generally accessible on the IFFS website. The document, published every three years, has become an important resource for clinicians and researchers who want to ascertain details of the workings of ART governance in other countries. It also serves as a record of changing trends in the field and acts as a stimulus to many to see how other countries react and regulate this ethically contentious field. On the last occasion, in 2007, data were obtained from 58 countries and it is hoped that many more will be able to respond for this edition. We are aiming to contact more than 100 countries, to give an even broader picture of the state of ART regulation throughout the world.



*The FIGO Ethics Committee at their meeting in Paris in October, 2008 to which IFFS was invited to see how an Ethics Committee functioned*



*Prof. Thomas d'Hooghe speaking at Mombasa, Kenya at the joint IFFS/Kenya Obstetrical and Gynaecological Society meeting in February, 2009*

## The German Society for Reproductive Medicine proudly presents: The School of Reproductive Medicine and Endocrinology

J.-S. Krüssel

Continuing medical education (CME) is an important part of our daily life. Numerous services offer their assistance for physicians and scientists, but in the highly specialized field of reproductive medicine, resources for CME are mostly limited to either national or international scientific meetings.

The German society for Reproductive Medicine (DGRM) is Germany's largest scientific society in the field of reproductive medicine and reproductive biology, consisting of approximately 500 members from all sub-specialties within this field: Gynecologic Endocrinology and Reproductive Medicine, Andrology, Urology, Reproductive Genetics, Veterinary Medicine and Reproductive Biology. In 2006, the DGRM therefore decided to establish a course program to provide its members and guests with opportunities to continue their advanced education and training by utilizing the synergies from the various specialists within the DGRM: the School of Reproductive Medicine and Endocrinology.



The first course of the School on "Cryopreservation of Human Sperm" was held in Marburg in May 2006 by Prof. Walter Krause and Dr. Jan Skrzypek, its presen-

tations were published in a special issue (2/2007) of the Journal of Reproductive Medicine and Endocrinology. Meanwhile, school-courses have become an integral part of continuing medical education in the field of reproductive medicine and reproductive biology in Germany. The DGRM offers 4 courses per year, the topics in 2007/2008 were Endometriosis (Frankfurt), treatment of patients with concomitant diseases (Düsseldorf), new developments in reproductive veterinary medicine (Hannover), special training in gynecologic endocrinology (Freiburg), GnRH-antagonists (Bad Münden), improving the conditions for embryonic implantation (Düsseldorf), and Reproductive Genetics (Regensburg).

We give our special thanks to all organizers and presenters of the school-courses: without their strong com-

mitment it would not have been possible to establish and to implement this highly successful program.

Let us convince you by visiting one of our next school-courses!

Prof. Dr. med. Jan-Steffen Krüssel  
 School coordinator and president elect of the German Society for Reproductive Medicine (DGRM)  
 Universitäres interdisziplinäres Kinderwunschzentrum Düsseldorf (UniKiD)  
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**T**he term "Low Cost IVF" was coined by Prof Alan Trounson at a WHO meeting in Geneva in 2001, which had been called by WHO to review the previous decade's progress in ART. WHO's concern, as always, was to promote advances in health care in low resource economies. Prof. Trounson pointed out that the great progress being made in treating infertility in the developed world would not be extended to the developing world unless the costs came down markedly. After the meeting this idea began to take root and in 2004 Dr Paul van Look, Director of WHO's Reproductive Health and Research announced that it had become WHO policy to promote Low Cost IVF in low resource economies. In 2007 the Low Cost IVF Foundation was founded in Switzerland by Profs Trounson (Melbourne), Gianaroli (Bologna and Lugano), Hovatta (Stockholm) and Cooke (Sheffield) and the development of this form of ART became an objective of IFFS. At the same time Prof Ombelet (Genk) obtained ESHRE support for establishing a Special Task Force on Developing Countries and Infertility.

The Low Cost Foundation quickly established its protocol and began negotiating with various centres to pilot their approach. Attempts were first made in Khartoum, but both clinical and embryological staff needed to be trained and this took place in Stockholm. The University of Khartoum provided space and equipment was provided from Stockholm. IUI had first to be established and IVF is beginning. In Cape Town prolonged negotiations with the hospital and the Ethics Committee have been necessary and Low Cost IVF should begin shortly. In Arusha, Tanzania, a Low Cost clinic has been equipped and the staff trained. It is beginning clinical management.

The ESHRE Special Task Force has analysed the problem in great depth and is developing practical meth-

ods for its programme. Venues have been selected and a protocol is almost ready. Funds are being sought to roll out their programme. One concern has been to promote training for clinical and laboratory staff. To reduce costs and provide a more realistic environment, discussions are continuing with Prof. Franken of Stellenbosch and Dr Huyser of Pretoria to drive this training programme in Africa itself.

Another issue was to establish a framework for data collection. The co-operation of the International Committee for Monitoring ART data (ICMART) has enabled a minimum data set to be defined and this should shortly be ready for use. It is hoped that data from these various projects can be collected and centralised, so that reporting can be rigorous but simplified and can be presented in due course in the World Report along with data from more conventional ART.

In January 2008, the International Society for Mild Approaches in Assisted Reproduction held its first meeting to explore this gentler methodology. Cost was not a significant consideration, but more emphasis was put on the impact of treatment on the patient, leading to the expression, the "patient friendly" approach. This society supported the establishment of Groupe Interafricaine d'étude, de recherche et d'application sur la fertilité (GIERAF) at a meeting in Togo earlier this year. One of its objectives is to establish a low cost ART.

Although the term "Low Cost IVF" has quickly entered our vocabulary, the process of establishing it has been rather more difficult. However we are on the brink of implementation. Hopefully data will soon be forthcoming, so that we can evaluate its appropriate place in the hierarchy of treatment available.

## Low Cost IVF

Ian Cooke MD

Emeritus Professor, University of Sheffield

# Quality Control and ISO Certification in ART: The classical bottom-up and the emerging top-down facets

**Dominique de Ziegler, MD**, Université Paris Descartes – Hôpital Cochin, Dept of Ob Gyn II, Paris France

**Isabelle Streuli, MD**, Hôpital Cantonal, Dept Of Ob Gyn, Geneva Switzerland

**Charles Chapron, MD**, Université Paris Descartes – Hôpital Cochin, Dept of Ob Gyn II, Paris France

**A**RT has been offered to infertile couples for over a quarter century, yet results remain vulnerable, as pregnancy rates (PR) depend on complex different but intimately imbricated procedures. Moreover, ART surpasses the limits of human reproduction (30% PR/cycle) through multiple-oocyte harvests and embryo selection. PRs tend to fluctuate however often, for no apparent cause<sup>(1)</sup>.

These reasons have sparked interest for ISO certification in ART in order to optimize and stabilize results. Concerns for ART's ethics, results and risks have led certain countries to even recommend that ISO certification rapidly becomes mandatory.

ISO Certification, practically speaking.

ISO standards and quality management systems are for all businesses. In ART, clinical and laboratory activities are interdependent – IVF outcome equally depends on IVF indications and oocyte quality as it does on laboratory performances. Hence, a combined ISO certification best reflects this situation.

Practically, we see 2 distinct steps in the ISO processes:

1. The classical view of ISO certification or well-known bottom up part.

Quality control consists in formalizing and documenting all ART procedures in the 'quality manual' together with quality control policies. ISO also sets the parameters for quality assessment (indicators), possible corrective measures and personal role of each team member (2). Tight quality control is indeed seen as the best option for optimizing PRs. This core part of ISO certification is results-driven, hence defined as bottom up.

2. The intelligence of ISO certification or lesser told top down part.

The inner content of each procedure – what is actually done as opposed to how it is done – is commonly not part of ISO certification. Indeed, setting ART indications, choosing protocols, adjusting treatments to outcome is often seen as 'medical art at its best', not reducible to standard operation procedures (SOPs). We personally disagree with this view. We believe on the contrary that the rationale for each clinical measure must be thoroughly scrutinized until clear clinical guiding threads can be intelligently drawn for directing patient care, using an ISO compatible format.

Often ART is not the only treatment possible but rather, the option offered last when others failed. Hence, clinical management of infertility must be global, weighing the relative benefits of ART and non-ART options. Because the intelligence of ISO certification is driven by clinical objectives – answering the infertile couple's demand for family in the most efficient and safe way possible – not by a competitive hunt for PRs, this part defined as top down.

When the health care system as a whole craves for structural reforms but with no direction to go, ISO certification may help. Spearheaded in niches of medicine for operational reasons – in ART because of the complexity of the processes and vulnerability of results – ISO certification could expand to become the blue print of a two-tier health reform. It would combine two complementary processes, one driven by procedural outcome or bottom-up and one that is objective-driven or top-down. Because of its need for ISO certification, ART could lead the exploration of such structural changes in health care that aim at preserving the efficacy of medicine while curbing costs.

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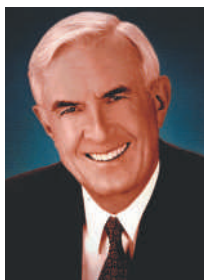
## International Calendar

**26<sup>th</sup> Annual Meeting of ESHRE**  
June 27-30, 2010  
Rome, Italy  
[www.eshre.com](http://www.eshre.com)

**IFFS 20<sup>th</sup> World Congress on Fertility & Sterility**  
September 12-16, 2010  
Munich, Germany  
[www.iffs2010.com](http://www.iffs2010.com)

**66<sup>th</sup> Annual Meeting of the ASRM**  
October 23-27, 2010  
Denver, Colorado, USA  
[www.asrm.org](http://www.asrm.org)





# History of the International Federation of Fertility Societies

# #4

**Roger D. Kempers, MD**

Professor of Obstetrics and Gynecology, Emeritus  
Mayo Clinic School of Medicine

**T**he III World Congress of IFA was held June 7-13, 1959 in Amsterdam, The Netherlands. The President of IFA was E.G.Murray, Buenos Aires, Argentina and the host congress president was B.S.Ten Berge, The Netherlands who, at the end of the congress, was awarded Honorary Membership. The scientific program was excellent but was held in different buildings which inconvenienced the delegates. Other countries began founding their own national fertility societies. For example, shortly before this congress the German Fertility Society was formed and during the congress the Scandinavian Fertility Society was founded.

## Official registration of the IFA and IFFS

In July 1961, 8 years after the founding of the IFA, the Americans lead by Maxwell Roland of the New York City group filed the necessary papers in Washington, D.C., and succeeded in having the IFA registered in the State of New York as a not-for-profit corporation in the USA. The certificate of incorporation described the corporation as the United States Division of the International Fertility Association, Inc. The official address of the corporation was the office of Maxwell Roland in Queens, New York. The document specified that at least one director had to be a citizen of the USA and a resident of New York. The corporation was permitted to conduct business outside the USA. All 5 of the directors who signed that document were Americans. They were Maxwell Roland, NYC, Bernard Weinstein, New Orleans, LA., Walter Williams, Springfield, MA., Kenneth McEntee, Ithaca, NY and Erwin Strassman, Houston, TX. There is no record of the corporation ever having filed additional papers for charitable or tax exempt status.

Then, as I will detail later, in May, 1968 at the VI World Congress of IFA the association reformed itself into the IFFS. However the need for submitting a new application for official registration of this new society was overlooked and neglected for the next 30 years, a fact that did not come to light until mid 1998. Fortunately all income that had come to IFFS had escaped any government's scrutiny and no taxes had been paid.

On March 8, 1999 the IFFS was finally successfully registered as a not for profit corporation in Jefferson County, State of Alabama, USA, a state where annual registrations fees are not required. The USA Internal Revenue

office granted the IFFS a temporary tax code designation of 501c (6) pending further evaluation of its not for profit organizational status.. The 6 IFFS officers listed on the application were Robert Harrison, Ireland, President; Roger D. Kempers, USA, President elect; Bernard Hedon, France, Secretary General; Salim Daya, Canada, Assistant Secretary General; William Thompson, Northern Ireland, Treasurer; and Basil Tarlatsis, Greece, Assistant Treasurer. For banking official purposes, the address of record for IFFS was given as the offices of the ASRM in Birmingham, AL, where a room was designated the official IFFS office.

The following year, on July 15, 1999 under Re-stated Articles of Incorporation, the IFFS was granted 501 (c) (3) status with exemption from federal income tax as a charitable organization. The final determination letter confirming this was dated January 18, 2000. Although the IFFS is required annually to report its financial activities it is not subject to federal taxes.



III. World Congress of IFA, June 7—13, 1959, Amsterdam/The Netherlands, the opening ceremony.



Deadline for Abstract Submission  
**15th December 2009**



**IFFS 20th World Congress  
on Fertility & Sterility**  
**September 12 – 16, 2010**  
**Munich · Germany**  
**[www.iffs2010.com](http://www.iffs2010.com)**



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