



*Myka, born
March 11, 2011
IVF Baby*

New IVF discount program

Couples not in our Refund Program, who do not have any insurance coverage for their infertility treatment will receive a 10% discount on any subsequent IVF cycles at CFS if they do not deliver a live born infant as a result of their first IVF cycle with our center. Additional discounts may apply for frozen embryo transfers as well. This applies to both CFS and AFS charges.

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Pregnancy success rates:

Since July of 2009, Community Fertility Specialists, in conjunction with Assisted Fertility Services, has been offering reproductive options for male and female infertility. We are happy to report that patients undergoing IVF at our center continue to experience excellent pregnancy rates. See chart, below, reported as of June 2011.

Community Fertility Specialists Fresh IVF Success Statistics Per Retrieval

	*2009	2010	2011	Total	
Maternal Age	<35	3/3 = 100%	18/19 = 95%	14/19 = 74%	36/41 = 88%
		2/3 = 66%	15/19 = 79%	14/19 = 74%	31/41 = 76%
		Mean # embryos transferred 1.3	Mean # embryos transferred 1.9	Mean # embryos transferred 1.8	Mean # embryos transferred 1.9
	35-37	1/2 = 50%	3/5 = 60%	3/3 = 100%	7/10 = 70%
1/2 = 50%		2/5 = 40%	3/3 = 100%	6/10 = 60%	
	Mean # embryos transferred 2.0	Mean # embryos transferred 1.8	Mean # embryos transferred 1.8	Mean # embryos transferred 1.9	
38-40	NA	4/6 = 67%	1/1 = 100%	5/7 = 71%	
		3/6 = 50%	1/1 = 100%	4/7 = 57%	
	Mean # embryos transferred 2.2	Mean # embryos transferred 2.0	Mean # embryos transferred 2.1	Mean # embryos transferred 2.1	
41+	1/1	0/2	0/3	1/6 = 17%	
	Mean # embryos transferred 4.0	Mean # embryos transferred 2.0	Mean # embryos transferred 3.3	Mean # embryos transferred 3.0	

*For 2009, the second line represents live birth data per retrieval. Please see separate reporting for 2009 as reported to SART.

For 2009, 2010, 2011 and Total, the first line represents positive blood pregnancy test per retrieval. For 2010 and 2011, the second line includes pregnancies that have developed to the point of seeing fetal cardiac motion by ultrasound per retrieval. The SART definition of a clinical pregnancy is to the point of a gestational sac being seen by ultrasound which is earlier than when cardiac motion is seen.

The second line of the total column includes live birth data from 2009 as well as pregnancies from 2010 and 2011 that have developed at least to the point of fetal cardiac motion as seen on ultrasound. Live birth data for 2010 and 2011 is not available yet.

For more information, please visit CommunityFertility.com or call 317-621-0600.

A comparison of clinic success rates may not be meaningful because patient medical characteristics, treatment approaches and entrance criteria for ART may vary from clinic to clinic. **SART REQUIRED STATEMENT**

Nicole and Nathan – IVF success story

Nicole and Nathan had been having unprotected intercourse for four and one half years without becoming pregnant. Over the eighteen months before coming to CFS in December of 2009 they had tried timed intercourse and had used clomiphene citrate to improve their chance to become pregnant. Nathan had undergone three varicocelectomies, one of which was for abnormal semen parameters. Nicole also complained of significant menstrual bleeding and cramping. She had pain during sexual intercourse and pelvic pain at times. A robotic assisted laparoscopy was performed

in January of 2010, at which time tubal patency was established, adhesions were lysed and endometriosis was treated. Over the following months, Nicole and Nathan again tried to become pregnant on their own. Unsuccessful in their efforts, they underwent IVF with intracytoplasmic sperm injection in January of 2011. Happily, they conceived with a singleton pregnancy after having two embryos transferred on day five after oocyte retrieval. Nicole is now at 37 weeks and doing well.



Controlled ovarian hyperstimulation and IUI in the older women

*Harris et. al. reported in *Fertility and Sterility* in 2010 that COH IUI in older women had poor success. They showed that a woman aged 38-39 has a 6.2% live birth rate per attempt with no live births occurring after her second attempt. For a woman 40 and older her per cycle live birth rate would be 2.0% with no live births after her first cycle. Other investigators have found similar results leading them to recommend against COH IUI for women 39 or older.

Based upon the national average for IVF in women 38-40, a 22% live birth rate per initiated cycle and 28% live birth rate per embryo transfer would be expected. Even in women 41-42, national outcomes per

cycle and per embryo transfer for live births are 12 and 16% respectively.

***Poor success of gonadotropin-induced controlled ovarian hyperstimulation and intrauterine insemination for older women**
Isiah D. Harris, M.D., Stacey A. Missmer, Sc.D., and Mark D. Hornstein, M.D., Department of Obstetrics and Gynecology; Channing Laboratory, Department of Medicine, Brigham and Women's Hospital, Harvard Medical School; and Department of Epidemiology, Harvard School of Public Health, Boston, Massachusetts

(*Fertil Steril* 2010; 94:144–8. 2010 by American Society for Reproductive Medicine)

Prenatal vitamins may not be just for women anymore

With the introduction of intracytoplasmic sperm injection, the ability to achieve acceptable fertilization rates with IVF even when a male factor is present has become routine. Now more attention is being paid to the post fertilization capacity of sperm to enhance embryo quality and ultimately live birth outcomes. Techniques looking at individual sperm at very high magnification and other measures to select out more functional sperm for use with sperm injection are being used by more fertility centers. Another area that deserves attention is how diet and nutritional supplements may improve sperm quality. It is believed that oxidative stress plays a role in elevated levels of sperm DNA fragmentation. Some studies have shown poorer outcomes for

both spontaneous conceptions as well as those through assisted reproduction with sperm having high levels of DNA fragmentation.

*Studies have also shown that men with abnormal sperm DNA fragmentation who consume Vitamin C and E at appropriate levels for their antioxidant properties have an improvement in their sperm quality. At CFS we have begun to recommend these supplements for more men as they and their partners undergo IVF. Prenatal vitamins may not be just for women anymore.

***Reduction of the Incidence of Sperm DNA Fragmentation by Oral Antioxidant Treatment**
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