

## Minutes SIG Reproductive Endocrinology, Amsterdam 2009

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### 1. Update on last year

The SIG has had a very active time since Barcelona, with a number of Campus Workshops and involvement with sessions in other meetings, for which we are very grateful to Nick Macklon. These have been described in editions of *Focus* over the last year:

*Basic Principals in Ovarian Physiology: Relevance for IVF.* Lisbon on 19<sup>th</sup> and 20<sup>th</sup> September 2008.

*The Menopause and its Management: a revisit,* Edinburgh, Scotland 6 - 7 October 2008.

*The 4th Course on Molecular Basics and Translational Studies in Reproductive Medicine, Molecular Reproductive Medicine,* Thessaloniki, Greece 10 - 11 October 2008.

*Mild approaches to stimulation,* Mirabor, Slovenia, February 27-28.

Satellite meeting on fetal physiology and periconception at the SGI meeting in Glasgow, 18-21<sup>st</sup> March 2009, and also an ESHRE Campus Symposium on Periconceptual Determinants of Health.

The pre-congress course in Amsterdam was run jointly with the SIG on Safety and Quality in ART and focussed on *Mild stimulation strategies in IVF*. This PCC probably attracted our largest attendance to date and stimulated a lot of discussion and debate. There may still be some confusion about what actually defines "mild stimulation" and whether this is a reflection of ovarian response or ovarian stimulation strategies. There is no doubt that the principals of using the lowest possible doses for ovarian stimulation should be advocated as not only will this reduce risks of complications such as OHSS but also increase the relative proportion of genetically normal oocytes/embryos. Whilst natural cycle IVF avoids the use of drugs, there is a view that conventional IVF requires the production of "as many eggs as possible", although I believe that this is not what the majority of us are striving for.

Bart Fauser set the scene by describing concerns about the speed with which some countries process patients through to IVF and the impact of stimulation regimens on patients health, stress and outcomes, together with reasons for couples dropping out of treatment. Esther Baart presented her data on the impact of ovarian stimulation on the health and genetic constitution of the oocyte and embryo and how to select the best embryos. Geeta Nargund tried

to define mild stimulation protocols and discussed natural and semi-natural cycles. Anders Nyboe Andersen then presented his comprehensive data on individualising treatment based upon patients' age, ovarian reserve tests and menstrual cycle history. Petra de Sutter updated us on the use of elective single embryo transfer and then Jacky Boivin gave a thought provoking talk on how to reduce the psychological burden of IVF. The day concluded with a series of short talks on defining success, cost effectiveness and the "optimal balance" together with an active panel discussion.

## **2. Plans for future meetings**

Campus Workshop – *Old and New Hormones....* Budapest, Hungary, 3-4 December, 2009.

Professor Janos Urbanscek, chair of the local organising committee, will be hosting this meeting in the historic auditorium of the First Department of Obstetrics and Gynecology of the Semmelweis University. This department, founded in 1812 is the oldest obstetrical institute in Hungary. Ignác Semmelweis himself was director of the department from 1855 until his death in 1865.

The course will provide a systematic and detailed overview of endocrinological conditions with coverage of new hormones and new diseases, with particular reference to how they impact upon reproductive health, fertility and pregnancy. We will provide a detailed refresher of endocrinology from basic science to clinical practice. In order to update practitioners in Reproductive Medicine about the full range of endocrinological disorders that may be encountered in patients attending the RM clinic.

There will be a *Horse and Folklore Show with dinner*, at the Lázár Equestrian Park is situated 35 kilometers from Budapest, in the very heart of the hills of Gödöllő, five kilometers from the Sisi Castle. This enterprise, which has been dreamt up and realized by the horse driving world champion Lázár brothers, combines the atmosphere of Hungarian villages with that of a horse farm of European standards and with outstanding Hungarian hospitality. The Equestrian Park is in a picturesque environment, its six hectares offer an ideal site for a typical hungarian evening with spectacular horse and folklore-show and hungarian cuisine. ([www.lazarteam.hu](http://www.lazarteam.hu))

We look forward to welcoming you to Budapest. The course is aimed at trained and trainee physicians and nurse practitioners working in reproductive medicine, infertility, assisted conception and reproductive endocrinology clinics. We are limited to 200 participants, so please register now!

**2010**

*The management of infertility – training workshop for junior doctors, nurses and embryologists.* Tripartite meeting between SIGs Endocrinology and Embryology and the Paramedical Group. Kiev, Ukraine, **May 26-27, 2010 tbc**;

This will be a new adventure and is the first course on the modern management of infertility and is designed as a joint training workshop for junior doctors, paramedicals and embryologists, that hopefully in the future may be rolled out in other cities as a “travelling” training course. For paramedicals it is a follow up course for the basic paramedical training course in Manchester, 2008.

The target audience is doctors, paramedicals, embryologists and counsellors with an interest in infertility and reproductive medicine. The course objectives are to provide a solid framework for the investigation and management of infertility from clinic to the assisted conception unit.

**Rome meeting in 2010:**

The Pre-Congress Course has been snappily entitled – *The lost ART of OI*. Many of us feel that the pathway to IVF is too swift and that it is preferable to aim to treat the underlying causes of infertility. Special skills are required when performing ovulation induction for anovulatory infertility, which requires a degree of subtlety not needed for “controlled” ovarian hyperstimulation for IVF. This course will cover the causes of anovulation and deal in turn with management protocols, predictors for response and algorithms for treatment.

We shall also be hosting a debate: *This house believes that multiple natural cycle IVF is preferable to a single stimulated cycle and freezing*, which I am sure will excite a lot of discussion.

The next Campus Workshop will be a Joint Campus with the Early Pregnancy and Reproductive Surgery SIGs: *Healthy start – The determinants of a successful pregnancy*. **September 24-25 tbc** , Dubrovnic, Croatia.

Basil Tarlatzis stated that funding is in place, kindly provided by Scering-Plough for a third PCOS consensus Utrecht at either the end of 2010 or early 2011. This will be on ***Medical Problems associated with PCOS***.

We are also proposing a Campus workshop on Puberty to be held in Sheffield and another on Fetal determinants of health and the Barker hypothesis to be held in Southampton.

Suggestions for topics and locations for meetings are always appreciated – please email me with your ideas.

**3. Projects**

Nils Lambalk of Amsterdam described his proposal for a multi centre, international (10 Dutch and 10 other European IVF clinics) randomized control trial in 2700 patients that will undergo IVF/ICSI in one treatment cycle. *Comparison of GnRH agonist to GnRH antagonist for prevention of premature luteinization in IVF: a cost/effectiveness study with take home baby rate as endpoint.* We hope to hear whether funding will be available for this important study and invite anyone interested in participating to contact Nils directly.

Design: The patients will be randomised into two groups:- Agonist group: eligible patients will be treated for 21 days with an oral contraceptive for 21 days. After 14 pills daily GnRH agonist will be administered throughout the stimulation procedure including the day of hCG injection to finalize oocyte maturation. Daily stimulation with FSH will start on the 3rd day of withdrawal bleeding throughout day hCG is given for final oocyte maturation.  
- Antagonist group: eligible patients will be treated with an oral contraceptive for 21 days and on the 5<sup>th</sup> day after last pill intake daily FSH (fixed) will be given until day of hCG. From the 6th day of stimulation with FSH onwards a daily injection of GnRH antagonist (0.25 mg) will be given until day of hCG.  
Power: With an assumption of an ongoing pregnancy rate of 25%, a 10% loss to follow-up, and set alpha at 0.05 and beta at 0.20, then 2700 patients are required (1350 per trial arm) to achieve a power of 80%. Notably, the sample size of 2700 patients is also large enough to show a statistically significant difference of 5% in baby take home rate in case the treatments are not equivalent.

Assessments: base line characteristics, duration of agonist and antagonist treatment, duration and amount of gonadotropins, follicle growth, oocyte yield, endometrial thickness, embryo quantity and quality, biochemical pregnancy rate, clinical pregnancy rate, ongoing pregnancy rate, life birth rate, take home baby rate, multiple pregnancy rates, occurrence of ovarian hyper stimulation syndrome (OHSS). An economic evaluation will be done and a patient preference evaluation.

## 2. Other proposals.

We are also interested to know from anyone with large practises in ovulation induction for anovulatory PCOS for pharma sponsored RCTs which are currently being formulated. If you think you might be interested please contact me.

## **4. Any other business**

Members present voiced a desire to see more endocrinology in the general meetings and I will take this to the Scientific Committee.

If you have any suggestions or feel you would like to host a meeting, please me via ESHRE or [adam.balen@leedsth.nhs.uk](mailto:adam.balen@leedsth.nhs.uk).

Have a great summer!  
Adam Balen, July 2009.