Vol. I Issue I 2016 -2017 May 2016

ASDIY P NEWSLETTER



Welcome to the Asia Pacific Initiative on Reproduction!

ASPIRE has been actively promoting and advocating Reproductive Medicine for more than 10 years. In view of the robust growth in the Asia-Pacific

region, we would like to ask ourselves if the quality of ART will be improved and homogenous across the whole region. We also want to ponder whether we should deviate from ethical consideration to much commercial incentive. We may want to acknowledge past achievements and be ready to face future challenges. Indeed, a society cannot survive long when the society favous only survival.

My approach for my tenure from 2016-2018 will be based on the 7Cs-Communication, Cooperation, Collaboration, Coherence, Commitment, Continuity and Consistency. I wish to speed up the membership recruitment and to enhance the quality improvement in ART. We will establish ASPIRE campus workshops and will strengthen the Masterclass' content. We hope to also develop functional Special Interest Groups and to create a Past President Advisory Panel. Several committees have been set up to focus on aspects such as Publications, Membership or Education.

We have recently concluded the successful 6th Congress of the Asia Pacific Initiative on Reproduction in Jakarta, Indonesia in April 2016. Almost 1,200 participants join the event. The congress featured plenary lectures, symposia, 3 pre-congress workshops as well as oral and poster presentations with 72 faculty members. The commercial exhibition which ran concurrently over 3 days attracted 47 exhibitors and sponsors.

President's Message

As presented at the General Assembly on 9th April 2016, we currently have more than 1,300 members from 38 countries. Membership benefits include discounted fee for ASPIRE Congress, Masterclass and Campus workshops, presubmission advice from ASPIRE Editorial Board to submit to Fertility & Sterility and much more. All ASPIRE 2016 participants will automatically become members of the society.

The 7th Congress of the Asia Pacific Initiative on Reproduction (ASPIRE 2017) will be held in Kuala Lumpur, Malaysia, from 30 March to 2 April 2017. Like our previous congresses, you can be assured that we will continue to discuss, debate and dissect every significant development and scientific advancement of the past year that will impact on the future of fertility preservation, embryology, andrology, clinical trials, PCOS, PGS, IVM and all related fields.

With its academically rich scientific programme, expert-led workshops, and the stellar lineup of international speakers that delegates have come to expect from this world-class event, ASPIRE 2017 will keep all participants on the leading edge of their field.

The challenges ahead of us may be new, but the values upon which ASPIRE depends, such as hard work and collaboration, curiosity and research, these things are old. I understand the growth and development of ASPIRE is never a given, it must be earned. I would like to play the roles of a designer, educator and most importantly a cheer leader to serve the ASPIRE for the next two years and years to come. I wish to upgrade ASPIRE to be the one of top three societies in this kind.

We are looking forward to hearing your ideas.

Prof Chii-Ruey Tzeng

President, ASPIRE

COUNTRY REPORT



Dr Rashida Begum ASPIRE Board Member



Dr Nusrat MahmudCountry Representative



Bangladesh Report

ASPIRE-2016, the 6th congress of the Asia Pacific Initiative on Reproduction was attended by a large group of participants from Bangladesh.

This was a platform of academic interactions, where the clinicians and scientists of this region could amalgamate their experiences.

Scientific meeting was enriched by the contribution from Bangladesh. Five posters were presented and one oral presentation was included in this meeting. The theme of the congress was "Technology, culture and tradition in assisted reproduction and fertility" Indeed it was justified.

Fertility and Sterility Society of Bangladesh has been hosting CME program for the management of infertility in different parts of the country. Awareness program has been arranged to train local general practitioners how to manage infertility in primary and secondary care levels.

Besides, training program and hands on workshop on IUI, laparoscopy has been hosted in last year. Burning issues like PCOS and Obesity has been discussed in several meetings.

Under the umbrella of ASPIRE we would like to host several scientific meetings in the country in coming months.

We would like to arrange awareness program in different schools to create awareness regarding adolescent's health issues too.

Looking forward to host an ASPIRE meeting here in Bangladesh.



COUNTRY REPORT





Vietnam Report

Dr Vinh Q DangVietnam Representative

The 5th annual meeting on Infertility and Assisted Reproductive Technologies

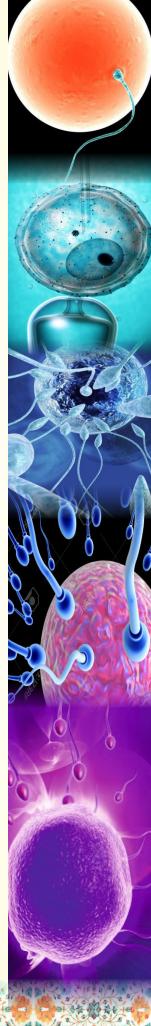
Hochiminh The Society for Reproductive Medicine (HOSREM) held its annual meeting on Infertility and Assisted Reproductive Technology (ART) last 23rd and 24th of April 2016. There were 250 participants (general OB-GYN, IVF specialists, embryologists and nurses) attended. The main congress day was on the 24th of April, 2016. The congress theme is "Reproductive Medicine: Present and Future". The main program included 21 presentations by local experts, covered from the basic concepts in infertility treatment (clinical and laboratory part) to new promising techniques like PGD/PGS using NGS, social egg freezing and ovarian tissue cryopreservation. Updated on new Vietnam legislation in IVF, surrogacy program in Vietnam and how to broaden reproductive care

access were also addressed. Experience with new trends in ART like GnRH agonist trigger, freeze-all, sperm DNA fragmentation in Vietnam were shared by top experts. Delegates were also attracted by a session on "Quality management system in ART" with update on ASRM guidelines in blastocyst culture and number of embryo transfer, Code of Practice in ART, patient identification and role of air quality control on IVF outcomes.

On the 23rd of April 2016, a panel discussion on "Luteal support in IVF", among leading experts from 23 IVF centers in Vietnam, was also taken place. Special session on "Oxidative stress and reproductive health" was held on the same day with renown invited speaker, Prof. Ashok Agarwal from Cleveland clinic, US.











Dr Michael Chapman President

F. S. A. Report

President's Report: Defending the rights of patients in Medicare rebate review

Over the past few months, the FSA has been actively involved in a variety of public debates relating to our patients and their treatments.

The Society collaborated with our colleagues in oncology and psychiatry to oppose proposed changes to the Medicare Safety Net that would make treatment unaffordable for many patients.

With assistance from ACCESS, we have been able to delay progress of legislation to lower the Medicare Safety Net threshold needed to access benefits for out-ofhospital services while capping the amount payable for individual treatment.

The general thrust of the proposed changes is to achieve budgetary savings of about \$266 million over five years.

However, altering the threshold could result in couples having to pay around \$2,000 extra a year for IVF

treatment. We have been able to convince the Turnbull Government to withdraw the legislation that stalled in the Senate last year until a review of the Medicare Benefits Schedule (MBS) is completed.

In April last year, the Minister for Health, Sussan Ley, announced that an MBS Review Taskforce would be established to consider how the more than 5,700 items on the schedule could be aligned with contemporary clinical evidence and practice and improve health outcomes for patients.

A report and recommendations from the taskforce will be presented to the Minister by December this year.

Meanwhile, the FSA has received a number of indications that the MBS review will result in changes to rebates for IVF treatment and we remain vigilant to the review process to ensure continuing access to fertility treatment for those who need it.

Success rates in IVF

Advertising and marketing of success rates for fertility treatment remain a concern. It has attracted public debate and media interest.

The FSA Board holds the view that a league table approach based on the current data collected by the Australian and New Zealand Assisted Reproduction Database (ANZARD) is inappropriate since it does not provide sufficient accurate information to compare like with like.

In the United Kingdom, the league table system of promoting IVF success rates has led to bad medicine through an encouragement of double embryo transfers and refusing treatment to older patients and poor responders.

Meanwhile, the Australian Competition and Consumer Commission (ACCC) is investigating advertising practices by IVF clinics in response to a growing number of complaints. FSA Vice-President, Luk Rombauts and I have met with the ACCC to express the Society's views and assist it in understanding the complexities of the issues.

As reported in the Spring 2015 edition of FSA Update, the FSA Board and the IVF Directors Group provided advice to RTAC in the development of a Technical Bulletin released in May last year addressing

issues of advertising and public information.

More recently the FSA Board has recommended that the guidelines presented in the Technical Bulletin should be embraced in the RTAC Code of Practice upon which clinics are audited and accredited.

ANZARD data

Clare Boothroyd is leading an FSA review of data collection processes by ANZARD in conjunction with the National Perinatal Statistics Unit.

The review committee is looking at changing the way that data is collected and presented so there is more definitive information about patient outcomes from each cycle of fertility treatment.

The Society for Assisted Reproductive Technology (SART) in the United States has established enviable standards in reporting IVF outcomes. These standards provide reliable information for patients to make informed decisions and understand the likelihood of success from different treatment options.

The review committee is investigating the possibility of adopting the SART data collection system.

Surrogacy

The FSA Board has supported the Australian and New Zealand Infertility Counsellors Association (ANZICA) in presenting a detailed submission to an Australian Government enquiry into surrogacy.





The submission to the Standing Committee on Social Policy and Legal Affairs included detailed recommendations that are outlined in an article in this edition by ANZICA Chair and FSA Board member, Kate Bourne.

Meanwhile, the FSA Board has also supported a submission to a South Australian Government review of assisted reproductive treatment in that State.

ASPIRE Congress 2016

The FSA was strongly represented at the recent Asia Pacific Initiative on Reproduction (ASPIRE) Congress in Jakarta.

ASPIRE 2016 featured a dedicated session with prominent FSA members addressing excellence in assisted reproductive technology. It was the final session of the congress, but it still captured a large and enthusiastic audience.

The FSA is internationally recognised for its leadership in maintaining and improving the quality of assisted reproduction and our close relationship with ASPIRE will help to influence standards in clinics in the Asia Pacific region.

This process is supported by the RTAC International Code of Practice that is being embraced by clinics in other countries, most recently in Vietnam.

Annual Scientific Meeting in Perth

The FSA 2016 annual scientific meeting will be held in Perth from 4th to 7th September and I encourage members to attend what will be an informative and collegial event.

The program being put together by Roger Hart and his team will continue the high standards of science and education we have come to expect from our flagship annual meeting.



ASPIRE 2016 [9, 8 10 APRIL





2016] PHOTO GALLERY



NEWS

Thailand News





Dr Nares Sukcharoen Country Representative

The 20th Thai Society of Reproductive Medicine (TSRM) Annual Scientific Meeting 2016 was held between 15-18 March 2016 at The Landmark Hotel, Bangkok, Thailand. There were about 300 participants including ART specialists, embryologists and paramedical personnels. The theme of this conference was "From basic science to advanced clinical ART". This meeting discussed the latest research and most recent breakthroughs and innovation. Invited speakers from many countries included.

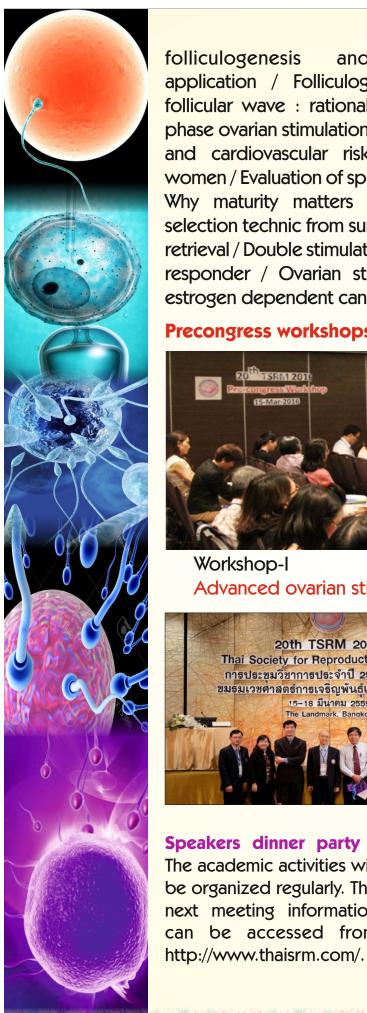
International speakers: Prof. Chii-Ruey Tzeng (President elect ASPIRE, Taiwan) / Prof. George Griesinger (Germany) / Prof. Tae Ki Yoon (Korea) / Prof. DZ Yang (China) / Prof. Kazuhiro Kawamura (Japan) / Dr. Stephen Fleming (Australia) / Dr. Jatin Pankaj Shah (India) / Miss Kelli Louise Sorby (Australia)

Local Thai speakers: Prof. Nares Sukcharoen (President TSRM), Prof. Teeraporn Vutyavanich, Assoc. Prof. Somchai Suwajanakorn, Asst Prof. Chatchai Treetampinich, Asst Prof. Dr. Areepan Sophonsritsuk, Dr. Objoon Trachoo, Dr. Suchada Monkolchaipak, Dr. Amarin Narkwichean, Dr. Sawat Tritruengtassana.

Content of the Main Congress

Fresh or frozen embryo transfer / Non-invasive biomarkers of embryo implantation potential/Ovarian stimulation" Is individualization needed? / Oocyte IVM and cryopreservation: What lies ahead? / Improving IVF success rate — New insights into endometrial receptivity and embryo vitrification / COH in poor responder/Simplified COH protocol / Oocyte cryopreservation / Genetic embryo screening / The next IVF revolution / Will mitochondrial transfer improve embryo quality? / Intraovarian control of early





folliculogenesis and clinical application / Folliculogenesis and follicular wave : rationale for luteal phase ovarian stimulation / Metabolic and cardiovascular risks in PCOS women / Evaluation of sperm quality: Why maturity matters ? / Sperm selection technic from surgical sperm retrieval / Double stimulation for poor responder / Ovarian stimulation in estrogen dependent cancer patient /

Difficult endometrial preparation / Maximize luteal phase support in ART / Gene expression in human embryo / Long term effective modality in endometriosis treatment / PGD for monogenic disorder / Reliability of PGS, can we trust technologies ? / Clinical evidence of embryo after vitrification / Can we rejuvenile aging oocyte?

Precongress workshops (15th March 2016)



Workshop-I Advanced ovarian stimulation

Workshop - II ParaMed in ART



TSRM Executive Board

Speakers dinner party: The academic activities will be organized regularly. The next meeting information can be accessed from



NEWS

Australia News





Dr Clare Boothroyd Country Representative

Presenting fertility preservation summit Legislation to fix donor law inequality

Fertility preservation in the paediatric and adolescent realm is in its infancy and it presents many clinical and ethical challenges.

This field requires professional integration across adult and paediatric sectors, across all tumour streams and across medical disciplines.

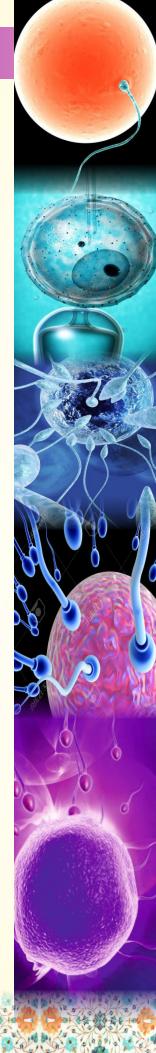
The Fertility Preservation Taskforce is a collaborative association of fertility specialists, gynaecologists, paediatric providers and oncologists committed to fostering collaborative research and development in fertility preservation.

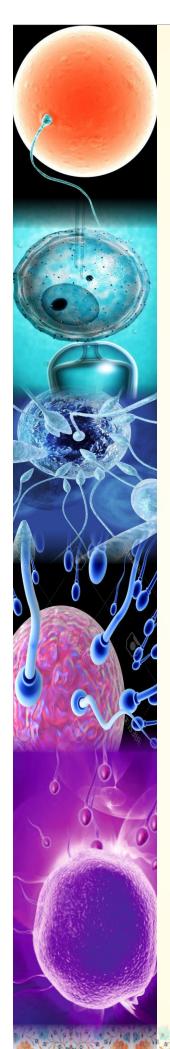
As this edition was being printed, the Royal Children's Hospital, Royal Women's Hospital and Melbourne IVF hosted the inaugural Fertility Preservation Summit.

The summit in Melbourne on 6 May brought together major partners at the forefront of paediatric, adolescent and young adult fertility preservation nationally and globally. Consumer perspectives were also presented to highlight scientific, clinical and psychological complexities

Franca Agresta is Secretary of the FSA's Medical Preservation of Fertility Group and Clinical Research Manager of the Royal Women's Hospital and Melbourne IVF.

She said, "Various protection and preservation strategies are employed in an effort to improve fertility and/or quality of life outcomes in patients diagnosed with the most common forms of cancer," she said. "The key objective





of the Fertility Preservation Taskforce is to enhance knowledge among health professionals and the public on infertility induced by cancer treatments and other medical treatments.

"We aim to achieve this through national and international collaborations to facilitate research, to educate and develop novel, evidence-based approaches to fertility preservation."

Exciting developments will ensue from collaborative contributions from oncologists, fertility specialists, paediatric providers, andrologists, nursing staff and scientists in the field of fertility preservation.

"The Fertility Preservation Summit was the ultimate forum in which to foster this information sharing and alliance."

The Victorian Comprehensive Cancer Centre and the Victorian Cancer Agency supported the stimulating and thought-provoking summit and the next edition of the FSA Update will report on key outcomes.

Amendments to the Assisted Reproductive Treatment Act 2008 were passed in February 2016 in the Victorian Parliament. Key elements of this legislation include:

 All Victorian donor-conceived people, regardless of when they were born, will have a right to identifying information about their donor, without having to receive consent from their donor. This means that donorconceived people born before 1998 will have the same rights as those born after 1998.

- Contact preferences will be made available to donors and donor-conceived people allowing them to determine the way in which contact with those with whom they are linked will occur. People will also have the option to choose a 'no contact' preference. If a contact preference is breached, a significant penalty may apply. Contact preferences will also be extended to legal children of donors or donor-conceived people who are under the age of 18 years.
- Responsibility for managing the central and voluntary registers will be moved to the Victorian Assisted Reproduction Treatment Authority (VARTA). The amendments will also enable VARTA to be the provider of support and information to donors, donor-conceived people and their families, as per recommendations made by the Parliamentary Law Reform Committee.

Blueprint for improved data collection Out with the old, and In with the new!

The Society for Assisted Reproductive Technology (SART) in the United States has implemented significant changes in reporting of IVF outcomes from its hundreds of member clinics.

Individual clinic reports and the SART national summary report have been completely redesigned to provide patients and physicians with a view of outcomes that more accurately reflects the way infertility is now treated using IVF.

As IVF practice evolved, SART saw that data reporting needed to include more detail on additional procedures and encompass an extended time frame.

Procedures such as embryo and oocyte cryopreservation, genetic testing, and single embryo transfer have improved patient outcomes and affected the importance of the initial embryo transfer.

Now, with the new reporting system, outcomes will be tracked over time for individuals, accounting for fresh and frozen embryo transfers, the number and type of cycles each patient undergoes, and the best outcome - the delivery of a healthy child. Thus, new reports will more accurately reflect cycle outcomes.

The format includes the addition of bar graphs to enhance understanding of the relationships between patient characteristics and cycle outcomes. The SART reports will utilise features including on-screen guidance for terms and metrics to aid patients in their understanding and expanded

filters to allow them to "dig" deeper into the data.

The SART Patient Predictor enables patients to obtain a preliminary assessment of their chances of success with IVF based on personal information.

The individual clinic reports will be best understood by patients in the context of a consultation with their physician. However, the SART website will also include an instructional video to help patients navigate their way through the new national summary report and clinic reports.

Dr Kevin Doody, President-elect of SART said, "As we have improved standard techniques in assisted reproductive technology and developed new ones, fertility care has become more personalised and the interpretation of cycle data more nuanced.

"This new reporting is an important step forward that will enable doctors and patients to look at specific cycle characteristics.

"Moreover, by following individual cycles for a longer time period, including secondary transfers using cryopreserved embryos or eggs, the new reporting represents a much more accurate way to view ART cycle success.

"We believe it will contribute to greater understanding of possibilities in treatment, and result in still greater improvement of outcomes in the future."







ASPIRE Data Collection Proposal

Prof. Jaideep Malhotra

Dr. Jaideep Malhotra had a audacious ambition for a legacy project to celebrate her term as ASPIRE President. Her goal was to provide Asian clinics with access to a low cost electronic medical records system to help improve the quality of care. We are proud to announce that this goal has been reached.

Practitioners have known for years that EMR systems improve quality and patient satisfaction while increasing ART unit productivity and profitability. Unfortunately the high cost of these computer systems has prevented the routine adoption of these systems. Purchase costs in the range of \$10,000 to \$100,000 USD with monthly license fees of \$1,000 per doctor are not uncommon. Office-based file servers require intensive IT support. These high costs have placed EMR systems beyond the means of many Asian ART units, particularly in developing countries.

To address these issues ASPIRE has worked with Artisan Medical Solutions. Artisan is a California company that developed a simple web-based EMR that overcomes the issues of cost and IT support. \The EMR works much like a simple website. Clinics will find that the user interface is easy to learn and can be installed into a infertility office without significant practice disruption.

Dr. Alex Steinleitner, President of Artisan Medical Solutions, designed the EMR to specifically address the problem of high cost. He believes that every ART unit and its patients deserve a high quality system to support their treatment efforts. The cloud-based Artisan model is a paradigm shift that allows his company to provide EMR services at a fraction of the cost of other systems.

Working with ASPIRE, Artisan is providing its Calendar Wizard software to member clinics at zero cost for the software license. Calendar Wizard automates the creation of IVF treatment calendars and prescriptions and sends updated treatment instructions to the patient's smartphone. There is also an instant message app that allows staff to communicate with patients and markedly reduce the number of telephone calls to the office. Calendar Wizard has a suite of tools that organizes coordination of upcoming ART cycles, records IVF progress notes online, provides a shared calendar for egg retrieval and embryo transfer, creates operating room orders and procedure notes, and tracks pregnancy outcome.

A second module, Fertility Office Chart, is available to ASPIRE members at a reduced cost. Fertility Office Chart is a complete gynecology and fertility medical charting system. It includes

history and physical, progress notes, a summary of lab tests, document scanning, procedure notes, and other office tools. Paired with Calendar Wizard, this unit provides a complete documentation of the IVF treatment process. The cost to ASPIRE members is \$125 USD per physician per month. Modules for IVF laboratory notes and accounting are available. More information is available at http://artisanfertility.com/aspire/.

Dr. Jaideep notes that this partnership has the potential to revolutionize fertility practice in Asia. The modest cost of the EMR will be repaid many fold by the increased efficiency and decreased staff costs that EMR systems provide. This will allow doctors to focus on quality and patient satisfaction.

ASPIRE has partnered with the Indian Society for Reproductive Medicine to introduce this project. Nearly 50 IVF units have registered in the first week of introduction. ASPIRE members are welcome to register and use the software.

ASPIRE believes that this ambitious project will make a difference in Asian ART practice for many years to come. Dr. Jaideep is to be congratulated for her foresight and the effort to actualize this project.

14th annual meeting of the International AE PCOS Society 10—12th November

14th Annual Meeting of the Androgen Excess & PCOS Society.

Next annual meeting of AEPCOS Society will be held November 10-12, 2016 in Lorne, Victoria, Australia. The conference venue is the Mantra Lorne Resort, Mountjoy Parade, 3232 Lorne, Victoria, Australia.

The Mantra Lorne Resort is located along the Great Ocean Road, one of the most famous attractions of Australia. Melbourne airport is one hour away. It is the only property in Lorne that has direct beach access and represents an ideal base for exploring the Twelve Apostles, some wonderful beaches and Erskine Falls.

The Society is pleased to announce that it will make available funds for Childcare Assistance and travel awards for Early- Stage Investigators to attend the annual meeting.

For further details please visit: http://www.ae society.org/sub/meetings.php

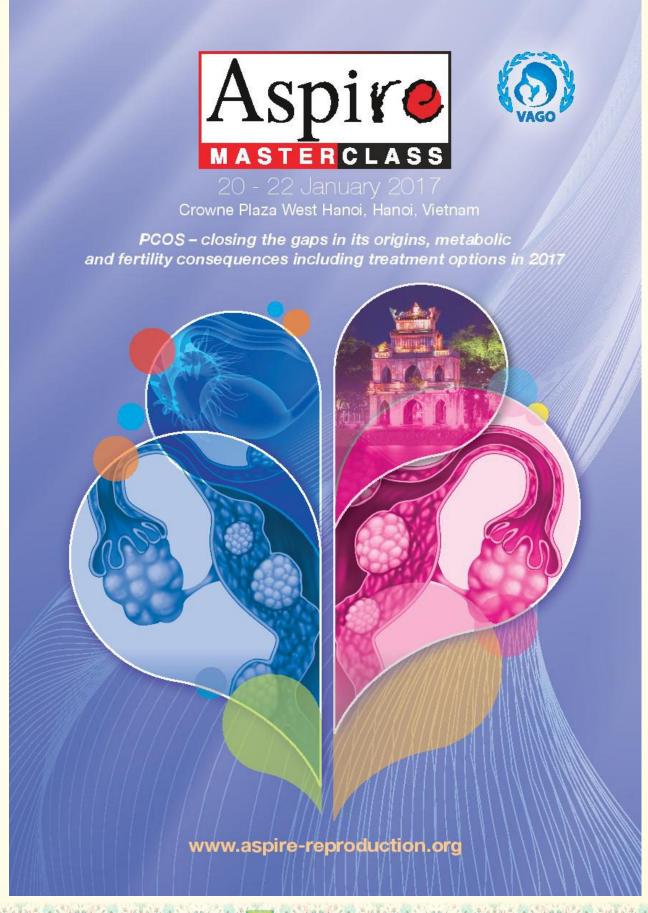




Save the date 10 — 12 Nov 2016



ASPIRE Masterclass



A report from ASPIRE 2016

The 6th Congress of the Asia Pacific Initiative on Reproduction (ASPIRE 2016) was held from 7-10 April 2016 at the Jakarta Convention Centre (JCC), Jakarta Indonesia.

Almost 1,200 participants from over 37 countries including delegates, faculty members, exhibitors, sponsors and accompanying persons attended the conference.

The congress featured plenary lectures, symposia, 3 pre-congress workshops as well as oral and poster presentations with a total of 72 faculty members.

The commercial exhibition which ran concurrently over 3 days attracted 47 exhibitors and sponsors.

Delegates from all over the world were given the opportunity to network with colleagues from the region at the Opening Ceremony and Welcome Reception on 8 April 2016.



This is for private circulation for ASPIRE members only.

Editied by DR NARENDRA MALHOTRA & DR HAROON LATIFF

Designed & Printed by Dinkar Textographics, Agra

