

Delaware Valley Institute of Fertility & Genetics **Conceptions**

Winter 2006

The START[®] Program of DVIF&G Achieves Pregnancy Rates Higher Than the National Average

By Jessica A. Macdonald, DVIF&G Laboratory Supervisor



DVIF&G's high success rates underscore its commitment to every couple's desire to create a family.

Those couples facing fertility challenges deserve exceptional treatment. At Delaware Valley Institute of Fertility & Genetics (DVIF&G), our experienced team of physicians, embryologists, nurses, and support staff take pride in providing the best of care to our patients. We guide the patients through the diagnostic workup and a successful treatment every step of the way. In state-of-the-art facilities and a comfortable environment, we provide the best technological advances, such as Pre-implantation Genetic Diagnosis (PGD), In Vitro Maturation (IVM) and oocyte cryopreservation.

The cornerstone of the DVIF&G philosophy is that the patient deserves individual evaluation and the best personalized service and care available. The success rates of the different treatment programs available to patients underscore our commitment to every couple's desire to create a family.

Although there are couples that have a known pre-existing condition affecting their fertility, most of the couples have been trying for some time to achieve pregnancy on their own or with assistance by their physicians. In many cases a considerable amount of time and effort in achieving a family has been invested prior to seeking expert help for fertility. Therefore, the time span to success, a pregnancy, is of the essence. In many cases, it is not the couple's eagerness to achieve their goal but their current age or other factors that will dictate prompt success.

It is important to minimize the time invested from the first visit to initiation of treatment. This requires a highly trained staff and patient participation. The evaluation should be thorough, complete, and include both partners. Educating the couple on the importance of the tests required and interpreting their results to their satisfaction is necessary to guarantee their active participation. No treatment is delivered until all possible medical conditions affecting the couples' reproductive potential have been addressed and resolved. This may require some time and effort, but this is time and effort well-invested.

When all the diagnostic tests have been completed and all the underlying medical issues have been resolved, an individual plan of treatment is devised. There are many treatment options available, but not all of them are suitable to every couple and those that are available to them should be used judiciously.

Scientific knowledge and clinical experience is required to direct the couple in this complicated maze of choices. The effectiveness of any particular treatment should be discussed and steps should be taken for alternative treatment approaches. For instance, intrauterine inseminations (IUI) have a success rate over 20 percent per cycle at DVIF&G, exceeding the national average by more than 5 percent. Statistical analysis of clinical data at DVIF&G has shown that exceeding three treatment cycles with IUI does not confirm any advantage to the patient's goal. By the same token, any suboptimal response to the treatment, such as ovulation induction or any side effects to the medication, such as Clomid, triggers an alternative treatment approach, such as gonadotropins, IVF-ET, or IVM.

The ultimate goal is to replicate or exceed the naturally occurring pregnancy rate without compromising the patient's safety. Ovarian hyperstimulation syndrome (OHSS), a serious side effect of

gonadotropin treatment requiring patient hospitalization, has not occurred at DVIF&G for over a decade.

The average couple that does not seek expert help for fertility and achieves pregnancy without any medical assistance does so within six to eight months. This compares favorably to DVIF&G's average pregnancy frequency achieved within nine months after the first visit, especially if two to three months are subtracted to allow for the initial evaluation and correction of medical problems. At any given time one-third of the patients at DVIF&G are pregnant, exceeding by far the incidence of pregnancy of couples in the general population that are attempting pregnancy.

Dr. Chung H. Wu's program for women with polycystic ovaries, insulin resistance, and metabolic syndrome, has successfully treated over 2,000 women with this common problem with over 20 percent of them achieving pregnancy without any additional treatment for infertility. Less than 10 percent of the couples at DVIF&G undergo an advanced and complex treatment since most achieve their goal in a short period of time with conventional infertility treatment.

Nonetheless, the ones that have to undergo IVF-ET have done so with resounding success. In 2004, the **START**[®] program at DVIF&G achieved an overall pregnancy rate per transfer of 56.5 percent. In the same year the overall live birth per transfer was 45.2 percent, well above the national live birth rate of 34.8 percent in 2002 and 34.7 percent in 2003. (The 2004 national average is not yet available) and places the **START**[®] program at DVIF&G with the best infertility centers in the country. A team approach, individual effort from the DVIF&G staff, and active patient participation is credited for this outstanding pregnancy rate.

In 2005, the **START**[®] program at DVIF&G introduced several new programs after a lengthy preparation that on several occasions required its staff to travel overseas in order to acquire new technologies. PGD, IVM, and oocyte cryopreservation are now available for patients at the **START**[®] program. DVIF&G was one of the first facilities in New Jersey to be certified and to

offer first trimester screening for Down's syndrome, the 13 and 18 trisomies with nuchal translucency, and the UltraScreen test through GeneCare. PGD raises the bar of diagnostic testing even higher. With PGD, genetic abnormalities such as Down's syndrome, and also point mutations such as cystic fibrosis, thalassemia, and Tay Sachs disease, can be diagnosed prior to transferring an affected embryo through an IVF-ET procedure. This approach successfully avoids adverse outcomes of the pregnancy when the patients are known to either suffer from or be carriers of a disease that can be inherited by their offspring. Medical intervention and surgical treatment is thus avoided, and a healthy child is born. The emotional relief that is provided to the couple is invaluable.

START[®] is one among a handful of programs in the country to offer in vitro maturation of oocytes (eggs). During this procedure a minimal amount of injectable medication is given to stimulate the egg production by the patient's ovary, and oocytes are retrieved when they are still immature. The retrieved oocytes are then matured overnight in the laboratory using a special culture solution. The matured oocyte may be fertilized with intracytoplasmic injection of the partner's sperm (ICSI procedure), and the process continues as if the patient had a conventional IVF-ET procedure. The end result is a safe process for those patients that are at high risk to develop ovarian hyperstimulation syndrome (OHSS). Current conception rates are comparable with traditional IVF-ET cycles.

Those patients that have been diagnosed with cancer and need to undergo chemotherapy or radiation therapy are faced with several emotional and physical challenges. One of them, especially among young women, is preservation of their reproductive potentials. This is one of the first questions they address to their caring physicians. It is a rather pressing problem since no significant time is left for patients to exercise any available options. It becomes even more difficult if the young patient is not in a relationship to undergo a conventional IVF and have the resulting embryos cryopreserved for an embryo transfer (ET) after the cancer therapy is completed.

Cryopreservation of sperm has been available for several decades, but not until recently was oocyte cryopreservation possible. The **START**[®] program at DVIF&G has introduced oocyte cryopreservation for those patients that are undergoing cancer therapy as an option to preserve their reproductive potentials.

During the last decade, the DVIF&G staff has worked incessantly to improve the environment for its patients, increase its success rates, and introduce new therapeutic techniques in Southern New Jersey. This effort has placed DVIF&G and its **START**[®] program as a premier fertility center in the country and has made it the referral center of choice for doctor and patient alike.



*For more information about any of the programs offered at DVIF&G and the **START**[®] program, please contact Jessica A. Macdonald, Supervisor of Reproductive Laboratories, at 856-988-0072 or e-mail at jessica@startfertility.com.*

DVIF&G's **START[®] program has exceeded the national average at an overall pregnancy rate of 56.5 percent per transfer with fresh (non-donor) oocytes. The chart below gives a breakdown of success rates per age groups:**

| Age | <35 | 35-37 | 38-40 | >40 | overall |
|-----|------|-------|-------|-----|---------|
| % | 66.7 | 63.6 | 33.3 | 25 | 56.5 |

Be Healthy in 2006

By Angela Santoro, RD

Make your resolution for 2006 one that lasts a lifetime. Resolve to develop an eating and exercise plan that you will follow for the next few days, weeks, months and years. How to accomplish this task? First, realize that changes need to be made. Second, make a commitment to taking action instead of dreaming about what you would like to happen. Third, write your realistic goals down in the following ways:

- **Keep a daily food diary.** Most people have no idea what or how much they are eating. This is a great tool to garner that information.
- **Make a weekly meal calendar.** This is another great tool to use to plan what you are going to eat for the week. Best of all, with the planning out of the way, you'll have more time to prepare healthy meals.
- **Make a food shopping list.** So many people go to the food store with no idea what to buy. By planning out your weekly meals you will be able to develop a food list to take to the store to avoid buying unhealthy foods on impulse.
- **Strive for 10,000 steps daily.** Purchase a pedometer to keep track of the number of steps you take each day. If you are only walking about 3,000 to 4,000 steps daily, then you need to slowly try to increase the number daily. You can achieve this by taking the stairs, parking further away from the shopping mall entrance, and beginning a daily aerobic exercise program, such as walking or bicycling.

What you eat combined with regular physical activity makes a real difference in your health. Everyone can take steps to decrease their health risks, starting with a few everyday behavior changes.

— *Angela Santoro, RD, is a medical nutrition therapist at DVIF&G's office in Lawrenceville.*

Karen Ann Brook Joins DVIF&G

Karen Ann Brook, MSW, LCSW, BCD has joined the DVIF&G staff as Director of Medical and Behavioral Therapy.

A Licensed Clinical Social Worker (LCSW) and Licensed Marriage and Family Therapist in the state of New Jersey, Ms. Brook has been in private practice for 25 years, where she has conducted individual, couple, and family therapy, and will continue her practice in conjunction with her new position with DVIF&G.

Ms. Brook earned a BA in Psychology from Rutgers and a Master's Degree of Social Work (MSW) from Temple University and is a Board Certified Diplomat (BCD) in Clinical Social Work.

A published author and expert on integrative psychotherapy, Ms. Brook also presents personal growth workshops, lectures at conferences, and conducts training for colleagues. She has extensive experience in counseling people on how to deal with the uncertainty of infertility and other medical conditions. To schedule a consultation with Ms. Brook, please call (856) 988-0072.



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Cristiano Ricardo Sousa, born on November 1, 2005, to Teresa and Carlos Sousa.

Cassidy Mae Schaming, born on November 3, 2005, to Dave and Karen Schaming.

Alyssa Dolores Bernardi, born on November 5, 2005, to Catherine and Tom Bernardi.

James Holden Liberi, born on November 22, 2005, to Stephanie and Jim Liberi.

Phoebe Lynn Quintus, born on November 25, 2005, to Debbie and Steven Quintus.

Katelynn Nicole Disomma, born on November 25, 2005 to Andrea and Andrew Disomma.

William Naseen Miller, born on November 27, 2005, to William and Dian Scott Miller.

Abby Elizabeth Neiderman and **Andrew Jason Neiderman** born on December 13, 2005, to Jay and Alison Neiderman.

Katarina Alexandria Gardiner, born on December 15, 2005, to Lucy & David Gardiner.

Alivia Nawrocki, born on December 17, 2005, to Joanne and Bill Nawrocki.

Eamon John Coffey, born on January 4, 2006, to Kathy & Gary Coffey.

All the babies and parents are doing well. Thank you, DVIF&G!

DVIF&G

Delaware Valley Institute
of Fertility & Genetics



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www.startfertility.com

Happy Birthday to . . .



Rylee Vogelman, born on March 7, 2005, to Andrea and Michael Vogelman.
Jessica Lynn Tramontana, born on April 2, 2005, to Cheryl and Steve Tramontana.
Justin Lawrence Emerle, born on April 20, 2005, to Jennifer and Mike Emerle.
Katilyn Nicole Deal, born on April 21, 2005, to Charles and Linda Deal.
David Wiman and **Charlotte Wiman**, born on June 14, 2005, to Brook and Darin Gall.
Stephen Anthony Waldie, born on June 30, 2005, to Danielle and Steven Waldie.
Christen Jacob Morales and **Tristin Jaden Morales**, born on July 18, 2005, to Zoraida and Jesus Morales.
Jonathan Peter Palumbo, born on July 19, 2005, to Ruth and Peter Palumbo.
Bella Takakjy, born on July 22, 2005, to Marlene and Ronald Takakjy.
Isabell Chiacchio and **Emily Chiacchio**, born on July 29, 2005, to Susan and Joe Chiacchio.
Darien Robert Dougherty, born on August 3, 2005, to Sandy and Dale Dougherty.
James Reese Menge, born on August 3, 2005, to Melissa and James Menge.

Courtney Rebecca Stimpson, born on August 5, 2005, to Rebecca and Bryan Stimpson.

Jessica Weis and **Julia Weis**, born on August 10, 2005, to Gina and Dennis Weis.

Chandler Burnett, **Chase Burnett**, and **Christopher Burnett**, born on August 15, 2005, to Gale and Christopher Burnett.

Dylan Muffley, born on August 15, 2005, to Kim and Brandon Muffley.

Diego Roger Sobrado, born on August 20, 2005, to Jessica and Roger Sobrado.

Alexander James Conway, born on August 24, 2005, to Charlotte and Matt Conway.

Ethan Riley Buscher, born on September 3, 2005, to Denise and William Buscher.

Ethan Michael Eiler, born on September 5, 2005, to Pam and Mike Eiler.

Luke David Brennan and **Sean Patrick Brennan**, born on September 22, 2005, to Beth and John Brennan.

Ethan Idland, born on September 15, 2005, to Christine and Timothy Idland.

Ruby Isabel Schwartz, born on October 5, 2005, to Alicia and Daniel Schwartz.

Tagi Ud Vin Rahman, born on October 14, 2005, to Ruby Green and Qawi Abdur Rahman.

Joshua Andrew Kalm and **Samuel Patrick Kalm**, born on October 18, 2005, to Elizabeth and Joshua Kalm.

Elias William Boody, born on October 27, 2005, to Christina and Kevin Boody.

Ryan Michael La Corte, born on October 28, 2005, to Tricia and Darwin La Corte.

Francesco Musto, born on October 29, 2005, to Roseanne and Ivan Musto.

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