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Message from the President

Joe Leigh Simpson, MD, FACOG, FACMG
President, IFFS

The mission of the IFFS is to reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, improve sexual and reproductive health, and promote active and healthy aging for all individuals. Our federation is thus engaged in a myriad of activities in support of our mission; and recent months have seen the IFFS even more active than usual.

Continuing our strategy of increased involvement in Asia, and leading up to the IFFS 2016 World Congress in New Delhi, our April 2015 International Regional Symposium was held in Yokohama, Japan. Our Japanese Society of Reproductive Medicine (JSRM) hosts were Board member Minoru Irahara, MD, PhD and Scientific Committee member Osamu Ishihara, MD, PhD. The program was modeled after the triennial IFFS Congresses, with highly scientific keynotes and trilogies. Novel for the latter was their composition, specifically speaker origin: one national speaker, one regional speaker, and one global speaker. The IFFS officers and Directors present included your President; Vice President Richard Kennedy, MD; Secretary General Gabriel de Candolle, MD; Assistant Secretary General Zi-Jiang Chen, MD, PhD; Treasurer Edgar Mocanu, MD; Education Director Paul Devroey, MD, PhD; Past President Basil Tarlatzis, MD; and Scientific Director Tina Buchholz, MD, PhD. All participated actively in the program.

In May 2015, a new IFFS educational venture began in China, sponsored by Merck Sharpe Dohme (MSD). Two workshops have been held for trainees, with the theme being How to Write an Abstract. The sessions consider how to design a proper study and write the paper that necessitates an abstract. The program began in Shenzhen on 28 May with Edgar Mocanu and myself leading the workshop which was attended by approximately 100 trainees and Chinese academicians, and assisted by Rui Huang, MD; Xiaoyan Liang, MD; Yingying Qin, MD, PhD; and Zi-Jiang Chen, MD, PhD. A second workshop was held in Jinan on 14 August and was led by WHO IFFS Surveillance Editor Steven J. Ory, MD. These workshops continue our broad “reach out” begun with Ian Cook’s educational workshops in 2003.

The next Ferring sponsored IFFS/UIT workshops, concomitantly led by Paul Devroey, will be hosted by Eileen M. Manalo, MD of the Philippine Society of Reproductive Endocrinology and Infertility (PSREI) and held in Manila on 23 November. This follows the 25-28 March event held in Lima, Peru at REDLARA and led by IFFS Education Director Paul Devroey, MD, PhD.

In addition to our educational programs, the IFFS has been extremely active in driving reproductive healthcare outreach this year, particularly in Myanmar and with the WHO’s Human Reproductive Programme. Both activities are covered in detail in this Newsletter. As views on reproductive medicine evolve, it becomes clear that we have a once in a generation opportunity to make a lasting difference in our field.
WHO Human Reproduction Programme recommends that work on infertility be given a greater priority

Joe Leigh Simpson | President, IFFS

It should be noted that while the IFFS is a non-governmental organization (NGO) in official relations with the World Health Organization (WHO), we are not alone. Other NGOs include FIGO, ICMART, and just this year, ASRM. On June 25-26, the 2015 Human Reproduction Program (HRP) strategy session was held in Geneva; our work with the WHO falls under the aegis of this program. Funders and NGOs gathered to review activities and make recommendations for the next year (2016).

The presence of all four infertility NGOs made a palpable impression, highlighted by Fernando Zegers-Hochschild, MD’s clarion keynote address. Dr. Zegers presented a highly effective review of activities of all the reproductive medicine NGOs, highlighting this complementary deliverable. The leadership of the HRP clearly came away impressed with the ability of the WHO staff, Sheryl Vanderpoel, MD, to bring together the four groups and focus them so that the sum of their efforts would be greater than their individual parts. Although there are overlapping interests, some assignments are specific: the IFFS surveillance covering practices, guidelines, and laws; the ICMART compilation of country-specific ART success rates; the ASRM online educational instructional material; the FIGO toolkit for infertility which can be utilized by providers and patients alike.

Dr. Zegers impressed upon the audience that reproductive health care address not just infertility, but a human right, for which there is an obligation to provide infertility services including ART. Greater recognition and resources can obviate the public health burden imposed on the woman in a couple unable to conceive. Calls were made for the WHO and the HRP to increase its activities in this area. The IFFS joins FIGO, ICMART and the ASRM in thanking Deputy Director Flavia Bustreo, MD, departing HRP Director Marleen Temmerman, MD and Dr. Vanderpoel for their dedication in addressing infertility and their organizational skills in bringing together our organizations.

Yet the WHO is doing even more - convening a broad group of experts in Geneva in early September 2015 to generate an official glossary and finalize reports for guidelines from seven committees that have been meeting in various venues for the last several years. These committees have been constructed according to specific WHO infertility guidelines, painstakingly adhering to requisite needs assessment, systematic reviews, and peer vetting. These are not only the optimal way, but the often possible approach. Yet, the opportunity to participate provides the IFFS and its fellow NGOs the perfect segue to advocate for increased resources to improve health services in countries of need. Those with vulnerable populations are special targets.

We in reproductive medicine have all been given a once in a generation opportunity, and must run with this. When asked to move this effort along - globally or within your own country - we must realize that this opportunity is the culmination of considerable strategy and effort.

The 2019 IFFS 23rd World Congress to be held in Shanghai

The Chinese Society of Reproductive Medicine (CSRM) cordially welcomes the 23rd IFFS World Congress, which will be held in Shanghai, China, in 2019. This event is a natural extension of the 2012 CSRM and IFFS collaboration agreement, the aim of which has been for both organizations to work together in an effort to increase the global standard of reproductive medicine.

Shanghai, with its population of 23 million, is one of the most important financial and commercial regions in China, as well as the largest industrial, scientific and technological base in the country. With its perfect blend of modern convenience, yet rich cultural heritage, this coastal city is ideally suited to host the IFFS World Congress.

Founded in 2005, the CSRM mission is to facilitate reproductive health care rules and regulations in China, to standardize clinical ART, develop new ART techniques and to motivate basic research on reproductive biology and endocrinology.

With more than 300 reproductive medical centers and approximately 3,000 members nationwide, the CSRM has helped tens of millions of Chinese families through reproductive medical consultations and ART services.
Joint IFFS/JSRM International Meeting in Yokohama

Minoru Irahara, MD, PhD  |  President, Japan Society for Reproductive Medicine  |  IFFS Board of Directors

The 2015 IFFS International Symposium was held in conjunction with an Annual Meeting of the Japanese Society of Reproductive Medicine (JSRM) in Yokohama, Japan on 26-29 April.

The meeting marked the 60th anniversary of the foundation of JSRM. The theme of the meeting was “New Insights and Innovations in Reproductive Medicine – From Asia to the World.” For Japan, a country with one of the most advanced assisted reproductive technology (ART) programmes in the world, hosting this meeting was an effort to convey the desire of its medical community to play a leading role in the development of ART in Asia.

The program included three special lectures, six keynote lectures, 15 topic sessions, and 450 presentations. Nearly 100 lectures and presentations were given by speakers from overseas. At topics sessions, leading experts in various areas in reproductive medicine from Western and Asian countries, including Japan, gave informative and stimulating presentations on topics ranging from stem cells and reproduction to the clinical utility of genomic technologies in preimplantation genetic diagnosis (PGD). The total number of attendants reached 2000, approximately 200 of which were from abroad. Among them were the IFFS Board of Directors, including Dr. Joe Leigh Simpson, the IFFS President, and Dr. Richard Kennedy, the IFFS President Elect, both of whom gave memorable and valuable special lectures at the meeting.

The meeting was held in Yokohama, which is located just south of Tokyo. It is the second largest city in Japan with a population over four million, and is known for having the largest trading port in the country. At the banquet held in the evening, both domestic and international attendants enjoyed charming orchestral performances of “Nissanpu Sound Team” (NST), composed of doctors of the Japan Society of Obstetrics and Gynecology (Nissanpu in Japanese), and Awa Odori, a very well-known dance in Tokushima. A group of attendants from overseas also had a chance to go on an excursion to Hakone, famous for hot springs and views of Mount Fuji, which is a registered World Heritage.

The IFFS/JSRM International Symposium 2015 served as an entryway to Asia for reproductive medicine and marked the first step towards Japan's playing an active and significant international role as a leading country of reproductive medicine.
**Myanmar – Infertility Awareness on the Rise**

**Tina Buchholz | Scientific Director, IFFS**

Dr. Buchholz conducted an infertility treatment assessment during a recent visit to Myanmar. She was hosted by Prof. Mya Thi Da, President of the Myanmar Obstetrics and Gynaecological Society. This assessment was part of an ongoing discussion about infertility issues in that country and included the top officers from the Myanmar Medical Association (MMA), from Prof. Thi Da’s own society and from Yangon University Hospital and other local hospitals. Prof. Rai Mra, President of the MMA, gave a short introduction on their history, organizational set-up and vision.

The MMA was founded in 1949, after Myanmar’s independence. Since the international embargo was lifted, the MMA has regained its former status as a fully professional, independent body with branches in all 14 provinces. It should be noted that Myanmar has a population of over 51 million and Ob/Gyn is one of the MMA’s 30 specialties, with 400 practicing physicians. While hospital care and funding have improved since sanctions were lifted, to date, there are no practicing geneticists. Diagnostics cannot be provided in Myanmar, and only rarely are cases sent to neighbouring countries.

Most of the senior physicians expressed a strong desire to expand on current education in an effort to meet the global standard of patient care. Unfortunately, access to additional training, especially workshops and symposia offered abroad, is not an opportunity that is easily accessible, despite the MMA’s regular interaction with visiting international medical professionals. The MMA is acutely aware of deficits in the modernization of hospitals, especially those located outside Myanmar’s major cities.

Dr. Buchholz was given a tour through the Central Women Hospital, which performs approximately 10,000 deliveries per year. The hospital has three main units and provides out-patients (antenatal in the morning and gynaecological in the afternoon) and in-patients care. Only one afternoon is reserved for the infertility clinic, which sees about 10 patients for counselling and basic investigations. Hardly any endocrine testing is done and only in very rare circumstances as samples have to be sent to private laboratories. Semen analysis can be provided, so long as their only microscope is functioning; tubal patency testing is offered by HSG in their Radiology Department or with their one ultrasound machine. The government, in conjunction with an IVF Centre in Singapore, have provided funds for an IVF unit currently in development.

Later, Dr. Buchholz and Prof. Thi Da met with the WHO’s Chief Representative in Myanmar, Dr. Jorge Luna and his senior officers. Dr. Luna noted that his office was in close cooperation with the Ministry of Health and that a Reproductive Health Program had been approved in the country’s five-year plan. Unfortunately, infertility had not yet been taken into account. Dr. Luna stressed his support of an IFFS initiative in Myanmar, regarding scientific and didactical education around this issue.

Dr. Buchholz and Prof. Thi Da also met with the Assistant Representative of the United Nation Population Fund (UNFPA) to Myanmar, Dr. Hla Hla Aye, and Dr. Tin Maung Chit, UNFPA Programme Analyst. They presented their work in reproductive health, which so far did not include infertility, but like the WHO officers, they are acutely aware of this deficit. The UNFPA questionnaire about services for reproductive health in Myanmar will be ready for publication by the end of 2015.

In summary, the visit set the groundwork from which to understand and boost existing initiatives in reproductive health, which need international support. They need workshops and guidance to increase infertility care, conservative as well as invasive assistance in establishing curricula to teach rural doctors and didactic education. This includes the need to enhance a long-term strategy for sophisticated secondary and tertiary infertility treatment. The IFFS looks forward to working with Myanmar in an effort to achieve these goals.

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**Medically Assisted Procreation:**

**Major change voted in the Swiss Constitution**

**Gabriel de Candolle | Secretary General, IFFS**

Switzerland used to have one of the most restrictive laws in Europe concerning medically assisted procreation. The number of embryos intended to be implanted immediately during the treatment cycle could be developed in vitro: one, two, or a maximum of three, depending on the couple’s request.

Additional fertilized eggs could be frozen only at the zygote stage making it impossible to observe cellular division. These zygotes could eventually be thawed when necessary in a subsequent cycle, again a maximum of three. This limitation would make any embryo selection, in order to maximize the chance of implantation or to do preimplantation genetic diagnosis, impossible.

On 14 June 2015, the Swiss people voted in favor of a change to their constitution. This major constitutional change will allow medical professionals to develop in vitro the number of embryos necessary for treatment (not limited to three) in order to select the one(s) most likely to implant and to do PGD or PGS.

As it will be possible to observe embryos for a longer period, it will also be possible to identify the ones having a better chance to implant and, consequently, to move towards the transfer of fewer embryos, progressively favoring single embryo transfer and so reducing multiple pregnancies.
The 22nd IFFS World Congress on fertility and sterility to be held in New Delhi, India on 21-25 September 2016 is approaching fast. The congress will be a showcase of advancement in reproductive technologies and Indian heritage and hospitality at its best. Under the Chairmanship of Basil Tarlatzis, MD, PhD, the Scientific Committee is geared up to give you one of best scientific programs.

The congress will start with four pre-congress live workshops, which will cover Basic ART, Infertility Endoscopy, Infertility Ultrasonography, and Advanced ART. The Basic and Advance ART workshops will be for budding embryologists and will include hands on training. The workshops on endoscopy and ultrasonography will be live demonstrations of cases and procedures with emphasis on practical aspects to be of value in day-to-day practice. These workshops will be coordinated by Dr. Abha Mujumdar and will be conducted at various hospitals in New Delhi.

There will be 12 pre-congress courses at the meeting venue. The six courses - Ovulation Induction, Recurrent Implantation Failure, Cross Border Reproductive Care, Fertility Preservation, QA – QC in ART, and Setting Up Basic ART - will be in the morning session, coordinated by Dr. Narendra Malhotra. The afternoon session courses - PCOS from Menarche to Menopause, Paper Writing/Paper Presentation, Counseling in ART, Male Infertility, and Managing Menopause in this Century will be coordinated by Dr. Duru Shah.

The keynote topics include: Cell Free DNA, Stem Cells, and Mitochondria Transfer. We have prepared a robust scientific programme for our 18 Congress trilogies, which will be presented by 54 internationally recognized leaders in the field of reproductive health. Please look for a detailed announcement of our trilogy list, which is available on the IFFS World Congress website: www.IFFS2016.com. The programme will include sponsored symposia, morning breakfast round tables, oral abstracts (free communications), poster sessions and regionally targeted sessions organized by Indian and other societies.

Our Scientific Committee is focused on bringing you the strongest possible programme which will provide an outstanding opportunity for education, networking and advancing global reproductive health care.

**Workshops**

**Joint IFFS/CSRM Workshops in Shenzhen and Jinan**

Zi-Jiang Chen | Assistant Secretary General, IFFS

The first IFFS workshops, run in conjunction with the Chinese Society of Reproductive Medicine (CSRM), were held in Shenzhen (28 May) and Jinan (14 August), China this year.

Aimed at helping Chinese students and young physicians improve their clinical study and professional writing, these workshops were a resounding success. Over 100 postgraduate students, clinicians, embryologists, and geneticists participated.

The Shenzhen workshop was led by Joe Leigh Simpson, MD, President of the IFFS, who delivered a lecture on How to Design a Clinical Study and of What Type. He was accompanied by Edgar Mocanu, MD, IFFS Treasurer, who spoke on How to Write a Scientific Article, How to Write an Abstract and also discussed different types of studies. The Jinan workshop was led by the WHO/IFFS Surveillance Editor Steven J. Ory, MD.

Following the lectures each workshop featured an interactive session of Small Group Critiques for Submitted Abstracts, hosted by Prof. Huang Rui, MD. Attendees actively evaluated and adapted their abstracts according to the skills they learned. During the question and answer portion, Prof. Huang gave her comments on how to prepare a manuscript for publication in SCI journals.

The workshop was favorably received and praised by attendees. We are looking forward to an increase in high quality research and papers presented from China to first-class international journals.
The IFFS Remembers Howard W. Jones, JR.

The international reproductive medicine community has lost a giant—Howard W. Jones, Jr., who passed away on July 31, 2015, at age 104.

Dr. Jones initially achieved well-deserved international acclaim while at Johns Hopkins beginning in the 1950s, not only clarifying disorders of sex development, but devising surgical treatment. After mandatory retirement at age 65, Howard and Georgeanna Seagar Jones established at Eastern Virginia Medical School in Norfolk, Virginia, the now famed Jones Institute for Reproductive Medicine (1979).

Like other pioneers pursuing in vitro fertilization during that era, they overcame technical challenges and relentless criticisms in the United States and abroad, but succeeded with America’s first IVF pregnancy in 1981, three years after the success of Robert Edwards and Patrick Steptoe in the UK. Thereafter, innumerable physicians and embryologists from around the world were welcomed and trained at the Jones Institute.

Drs. Howard and Georgeanna Jones had the extraordinary combination of knowledge, commitment, and technical expertise to introduce a transformative technology to the U.S. which became commonplace within their lifetimes.

Dr. Jones continued to provide wisdom on ethical and policy issues - his last book published just in 2014.

The IFFS is grateful for this lasting legacy, which allowed our current leaders from member societies from around the world to provide clinical services to millions of couples.

Dr. Howard W. Jones, Jr. explains the in vitro fertilization process during a news conference at the Norfolk, Va., General Hospital, Dec. 28, 1981. Jones announced the birth of Elizabeth Carr, America’s first test tube baby. (AP Photo/Steve Helber)
Welcome to the land of rich heritage...

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