Editorial
Message from the President

One of the crucial issues scientific societies and federations such as IFFS have to face is the mushrooming of congresses.

Mostly they appear on the basis of new techniques highly praised by their pioneers. At least for a while they draw a public of professionals anxious to learn about developments in the field. And techniques evolve. New techniques, new drugs come to life and push the old ones towards the door of medical history. There is no particular difficulty in starting a new series of congresses when ideas are developing. It is, however much more difficult to stop the series when the need is not there any more. There is always someone who thinks he can organise a successful congress. He has friends, is well introduced to professional colleagues, he has good relationships with industry. Organising a congress is certainly rewarding by the consideration it carries from your academic authorities and local politicians. It can increase your international dimension. It can also generate a substantial amount of money. This is a key issue. Because, when money becomes the main incentive to decide whether to organise a congress, science or education being only a pretext, things are distorted. And when it is about personal money, that is money that goes into an individual’s pocket and is not reinjected into the scientific field, that is immoral.

We, as consumers of congresses, need to be able to make the difference and favor congresses where we know science and education come first.

How can we tell? There is no universal rule to apply. But one can guess. There are congresses traditionally organised at regular intervals by well established scientific societies or federations. Executive and scientific committees of these societies or federations are elected by general assemblies. Their president is elected for one term and then steps down. They deal with a profession, or a wide field of research and medical care, and not just with a technique. Such congresses are a quasi guarantee that their main objective is science.

We, as professionals, need to make a clear choice in favor of such organisations because they serve our cause. Industry as well integrates such criteria into the decision it makes, whether to participate or not. It is vital, because without industry there would be no congress. The revenues from industry usually represent 50 % of the budget and quite often much more. For many reasons this financial contribution from industry is tending globally to decrease. Although it can be understood that decisions made by industry have to take into account specific considerations, we share the same long-term interest for the development of our profession.

IFFS has a clear policy in this regard. It has issued rules to apply when asked to support a congress. It develops regular contacts with respected scientific societies, as well as with industry, in order to share views and information. Its own congress, the triennial World Congress on Fertility and Sterility, is organised with all the required guarantees. The Executive Committee has taken the decision to move even further along this line by asking the congress organised by the Federation itself and not through a local committee. Control, continuity, long-term development are the stakes.

Bernard Hedon MD

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The Education Committee of IFFS held a series of Workshops in Reproductive Medicine during its first three years. These were in Guatemala, Panama, Costa Rica, Hungary, Egypt and Estonia. As our President, Bernard Hedon, wants to put even more emphasis on education, particularly in the developing world, he created the post of Director of Education, wanting to establish a programme of education, rather than sporadic Workshops.

After much discussion in the Committee it was agreed to try to hold a Workshop in each continent each year. The Industry Committee contributes by raising funds for this effort; IFFS itself pledged $5000 as seed corn for each one in addition. Negotiations began and 27 developing world national societies were contacted with offers to discuss the holding of one Workshop each in their country. About 23 replied having data to ICMART for the World Reports. This system is intended to be further developed and is now effectively reporting worldwide ART activity in the world. Clinics in those countries report by cycle-to-cycle data. National registers report to Regional or National Registers by annual summary reports or else to national IVF Registers by annual summary reports or else directly to ICMART.

The International Registry Monitoring ART (ICMART) is an international system for monitoring ART that has been developed and is now effectively reporting worldwide ART results. In 1989 Paul Lancaster initiated a small group called the International Working Group for Registers on Assisted Reproduction (IWGROAR) to produce reports at IVF World Congresses in 1991 and 1993 and then at the 15th IFFS World Congress in Montpellier in 1995. In 1996 the working group became a task force of the IFFS and presented reports at the IVF World Congress in 1997, the IFFS/ASRM World Congress in 1999 and the 17th IFFS World Congress in 2001. In 2001 the task force became the International Committee Monitoring ART (ICMART), which is now an independent non-profit corporation. In 2004 ICMART presented its sixth World Report at the ASRM annual meeting in Philadelphia.

ICMART’s members are Karl Nygren, Chair (Gynecologist—Sweden), David Adamson (Reproductive Endocrinologist--USA), Jacques de Mouzon (Physician/Epidemiologist—France), Paul Lancaster (Pediatrician—Australia), Elizabeth Sullivan (Epidemiologist—Australia) and Fernando Zegers-Hochschild (Gynecologist—Chile). ICMART receives support from ASRM, SART, ESHRE, the Latin American Network for Reproductive Medicine (RED), the Fertility Society of Australia and the Bertarelli Foundation.

The latest World Report on treatments during 2000 and outcomes during 2001 has been submitted for publication, covering a total of 436,438 treatment cycles from 1,429 clinics in 49 countries, representing approximately two-thirds of all ART activity in the world. Clinics in those countries report to national IVF Registers by annual summary reports or else by cycle-to-cycle data. National registers report to Regional IVF Registers. Finally Regional or National Registers send their data to ICMART for the World Reports. This system is high profile scientists. These actions have been much appreciated and the experience of holding these Workshops should do a lot to widen contacts, promote higher standards throughout these countries and teach the Federation more about how to promote education in these environments.

Discussions about further Workshops in Vietnam, Burkina Faso, Bangladesh, Slovenia and Bulgaria for 2006 have been held as well as preliminary contacts made for additional subsequent Workshops. It is hoped that these experiences will be helpful for all parties and encourage our international organisation to adapt and improve its efforts.
using a normal inverted light microscope, which is one of the primary pieces of equipment in all IVF laboratories. Thus, this assessment is inexpensive and does not need special equipment. This point of view is very important in countries where the financial support of scientific research or medical treatment, such as infertility management, is not well supported.

An ideal oocyte is thought to have a clear, moderately granular cytoplasm, a small perivitelline space, an intact first polar body and a round, colourless zona pellucida. Oocyte dysmorphisms can be divided into cytoplasmic anomalies, such as increased granularity, presence of vacuoles, refractile bodies, etc., and extracytoplasmic anomalies, such as irregular shape or thickness of zona pellucida, enlarged perivitelline space or abnormal morphology of the first polar body (for review see Ebner et al., 2003; Bonini et al. 2005).

The correlation between first polar body morphology and embryo viability is based on the theory that the first polar body can fragment or degenerate during postovulatory ageing of oocytes. Some but not all investigators have been able to show that oocytes with a fragmented first polar body had a lower fertilization rate, a decreased embryo quality and a lower implantation potential than oocytes with an intact first polar body. At the same time it has been shown that the number of oocytes with a fragmented polar body increases during in vitro culture. It draws attention to the importance of the exact time of the morphological assessment of the oocyte.

The size of the perivitelline space is also important in oocyte evaluation. An enlarged perivitelline space can be associated with asynchrony between nuclear and cytoplasmic maturation of the oocyte. A reduced fertilization rate of oocytes with enlarged perivitelline space has been reported in some but not in all studies. Similarly, data are contradictory with respect to the developmental ability of embryos evolved from oocytes with a normal or enlarged perivitelline space.

Cytoplasmic anomalies have also been intensively studied. It seems that analysing the effect of cytoplasmic granulation of oocytes on embryo development is difficult because the criteria relating to morphological features may vary from investigator to investigator. Some studies did not describe the different types of oocyte dysmorphism in detail and designated most cytoplasmic anomalies (i.e., granules, vacuoles, spots etc.) as "cytoplasmic inclusion" without defining the observed dysmorphism exactly. It seems that the occurrence of a refractile body (a ~10-μm structure that appears highly refractile and consists of lipid material and dense granules) or a crater-like phenomenon in the centre of the oocytes, called centrally located granular cytoplasm, has only minor effects on fertilization and early embryo development, but further embryonic development can be influenced if these kinds of oocyte dysmorphism have been observed.

The presence of vacuoles in oocytes has also been studied. It seems that small vacuoles have no effect on further development, while large or multiple vacuolisation can depress the fertilization and cleavage process.

In conclusion, some of the morphological feature of the oocytes, such as the presence of vacuoles or granules can be a reliable technique in predicting oocyte viability, while other features need further analysis to clarify their effect on further embryo development. On the other hand, it seems that both the stimulation protocols and evaluation criteria, including the timing of oocyte assessment, may have contributed to the disagreement in the literature in relation to which oocyte morphology is related to a particular ICSI outcome. It suggests that morphological assessment of the oocyte should be performed only under standard conditions,
including stimulation and laboratory protocols, to get comparable results.

References


News from Brazil

The Brazilian Society of Assisted Reproduction is having a very difficult discussion about a projected law in Congress on assisted reproduction. It is very interesting that our deputies have conceived a very restrictive one, similar to that in Italy, but they are still discussing what influence the medical societies should have. Having a law similar to that of Italy or Germany would be difficult for our patients and for our centers.

The government had previously announced a public program of assisted reproduction in public hospitals. Later, Congress approved research on human embryos that have been cryopreserved for more than 3 years. This has opened wide a door for the development of stem cell research, which has postponed the discussion of any law on assisted reproduction.

The Society has carried out an inquiry into the total number of cryopreserved embryos and those that have been cryopreserved for more than 3 years. We have had responses from 15 centers in which there were 9914 cryopreserved embryos. Of these, 3219 have been cryopreserved for more than 3 years and could be used for research if authorized by the couple.

There are approximately 115 centers in Brazil and 49 of them report to the Latin American Network. We would like to improve our network to get all centers reporting their data, so that we could have a more realistic view of Brazilian centers.

Maria do Carmo Borges de Souza
President of the Brazilian Society of Assisted Reproduction

Eduardo Pandolfi Passos
President Elect of the Brazilian Society of Assisted Reproduction

In Memoriam: Armando F. Mendizabal, Past President of IFFS

Dr. Armando F. Mendizabal died on September 2, 2005. He was at work up to a few hours before he suffered an irreversible heart stop, developing research projects, writing articles and reviewing applications for the Awards 2005 on Gynecology of the National Academy of Medicine. At the time of his death, Dr. Mendizabal occupied the seat number 33 of the National Academy of Medicine of Buenos Aires and was Consultant Professor of Medicine at the Buenos Aires University and Emeritus Professor of Medicine at the School of Medicine of Instituto Universitario CEMIC.

Dr. Mendizabal was born on April 21, 1915 in Daireaux, Province of Buenos Aires and received his MD and PhD titles in the Faculty of Medicine of Buenos Aires University. With the endorsement of the Nobel Price Dr. Bernardo Houssay, he performed post grade studies in The Woman's Hospital of Columbia University, New York, in The May Clinic of Rochester, and in The General Hospital and in the Free Hospital for Women of Boston, Massachusetts. He returned to Buenos Aires in 1946 and was incorporated to the Clinic Hospital of the Faculty of Medicine of the Buenos Aires University.

In 1963 he went to Centro de Educación Médica e Investigaciones Clínicas (CEMIC) of Buenos Aires, for creating the Gynecology and Obstetric Department. In 1983, in such an Institution, he founded the Centro de Investigación en Reproducción Humana y Experimental, being its Director until his death. In this Centre he was the mentor for the joint research work of medics, chemists, biochemists, biologists and veterinarians to reveal the physiological mechanisms that have evolved ensuring the survival of the species. His interest in this field led him to establish animal facilities, including the development of a monkey colony, inside the School Hospital and the establishment of an expanded program for external quality control of reproductive hormonal assays and later on for many other analyses for laboratories of Latin America (ProgBA). During his years in CEMIC, Dr. Mendizabal's team studied signals in biological fluids for monitoring the approach of ovulation and to ass's pregnancy outcome during the first days following fertilization. Through these measurements he discovered that estriol-16-glucuronide was a marker of the embryo viability already from the first weeks of pregnancy. Dr. Mendizabal's interest in ovulation led to studies in cows, monkeys and women about transfer pathway between the uterus and ovaries. His research team demonstrated for the first time that the vessels and axons passing through the utero-ovarian ligament, a remnant of the Wolffian ducts, might be two combined key pathways underlying the reciprocal transfer of signals between the uterus and ovaries for the control of the ovulatory and corpus luteum function.

Besides to be a founder and to preside over many local Scientific Societies, Dr. Mendizabal was an international authority on Gynecology and Reproductive Health. Between 1977 and 1986, he was successively Vice-President, President and Chairman of the Scientific Committee of The International Federation of Fertility Societies (IFFS) and thereafter, an Honorary Member of IFFS.

In addition to his scientific accomplishments, Dr. Mendizabal was a mentor for generations of medical students, residents and fellows many of whom have distinguished themselves in gynecology, obstetric, genetic, reproductive endocrinology and biology.
Preliminary Program

Saturday April 28, 2007 and Sunday April 29, 2007

There will be a selection of workshops in Durban. The subjects will be:

Workshops
- Sat 28 April Hysteroscopy
- Sat 28 April Laparoscopy
- Sat 28 April Sperm function in ART
- Sat 28 April Genetics & Genetic Counselling
- Sat 28 April Wildlife workshop
- Sun 29 April Ethics of Reproduction
- Sun 29 April Menopause
- Sun 29 April Evidence Based Practice
- Sun 29 April Reproductive Medicine-Global HIV Pandemic

A further 2-3 workshops will be developed

Monday April 30, 2007 to Thursday May 3, 2007

The Congress itself will be three and one-half days in duration.

Trilogies

Key to the structure of the program will be 18 trilogies.

Trilogy Titles
- Poor Ovarian Response – An Ongoing Clinical Dilemma
- What’s New in ICSI?
- Genetic Causes of Premature Ovarian Failure – Clinical Implications
- PGD for Single Gene Disorders
- Stem cells in Reproductive Medicine
- Female Fertility Preservation
- Improvements in ART-Evidence Based Approach
- Safety in Infertility Treatments
- Ovulation Induction
- Environmental and Toxicology Factors in Infertility
- Menopause and Androgen Replacement
- Adolescent Gynaecology
- Progress in PCOS
- Uterine Fibroids – a 21st Century Perspective
- Unravelling the Mysteries of the Menopause
- Contraception
- Reproductive Surgery
- Controversies in infertility

Keynote Plenary Addresses

There will be four keynote addresses:
- Does PGD aneuploidy screening improve ART pregnancy rates?
- Human embryonic stem cells – a therapeutic revolution?
- HIV in Africa
- Obesity, famine and reproductive health

Invited Speakers

All the invited speakers will be the world’s experts on their specific topics.

Concurrent Free Standing Clinical and Basic Research Reports

There will be concurrent afternoon sessions of free standing clinical and basic research reports.

Every effort is being made to develop a program of the highest level of science in reproductive medicine and women’s health.

Past Congresses

- 18th 2004 Montreal Canada
- 17th 2001 Melbourne Australia
- 16th 1998 San Francisco USA
- 15th 1995 Montpellier France
- 14th 1992 Caracas Venezuela
- 13th 1989 Marrakesh Morocco
- 12th 1986 Singapore Singapore
- 11th 1983 Dublin Ireland
- 10th 1980 Madrid Spain
- 9th 1977 Miami USA
- 8th 1974 Buenos Aires Argentina
- 7th 1971 Tokyo Japan
- 6th 1968 Tel Aviv Israel
- 5th 1966 Stockholm Sweden
- 4th 1962 Rio De Janeiro Brazil
- 3rd 1959 Vienna Austria
- 2nd 1956 Naples Italy
- 1st 1953 New York USA
Take a moment and know the IFFS

Establishment of IFFS:
International co-operation and dialogue in the field of fertility and sterility can be said to have truly commenced in 1951 in Rio de Janeiro with the formation of the International Fertility Association (IFA). The first World Conference in Fertility and Sterility was organized New York, USA 1953. This was followed by Naples, Italy in 1955, Vienna, Austria 1959, and Rio de Janeiro, Brazil 1962. In 1965, the Fifth World Conference was proposed in Madrid but was not feasible due to local problems and hence the Fifth World Conference was held in Stockholm, Sweden in 1966. At the Sixth World Conference held in Tel Aviv, Israel 1968, the International Federation of Fertility Societies (IFFS) was born. The International Fertility Association remained as an affiliate to represent members with no national society. A constitution and by-laws were drawn up and remain today to govern the actions of IFFS.

Objectives of the IFFS:
To stimulate basic and applied research and the dissemination of knowledge in all aspects of reproduction and fertility. To stimulate the creation of societies for basic and applied work in the field of reproduction and fertility. To contribute to the standardisation of terminology and evaluation of diagnostic and therapeutic procedures in the field of reproduction. To hold at regular intervals, World Congresses, each successively in a different country. To promote, on request, regional or national congresses organised by affiliated societies. Where possible, to help co-ordinate the dates of conferences which are relevant to the field of reproduction. To represent affiliated societies whenever joint scientific action is appropriate. To establish and maintain relations with other organisations and to promote activities which further the objectives of the Federation.

Membership of IFFS:
The membership of the Federation shall include those societies who have stated an interest in the clinical and research aspects of reproduction and fertility. They must have a constitution which conforms with the objectives of the Federation. Furthermore, they must have a minimum of 40 members.

Membership has grown and at present, fifty-four National Fertility Societies are affiliated. It is estimated over 40,000 specialists worldwide concerned in the areas of fertility and sterility are brought together under one umbrella organization.

An “associated” society is a society or a federation which pursues the same or similar goals as IFFS and gathers several IFFS member societies or members from such societies from several countries.

An association with IFFS includes a series of relations, notably:
- exchange lectures and sessions during congresses
- links on the internet
- collaborative works on ethics, each yielding a consensus which is defined at that time and can be revised whenever needed by both Executive Committees.

The associated society is invited to IFFS General Assemblies as observer. Moreover the Associated Society has a consultative status on important matters such as Congress dates and venues and other issues.

IFFS World Congress:
Holding a World IFFS Congress is certainly a big scientific, cultural and social event. The IFFS holds this important meeting every three years. Very successful world congresses were held in the past in Europe, Asia, Africa and the Americas North & South and Australia. The next two World Congresses have been scheduled as follows: in 2007, Durban, South Africa and in 2010, Munich, Germany.

IFFS Workshops:
A Workshop organised by IFFS:
A Workshop organized by IFFS means that IFFS holds full responsibility for the scientific programme and controls all aspects of the workshop, including the budget.

A Workshop held under the auspices of IFFS:
A workshop held under the auspices of IFFS is a workshop organised by a member or associated society. The scientific programme is prepared by a member or associated society and has full approval of the IFFS. It includes the participation of one or more invited speakers selected by the IFFS Education Committee.

The IFFS can provide the local member or associated societies with letters to medical industry companies to help them seek financial support for the Workshop.

Any surplus money generated from the Workshop will be used by local member societies in their Continuing Educational and Training Programs.

A Workshop approved by IFFS:
A workshop can be approved by IFFS once the IFFS Education Committee has approved its scientific programme, whatever the status of the organising society.
IFFS 19th WORLD CONGRESS ON FERTILITY & STERILITY

IFFS 2007

29 April – 3 May
Durban, South Africa

www.iffs2007.org.za