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INFERTILITY

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MEDIA PLANET

INFERTILITY

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Creating A Healthy Family

Infertility. We've often described it as a sensitive subject, and 2009 saw this sensitivity heightened in many ways. A recession that enveloped the world took its toll on those struggling with infertility. One of the findings presented at the annual meeting of the American Society for Reproductive Medicine in Atlanta stated that 58 percent of the couples diagnosed with infertility decided against treatment citing cost as the primary factor.

Seven percent of couples with embryos in storage from October 2008 to March 2009 decided to discard them to save storage fees, representing a three-fold increase over the previous six months.

The Catholic Church weighed in on the topic of assisted reproduction multiple times, reminding the faithful of its opposition to IVF in particular, as stated in Donum vitae and other Church documents. This further challenged those with a diagnosis of infertility who were also Catholic. What does one do when faced with infertility, the desire to create a family, and one's love for the Church? The AFA hosted a webinar in December to help equip people struggling with these complex issues so they could have respectful and productive conversations with their Pastors.

Media coverage was for the most part sensational and negative. One of the rea-

sons The AFA is proud of our partnership with Mediaplanet is that we have the opportunity to talk about the work happening in the field of reproductive medicine, the vast majority of which is good.

There are a few key issues for 2010 that immediately come to mind. First, even as the economy seems to be improving, what can we do, from working to help mandate insurance coverage for assisted reproduction to providing lower cost solutions for those desiring to build families? Are we doing enough to position adoption as a viable family building choice and not something one considers only after exhausting other solutions? Second, indications are that the 24-chromosome test, by providing thorough, accurate and comprehensive screening of embryos, has aided physicians in determining the most viable embryos to implant, resulting in significantly reduced miscarriage rates.

Third, vitrification, or the rapid freezing of oocytes, is becoming more widespread. The benefits over the slow-freezing method is that no ice crystals form, and the data suggests better results than slow-freezing in terms of survival, implantation and pregnancy. Fourth, ovulation kits and fertility monitors for at-home use are becoming far more widespread, and will continue to do so, decreasing the need for more expensive treatments for a segment of the population, and bringing down the overall cost of trying to conceive. And finally, attention is being given to the male biological clock. It's ticking, more slowly than the female's clock, but it's ticking nonetheless. The AFA has been working with other non-profit organizations and the Centers for Disease Control and Prevention to make male reproductive health a priority for 2010, with the intention of helping more people conceive sooner,



BY: KEN MOSESIAN, EXECUTIVE DIRECTOR THE AMERICAN FERTILITY ASSOCIATION

and with less cost and reduced stress and anxiety.

The American Fertility Association is here to help consumers dealing with all things fertility: from infertility prevention, to trying to conceive/trying to adopt, to male reproductive health to family building for the LGBT community. Through our extensive online library, our toll-free support line, our webinars, support groups, online education modules and education outreach programs, we assist people in sorting through the huge amount of information that keeps growing on a daily basis, and make sense of it. If we can be of service, please contact us. That's our mandate. And our commitment.

Ken Mosesian, Executive Director

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Fertility Drugs... The First Line Of Treatment

There is no magic pill that can cure all reproductive problems. But fertility drugs are a key component in treating small and large fertility issues.

"More than 30 percent of patients can achieve pregnancy with fertility drugs alone and more than 80 percent can benefit from fertility drugs in conjunction with other therapies," says Keith Blauer, MD, senior reproductive endocrinologist at Reproductive Care Center, Utah.

Ovulation disorders account for most fertility problems, and many of them, including polycystic ovarian syndrome, are treatable with medication. These ovulation-inducing agents work in a variety of ways to cause the release of hormones that trigger or enhance ovulation.

Fertility drugs that fall under this category include:

- Follicle stimulating hormone or FSH (e.g. Gonal-F) - Injected medication that directly stimulates egg development within the ovaries.

- Clomiphene (e.g. Clomid) - Oral medication that helps establish normal ovulation by causing the pituitary gland to increase the FSH output which stimulates the ovaries.

- Letrozole (e.g. Femara) - Oral medication that helps establish normal ovulation by suppressing estrogen production by inhibiting the conversion from androgens. Though not yet FDA approved for infertility, reproductive specialists have been using this oral drug successfully for more than 10 years.

If a patient's fertility problems involve something more complex than an ovulation disorder, standard treatments still typically involve some form of drug therapy.

"Standard protocol for in vitro fertilization (IVF) typically involves injecting the patient with FSH to cause eggs to mature and grow, then administering another

medication such as cetrorelix (i.e. Cetrotide) to prevent premature ovulation," says Daniel Potter, MD, Medical Director with the Huntington Reproductive Center in Laguna Hills, California. "When tests show the follicles are mature, we give a third medication called hCG, which completes the final step of egg maturation. Approximately 35 hours later, we are able to remove the eggs."

In terms of effectiveness, Dr. Potter says today's fertility drugs are quite good, though there is room for improvement in other areas.

"As far as drug therapy, there isn't much more we can do other than making them easier to administer. At some point, we hope to find a way to make the medications less expensive."

For now, Dr. Potter says fertility drug costs vary widely and suggests patients comparison shop before purchasing medications.

"Fertility drugs are commoditized to some degree, so the prices vary with supply and demand. I recommend checking with multiple pharmacies, including mail-order pharmacies, to find drugs at the lowest price."

As with any prescription medications, there are risks and benefits that should be discussed with a doctor.

Male Fertility...

What No One Tells You

The need to reproduce is natural and the male anatomy is there to do its job. When it doesn't, it can be difficult to accept—admitting that something is wrong is not easy. Men struggling with infertility have reported fearing others will judge them as inadequate.

Fertility LifeLines™, a free patient resource provided by EMD Serono, and Men's Health Network (MHN) released new survey data highlighting men's concerns and misconceptions about fertility health. Nearly half (45 percent) of the men surveyed would wait more than a year to seek medical attention after struggling to conceive with their partner, even though most of the men surveyed (84 percent) agreed that infertility is a significant medical condition.

It is commonly recommended that couples seek help from a fertility specialist if they are unable to conceive after one year of regular, unprotected intercourse, or six months if the woman is 35 years old.

Fertility LifeLines™ and MHN now offer a booklet entitled *In The Know: What No One Tells You About Male Fertility*. This helpful guide provides an overview of male infertility, tips on dealing with stress, ways to communicate with your partner and a checklist of questions to ask your healthcare provider and insurance company.

"Millions of men in the United States struggle with reproductive issues. In fact, it's just as common for men to be con-

fronted with infertility as women," says Dr. Stanton Honig, director of the Male Infertility and Sexual Dysfunction Clinic at the University of Connecticut School of Medicine who wrote the foreword to the *In The Know* booklet.

To receive a free copy of the *In The Know* booklet, register with Fertility LifeLines™ at www.FertilityLifeLines.com/intheknow or call the toll-free, confidential hotline at 1-866-LETS-TRY (1-866-538-7879).

“Millions of men in the United States struggle with reproductive issues.”

“Fertility drugs are commoditized to some degree, so the prices vary with supply and demand.”

Making Fertility Treatments Affordable With A Money-Back Guarantee

With the cost of infertility treatment the greatest barrier to couples seeking such services, finding ways to make procedures like in-vitro fertilization (IVF) affordable has long been a major industry focus.

"The high cost and uncertainty around the outcomes of assisted reproductive techniques (ART) have prevented a lot of people who would benefit from ART from pursuing it," said Pamela Schumann, president of the consumer services division at IntegraMed, a Purchase, NY-based specialty healthcare services company that provides services to fertility clinics throughout the country.

Among IntegraMed's programs are two designed to help patients pay for infertility services. The first, called Attain™ IVF, enables couples to pay one fixed price and undergo up to three IV cycles and three

frozen embryo transfer cycles. Donor egg recipients can receive unlimited frozen embryo transfers for a single price. If couples don't take home a baby—even if they get pregnant—they are refunded 70 percent of the fee they paid for the IVF treatment plans; 100 percent of the fee for the donor egg cycles.

"By fixing the cost, making it predictable, we give couples the peace of mind of knowing that the financial aspects of IVF are out of the way," said Schumann. It also enables couples to pursue several cycles, rather than just one or two, increasing their chance of success.

Couples are accepted into the IVF Attain

program based on a set of clinical guidelines. For instance, women should be able to complete all three IVF cycles before turning 38 (although they can be older if they are using donor eggs) and should have day three hormone tests within normal limits. Clinicians associated with IntegraMed—but not with the woman's fertility center—also consider her weight, the health of her fallopian tubes and uterus, and review her partner's semen analysis as part of their decision-making process. "It's important to note that our review of medical information is not conducted by the doctors who will be performing the procedures," said Doug Weiss, IntegraMed's

vice president of marketing. "That eliminates any potential or perceived conflict of interest."

Since the program began in 2005, about 25 percent of couples have received a refund, Weiss said, with the company returning nearly \$24 million in payments. Overall, he said, more than 10,000 couples have applied to the program, more than 8,000 have been approved and about 5,000 have completed it for an overall success rate of about 75 percent.

In October, IntegraMed began offering its Attain IVF Multi-Cycle Program, which provides an option for couples who might not medically qualify for the Attain IVF program or who are looking for a lower cost option. With this program, couples can receive up to four IVF cycles for one price, but they do not receive a refund if the IVF is unsuccessful.

The costs of the programs vary depending on the treatment type and fertility center, Weiss explained, but are typically slightly more than the cost of two IVF cycles. Couples can also access low-interest loans through an IntegraMed partner to help pay for the program, Weiss said, an important option given today's tight credit.

IntegraMed currently contracts with 39 fertility centers in 34 states, but Weiss said the company will explore adding other centers.

“By fixing the cost...the financial aspects of IVF are out of the way.”

The Opportunity Of Surrogacy

Surrogacy has come out of the shadows. With a feature film on the topic in theaters two years ago (called, appropriately enough, "Surrogate"), and celebrities like Joan Lunden and Sarah Jessica Parker talking freely about the surrogates who carried and delivered their own children, the idea of partnering with a woman to have your child is receiving newfound respect.

That respect is particularly strong among gay couples, says Karen Synesiou, chief executive officer of the Center for Surrogate Parenting (CSP). Unlike infertile heterosexual couples, in-vitro fertilization isn't an option. They also often face difficult legal challenges with adoption. Hence, many turn to surrogacy to have a genetically similar child.

"We've been providing surrogacy services to gay couples for more than 25 years," said Synesiou. "It is just delightful to see."

She finds that gay couples are often more "hands-on" during the surrogacy experience than husband and wife couples.

"Surrogacy provides their only exposure to the whole pregnancy and birth adventure," she said. So gay couples often ask for a surrogate who will let them participate fully in the pregnancy, she said. In fact, Synesiou said, some surrogates specifically request to work with gay couples because they enjoy the emotional intimacy and close relationships that develop.

The totally cost ranges from \$80,000 to \$100,000, which includes all legal and medical costs as well as a payment to the surrogate mother. The surrogate becomes pregnant through in-vitro fertilization,

or IVF, in which eggs from the potential mother (in a heterosexual couple) or donor eggs are fertilized with sperm from the potential father or donated sperm. The resulting fertilized eggs are allowed to grow in a petri dish for a few days, after which they are inserted into the surrogate's uterus and, hopefully, she becomes pregnant. After delivery, the surrogate returns the baby over to the recipient couple.

Synesiou's center, with offices in Encino, Calif., and Annapolis, Md., is one of the oldest surrogacy practices in the country. Since its founding nearly 30 years ago, the Center has participated in the birth of more than 1,500 babies, many of them to gay couples, said Synesiou. Yet the Center has never had a surrogate mother change her mind and try to keep the baby, a common fear yet relatively rare occurrence.

The reason for the Center's success? Screening. The Center requires that both the surrogate and the prospective parents undergo rigorous psychological screening. "If you look at the history, the main reason surrogate mothers change their mind is to protect the child from the parents," she said. "But if the couple is who they say they are and they don't lie to her, then no surrogate mother changes her mind."



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Reproductive Technology

Egg freezing. Genetic and chromosomal screening of embryos. Single-embryo transfers (and pregnancies). These are just some of the exciting directions in which the assisted reproduction technology field is heading as it enters the second decade of the 21st century.

The biggest challenge to the specialty of infertility is the reduction of multiple pregnancies," said Arthur L. Wisot, MD, of Reproductive Partners Medical Group, with offices throughout California. "We not only want to eliminate higher-order multiples, like triplets and quadruplets, but we even want to reduce the number of twins because twin pregnancies are higher-risk pregnancies." Thus, he said, "The move now is to select patients for single-embryo transfers," i.e., transferring just one embryo rather than two or more.

The problem, says Dr. Wisot, is because most couples pay for in vitro fertilization (IVF) themselves, they want the best possible chance at a pregnancy. To many, that means transferring two or more embryos despite the risk of a multiple pregnancy. Yet the difference in the pregnancy rate between single and multiple-embryo transfer in high-quality clinics is very small, said Dr. Wisot.

To encourage his patients to choose single-embryo transfer, Dr. Wisot's clinic began the Elective Single Embryo Transfer (eSET) Encouragement Program, or eSET. The clinic waives freezing and storage charges for six months for qualified

patients who agree to undergo single-embryo transfer. Women who have at least two high-quality embryos and another two to freeze, are under age 35 or using donor eggs, in good health, and with no underlying medical reason for their infertility (like endometriosis) are the best candidates, as are couples with male-factor infertility and those choosing IVF because of their need for preimplantation genetic diagnosis (PGD).

Which brings us to another exciting area in today's assisted reproduction arena. In traditional PGD, an embryologist removes one or two cells from an embryo and tests them for signs of genetic diseases like cystic fibrosis. Thanks to the use of multiple genetic screening tests, however, some centers are beginning to use PGS: preimplantation genetic screening, or aneuploidy screening, which screens for a variety of chromosomal abnormalities, said Gary Harton, PGD scientific director at Genetics and IVF Institute in Fairfax, Va.

"Estimates are that upwards of 70 percent of embryos have chromosomal abnormalities on day three," he said. Embryos with such abnormalities are unlikely to implant, or can result to early miscarriages. "It stands to reason if we could screen out

abnormal embryos the pregnancy rates would shoot right up," he said. "The hope is that if we can test all 24 chromosomes we can eliminate those embryos that cause IVF to be so inefficient."

Another major advance is the ability to freeze a woman's unfertilized eggs, or oocytes, said Andrew Dorfmann, who directs the embryology laboratory at the Genetics and IVF Institute in Fairfax, Va. Centers around the world, including his, have reported several live births using frozen eggs. Rather than the slow freezing method typically used for embryos, however, egg freezing uses vitrification, in which the eggs are frozen very quickly to prevent the formation of ice crystals. They are typically fertilized using intracytoplasmic sperm injection, or ICSI, in which a single sperm is injected into an egg.

"There are three reasons why freezing oocytes is the future of IVF," Dorfmann said. "To preserve fertility in women undergoing chemotherapy for cancer treatment; to provide an option for women who put childbearing on hold while focusing on their careers; and to improve processes in which donor eggs are used." For instance, if egg donors can freeze their eggs they don't have to synchronize their menstrual cycle with the egg recipient for transfer. "Instead of waiting lists to line up donors with recipients," Dorfmann predicted, "donors could freeze their eggs in advance and they could be offered to recipients much like sperm is offered through sperm banks."

Cryopreservation

New Challenges, New Opportunities

In the world of infertility, sperm banks might be considered the great-grandfather of assisted reproductive techniques. The banks were around long before the advent of in-vitro fertilization (IVF), providing couples with donated sperm for more than 40 years when the male partner was infertile. But like everything else in this fast-moving industry, today's sperm banks bear little resemblance to their early predecessor.

Today's sperm banks have reinvented themselves as cryopreservation storage facilities and as real adjuncts to the assisted reproductive world," said Michael Tucker, PhD, the chief executive officer of Xytek Cryo International in Augusta, Ga. That's because more men, even those with very few viable sperm, can take advantage of an assisted reproductive technique known as intracytoplasmic sperm injection, or ICSI, in which a single sperm is injected into an egg. This significantly reduces the demand for donated sperm from infertile couples, said Tucker, but creates new opportunities for sperm banks.

"Men can have their own sperm banked for longer-term use for IVF and ICSI," he said. His facility and others also provide long-term storage for embryos that couples may, one day, wish to have implanted. "Many couples are more mobile now, so they don't want to take their embryos with them," he said. "This way they can have them shipped to a centralized location and we take care of them." Eventually, Xytek and similar cryopreservation institutions hope to create donor egg banks as well as sperm egg banks, similar to those already operating in various parts of the country.

Sperm banks are also taking advantage of new genetic testing technology to provide prospective parents with more genetic information about donors, said Cappy M. Rothman, MD, co-founder and medical director of California Cryobank. "We think sperm banks are going to become more dependent on genetic

screening to provide recipients with the healthiest donor available," he said. For instance, California Cryobank now screens for several genetic diseases, including cystic fibrosis and spinal muscular atrophy. Donors also undergo more extensive psychological screening these days, said Tucker, to "tease out" their motivations for donating.

Another major industry change is the shift to the era of "open sperm donation." Many sperm banks offer connections between donors and recipients (if they so desire) and nearly all maintain sibling registries so recipients can track other children conceived with the same sperm. California Cryobank even provides recipients with an audio file of the donor's voice.

One important advance in the industry, said Tucker, is the development of an industry-wide donor gamete registry. Last year, four of the leading sperm banks, Cryobiology, Inc, Fairfax Cryobank, California Cryology and Xytek, formed the nonprofit Association of Gamete Donor Providers (AGDP), which will help the banks share information and services, enhance educational programs and develop policies and activities to benefit those who provide and use donor sperm. The organization has also created a database to track anonymous sperm donors. "This addresses what has been a fairly constant criticism of the industry in the past," said Dr. Tucker, "which is the potential for men to deposit sperm at multiple banks and achieve inordinate numbers of offspring in limited geographic gene pools."

Destination: Family

BY BARBARA COLLURA, EXECUTIVE DIRECTOR RESOLVE: THE NATIONAL INFERTILITY ASSOCIATION

Did you know that one in eight women will be affected by infertility? That is 7.3 million Americans! We wish it was not so, but it's true, and the numbers are rising. The Centers for Disease Control and Prevention tell us that one in eight couples have difficulty conceiving after one year of trying, and its actually 6-months of trying if the woman is over 35. If you are unable to get pregnant, you may be faced with countless doctors' appointments, tests, and other procedures as part of your medical treatment regimen. If you decide to build your family through adoption or other means, you may be unfamiliar with the process and how to proceed.

Infertility is tough to handle alone. You need to find a place where you are not alone on your family building journey. Research has shown that getting the right support during your journey can improve your chances of success. Whether it is through in-person and online support communities, helplines, and local or online educational offerings, you need to find a place where your needs are being met by people that have been there. Also, remember, though it is difficult to focus on anything else, as a community, we must stay active in the halls of Congress and in the state houses to ensure open access to all family building options. Together, we can make a difference!

RESOLVE: The National Infertility Association (RESOLVE), the premier patient advocate organization, exists because women and men diagnosed with infertility need and deserve a community that connects them to others, empowers them to find opportunities for resolution and provides them with a voice that demands greater access to quality and affordable family building options.

Don't take your infertility journey alone; contact RESOLVE and find out how our resources can assist you in every aspect of your life—physically, mentally, emotionally and financially. For more information, visit RESOLVE online at www.resolve.org.



Pinpointing Ovulation

Using Saliva To Identify Women's Most Fertile Time

Philip Regas, chief executive officer of Colorado-based Zetek, Inc., has talked to thousands of women during the 20 years his company has been manufacturing ovulation detection systems.

But he will never forget the woman with polycystic ovarian syndrome, a condition that interferes with ovulation, making pregnancy difficult. This woman, he said, had been trying to get pregnant for seven years. She'd spent more than \$100,000 on fertility treatments and still no baby. Then she heard about Zetek's ovulation sensor. After using the device for three months to pinpoint exactly when she was ovulating and when her chance of pregnancy was highest, she became pregnant, eventually delivering a healthy baby. "It's just a wonderful story," Regas says.

Welcome to the 21st century of fertility tracking. Whereas women used to have to chart their basal body temperature (the temperature first thing in the morning before getting out of bed) or pee on a stick to identify their most fertile times, today it can be as easy as placing a spoon-shaped sensor on your tongue or looking at a drop of your saliva under a special microscope.

"The biologic process of ovulation is triggered by the release of hormones in

the brain which, in turn, triggers certain changes in the saliva," explained Regas. So new ovulation monitors evaluate salivary levels of sodium chloride, which rise as estrogen levels increase during ovulation, to identify a woman's most fertile time.

That's important, since research shows that women are most likely to conceive from intercourse that occurs a day or two before ovulation (sperm can hang out waiting for an egg for several days!), although they can also conceive on the day of ovulation itself. Miss that magic window and you have to wait another month.

Zetek's OvaCue Fertility Monitor is its latest in a line of fertility monitors. About the size of a cell phone, the monitor has an attached spoon-shaped collecting component that a woman puts on her tongue for a few seconds each morning. The device evaluates salivary electrolyte levels, storing the information and using it to identify patterns to predict ovulation up to seven days in advance.

The information is displayed in calendar form, clearly showing women the best

day for intercourse if they want to get pregnant. Women can also purchase an optional vaginal sensor that evaluates sodium levels in the vaginal mucus to confirm ovulation and show when fertility ends.

Another test on the market, the KNOW-WHEN™ Saliva Fertility Monitor from Newark, NJ-based HiLin Life Products, is a lipstick-sized, reusable, mini-microscope. Women place a drop of saliva on the lens of the monitor, peer through and evaluate their fertility based on the salt patterns that appear as the liquid dries, called "salivary ferning."

Women then track the result on the included fertility tester diary card. After three cycles, explains HiLin Marketing Director Irina Polunina, women should know their most likely times of the month for ovulation.

"Because women can know within a five-day window when they will be most fertile, they have an increased chance of conception," said Helen Denise, HiLin's chairman and CEO.

Both devices have been approved by the Food and Drug Administration. Both Zetek and HiLin claim 98 percent reliability for their devices, although published studies show varying levels of accuracy.

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KAREN SYNESIOU
Chief Executive Officer
Center for Surrogate
Parenting (CSP)



DAVID STERN
Executive Vice President
Endocrinology at EMD Serono, Inc.



KEITH L. BLAUER, M.D.
Senior Reproductive
Endocrinologist
Reproductive Care Center

Q: Is there anything I can do to safeguard my fertility?

A: Yes. Smart lifestyle choices can impact your fertility; this is true for both men and women.

First off, acknowledge your biological clock. For women, fertility begins to decline around age 27, and really starts to plummet at 35. For men, the magic number is 45.

Don't smoke! One potential impact of smoking is reduced fertility.

Keep healthy through diet and exercise.

Avoid toxins such as mercury, phthalates and bisphenol A.

Use condoms; protect your fertility by saying no to STD's

Some infertility can't be avoided, but you can tip the odds in your favor by making choices that will safeguard you, and your baby to be.

Q: How should couples prepare for IVF?

A: Preparing for your IVF treatment will reward you with your highest chance of success.

Lifestyle changes preceding your care will pay off as soon as you make them. These changes may include discontinuation of any smoking and alcohol. Men should not use hot tubs, saunas or jacuzzi's while taking vitamins with antioxidants. Women should reduce their caffeine intake while taking a prenatal vitamin with Folic Acid.

Stress reduction is very important! Control what you can control (i.e. your stressful work schedule) and let go of what you have no control over (i.e. age). Yoga, meditation, massage, acupuncture, exercise or walking all contribute to a relaxed state of being—do what feels best for you. A loving, caring and supportive role by your partner will be very important from this time onward. Remain optimistic and committed to your goal.

Q: If one is diagnosed with cancer, at what point should he or she consider fertility options?

A: The best time to bring up the issue is at the time of diagnosis, before treatment. The reason is there are several causes of infertility after cancer—the disease itself in some cases, but the largest risk tends to arise from the treatment of the cancer.

This affects women and men, but the important distinction is that the fertility preservation options are more complicated for women. In vitro fertilization requires about 10 – 14 days of hormone shots before you can harvest the eggs; but with some cancers, you may not have that window before treatment.

As an oncologist, the most important piece is thinking of this stuff and informing patients of the risks they may face and what the options might be. There may still be options after treatment so it's never too late to bring up the issue, but the best time to consider fertility is at diagnosis.

For more important information see www.fertilehope.org.

Q: What advice would you give to a couple that is considering surrogacy?

A: Never work with a surrogate mother unless an independent psychologist has screened her, even if it's your own sister. As a prospective parent, you want her help so badly that you're not really listening to her. Only an outsider can really evaluate a woman's ability to surrogate. Such experts see things that we might turn a blind eye to.

I would also remind couples that surrogacy remains largely unregulated in the United States. Literally anyone can hang up a shingle and call themselves a surrogate center. That means you really have to do your research when choosing a surrogacy center to partner with. Make sure you find a center that offers independent legal and psychological support for both the surrogate and the family and that limits the number of times a woman can be a surrogate. At the Center for Surrogate Parenting, women are limited to two surrogate pregnancies.

Q: In these difficult economic times, what kinds of resources and support does EMD Serono offer to couples considering infertility treatments?

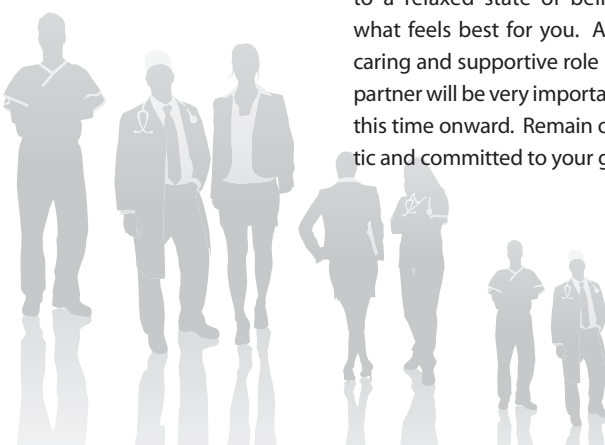
A: We recognize and understand the difficulties couples face when struggling to conceive, especially in this tough economic climate. FertilityAssist 2, a patient assistance program, will provide up to \$500 in savings on EMD Serono medication to eligible cash-paying patients during their second treatment cycle. Last year, through Fertility Assist 2, patients saved \$4 million in drug costs.

At EMD Serono, we focus on helping patients through their journey with Fertility LifeLines™, a free resource available at 1-866-LETS-TRY (1-866-538-7879). Fertility LifeLines™ is staffed with infertility nurses and benefits specialists who provide general infertility information, insurance assistance, local fertility specialist referral, EMD Serono product support and emotional support through compassionate listening.

In addition, we provide education and resources on FertilityLifeLines.com.

Q: What financial options are available for couples pursuing infertility treatment?

A: The financial costs of pursuing infertility treatment are a legitimate concern, however there are many options out there that enable couples to choose which course of action is best for them, and make the process financially feasible. For example, our center offers a low stimulation, lower cost IVF option for \$5,249, as well as a single conventional IVF cycle package for services including IVF for \$8,749 and an egg donor cycle for \$18,526. We also offer our global pre-paid discounted fee for multiple IVF cycles ranging from \$15,438 (two cycles) to \$20,584 (four cycles), as well as a money back guarantee plan for IVF treatment for couples that qualify which has been designed so that more than 90 percent of our patients who need IVF can qualify for participation. We also offer a 100 percent money back guarantee program for our IVF fees. The medical community is now offering answers to the dilemma of cost, so that couples can focus on what is important: creating a healthy family.



Egg Donation—An Industry on the Rise

According to the Centers for Disease Control and Prevention, about one out of 12 first births in 2006 were to women aged 35 years and over, compared with one out of 100 in 1970.

There are many possible explanations for the trend—no partner, putting career first, and wanting financial security before children are just a few. Whatever their reasons, though, a ticking biological clock is translating into fertility problems for more and more women.

"You are born with all the eggs you'll ever have, so it's an uphill battle for women in their late 30s and 40s," says Lisa Chiya, director of case management at The Genesis Group, an egg donation agency.

Increasingly, Chiya says, prospective parents are turning to agencies like hers when egg quality is the root of their fertility problems. It is also common for younger women with health issues and

gay couples to start a family utilizing egg donation. "Egg donor agencies have been around for about three decades, but as more intended parents want more options, and egg donation becomes more accepted in society, we are seeing an increase in demand."

As an industry, egg donation has dealt with a number of controversies, includ-

ing a recent issue involving an unethical company taking money from prospective parents without delivering a service.

But The Genesis Group CEO Page Tofighi says that company is not representative of the industry as a whole. "Our industry is full of compassionate professionals whose goal is to help people achieve pregnancy. When we learned of the prospective parents who were wronged, the community came together to pick up the pieces."

Tofighi recommends that couples considering egg donation carefully research their agency of choice and seek a physician recommendation before embarking on the process.

For those prospective parents who do opt for egg donation, Chiya says the success rate is very high. "Many variables come into play but, industry wide, in vitro fertilization with an egg donor results in pregnancy 70-80 percent of the time the first time because the eggs used are younger."

Chiya says many of her clients go through numerous emotionally and physically draining fertility treatments themselves before turning to her agency. When they do finally have their child, she says it is extremely rewarding. "Our clients have so much love for their child. They will never take it for granted and it will always know it was wanted intensely. Without their drive, this child would never have existed."



"...egg donation becomes more accepted in society, we are seeing an increase in demand."



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At the Genesis Group our goal has always been to assist our clients in the journey into parenthood. We believe that every individual has the right to govern their own fertility, as they feel fit. We are here to support that basic right. We offer compassionate and professional customer care to every single client. The Genesis Group is the only agency in the nation with a "no strings attached" rematch policy. Should you not achieve pregnancy with your first IVF Egg Donor cycle, we will rematch you with another donor at no additional agency fee.

It's not always this easy.


We're here to help.

If you're having trouble getting pregnant, call Fertility LifeLines™ to get answers & support.

Fertility LifeLines™ representatives and nurse specialists are ready to talk to you. We offer:

- Emotional support through compassionate listening
- Benefits pre-screening and insurance assistance
- Free, personalized fertility information kit
- A list of fertility specialists in your area



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Toll Free 1-866-LETS TRY
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