67th Annual Meeting of the American Society for Reproductive Medicine

FINAL PROGRAM

Merck

Helping you help families grow

MERCK

Disney's Hollywood Studios

JOIN ASRM AFTER THE OPENING CEREMONY AT A ONE-OF-A-KIND OPENING RECEPTION!

OPENING RECEPTION
SUNDAY, OCTOBER 16, 2011
FROM 8:00 PM UNTIL 10:00PM

INCLUDES SPECIAL ACCESS TO MUPPET VISION 3-D & NEWLY UPDATED STAR TOURS!

HORS D'OEUVRES
BEER • WINE

ADMISSION IS INCLUDED WITH SCIENTIFIC PROGRAM REGISTRATION. ADDITIONAL SPOUSE/GUEST TICKETS MAY BE PURCHASED THROUGH ANNUAL MEETING REGISTRATION.

YOUR ASRM ANNUAL MEETING BADGE IS REQUIRED TO BOARD THE BUSES FOR DEPARTURE. BUSES DEPART AT 7:30 PM FROM THE ORANGE COUNTY CONVENTION CENTER - WEST BUILDING. YOU WILL RECEIVE A WRISTBAND ON THE BUSES THAT IS REQUIRED TO ENTER HOLLYWOOD STUDIOS.

Join ASRM and

ROCK AROUND THE POOL

Saturday, October 15, 2011
7:00 pm - 9:00 pm

Mix and mingle
with colleagues and friends at the

Rosen Centre Hotel*
(Poolside)

Heavy hors d'oeuvres • Beer & Wine
Casual Dress

You may reserve your spot when
you register for the meeting at
https://show.jspargo.com/asrm11/reg/.

$45 per person

This is a ticketed event.
Ticket required for entry.

**The Rosen Centre Hotel is adjacent to the Orange County Convention Center - West Building, and directly across the street from the Peabody Orlando.*

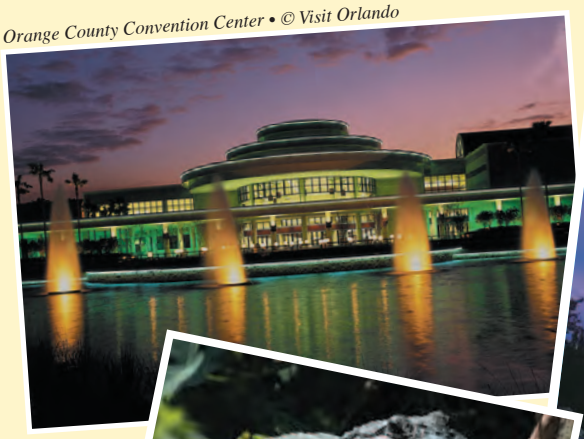
welcome to Orlando

DINING

Talk about a dining revolution. Just a decade ago, Orlando wasn't even on the culinary map. It is now. A truly diverse restaurant scene has emerged alongside the top-ranked travel destination. Visitors may now choose from tony resort kitchens, savory independent bistros, or fine dining options from both familiar and exclusive brands. Above all, Orlando's palette has gone global. International fare and flavors dominate the menus across the destination. Thai. Vietnamese. Japanese. French. Cuban. Greek. Turkish. And of course, Italian. You may want to sample them all.

GOLF

True golfers know that golf is more than a sport ... it's a way of life! And, in today's hectic world, taking some time for yourself to indulge your passion for the links probably doesn't happen as often as you might like. So, leave the cell phone in the hotel room, grab your clubs and head to one of Orlando's 176 area golf courses. Tee off on courses designed by golf legends including Palmer, Watson, Nicklaus and Norman. Sharpen your skills – or learn the game – at some of the country's top-ranked golf academies, including the world headquarters of David Leadbetter's Golf Academy and Annika Sorenstam's ANNIKA Academy at Ginn Reunion Resort.

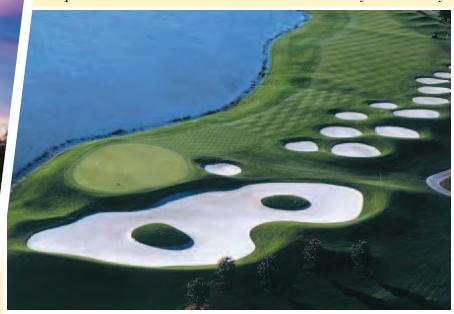


Orange County Convention Center • © Visit Orlando

Gatorland • © Visit Orlando

Cinderella s Castle at Walt Disney World Magic Kingdom • © Disney

Cirque du Soleil La Nouba at Downtown Disney • © Disney



Falcon's Fire Golf Club, a Rees Jones Signature Design Masterpiece • © Visit Orlando

NIGHTLIFE

In a destination known for daytime thrills, evenings are making quite a name for themselves. Orlando was among just a handful of U.S. cities to develop its own underground DJ and dance music scene parallel to the U.K. during the late-'80s and early-'90s, helping shape its world-class nightlife well into this decade. Relax with a cocktail at a hip lounge, dance to a superstar DJ, listen to an up-and-coming band or check out multiple clubs at an entertainment complex.

Photos and information courtesy of Visit Orlando®

Kennedy Space Center Visitor Complex • © Visit Orlando

SHOPPING

When it comes to distinctive shopping, Orlando has deep closets. While we can certainly bring out the glitz, we also know a great deal when we see one. Our mix of sophisticated malls, quaint boutique shops and value-driven outlet centers has something for nearly everyone. And their close proximity to each other makes for a stress-free shopping spree. For glamour, look no further than The Mall at Millenia, Florida Mall and the Park Avenue shopping district in Winter Park. Or experience the best of both worlds by shopping our bargain-savvy collection of designer outlet centers, including Orlando Premium Outlets, Lake Buena Vista Factory Stores and Prime Outlets International Orlando.

SPAS

Many of Orlando's 19 destination spas are conveniently located at convention hotels, making the temptation nearly impossible to resist. De-stress with signature Orlando treatments like a citrus scrub, or enjoy an aromatic massage. Whether seeking a traditional experience, sports recovery or even a group outing to be pampered in unison, the spas provide a unique menu of services that allow attendees to emerge for the next day's sessions, or the return flight home, energized and ready to go.

THEME PARKS & ATTRACTIONS

Whether your last trip to Orlando was last year or last decade, you are sure to find plenty of exciting new adventures awaiting you.

- *Aquatica blends up close animal experiences with high-speed water thrill rides and wide, sandy beaches for a water park experience only SeaWorld could create. SeaWorld® Orlando has opened Manta, a roller coaster and animal exhibit all-in-one*
- *Experience the "Block Party Bash" at Disney's Hollywood Studios, which encourages guests to play, party and dance at an interactive parade. "Playhouse Disney-Live on Stage!" introduces a whole new cast of friends engaging children in singing, clapping and dancing. And opening this year, the "American Idol Experience" attraction brings television and pop culture to life.*
- *The Wizarding World of Harry Potter™ is now open at Universal's Islands of Adventure®.*

Reenergize at one of Orlando s many spas • © Visit Orlando

Orlando offers a diverse restaurant scene • © Visit Orlando

Blue Man Group • Universal Studios • © Visit Orlando

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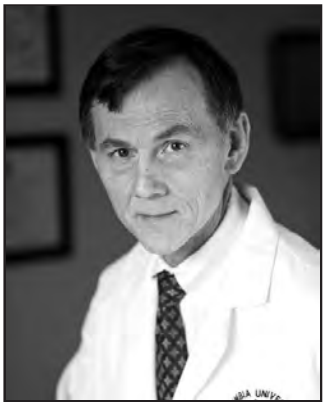
WELCOME



Roger A. Lobo, M.D.
ASRM President
2010-2011

It gives me great pleasure to welcome you to the 67th Annual Meeting of the American Society for Reproductive Medicine in Orlando, Florida! Rick Legro and the Scientific Program Committee have put together an outstanding program, as has Hugh Taylor for the Postgraduate Program. ASRM is a unique organization that is extremely diverse and covers all aspects of reproductive medicine. Our theme this year is "Realizing Scientific Dreams," and is reflected in our Scientific Program. The plenary sessions include discussions with the new NICHD director, the latest advances in stem cell research, the status of oncofertility, as well as the history of reproductive medicine. Although we are an American society, we have reached out globally as well, and at this meeting, several symposia are being presented by our colleagues from around the world. We will continue to have roundtables, videos, and interactive sessions, as well as the popular sessions focusing on menopause and contraception. The Annual Meeting also provides the opportunity to see and hear the latest research being presented in oral and interactive poster sessions. Many of our special interest and professional groups will be presenting and discussing their data during the meeting. This provides the opportunity for those with special interests to participate and interact.

We have developed what we hope is an extremely enjoyable social program in Orlando for the individual, as well as the entire family - take advantage of Orlando's many attractions!

All of us at ASRM extend a warm welcome to you here in Orlando, Florida! Let's share the experience of "Realizing Scientific Dreams."

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PROOF OF ATTENDANCE IS AVAILABLE AT THE REGISTRATION DESK UNTIL WEDNESDAY AFTERNOON AT 4:00 P.M.

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The American Society for Reproductive Medicine reserves the right to cancel this activity due to unforeseen circumstances. In the event of such cancellation, the full enrollment fee will be returned to the registrant.

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Cancellations received before or by September 12th will receive a full refund minus a $50 processing fee. Cancellations received after September 12th will not be eligible for a refund.

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The American Society for Reproductive Medicine fully complies with the legal requirements of the ADA and the rules and regulations thereof. Accommodations for Disabilities: Please notify the American Society for Reproductive Medicine, 1209 Montgomery Highway, Birmingham, Alabama, USA, telephone 1-205-978-5000, a minimum of 10 working days in advance of the event if a reasonable accommodation for a disability is needed.

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The American Society for Reproductive Medicine values and promotes diversity among its members, officers and staff. The Society prohibits discrimination toward any member or employee due to race, color, religion, age, gender, sexual orientation, national origin, citizenship, disability, military status or other basis prohibited by law. The Society strives to achieve gender, racial and ethnic balance in hiring and governance. The Society maintains policies, procedures and personnel actions that conform to the letter and spirit of all laws and regulations pertaining to equal opportunity and nondiscrimination in employment, appointments and election to office.

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The content and views presented in these educational activities are those of the faculty/authors and do not necessarily reflect those of the American Society for Reproductive Medicine. This material is prepared based upon a review of multiple sources of information, but it is not exhaustive of the subject matter. Therefore, healthcare professionals and other individuals should review and consider other publications and materials on the subject matter before relying solely upon the information contained within this educational activity to make clinical decisions about individual patients.

ASRM does not in any way endorse organizations exhibiting at our Annual Meeting, nor their methods, products, philosophies, etc.

PROCEDURE TO OBTAIN CME/CE CREDITS

Dear Annual Meeting Scientific Program Participant:

The Accreditation Council for Continuing Medical Education now requires that ASRM document learning for participants in CME programs. Thus, the procedure for claiming CME/CE credits has changed. We ask your cooperation in following the steps below to ensure that your credits are provided correctly to you.

1. Within 3 days after the Annual Meeting, you will be sent an email asking you to complete an online evaluation of the Postgraduate and Scientific Programs. A personalized web link to the evaluation will be provided in your email. Please do not share this unique link.

2. In late November, you will be sent a second email with a personalized web link asking you to complete the post-test on the content of the Postgraduate and Scientific Programs. This test is identical to the pre-test you received prior to the meeting and will enable ASRM to assess the effectiveness of the Postgraduate and Scientific Programs as learning activities. For your convenience, the test questions are printed with their corresponding activity listings in the course syllabi (Postgraduate Courses) or in the blue CME Section of the *Final Program* (Scientific Program).

After both steps have been completed, you will be able to claim your CME/CE credits and/or ACOG Cognates and receive a printable CME certificate. Please note that you must provide your 10-digit ACOG Membership Number to have your ACOG Cognates reported to ACOG.

Results of both the evaluation and the post-test are anonymous.

Both steps must be followed completely by **December 31, 2011** in order to receive CME/CE credits. Please be aware that some email systems flag emails with Web links as junk mail and you may need to check your junk-email folder for your notifications.

Please DO NOT forward the links. In case of difficulty please email pfenton@asrm.org.

*****Final date to receive CME credits = December 31, 2011*****

CONTINUING EDUCATION (CME/CE) INFORMATION

NEEDS ASESSMENT AND MEETING DESCRIPTION

The theme of the 2011 Annual Meeting of the American Society for Reproductive Medicine is "Realizing Scientific Dreams," a reference to the new scientific and clinical innovations that we have reached as well as to those we seek for reproductive health on the occasion of our Society's 67th Annual Meeting in the enchanting venue of Orlando.

The 2011 Annual Meeting Scientific Program is designed specifically to meet the educational needs of both practitioners and scientists within the fields of reproductive medicine and biology. Educational objectives and learning events in the meeting are designed broadly to include both applied and investigational reproductive health in males and females. The many learning activities are designed to address educational needs within the varied fields of reproductive medicine and biology, including infertility, reproductive endocrinology, reproductive organ surgery, reproductive genetics, embryology, and fertility preservation. We also will cast a wide net on reproduction and its sequelae with sessions devoted to menopause, contraception, pediatric and adolescent gynecology, mental health, ethics, and reproductive medical practice administration.

This year's program will highlight new leadership and initiatives within the National Institute of Child Health and Human Development that specifically address the future of scientific and technological innovations in reproduction and their influence on society and global health.

The 2011 Annual Meeting location is the warm, sunny, friendly, fantasy-filled city of Orlando, easily accessible from most domestic and foreign airports. Educational sessions will allow for the rapid transmission of information from international experts in their fields through a variety of educational activities: plenary lectures, postgraduate courses, symposia, debates, oral and poster presentations, as well as less formal roundtable sessions. Substantial time for questions and answers between participants and presenters is scheduled in order to ensure the greatest learning opportunities for introspection and interaction.

Educational events in the 2011 Scientific Program are designed to excite curiosity and inform learners about advances in a broad array of areas in reproductive medicine, biology and surgery. Our ultimate goal is to improve the quality of patient care and achieve better outcomes in reproductive health. A sample of the topics to be covered includes: state-of-the-art practices in fertility preservation, the burden of obesity on reproductive health and mitigating effects of diet and lifestyle, stem cell research, technological advances in reproductive surgery including single port laparoscopy, new treatments for fibroids, stem cells in reproduction and the treatment of human disease, the role of insurance and race on reproductive health disparities, updates on oocyte, sperm, and embryo biology, including preservation and selection technological advances, new innovations in genetic screening, the impact of culture and geography on menopause, the difficult issue of adolescent contraception, reflections of the impact of our newer assisted reproductive technologies on patients and their children, and updates on the evolving ethics of advanced reproductive medical care. Each day of the meeting is equally packed with a similar mixed bag of learning opportunities offered by the best and the brightest in the field.

A series of special sessions of oral and poster presentations will inform participants about the results of the most meritorious and most recently completed basic science and clinical trials with relevance to biologists and clinicians specializing in reproductive medicine.

The Scientific Program of the 2011 ASRM Annual Meeting will stimulate open discussion and vigorous exchange of ideas in a temperate, multicultural, evocative climate.

LEARNING OBJECTIVES

At the conclusion of the 2011 Annual Meeting Scientific Program of the American Society for Reproductive Medicine, participants should be able to:

1. Describe the current indications and methods for fertility preservation in males and females.
2. Identify the role of diet and obesity on reproductive function, and enumerate corrective strategies to implement healthy lifestyle changes.
3. Enumerate the roles of stem cells in reproductive function and describe how these functions are targets for potential new therapeutics.
4. Describe how the modern treatment of clinical male and female reproductive dysfunction includes genetic, biochemical, anatomic, and behavioral assessment and introduce evidence-based approaches to medical and surgical therapies.
5. Assess recent advances in imaging technology, operative techniques and instrumentation that may lead to better correction of reproductive pathology.
6. Describe how cross-border and cross-cultural reproductive care can impact all members of the healthcare team including male and female reproductive medical specialists, scientists, mental health specialists, technologists, adjunctive medical practitioners including nurses, and specialists in administration and business.

ACCREDITATION

Continuing Education Credit Information will be located in the front of each Postgraduate Course syllabus and the *Final Program*.

CE/CME Credit reporting is now done online. You will receive an email requesting you to log-in to complete evaluations of the Postgraduate and Scientific Programs and claim your AMA, ACOG, NASW and Nursing credits, or to request a Certificate of Attendance. The Website contains detailed instructions on how to complete the report, and you will be able to print or email a certificate to the email address you provided at registration.

Final date to request credit is December 31, 2011.

Credits other than those specified below are the responsibility of each attendee.

Commercially Supported Symposia

Commercially Supported Symposia presented at the Annual Meeting of the ASRM are a part of the Scientific Program unless otherwise noted.

The Accreditation Council for Continuing Medical Education (ACCME)

The American Society for Reproductive Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Scientific Program Designation Statement

The American Society for Reproductive Medicine designates this live activity for a maximum of 21.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Postgraduate Program Designation Statement

The American Society for Reproductive Medicine designates this live activity for a maximum of 6.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CONTINUING EDUCATION (CME/CE) INFORMATION

The American College of Obstetricians and Gynecologists
The American College of Obstetricians and Gynecologists has assigned 20 cognates to the Scientific Program and 7 cognates to the one-day Postgraduate Program.

American Board of Bioanalysis (ABB)
The American Society for Reproductive Medicine has been approved to provide Professional Enrichment Education Renewal (PEER) credit through the American Board of Bioanalysis. PEER CEUs will be recognized for the Scientific Program. CEUs will be recognized for postgraduate courses 5, 8, 15, 16, and 20. PEER credit forms for eligible postgraduate courses and for the Scientific Program will be available at the American Association of Bioanalysts (AAB) booth in the Exhibit Hall. ABB certification exams will be administered Friday, October 14, 2011.

American Psychological Association (APA)
The Mental Health Professional Group (MHPG) of the American Society for Reproductive Medicine is approved by the American Psychological Association to sponsor continuing education for psychologists. The MHPG maintains responsibility for their program and its content.

National Association of Social Workers (NASW)
Application has been made for approval of Mental Health Professional Group postgraduate courses 1 and 12 for 6.5 Continuing Education Contact Hours in the Scientific Program.

Nursing Credits
The Continuing Education Approval Program of the National Association of Nurse Practitioners in Women's Health has approved Nurses' Professional Group postgraduate course 2 for 6.0 contact hours of continuing education credit, including 0.75 hours of pharmacology, and Nurses' Professional Group postgraduate course 14 for 6.0 contact hours of continuing education credit, including 1.75 hours of pharmacology. The Scientific Program has been approved for a maximum of 21.75 contact hours, including 18.75 hours of pharmacology by the Continuing Education Approval Program of the National Association of Nurse Practitioners in Women's Health.

Genetic Counselor Credits
The National Society of Genetic Counselors (NSGC) has authorized the American Society for Reproductive Medicine to offer up to 3.3 CEUs or 33.25 contact hours: 20.25 contact hours (Category 1) for the *ASRM 67th Annual Meeting* and 6.5 contact hours (Category 1) for each *Postgraduate Course: 02; 05; 15 and 16*. The American Board of Genetic Counseling (ABGC) will accept CEUs earned at this program for the purpose of certification and recertification. Participants are responsible for submitting certificates and fees to the NSGC.

Note: No credits will be given for Association of Reproductive Managers Continuing Education Course PG9.

CERTIFICATE OF ATTENDANCE

Proof of attendance is available on request from J. Spargo at the registration desk. Continuing Education Credit information is located in the front of the Postgraduate Course syllabi, in the *Final Program* and online.

Continuing education/continuing medical education credit is not offered during meals, breaks, receptions/cocktail parties, training sessions, satellite meetings or any private group meeting (e.g., council meetings, invitation-only meetings, editorial board meetings, etc.). In addition, CME/CE credit is not offered during poster sessions, oral abstract presentations, or roundtable luncheon discussions.

CME — This symbol indicates a postgraduate course that qualifies for CME credit.

CE — This symbol indicates a postgraduate course that qualifies for CE credit.

This symbol indicates an activity using our Audience Response System. Bring your cell phone with you.

Continuing medical education is a lifelong learning modality designed to enable physicians to remain current with medical advances. The goal of ASRM is to sponsor educational activities that provide learners with the tools needed to practice the best medicine and provide the best, most current care to patients.

As an accredited CME provider, ASRM adheres to the Essentials and Policies of the Accreditation Council for Continuing Medical Education (ACCME). CME activities now must first, address specific, documented, clinically important gaps in physician knowledge, competence or performance; second, be documented to be effective at increasing physician knowledge, skill or performance; and third, conform to the ACCME Standards for Commercial Support.

ASRM must not only obtain complete disclosure of commercial and financial relationships pertaining to reproductive medicine but also resolve any perceived conflicts of interest. All postgraduate course faculty members and all organizers, moderators and speakers in the Scientific Program have completed disclosures of commercial and financial relationships with manufacturers of pharmaceuticals, laboratory supplies and medical devices and with commercial providers of medically-related services. The disclosures were reviewed by the Subcommittee for Standards of Commercial Support of the ASRM CME Committee, which resolved perceived potential conflicts of interest.

The next few years will be an exciting time for the community of reproductive medicine practitioners as we adapt to the changing environment of healthcare and CME. The American Medical Association is advancing a transition of CME from a system of credits based on hours of attendance to a system based on improvement in physician performance.

ADMISSION BADGES

Name badges will be issued for the Postgraduate and Scientific Programs and are required for admission. Spouse/guest badges will be issued and are required for admission to spouse/guest activities and the Exhibit Hall. Badges will be required for entrance into the Opening Reception.

PHOTO/AUDIO/VIDEO RECORDING

Photographing or audio/video recording of any session for personal or commercial purposes without permission is prohibited.

Disclosure Statements/Conflict of Interest Policy

Honoraria
The following speakers may receive honoraria and/or discounted or free registration:

- Plenary Speakers
- Postgraduate Course Faculty
- Symposia Speakers
- Interactive Session Speakers

The following speakers do not receive honoraria:

- Roundtable Presenters
- Abstract Presenters
- Video Presenters

Disclosure Statements
Postgraduate Faculty, Symposia Speakers, Plenary Lecturers, Abstract Authors, Abstract Graders, Roundtable Presenters, Video Presenters, and Interactive Speakers are required to disclose commercial relationships or other activities that might be perceived as potential conflicts of interest.

Postgraduate course faculty disclosures willl be listed in the course syllabi.

Symposium speakers' disclosures will be presented in handout materials, as well as on slides.

Disclosures from speakers in the Plenary Sessions, Interactive Sessions, Roundtables, Videos and Symposia will be published in the *Final Program*.

Abstract authors' disclosures will be published in the *2011 Program Supplement*.

Each presenter should reveal his/her disclosure information during his/her presentation, preferably with the visual aid of a slide.

Roundtable presenters should provide a copy of their disclosure forms to the participants at their table.

AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

2011 Conflict of Interest Policy for Invited Speakers

As a provider of continuing medical education (CME) accredited by the Accreditation Council for Continuing Medical Education (ACCME), the American Society for Reproductive Medicine must ensure balance, independence, objectivity and scientific rigor in all its educational activities. All presenters must disclose to the learners any commercial or financial interests and/or other relationships with manufacturers of pharmaceuticals, laboratory supplies and/or medical devices. All relationships, whether or not they directly apply to this CME event, must be disclosed. All non-FDA approved uses of products must be clearly identified. Disclosures may be made in the form of a slide, printed material, or oral statement.

The intent of this disclosure is not to prevent a speaker with a commercial or financial interest from making a presentation. The intent is to assist ASRM in resolving conflicts of interest and to provide learners with information on which they can make their own judgments regarding any bias. Although ASRM reviews and resolves potential conflicts of interest, it remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

Disclosures will be revealed to the learners. For postgraduate courses, disclosure information will be provided in the syllabus. For other activities, where no syllabus or other similar printed material is available, disclosures must be made verbally to the audience by the speakers, preferably with the visual aid of a slide.

For those situations where there is no potential for conflict of interest, the portion of the form that so states should be completed. In those situations where a speaker does not complete a form or refuses to complete a form, the individual is ineligible to participate as a speaker in the CME activity.

Speakers should also reveal to the audience any "off label" uses (not approved by the FDA) of any drugs or products discussed.

Abstract authors' disclosures are listed in the *2011 Program Supplement*. Speakers in the Symposia and Interactive, Video, Roundtable and Abstract Sessions have also complied with ASRM policies and their disclosures are on file in the ASRM office. The speaker should reveal this information during his/her presentation, preferably with the visual aid of a slide.

Look for this symbol as an indicator of an activity using our Audience Response System. When you see it, please be sure to bring your cell phone with you.

Audience Response System Instructions

Sessions with Audience Response will allow you to respond two ways

OPTION 1

Text message your response with your cell phone

"DIAL"

To:
22333

"TEXT" answer code

- 11111
- 22222
- 33333

Note: Standard text messaging rates and/or surcharges may apply.

OPTION 2

Web response with your Smartphone's mobile broadband

Enter URL – web address

Type answer code

Click "Submit"

- 11111
- 22222
- 33333

Note: Standard data rates and/or surcharges may apply.

Unless otherwise indicated, all rooms are in the Orange County Convention Center.

Please note that all abstracts and participant disclosures have been printed in the *Final Program* as they were submitted to ASRM. Only apparent misspellings have been corrected.

PHOTO/AUDIO/VIDEO RECORDING

Photographing and/or audio/video recording of any session for personal or commercial purposes without permission is prohibited.

REGISTRATION
On-site Registration Desk: Orange County Convention Center
Friday, October 14
2:00 pm - 7:00 pm

Saturday, October 15
7:00 am - 7:00 pm

Sunday, October 16
7:00 am - 7:00 pm

Monday, October 17
7:00 am - 5:00 pm

Tuesday, October 18
7:00 am - 5:00 pm

Wednesday, October 19
7:00 am - 1:00 pm

EXHIBITS
The Exhibit Hall will be open:
Monday, October 17
9:00 am - 5:00 pm

Tuesday, October 18
9:00 am - 5:00 pm

Wednesday, October 19
9:00 am - 2:00 pm

For the safety of your child and in order to maintain the scientific nature of the display, no children under the age of 16 (except infants under 6 months of age carried in arms at all times) will be allowed in the Exhibit Hall. Strollers and infants in backpacks are not permitted in the Exhibit Hall at anytime.

ASRM OFFICE
Room: 340A

Office Hours:
Saturday, October 15
7:00 am - 7:00 pm

Sunday, October 16
7:00 am - 6:00 pm

Monday, October 17 and
Tuesday, October 18
7:00 am - 6:00 pm

Wednesday, October 19
7:00 am - 5:00 pm

SPEAKER READY ROOM
Room: 221 D/E

Hours:
Friday, October 14
12:00 pm - 5:00 pm
Saturday, October 15
7:00 am - 7:00 pm
Sunday October 16
7:00 am - 5:00 pm
Monday, October 17
7:00 am - 5:00 pm
Tuesday, October 18
7:00 am - 5:00 pm
Wednesday, October 19
7:00 am - 12:00 pm

ASRM PRESS OFFICE
Room: 221A

Hours:
Sunday, October 16
3:00 pm - 6:00 pm
(credential pick-up only)

Monday, October 17 through
Wednesday, October 19
8:00 am - 5:30 pm

INTERNET CAFÉ

Access the Internet and connect with various colleagues and attendees at the Internet Café.

Location:
Orange County Convention Center Lobby E/F
Friday 2:00 pm - 7:00 pm • Saturday & Sunday 7:00 am -7:00 pm
Monday & Tuesday 7:00 am -7:00 pm • Wednesday 7:00 am - 2:00 pm

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ASRM BOOTH #2144

Stop by the ASRM Booth in the Exhibit Hall and join or renew your membership, browse our publications, and learn about all the Society has to offer.

GROUP AND AFFILIATED SOCIETY MEMBERS' MEETINGS

Rooms are located in the Orange County Convention Center unless otherwise noted.

SUNDAY, OCTOBER 16
5:15 pm - 6:00 pm
Mental Health Professional Group, *Room 224 A/B*
Nurses' Professional Group, *Room 224 C/D*
Preimplantation Genetic Diagnosis Special Interest Group*, *Room 231 A/C*
**PGD SIG meets from 4:15pm-6:00pm*
Early Pregnancy Group, *Room 224 E/F*

MONDAY, OCTOBER 17
8:00 am - 8:45 am
Society for Assisted Reproductive Technology, *Room 230 D*
Chinese Special Interest Group, *Room 224 A/B*
Health Disparities Special Interest Group, *Room 224 G/H*
Reproductive Immunology Special Interest Group, *Room 230 C*
Complementary and Alternative Medicine Group, *Room 224 C/D*
Database Management Solutions, *Room 224 E/F*

6:15 pm - 7:00 pm
Society of Reproductive Surgeons, *Peabody Hotel - Celebration 2*
Society of Reproductive Biologists and Technologists, *Peabody Hotel - Celebration 12-15*
Association of Reproductive Managers*, *Room 225 A/B*
**ARM meets from 5:15pm - 6:00pm*
Androgen Excess Special Interest Group, *Room 224 E/F*
Genetic Counseling Special Interest Group, *Room 232 A/C*
Imaging in Reproductive Medicine Special Interest Group, *Room 224 A/B*
Menopause Special Interest Group, *Room 230 A/B*
Legal Professional Group, *Room 222*
Environment and Reproduction Special Interest Group, *Room 240 C/D*
Regenerative Medicine and Stem Cell Biology Special Interest Group, *Room 231 A/C*
Nutrition Special Interest Group, *Room 240 A/B*
European Society for Human Reproduction & Embryology, *Room 224 G/H*

TUESDAY, OCTOBER 18
8:00 am - 8:45 am
Latin American Association for Reproductive Medicine (ALMER), *Room 224 A/B*

6:15 pm - 7:00 pm
Society for Male Reproduction and Urology, *Room 240 C/D*
Society for Reproductive Endocrinology and Infertility, *Peabody Hotel - Celebration 5/6*
Contraception Special Interest Group, *Room 230 A/B*
Endometriosis Special Interest Group, *Room 330 C*
Fertility Preservation Special Interest Group, *Room 230 E*
Fibroids Special Interest Group, *Room 330 F*
Pediatric and Adolescent Gynecology Special Interest Group, *Room 225 A/B*
Sexuality Special Interest Group, *Room 224 E/F*
Middle East Fertility Society, *Room 224 C/D*
Indian Group, *Room 224 A/B*
Turkish Group, *Room 224 G/H*

WEDNESDAY, OCTOBER 19
10:00 am - 10:30 am
American Society for Reproductive Medicine, Hall F 3-4

Product Theater

We encourage you to visit the ASRM Exhibit Floor and participate in the Product Theater located in booth #1419

Monday, October 17th, 2011
10:30 am -11:10 am
"Progesterone Support and IVF"
Presenter: Kaylen M. Silverberg, M.D.
Supported by Watson Pharma, Inc.

3:30 – 4:10 pm
"Elective Single Embryo Transfer: Where to Begin?"
Presenters: Angeline N. Beltsos, M.D.
Juergen Libermann, Ph.D., H.C.L.D.
Supported by Merck

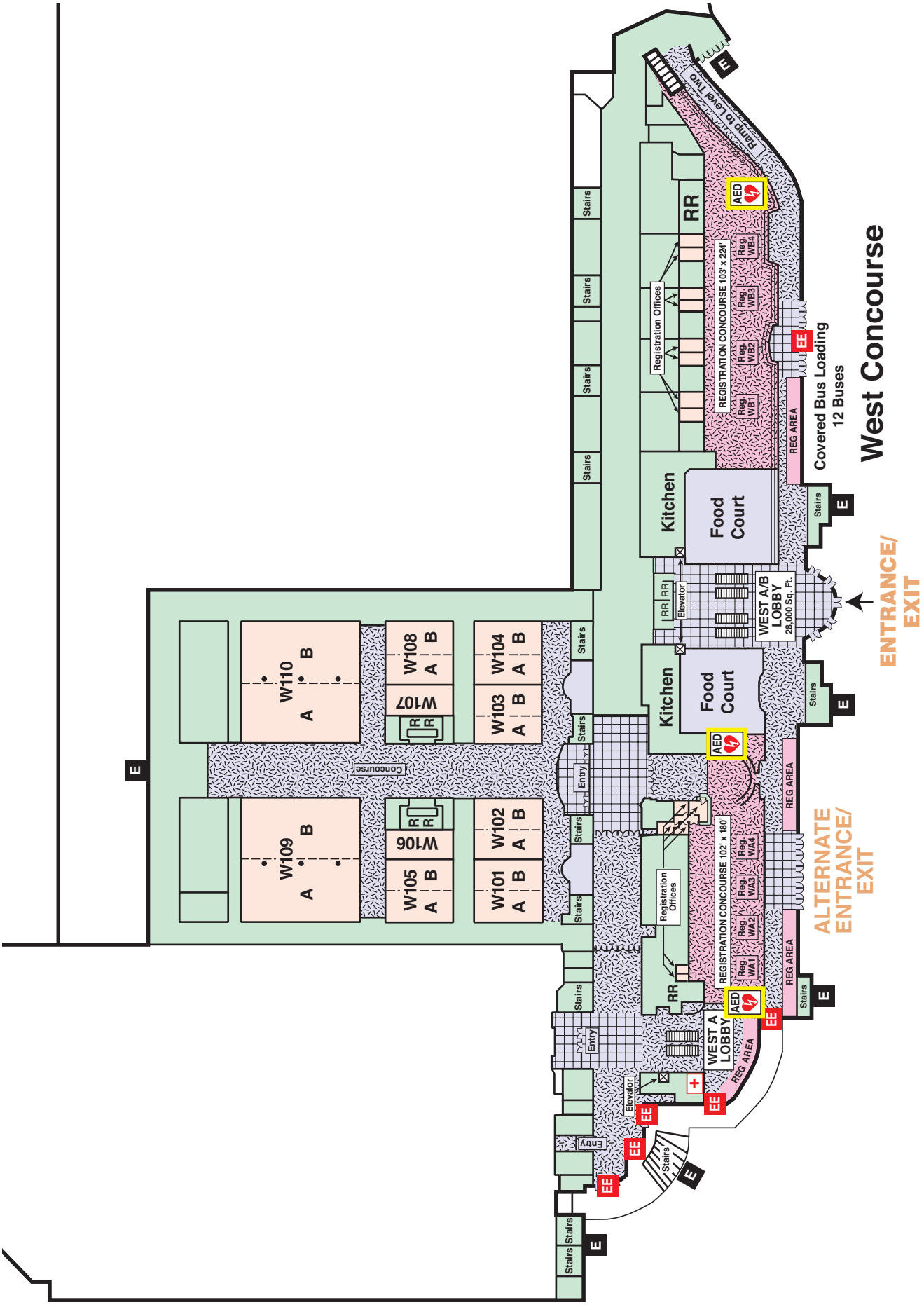
Tuesday, October 18th, 2011
10:30 – 11:10 am
"Oocyte Cryopreservation: From Science to Practice"
Presenter: Dorothy Mitchell-Leef, M.D.
Supported by Merck

2:00 – 2:40 pm
"Time-lapse Characteristics of Implanting Embryos"
Presenters: Lynette Scott Ph.D., H.C.L.D.
Niels B. Ramsing Ph.D.
Supported by Unisense FertiliTech A/S

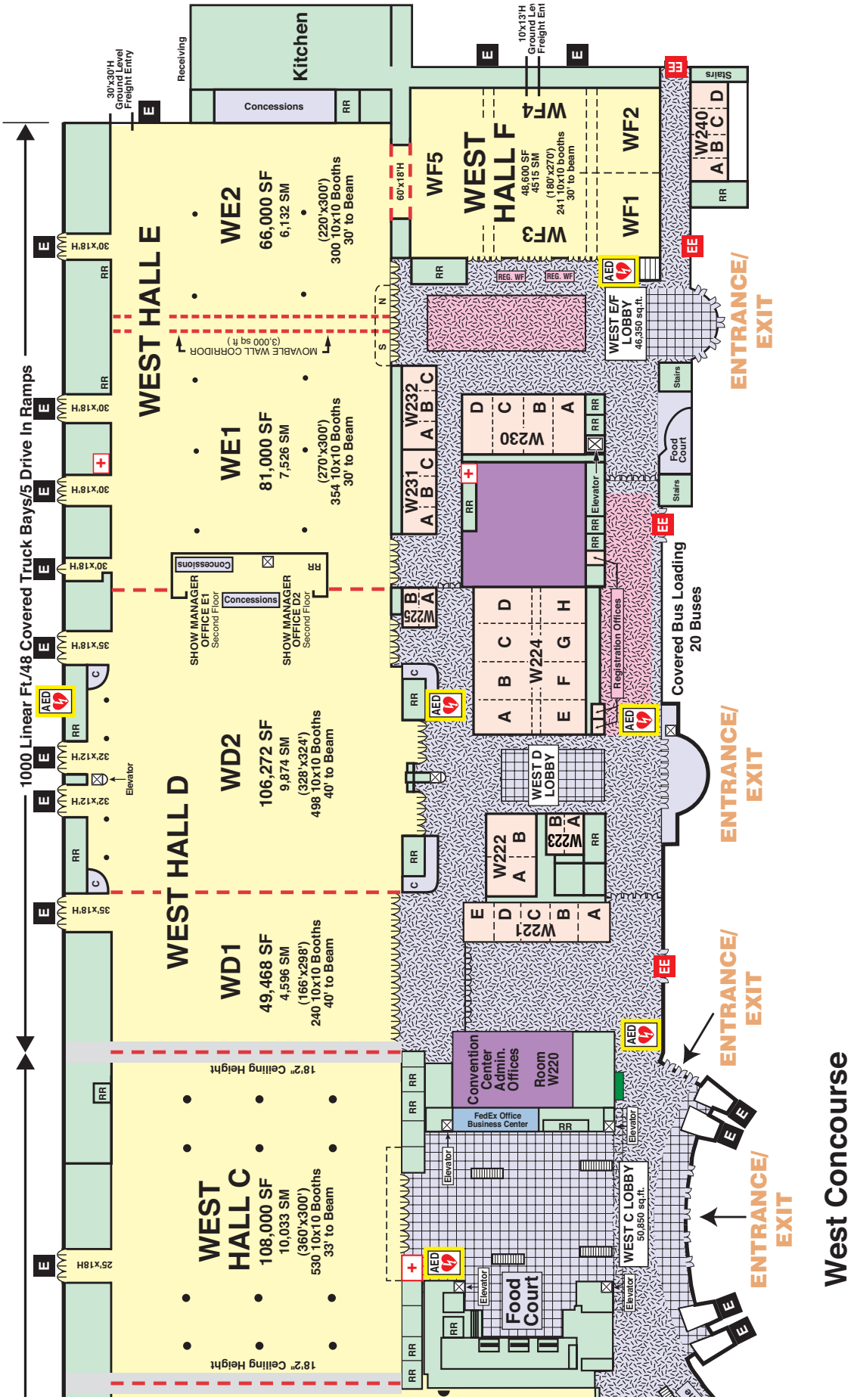
**Please note that these are non-CME activities and none of the speakers listed above are listed in any CME activities during the ASRM Annual Meeting.*

ORANGE COUNTY CONVENTION CENTER FLOORPLANS

WEST LEVEL I

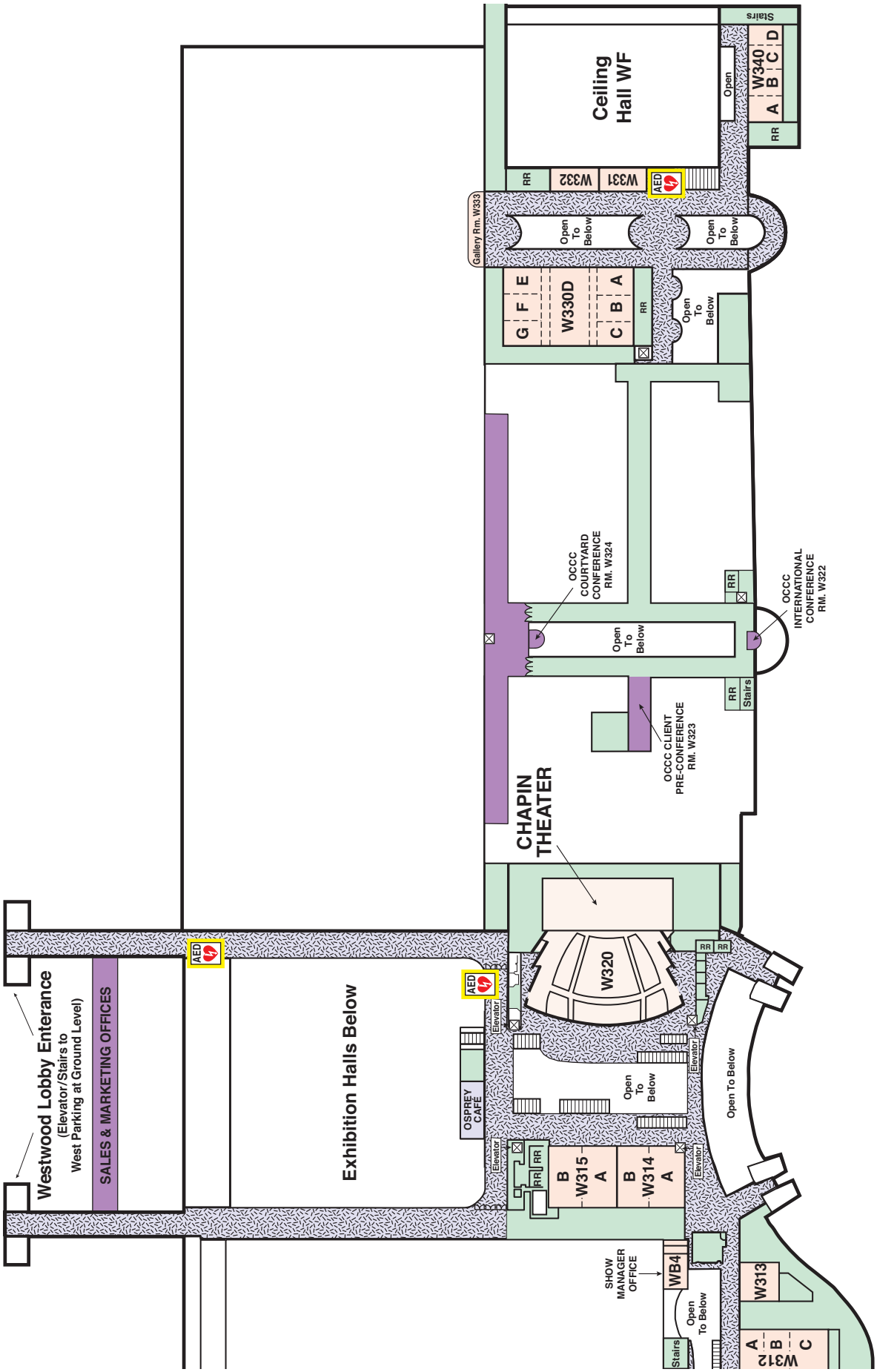


WEST LEVEL II



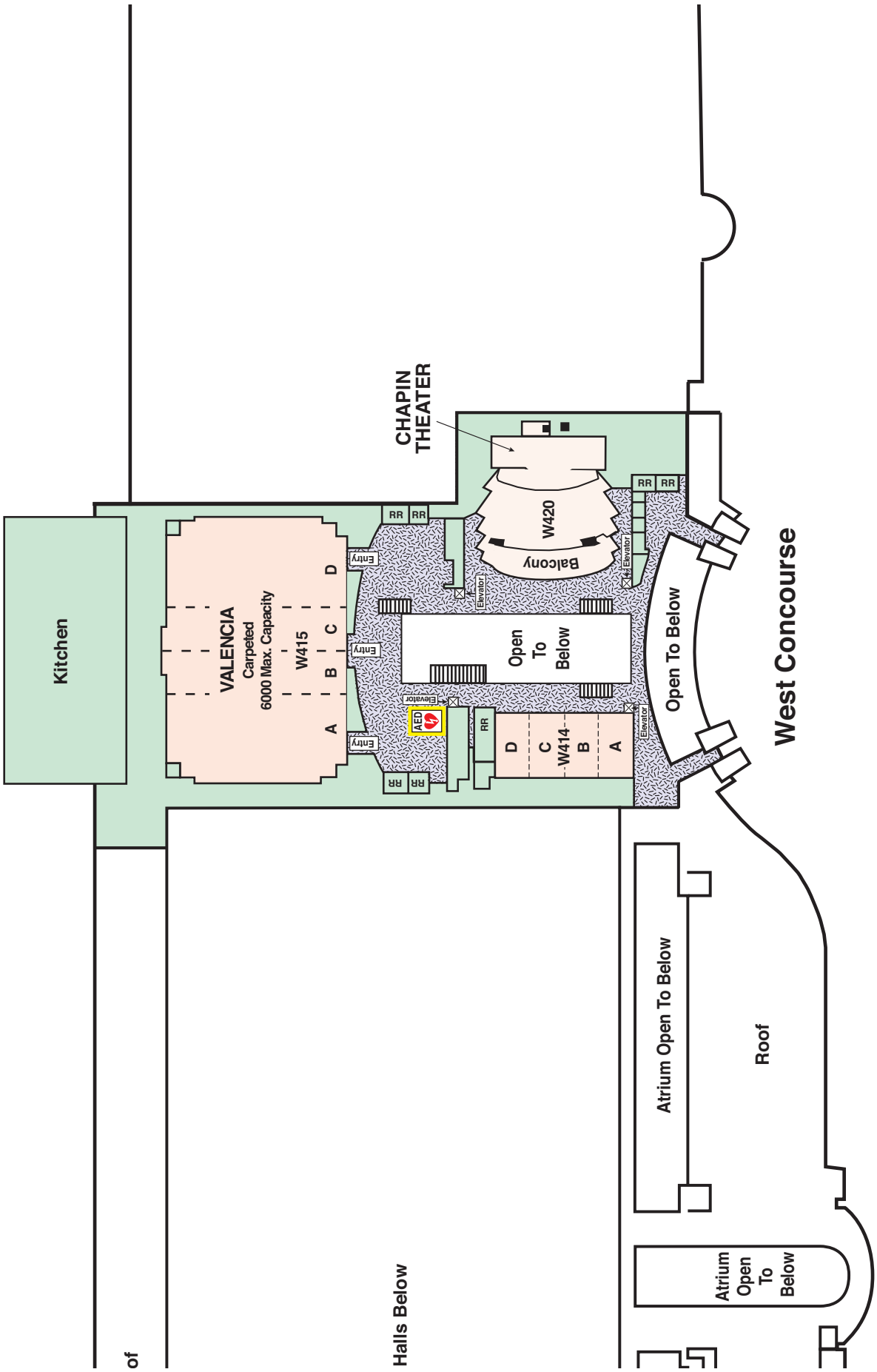
ORANGE COUNTY CONVENTION CENTER FLOORPLANS

WEST LEVEL III



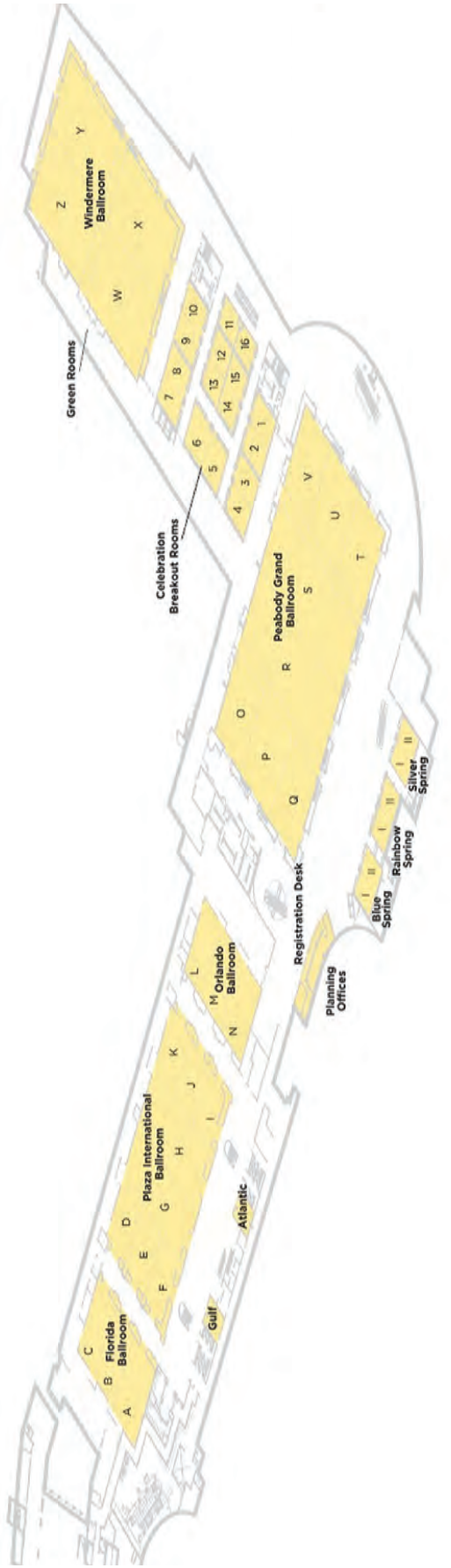
ORANGE COUNTY CONVENTION CENTER FLOORPLANS

WEST LEVEL IV



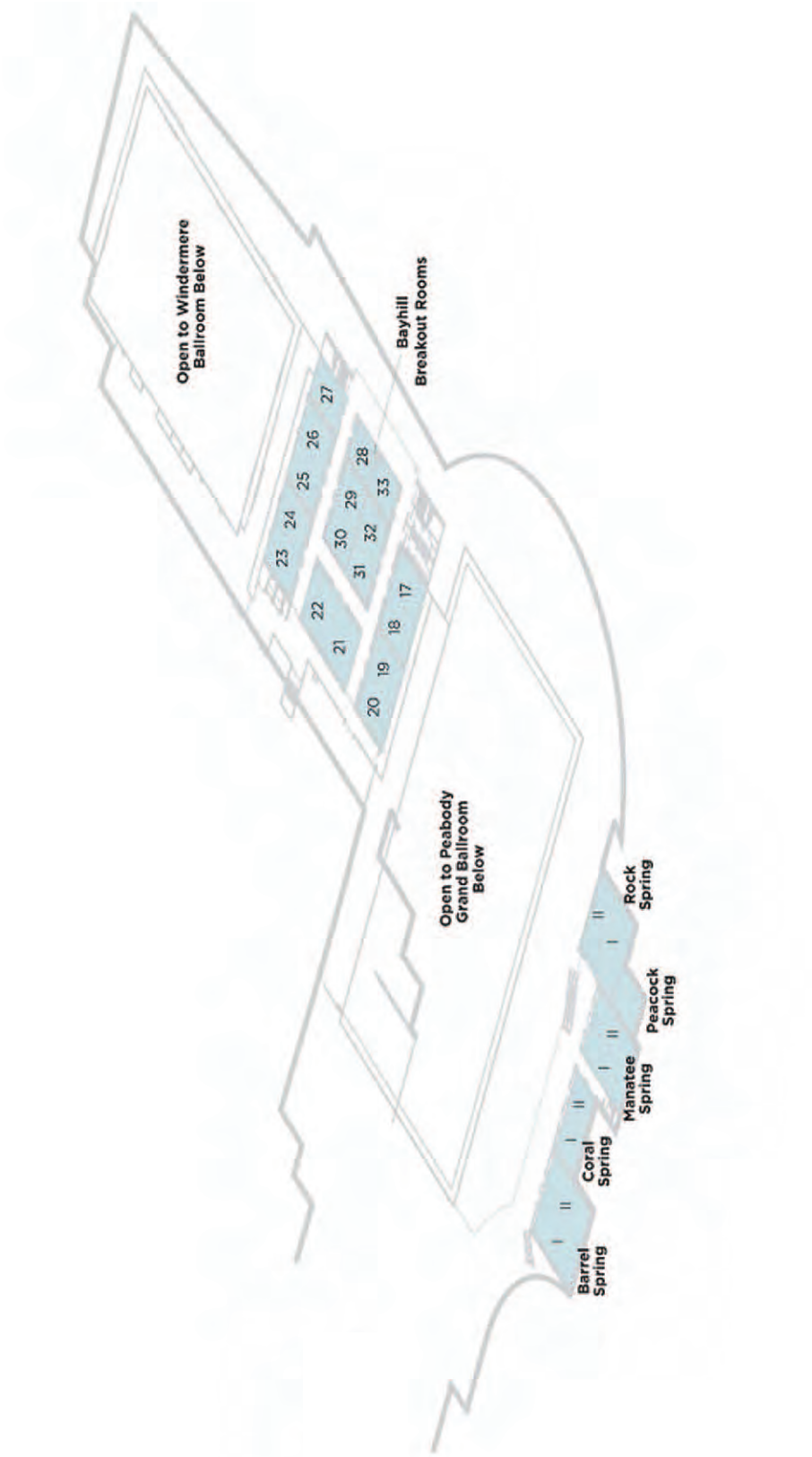
PEABODY ORLANDO HOTEL FLOORPLANS

CONVENTION LEVEL



PEABODY ORLANDO HOTEL FLOORPLANS

LOBBY LEVEL

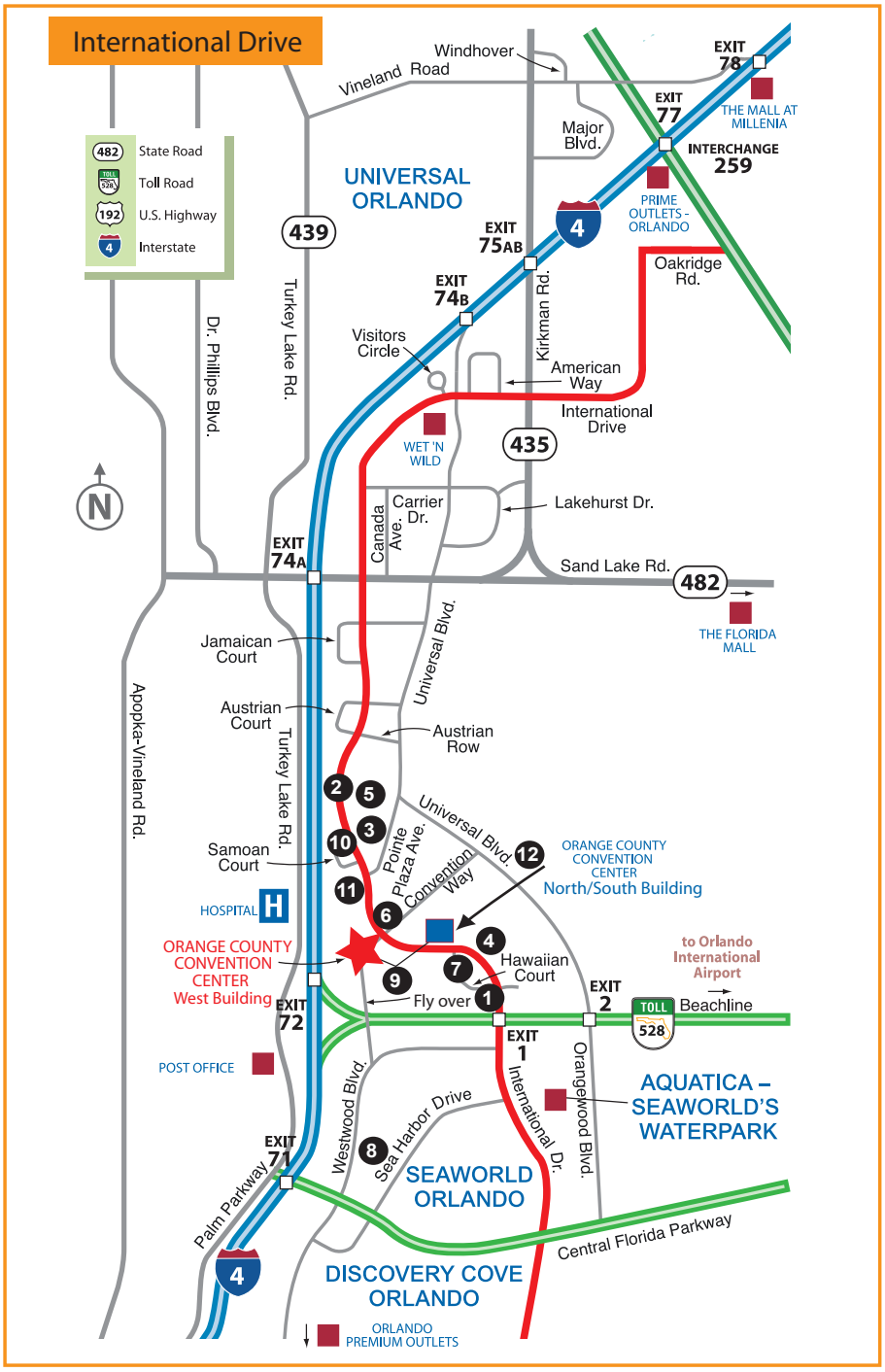


ORLANDO HOTEL MAP

VisitOrlando

American Society for Reproductive Medicine
Annual Meeting
October 15 - 19, 2011
Orange County Convention Center
West Building

1. Days Inn Convention Center	0.3 miles
2. Embassy Suites Hotel Orlando	0.5 miles
3. Hampton Inn Convention Center	0.3 miles
4. Hilton Orlando	0.2 miles
5. Homewood Suites Convention Ctr.	0.5 miles
6. Peabody Orlando	adjacent
7. Red Roof Inn	0.2 miles
8. Renaissance Orlando at SeaWorld	2.0 miles
9. Rosen Centre Hotel	adjacent
10. Rosen Inn at Pointe Orlando (Formerly Quality Inn Plaza)	0.3 miles
11. Rosen Plaza Hotel	adjacent
12. Westin Imagine Orlando	0.5 miles



Sign up for Automatic Dues Renewal with ASRM!

Don't let your membership lapse; ASRM will renew yearly for you at NO EXTRA COST.

For more information, visit the ASRM Booth #2144 or contact Julie Beckham at (205) 978-5000 x 142 or jbeckham@asrm.org.

SREI MEMBERS' PRACTICE RETREAT

FRIDAY, OCTOBER 14, 2011 • 9:00 AM - 4:45 PM • PEABODY ORLANDO HOTEL, PEABODY T

Chair:

Kevin J. Doody, M.D.

Co-Chair:

Valerie L. Baker, M.D.

Faculty:

Sandra A. Carson, M.D.
Jeffrey Segal, M.D.
George A. Hill, M.D.
Angeline N. Beltsos, M.D.
Valerie L. Baker, M.D.
Micheal J. Levy, M.D.
Danny Allison

Learning Objectives:

At the end of this retreat, participants should be able to:

1. Distinguish differences among different private practice models.
2. List strategies to improve office work flow and staff morale.
3. Determine key elements in an employment contract.
4. Identify important aspects to consider when hiring a new partner.

Target Audiences:

1. SREI members in clinical practice settings, three-five years post-fellowship, and in their first or transitioning into their second post-fellowship position.
2. Any SREI member who would like to improve their clinical practice setting.

Prerequisite:
Must be a current member of SREI

Registration Fee:
$150

ASRM would like to thank our generous supporters of the 67th Annual Meeting in Orlando, Florida:

Ruby Supporters

Merck
Pfizer, Inc.

Platinum Supporters

EMD Serono
Watson Pharma, Inc.

Silver Supporters

Abbott Laboratories
Ferring Pharmaceuticals, Inc.
Unisense FertiliTech, A/S

Bronze Supporters

Auxogyn, Inc.
Genesis Genetics
Ultrasonix Medical Corporation
Walgreens

2011 ASRM ANNUAL MEETING • DAILY SCHEDULE

SATURDAY, OCTOBER 15

8:15 am - 5:00 pm
POSTGRADUATE PROGRAM COURSES 1-11
Lunch is from Noon-1:00 pm

Courses PG1-PG11 are one-day courses on Saturday.

Courses PG11 is a surgical hands-on course.
(See the Postgraduate section of the program on page 41 for complete information and location of all courses.)

SUNDAY, OCTOBER 16

8:15 am - 5:00 pm
POSTGRADUATE PROGRAM COURSES 12-23
Lunch is from Noon-1:00 pm

Courses PG12-PG23 are one-day courses on Sunday.

Courses PG22 is a surgical hands-on course.
(See the Postgraduate section of the program on page 41 for complete information and location of all courses.)

5:15 pm – 6:00 pm
MEMBERS' MEETINGS

- Mental Health Professional Group, *Room 224 A/B*
- Nurses' Professional Group, *Room 224 C/D*
- Preimplantation Genetic Diagnosis Special Interest Group, *Room 231 A/C*
- Early Pregnancy Group, *Room 224 E/F*
- New Initiatives Advisory Group, *Peabody Hotel - Celbration 15* *(from 5:15pm - 6:15 pm)*

6:30 pm
OPENING CEREMONY & OPENING RECEPTION AT DISNEY'S HOLLYWOOD STUDIOS®
Orange County Convention Center • Chapin Theatre

Sunday, October 16th beginning at 6:30 pm
Opening Ceremony at the Orange County Convention Center
followed by Opening Reception at Walt Disney World

MONDAY, OCTOBER 17

7:00 am - 8:45 am • SYMPOSIUM • VALENCIA BALLROOM
Continental breakfast provided.

Long-term Management of Symptoms of Endometriosis
Robert S. Schenken, M.D.
The University of Texas Health Science Center
Serdar E. Bulun, M.D.
Northwestern University
John F. Steege, M.D.
University of North Carolina Medical School
Supported by an independent educational grant from Abbott Laboratories.

7:30 am - 8:15 am • ASRM MEMBERSHIP COMMITTEE MEETING • PEABODY HOTEL - CLEBRATION 10

8:15 am - 8:45 am • MEMBERS' MEETINGS
- Society for Assisted Reproductive Technology, *Room 230 D*
- Chinese Special Interest Group, *Room 224 A/B*
- Health Disparities Special Interest Group, *Room 224 G/H*
- Reproductive Immunology Special Interest Group, *Room 230 C*
- Complementary and Alternative Medicine Group, *Room 224 C/D*
- Database Management Solutions Group, *Room 224 E/F*
- Recurrent Pregnancy Loss Group, *Peabody Hotel - Celebration 9*

9:00 am - 10:30 am • PLENARY SESSION 1 • CHAPIN THEATRE

Moderator: *Roger A. Lobo, M.D.*

9:00 am - 9:45 am
The President's Guest Lecture
Future Directions in Reproductive Research
Alan E. Guttmacher, M.D.
National Institute of Child Health and Human Development

Introducer: *Roger A. Lobo, M.D.*

Endowed by a 1992 grant from Wyeth

9:45 am - 10:30 am
Herbert H. Thomas Lecture
Emerging Opportunities in Oncofertility Practice and Research
Teresa K. Woodruff, Ph.D.
Northwestern University

Introducer: *Richard S. Legro, M.D.*

Endowed by a 1990 grant from Astra-Zeneca

10:30 am – 11:15 am • BREAK - VISIT EXHIBITS • HALL E

11:15 am – 1:00 pm • SCIENTIFIC PROGRAM PRIZE PAPER ORAL ABSTRACT PRESENTATIONS • HALL F5

11:15 am – 1:00 pm
SOCIETY OF REPRODUCTIVE SURGEONS TELESURGERY • CHAPIN THEATRE
Single-port Laparoscopy
Jeffrey M. Goldberg, M.D. (Chair)
Cleveland Clinic
Pedro Escobar, M.D. (Surgeon)
Cleveland Clinic

11:15 am – 1:00 pm • MENOPAUSE DAY SYMPOSIUM • ROOM 230 A/B
Cultural Variations in the Menopausal Symptom Complex
Presented by the International Menopause Society and the Menopause Special Interest Group
Nanette F. Santoro, M.D. (Chair)
University of Colorado Denver School of Medicine
Tobie de Villiers, M.B., Ch.B., M.Med.
University of Stellenbosch, Cape Town, South Africa
David Sturdee, M.B. B.S., M.D.
Solihull Hospital
Ko-en Huang, M.D.
Chang Gung Memorial Hospital

11:15 am – 1:00 pm • SYMPOSIUM • ROOM 224 A/B
Two Moms, Two Dads: Same Sex Couples and Assisted Reproduction
Presented by the Mental Health Professional Group
Dorothy A. Greenfeld, L.C.S.W. (Chair)
Yale University School of Medicine
Kim E. Bergman, Ph.D.
Fertility Counseling Services, Inc.
Emre Seli, M.D.
Yale University School of Medicine

11:15 am – 1:00 pm • SYMPOSIUM • ROOM 222
Business Development in an Uncertain Market
Presented by the Association of Reproductive Managers
Rita Gruber, B.A. (Chair)
Reproductive Medicine Associates of New Jersey
Lisa A. Rinehart, R.N, B.S.N., J.D.
Reproductive Medicine Institute, Illinois
Joseph J. Travia, B.A., M.B.A., C.P.A.
IntegraMed

11:15 am – 1:00 pm • SYMPOSIUM • ROOM 224 C/D
Weight and Fertility: The Multifactorial Challenges
Presented by the Nurses' Professional Group
Monica E. Moore, N.P. (Chair)
Reproductive Medicine Fertility Center of Connecticut
Angela C. Thyer, M.D.
Seattle Reproductive Medicine
Judy D. Simon, B.S., M.S., R.D.
University of Washington Medical Center

1:00 pm – 2:45 pm • LUNCH BREAK

1:00 pm - 2:30 pm • MENOPAUSE DAY LUNCHEON SYMPOSIUM • VALENCIA BALLROOM • TICKETED LUNCHEON
Today's Approaches to Treating the Menopause: Risks and Benefits of Various Therapies
Cynthia K. Sites, M.D. (Chair)
Tufts University
Lubna Pal, M.B.B.S., M.S.
Yale University
Genevieve Neal-Perry, M.D., Ph.D.
Albert Einstein College of Medicine
Supported by an independent educational grant from Pfizer, Inc.

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 240 A/B
NICHD: Your Chance to Meet the Director
Louis V. DePaolo, Ph.D. (Chair)
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Alan E. Guttmacher, M.D.
Eunice Kennedy Shriver National Institute of Child Health and Human Development

1:15 pm – 2:15 pm • MENOPAUSE DAY INTERACTIVE SESSION • ROOM 230 A/B • TICKETED LUNCHEON
Menopausal Androgen Replacement: A Global View
Joint Session presented by the International Menopause Society and the Menopause Special Interest Group
John E. Buster, M.D. (Chair)
Women and Infants Hospital of Rhode Island
Nicholas Panay, B.Sc., M.B.B.S.
Imperial College Healthcare NHS Trust
Bruce R. Carr, M.D.
University of Texas Southwestern Medical Center

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 224 E/F
Fibroids and ART Outcome: To Interfere or Not to Interfere. An Interactive Debate
Joint Session presented by the Fibroid Special Interest Group and the Society for Assisted Reproductive Technology
Ayman Al-Hendy, M.D., Ph.D. (Chair)
Meharry Medical College
James H. Segars, M.D.
Eunice Kennedy Shriver National Institute of Child Health and Human Development
James M. Goldfarb, M.B.A., M.D.
University Hospitals Case Medical Center

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 231 A/C
Ovarian Tissue Cryopreservation: Transplantation v. In Vitro Maturation. An Interactive Debate
Presented by the Fertility Preservation Special Interest Group
Karine Chung, M.D. (Chair)
USC Fertility
Teresa K. Woodruff, Ph.D.
Northwestern University
Dror Meirow, M.D.
Sheba Medical Center

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 224 C/D
Antichlamydial Antibody Screening of the Infertility Patient
Presented by the Reproductive Immunology Special Interest Group
Danny J. Schust, M.D. (Chair)
University of Missouri School of Medicine
Guangming Zhong, M.D., Ph.D.
University of Texas Health Science Center

Jared C. Robins, M.D.
The Warren Alpert Medical School of Brown University

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM F5
Embryo Selection: Genomics, Metabolomics and Morphological Assessment
Presented by the Latin American Association for Reproductive Medicine (ALMER)
Carlos E. Sueldo, M.D. (Chair)
University of California San Francisco
Mandy Katz-Jaffe, Ph.D.
Colorado Center for Reproductive Medicine
Denny Sakkas, Ph.D.
Yale University School of Medicine

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 224 G/H
Mandated State Coverage for Fertility: Does it Provide Equal Utilization?
Presented by the Health Disparities Special Interest Group
Gloria A. Richard-Davis, M.D. (Chair)
Meharry Medical College
David B. Seifer, M.D.
Genesis Fertility & Reproductive Medicine
G. Wright Bates, M.D.
University of Alabama at Birmingham

1:15 pm – 2:15 pm • ROUNDTABLE LUNCHEONS • HALL E (ROUNDTABLE AREA)

2:45 pm – 3:30 pm • PLENARY SESSION 2 • CHAPIN THEATRE
Moderator: *Dolores Lamb, Ph.D., H.C.L.D.*
Reproductive Endocrinology in the 20th Century: Pioneers in Innovation
Alan H. DeCherney, M.D.
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Introducer: *William E. Gibbons, M.D.*
Endowed by a 1990 grant from TAP Pharmaceutical

2:45 pm – 3:30 pm • MENOPAUSE DAY KEYNOTE • ROOM 230 A/B
Beyond 50 - A Cloud or its Silver Lining?
Presented by the International Menopause Society and the Menopause Special Interest Group
Duru Shah, M.D.
Gynecworld Fertility Clinic, Mumbai, India

3:30 pm – 4:15 pm • BREAK - VISIT EXHIBITS • HALL E

4:15 pm – 6:15 pm • ABSTRACT SESSIONS
- Environment and Reproduction, *Room 224 G/H*
- Imaging and ART Imaging, *Room 231 A/C*
- Male Reproduction and Urology: Traveling Scholars, *Room 224 C/D*
- Menopause, *Room 230 A/B*
- Mental Health, *Room 232 A/C*
- Outcome Predictors-Clinical: ART, *Room 240 C/D*
- Ovarian Stimulation – High Responders: ART, *Room 230 D*
- Preimplantation Genetic Diagnosis, *Hall F5*
- Procedures and Techniques-Clinical: ART, *Room 330 A*
- Reproductive Biology: Human Studies , *Room 330 B*
- Reproductive Endocrinology: Clinical, *Room 330 C*
- Reproductive Surgery, *Room 330 E*
- Nutrition, *Room 240 A/B*
- Sexuality, *Room 240 A/B*

4:15 pm – 6:15 pm • SYMPOSIUM • HALL F3-4
Howard and Georgeanna Jones Symposium on ART
What Constitutes a High Performing IVF Practice?: A Worldwide Perspective
Bradley J. Van Voorhis, M.D. (Chair)
University of Iowa Carver College of Medicine
Mohamed A. Aboulghar, M.D.
Cairo University
Yoshiharu Morimoto, M.D.
IVF Japan Group
Paul Devroey, M.D., Ph.D.
University of Brussels
Endowed by a 2010 grant from EMD Serono, Inc. and a gift from the TALOFA Foundation

4:15 pm – 6:15 pm • SYMPOSIUM • ROOM 224 C/D
Male Reproductive Surgery: You Would Be Amazed at What We Do
Presented by the Society of Reproductive Surgeons
Mark Sigman, M.D. (Chair)
Brown University
Marc Goldstein, M.D.
Cornell University
Peter N. Schlegel, M.D.
Cornell University
Dana A. Ohl, M.D.
University of Michigan

4:15 pm – 6:15 pm • SYMPOSIUM • ROOM 224 E/F
Nutrition, Diet and Epigenetic Changes Prior To and After Conception
Kelle H. Moley, M.D. (Chair)
Washington University in St. Louis
Carmen Sapienza, Ph.D.
Temple University School of Medicine
Rebecca A. Simmons, M.D.
University of Pennsylvania School of Medicine

4:15 pm – 6:15 pm • SYMPOSIUM • ROOM 222
Posthumous Reproduction in the Male and Female: Legal, Ethical, and Medical Issues.
Presented by the Society for Reproductive Endocrinology Infertility and the Legal Professional Group
Mark V. Sauer, M.D. (Chair)
Columbia University
Gary S. Nakhuda, M.D.
Columbia University
Judith Daar, J.D.
Whittier Law School
Robert L. Klitzman, M.D.
Columbia University

4:15 pm – 6:15 pm • SYMPOSIUM • ROOM 224 A/B
Fibroids - New Insights and Emerging Treatment Options
Presented by the Fibroids Special Interest Group
Elizabeth A. Stewart, M.D.
Mayo Clinic
Erica E. Marsh, M.D., M.S.C.I.
Feinberg School of Medicine – Northwestern University
Donna Day Baird, Ph.D.
National Institute of Environmental Health Sciences

5:45 pm – 6:15 pm
SOCIETY FOR MALE REPRODUCTION AND UROLOGY MINISYMPOSIUM • ROOM 224 C/D
Spermatogonial Stem Cells: A Gateway to Treating Male Infertility?
Sjoerd Repping, M.D.
University of Amsterdam

6:15 pm – 7:00 pm • MEMBERS' MEETINGS
- Society of Reproductive Surgeons, *Peabody Hotel - Celebration 2*
- Society of Reproductive Biologists and Technologists, *Peabody Hotel - Celebration 12-15*
- Association of Reproductive Managers, *Room 225 A/B*
- Androgen Excess Special Interest Group, *Room 224 E/F*
- Environment and Reproduction Special Interest Group, *Room 240 C/D*
- Genetic Counseling Special Interest Group, *Room 232 A/C*
- Imaging in Reproductive Medicine Counseling Special Interest Group, *Room 224 A/B*
- Legal Professional Group, *Room 222*
- Menopause Special Interest Group, *Room 230 A/B*
- Nutrition Special Interest Group, *Room 224 C/D*
- Regenerative Medicine and Stem Cell Biology Special Interest Group, *Room 231 A/C*
- Sexuality Special Interest Group, *Room 240 A/B*
- European Society for Human Reproduction and Embryology, *Room 224 G/H*

TUESDAY, OCTOBER 18

7:00 am – 9:00 am • POSTER PRESENTATIONS • HALL E (POSTER AREA)
Continental Breakfast Provided

8:15 am - 8:45 am • MEMBERS' MEETINGS
• Latin American Association for Reproductive Medicine (ALMER), *Room 224 A/B*

9:00 am – 10:30 am • PLENARY SESSION 3 • CHAPIN THEATRE

Moderator: *William E. Gibbons, M.D.*

9:00 am - 9:45 am
Prospects for Stem Cell-Based Medicine
David T. Scadden, M.D.
Harvard University

Introducer: *Linda C. Giudice, M.D., Ph.D.*

Endowed by a 1992 grant from EMD Serono, Inc.

9:45 am - 10:30 am
Society for the Study of Reproduction Exchange Lecture
In Vivo Analysis of Progesterone Receptor Signaling in the Endometrium
Francesco J. DeMayo, Ph.D.
Baylor College of Medicine

Introducer: *Dolores J. Lamb, Ph.D., H.C.L.D.*

10:30 am – 11:15 am • BREAK - VISIT EXHIBITS • HALL E

11:15 am – 1:00 pm • SCIENTIFIC PROGRAM PRIZE PAPER ORAL ABSTRACT PRESENTATIONS • HALL F-5

11:15 am – 1:00 pm • CONTRACEPTION DAY KEYNOTE/WORKSHOP • ROOM 230 A/B
Presented by the Contraception Special Interest Group
Let's Get Serious: Evidence Clearly Suggest What Could Be Done to Diminish Unintended Pregnancies
Robert A. Hatcher, M.D., M.P.H.
Emory School of Medicine

11:15 am – 1:00 pm • SYMPOSIUM • ROOM 224 A/B
Double Jeopardy, Infertility and Pregnancy Loss: Helping Patients and Staff Cope
A Joint Session presented by the Mental Health Professional Group and the Nurses' Professional Group
Joann Paley Galst, Ph.D. (Chair)
Private Practice, New York
Jeanette Rodriguez, M.S., R.N.C.
Cornell University
Owen K. Davis, M.D.
Cornell University

11:15 am – 1:00 pm • SYMPOSIUM • ROOM 224 C/D
The Art of Marketing ART
Presented by the Association of Reproductive Managers Professional Group
Kira Copperman, L.M.S.W. (Chair)
KBC Consulting
Jackie Meyers Thompson
J.D. Thompson Communications/Coppock-Meyers Public Relations

11:15 am – 1:00 pm • SYMPOSIUM • ROOM 224 E/F
When Legislation Endangers Your Patient Care – Fighting "Personhood" Bills in the States
Sean Tipton (Chair)
ASRM Office of Public Affairs
Andrew A. Toledo, M.D.
Reproductive Biology Associates
Stephanie K. Dahl, M.D.
MeritCare Reproductive Medicine
Barbara L. Collura
RESOLVE

11:15 am – 1:00 pm • ASRM VIDEO SESSION I • CHAPIN THEATRE

1:00 pm – 2:45 pm • LUNCH BREAK

1:15 pm – 2:15 pm • MEET THE PROFESSOR • ROOM 240 A/B
David T. Scadden, M.D.
Harvard University

1:15 pm – 2:15 pm • CONTRACEPTION DAY INTERACTIVE SESSION • ROOM 230 A/B
Adolescent Contraception: Depot Medroxyprogesterone Acetate (DMPA) vs. IUDs.
Presented by the Contraception Special Interest Group
Jeffrey T. Jensen, M.D., M.P.H. (Chair)
Oregon Health & Science University
Andrew Kaunitz, M.D.
University of Florida College of Medicine-Jacksonville
Steven J. Sondheimer, M.D.
University of Pennsylvania School of Medicine

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 230 D
Should Chromosome Testing of the Products of Conception Be Routinely Performed at the Time of the Second Miscarriage?
Presented by the Reproductive Immunology Special Interest Group and the Society for Reproductive Endocrinology and Infertility
Ruth B. Lathi, M.D. (Chair)
Stanford University
Mary Stephenson, M.D., M.Sc.
University of Chicago
Lee R. Hickock, M.D.
University of Washington

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 230 C
Informed Consent: The Role of the REI Nurse
Joint session presented by the Nurses' Professional Group and the Legal Professional Group
Margaret Swain, R.N, J.D. (Chair)
Private Practice, Baltimore
Maria M. Jackson, R.N., B.S., M.A.
St. Barnabas Medical Center

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 224 C/D
Posthumous Male Reproduction: The Birds and the Bees Don't Do It – Should We? An Interactive Debate
Presented by the Society for Male Reproduction and Urology
Melissa B. Brisman, J.D. (Chair)
Private Practice, New Jersey
Larry I. Lipshultz, M.D.
Baylor College of Medicine
Peter N. Schlegel, M.D.
Cornell University

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 224 A/B
Non-Invasive Prenatal Diagnosis of Genetic Disease by Genetic Analysis of Trophoblastic Cells Enriched from Blood
Presented by the Genetic Counseling Special Interest Group
Jodie L. Asher, M.S. (Chair)
Genzyme Genetics
Patrizia Paterlini, M.D., Ph.D.
University of Paris Descartes

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 224 G/H
To ICSI or Not to ICSI All: That Is the Question. An Interactive Debate
Presented by Society of Reproductive Biologists and Technologists
Kathryn J. Go, Ph.D. (Chair)
The Reproductive Science Center of New England
J. Michael Wilson, Ph.D.
E.L.C. LLC
Douglas T. Carrell, Ph.D.
University of Utah School of Medicine

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 224 E/F
SRS Debate: Endometriomas: Treatment or No Treatment for Fertility
Presented by Society of Reproductive Surgeons
Steven F. Palter, M.D. (Chair)
Gold Coast IVF
Juan A. Garcia Velasco, M.D.
IVI Madrid
Tommaso Falcone, M.D.
Cleveland Clinic

1:15 pm – 2:15 pm • ROUNDTABLE LUNCHEONS • HALL E (ROUNDTABLE AREA)

2:45 pm – 3:30 pm • PLENARY SESSION 4 • CHAPIN THEATRE

Moderator: *Richard S. Legro, M.D.*

Society of Reproductive Surgeons Lecture
The Role of Reproductive Surgery in the ART Era
Togas Tulandi, M.D.
McGill University

Introducer: *Gary Frishman, M.D.*

Endowed by a 1999 grant from Ethicon Endo-Surgery, Inc.

2:45 pm – 3:30 pm • CONTRACEPTION DAY CASE PRESENTATION/ PANEL • ROOM 230 A/B
Obesity and Contraception
Alison B. Edelman, M.D. (Chair)
Oregon Health & Science University
Bliss E. Kaneshiro, M.D., M.P.H.
Oregon Health & Science University

3:30 pm – 4:15 pm • BREAK - VISIT EXHIBITS • HALL E

4:15 pm – 6:15 pm • ABSTRACT SESSIONS
- Androgen Excess, *Room 330 A*
- Cryopreservation and Frozen Embryo Transfer – Clinical: ART, *Room 330 B*
- Endometriosis, *Room 330 C*
- Fertility Preservation, *Room 330 E*
- Fibroids, *Room 330 F*
- Male Reproduction and Urology: Clinical, *Room 240 A/B*
- Outcome Predictors-Clinical: ART, *Room 232 A/C*
- Ovarian Stimulation – Poor Responders: ART, *Room 230 C*
- Procedures and Techniques-Laboratory: ART, *Room 230 D*
- Reproductive Biology: Human Studies, *Room 225 A/B*
- Reproductive Endocrinology: Clinical, *Room 240 C/D*
- Contraception, *Room 224 E/F*
- Nursing, *Room 231 A/C*
- Reproductive Endocrinology Fellows, Room 240 C/D

4:15 pm – 6:15 pm • ASRM VIDEO SESSION II • CHAPIN THEATRE

4:15 pm – 6:15 pm • SYMPOSIUM • HALL F 3-4
Ken Ryan Ethics Symposium: Weight Limits for Access to Fertility Services: Discriminatory or Nonmaleficence?
Presented by the ASRM Ethics Committee
Robert G. Brzyski, M.D. (Chair)
University of Texas Health Science Center
Janis H. Fox, M.D.
Brigham & Women's Hospital
Chloe A. Zera, M.D.
Brigham and Women's Hospital
Lisa S. Lehmann, M.D., Ph.D.
Brigham and Women's Hospital

4:15 pm – 6:15 pm • SYMPOSIUM • ROOM 230 A/B
Cryopreservation of Oocytes: Advances and Pitfalls
Presented by the Society of Reproductive Biologists and Technologists
Emre Seli, M.D. (Chair)
Yale University School of Medicine
Andrea Borini, M.D.
Center for Reproductive Health
Ana Cobo, Ph.D.
Instituto Valenciano de Infertilidad
Z. Peter Nagy, M.D., Ph.D., H.C.L.D.
Reproductive Biology Associates

4:15 pm – 6:15 pm • SYMPOSIUM • HALL F5
ASRM/ESHRE Consensus Conference: Long Term Care of PCOS
R. Jeffrey Chang, M.D. (Chair)
University of California, San Diego School of Medicine
Basil C. Tarlatzis, M.D., Ph.D.
Aristotle University Of Thessaloniki
Kurt T. Barnhart, M.D.
The University of Pennsylvania

4:15 pm – 6:15 pm • SYMPOSIUM • ROOM 224 A/B
Evidence Based Ovulation Induction
Bart C. Fauser, M.D., Ph.D (Chair)
University Medical Center, Netherlands
Robert F. Casper, M.D.
University of Toronto
Nicholas S. Macklon, M.D., M.B.
University of Southampton

4:15 pm – 6:15 pm • SYMPOSIUM • ROOM 224 G/H
Ethnic Differences in ART
Presented by the Middle East Fertility Society
Fady I. Sharara, M.D. (Chair)
Virginia Center for Reproductive Medicine
Michel Abou Abdallah, M.D.
Middle East Fertility Clinic
David B. Seifer, M.D.
Genesis Fertility & Reproductive Medicine
Hassan Sallam, M.D.
Alexandria University

5:45 pm – 6:15 pm • SOCIETY FOR MALE REPRODUCTION AND UROLOGY MINISYMPOSIUM • ROOM 240 A/B
Genetic and Epigenetic Variation: Emerging Tools to Understand Male Infertility
Douglas T. Carrell, Ph.D.
University of Utah School of Medicine

6:15 pm – 7:00 pm • MEMBERS' MEETINGS
- Society for Male Reproduction and Urology, *Room 240 C/D*
- Society for Reproductive Endocrinology and Infertility, *Peabody Hotel - Celebration 5-6*
- Contraception Special Interest Group, *Room 230 A/B*
- Endometriosis Special Interest Group, *Room 330 C*
- Fertility Preservation Special Interest Group, *Room 230 E*
- Fibroids Special Interest Group, *Room 330 F*
- Pediatric and Adolescent Gynecology Special Interest Group, *Room 225 A/B*
- Indian Group, *Room 224 A/B*
- Middle East Fertility Society, *Room 224 C/D*
- Turkish Group, *Room 224 G/H*

WEDNESDAY, OCTOBER 19

6:30 am – 7:45 am • WOMEN'S COUNCIL BREAKFAST • PEABODY ORLANDO HOTEL - CELEBRATION 5-6

7:00 am – 9:00 am • POSTER PRESENTATIONS • HALL E (POSTER AREA)
Continental Breakfast Provided

9:00 am – 9:45 am • PLENARY SESSION 5 • HALL F 3-4

Moderator: *R. Dale McClure, M.D.*

American Urological Association Bruce Stewart Memorial Lecture
The Evolution of Treatment for Testicular Failure: Endocrine Factors, Genetics & Microsurgery
Peter N. Schlegel, M.D.
Cornell University

Introducer: *Edward D. Kim, M.D.*

9:45 am – 10:00 am • ASRM AWARDS CEREMONY • HALL F 3-4

10:00 am – 10:30 am • ASRM MEMBERS' MEETING • HALL F 3-4

10:30 am – 11:15 am • BREAK - VISIT EXHIBITS • HALL E

11:15 am – 12:00 pm • SPECIAL RESEARCH PRESENTATIONS • HALL F 3-4

11:15 am
Creation of a Trophoblastic-Specific Leptin Receptor Knockout for Study of Leptin Function in Placenta
Laura C. Schulz, Ph.D.
University of Missouri Columbia
2009 – 2011 ASRM Research Grant in Reproductive Medicine, supported by EMD Serono

11:35 am
The Effect of In Vitro Follicle Culture on the Meiotic and Developmental Competence of the Mouse Oocyte
Monica Mainigi, M.D.
University of Pennsylvania
2009 – 2011 ASRM/NICHD Reproductive Scientist Development Program

11:55 am
Diet Induced Obesity Negatively Impacts Oocyte Quality and Embryo Outcomes
Kerri Marquard, M.D.
Washington University St. Louis
2009 – 2011 Society for Reproductive Endocrinology and Infertility T-32 Grant

11:15 am – 1:00 pm • ABSTRACT SESSIONS
- Cryopreservation and Frozen Embryo Transfer – Laboratory/Basic: ART, *Room 230 B*
- Endometriosis, *Room 330 C*
- Fertility Preservation, *Room 330 E*
- Health Disparities, *Room 330 G*
- Male Factor: ART, *Room 231 A/C*
- Other: ART - Laboratory/Basic, *Room 232 A/C*
- Outcome Predictors - Clinical: ART, *Room 240 A/B*
- Ovarian Stimulation: ART, *Room 230 C*
- Procedures and Techniques - Laboratory: ART, *Room 230 D*
- Reproductive Biology: Human Studies, *Room 225 A/B*
- Reproductive Endocrinology: Clinical, *Room 240 C/D*

11:15 am – 1:00 pm • SYMPOSIUM • ROOM 224 E/F
Fertility Preservation: Everything and More You Need to Know
Joint Session Presented by the Association of Reproductive Managers Professional Group and the Fertility Preservation Special Interest Group
Peter N. Schlegel, M.D. (Chair)
Cornell University
Joanne F. Kelvin, B.S.N., M.S.N.
Memorial Sloan-Kettering Cancer Center
Nicole L. Noyes, M.D.
NYU School of Medicine
Jan L. Silverman, M.A., M.Ed.
Women's College Hospital
Lindsey N. Beck, B.A.
FertileHOPE

11:15 am – 1:00 pm • SYMPOSIUM • ROOM 224 C/D
Ethical Dilemmas
Presented by the Nurses' Professional Group
Lori Whalen, R.N. (Chair)
Huntington Reproductive Center Fertility
Steven R. Bayer, M.D.
Boston IVF
Margaret Swain, R.N., J.D.
Private Practice, Baltimore

11:15 am – 1:00 pm • SYMPOSIUM • ROOM 224 G/H
Last Chance Kids: Kids Dealing with Parental Aging and Death
Presented by the Mental Health Professional Group
Julianne E. Zweifel, Ph.D. (Chair)
University of Wisconsin School of Medicine and Public Health
Linda A. Applegarth, Ed.D.
The Perelman/Cohen Center for Reproductive Medicine
Sharon N. Covington, M.S.W., L.C.S.W.C
Shady Grove Fertility Reproductive Science Center

11:15 am – 1:00 pm • SYMPOSIUM • ROOM 224 A/B
Better PCOS Treatment? – Ovarian Stimulation vs In Vitro Maturation
Presented by the Asia Pacific Initiative on Reproduction
Yoshiharu Morimoto, M.D., Ph.D. (Chair)
IVF Japan, Japan
Bruno Lunenfeld, M.D., Ph.D.
Bar-Ilan University, Israel
Aisaku Fukuda, M.D., Ph.D.
IVF OSAKA Clinic, Japan
Jie Qiao, M.D., Ph.D.
Third Hospital, China

11:15 am – 1:00 pm • AAGL FILM FESTIVAL • HALL F 5

1:00 pm – 2:45 pm • LUNCH BREAK

1:15 pm – 2:15 pm • MEET THE PROFESSOR • ROOM 240 A/B
Peter N. Schlegel, M.D.
Cornell University

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 224 G/H
Neonatal Exposures to Reproductive Toxicants and Adverse Reproductive Outcomes
Presented by the Environment and Reproduction Special Interest Group
Susan H. Benoff, Ph.D. (Chair)
The Feinstein Institute for Medical Research
Kevin G. Osteen, Ph.D.
Vanderbilt University School of Medicine

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 224 E/F
Oocyte Cryopreservation as an Alternative to Embryo Cryopreservation in the IVF patient. An Interactive Debate
Joint Session presented by the Society of Reproductive Biologists and Technologists, the Society for Assisted Reproductive Technology, and the Fertility Preservation Special Interest Group
Carli W. Chapman, B.S., E.L.D. (Chair)
Rinehart Center for Reproductive Medicine
Nicole L. Noyes, M.D.
New York University School of Medicine
Catherine Racowsky, Ph.D.
Brigham and Women's Hospital

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 230 C
Educational Opportunities for the REI Nurse: What is Available through ASRM
Joint Session presented by the Nurses' Professional Group and ASRM
Nancy A. Harrington, R.N.C. (Chair)
Walgreens Health
Tamara M. Tobias, N.P.
Seattle Reproductive Medicine

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 224 A/B
Treatment Throughout the Life Cycle of Klinefelter and Turner Syndrome Patients
Joint session presented by the Society for Male Reproduction and Urology and the Pediatric and Adolescent Gynecology Special Interest Group
Rebecca Z. Sokol, M.D., M.P.H. (Chair)
University of Southern California Keck School of Medicine
Richard H. Reindollar, M.D.
Dartmouth Medical School
Jay I. Sandlow, M.D.
Medical College of Wisconsin

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 224 C/D
Scientific Opportunities in Generating Gametes from Infertility Patient's Stem Cells
Presented by the Regenerative Medicine and Stem Cell Special Interest Group
Gerald P. Schatten, Ph.D. (Chair)
University of Pittsburgh School of Medicine
Gianpiero D. Palermo, M.D., Ph.D.
Cornell University

1:15 pm – 2:15 pm • INTERACTIVE SESSION • ROOM 222
Male to Female Transgender Surgery: Techniques, Results, and Postoperative Sexuality
Joint Session presented by the Society of Reproductive Surgeons and the Sexuality Special Interest Group
Stanton C. Honig, M.D. (Chair)
University of Connecticut School of Medicine
Jared C. Robins, M.D.
The Warren Alpert Medical School of Brown University
Christine McGinn, M.D.
Papillion Center

1:15 pm – 2:15 pm • ROUNDTABLE LUNCHEONS • HALL E (ROUNDTABLE AREA)

2:45 pm – 3:30 pm • PLENARY SESSION 6 • HALL F 3-4
Moderator: *Linda C. Giudice, M.D., Ph.D.*
Adiposity
Monica Skarulis, M.D.
National Institute of Diabetes and Digestive and Kidney Diseases
Introducer: *R. Dale McClure, M.D.*
Endowed by a 1987 grant from Ortho Women's Health

3:30 pm – 3:45 pm BREAK (NO EXHIBITS)

3:45 pm – 5:45 pm • ABSTRACT SESSIONS
- Clinical Female Infertility and Gynecology, *Room 224 G/H*
- Male Reproduction and Urology: Research, *Room 232 A/C*
- Other: ART - Clinical, *Room 240 A/B*
- Outcome Predictors-Lab: ART, *Room 330 A*
- Regenerative Medicine & Stem Cell Biology, *Room 330 B*
- Reproductive Biology: Animal and Experimental Studies, *Room 225 A/B*
- Reproductive Endocrinology: Research, *Room 240 C/D*
- Reproductive Immunology, *Room 330 C*
- Reproductive Laboratory Technology, *Room 330 D*
- Genetic Counseling, *Room 231 A/C*
- Pediatric and Adolescent Gynecology, *Room 222*

3:45 pm – 5:45 pm • SYMPOSIUM • ROOM 330 E
Preimplantation Genetic Screening: Is There a Legitimate Indication and Method?
Presented by the Society for Assisted Reproductive Technology and the Preimplantation Genetic Diagnosis Special Interest Group
Catherine Racowsky, Ph.D. (Chair)
Brigham and Women's Hospital
Dagan Wells, Ph.D., B.Sc.
University of Oxford
Richard T. Scott, Jr., M.D.
Reproductive Medicine Associates of New Jersey
Mark R. Hughes, M.D., Ph.D.
Genesis Genetics Institute

3:45 pm – 5:45 pm • SYMPOSIUM • ROOM 224 A/B
Stem Cells: Derivation, Induction and Application in Reproductive Sciences
Presented by the Society for Gynecologic Investigation
Lusine Aghajanova, M.D., Ph.D. (Chair)
Baylor School of Medicine
Jose Cibelli, DVM, Ph.D.
Michigan State University
Carlos A. Simon, M.D., Ph.D.
University of Valencia
Jonathan L. Tilly, Ph.D.
Harvard Stem Cell Institute
Caroline Gargett, Ph.D.
Monash University

3:45 pm – 5:45 pm • SYMPOSIUM • ROOM 224 E/F
Enhancing Pregnancy Rates in ART: Clinical Nuances
Presented by the Indian Society of Assisted Reproduction
Dhiraj B. Gada, M.D. (Chair)
Gada Life Arts Center
Jaideep Malhotra, M.D.
Malhotra Nursing and Maternity Home PVT, LTD
Nandita Palshetkar, M.D.
Lilavati Hospital IVF Center
Rishma Dhillion Pai, M.D.
Lilavati Hospital & Research Centre, Mumbai, India

3:45 pm – 5:45 pm • SYMPOSIUM • ROOM 224 C/D
CREST Symposium: Making An Impact
Alicia Armstrong, M.D. (Chair)
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Yvonne T. Maddox, Ph.D.
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Phyllis C. Leppert, M.D., Ph.D.
Duke University School of Medicine
Ruben J. Alvero, M.D.
University of Colorado, Denver
John L. Frattarelli, M.D.
Fertility Institute of Hawaii
Rebecca S. Usadi, M.D.
Carolinas Medical Center
Louis V. DePaolo, Ph.D.
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Esther Eisenberg, M.D., M.P.H.
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Alan H. DeCherney, M.D.
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Valerie L. Baker, M.D.
Stanford University Medical Center

5:15 pm – 5:45 pm • SOCIETY FOR MALE REPRODUCTION AND UROLOGY MINISYMPOSIUM • ROOM 232 A/C
2010 WHO Sperm Reference Values - Clinical Significance of Count, Motility, and Morphology
Edmund S. Sabanegh, Jr., M.D.
Cleveland Clinic

MENOPAUSE DAY

MONDAY, OCTOBER 17, 2011

Global Perspectives on the Menopause

11:15 am – 1:00 pm • MENOPAUSE DAY SYMPOSIUM • ROOM 230 A/B

Cultural Variations in the Menopausal Symptom Complex

Joint Session presented by the International Menopause Society and the Menopause Special Interest Group

Nanette F. Santoro, M.D. (Chair)
University of Colorado Denver School of Medicine

Tobie de Villiers, M.B., Ch.B., M.Med.
University of Stellenbosch, Cape Town, South Africa

David Sturdee, M.B. B.S., M.D.
Solihull Hospital, United Kingdom

Ko-en Huang, M.D.
Chang Gung Memorial Hospital, Taipei

11:15 am – 1:00 pm • MENOPAUSE DAY LUNCHEON SYMPOSIUM • VALENCIA BALLROOM

Today's Approaches to Treating the Menopause: Risks and Benefits of Various Therapies

Supported by an independent educational grant from Pfizer • Ticketed Luncheon

Cynthia K. Sites, M.D. (Chair)
Tufts University

Lubna Pal, M.B.B.S., M.S.
Yale University

Genevieve Neal-Perry, M.D., Ph.D.
Albert Einstein College of Medicine

1:15 pm – 2:15 pm • MENOPAUSE DAY INTERACTIVE SESSION • ROOM 230 A/B

Menopausal Androgen Replacement: A Global View • Ticketed Luncheon

Supported by an educational grant from BioSante Pharmaceuticals, Inc.
Joint Session presented by the International Menopause Society and the Menopause Special Interest Group

John E. Buster, M.D.
Women and Infants' Hospital of Rhode Island

Nicholas Panay, B.Sc., M.B.B.S.
Imperial College Healthcare NHS Trust, London

Bruce R. Carr, M.D.
University of Texas Southwestern Medical Center

2:15 pm – 2:45 pm • BREAK

2:45 pm – 3:30 pm • MENOPAUSE DAY KEYNOTE LECTURE • ROOM 230 A/B

Beyond 50 - A Cloud or its Silver Lining?

Joint Session presented by the International Menopause Society and the Menopause Special Interest Group

Duru Shah, M.D.
Gynecworld Fertility Clinic, Mumbai, India

3:30 pm – 4:15 pm • BREAK • EXHIBIT HALL E

4:15 pm – 6:15 pm • MENOPAUSE ORAL ABSTRACT SESSION • ROOM 230 A/B

6:15 pm – 7:00 pm • MENOPAUSE SPECIAL INTEREST GROUP MEMBERS' MEETING • ROOM 230 A/B

CONTRACEPTION DAY

TUESDAY, OCTOBER 18, 2011

Time to Make a Difference

Supported by educational grants from Watson and TEVA Women's Health Research

11:15 am - 12:00 pm • CONTRACEPTION DAY KEYNOTE LECTURE • ROOM 230 A/B

Let's Get Serious:
Evidence Clearly Suggests What Could Be Done to Diminish Unintended Pregnancies

Moderator: Rebecca Allen, M.D.

Robert A. Hatcher, M.D., M.P.H.
Emory School of Medicine

1:15 pm - 2:15 pm • CONTRACEPTION INTERACTIVE SESSION • ROOM 230 A/B

Adolescent Contraception: Depot Medroxyprogesterone Acetate (DMPA) vs. IUDs

Presented by the Contraception Special Interest Group

Jeffrey T. Jensen, M.D., M.P.H. (Chair)
Oregon Health & Science University

Andrew Kaunitz, M.D.
University of Florida College of Medicine-Jacksonville

Steven J. Sondheimer, M.D.
University of Pennsylvania

1:15 pm – 2:15 pm • CONTRACEPTION ROUNDTABLES • HALL E (ROUNDTABLE AREA)

Ulipristal Acetate: The New Emergency Contraceptive

Christopher M. Estes, M.D., M.P.H.
Miami, FL

Conditions Unique to U.S. Medical Eligibility Criteria for Contraception

Melissa Kottke, M.D.
Emory School of Medicine

2:15 pm – 2:45 pm • BREAK

2:45 pm – 3:30 pm • CONTRACEPTION DAY CASE PRESENTATION PANEL • ROOM 230 A/B

Obesity and Contraception

Alison B. Edelman, M.D. (Chair)
Oregon Health and Science University

Bliss E. Kaneshiro, M.D., M.P.H.
Oregon Health and Science University

3:30 pm – 4:15 pm • BREAK • EXHIBIT HALL E

4:15 pm – 6:15 pm • CONTRACEPTION ORAL ABSTRACT SESSION • ROOM 224 E/F

6:15 pm – 7:00 pm • CONTRACEPTION SPECIAL INTEREST GROUP MEMBERS' MEETING • ROOM 230 A/B

MEMBERS' MEETINGS

Sunday, October 16, 2011 **5:15 pm – 6:00 pm**

Locations listed next to group.

- Mental Health Professional Group, *Room 224 A/B*
- Preimplantation Genetic Diagnosis Special Interest Group*, *Room 231 A/C* (4:15pm - 6:15 pm)
- Nurses' Professional Group, *Room 224 C/D*
- Early Pregnancy Group, *Room 224 E/F*
- New Initiatives Advisory Group, *Peabody Hotel - Celebration 15* (5:15pm - 6:15 pm)

Monday, October 17, 2011 **7:30 am – 8:15 am**

Locations listed next to group.

- ASRM Membership Committee, *Peabody Hotel - Celebration 10*

Monday, October 17, 2011 **8:00 am – 8:45 am**

Locations listed next to group.

- Society for Assisted Reproductive Technology, *Room 230 D*
- Chinese Special Interest Group, *Room 224 A/B*
- Health Disparities Group, *Room 224 G/H*
- Reproductive Immunology Special Interest Group, *Room 230 C*
- Complementary and Alternative Medicine Group, *Room 224 C/D*
- Recurrent Pregnancy Loss Group, *Peabody Hotel - Celebration 9*
- Database Management Solutions, *Room 224 E/F*

Monday, October 17, 2011 **6:15 pm – 7:00 pm**

Locations listed next to group.

- Society of Reproductive Surgeons, *Peabody Hotel - Celebration 2*
- Society of Reproductive Biologists and Technologists, *Peabody Hotel - Celebration 12-15*
- Association of Reproductive Managers, *Room 225 A/B* (5:15pm - 6:00 pm)
- Genetic Counseling Special Interest Group, *Room 232 A/C*
- Imaging in Reproductive Medicine Special Interest Group, *Room 224 A/B*
- Legal Professional Group, *Room 222*
- Menopause Special Interest Group, *Room 230 A/B*
- Regenerative Medicine and Stem Cell Biology Special Interest Group, *Room 231 A/C*
- Nutrition Special Interest Group, *Room 224 C/D*
- Sexuality Special Interest Group, *Room 240 A/B*

Tuesday, October 18, 2011 **8:00 am – 8:45 am**

Locations listed next to group.

- Latin American Association for Reproductive Medicine, (ALMER), *Room 224 A/B*

Tuesday, October 18, 2011 **6:15 pm – 7:00 pm**

Locations listed next to group.

- Society for Male Reproduction and Urology, *Room 240 C/D*
- Society for Reproductive Endocrinology and Infertility, *Peabody Hotel - Celebration 5-6*
- Contraception Special Interest Group, *Room 230 A/B*
- Endometriosis Special Interest Group, *Room 330 C*
- Fertility Preservation Special Interest Group, *Room 230 E*
- Fibroid Special Interest Group, *Room 330 F*
- Pediatric and Adolescent Gynecology Special Interest Group, *Room 225 A/B*
- Sexuality Special Intererst Group, *Room 224 E/F*
- Middle East Fertility Society, *Room 224 C/D*
- Indian Group, *Room 224 A/B*
- Turkish Group, *Room 224 G/H*

Wednesday, October 19, 2011 **10:00 am – 10:30 am**

ASRM Members' Meeting

Hall F 3-4
President: Roger A. Lobo, M.D.

2011 ASRM SERVICE and STAR AWARDS

SERVICE AWARD

The ASRM Service Award is given to ASRM members who have met a 10-year milestone for serving on ASRM boards and/or committees.

Mohamed Aboulghar, M.D.
Geoffrey Adamson, B.S., M.D.
Ricardo Azziz, M.B.A.,M.D., M.P.H.
Valerie Baker, M.D.
G. David Ball, Ph.D., H.C.L.D.
Kurt Barnhart, M.D.
Susan Benoff, Ph.D.
Nancy Brackett, Ph.D., H.C.L.D.
Robert Brzyski, M.D., Ph.D.
John Buster, M.D.
Maria Bustillo, M.D.
Sandra Carson, M.D.
Marcelle Cedars, M.D.
Grace Centola, Ph.D., H.C.L.D.
R. Jeffrey Chang, M.D.
Charles Coddington, M.D.
John Collins, M.D.
Christos Coutifaris, M.D., Ph.D.
Marian Damewood, M.D.
Ann Davis, M.D.
Owen Davis, M.D.
Christopher De Jonge, Ph.D., H.C.L.D.
Alan DeCherney, M.D.
Paul Devroey, M.D., Ph.D.
Michael Diamond, M.D.
Karen Elkind-Hirsch, H.C.L.D., M.S., Ph.D.
Johannes Evers, M.D.
Tommaso Falcone, M.D.
Richard Falk, M.D.
Marc Fritz, M.D.
William Gibbons, M.D.
Elizabeth Ginsburg, M.D.
Linda Giudice, M.D., Ph.D., M.Sc
Dorothy Greenfeld, M.S.W.
James Grifo, M.D., Ph.D.
Jacqueline Gutmann, M.D.
Karen Hammond, D.N.P., N.P.
Arthur Haney, M.D.
Timothy Hickman, M.D.
George Hill, M.D.
David Hoffman, B.S., M.D.
Kathryn Honea, M.D.
Mark Hornstein, M.D.
Stuart Howards, M.D.
Bradley Hurst, M.D.
Keith Isaacson, M.D.
Maria Jackson, R.N., B.S., M.A.
Julia Johnson, M.D.
Roger Kempers, M.D.
William Keye, M.D.
Edward Kim, M.D.
William Kutteh, M.D., Ph.D. H.C.L.D.,
Dolores Lamb, Ph.D.
Richard Legro, M.D.
Larry Lipshultz, M.D.
James Liu, M.D.
Roger Lobo, M.D.
Guillermo Marconi, M.D.
George Maroulis, M.D., Ph.D.
Howard McClamrock, M.D.
R. Dale McClure, M.D.
Philip McNamee, M.D.
Drew Moffitt, M.D.
Kamran Moghissi, M.D.
Suheil Muasher, M.D.
Steven Nakajima, M.D.
Craig Niederberger, M.D.
Randall Odem, M.D.
Steven Ory, M.D.
Pasquale Patrizio, M.D.
Richard Paulson, M.D.
Samantha Pfeifer, M.D.
Mary Polan, M.D., Ph.D.
Elizabeth Puscheck, M.D., M.S.
John Queenan, M.D.
Catherine Racowsky, Ph.D.
Richard Reindollar, M.D.
Jay Sandlow, M.D.
Joseph Sanfilippo, M.D.
Nanette Santoro, M.D.
Douglas Saunders, M.D.
Glenn Schattman, M.D.
Robert Schenken, M.D.
William Schlaff, M.D.
Peter Schlegel, M.D.
Humberto Scoccia, M.D.
David Seifer, M.D.
Mark Sigman, M.D.
Kaylen Silverberg, M.D.
Samuel Smith, M.D.
Rebecca Sokol, M.D., M.P.H.
Michael Soules, M.D.
Ronald Strickler, M.D., M.B.A.
Carlos Sueldo, M.D.
Eric Surrey, M.D.
Basil Tarlatzis, M.D., Ph.D.
Hugh Taylor, M.D.
Michael Thomas, M.D.
Kim Thornton, M.D.
Andrew Toledo, M.D.
Ilan Tur-Kaspa, M.D.
Barry Verkauf, M.D.
R. Stan Williams, M.D.
Craig Witz, M.D.
Bill Yee, M.D.

To the above listed individuals, ASRM gratefully says Thank You for your service and dedication to ASRM and for your important contributions to the Society's continued success.

2011 ASRM STAR AWARDS

STAR AWARD

The Star Award is given to ASRM members, nominated by their peers, who have continuously contributed 10 or more years of presentations from 2001 – 2010 at ASRM's annual meeting.

Mohamed Aboulghar, M.D.
Ashok Agarwal, Ph.D.
Michael Alper, M.D.
David Archer, M.D.
Ricardo Azziz, M.D., M.B.A., M.P.H.
Valerie Baker, M.D.
Kurt Barnhart, M.D.
Mohamed Bedaiwy, M.D., Ph.D.
Barry Behr, Ph.D.
Susan Benoff, Ph.D.
Douglas Carrell, Ph.D.
Sandra Carson, M.D.
Robert F. Casper, M.D.
Marcelle Cedars, M.D.
Jerome Check, M.D.
Alan Copperman, M.D.
Anuja Dokras, M.D., Ph.D.
Daniel Dumesic, M.D.
Tommaso Falcone, M.D.
David Frankfurter, M.D.
David Gardner, D.Phil., Ph.D.
Elizabeth Ginsburg, M.D.
Marc Goldstein, M.D.
James Grifo, M.D., Ph.D.
Karen Hammond, D.N.P., N.P.
Jeffrey Jensen, M.D.
S. Samuel Kim, M.D.
Sheryl Kingsberg, Ph.D.
Lewis Krey, Ph.D.
William Kutteh, M.D., Ph.D., H.C.L.D.
Richard Legro, M.D.
Frederick Licciardi, M.D.
Roger Lobo, M.D.
Suheil Muasher, M.D.
Santiago Munne, Ph.D.
Zsolt Nagy, M.D., Ph.D.
Queenie Neri, B.Sc.
Sergio Oehninger, M.D., Ph.D.
Francois Olivennes, M.D., Ph.D.
Lubna Pal, M.B.B.S., M.S.
Gianpiero Palermo, M.D., Ph.D.
Pasquale Patrizio, M.D.
Antonio Pellicer, M.D.
William Petok, Ph.D.
Elizabeth Puscheck, M.D., M.S.
Catherine Racowsky, Ph.D.
Jose Remohi, M.D.
Zev Rosenwaks, M.D.
Ghassan Saed, Ph.D.
Peter Schlegel, M.D.
William Schoolcraft, M.D.
Richard Scott, M.D.
Shehua Shen, M.D., E.L.D.
Carlos Simon, M.D., Ph.D.
Gary Smith, Ph.D.
Steven Spandorfer, M.D.
Dale Stovall, M.D.
Carlos Sueldo, M.D.
Ilan Tur-Kaspa, M.D.
Paul Turek, M.D.
Lynn Westphal, M.D.
Kathryn Worrilow, Ph.D.
Mary Zelinski, Ph.D. B.S., M.S.

To the above listed individuals, ASRM gratefully says Thank You for your service and dedication to ASRM and for your important contributions to the Society's continued success.

American Society for Reproductive Medicine

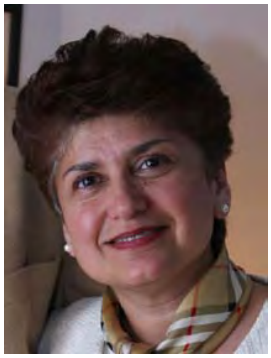
2011 Awards

Distinguished Researcher Award

The 2011 recipient of the ASRM Distinguished Researcher Award is **Joe Leigh Simpson, M.D.,** Professor and Chair of the Department of Human and Molecular Genetics, and Executive Associate Dean of Academic Affairs at the Florida International University Herbert Wertheim College of Medicine. Dr. Simpson has had a long and distinguished career in both obstetrics and gynecology and in human genetics. Prior to accepting his current position at FIU, he was on the faculties at Northwestern University, University of Tennessee Memphis and Baylor College of Medicine. Dr. Simpson has written 15 major books and over 700 articles and chapters. His research encompasses many areas of genetic prenatal diagnosis and reproductive genetics. He has received NIH and March of Dimes support for clinical trials on prenatal genetic diagnosis and basic work on recovering fetal cells from maternal blood. Work in prenatal genetic diagnosis focuses on recovery of intact fetal cells and cell-free DNA from maternal blood for definitive noninvasive prenatal genetic diagnosis; the first detection of fetal trisomy in maternal blood was made by Dr. Simpson and colleagues. Other work in prenatal genetic diagnosis involves preimplantation genetic diagnosis, namely single cell diagnostics. He served as President of numerous professional organizations, including ASRM (1993 – 1994). He is a member of the National Academies Institute of Medicine.

Ira and Ester Rosenwaks New Investigator Award

(supported by an endowment from Zev Rosenwaks, M.D.)



Lubna Pal, M.B.B.S., M.S. has been selected as the 2011 recipient of the Ira and Ester Rosenwaks New Investigator Award. This award recognizes a member of ASRM who has made outstanding contributions to clinical or basic research in reproductive sciences published within 10 years after completing research or clinical training and initiating an independent career as an investigator. Dr. Pal is Associate Professor of Obstetrics, Gynecology and Reproductive Sciences at the Yale University School of Medicine, where she is active as both a clinician and researcher. In the 10 years since completing his clinical training and becoming an independent faculty member, she has made significant contributions to the understanding of the relationship between uterovaginal prolapse and bone health. She demonstrated that uterine and rectovaginal prolapse were associated with osteoporosis and osteopenia. More recently, she has analyzed the NHANES database to examine evidence for increased cardiovascular risk in women with elevated FSH levels. In addition, she has attained funding as a co-investigator in the KEEPS (Kronos Early Estrogen Prevention Study) trial and as principal investigator of a community health grant studying the benefits of vitamin D and calcium in women with polycystic ovary syndrome.

Suheil J. Muasher, M.D. Distinguished Service Award

(supported by an endowment from Suheil J. Muasher, M.D.)

Each year ASRM honors individuals or organizations that have provided distinguished service to ASRM. Recipients are selected based on their scientific, leadership, organizational, political or societal service contributions to ASRM, reproductive medicine and/or reproductive medicine patients. In 2011 ASRM honors **Alan H. DeCherney, M.D.**, a member of the Society whose leadership has advanced the mission of the Society to discover, educate and advocate. Dr. DeCherney is a reproductive endocrinologist who heads the Reproductive Biology and Medicine Branch of the Eunice Kennedy Shriver National Institute of Child Health and Human Development at the National Institutes of Health in Bethesda, Maryland. He has been a member of the faculties at Yale, Tufts and UCLA, and has been a member of the Institute of Medicine of the National Academies since 2004. He is recognized with the 2011 Distinguished Service Award for his many years of dedicated service to the Society as Editor-in-Chief of *Fertility and Sterility* (1997 – 2011), as President (1994 – 1995), and as a teacher, scholar and mentor.

Society for Reproductive Endocrinology and Infertility, National Research Service Institutional Training Award (T32)

The Society for Reproductive Endocrinology was awarded a competitive training grant from the National Institute of Child Health and Human Development to provide reproductive endocrinology and infertility fellows with specialized training in reproductive medicine and biology. Ten Board-approved REI fellowship programs currently participate in the program, which is administered through the University of Pennsylvania. Each year, REI fellows are awarded 1- or 2-year NIH traineeships to conduct cutting edge research in the laboratories of NIH-funded investigators. In the final year of training, fellows present their research in the special research presentations session, which this year will take place on Wednesday, October 19th, 11:15 am – 12:45 pm. For 2011, the new trainees are: Kenan Omurtag, M.D. (Washington University), Amanda Hurliman, M.D. (University of Vermont), and Emelia Bachman, M.D. (University of Pennsylvania).

ASRM/NIH/Duke Clinical Research/Reproductive Scientist Training (CREST) Program

The CREST training program is offered by the National Institute of Child Health and Human Development (NICHD), the Clinical Research Training Program (CRTP) at Duke University, and the American Society for Reproductive Medicine (ASRM). This two-year program meets an existing need for physicians in private or academic clinical practice to obtain formalized academic training in the quantitative and methodological principles of clinical research in reproductive medicine. The members of the new Class of 2011 – 2013 are: Richard O. Burney, M.D. (Stanford University), Lisa B. Haddad, M.D. (Emory University), Mary Ellen Pavone, M.D. (Northwestern University), Petra M. Casey, M.D. (Mayo Clinic), and Harry J. Lieman, M.D. (Albert Einstein College of Medicine).

Society for Male Reproduction and Urology Traveling Scholars Program

The annual Society for Male Reproduction and Urology Traveling Scholars Program allows a diverse group of young clinical physicians and basic science researchers the opportunity to explore a career in male reproductive medicine. The primary purpose of the program is to stimulate the scientific interests of residents and fellow in the study of male reproduction. Scholars are selected by the SMRU Research Committee based on the scores of their abstracts submitted for the Scientific Program. Each awardee will present an oral abstract on Monday, October 17th, 4:15 pm – 5:45 pm. The 2011 Scholars are: Anupama Kathiresan, M.D. (University of Miami), Audrey M. Gaskins, M.D. (Harvard University), Debbie Montjean, Ph.D. (Institut Pasteur), Katie Murray, M.D. (University of Kansas), James Hotaling, M.D. (University of Washington), Jason Kovac, M.D., Ph.D. (Baylor College of Medicine).

ASRM Resident/Fellow In-training Award for Research in Heavy Menstrual Bleeding

(supported by a grant from Ferring Pharmaceuticals, Inc.)

A grant of $10,000 was awarded to a resident or fellow in obstetrics and gynecology to conduct an innovative, short-term research project focused on heavy menstrual bleeding. Competitive selection of the recipient was made by the ASRM Research Committee based primarily on the scientific merit of the proposed study and the applicant's potential for continued scholarship and research. The 2011 awardee is Suneeta Senapati, M.D. (Reproductive Endocrinology and Infertility Fellow, University of Pennsylvania) for her project titled "*Comparative risk of endometrial cancer from ablation versus medical management of dysfunctional uterine bleeding*."

ASRM Nurse Research Award

(supported by an educational grant from Merck)

The ASRM Nurse Research Award recognizes outstanding research conducted by licensed nursing professionals. The Award allows a group of nurses who are active in research to attend the Annual Meeting to present the results of their research studies. Nurses who are presenting oral or poster abstracts in the Scientific Program are eligible for the award. For 2011 the recipients are Karen Hammond, D.N.P., N.P., Eleanor Stevenson, Ph.D., R.N., Catherine M. Bergh, B.S.N., R.N., Hyunjung Chung, M.S.N., Judith Applegarth., M.S.N., R.N., and Eline Dancet, M.S.N., M.Sc., R.N.

New Member/First Time Attendee Reception

New ASRM members and first time Annual Meeting attendees are invited to a reception to meet and greet ASRM board members, leadership of the affiliated societies, and the officers of the professional and special interest groups. This reception will take place during the Tuesday morning poster session located in the Poster Session in Hall E at the Orange County Convention Centerfrom 8:00 am until 9:00 am.

Join the ASRM Leadership for coffee & conversation.

ASRM 2011

100% COTTON • LONG SLEEVES • SPECIAL ANNUAL MEETING ATTENDEE PRICE

2011 ASRM T-shirts available for purchase at the ASRM Booth #2144

NOTES

POSTGRADUATE COURSE LOCATIONS

COURSE 1 THE PSYCHOLOGY AND ETHICS OF MARKETING A MENTAL HEALTH PRACTICE IN INFERTILITY • ROOM 224 A/B

COURSE 2 FOLLOW-UP TO CHILDREN OF ART AND DONOR EGG • ROOM 224 C/D

COURSE 3 CONFRONTING AND SOLVING LEGAL ISSUES WITHIN ART PRACTICE: A PRACTICAL APPROACH • ROOM 231 A/C

COURSE 4 IMPROVING FERTILITY THROUGH NUTRITIONAL MEDICINE - PRECONCEPTIONAL CARE • ROOM 232 A/C

COURSE 5 PREIMPLANTATION GENETIC TESTING (PGT) IN THE GENOMICS ERA • ROOM 222

COURSE 6 PCOS: METABOLIC IMPACT AND LONG-TERM MANAGEMENT • ROOM 224 G/H

COURSE 7 EARLY PREGNANCY WORKSHOP • ROOM 224 E/F

COURSE 8 THE IVF LABORATORY IN THE 21ST CENTURY • ROOM 330 A/D

COURSE 9 SUCCESSFUL MANAGEMENT IN THE ART WORLD: KEY EXPECTATIONS FROM PATIENTS, PRACTICE AND YOU • ROOM 230 A/B

COURSE 10 OVARIAN STIMULATION FOR IVF • ROOM 330 E/F

COURSE 11 ENDOSCOPIC MANAGEMENT OF UTERINE FIBROIDS: A HANDS-ON COURSE • PEABODY HOTEL ROOM T

COURSE 12 FERTILITY AND FAMILY BUILDING IN THE TRANSGENDER POPULATION • ROOM 224 A/B

COURSE 13 CONTRACEPTION IN THE MEDICALLY CHALLENGING PATIENT • ROOM 231 A/C

COURSE 14 NURSING IMPLICATIONS FOR RECURRENT PREGNANCY LOSS • ROOM 224 C/D

COURSE 15 FERTILITY PRESERVATION IN THE MALE: FROM CHILDHOOD TO ADULTHOOD, STEM CELLS TO SPERMATOZOA • ROOM 224 G/H

COURSE 16 LEGAL, MEDICAL AND ETHICAL ISSUES OF OOCYTE DONATION AND GESTATIONAL SURROGACY • ROOM 330 A/D

COURSE 17 ENDOMETRIOSIS: THE LINK BETWEEN PATHOPHYSIOLOGY AND TREATMENT • ROOM 224 E/F

COURSE 18 UTERINE FIBROIDS AND REPRODUCTIVE FUNCTION • ROOM 232 A/C

COURSE 19 PCOS: A COMPREHENSIVE UPDATE ON FERTILITY MANAGEMENT • ROOM 230 A/B

COURSE 20 NON-INVASIVE EMBRYO AND SPERM SELECTION: FROM BASIC SCIENCE TO CLINICAL APPLICATION AND INTERPRETATION • ROOM 330 E/G

COURSE 21 ULTRASOUND IMAGING IN REPRODUCTIVE MEDICINE • ROOM 222

COURSE 22 LAPAROSCOPIC SUTURING IN THE VERTICAL ZONE: A HANDS-ON COURSE • PEABODY HOTEL ROOM T

COURSE 23 CAP COURSE: REPRODUCTIVE LABORATORY ACCREDITATION PROGRAM INSPECTOR TRAINING SEMINAR • PEABODY HOTEL BAYHILL 21-22

GENERAL POSTGRADUATE COURSE INFORMATION

Dates:
Saturday, October 15
Sunday, October 16

Hours:
8:15 am-5:00 pm

Lunch is from Noon - 1:00 pm
Orange County Convention Center
located in Room HALL F 1-2.

Breaks
10:00 am - 10:30 am
3:00 pm - 3:30 pm

Courses PG1-PG11 are one-day courses on Saturday.

Courses PG12-PG22 are one-day courses on Sunday.

PG9 & PG23 will not earn CME/CE credits.

PG11 and PG22 will be held in the Peabody Orlando.
PG23 is located in Peabody Bayhill 21-22.

Postgraduate Program Faculty Instructions

Revised PowerPoints:

Saturday Courses:

Any updated or revised PowerPoints for Saturday courses MUST be brought to the Speaker Ready Room, in the Orange County Convention Center, Room 221 D/E, Friday, 12:00 p.m. – 5:00 pm.

No revised PowerPoints for Saturday courses will be accepted on Saturday morning.

Sunday Courses:

Any updated or revised PowerPoints for Sunday courses may be taken to the Speaker Ready Room, in the Orange County Convention Center, Room 221 D/E, on Saturday. No revised PowerPoints for Sunday courses will be accepted on Sunday morning.

COURSE LOCATION NOTES:

PG 11 and PG22 will be held in the Peabody Orlando. All other courses will be held in the Orange County Convention Center.

Registration and Badge Pickup

Friday, October 14 Registration will be open 2:00pm – 8:00pm, in the Orange County Convention Center.
Saturday, October 15 Registration will be open 7:00 am – 7:00 pm, in the Orange County Convention Center.
Sunday, October 16 Registration will be open 7:00 am – 7:30 pm, in the Orange County Convention Center.

All faculty, participants and course monitors must register and receive badges to be permitted access to course venues.

Bags, badges and syllabi for pre-registered and onsite registered faculty, participants and monitors are available in the lobby of the Orange County Convention Center.

Postgraduate Course Chairs

There will be one audiovisual technician assigned to every two postgraduate courses and to every course using the ARS.

Chairs will be responsible for activating presentations from a computer in each lecture hall. Lighting will be preset, to avoid the necessity to dim. Course Monitors will be requested to assist Course Chairs if circumstances should necessitate further darkening of a lecture hall.

44TH ANNUAL POSTGRADUATE PROGRAM COMMITTEE

CHAIR
HUGH S. TAYLOR, M.D.

CO-CHAIR
KIRK C. LO, M.D.

COORDINATING CHAIR
ANUJA DOKRAS, M.D., Ph.D.

WEEKEND COURSES
Saturday, October 15th
Sunday, October 16th

Hours:
8:15 a.m.-5:00 p.m.
Lunch is from Noon-1:00 p.m.

Courses PG1-PG11 are one-day courses on Saturday.

Courses PG12-PG22 are one-day courses on Sunday.

Postgraduate Course Syllabi will be posted online at the ASRM Website (www.asrm.org) in September 2011. Printed copies will be distributed on-site.

One-Day Courses
Saturday, October 15th

THE PSYCHOLOGY AND ETHICS OF MARKETING A MENTAL HEALTH PRACTICE IN INFERTILITY
Course PG1 (Saturday) • ROOM 224 A/B

CME CE

Developed in Cooperation with the Mental Health Professional Group

FACULTY
William Petok, Ph.D., Chair
Jeffery E. Barnett, Psy.D.
Sharon LaMothe

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
At present, no specific training programs exist to prepare clinicians to counsel couples/individuals who are dealing with fertility problems. Traditionally, graduate programs offer little or no training in the practical aspects of establishing or marketing a practice. Infertility counseling presents both comparable and unique marketing challenges to a traditional psychotherapy practice. Likewise, mental health providers (MHP) employed in academic or private reproductive medicine clinics have a responsibility to ensure that the unique function they perform is portrayed in a fashion that meets ethical guidelines as well as creating reasonable expectations for patients who will use their services.

The advent of new technologies and platforms provides opportunities and pitfalls for practitioners that require careful evaluation and knowledge. Aimed at psychologists, nurses, social workers and counselors, this course addresses the psychology and ethics of marketing a practice in infertility counseling and offers guidelines for employing new technologies to provide clinical services, as well as guidelines for marketing those services.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Discuss the advantages to both patients and practitioners of marketing mental health services.
2. Describe the ethical issues involved in employing new technologies to provide mental health services in reproductive medicine.
3. Assess traditional and more contemporary marketing techniques.

FOLLOW-UP TO CHILDREN OF ART AND DONOR EGG
Course PG2 (Saturday) • ROOM 224 C/D

CE

Developed in Cooperation with the Nurses' Professional Group

FACULTY
Loretta B. Camarano, R.N.C., Ph.D., Chair
Dorothy Greenfeld, M.S.W., L.C.S.W.
Maria Jackson, R.N., M.A.
Paolo Rinaudo, M.D., Ph.D.

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Assisted reproductive technologies (ART) such as IVF, embryo cryopreservation, and donor oocyte use have provided thousands of couples the opportunity to become parents. However, a number of risks have been identified that may potentially affect the health and development of the children conceived through these technologies. These risks include perinatal complications, congenital anomalies, as well as the potential of genetic disorders. An interdisciplinary team

including nurses, physicians, psychologists, and other healthcare professionals is involved in the screening and treatment of the infertile couple and is often asked to review these risks with prospective patients. These reproductive healthcare providers have the need to provide counseling to patients, identify couples at potential risk, and utilize strategies in an effort to reduce these risks and help couples who are experiencing infertility to create healthy families.

This one-day course has been designed for nurses, social workers, psychologists and other reproductive endocrinology and infertility professionals. It will provide an overview of the outcome data on the health and well-being of ART- and donor-oocyte-conceived children, as well as provide information on risks associated with ART.

LEARNING OBJECTIVES

After participating in this course, participants should be able to:

1. Discuss outcome data on the medical and psychological health of ART-conceived children.
2. Summarize strategies for reducing the occurrence of multiple gestation pregnancies.
3. Describe the role of the nurse in counseling patients regarding pregnancy and pediatric outcomes post-ART.

CONFRONTING AND SOLVING LEGAL ISSUES WITHIN ART PRACTICE: A PRACTICAL APPROACH

Course PG3 (Saturday) • ROOM 231 A/C

CME

Developed in Cooperation with the Legal Professional Group

FACULTY

Margaret E. Swain, R.N., J.D., Chair
Nidhi Desai, J.D.
Nanette Elster, J.D., M.P.H.
John S. Rinehart, M.D., J.D.

ACGME COMPETENCY

Patient Care
Systems-based Practice

NEEDS ASSESSMENT AND COURSE DESCRIPTION

Confronted with the complicated relationships in ART among intended parents, gamete donors and gestational surrogates, the medical team often does not appreciate the legal constructs of duty of care to each participant, terms of contractual agreements among the parties, consequences of certain behaviors, and whether or not state law permits the behavior contemplated by the treatment plan. While medical practitioners should not be offering legal advice, awareness of the legal complexities and possible restrictive regulations and laws ensures that the providers offer services within the confines of best practice and legal constraints. Recognition of those arrangements that require a partnership of legal and medical experts is essential to satisfying the intentions of all involved in the creation of family, and in most cases, an experienced legal expert can assist doctor and patient in establishing a smooth treatment course.

This course for physicians, nurses, social workers, scientists, psychologists and other medical and legal professionals, is designed to review commonly encountered situations that are subject to legal scrutiny, define the parties, explain potential pitfalls, provide practical solutions to roadblocks in ART arrangements and explore the legal significance of emerging technologies and practices. In this practical rather than theoretical presentaion, speakers will address realistic approaches based on solid legal precedent and principles. Further, each presenter will field questions from attendees that will allow for further discussion of particular clinical conundrums, with the opportunity to develop usable solutions for clinical practice.

LEARNING OBJECTIVES

After participating in this course, participants should be able to:

1. Identify and discuss legal issues in ART, including the need for contracts.
2. Summarize the obstacles, immigration issues and laws (both national and international) regulating parentage.
3. Assess proposed legislation and its impact on ART and develop a plan for advocacy within the state.
4. Describe the donor registry, summarize legal issues inherent in the registry, and explain the registry's potential impact on reporting and record keeping.
5. Critically analyze newly introduced treatment modalities, including potential legal issues and approaches to preventing/solving legal problems.
6. Discuss the legal relationships among ART participants and list potential areas for conflict.

IMPROVING FERTILITY THROUGH NUTRITIONAL MEDICINE - PRECONCEPTIONAL CARE
Course PG4 (Saturday) • ROOM 232 A/C CME

Developed in Cooperation with the Nutrition Special Interest Group

FACULTY
Dian Shepperson-Mills, M.A., Chair
Kaylon L. Bruner-Tran, Ph.D.
Kevin G. Osteen, Ph.D., H.C.L.D.
Gilbert B. Wilshire, M.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
At present, many babies are being born small for gestational age or with health problems, which may be avoidable if the mother and father were at optimum health before they embarked on a pregnancy. Encouraging more couples to look at their diet and lifestyle options before starting on an IVF program may improve outcomes.

This course, designed for nutritionists, reproductive health professionals, and specialists in obstetrics and gynecology, pediatrics, family medicine and genetics, examines the role of nutritional medicine in male and female infertility conditions. The selection of the optimal nutritional therapies shown by evidence-based research to enhance fertility will be emphasized. The effect of nutrition on endometriosis, polycystic ovary syndrome and pain and inflammation will also be discussed, in addition to the topic of preconceptional nutrition.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Implement a cost-effective, high-quality and ethical approach to nutritional medicine as a tool to enhance fertility outcomes in reproductive medicine.
2. Discuss how the recent developments in nutritional medicine research and cell biology might advance the understanding of reproductive function and provide pointers as to where and why dysfunction may arise.
3. Summarize the role of nutrition in fertility, conception, implantation, placental development, and fetal development, as described in evidence-based, peer-reviewed papers.
4. Describe optimum nutritional therapies for treatment of male and female infertility, endometriosis, polycystic ovary syndrome and premenstrual syndrome.

PREIMPLANTATION GENETIC TESTING (PGT) IN THE GENOMICS ERA
Course PG5 (Saturday) • ROOM 222 CME

FACULTY
Brynn Levy, M.Sc. (Med), Ph.D., Chair
Mandy G. Katz-Jaffe, Ph.D.
Richard T. Scott, Jr., M.D., H.C.L.D.
Nathan R. Treff, Ph.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Fluorescence in situ hybridization (FISH) has been used to screen for aneuploidy in human embryos for over a decade. Surprisingly little validation of this methodology was required before clinical implementation, and many randomized controlled trials have failed to demonstrate the expected clinical benefit. It is extremely important that new genomic technologies be held to a higher standard than was utilized for FISH.

This course, designed for laboratory scientists and technologists, geneticists and genetic counselors, nurses, and specialists in obstetrics and gynecology, will define the standards that should be met prior to clinical implementation of new aneuploidy screening technologies. Faculty will review new technologies becoming available to replace FISH for aneuploidy screening, as well as the existing evidence surrounding these new methods. Timing and impact of embryo biopsy will be addressed, as well as methods of cryopreservation. The future of PGS in the genomics era will be discussed.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Discuss the pros and cons of FISH for aneuploidy screening.
2. List the steps needed to design a validated technique prior to clinical use.
3. Describe the positive and negative characteristics of all aneuploidy screening techniques.

PCOS: METABOLIC IMPACT AND LONG-TERM MANAGEMENT
Course PG6 (Saturday) • ROOM 224 G/H

CME

Developed in Cooperation with the Society for Reproductive Endocrinology and Infertility, the PCOS Society, and the Androgen Excess Special Interest Group

FACULTY
Enrico Carmina, M.D., Chair
Daniel A. Dumesic, M.D.
Terhi Piltonen, M.D., Ph.D.
Elisabet Stener-Victorin, Ph.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Polycystic ovary syndrome (PCOS) is one of the most common endocrinologic conditions, affecting 6-8% of women. There is a lack of understanding about the early onset of the condition, as well as confusion over the best management strategies, the genetic nature of the disease and the possible familial impact of PCOS. This results in lack of appropriate advice in the office setting to all possible affected members of the family.

This course, aimed at clinicians and laboratory scientists alike, will provide the latest information on what is known about the development of PCOS and the different concerns across the lifespan, from preadolescence to postmenopause. Evidence-based treatment protocols regarding physical exercise, acupuncture, oral contraceptive and statin therapy will be reviewed to provide up-to-date recommendations for patient care.

LEARNING OBJECTIVES
At the conclusion of this course, participants should be able to:
1. Describe the important features of the diagnosis of PCOS and its presentation and impact of phenotypes on cardiovascular disease risk.
2. Summarize the impact of environment, nutrition and obesity on the development and severity of PCOS.
3. Define effective treatment strategies for non-fertility care.

EARLY PREGNANCY WORKSHOP
Course PG7 (Saturday) • ROOM 224 E/F

CME

Developed in Cooperation with the European Society for Human Reproduction and Embryology

FACULTY
Mary Stephenson, M.D., Chair
Ole B. Christiansen, M.D., Ph.D., Chair
Kurt T. Barnhart, M.D., M.S.C.E.
Roy G. Farquharson, M.D.
Mariette Goddijn, M.D., Ph.D.
William H. Kutteh, M.D., Ph.D., H.C.L.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
There are many unclear and controversial issues surrounding early pregnancy. First, the location and management of symptomatic early pregnancy remains a challenge to the clinician. Second, new guidelines recommend new, less negative terminology, for example, replacing "abortion" with "miscarriage", both in clinical practice and in textbooks and scientific journals, but such changes are not universally used and further discussion ensues. Third, chromosome testing of couples with a history of recurrent miscarriage has been universally accepted as standard of care but recent studies raise doubts about its cost effectiveness. Fourth, management of idiopathic recurrent miscarriage remains controversial, although recent randomized controlled trials suggest that empiric use of aspirin and/or heparin does not improve pregnancy outcome.

This presentation, designed for primary care physicians, physicians specializing in fertility, genetics, obstetrics and gynecology and internal medice, nurses and genetic counselors, will review the most up-to-date guidelines and perspectives from experts in the field from both North America and Europe. Discussions regarding the management of early pregnancy will be based on the highest level of evidence in the literature. Topics to be addressed include early pregnancy terminology, debates over treatment of thrombophilias in pregnancy and chromosome testing of miscarriages, and future directions in the field.

LEARNING OBJECTIVES
After participating in this workshop, participants should be able to:
1. Diagnose and manage early pregnancy loss using the latest guidelines.
2. Discuss whether chromosome testing is warranted in patients with recurrent pregnancy loss (RPL).
3. Use updated RPL terminology with patients and colleagues.
4. Assess the literature and manage idiopathic RPL appropriately based on the highest level of evidence.

THE IVF LABORATORY IN THE 21ST CENTURY
Course PG8 (Saturday) • ROOM 330 A/D

CME

Developed in Cooperation with the Middle East Fertility Society

FACULTY
Ragaa T. Mansour, M.D., Ph.D., Chair
Mina Alikani, Ph.D., H.C.L.D.
David K. Gardner, Ph.D.
Thomas B. Pool, Ph.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
The IVF laboratory is an integral part of all assisted reproduction programs. Advances in technology, as well as accumulation of data on existing technology, require continuous reevaluation of IVF laboratory practice, revision of old techniques and implementation of new methodologies and practices when and where warranted. Change, however, is not trivial and requires in-depth and up-to-date knowledge and information. Moreover, in many areas of practice, there are conflicting opinions and data presented in the literature, and without proper analysis of this information, implementation of practices to improve laboratory quality is difficult, if not impossible.

Designed for obstetricians and gynecologists and other physicians specializing in fertility as well as laboratory scientists and technicians, this course aims to provide the attendees with concise information aggregated and analyzed by experts on new technologies and laboratory practice guidelines. It will also provide an interactive forum for discussion of pertinent topics that have been the subject of controversy, including the question of how to provide the optimal laboratory and culture environment for human embryos; new methods of embryo selection for transfer that have been proposed, including minimally invasive techniques of embryo viability assessment; oocyte and embryo cryopreservation using vitrification will be discussed in the context of improving the efficiency of IVF; critical evaluation of methods aimed at mitigating gamete and embryo abnormalities; single embryo transfer; and methods to enhance implantation.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Summarize the elements of a safe and efficient IVF laboratory environment and identify the elements of an optimal culture environment for human embryos.
2. Explain emerging "OMICS" technologies and discuss their utility in ART.
3. Discuss the current state of evidence regarding patient selection for intracytoplasmic sperm injection (ICSI), vitrification and slow freezing methods for cryopreservation of human oocytes and embryos, assisted hatching and co-culture of zygotes, preimplantation genetic screening (PGS) technologies.
4. Summarize the current status of single embryo transfer in clinical practice.
5. Enumerate factors that affect implantation rates and describe the role of endometrial receptivity and embryo quality.

SUCCESSFUL MANAGEMENT IN THE ART WORLD: KEY EXPECTATIONS FROM PATIENTS, PRACTICE AND YOU
Course PG9 (Saturday) • ROOM 230 A/B

Developed in Cooperation with the Association of Reproductive Managers

FACULTY
Robert Strickland, M.Ed., C.M.P.E., Chair
Thomas A. Molinaro, M.D.
Mark R. Segal, C.P.A., M.B.A.
Daniel B. Shapiro, M.D.

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Reproductive medicine facilities are faced with new challenges from patients expecting cutting-edge technology and services. Anyone responsible for day-to-day practice operations and future planning must be aware of the changes that are occurring rapidly in this field of medicine. While the current economy has created unprecedented challenges, scientific breakthroughs continue to provide new opportunities for meeting the needs of ART patients.

This course is designed for anyone responsible for strategic planning and operations management of a reproductive medicine practice. The goal of the course is to identify patient expectations, practice directions, and implications for managers. Topics will include such scientific breakthroughs as preimplantation genetic testing, genetic screening technologies, gamete and embryo cryopreservation, and fertility preservation. Practice operations will be reviewed, including satellite office and regional growth development, mergers and acquisitions. A close look at development of cross-border care will be included. Additional topics to be addressed include surgery center utilization by the ART practice and ways to market the ART practice. A special presentation regarding customer service will be included.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Explain why patients are interested in preimplantation genetic testing technologies.
2. Describe how to charge, bill, and promote genetic testing services.
3. Summarize three cutting-edge programs and explain how to implement them in their practices.
4. Discuss strategic planning initiatives that will improve the bottom-line performance of the practice.
5. List key components of an exceptional medical delivery system and identify ways to implement first-class customer service.

OVARIAN STIMULATION FOR IVF
Course PG10 (Saturday) • ROOM 330 E/F

CME

FACULTY
Claudio A. Benadiva, M.D., H.C.L.D., Chair
Lawrence Engmann, M.D., Co-Chair
John C. Nulsen, M.D.
Eric S. Surrey, M.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Stimulation protocols are currently chosen mainly based on personal preferences and individual experience rather than objective evidence. The controlled ovarian hyperstimulation in poor responders, as well as in young polycystic ovary syndrome (PCOS) patients undergoing ART, constitutes a great challenge for clinicians. Several protocols have been proposed that, when properly utilized, should optimize the pregnancy rates while keeping the potential complications at a minimum. There is a need to find better predictors of ovarian response to stimulation, and to tailor the stimulation protocols to each individual patient.

This course, aimed at physicians whose practices include ART, will discuss ways in which clinicians might better predict ovarian response to stimulation with gonadotropins, as well as select the proper stimulation protocol and tailor it to the individual patient. Topics to be covered include the evolution of ovulation induction for IVF; strategies for prevention of ovarian hyperstimulation syndrome (OHSS); protocols for poor responders; ovarian reserve testing; and ovulation induction for oncofertility patients.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Identify the patients at risk for hyper-response or poor response to controlled ovarian stimulation.
2. Select the protocol most likely to optimize the ovarian response among patients with compromised ovarian reserve.
3. Summarize current evidence-based recommendations to achieve the best outcomes with antagonist regimens.
4. Identify effective and safe ovarian stimulation protocols for patients undergoing fertility preservation.

ENDOSCOPIC MANAGEMENT OF UTERINE FIBROIDS: A HANDS-ON COURSE
Course PG11 (Saturday) • PEABODY HOTEL - ROOM T
To be held in The Peabody Orlando

CME

Developed in Cooperation with the Society of Reproductive Surgeons

FACULTY
Grace M. Janik, M.D., Chair
Tommaso Falcone, M.D.
Keith B. Isaacson, M.D.
Charles H. Koh, M.D.
Ceana Nezhat, M.D.

TUTORS
Elizabeth Ball, M.D.
Jason Foil, M.D.
Dobie Giles, M.D.
Jay Hudgens, M.D.
Josh Kapfhamer, M.D.
Anna Livshitz, M.D.
Nashat Moawad, M.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Management of uterine myoma is an essential skill for the reproductive surgeon in both treatment of symptoms of myoma and maximizing fertility. This course will teach participants the indications for treatment of myoma and will compare various therapeutic modalities. Learners will receive personalized hands-on instruction to advance their surgical skills in hysteroscopic, laparoscopic, and robotic myomectomy. A progressive algorithm for suturing is used that will enable the participant to achieve the multilayer continuous suturing closure required for laparoscopic myomectomy. Participants also will receive hands-on training in morcellation techniques for tissue removal and in simulations for hysteroscopic myomectomy techniques. Break-out sessions on robotic myomectomy will be available throughout the course. The goal of this course is to integrate the manual and cognitive skills that enable the participant to develop the ability to perform advanced minimally invasive management of myoma.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. List the indications of myomectomy and alternatives, and optimize the surgical approach.
2. Develop laparoscopic suturing skills that enable multilayer continuous suturing of myometrial defects.
3. Apply the acquired skills to perform all aspects of laparoscopic myomectomy.
4. Apply advanced hysteroscopic myomectomy skills.
5. Discuss the basic principles of robotic myomectomy.

One-Day Courses
Sunday, October 16th

FERTILITY AND FAMILY BUILDING IN THE TRANSGENDER POPULATION
Course PG12 (Sunday) • ROOM 224 A/B

CME CE

Developed in Cooperation with the Mental Health Professional Group

FACULTY
Sheryl A. Kingsberg, Ph.D., Chair
Gail A. Knudson, M.D., Co-Chair
Daniel L. Metzger, M.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Most healthcare providers in the field of reproductive medicine have little knowledge about the transgender population; little education regarding gender identity and gender dysphoria/identity disorder (when/how gender identity is established and theories as to why some people experience gender dysphoria), limited understanding of the hormonal and surgical treatment options for transwomen (male to female) or transmen (female to male); how fertility might be preserved in transgendered people and what fertility options might be possible for transitioning individuals. Healthcare professionals are often so focused on the issues of gender for these individuals that they fail to recognize their desire to parent.

This course, aimed at primary care physicians and other physicians who care for transgender patients, genetic counselors, nurses, psychologists and legal professionals, is designed to address the lack of healthcare-provider education regarding knowledge of transgender health including what gender is, theories as to what gender dysphoria is and how it may develop, treatment options both psychotherapeutic and medical and the ethical and practical issues surrounding fertility in this population. Endocrine and surgical management of transgender individuals will be addressed, with emphasis on their impact on fertility. Other topics to be covered include gender identity dysphoria/disorder, its diagnosis and management, and special needs of transgendered individuals seeking ART.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Define gender identity and summarize theories about gender development and gender dysphoria.
2. Summarize the Standards of Care for the management of transgendered individuals.
3. Describe the hormonal and surgical treatment options for transwomen and transmen.
4. Explain the fertility options available to transgendered individuals and the related psychological, ethical and medical issues specific to ART in this population.

CONTRACEPTION IN THE MEDICALLY CHALLENGING PATIENT
Course PG13 (Sunday) • ROOM 231 A/C

CME

Developed in Cooperation with the Association of Reproductive Health Professionals and the Contraception Special Interest Group

FACULTY
Rebecca H. Allen, M.D., M.P.H., Chair
Carrie A. Cwiak, M.D., M.P.H.
Alison B. Edelman, M.D., M.P.H.
Andrew M. Kaunitz, M.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
In 2001, 49% of pregnancies in the United States were unintended. Of these unintended pregnancies, 52% occurred in women not using contraception in the month they conceived and 43% occurred among women who used their method inconsistently or incorrectly. One important barrier to contraceptive use is lack of knowledge among healthcare providers on "best practices" for contraceptive care. Women with chronic medical problems are at higher risk for complications during pregnancy and, therefore, especially need appropriate preconception and contraceptive care. Nevertheless, many women with chronic medical problems do not obtain adequate preconception and contraception care from their primary care provider.

This activity, aimed at reproductive endocrinologists, general obstetrician-gynecologists, general internists, family

medicine providers and nurse practitioners, will review the use of contraception among women with chronic medical problems. Compliance and medical eligibility criteria will also be addressed, as well as specific case dilemmas.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Summarize medical eligibility criteria for contraceptive use in the United States.
2. Discuss contraceptive management for women with specific chronic medical conditions.
3. List non-birth-control benefits of contraceptives that may improve selected chronic conditions.

NURSING IMPLICATIONS FOR RECURRENT PREGNANCY LOSS
Course PG14 (Sunday) • ROOM 324 C/D

CE

Developed in Cooperation with the Nurses' Professional Group

FACULTY
Andrea M. Braverman, Ph.D., Chair
Sony Sierra, M.D., M.Sc., Co-Chair
Erin A. Yontz, B.A., M.S.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Recurrent early pregnancy loss is a devastating condition affecting about 3% of couples trying to conceive. Evaluation and management of recurrent loss requires a knowledgeable and dedicated interdisciplinary team including physicians, nurses, psychologists, lab and ultrasound staff. Infertility nurses often act as case managers and play an important role in assisting in the testing process and providing emotional support for these patients. Nurses and other healthcare providers involved in the care of recurrent pregnancy loss patients should have knowledge of current standards of practice, professional guidelines, and evidenced-based evaluation and treatment options to optimize care for these vulnerable couples.

This one-day postgraduate course will assist nurses and other healthcare providers with the management of recurrent pregnancy loss (RPL) and will include topics such as the evidence-based evaluation and treatment, psychological and social impact, and the important nursing implications of caring for the patient with RPL.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Define early pregnancy loss and describe the incidence and etiology of this condition.
2. Summarize evidence-based evaluation and treatment of recurrent early pregnancy loss to optimize care for these vulnerable couples.
3. Describe the role of the nurse in the evaluation, treatment and emotional support of patients with recurrent pregnancy loss.

FERTILITY PRESERVATION IN THE MALE: FROM CHILDHOOD TO ADULTHOOD, STEM CELLS TO SPERMATOZOA
Course PG15 (Sunday) • ROOM 324 G/H

CME

Developed in Cooperation with the Society for Male Reproduction and Urology

FACULTY
Robert E. Brannigan, M.D., Chair
Sjoerd Repping, M.D.
Paul J. Turek, M.D.
Daniel H. Williams, M.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Male fertility preservation is much more complex than just sperm banking in the adult oncology patient. A comprehensive fertility preservation program should be able to address all males from childhood through adulthood and all types of cells from spermatogonial stem cells to motile spermatozoa. However, very few of these comprehensive programs exist, due to a definite gap in knowledge, competence and performance.

This course for several different types of clinicians, including urologists, reproductive endocrinologists, geneticists, social workers and embryologists, will address a far-reaching array of subjects, all centered on the theme of fertility preservation in the male. Topics to be covered in detail include: definition of the scope of the issue; prepubertal testis tissue harvesting

and spermatgonial stem cell culture/cryopreservation now and in the future; adolescent and adult barriers to fertility preservation and stategies to overcome them; techniques of semen, testis tissue, and stem cell cryopreservation; when and how best to use sperm that has returned to the ejaculate after therapy or from a frozen sample; who else may be appropriate for fertility preservation strategies; and setting up a fertility preservation program.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Summarize the scope of the need for male fertility and reproductive preservation.
2. Describe the present-day role and techniques of testis tissue extraction in the care of the prepubertal oncology patient and the future use of spermatogonial stem cells.
3. Explain the present-day role, complexities of and barriers to semen and tissue cryopreservation in the adolescent and adult oncology patient.
4. Appraise the various methods of semen and tissue cryopreservation.
5. Assess the potential need for reproductive preservation in other populations of males, including those with Klinefelter syndrome, spinal cord injuries and other debilitating diseases.
6. Formulate plans for establishment of a fertility preservation program or linkage to one already in existence.

LEGAL, MEDICAL AND ETHICAL ISSUES OF OOCYTE DONATION AND GESTATIONAL SURROGACY
Course PG16 (Sunday) • ROOM 330 A/D

CME

Developed in Cooperation with the Society for Assisted Reproductive Technology

FACULTY
James Goldfarb, M.D., M.B.A., Chair
Susan L. Crockin, J.D.
Ruth M. Farrell, M.D., M.A.
William E. Gibbons, M.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Third-party reproduction, particularly oocyte donation (OD) and gestational surrogacy (GS), has received much professional and public attention. Both of these procedures have been utilized since the mid 1980s, but as they have evolved, the medical, legal and ethical complexities have increased greatly. It is imperative that individuals involved with these procedures be aware of the current medical, ethical and legal issues associated with these procedures.

Aimed at physicians, psychologists, nurses and social workers whose practices may include patients considering third-party reproduction, this course will address current issues in gestational surrogacy from medical, ethical and legal standpoints. Cases will be presented, and current legislation will also be reviewed.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Summarize the medical, legal and ethical issues regarding OD and GS.
2. List the guidelines for payment of egg donors.
3. Discuss the legal issues, particularly in regard to gestational surrogacy and state regulation of third-party reproduction.
4. List the pros and cons of establishment of a national egg donor registry.
5. Explain the differences between anonymous and directed egg donation.
6. Assess the current status of cross-border reproductive care as it relates to OD and GS.

ENDOMETRIOSIS: THE LINK BETWEEN PATHOPHYSIOLOGY AND TREATMENT
Course PG17 (Sunday) • ROOM 224 E/F

CME

Developed in Cooperation with the Endometriosis Special Interest Group

FACULTY
Tommaso Falcone, M.D., Chair
Dan I. Lebovic, M.D.
Kathy L. Sharpe-Timms, Ph.D., H.C.L.D.
Pamela Stratton, M.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Endometriosis is a highly prevalent disease. However there are many knowledge gaps in the pathophysiology and treatment resulting in delivery of poor care to patients. This disease places a tremendous burden on society both economically and related to quality of life. The principal manifestations of the disease of infertility and chronic pain mandates that all subspecialists and general gynecologists are ultimately involved in the care of these patients.

This one-day course, aimed at physicians, nurses, laboratory scientists and social workers who work with endometriosis patients, is designed to critically address the current knowledge of mechanisms of pain and infertility, as well as current recommendations of medical and surgical management in these patients. Topics to be discussed include: pathophysiology of endometriosis-associated pain syndromes, including the relationship with nerve fibers; pathophysiology of endometriosis-associated infertility; choosing an appropriate medical therapy for managing chronic pain and its recurrence; technical aspects of surgical approaches; and IVF approaches, including pre-IVF optimization. Coherent summaries with key learning points will be provided and reinforced during the session of case reports.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Discuss clinical implications of the pathophysiology of endometriosis in patients with chronic pain and infertility.
2. Compare and contrast feasible medical therapy for endometriosis and the role of surgery for managing chronic pain.
3. Describe the options for managing endometriomas before an IVF cycle.
4. Discuss the optimal approach for an IVF cycle in a woman with endometriosis.

UTERINE FIBROIDS AND REPRODUCTIVE FUNCTION
Course PG18 (Sunday) • ROOM 232 A/C

CME

Developed in Cooperation with the Fibroid Special Interest Group

FACULTY
Serdar E. Bulun, M.D., Chair
Ayman Al-Hendy, M.D., Ph.D.
Elizabeth A. Stewart, M.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Uterine fibroids are the most common tumors of women and are associated with excessive uterine bleeding, anemia, recurrent pregnancy loss and infertility in up to 25% of reproductive-age women. Although it can be argued that uterine fibroids are the most common gynecologic pathology associated with significant morbidity, many pathologic or therapeutic aspects of these tumors remain debatable or unknown. Over the past few years, there has been substantial progress regarding our knowledge of pathology and treatment of uterine fibroids. However, there remains a gap between the classical textbook knowledge and these recent improvements.

This course, designed to update clinicians and researchers, will summarize the scope of the problem, provide cutting-edge, clinically relevant data for practitioners and patients, and describe a framework for future advances that may reshape the standard of care and optimize the therapeutic outcomes in patients affected by symptomatic uterine fibroids. Cost analysis of treatment choices will also be addressed.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. List the currently available treatments for symptomatic fibroids, as well as their indications, limitations, efficacy and side effects.
2. Explain the use of ART and treatments directly related to fibroids in the management of pregnancy loss or infertility associated with fibroids.
3. Describe the mechanism of disease associated with uterine fibroids.

PCOS: A COMPREHENSIVE UPDATE ON FERTILITY MANAGEMENT
Course PG19 (Sunday) • ROOM 230 A/B

CE

Developed in Cooperation with the Society for Reproductive Endocrinology and Infertility and the Androgen Excess Special Interest Group

FACULTY
Kathleen M. Hoeger, M.D., M.P.H., Chair
Daniel A. Dumesic, M.D.
Antoni J. Duleba, M.D.
Roy M. Homburg, M.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Polycystic ovary syndrome (PCOS) is one of the most common endocrinologic conditions, affecting 6-8% of women. Women with PCOS suffer from ovulatory dysfunction and require ovulation induction for management of fertility concerns. There exists confusion over the best management strategies, particularly for the use of metformin in ovulation-induction management due to conflicts in the literature.

Designed for both primary care and specialist physicians, as well as laboratory scientists, this course will address the use of ovulation-induction agents for PCOS and the debate over the utility of metformin use in this setting. Additionally, the pregnancy complications in PCOS will be reviewed; and management of ovarian hyperstimulation and obesity concerns, both of which contribute to morbidity in the treatment of fertility concerns in PCOS, will be addressed. Best practices for gonadotropin use will be reviewed, as well as the appropriate use of IVF. Finally, emerging technologies with potential application in PCOS will be discussed.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Describe the options for ovulation induction in PCOS, including whether there is a role for insulin sensitizers.
2. List pregnancy complications in PCOS and the impact of obesity on risk.
3. Define the best practices to reduce multiple gestation in PCOS.

NON-INVASIVE EMBRYO AND SPERM SELECTION: FROM BASIC SCIENCE TO CLINICAL APPLICATION AND INTERPRETATION
Course PG20 (Sunday) • ROOM 330 E/G

CME

Developed in Cooperation with the Society of Reproductive Biologists and Technologists

FACULTY
Sangita Jindal, Ph.D., Chair
Carli W. Chapman, B.S., E.L.D., Co-Chair
Dagan Wells, Ph.D., F.R.C. Path.
Kathryn C. Worrilow, Ph.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Application of newly developed scientific techniques within an ART program requires an understanding of the technology and expertise required to perform and interpret these tests in a clinical setting to improve ART outcomes. Some of these techniques are simple and some are quite complex, and scientists and laboratory personnel must arm themselves with the required knowledge to determine if the test is something they can apply clinically within their specific ART program. Research scientists must be aware of the current state of the techniques to determine if these techniques can be incorporated into their area of research to further advance the field.

This course will review the basic science and clinical applications of complex scientific techniques, increasing the ability of research scientists and laboratory personnel to incorporate them into their specific area of research and/or clinical practice as an in-house or outsourced technique. Required resources and expertise for each technique will be addressed.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Discuss metabolomic technology and assess the pros and cons of each metabolite tested.
2. Analyze benefits vs. cost and expertise in determining whether to do this test in-house or select a reference laboratory.
3. Discuss proteomic technology and assess the pros and cons of proteomic profiles.
4. Describe sperm chromatin assays and explain the effects of impaired sperm on IVF outcomes.

ULTRASOUND IMAGING IN REPRODUCTIVE MEDICINE
Course PG21 (Sunday) • ROOM 222

CME
CE

Developed in Cooperation with the American Institute of Ultrasound in Medicine and the Imaging in Reproductive Medicine Special Interest Group

FACULTY
Laurel A. Stadtmauer, M.D., Ph.D., Chair
Elizabeth Puscheck, M.D., Co-Chair
James M. Shwayder, M.D.
Ilan Tur-Kaspa, M.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION
Ultrasound and ultrasound-guided procedures have become integral components, not just of ART, but also in the day-to-day practice of reproductive medicine, infertility and gynecology. In 2009, new practice guidelines for ultrasound in reproductive medicine were published by the American Institute of Ultrasound in Medicine (AIUM) in collaboration with ASRM. There is a need to educate and train healthcare professionals about these guidelines and their implementation in order to keep in compliance.

This course will provide a comprehensive survey of the use of ultrasonography in the female pelvis for physicians, nurses and ultrasonographers actively involved in reproductive medicine, infertility and gynecology. The faculty will review critically the application of ultrasonography to the infertility evaluation, diagnosis, treatments and complications. In addition to the use of ultrasound for early pregnancy evaluation and monitoring and the assessment of pregnancy complications, other gynecologic findings on ultrasound, such as congenital uterine anomalies, ovarian masses, tubal disease and other uterine pathologies will be addressed, along with their impact on fertility. A variety of reproductive problems throughout the reproductive lifespan, from puberty through menopause, will be discussed from an ultrasound perspective. Newer technologies with current or potential application, such as 3-D ultrasound and Doppler, will be explored, along with the use of CT and MRI. Cases and controversies will be presented for interactive participation, and there will be an opportunity to learn practical applications and manipulate 3-D images. This course will fulfill CME requirements for AIUM credentialing.

LEARNING OBJECTIVES
After participating in this course, participants should be able to:
1. Summarize the appropriate use of ultrasonography in the evaluation of infertility, uterine abnormalities and the pathology of the reproductive tract.
2. Describe the proper assessment of early pregnancy and list findings of early pregnancy assessments that are associated with poor outcomes.
3. Discuss new developments in ultrasonography, the importance of 3-D ultrasonography in reproductive medicine, and the importance of Doppler blood flow assessment in reproductive medicine and gynecology.

LAPAROSCOPIC SUTURING IN THE VERTICAL ZONE: A HANDS-ON COURSE
Course PG22 (Sunday) • PEABODY HOTEL - ROOM T
To be held in The Peabody Orlando

CME

Developed in Cooperation with the Society of Reproductive Surgeons

FACULTY
Charles H. Koh, M.D., Chair
Grace M. Janik, M.D., Co-Chair

TUTORS
Elizabeth Ball, M.D.
Jason Foil, M.D.
Gary Nathan Frishman, M.D.
Dobie Giles, M.D.
Jay Hudgens, M.D.
Keith Isaacson, M.D.
Josh Kapfhamer, M.D.
Anna Livshitz, M.D.
Nashat Moawad, M.D.

ACGME COMPETENCY
Patient Care

NEEDS ASSESSMENT AND COURSE DESCRIPTION

The requirement of suturing at laparotomy for reproductive surgery is self evident, but this is the main deterrent to performing reproductive surgery by laparoscopy; in fact, inability to suture via laparoscopy is a deficiency in ALL branches of laparoscopic surgery – whether urology or general surgery. This deficit has been the main driver of robotic laparoscopic surgery as an expensive enabler.

This course has been designed for reproductive surgeons who would like to advance their laparoscopic skills by being able to confidently perform laparoscopic suturing. The progressive algorithm for laparoscopic suturing presented in this course has been tested nationally and internationally over many years and results in proficiency with intracorporeal knotting in less than three minutes by more than 80% of attendees. The methodology employed and relative hand positions and movements are immediately transferable from the trainer to the OR. The course equips all attendees with improved suturing skills and insights into their application during surgery. In addition to single stitch placement, continuous suturing, and microsuturing will be covered, enabling the participants to use these skills to perform laparoscopic myomectomy as well as tubal reconstructive surgery. Didactic lectures will improve participants' knowledge, and the hands-on component will provide direct clinical skills improvement.

LEARNING OBJECTIVES

After participating in this course, participants should be able to:
1. Explain the ergonomics, theory, and rational for reproducible laparoscopic suturing.
2. Apply skills learned to relevant reproductive surgery including myomectomy and tubal surgery.
3. Apply skills acquired to management of bowel, bladder, and ureteral complications by appropriate suture repair.
4. Demonstrate measurable improvement in laparoscopic suturing skills.

CAP COURSE
REPRODUCTIVE LABORATORY ACCREDITATION PROGRAM INSPECTOR TRAINING SEMINAR
Course PG23 (Sunday) • PEABODY BAY HILL 21-22

To register for this course, please contact the CAP Education Division at 800-323-4040 ext. 7525 or education@cap.org.

FACULTY

Erica J Behnke Ph.D., H.C.L.D.
Kettering Med Center

CAP STAFF

Lyn Wielgos, MT(ASCP)
Technical Specialist, CAP Laboratory Accreditation Program

NEEDS ASSESSMENT AND COURSE DESCRIPTION

In collaboration with ASRM, the College of American Pathologists (CAP) has developed an accreditation program specifically designed for the unique needs of reproductive laboratories. This program was created with the primary objective of improving the quality of laboratory services through voluntary participation, professional peer review, education and compliance with established performance standards. Due to recent changes in accreditation inspection requirements, additional laboratorians may be involved in the inspection process.

Experience has shown that laboratorians already possess the technical knowledge regarding good laboratory practices. The purpose of this seminar is to demonstrate effective inspecting techniques so that inspectors will be more confident and comfortable performing inspection. The morning sessions focus on the overall inspection process including team preparation, resources and practical "how to" tips of conducting the inspection. The afternoon consists of sessions highlighting the accreditation requirements unique to embryology, andrology and cryobiology testing. Sessions include PowerPoint presentations, small and large group discussions regarding inspection scenarios, and hands-on document reviews. This seminar fulfills both the team leader and team member training requirements.

LEARNING OBJECTIVES

At the completion of this seminar, the participant will be able to:
1. Prepare and perform an inspection using CAP resources.
2. Use generally accepted techniques to produce consistent inspection findings.
3. Identify deficiencies and recommendations and appropriately document findings.
4. Identify compliance requirements unique to embryology, andrology, and cryobiology.

NOTES

CME/CE SECTION

PLENARY SESSIONS

SYMPOSIA

INTERACTIVE SESSIONS

VIDEO PROGRAM

Monday, October 17, 2011 **9:00 am – 10:30 am**

Plenary Session 1

Chapin Theatre
Moderator: *Roger A. Lobo, M.D.*

9:00 am

PRESIDENT'S GUEST LECTURE

FUTURE DIRECTIONS IN REPRODUCTIVE RESEARCH

Endowed by a 1992 grant from Wyeth

Alan E. Guttmacher, M.D.
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Introducer: Roger A. Lobo, M.D.

Needs Assessment and Description

The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) is the principal NIH institute supporting studies on population research including reproductive biology and medicine. In 2010, NICHD Director Dr. Alan Guttmacher initiated a scientific visioning process, in collaboration with the Institute's external partners, to identify key scientific opportunities of the next decade across the Institute's mission. This plenary session will acquaint scientists and practicing physicians with the visioning process and highlight selected scientific opportunities relevant to reproductive research that emerged in the process.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Describe the purpose of the NICHD scientific visioning process.
2. Identify three scientific opportunities that emerged from the NICHD visioning process that relate to reproductive medicine.

ACGME COMPETENCY

Systems-based Practice

TEST QUESTION:

After participating in this session, I will do the following in my practice:

A. Pay little attention to new research advances in reproductive medicine.
B. Show little interest in outcomes of new clinical trials.
C. Stay informed about NICHD research efforts and funding opportunities in reproductive medicine.
D. Not applicable to my area of practice

9:45 am

HERBERT H. THOMAS LECTURE

EMERGING OPPORTUNITIES IN ONCOFERTILITY PRACTICE AND RESEARCH

Endowed by a 1990 grant from AstraZeneca

Teresa K. Woodruff, Ph.D.
Northwestern University

Introducer: Richard S. Legro, M.D.

Needs Assessment and Description

Fertility preservation options for young people with cancer exist and practice guidelines have been published. Recent surveys of practitioners indicate a gap in knowledge about the best option based on cancer types and treatments.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Summarize the cancer treatments most often associated with later subfertility or infertility.
2. Outline the fertility interventions that can be provided prior to sterilizing cancer treatments.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, in my practice I will:

A. Provide fertility sparing options to all young cancer patients.
B. Provide fertility sparing options only to married women.
C. Provide fertility sparing options only to patients who will absolutely survive their disease (>90% chance).
D. Not provide options to young cancer patients.
E. Not applicable to my area of practice.

Monday, October 17, 2011 **2:45 pm – 3:30 pm**

Menopause Day Keynote Lecture

Room 230 A/B

BEYOND 50: A CLOUD OR ITS SILVER LINING?

Presented by the International Menopause Society and the Menopause Special Interest Group

Duru Shah, M.D.
Gynecworld Fertility Clinic, Mumbai, India

Needs Assessment and Description

Multiple methods have been used to assess the metabolic syndrome in women. Individuals of South Asian ethnicity are known to have a high incidence of diabetes and cardiovascular disease (CVD). As menopause acts as an aggravating factor that can hasten the onset of CVD, there is a need to routinely assess every South Asian woman at menopause for the metabolic syndrome.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Summarize the differences or diversity in menopause-related problems in various ethnic and cultural groups.
2. Describe the diagnosis and summarize prevention of cardiovascular disease in menopausal women.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, in my practice I will:

A. Perform a bone density scan in postmenopausal women only if indicated.
B. Perform mammography every year in women above 40 years of age.
C. Look for a metabolic disorder in every woman who is menopausal.
D. Treat every postmenopausal woman's symptoms with hormone replacement therapy.
E. Advise and treat the menopausal woman only for her symptoms.
F. Not applicable to my area of practice.

Monday, October 17, 2011 **2:45 pm – 3:30 pm**

Plenary Session 2

Chapin Theatre
Moderator: *Dolores Lamb, Ph.D., H.C.L.D.*

REPRODUCTIVE ENDOCRINOLOGY IN THE 20TH CENTURY: PIONEERS IN INNOVATION

Endowed by a 1990 grant from TAP Pharmaceuticals

Alan H. DeCherney, M.D.
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Introducer: William E. Gibbons, M.D.

Needs Assessment and Description

In order to better understand reproductive endocrinology and infertility in the 21st century, it is important to have an in-depth understanding of what occurred prior to this time period. By examining the discoveries of the 20th century, we can better comprehend the realities of the 21st century. It is important for people to have a perspective on the growth of various ideas. For example, estrogen was an unknown compound 100 years ago, yet it has become critical to everyday practice. Understanding the past allows us to be the innovators of the future.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Identify important pioneers and describe their advances in the field of reproductive endocrinology.
2. Judge the validity of these contributions to our field.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

Which of the following resulted in the pioneers' receiving the Nobel Prize?

A. The discovery of estrogen.
B. The discovery of sex hormone receptors.
C. The synthesis of GnRH.
D. Development of the birth control pill.
E. Discovery of sperm capacitation.

Tuesday, October 18, 2011 **9:00 am – 10:30 am**

Plenary Session 3

Chapin Theatre
Moderator: *William E. Gibbons, M.D.*

9:00 am

PROSPECTS FOR STEM CELL-BASED MEDICINE
Endowed by a 1992 grant from EMD Serono, Inc.

David T. Scadden, M.D.
Harvard University
Introducer: Linda C. Giudice, M.D., Ph.D.

Needs Assessment and Description
Stem cell biology is a rapidly changing area of basic science that has much promise for medical care. Yet, clinical applications remain very limited. An update on the state of the field and directions of current research is the substance of this presentation.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Define two approaches beyond that of cell replacement where stem cell biology may result in stem cell-based medicine.

ACGME COMPETENCY
Medical Knowledge

TEST QUESTION:
How might the ability to "reprogram" the fate of cells result in new drug-based and cell-based therapies?
A. By enabling the correction of genetic defects emerging in cancer cells.
B. By creating cell "decoys" in autoimmune disease.
C. By generating cells affected by disease to serve as targets in drug screening or as replacement cells.

9:45 am

SOCIETY FOR THE STUDY OF REPRODUCTION EXCHANGE SPEAKER
IN VIVO ANALYSIS OF PROGESTERONE RECEPTOR SIGNALING IN THE ENDOMETRIUM

Francesco J. DeMayo, Ph.D.
Baylor College of Medicine
Introducer: Dolores J. Lamb, Ph.D., H.C.L.D.

Needs Assessment and Description
This session will detail the role of the progesterone receptor in the regulation of endometrial function. This will be done by demonstrating how mouse models can be used to dissect the signaling pathways in the uterus and define the interaction of the cellular compartments in the regulation of uterine function during pregnancy and in diseased states.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Summarize the role of the progesterone receptor in the regulation of endometrial development, the preparation of the endometrium for embryo attachment and support of embryo during pregnancy.
2. Outline signaling pathways regulated by progesterone signaling.

ACGME COMPETENCY
Medical Knowledge

TEST QUESTION:
The progesterone receptor
A. Has consistent expression in the cellular compartments of the endometrium of the endometrium in all states of the cycle.
B. Regulates growth factor signaling in the uterus in preparation for embryo implantation.
C.Promotes estrogen-induced proliferation in the uterine epithelium.

Tuesday, October 18, 2011 **11:15 am – 12:00 pm**

Contraception Day Keynote/Workshop

Room 230 A/B

LET'S GET SERIOUS: EVIDENCE CLEARLY SUGGESTS WHAT COULD BE DONE TO DIMINISH UNINTENDED PREGNANCIES

Robert A. Hatcher, M.D., M.P.H.
Emory School of Medicine

Needs Assessment and Description
The percentage of pregnancies that are unintended remains high in the United States at approximately 50%. One approach to decreasing the number of unintended pregnancies is to promote the use of long-term contraceptive methods such as the intrauterine device (IUD). Studies have shown that IUD acceptance increases if presented and inserted at the time of delivery. The goal of this symposium is to educate physicians and allied health professionals in the clinical utility and placement of IUDs.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Educate their patients about the many advantages and few disadvantages of long-acting reversible contraceptives.
2. Explain why the copper T380A IUD is the emergency contraceptive of choice.
3. Develop protocols for the placement of IUDs within 10 minutes after delivery.

ACGME COMPETENCY
Patient Care

TEST QUESTION:
Which one of the following contraceptive methods is effective for 10-12 years, maybe longer, from when it is placed?
A. Etonogestrel implant
B. Etonogestrel vaginal ring
C. Levonorgestrel implant
D. Levonorgestrel intrauterine device
E. Copper T 380-A intrauterine device

Tuesday, October 18, 2011 **2:45 pm – 3:30 pm**

Plenary Session 4

Chapin Theatre
Moderator: *Richard S. Legro, M.D.*

THE SOCIETY OF REPRODUCTIVE SURGEONS LECTURE
THE ROLE OF REPRODUCTIVE SURGERY IN THE ART ERA
Endowed by a 1999 grant from Ethicon Endo-Surgery, Inc.

Togas Tulandi, M.D.
McGill University
Introducer: Gary Frishman, M.D.

Needs Assessment and Description
Due to the availability of assisted reproductive technologies (ART), the need for reproductive surgery as a primary treatment for infertility has declined. However, it has an important role in improving the success rate of ART treatment and, recently, in fertility preservation. Reports of new indications and techniques are published continuously. Some warrant practice pattern changes and the need to educate practitioners not only to promote fertility, but also to preserve fertility and reproductive function of young women undergoing chemotherapy or radiation treatment.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Summarize need and evidence-based development of minimally-invasive reproductive surgery to increase the success of assisted reproductive technologies.
2. Describe surgical techniques to improve success rates after ART treatment.
3. Outline various methods of fertility preservation, including ovarian transposition and ovarian cryopreservation and transplantation.

ACGME COMPETENCY
Medical Knowledge
Patient Care

TEST QUESTION:
After participating in this session, I will do the following in my practice:
A. Perform diagnostic laparoscopy as the first step in an infertility evaluation.
B. Prescribe antibiotics to women with hydrosalpinx before IVF treatment.
C. Surgically repair a hydrosalpinx before IVF treatment.
D. Remove all ovarian endometriomas before IVF treatment.
E. Provide counseling for fertility preservation to young women undergoing local pelvic radiation or chemotherapy.
F. Not applicable to my area of practice.

Wednesday, October 19, 2011 **9:00 am – 9:45 am**

Plenary Session 5

Hall F 3-4
Moderator: *R. Dale McClure, M.D.*

AMERICAN UROLOGICAL ASSOCIATION
BRUCE STEWART MEMORIAL LECTURE
THE EVOLUTION OF TREATMENT FOR TESTICULAR FAILURE: ENDOCRINE FACTORS, GENETICS AND MICROSURGERY

Peter N. Schlegel, M.D.
Cornell University
Introducer: Edward D. Kim, M.D.

Needs Assessment and Description
Male factor fertility is an important contributor to couple's infertility. The treatment of testicular failure (non-obstructive azoospermia) has become possible in the past 15 years and is a rapidly evolving field. New insights into the genetics, hormonal factors, and treatment options for this condition are being rapidly gained. This is an important area for ongoing education for all reproductive health professionals.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Identify hormonal abnormalities associated with testicular failure and potential treatments.
2. Describe the effects of genetic abnormalities on treatment success for men with nonobstructive azoospermia.
3. Outline treatment options, risk and benefits, including the treatment of microdissection testicular sperm extraction.

ACGME COMPETENCY
Patient Care

TEST QUESTION:
The chance of sperm retrieval is highest for men with non-obstructive azoospermia and:
A. AZFb deletions
B. Klinefelter syndrome
C. Maturation arrest
D. Normal follicle-stimulating hormone (FSH) levels

Wednesday, October 19, 2011 **2:45 pm – 3:30 pm**

Plenary Session 6

Hall F 3-4
Moderator: *Linda Giudice, M.D., Ph.D.*

ADIPOSITY
Endowed by a 1987 grant from Ortho Women's Health

Monica Skarulis, M.D.
National Institute of Diabetes and Digestive and Kidney Diseases
Introducer: R. Dale McClure, M.D.

Needs Assessment and Description
The impact of the extremes of energy balance and the quantity of adipose tissue on metabolism and gonadal function is of great public health importance. Conditions of energy deficit resulting in hypothalamic amenorrhea underscore the critical importance of adequate adipose stores and the adipokine, leptin, for normal reproductive function. In contrast, obesity reaching epidemic status in adults and children in parts of the developed world is associated with metabolic derangement and increased morbidity and mortality across all race, ethnic and socioeconomic strata.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Describe the impact of adipose tissue on human metabolism and reproductive function.
2. Summarize the metabolic activity of adipose tissue and integrate lessons learned from rare disorders of leptin deficiency.

ACGME COMPETENCY
Medical Knowledge

TEST QUESTION:
Which of the following statements correctly reflects our understanding of ovulatory dysfunction and body fatness?
A. Energy deficit, low body fat and low leptin levels contribute to amenorrhea only in women with eating disorders.
B. Metabolic disturbance, insulin resistance and gonadal dysfunction can occur in cases of leptin deficiency.
C. Most cases of extreme obesity are associated with low leptin levels and insulin resistance.
D. Weight loss results in higher leptin levels and the return of menstrual cycles.

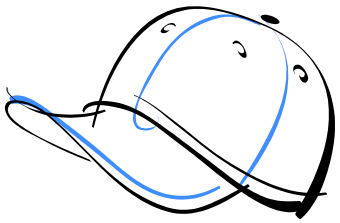
Don't Go Home Empty-Handed!

In addition to the invaluable information you will take home from our Scientific Program offerings, don't go home without an Annual Meeting memento for your children, spouse, coworkers, or yourself! To purchase these items, visit the ASRM booth #2144 located in the Exhibit Hall during exhibit hours.

ASRM Lunch Cooler

Durable, soft and constructed of a nylon blend for easy cleaning, the ASRM lunch cooler features the standard ASRM logo on an ASRM red background. Zippered with an easy-to-carry handle, the cooler keeps your food items cool and provides plenty of room for lunch, snacks and drinks. • $5 USD

ASRM Baseball Caps



Low profile six panel unstructured chino twill features the ASRM logo on a stone or charcoal hat. Fabric strap with antique brass sliding buckle ensures a perfect fit! • $12 USD

ASRM Water Bottles

These 18 ounce BPA-free water bottles are impact and shatter resistant. They feature a flip top and can hold both hot and cold liquids. Features the ASRM logo in white on red bottle. • $5 USD

ASRM Polo Shirt

The short sleeve ASRM Sport-Tek® polo shirt features Dri-mesh technology and comes in an array of men's and women's sizes and features the ASRM logo on the pocket and "ASRM" on the left sleeve. Take one home and recall the Annual Meeting every time you wear it. Makes a great gift for others as well. • $35 USD

ASRM Teddy Bear

Soft, cuddly, and each with a personality of its own, the ASRM teddy bear makes a perfect gift for a child, collector, or a great addition to your office, desk or bookcase. Dressed in an ASRM logo t-shirt, he (or she) sits 10" high. • $10 USD

ASRM Ceramic Travel Mugs

This double-wall white ceramic tumbler features the ASRM logo with a silicon lid. Dishwasher safe on the top rack. Microwave safe. These 15 ounce mugs come in their own gift box, making them the perfect gift to take home! • $10 USD

AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE
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ASRM Career Center
(Position Placement)

Visit the ASRM Career Center located in the ASRM Booth #2144 to post your resume, search for jobs, or advertise an open position.

Job seekers may use this service for free, while employers pay a nominal fee for posting jobs.

Still looking for a position after the meeting? Visit the ASRM Career Center on our website year-round at www.asrm.org.

Monday, October 17, 2011 **7:00 am – 8:45 am**

Symposium

Continental Breakfast Provided.

Valencia Ballroom

Supported by an independent educational grant from Abbott Laboratories.

LONG-TERM MANAGEMENT OF SYMPTOMS OF ENDOMETRIOSIS

Robert S. Schenken, M.D. (Chair)
The University of Texas Health Science Center
Serdar E. Bulun, M.D.
Northwestern University
John F. Steege, M.D.
University of North Carolina Medical School

Needs Assessment and Description

Endometriosis is a chronic disease that can be treated both surgically and medically. A current ASRM Practice Committee Guideline states that "Endometriosis should be viewed as a chronic disease that requires a life-long pain management plan with the goal of maximizing the use of medical treatment and avoiding repeated surgical procedures." In a 2009 survey of the ASRM membership, about one-third believes they need additional information about the management of women with endometriosis. The American College of Obstetrician and Gynecologists (ACOG) released a practice bulletin in July 2010 "recommending conservative nonsurgical treatment approach for treating women with endometriosis-associated pain followed by more invasive procedures if these fail to alleviate pain". This symposium will address the long-term management of endometriosis, with detailed discussion of the benefits and risks of surgical versus medical therapies in designing long-term treatment plans for patients suffering from endometriosis.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Differentiate various causes of pelvic pain prior to any therapy specific for endometriosis.
2. Discuss the benefits and risks of surgery versus medical therapies such as GnRH agonists with or without "add-back" therapy, oral contraceptives, progestogens, or danazol for long-term treatment of symptoms associated with endometriosis.
3. Counsel patients on the efficacy of available long-term pain treatment options.
4. Design and develop long-term treatment plans for women suffering from endometriosis.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, in my practice I will:

A. Use leuprolide acetate to treat an endometrioma diagnosed by ultrasound.
B. Perform laparoscopy and aspirate an endometrioma.
C. Perform laparoscopy, aspirate the endometrioma and ablate the base.
D. Expectantly manage a suspected endometrioma in a patient with pelvic pain.
E. Perform laparoscopy and resect an endometrioma.
F. Not applicable to my area of practice.

Monday, October 17, 2011 **11:15 am – 1:00 pm**

Society of Reproductive Surgeons Live Telesurgery

Chapin Theatre
Moderators: *Jeffrey M. Goldberg, M.D.*

SINGLE-PORT LAPAROSCOPY

Surgeon: *Pedro Escobar, M.D.*
Cleveland Clinic

Needs Assessment and Description
Single-port laparoscopy is the latest advance in the evolution of minimally invasive gynecologic surgery. However, most gynecologic surgeons are not familiar with the indications, instrumentation and techniques. This session will give them the opportunity to observe a live procedure and decide if this new modality may have a place in their surgical practice.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Describe instrumentation for single-port surgery.
2. Review the evidence-based literature regarding single-port surgery in gynecology.
3. Summarize the techniques for single-port surgery for adnexal and/or uterine surgery.

ACGME COMPETENCY
Patient Care

TEST QUESTION:
After participating in this session, I will do the following in my practice:
A. Perform single-port laparoscopy routinely as the literature has shown it to be superior to conventional laparoscopy.
B. Do not perform single-port laparoscopy due to the higher complication rates compared with conventional laparoscopy.
C. Use angled or articulating laparoscopes to reduce instrument crowding during single-port surgery.
D. Recommend single-port laparoscopy as a more cost-effective means of performing laparoscopy.
E. Preferentially train residents in single-port laparoscopy since it has a shorter learning curve than conventional laparoscopy.
F. Not applicable to my area of practice.

Monday, October 17, 2011 **11:15 am – 1:00 pm**

Menopause Day Symposium

Room 230 A/B

CULTURAL VARIATIONS IN THE MENOPAUSAL SYMPTOM COMPLEX

Presented by the International Menopause Society and the Menopause Special Interest Group

Nanette F. Santoro, M.D. (Chair)
University of Colorado Denver School of Medicine
Tobie de Villiers, M.B., Ch.B., M.Med.
University of Stellenbosch, South Africa
David Sturdee, M.B.B.S., M.D.
Solihull Hospital, United Kingdom
Ko-en Huang, M.D.
Chang Gung Memorial Hospital, Taiwan

Needs Assessment and Description
Although menopause is a universal experience for every woman who lives long enough to experience ovarian senescence, the cultural and ethnic underpinnings of menopausal symptoms have not been systematically studied. Therefore, clinicians may be at a loss to correctly interpret or attribute symptoms to menopause based upon a patient's self-reported symptoms.

Ethnic background influences the reporting of menopausal symptoms. Even within a given ethnic group, country of origin has been shown to be related to self-reported symptom prevalence. In a large, population-based cohort of 16,000 women, ethnic background has been found to be significantly related to symptom reporting, arguing against a universally applicable menopausal symptom complex. Cultural and social factors are related to the symptom experience, as well. Women of low socioeconomic status who have multiple life stressors are more likely to report more severe symptoms.

There is a clearly defined lack of large, confirmed, population-based data that specifically addresses the cultural aspect of menopausal symptoms. Without this critical information, clinicians are at a loss to provide evidence-based counseling for their menopausal patients. For example, although African-American women report more frequent and more severe hot flashes than do Caucasian women, estrogen may be less effective as a treatment, or require larger doses. However, larger doses of estrogen may magnify the increased breast cancer risk and mortality rates that are sustained by African-American women. Thus, taking race into account can inform hot flash treatment in a way that minimizes risk and maximizes relief. This symposium will assist clinicians in sorting out the existing data to enable them to factor in the cultural and contextual issues surrounding menopausal symptom therapy.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Describe variations in vasomotor symptoms among women of differing race/ethnicity.
2. Adjust symptom prevalence by modifying factors (e.g., BMI, acculturation).
3. Prioritize symptoms within their cultural context.

ACGME COMPETENCY
Medical Knowledge
Patient Care

TEST QUESTION:
Which of the following ethnic groups reports the most frequent and severe vasomotor symptoms?
A. Japanese
B. Chinese
C. African-American
D. Caucasian
E. Asian Indian

Monday, October 17, 2011 **11:15 am – 1:00 pm**

Symposium

Room 224 A/B

TWO MOMS, TWO DADS: SAME SEX COUPLES AND ASSISTED REPRODUCTION

Presented by the Mental Health Professional Group

Dorothy A. Greenfeld, L.C.S.W. (Chair)
Yale University School of Medicine
Kim E. Bergman, Ph.D.
Fertility Counseling Services, Inc.
Emre Seli, M.D.
Yale University School of Medicine

Needs Assessment and Description

Same sex couples increasingly seek assistance from fertility treatment centers in order to become parents. This symposium will increase participants' understanding of social, psychological and medical issues unique to gay men and lesbians as they embark on creating a family. Myths and misconceptions about gay men and lesbians and their children and what the research reveals about these families will be explored.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Summarize research on the well-being of same sex couples and their children conceived through assisted reproduction.
2. Discuss treatment options for lesbians and gay men seeking parenthood through assisted reproduction.
3. Describe psychological support and counseling issues unique to lesbians and gay men seeking assisted reproduction.

ACGME COMPETENCY

Medical Knowledge
Patient Care
Interpersonal and Communication Skills

TEST QUESTION:

A 61-year-old woman wishes to begin building her family. After participating in this session, at the initial consultation with this patient, I will:

A. Discuss the medical risks of pregnancy and the psychosocial and emotional impacts of ovum donation and non-genetic parenting.
B. Perform standardized psychological testing prior to any counseling.
C. Recommend the woman pursue ovum donation.
D. Recommend the woman pursue adoption.
E. Not applicable to my area of practice.

Monday, October 17, 2011 **11:15 am – 1:00 pm**

Symposium

Room 224 C/D

WEIGHT AND FERTILITY: THE MULTIFACTORIAL CHALLENGES

Presented by the Nurses' Professional Group

Monica E. Moore, N.P. (Chair)
Reproductive Medicine Fertility Center of Connecticut
Angela C. Thyer, M.D.
Seattle Reproductive Medicine
Judy D. Simon, B.S., M.S., R.D.
University of Washington Medical Center

Needs Assessment and Description

Either extreme in weight can hinder reproductive and maternal outcomes. There are data that a body mass index (BMI) > 35 kg/m^2 can have a negative impact on IVF success rates and that obesity increases complications during pregnancy. Since approximately one third of all adults are either overweight or obese, this seminar will focus mainly on strategies to counsel and treat overweight patients desiring pregnancy. Research shows that the best outcomes are as a result of an interdisciplinary, comprehensive and integrated approach. Providers need to feel comfortable discussing weight with their patients, and reproductive endocrinology centers should have mechanisms in place to help patients attain a healthy weight.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Explain how low or high BMIs can negatively impact a couple's chance to conceive.
2. Consider the importance of a specialized nutritionist.
3. Formulate strategies within your practice that identify over- or underweight patients, without bias, and assist them in achieving a healthy weight.

ACGME COMPETENCY

Medical Knowledge
Patient Care
Interpersonal and Communication Skills

TEST QUESTION:

After participating in this session, I will do the following in my practice:

A. Counsel all patients with regard to a healthy weight.
B. Counsel patients only if they have a BMI>30 kg/m^2.
C. Counsel patients only if they have a BMI>35 kg/m^2.
D. Not counsel patients about weight at all.
E. Not applicable to my area of practice.

Monday, October 17, 2011 **11:15 am – 1:00 pm**

Symposium

Room 222

BUSINESS DEVELOPMENT IN AN UNCERTAIN MARKET

Presented by the Assisted Reproductive Managers

Rita Gruber, B.A. (Chair)
Reproductive Medicine Associates of New Jersey
Lisa A. Rinehart, R.N, B.S.N., J.D.
Reproductive Medicine Institute, Illinois
Joseph J. Travia, B.A., M.B.A., C.P.A.
IntegraMed

Needs Assessment and Description

With the global economic meltdown in 2008 and 2009 along with the current fiscal crisis around the world, how are practices in reproductive endocrinology and fertility going to be able to survive and prosper during this difficult time. In the age of social media and rapidly changing technology what can practices do to meet the challenges and opportunities in a new world order focused on the patient experience?

REI specialists and their staff must work to become the destination of choice for patients in their market. The patient assumes that your practice is medically and clinically solid – this is a given. However the patient is looking for and demanding a practice that focuses on the patient experience from the moment of first contact to the convenience of office locations, the day-to-day staff interactions and the handling of the final bill. Discussions will include all facets of the patient experience, from referring physicians, education and payers up to and including their final visit with the fertility center. The components of a strategic plan will also be discussed with a focus on practice development.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Identify several external factors that drive the current models of fertility practices.
2. Develop a comprehensive plan focused on the patient experience.
3. Discuss a framework for strategic planning at a fertility center.

ACGME COMPETENCY

Systems-Based Practice

TEST QUESTION:

REI practices are becoming increasingly aware that outstanding medical and clinical care is not enough to operate a financially successful fertility practice. Designing a practice around the patient experience and utilizing the tools available to help you exceed their expectations is paramount during these difficult times. After participating in this session, in my practice I will develop a Strategic Plan that includes each of the following except:

A. Executive Summary
B. Marketing Plan
C. Financial Projections
D. Number of members in AARP by state
E. SART Data

Monday, October 17, 2011 **1:00 pm – 2:30 pm**

Menopause Day Luncheon Symposium (Ticketed)

Valencia Ballroom

Supported by an independent educational grant from Pfizer.

TODAY'S APPROACHES TO TREATING THE MENOPAUSE: RISKS AND BENEFITS OF VARIOUS THERAPIES

Cynthia K. Sites, M.D.
Tufts University
Lubna Pal, M.B.B.S., M.S.
Yale University
Genevieve Neal-Perry, M.D., Ph.D.
Albert Einstein College of Medicine

Needs Assessment and Description

Women and their health care providers are increasingly confused as to the actual risks/benefits of therapeutic options available to treat menopausal symptoms and osteoporosis. Women continue to seek reliable information while also exploring alternative therapies. Despite considering healthcare providers the most reliable source of information, women expressed low confidence in their provider's ability to give sufficient information and to describe alternative therapies. Large gaps exist between patient expectations and provider preparedness to guide patient decision making. Selective estrogen reuptake modulators (SERMs), bisphosphonates, teriparatide, calcitonin and denosumab are recognized alternatives to hormone therapy for the treatment of osteoporosis. Tissue selective estrogen complexes (TSECs) that exhibit tissue specific estrogen agonist/antagonist activity are emerging as a promising alternative to traditional hormone therapy for the treatment of menopausal osteoporosis. For menopausal hot flash symptoms, treatments such as gabapentin, selective serotonin reuptake inhibitors (SSRIs), and selective norepinephrine reuptake inhibitors (SNRIs) are considered alternatives to hormone therapy, and TSECs again represent an emerging option for managing menopausal vaginal atrophy. The decision to use any therapy depends on a patient's clinical presentation and a thorough evaluation of the risks and benefits. In a survey conducted by ASRM in 2009 and 2011, members identified personal practice gaps involving the treatment of various menopausal symptoms and osteoporosis. Physicians requested educational activities to specifically address their understanding of individualized treatment approaches.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Compare and contrast estrogen therapies versus mixed agonist/antagonist treatment therapies (SERMs and tissue selective estrogen complexes,TSECs) in treating menopausal symptoms
2. Discuss the efficacy, risks, and benefits of mixed agonist/antagonist agents in the treatment of menopausal osteoporosis
3. Design treatment plans for women of different ages with menopausal symptoms

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, in my practice I will:

A. Prescribe denosumab for perimenopausal women diagnosed with osteopenia.
B. Prescribe parathyroid hormone to women deemed at high risk for fracture.
C. Prescribe TSECs for control of vasomotor symptoms.
D. Prescribe SERMs for symptomatic women at risk for fracture.
E. Not applicable to my area of practice.

Monday, October 17, 2011 **4:15 pm – 6:15 pm**

Howard and Georgeanna Jones Symposium on ART

Room F 3-4

WHAT CONSTITUTES A HIGH PERFORMING IVF PRACTICE?: A WORLDWIDE PERSPECTIVE

Endowed by a 2010 grant from EMD Serono, Inc. and a gift from the TALOFA Foundation

Bradley J. Van Voorhis, M.D. (Chair)
University of Iowa Carver College of Medicine
Mohamed A. Aboulghar, M.D.
Cairo University
Yoshiharu Morimoto, M.D.
IVF Japan Group
Paul Devroey, M.D., Ph.D.
University of Brussels

Needs Assessment and Description
IVF treatment continues to have significant complications, including multiple birth and ovarian hyperstimulation. These complications prevent IVF from being widely accepted. In addition, the stress associated with IVF procedures causes many patients to avoid or abandon treatment before reaching their goal of having a child. A worldwide perspective on innovative IVF practices addressing these issues is needed as we seek to move our field forward.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Describe innovations in IVF to reduce ovarian hyperstimulation syndrome.
2. Describe practices from around the world to reduce the incidence of multiple gestations from IVF.
3. Compare and contrast U.S. IVF practices with those from other areas of the world.

ACGME COMPETENCY
Systems-based Practice

TEST QUESTION:
When compared to IVF practices in other developed countries, IVF in the United States has:
A. The lowest cost per cycle.
B. The highest pregnancy rate per fresh cycle.
C. Similar multiple pregnancy rates.
D. The highest eSET rate.

Monday, October 17, 2011 **4:15 pm – 6:15 pm**

Symposium

Room 224 C/D

MALE REPRODUCTIVE SURGERY: YOU WOULD BE AMAZED AT WHAT WE DO

Presented by the Society of Reproductive Surgeons

Mark Sigman, M.D. (Chair)
Brown University
Marc Goldstein, M.D.
The Weill Cornell Medical College of Cornell University
Peter N. Schlegel, M.D.
The Weill Medical College of Cornell University
Dana A. Ohl, M.D.
University of Michigan

Needs Assessment and Description
Both residents and practicing urologists often have limited knowledge of the most current evaluation and treatments for the infertile male. The 2010 urology resident in-service exam reported the lowest scores in the category of male reproduction. In addition, the results of the 2010 ASRM Annual Meeting pre-test results for questions related to male reproductive surgery revealed a mean correct response rate of only 40%.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. List the common surgical techniques used by male reproductive surgeons.
2. Describe the indications for particular surgical techniques.

ACGME COMPETENCY
Medical Knowledge
Patient Care

TEST QUESTION:
After participating in this session, for patients with non-obstructive azoospermia, I will recommend the following in my practice:
A. Microsurgical epididymal sperm aspiration (MESA).
B. Diagnostic testicular biopsies prior to sperm retrieval.
C. Microsurgical testicular sperm extraction (micro-TESE).
D. Testicular sperm aspiration (TESA).
E. Not applicable to my area of practice.

Monday, October 17, 2011 **4:15 pm – 6:15 pm**

Scientific Program Committee Symposium

Room 224 E/F

NUTRITION, DIET AND EPIGENETIC CHANGES PRIOR TO AND AFTER CONCEPTION

Kelle H. Moley, M.D. (Chair)
Washington University in St. Louis
Carmen Sapienza, Ph.D.
Fels Institute for Cancer Research
Rebecca A. Simmons, M.D.
University of Pennsylvania School of Medicine

Needs Assessment and Description

Maternal nutrition, diet and environmental exposure have long been known to have lasting effects on offspring and this phenomenon has been coined Developmental Origins of Health and Adult Diseases (DOHAD). Although the mechanisms responsible for this event are not entirely clear, dysregulation of the epigenome as well as alteration in genomic imprinting may play an important role and provide a putative explanation for how changes in gene expression as early as the gamete stage are heritably maintained through cell division in animals throughout life.

Genomic imprinting is a process by which monoallelic expression of some specific genes in the diploid cells is dependent on whether the allele is transmitted from the sperm or from the oocyte. This epigenetic mechanism renders the parental genomes functionally unequal. To date, about 40 imprinted genes have been identified, some of which have been shown to be involved in embryonic development and growth, placental differentiation, suppression of tumorigenesis, behavior, and genetic disorders, respectively. Although little is known of the imprinting mechanisms, it is believed to be a multistep process. First, an imprinting signal for distinguishing the parental origin of the alleles in the embryo is constructed during gametogenesis of the parents. This process refers to a primary or gametic imprinting. Second, the imprinting signal on each gene is maintained after fertilization and leads to allele-specific gene expression until around the time of gastrulation. Third, this regulatory expression is sustained in the somatic cells throughout embryonic development, whereas the signals are erased in the germ cells.

Animal models and human studies of dietary and nutritional changes prior to and during pregnancy have shown detectable changes in overall DNA methylation, and alterations in methylation state in specific regions of imprinted genes, such as the IGF2 receptor gene that controls normal embryonic development. These three presentations will highlight maternal dietary, environmental and related fetal epigenetic changes that can occur in response to changes in maternal diet and nutrition and that determine size and the development of disease states in the offspring.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Identify different mechanisms of dietary-induced epigenetic alterations in the diplotene oocyte and the developing fetus, as well as epigenetic determinants of birthweight.
2. Recognize how preconception high fat feeding perturbs primary imprinting during oocyte growth and plays a critical role in both the expression and repression of maternal alleles during embryogenesis.
3. Describe how maternally-induced fetal growth restriction leads to epigenetic changes resulting in offspring with type 2 diabetes.
4. Explain how epigenetic signatures are linked to infant birthweight.

ACGME COMPETENCY

Medical Knowledge

TEST QUESTION:

Which one of the following best describes the effect of maternal nutrition and environmental exposure on outcome of offspring?

A. No scientific evidence exists to strongly recommend weight loss and dietary changes prior to pregnancy in order to improve the lifelong health of the infant.
B. Nutritional alterations during the oocyte growth phase can perturb DNA methylation and have lasting effects on offspring outcomes.
C. Birthweight has no effect on lifelong health status in the child and this may be independent of traditional Mendelian genetics.

Monday, October 17, 2011 **4:15 pm – 6:15 pm**

Symposium

Room 222

POSTHUMOUS REPRODUCTION IN THE MALE AND FEMALE: LEGAL, ETHICAL AND MEDICAL ISSUES

Presented by the Society for Reproductive Endocrinology Infertility and the Legal Professional Group

Mark V. Sauer, M.D. (Chair)
Columbia University
Gary S. Nakhuda, M.D.
Columbia University
Judith Daar, J.D.
Whittier Law School
Robert L. Klitzman, M.D.
Columbia University

Needs Assessment and Description

Refinements in the cryopreservation of reproductive tissues, gametes and embryos allow for children to be conceived after the death of their genetic parents through the use of assisted reproduction. Although the techniques are routine, numerous medico-legal, ethical and psychosocial dilemmas often arise from these requests, and a multidisciplinary approach to treatment is required. The increasing demand for these procedures necessitates ASRM members to be updated on the practice and standard of care related to posthumous reproduction.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Describe the various techniques used in posthumous reproduction and recommend a standardized approach for their clinical implementation.
2. Restate the legal and ethical concerns related to procuring or using reproductive tissues after death.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, I will do the following in my practice:

A. Consider gametes, reproductive tissues and embryos to be the property of the patients and leave the final disposition of such property up to them or their surviving spouses.
B. Require all parties to provide an advance written and witnessed directive prior to the banking of gametes, reproductive tissues and embryos that includes the disposition of the material in the event of the patient's death.
C. Mandate that all cryopreserved material be destroyed upon the death of one or both of the parties involved.
D. Not address posthumous reproduction, knowing that the local judicial system will rule on any request to use banked tissue, gametes or embryos.
E. Not applicable to my area of practice.

Monday, October 17, 2011 **4:15 pm – 6:15 pm**

Symposium

Room 224 A/B

FIBROIDS - NEW INSIGHTS AND EMERGING TREATMENT OPTIONS

Presented by the Fibroids Special Interest Group

Elizabeth A. Stewart, M.D. (Chair)
Mayo Clinic
Erica E. Marsh, M.D., M.S.C.I.
Feinberg School of Medicine – Northwestern University
Donna Day Baird, Ph.D.
National Institute of Environmental Health Sciences

Needs Assessment and Description

New uterine fibroid research is emerging that highlights the variability in biologic behavior of this disorder. This variability has implications for clinical care. The goal of this symposium is to present new information on uterine fibroids that directly impacts clinicians in the field.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Summarize new information on clinical variability and racial differences in uterine fibroids.
2. Formulate an individualized approach to treatment of women with uterine fibroids based on current research.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, I will do the following in my practice:

A. Use age but not race in determining treatment options for fibroids.
B. Counsel women that uterine fibroid shrinkage is rare before menopause.
C. Recommend surgery to remove all fibroids which more than double in size in a 6 month period of time.
D. Counsel women that intramural fibroids appear to impair fertility, but myomectomy does not significantly eliminate that impairment.
E. Consider symptomatic uterine fibroids a contraindication for a levonorgestrel IUD.
F. Not applicable to my area of practice.

Monday, October 17, 2011 **5:45 pm – 6:15 pm**

Society for Male Reproduction and Urology Mini-symposium

Room 224 C/D

SPERMATOGONIAL STEM CELLS: A GATEWAY TO TREATING MALE INFERTILITY?

Sjoerd Repping, M.D.
University of Amsterdam

Needs Assessment and Description
Despite the importance of the male partner in reproductive failure, little to nothing can be done to directly treat male infertility. There is a need to summarize current and future treatment options for infertile males using spermatogonial stem cells.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Summarize recent developments in using spermatogonial stem cells to treat male infertility.
2. Identify patients that would potentially benefit from spermatogonial stem cell autotransplantation.

ACGME COMPETENCY
Medical Knowledge
Patient Care

TEST QUESTION:
After participating in this session, I will do the following in my practice,
A. Do not consider the option to store testis tissue in prepubertal boys diagnosed with cancer.
B. Advise azoospermic men to attempt to generate spermatozoa from induced pluripotent stem cells.
C. Counsel every prepubertal boy with cancer about the possibility to store testis tissue as a means to preserve fertility.
D. Do not think that spermatogonial stem cell autotransplantation will become feasible in the future.
E. Consider ICSI to be the best way to treat male infertility.
F. Not applicable to my area of practice.

Tuesday, October 18, 2011 **11:15 am – 1:00 pm**

Symposium

Room 224 A/B

DOUBLE JEOPARDY, INFERTILITY AND PRENANCY LOSS: HELPING PATIENTS AND STAFF COPE

A Joint Session presented by the Mental Health Professional Group and the Nurses' Professional Group

Joann Paley Galst, Ph.D. (Chair)
Private Practice
Jeanette Rodriguez, M.S., R.N.C.
Cornell University
Owen K. Davis, M.D.
Cornell University

Needs Assessment and Description

Superimposing pregnancy loss and repeated IVF failure upon the experience of infertility can stretch both patients and professionals to the limits of their grief tolerance. Patients often feel disconnected from their IVF medical personnel after learning of either an IVF failure or a subsequent pregnancy loss. Both physician and nurse communication can play a pivotal role in assisting patients in coping with their multiple losses.

How do interdisciplinary members of the IVF staff perceive and experience patients' losses and grief? Little research exists on the emotional strain to which the IVF professional staff may be subjected. The results of an interdisciplinary survey of IVF professionals will be presented to clarify this. Information regarding patient reactions to loss and how the professional can differentiate between normal and complicated grief will be presented, as will recommendations that staff can implement, both for their patients and for themselves, to help cope with the abundance of loss encountered when working with an infertile population.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Recognize how the definition of pregnancy loss has expanded as a result of assisted reproductive technologies.
2. Acknowledge the impact of pregnancy loss and IVF failure on the patient, the physician, and the nurse in an IVF practice.
3. Differentiate between normal and complicated grief.
4. Consider the need for IVF nurses and reproductive endocrinologists to recognize their own feelings of loss in order to come to a healthy resolution regarding the IVF failures and pregnancy losses of their patients, both to avoid burnout and to be able to maintain a therapeutic presence for their patients.
5. Recognize that the IVF staff needs to maintain communication with patients after an IVF failure or pregnancy loss and how therapeutic communication with patients can be effectively implemented.

ACGME COMPETENCY

Patient Care
Interpersonal and Communication Skills

TEST QUESTIONS:

After participating in this session, on my practice I will:

A. Address the medical needs of my patients and assume that the emotional needs of my patients experiencing IVF failure and pregnancy loss will be taken care of by others.
B. Recognize my own and my staff's emotional needs in coping with the frequency of patient losses experienced in an IVF practice, but have no system built into our practice to address these needs.
C. Contact my patients after learning of their IVF failure or pregnancy loss to express my sympathy and indicate my availability to answer any questions that they may have, as well as encourage emotional support between the interdisciplinary members of our IVF team to address my staff's own emotional needs in coping with the frequency of patient losses experienced in an IVF practice.
D. Not applicable to my area of practice.

Tuesday, October 18, 2011 **11:15 am – 1:00 pm**

Symposium

Room 224 C/D

THE ART OF MAKING ART

Presented by the Association of Reproductive Managers Professional Group

Kira Copperman, L.M.S.W. (Chair)
KBC Consulting
Jackie Meyers-Thompson
J.D. Thompson Communications/Coppock-Meyers Public Relations

Needs Assessment

Technology moves as fast in the field of marketing and communication as it does in medicine. With the advent of social media, designer radio and Internet-based referral programs, what does your practice need to know about achieving the right mix of accessibility, transparency and communication, all the while maintaining a positive profile and patient privacy?

Many practices are also trying to determine how to effectively spend their marketing dollars and how to measure the impact of those efforts. The ARM member survey results have consistently identified the need for practical information about marketing from practice managers, administrators, physician managers and nurses.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Identify at least three different approaches to marketing a reproductive medicine practice now.
2. Formulate a budget for marketing and determine how to measure the impact of a campaign.

ACGME COMPETENCY

Systems-based Practice

TEST QUESTION:

After participating in this session, I will do the following in my practice:

A. Work without a marketing plan or budget.
B. Create an up-to-date marketing plan that is within my budget and determine an effective way to measure the impact.
C. Have a marketing plan but not measure impact.
D. Spend all of my marketing dollars in an online campaign.
E. Not applicable to my area of practice.

Tuesday, October 18, 2011 **11:15 am – 1:00 pm**

Symposium

Room 224 E/F

WHEN LEGISLATION ENDANGERS YOUR PATIENT CARE - FIGHTING "PERSONHOOD" BILLS IN THE STATES

Sean Tipton (Chair)
ASRM Office of Public Affairs
Andrew A. Toledo, M.D.
Reproductive Biology Associates
Stephanie K. Dahl, M.D.
MeritCare Reproductive Medicine
Barbara L. Collura
RESOLVE

Needs Assessment and Description

State legislatures throughout the country have seen efforts to establish legal personhood beginning "at any stage of development." What would such legislation mean to your ART practice, and how can you fight against it? Join this panel discussion to learn how your colleagues from around the country have fought against these laws.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Describe the potential impact of so-called personhood legislation.
2. Identify tools to fight its passage.

ACGME COMPETENCY

Systems-based Practice

TEST QUESTION:

Personhood legislation

A. Is a passing trend in the political arena.
B. Is consistently defined in each state.
C. Has significant potential impact on ART practice.
D. Has already passed in several states.

Tuesday, October 18, 2011 **11:15 am – 1:00 pm**

Contraception Day Case Presentation/Panel Symposium

Room 230 A/B

OBESITY AND CONTRACEPTION

Alison B. Edelman, M.D. (Chair)
Oregon Health & Science University
Bliss E. Kaneshiro, M.D., M.P.H.
Oregon Health & Science University

Needs Assessment and Description

Women and healthcare providers rely heavily on contraceptive methods not only for the prevention of pregnancy, but also for the protection, management, or treatment of many diseases and conditions. As the obesity epidemic continues to expand, it is important to understand how contraception and obesity might interact. Using a combination of didactics, clinical cases, and a panel discussion, this interactive session will address issues pertaining to obesity and contraception including but not limited to the safety and efficacy of contraception in obese women and the effect of contraceptive use on a woman's weight.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Discuss the impact of hormonal contraception on baseline weight and how to counsel women regarding this concern.
2. Describe the current evidence regarding the impact of obesity on contraceptive efficacy.
3. Review the current prescribing recommendations for contraception in obese women, those who are post-bariatric surgery, and those with additional comorbidities.

ACGME COMPETENCY

Medical Knowledge, Patient Care

TEST QUESTION:

A 30-year-old obese female patient is requesting contraception and is concerned about further weight gain. After participating in this session, in my practice, I will counsel patients that:

A. Medroxyprogesterone acetate has been conclusively linked to a 10 lb weight gain in the first year of use.
B. Combined oral contraceptives have not been proven to cause a weight gain.
C. Obese women at any age should not use combined oral contraceptives.
D. Not applicable to my area of practice.

Tuesday, October 18, 2011 **4:15 pm – 6:15 pm**

Ken Ryan Ethics Symposium

Room F 3-4

WEIGHT LIMITS FOR ACCESS TO FERTILITY SERVICES: DISCRIMINATORY OR NONMALEFICENCE?

Presented by the ASRM Ethics Committee

Robert G. Brzyski, M.D. (Chair)
University of Texas Health Science Center
Janis H. Fox, M.D.
Brigham and Women's Hospital
Chloe A. Zera, M.D.
Brigham and Women's Hospital
Lisa S. Lehmann, M.D., Ph.D.
Brigham and Women's Hospital

Needs Assessment and Description

The epidemic of obesity in the United States is affecting the reproductive-age population. Reports of the contribution of obesity to infertility and to maternal and fetal morbidity and mortality continue to accumulate. Recent inquiries from practitioners to the Ethics Committee of ASRM indicate that management of the obese infertile woman poses ethical dilemmas in the community that warrant exploration.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Summarize the major effects of obesity on fertility and obstetric outcomes.
2. Communicate the major ethical issues involved in promoting or discouraging weight-based access to fertility services.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, I will do the following in my practice:

A. Refuse to treat obese women because of the obstetric and perinatal risks.
B. Require obese women to lose 5-10% of their body weight prior to providing fertility services.
C. Prescribe metformin to all obese women.
D. Have no specific policy for withholding or providing care for obese women.
E. Refer women with Class III obesity (BMI >40) to maternal-fetal and weight management specialists prior to fertility treatment.
F. Not applicable to my area of practice.

Tuesday, October 18, 2011 **4:15 pm – 6:15 pm**

Symposium

Room 230 A/B

CRYOPRESERVATION OF OOCYTES: ADVANCES AND PITFALLS

Presented by the Society of Reproductive Biologists and Technologists

Emre Seli, M.D. (Chair)
Yale University School of Medicine
Andrea Borini, M.D.
Center for Reproductive Health, Bologna
Ana Cobo, Ph.D.
Instituto Valenciano de Infertilidad. Valencia
Z. Peter Nagy, M.D., Ph.D., H.C.L.D.
Reproductive Biology Associates, Atlanta

Needs Assessment and Description

Oocyte cryopreservation is rapidly becoming a widely used procedure due to its increasing efficiency and the advantages it provides in fertility preservation, as well as more conventional assisted reproduction. However, the equipment, protocols and procedures utilized by different centers vary significantly. In addition, currently the efficiency, advantages and disadvantages of different approaches are incompletely understood by providers.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Summarize the equipment and protocols utilized for oocyte cryopreservation using slow-freezing and vitrification approaches.
2. Outline efficiency, advantages and disadvantages of oocyte cryopreservation by slow-freezing or vitrification.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

A healthy 25-year-old female law student presents to your office requesting oocyte cryopreservation, as she wants to pursue her career before having a family. After participating in this session, in my practice I will do the following in this situation:

A. Counsel the patient that oocyte preservation technology is highly efficient and is in routine clinical practice.
B. Counsel the patient that there are conclusive data for excellent clinical outcomes for oocyte preservation.
C. Counsel the patient that oocyte cryopreservation is an experimental medical procedure and is currently recommended only for women with cancer desiring to preserve their fertility.
D. Not applicable to my area of practice.

Tuesday, October 18, 2011 **4:15 pm – 6:15 pm**

Symposium

Room F 5

ASRM/ESHRE CONSENSUS CONFERENCE: LONG-TERM CARE OF PCOS

R. Jeffrey Chang, M.D. (Chair)
University of California, San Diego School of Medicine
Basil C. Tarlatzis, M.D., Ph.D.
Aristotle University of Thessaloniki
Kurt T. Barnhart, M.D.
The University of Pennsylvania

Needs Assessment and Description
Aside from the well-recognized issues of infertility in polycystic ovary syndrome (PCOS), consideration of several related aspects of women's health are warranted. These related areas are common accompaniments to the disorder and continue to pose problems for patients and therapeutic challenges for care providers. Updated information may lead to practice pattern changes and, therefore, are necessary as part of physician education in reproductive medicine. Recent surveys by the ASRM found that only 29% of responders identified correct steps in management of women's health related to PCOS.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Summarize need and evidence-based developments for related women's health aspects of polycystic ovary syndrome.
2. Identify areas of general women's health concerns related to polycystic ovary syndrome.

ACGME COMPETENCY
Medical Knowledge
Patient Care

TEST QUESTION:
After participating in this session, I will do the following in my practice:
A. Perform pelvic ultrasound on all adolescents with irregular menstrual bleeding.
B. Prescribe metformin for adolescents with irregular menses.
C. Prescribe lifestyle modification, exercise and calorie limitation in obese women with PCOS.
D. Perform a baseline electrocardiogram in adult women with PCOS.
E. Perform yearly mammograms in women with PCOS after age 40.
F. Not applicable to my area of practice.

Tuesday, October 18, 2011 **4:15 pm – 6:15 pm**

Symposium

Room 224 A/B

EVIDENCE-BASED OVULATION INDUCTION

Bart C. Fauser, M.D., Ph.D. (Chair)
University Medical Center, Netherlands
Robert F. Casper, M.D.
University of Toronto
Nicholas S. Macklon, M.D., M.B.
University of Southampton

Needs Assessment and Description
Ovulation induction is used as first line infertility therapy for ovulatory disorders aiming to restore mono-ovulatory cycles. The choice of ovulation induction agents and regimens is often empiric, though there is evidence to guide choice of agent, dose, and regimen for many indications. Ovulation induction holds the risk for iatrogenic multiple pregnancy as well as ovarian hyperstimulation and choice of treatment should be guided by evidence where possible.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Summarize the preconception evaluation of patient and couple prior to ovulation induction therapy.
2. Identify predictive factors for ovulation in anovulatory patients, and pregnancy in all subjects to allow for proper selection of drug, dose, and regimen.
3. Discuss the risk-benefit ratio of newer ovulation induction drugs, such as letrozole, and their role in infertility treatment.

ACGME COMPETENCY
Medical Knowledge
Patient Care

TEST QUESTION:
A 24-year-old woman presents with World Health Organization type II ovulatory dysfunction (normogonadotropic oligoamenorrheic) with no other infertility factors. After participating in this session, in my practice, in discussing with her prognostic factors for successful ovulation, I will advise that the factor least likely to predict ovulatory response to clomiphene citrate is:
A. Body mass index
B. Fasting insulin level
C. Free androgen index
D. Severity of anovulation
E. Not applicable to my area of practice.

Tuesday, October 18, 2011 **4:15 pm – 6:15 pm**

Symposium

Room 224 G/H

ETHNIC DIFFERENCES IN ART

Presented by the Middle East Fertility Society

Fady I. Sharara, M.D. (Chair)
Virginia Center for Reproductive Medicine, Reston
Michel Abou Abdallah, M.D.
Middle East Fertility Clinic, Beirut
David B. Seifer, M.D.
Genesis Fertility & Reproductive Medicine, Brooklyn
Hassan Sallam, M.D.
Alexandria University, Alexandria

Needs Assessment and Description

Over the past 10 years, several papers have been published regarding ethnic differences in assisted reproductive technology (ART) outcome. In the U.S., all minority groups (blacks, Hispanics, East Asians) have significantly lower chances at live births compared to Caucasian women. This symposium will review the published data and present new information. Data on access to care for ART services in developing countries will also be reviewed.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Review the current state of ethnic differences in ART.
2. Review the recent data on white compared to South Asian women.
3. Summarize need- and evidence-based developments in access to ART services in developing countries.

ACGME COMPETENCY

Medical Knowledge

TEST QUESTION:

Compared with Caucasian women using ART:
A. Black women have the same chances of a live birth.
B. Hispanic women have lower chances of a live birth.
C. East Asian women have higher chances of a live birth.

Tuesday, October 18, 2011 **5:45 pm – 6:15 pm**

Society for Male Reproduction and Urology Mini-Symposium

Room 240 A/B

GENETIC AND EPIGENETIC VARIATION: EMERGING TOOLS TO UNDERSTAND MALE INFERTILITY

Douglas T. Carrell, Ph.D.
University of Utah School of Medicine

Needs Assessment and Description

We are currently in an era of accelerating discoveries in the areas of genetics and genomics. As our understanding of genetic and epigenetic characteristics of sperm advances, clinicians are faced with the challenge of understanding the most recent advances, applying the knowledge to practice, and understanding potential future applications.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Describe areas of genetic variation in sperm that may affect fertility.
2. Summarize the mechanisms of epigenetic variation in sperm and their potential in affecting embryogenesis.
3. Describe the current limits of clinical application of our knowledge of genetic and epigenetic variation of sperm.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, I will do the following in my practice:
A. Perform DNA damage testing on all men being evaluated for male infertility.
B. Assess all azoospermic patients for polymorphisms of the aromatase and androgen receptor genes.
C. Determine if AZF microdeletions are present prior to performing artificial insemination.
D. Evaluate chromosome variation via karyotyping prior to performing ICSI in men with severe oligoasthenozoospermia.
E. Consider genome-wide DNA sequencing in men with unexplained infertility.
F. Not applicable to my area of practice.

Wednesday, October 19, 2011 **11:15 am – 1:00 pm**

Special Research Presentations

Hall F 3-4

11:15 am

CREATION OF A TROPHOBLASTIC-SPECIFIC LEPTIN RECEPTOR KNOCKOUT FOR STUDY OF LEPTIN FUNCTION IN PLACENTA

2009 – 2011 ASRM Research Grant in Reproductive Medicine, supported by EMD Serono

Laura C. Schulz, Ph.D.
University of Missouri Columbia

11:35 am

THE EFFECT OF IN VITRO FOLLICLE CULTURE ON THE MEIOTIC AND DEVELOPMENTAL COMPETENCE OF THE MOUSE OOCYTE

2009 – 2011 ASRM/NICHD Reproductive Scientist Development Program

Monica Mainigi, M.D.
University of Pennsylvania

11:55 am

DIET INDUCED OBESITY NEGATIVELY IMPACTS OOCYTE QUALITY AND EMBRYO OUTCOMES

2009 – 2011 Society for Reproductive Endocrinology and Infertility T-32 Grant

Kerri Marquard, M.D.
Washington University St. Louis

Wednesday, October 19, 2011 **11:15 am – 1:00 pm**

Symposium

Room 224 E/F

FERTILITY PRESERVATION: EVERYTHING YOU NEED TO KNOW AND MORE

Joint Session Presented by the Association of Reproductive Managers Professional Group and the Fertility Preservation Special Interest Group

Peter N. Schlegel, M.D. (Chair)
Cornell University
Joanne F. Kelvin, B.S.N., M.S.N.
Memorial Sloan-Kettering Cancer Center
Nicole L. Noyes, M.D.
New York University School of Medicine
Jan L. Silverman, M.A., M.Ed.
Women's College Hospital
Lindsey N. Beck, B.A.
FertileHOPE

Needs Assessment and Description

New methods to allow preservation of fertility after treatment for cancer are rapidly developing. Coordination and development of a program for fertility preservation is of substantial interest for fertility programs as well as cancer centers. Guidance on the development of fertility preservation is needed by members of ASRM, as reflected by the large number of Fertility Preservation Special Interest Group members and the paucity of effectively-functioning fertility preservation programs.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Identify the critical components for a fertility preservation program.
2. Describe the needs for male factor services as well as psychosocial support in a fertility preservation program.
3. Identify insurance coverage for fertility preservation.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, for a patient with newly-diagnosed breast cancer interested in fertility, in my practice I will recommend:
A. Immediate initiation of ovarian hyperstimulation.
B. Ovarian resection with cryopreservation.
C. Comprehensive consultation.
D. Not applicable to my area of practice.

Wednesday, October 19, 2011 **11:15 am – 1:00 pm**

Symposium

Room 224 C/D

ETHICAL DILEMMAS

Presented by the Nurses' Professional Group

Margaret Swain, R.N.,J.D. (Chair)
Private Practice
Lori Whalen, R.N.
Huntington Reproductive Center Fertility
Adrienne J. Kramer, R.N.
Boston IVF

Needs Assessment and Description

Problematic and complex ethics issues present a particular challenge to care providers in assisted reproductive technology (ART). This session will guide the attendee through an ethics-based analysis of clinical situations. The presentation will focus on the process and application of medical ethics, with an emphasis on ART. Participants will learn value-driven approaches to situational ethical dilemmas, will identify pertinent resources and guidelines, and will develop an ethics-sensitive perspective. The most recent ASRM Needs Assessment Survey indicated an interest in this area among the membership.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Identify the constructs of an ethics-based approach to clinical situations.
2. Recognize and apply the ethics framework to commonly encountered ART issues.
3. Describe solutions for ethically problematic clinical scenarios.

ACGME COMPETENCY

Interpersonal and Communication Skills

TEST QUESTION:

After participating in this session, I will do the following in my practice:

A. Maintain no policies and procedures to address ethically problematic issues.
B. Consult the ASRM Guidelines and Ethics Committee reports and position papers when I have a question about a potentially ethically challenging situation.
C. Not apply age-limit guidelines to IVF or donor-gamete patients.
D. Not applicable to my area of practice.

Wednesday, October 19, 2011 **11:15 am – 1:00 pm**

Symposium

Room 224 G/H

LAST CHANCE KIDS: KIDS DEALING WITH PARENTAL AGING AND DEATH

Presented by the Mental Health Professional Group

Julianne Zweifel, Ph.D. (Chair)
University of Wisconsin School of Medicine and Public Health
Linda A. Applegarth, Ed.D.
The Perelman/Cohen Center for Reproductive Medicine
Sharon N. Covington M.S.W., L.C.S.W.C
Shady Grove Fertility Reproductive Science Center

Needs Assessment and Description

For good or bad, the advancements in assisted reproductive technology (ART) have had the consequence of significantly extending the "family-building years of one's life" such that individuals can now become parents much later in life. Practitioners have become diligent about assessing and attending to the medical risks of pregnancy at an advanced reproductive age, but little attention has been paid to the practical, social and psychological consequences experienced by the resulting children. This symposium will examine the short-term and long-term impact on children who experience ailing and dying parents, as well as the impact of spousal death on the remaining parent.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Discuss the psychological and social impact of having parents who look and behave differently than peers' parents.
2. Explain how children are impacted by caring for ill or aging parents.
3. Describe how psychological development is impacted after a parent's death.
4. Identify ways that parents can proactively protect their children from undue burdens should the parent become seriously ill or die.
5. Identify ways in which professionals can assist children who may face challenges associated with ill or aging parents.

ACGME COMPETENCY

Interpersonal and Communication Skills

TEST QUESTION:

The 1948 United Nations Universal Declaration of Human Rights declared in article 16 states that "men and women of full age, without limits due to race, nationality or religion, have the right to found a family." This document asserts which one of the following:

A. The right of the individual to reproduce.
B. The right of the individual to not be coerced with respect to reproductive choices.
C. It is the duty of the state or government to supply access to reproductive technologies.

Wednesday, October 19, 2011 **11:45 am – 1:00 pm**

Symposium

Room 224 A/B

BETTER PCOS TREATMENT? OVARIAN STIMULATION VS. IN VITRO MATURATION

Presented by the Asia Pacific Initiative on Reproduction

Yoshiharu Morimoto, M.D., Ph.D. (Chair)
IVF Japan, Japan
Bruno Lunenfeld, M.D., Ph.D.
Bar-Ilan University, Israel
Aisaku Fukuda, M.D., Ph.D.
IVF OSAKA Clinic, Japan
Jie Qiao, M.D., Ph.D.
Third Hospital, Beijing, China

Needs Assessment and Description

In vitro maturation (IVM) has been applied worldwide in the treatment of patients with polycystic ovary syndrome (PCOS). However, success rates differ among centers and the practice is not mainstream. Conventional methods of ovarian stimulation may result in ovarian hyperstimulation syndrome (OHSS), but this is still an effective choice for some patients with PCOS. There is, however, limited information comparing these two protocols. This session for physicians, reproductive scientists and healthcare professionals involved in assisted reproductive technologies will examine the two methods in the treatment of patients with PCOS.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Describe basic and clinical concepts of IVM technology.
2. Assess and compare two major protocols, ovarian stimulation and IVM, for treatment of women with PCOS.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

For patients with PCOS, after participating in this session, I will do following in my practice:

A. Use ovarian stimulation for the first cycle and use IVM for the second trial.
B. Not use metformin, as it is not effective with the IVM procedure.
C. Choose IVM for patients who have experienced severe OHSS in previous cycles.
D. Use only anti-müllerian hormone assessment prior to treatment.
E. Use IVM for all patients, as the maturation rate of immature oocytes in IVM is commonly 80%.
F. Not applicable to my area of practice.

Wednesday, October 19, 2011 **3:45 pm – 5:45 pm**

Symposium

Room 330 E

PREIMPLANTATION GENETIC SCREENING: IS THERE A LEGITIMATE INDICATION AND METHOD?

Presented by the Society for Assisted Reproductive Technology and the Preimplantation Genetic Diagnosis Special Interest Group

Catherine Racowsky, Ph.D. (Chair)
Brigham and Women's Hospital
Dagan Wells, Ph.D., B.Sc.
University of Oxford
Richard T. Scott, Jr., M.D.
Reproductive Medicine Associates of New Jersey
Mark R. Hughes, M.D., Ph.D.
Genesis Genetics Institute

Needs Assessment and Description

While emerging technologies for preimplantation genetic screening (PGS) of all chromosomes hold promise for accurate identification of euploid embryos, controversy exists regarding the strategies used and the patient populations who may benefit most. Reproductive specialists need to be updated on the technical aspects and clinical applications of the technologies, in order to provide appropriate patient counseling, and to consider practice pattern changes for improved patient care.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Compare the different methodologies currently used for preimplantation genetic screening.
2. Summarize the extent to which aneuploidy affects embryo morphology.
3. Discuss the impact of biopsy at different developmental stages on the precision and safety of emerging technologies and on the clinical outcomes achieved.
4. Describe the patient populations who may benefit most from preimplantation genetic screening.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

A 34-year-old, G3PO, has undergone three failed IVF cycles with her 36-year-old partner, who presents with a normal semen analysis. She has obtained a total of 18, 16 and 22 embryos in these three failed attempts, all of which have resulted in chemical pregnancies following transfer of 2 embryos. It is recommended that their embryos undergo preimplantation genetic screening in their fourth IVF cycle. The couple has read about microarray technology and they wonder whether this should be used on their embryos. After participating in this session, in my practice before attempting their fourth cycle I will counsel this couple that:

A. There is no risk of decreased implantation with embryo biopsy.
B. Preimplantation genetic screening with microarray technology completely eliminates the risk of transferring an aneuploid embryo.
C. SNP microarray-based 24-chromosome aneuploidy screening provides more complete and consistent results than FISH.
D. Only half of their embryos should be biopsied.
E. Not applicable to my area of practice.

Wednesday, October 19, 2011 **3:45 pm – 5:45 pm**

Symposium

Room 224 A/B

STEM CELLS: DERIVATION, INDUCTION AND APPLICATION IN REPRODUCTIVE SCIENCES

Presented by the Society for Gynecologic Investigation

Lusine Aghajanova, M.D., Ph.D. (Chair)
Baylor School of Medicine
Jose Cibelli, D.V.M., Ph.D.
Michigan State University
Carlos A. Simon, M.D., Ph.D.
University of Valencia
Jonathan L. Tilly, Ph.D.
Harvard Stem Cell Institute
Caroline Gargett, Ph.D.
Monash University

Needs Assessment and Description

Physicians, residents, fellows, researchers and other healthcare professionals need to be updated on new advances in stem cell research (embryonic, germ cell and adult stem cells) and their potential applications in reproductive sciences, as well as ethical issues associated with human stem cell research.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Identify the types of stem cells with potential use in reproductive medicine.
2. Debate areas of possible applications, as well as risks and benefits associated with stem cell use in reproductive sciences.

ACGME COMPETENCY

Medical Knowledge

TEST QUESTION:

Regarding stem-cell-based cell therapy, after participating in this session, I will counsel patients that:

A. The use of human iPS cells produced under xeno-free conditions for stem cell therapies will have no effect on the regulatory burden, as they may compromise the differentiation potential of the cells.
B. Multipotent mesenchymal stem cells have limited use for cell replacement therapy due to their low ability to differentiate toward multiple lineages, including osteoblasts, myocytes, adipocytes, chondrocytes, neurons and endometrial cells.
C. Undifferentiated cells, if getting into the appropriate niche, will differentiate toward the desired cell type with high likelihood of malignant potential.
D. Primordial germ cells derived from embryonic stem cell and iPS cells offer a promise for treatment of certain types of human infertility.
E. Postnatal mammalian ovary possesses germ cells that can generate oocytes, but these cannot be used in women with premature ovarian failure or aging women.
F. Not applicable to my area of practice.

Wednesday, October 19, 2011 **5:45 pm – 6:15 pm**

Symposium

Room 224 E/F

ENHANCING PREGNANCY RATES IN ART: CLINICAL NUANCES

Presented by the Indian Society of Assisted Reproduction

Dhiraj B. Gada, M.D. (Chair)
Gada Life Arts Center
Jaideep Malhotra, M.D.
Malhotra Nursing and Maternity Home PVT, LTD
Nandita Palshetkar, M.D.
Lilavati Hospital IVF Center
Rishma Dhillion Pai, M.D.
Lilavati Hospital & Research Centre, Mumbai, India

Needs Assessment and Description

There has been a dramatic increase in clinical pregnancy rates in ART, yet there is much variation across the globe. For this reason, there is a need to establish standardized protocols based on scientific approach and evidence, so as to give clarity and uniform outcome.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Discuss various ovarian stimulation protocols and relate the importance of embryo transfer technique and luteal support and the impact on pregnancy rates.
2. Describe specific clinical skills that can potentially improve pregnancy rates in ART.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, I will do the following in my practice.

A. Use mild stimulation protocols for all patients.
B. Use the agonist for all ART stimulation cycles except for poor responders.
C. Perform ET using ultrasound guidance.
D. Transfer three embryos for all patients on day 3.
E. Not prescribe estrogen during the luteal phase.
F. Never use hCG for luteal support.
G. Use adjuvants such as sildenafil/aspirin/steroids during luteal phase.
H. Not applicable to my area of practice.

Wednesday, October 19, 2011 **3:45 pm – 5:45 pm**

CREST Symposium

Room 224 C/D

MAKING AN IMPACT

Alicia Armstrong, M.D. (Chair)
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Yvonne T. Maddox, Ph.D.
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Phyllis C. Leppert, M.D., Ph.D.
Duke University School of Medicine
Ruben J. Alvero, M.D.
University of Colorado, Denver
John L. Frattarelli, M.D.
Fertility Institute of Hawaii
Rebecca S. Usadi, M.D.
Carolinas Medical Center
Louis V. DePaolo, Ph.D.
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Esther Eisenberg, M.D., M.P.H.
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Alan H. DeCherney, M.D.
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Valerie L. Baker, M.D.
Stanford University Medical Center

Needs Assessment and Description

The Clinical Research/Reproductive Scientist Training (CREST) program is offered by the National Institute of Child Health and Human Development (NICHD), the Clinical Research Training Program (CRTP) at Duke University, and the American Society for Reproductive Medicine (ASRM), and it meets an existing need for formalized academic training in the quantitative and methodological principles of clinical research in reproductive medicine. Designed specifically for physicians in private or academic clinical practice in reproductive medicine, this innovative program engages the practicing physician in clinical research while allowing the individual to maintain an active role in clinical practice. Participants in the program, CREST scholars, receive didactic online training from the CRTP and attend two intensive weekend seminars at the NIH and CREST seminars at the Annual Meeting of ASRM. Successful participants in the program receive a Certificate in Clinical Research from the Clinical Research Training Program at Duke University.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Identify the objectives of the CREST training program.
2. Describe the application process for the CREST program.

ACGME COMPETENCY

Systems-based Practice

TEST QUESTION:

1. Which one of the following is a stated objective of the CREST program?

A. To provide review of RO-3 and RO-1 proposals submitted by ASRM members enrolled in the CREST program.
B. To provide university credits towards a master's degree in health science and clinical research.
C. To meet an existing need for formalized academic training in the quantitative and methodological principles of clinical research in reproductive medicine.
D. To provide supplemental funding for existing NICHD grants for ASRM member principal investigators who are enrolled in the program.

2. In which of the following scenarios is CREST training most likely to be beneficial?

A. Physicians in private or academic clinical practice in reproductive medicine, who have an active role in clinical practice, who want to become engaged in clinical research.
B. Junior investigators who need assistance with the development of RO-3 proposals.
C. Junior Investigators with NICHD grants who need supplemental funding.
D. ASRM members who are pursuing a master's degree in health science.

Wednesday, October 19, 2011 **5:15 pm – 5:45 pm**

Society for Male Reproduction and Urology Mini-Symposium

Room 330 D

2010 WHO SPERM REFERENCE VALUES - CLINICAL SIGNIFICANCE OF COUNT, MOTILITY AND MORPHOLOGY

Edmund S. Sabanegh, Jr., M.D.
Cleveland Clinic

Needs Assessment and Description

Semen analysis is one of the most basic, yet important, tests for assessing the reproductive function in men and often is utilized during the course of evaluating men for subfertility/infertility. Over the past 30 years, the World Health Organization (WHO) *Manual for the Examination of Human Semen* has been recognized as providing global standards for semen analysis and has been used extensively by research and clinical laboratories throughout the world. The 2010, 5th edition, provides revisions, additional explanations and supporting evidence for methods of analysis. Based on data of the semen quality of fertile men, whose partners had a time to pregnancy of 12 months or less, the manual gives the 5th centile as the lower reference limit along with the complete distribution for each semen parameter. This session, designed for physicians and allied healthcare professionals with an interest in male fertility, will provide an update of the 2010 WHO Reference Values, focusing on the clinical significance of count, motility, and morphology.

Learning Objectives

At the conclusion of this interactive session, participants should be able to:

1. Identify the major changes in the 2010 WHO *Manual for the Examination of Human Semen*.
2. Describe the clinical significance of sperm count, motility and morphology and the implications for infertility.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

In the 2010 (5th) edition of the WHO Manual for the Examination of Human Semen, the lower threshold limits for sperm concentration/motility/morphology are:

A. 20 million/mL; 40% total motile/15%
B. 20 million/mL; 50% progressive; 15%
C. 15 million/mL; 40% total motile; 15%
D. 15 million/mL; 32% progressive; 4%

NOTES

ASRM would like to thank the following for their support of ASRM Educational Programs:

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TEVA Women's Health Research

Watson Pharma, Inc.

Monday, October 17, 2011 **1:15 pm – 2:15 pm**

Meet the Director

Room 240 A/B

NICHD: YOUR CHANCE TO MEET THE DIRECTOR

Louis V. DePaolo, Ph.D. (Chair)
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Alan E. Guttmacher, M.D.
National Institute of Child Health and Human Development

ACGME COMPETENCY
Systems-based Practice

Monday, October 17, 2011 **1:15 pm – 2:15 pm**

Menopause Day Luncheon Interactive Session (Ticketed)

Room 230 A/B

MENOPAUSAL ANDROGEN REPLACEMENT: A GLOBAL VIEW
Joint Session presented by the Menopause Special Interest Group and the International Menopause Society

John E. Buster, M.D. (Chair)
Women and Infants Hospital

Nicholas Panay, B.Sc., M.B.B.S.
Imperial College Healthcare NHS Trust

Bruce R. Carr, M.D.
University of Texas Southwestern Medical Center

Needs Assessment and Description
Most physicians consider menopausal decreased sexual desire (Hypoactive Sexual Desire Disorder, (HSDD) ICD# 799.81) to be intractable and difficult to treat. In their practices, they avoid asking about this problem. Few physicians are trained to identify and manage declining sexual desire in aging women. They do not understand its link to mood elevating drugs and decreasing androgen production, nor appreciate the adverse psychological impact and dysfunctional effects on partners and families. This presentation, directed to physicians and allied health practitioners who care for aging women, reviews recent knowledge and innovation on the endocrinology of HSDD and its treatment. The presentation fills this knowledge gap and will significantly enhance the skills of learners to care for this very common and neglected problem.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Describe the endocrinology and pathophysiology of HSDD at it relates to woman's aging, genetics, declining androgen production, and linkages to other disorders of sexual functioning.
2. Identify and manage drugs associated with HSDD in both women and men.
3. Manage administration of transdermal estradiol and testosterone in the managment of HSDD.

ACGME COMPETENCY
Medical Knowledge
Patient Care

TEST QUESTION:
After participating in this session, I will do the following in my practice:
A. Do not ask about sexual desire in postmenopausal women who have undergone oophorectomy.
B. Prescribe SSRI medications to postmenopausal women who are depressed over declining sexual desire.
C. Prescribe vaginal estradiol, transdermal estradiol and transdermal testosterone to a 50-year-old oophorectomized woman who is complaining of lost sexual desire.
D. Prescribe oral estradiol and methyltesterone to a woman who underwent oophorectomy and suffered a post-operative episode of deep vein thrombosis.
E. Prescribe oral conjugated estrogens to postmenopausal women as first choice for decreased sexual desire.
F. Not applicable to my area of practice.

Monday, October 17, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 224 E/F

FIBROIDS AND ART OUTCOME: TO INTERFERE OR NOT TO INTERFERE. AN INTERACTIVE DEBATE.

Joint Session presented by the Fibroid Special Interest Group and the Society for Assisted Reproductive Technology

Ayman Al-Hendy, M.D., Ph.D. (Chair)
Meharry Medical College
James H. Segars, M.D.
Eunice Kennedy Shriver National Institute of Child Health and Human Development
James M. Goldfarb, M.B.A., M.D.
University Hospitals Case Medical Center

Needs Assessment and Description

Uterine leiomyomata (fibroids) are the most common pelvic tumors, and their effect on IVF outcome is not fully understood. Leiomyoma lesions that protrude or distort the uterine cavity have been shown to negatively affect implantation and pregnancy rates. However, studies addressing the effect on IVF outcome of intramural leiomyomata and other lesions not distorting the uterine cavity have yielded conflicting results. Debates and disagreement in the ART community are still running high regarding the need for myomectomy for submucosal or intramural leiomyomata prior to IVF and other ART procedures.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Describe the impact of the location of uterine leiomyomata on IVF outcome.
2. Examine the role of myomectomy in patients undergoing IVF.
3. Identify the best approach for myomectomy in patients undergoing IVF (hysteroscopic, open, laparoscopic, or robotics).

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

A 30-year-old woman and her 34-year-old husband, who have never achieved pregnancy, have been advised to undergo IVF-ET. She was diagnosed to have a non-cavity-distorting intramural fibroid.

After participating in this session, I will do the following:

A. Reassure the couple and advise them to proceed with IVF-ET.
B. Advise the couple to have minimally invasive myomectomy either through traditional laparoscopy or robotic surgery.
C. Advise them to proceed with IVF first, then, if that fails, proceed with myomectomy.
D. Not applicable to my area of practice.

Monday, October 17, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 231 A/C

OVARIAN TISSUE CRYOPRESERVATION: TRANSPLANTATION VS. IN VITRO MATURATION. AN INTERACTIVE DEBATE.

Presented by the Fertility Preservation Special Interest Group

Karine Chung, M.D. (Chair)
USC Fertility
Teresa K. Woodruff, Ph.D.
Northwestern University
Dror Meirow, M.D.
Sheba Medical Center

Needs Assessment and Description

According to the guidelines of the American Society for Clinical Oncology, patients who are facing potentially sterilizing cancer treatments should be counseled about the potential for infertility and should be offered options for fertility preservation. For female patients whose cancer therapy cannot be delayed to allow time for in vitro fertilization, ovarian tissue cryopreservation is an option. Clinical experience is increasing and outcomes are improving, but optimal strategies for utilizing the ovarian tissue remain uncertain. There are no clinical trials comparing and contrasting the approaches of ovarian tissue transplantation versus in vitro follicle maturation. To provide optimal care for patients, clinicians require up-to-date information in order to appropriately counsel patients presenting for ovarian tissue cryopreservation as a potential means of fertility preservation.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Summarize the current status and applicability of ovarian tissue cryopreservation for fertility preservation in female cancer patients.
2. Discuss current methods of ovarian tissue freezing.
3. List 3 advantages and 3 disadvantages of both ovarian tissue transplantation and in vitro follicle maturation in patients requesting fertility preservation

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

A 26-year-old recently married woman with acute lymphoblastic leukemia is referred by her oncologist for fertility preservation. She is scheduled to start combination chemotherapy in less than 1 week. After participating in this session, in my practice I will offer this patient:

A. IVF with embryo cryopreservation.
B. GnRH analogue prior to and during chemotherapy.
C. Laparoscopy with oophorectomy and ovarian tissue freezing.
D. Not applicable to my area of practice.

Monday, October 17, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 224 C/D

ANTICHLAMYDIAL ANTIBODY SCREENING OF THE INFERTILITY PATIENT

Presented by the Reproductive Immunology Special Interest Group

Danny J. Schust, M.D. (Chair)
University of Missouri School of Medicine
Guangming Zhong, M.D., Ph.D.
University of Texas Health Science Center
Jared C. Robins, M.D.
The Warren Alpert Medical School of Brown University

Needs Assessment and Description

Chlamydia trachomatis is the most prevalent bacterial sexually transmitted infection, and 20% of women with *C. trachomatis* get pelvic inflammatory disease (PID). The risk for tubal infertility doubles with each subsequent episode of PID. Women infected with *C. trachomatis* who remain asymptomatic may still suffer the fertility consequences of infection.

The gold standards used to test for tubal factor infertility continue to be laparoscopy or hysterosalpingography (HSG). Interest in *C. trachomatis* antibody testing has been reinvigorated by improved testing specificity and sensitivity, and the push by patients, providers and reimbursement sources for inexpensive and noninvasive testing and treatments for fertility patients.

During this interactive session, advances in *C. trachomatis* antibody testing and its relevance to male and female fertility will be reviewed. The utility of a variety of available and upcoming tests and compare their value to laparoscopy and/or hysterosalpingography will be discussed.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. List the advantages and disadvantages of antichlamydial antibody testing for male and female patients with impaired fertility.
2. Discuss the role of heat shock protein cross reactivity in chlamydia-related infertility and pregnancy wastage.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, I will do the following in my practice:

A. Perform only diagnostic laparoscopy and tubal lavage to evaluate fallopian tubal patency in new fertility patients.
B. Perform only hystersalpingography (HSG) to establish fallopian tubal patency in new fertility patients.
C. Consider anti-chlamydial antibody testing prior to more invasive testing for fallopian tubal patency in new fertility patients.
D. Perform only saline infusion sonohysterography (SIS) to evaluate fallopian tubal patency in new fertility patients.
E. Not investigate fallopian tubal patency in new fertility patients.
F. Not applicable to my area of practice.

Monday, October 17, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room F 5

EMBRYO SELECTION: GENOMICS, METABOLOMICS AND MORPHOLOGICAL ASSESSMENT

Presented by the Latin American Association for Reproductive Medicine (ALMER)

Carlos E. Sueldo, M.D. (Chair)
University of California San Francisco
Mandy Katz-Jaffe, Ph.D.
Colorado Center for Reproductive Medicine
Denny Sakkas, Ph.D.
Yale University School of Medicine

Needs Assessment and Description

Traditionally, embryo selection prior to embryo transfer was based on morphological assessment. More recently, the role of genomics and metabolomics were introduced as very effective alternatives to better select high quality embryos for transfer. There is a need to identify the place of these newer techniques in ART, and also how they compare to the more traditional embryo selection process.

Learning Objectives

At the conclusion of this interactive session, participants should be able to:

1. Outline the present status of genomics and metabolomics in ART.
2. Summarize the advantages and disadvantages of morphological embryo selection vs. the newer techniques.

ACGME COMPETENCY

Medical Knowledge

TEST QUESTION:

A 35-year-old infertile female has had 3 consecutive miscarriages, all with documented abnormal karyotype. In a current IVF cycle, she has 5 expanded blastocysts, all displaying similar morphology. After participating in this session, to optimize her chances of avoiding a subsequent miscarriage, in my practice I will use the following diagnostic technique for embryo selection for transfer:

A. Metabolomics
B. Proteomics
C. 23- pair chromosome aneuploidy screening
D. Glucose testing
E. Gene defect screening
F. Not applicable to my area of practice.

Monday, October 17, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 224 G/H

MANDATED STATE COVERAGE FOR FERTILITY: DOES IT PROVIDE EQUAL UTILIZATION?

Presented by the Health Disparities Special Interest Group

Gloria A. Richard-Davis, M.D. (Chair)
Meharry Medical College
David B. Seifer, M.D.
Genesis Fertility & Reproductive Medicine
G. Wright Bates, M.D.
University of Alabama at Birmingham

Needs Assessment and Description

Infertility affects approximately 10% of all couples. Only 24% of employers provide any insurance coverage for fertility services. This coverage varies tremendously from evaluation only to treatment inclusive of assisted reproductive technology (ART). Most however, exclude any ART and still use justifications such as experimental treatment for exclusion. There are a few states (approximately 14) that mandate coverage for fertility treatments. Additionally, there are multiple variations in what is mandated in the state initiatives or laws. For many patients, fertility service not covered by insurance means it is an unaffordable option. What are the determinants of access to fertility services? Whether fertility services are covered or not potentially impacts access and outcomes for women across ethnic and socioeconomic strata. This interactive session will discuss the pros and cons of mandated coverage for fertility services.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Describe the impact of race/ethnicity upon success rates of ART.
2. Describe the factors that could influence a woman's choice of seeking ART for treatment of infertility.
3. Discuss the challenges of achieving equal utilization of ART services for women of different races/ethnicities living in insurance-mandated states.

ACGME COMPETENCY

Systems-based Practice

TEST QUESTION:

Black women in the US have been experiencing:

A. An increase in the prevalence in infertility at the same time infertility is increasing among white women.
B. A decrease in the prevalence in infertility at the same time infertility is decreasing among white women.
C. An increase in the prevalence in infertility at the same time infertility is decreasing among white women.
D. A decrease in the prevalence in infertility at the same time infertility is increasing among white women.

Tuesdasy, October 18, 2011 **1:15 pm – 2:15 pm**

Contraception Day Interactive Session

Room 230 A/B

ADOLESCENT CONTRACEPTON: DEPOT MEDROXY-PROGESTERONE ACETATE VS. IUDs. AN INTERACTIVE DEBATE.

Presented by the Contraception Special Interest Group

Jeffrey T. Jensen, M.D., M.P.H. (Chair)
Oregon Health & Science University
Andrew Kaunitz, M.D.
University of Florida College of Medicine-Jacksonville
Steven J. Sondheimer, M.D.
University of Pennsylvania School of Medicine

Needs Assessment and Description

Contraception is identified as an important and relevant topic area of the ASRM, and there is a strong demand for small sessions focused on interactive clinical case discussions. Members of the Contraceptive Special Interest Group identified the topic of adolescent pregnancy as a top priority. A literature review and information from the most recent National Survey of Family Growth suggest that long-acting methods of contraception are underutilized in adolescents. The United States has the highest rate of teen pregnancy among more developed nations. Despite the availability of highly effective long-acting contraceptive methods, many health care providers have questions about safety and side-effect profiles that limit the use of long-acting methods in young women. The commonly used injectable, depot medroxyprogesterone acetate (DMPA), has been linked to poor bone health and weight gain. Intrauterine devices (IUDs) are highly effective long-acting options, but their use has been discouraged in adolescents due to concerns about infection and infertility. This debate will provide an attractive and highly interactive format to review the data on these methods in teens.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Discuss the data on depot medroxyprogesterone acetate (DMPA) and bone health.
2. Compare the expected bleeding patterns between DMPA, the copper IUD, and the levonorgestrel intrauterine system (LNG IUS).
3. Discuss differences between the copper IUD and the LNG IUS and counsel patients about contraceptive benefits and bleeding patterns with this system.
4. Critique the literature on weight effects of DMPA in adolescents.
5. Summarize the effects of IUD use on pelvic infection and infertility.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

1. A 16-year-old female presents for contraceptive counseling. She had an abortion three weeks ago after a failure while using oral contraceptives. She admits that she was not always a reliable pill taker, but is reluctant to consider other options. She does not want a device or implant, and is worried about side effects with depot medroxyprogesterone acetate (DMPA). After participating in this session, in my practice I would counsel this patient that:

A. Irreversible bone loss develops in adolescents but not in adults.
B. Calcium supplementation and diet have no impact on bone density in adolescents.
C. Early weight gain with DMPA predicts subsequent weight gain.
D. DMPA is as effective as a contraceptive implant.
E. Not applicable to my area of practice.

2. A 15-year-old sexually active female comes to your office requesting contraception. She has a history of a prior ectopic pregnancy that was treated medically. She does not want any type of oral daily regimen or barrier method and requests an IUD. Physical examination is normal and her body mass index is 30 kg/m^2. Upon speculum examination, you note a muco-purulent cervical discharge. After participating in this session, in my practice I would counsel this patient that an IUD cannot be placed at this time because she:

A. Has a history of ectopic pregnancy.
B. Is under age 16.
C. Has muco-purulent discharge from the cervix.
D. Is obese.
E. Not applicable to my area of practice.

Tuesday, October 18, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 230 D

SHOULD CHROMOSOME TESTING OF THE PRODUCTS OF CONCEPTION BE ROUTINELY PERFORMED AT THE TIME OF THE SECOND MISCARRIAGE?

Presented by the Reproductive Immunology Special Interest Group and the Society for Reproductive Endocrinology and Infertility

Ruth B. Lathi, M.D. (Chair)
Stanford University
Mary Stephenson, M.D., M.Sc.
University of Chicago
Lee R. Hickock, M.D.
University of Washington

Needs Assessment and Description
Miscarriage is one of the most common complications of a pregnancy. Patients with a history of 2 or more miscarriages are at increased risk for recurrence, and often an evaluation is recommended at this point. Numeric chromosomal abnormalities account for over half of all miscarriages, yet testing miscarriages for chromosomal errors is rarely done.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Describe benefits of testing miscarriage tissue for chromosomes.
2. Identify costs, barriers and limitations of cytogenetic testing of products of conception.
3. Discuss the impact on clinical management of patients with a history of 2 or more miscarriages.

ACGME COMPETENCY
Medical Knowledge
Patient Care

TEST QUESTION:
For patients experiencing a miscarriage, after participating in this session, in my practice I will do chromosomal testing on products of conception:
A. For every miscarriage.
B. For the second (or higher number) miscarriage.
C. Only if the loss occurs after 8 gestational weeks.
D. Only by patient request.
E. Not applicable to my area of practice.

Tuesday, October 18, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 230 C

INFORMED CONSENT: THE ROLE OF THE REI NURSE

Joint session presented by the Nurses' Professional Group and the Legal Professional Group

Margaret Swain, R.N., J.D. (Chair)
Private Practice
Maria M. Jackson, R.N., B.S., M.A.
St. Barnabas Medical Center

Needs Assessment and Description
Within the context of the law, the doctrine of informed consent reflects the legal concepts and statutory mandates governing interactions of medical providers with their patients during the informed consent process. After reviewing the historical and conceptual aspects of this area, discussion will focus on the applied concept of informed consent within ART nursing practice. A recent survey of ASRM members indicated an interest in this subject.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Discuss the development and purpose of the doctrine of informed consent.
2. Identify proper content and delivery of the informed consent discussion in ART.
3. Define the role of the professional nurse in the ART informed consent process.

ACGME COMPETENCY
Patient Care
Interpersonal and Communication Skills

TEST QUESTION:
After participating in this session, I will do the following in my practice:
A. Not use an informed consent document.
B. Use a facility-provided general consent form.
C. Provide the informed consent document to patients for their review prior to their physician-conducted informed consent discussion.
D. Never encourage the patient to question the physician about a procedure, since the nurse is available to answer all questions.
E. Not applicable to my area of practice.

Tuesday, October 18, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 224 C/D

POSTHUMOUS MALE REPRODUCTION: THE BIRDS AND THE BEES DON'T DO IT - SHOULD WE? AN INTERACTIVE DEBATE.

Presented by the Society for Male Reproduction and Urology

Melissa B. Brisman, J.D. (Chair)
Private Practice
Larry I. Lipshultz, M.D.
Baylor College of Medicine
Peter N. Schlegel, M.D.
The Weill Medical College of Cornell University

Needs Assessment and Description

In the event of a male's sudden death, in what circumstances, if any, is it ethically and morally justifiable to extract sperm and cryopreserve it for posthumous reproductive purposes? What might be the biological limitations to doing so? In addition, widows and children conceived posthumously have experienced difficulties when seeking inheritance rights or Social Security benefits for the child through the deceased male parent.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Summarize the ethical, moral and legal challenges faced in posthumous male reproduction situations.
2. Discuss pros and cons of a practice agreeing to posthumous harvesting and propose ways to establish a protocol should the request arise for posthumous harvesting.

ACGME COMPETENCY

Patient Care
Interpersonal and Communication Skills

TEST QUESTION:

After participating in this session, I will do the following in my practice:

A. Recommend posthumous sperm extraction as the best legal method for a wife to obtain and use her deceased husband's sperm.
B. Encourage male patients to provide written evidence of their intentions regarding posthumous use of their sperm.
C. Counsel patients that posthumously conceived children are always entitled to Social Security benefits through the deceased parent.
D. Always deny girlfriends any access to a deceased boyfriend's sperm.
E. Not applicable to my area of practice.

Tuesday, October 18, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 224 A/B

NON-INVASIVE PRENATAL DIAGNOSIS OF GENETIC DISEASE BY GENETIC ANALYSIS OF TROPHOBLASTIC CELL ENRICHED FROM BLOOD.

Presented by the Genetic Counseling Special Interest Group

Jodie L. Asher, M.S. (Chair)
Genzyme Genetics
Patrizia Paterlini, M.D., Ph.D.
University of Paris Descartes

Needs Assessment and Description

Reports of new approaches to perform noninvasive prenatal diagnosis (NI-PND) of genetic disorders appear with increasing frequency in the literature. The application of this testing option requires knowledge of molecular biology specific to this particular field. Due to the potential changes in clinical practice brought on by advances in NI-PND, there is a need to educate practitioners about technical and clinical aspects related to this emerging technology.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Outline the advantages of the different approaches aiming to perform reliable NI-PND.
2. Identify the pitfalls of the different approaches for NI-NPD.
3. Summarize the potential changes that the different methodological approaches of NI-PND will have on clinical practice.

ACGME COMPETENCY

Medical Knowledge

TEST QUESTION:

What is the advantage of testing circulating trophoblastic cells versus free fetal DNA (ffDNA)?

A. The DNA in trophoblastic cells is not mixed with maternal DNA.
B. Circulating trophoblastic cells are easy to recognize.
C. Hundreds of circulating trophoblastic cells per mL are found in maternal blood.
D. Circulating trophoblastic cells can be isolated from maternal cells by density gradient.

Tuesday, October 18, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 224 G/H

TO ICSI OR NOT TO ICSI ALL? THAT IS THE QUESTION. AN INTERACTIVE DEBATE.

Presented by the Society of Reproductive Biologists and Technologists

Kathryn J. Go, Ph.D. (Chair)
The Reproductive Science Center of New England
J. Michael Wilson, Ph.D.
E.L.C. LLC
Douglas T. Carrell, Ph.D.
University of Utah School of Medicine

Needs Assessment and Description

Intracytoplasmic sperm injection (ICSI) represents the most aggressive method for achieving fertilization and a way of avoiding idiopathic fertilization failure. Recent SART/CDC reports (2006-2008) reflect that ICSI has been applied in over 60% of ART treatment cycles in which both male factor and non-male factor existed. This high utilization merits the consideration that ICSI could be proposed as the routine, global method for fertilization in vitro, supplanting conventional insemination entirely, but the added manipulation and risk may be barriers to this paradigm. A debate on the advantages of each of these approaches, specifically the universal versus selective use of ICSI, offers the opportunity to gain an informed perspective for clinical practice.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Identify and contrast the reasons and objectives for ICSI-all-eggs versus using ICSI only when specific clinical factors warrant its inclusion in the IVF treatment, e.g., male factor, history of failed fertilization (selective ICSI).
2. Appraise the merits and disadvantages of an ICSI-all-eggs vs. selective ICSI policy.
3. Support the selection of ICSI-all vs. selective-ICSI for one's practice.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, in my practice I will advise patients that:

A. There is no difference between ICSI and conventional insemination.
B. ICSI is an unproven methodology without clinical merit.
C. ICSI improves in vitro maturation as well as fertilization rates.
D. There are rationales for both using ICSI globally and using it selectively.
E. All IVF centers have the same views and perspectives on using ICSI.
F. Not applicable to my area of practice.

Tuesday, October 18, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 224 E/F

SRS DEBATE: ENDOMETRIOMAS: TREATMENT OR NO TREATMENT FOR FERTILITY

Presented by the Society of Reproductive Surgeons

Steven F. Palter, B.A., M.D. (Chair)
Gold Coast IVF, New York
Juan A. Garcia Velasco, M.D.
IVI Madrid
Antonio R. Gargiulo, M.D.
Brigham and Women's Hospital

Needs Assessment and Description

Endometriosis is a major cause of infertility, yet one that is potentially treatable with multiple different therapies including medications, surgery, and ART. Considerable controversy exists regarding the optimal management of those patients with infertility found to have endometriomas. The literature contains conflicting recommendations regarding the optimal use and risks of surgery and ART in this population. This session will compare and contrast the reasons for treating or not treating endometriomas in patients desiring fertility.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Identify the potential benefits and risks of treating endometriomas in patients seeking fertility treatment.
2. Select the best treatment for endometriomas in patients with infertility.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, for a 38-year-old patient with a 5 cm endometrioma who plans IVF, in my practice I will recommend the following:

A. Incision and fulguration of the cyst wall is optimal surgical therapy.
B. Surgery should not be attempted before IVF is completed.
C. Stripping of the cyst wall is the optimal approach if surgery is chosen.
D. Pregnancy rates are significantly improved if the patient has had 2 previous failed IVF cycles despite the transfer of high grade blastocysts.

Tuesday, October 18, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 224 G/H

NEONATAL EXPOSURES TO REPRODUCTIVE TOXICANTS AND ADVERSE REPRODUCTIVE OUTCOMES

Presented by the Environment and Reproduction Special Interest Group

Susan H. Benoff, Ph.D. (Chair)
The Feinstein Institute for Medical Research
Kevin G. Osteen, Ph.D.
Vanderbilt University School of Medicine

Needs Assessment and Description

While the effects of in utero exposure to endocrine-disrupting chemicals have been well studied in numerous mammalian species and the adverse adult reproductive outcomes of such exposures have been identified, only fragmentary human data exist supporting a relationship between neonatal exposures to environmental chemical contaminants and adult reproductive problems (e.g., polycystic ovary syndrome (PCOS), premature birth, Leydig cell dysfunction). Nonetheless, recent evidence for causality has been obtained from animal studies, which also help to identify the underlying mechanisms and transgenerational effects (e.g., altered estrogen signaling, epigenetic modification of gene expression). Animal studies also indicate that neonatal exposures can exacerbate the effects of in utero and adult exposures (e.g., prostate cancer). Recent studies provide preliminary evidence that nutritional intervention and anti-inflammatory therapies may be effective in countering the effects of neonatal exposures and provide a starting basis for patient counseling. Given the potential human benefit, there remains a need for targeted research both in terms of markers for exposure and for identification of additional interventional therapies. Changes in public policy to minimize toxicant exposures would likely also prove beneficial.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Evaluate existing human data on the adverse effects of neonatal exposure to reproductive toxicants.
2. Demonstrate the utility of animal models in the identification of underlying mechanisms of action.
3. Summarize existing animal and human data in order to develop a rational basis for patient counseling.
4. Assess the potential benefits of existing interventional strategies for improving reproductive outcomes.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, at a preconception counseling session in my practice, I will do the following:

A. Not consider a workup of the male partner necessary if he had previously fathered a child.
B. Generally not consider the occupational history of a couple's parents and grandparents as being relevant to the potential for infertility or adverse pregnancy outcome.
C. In addition to prenatal vitamins, recommend to the couple considering pregnancy that they each consider dietary changes prior to conception in order to reduce the potential impact of environmental toxicants on the health of their future children.
D. Recommend that the female partner receive genetic counseling if she has concerns regarding her occupational exposures prior to conception.
E. Not applicable to my area of practice.

Wednesday, October 19, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 224 E/F

OOCYTE CRYOPRESERVATION AS AN ALTERNATIVE TO EMBRYO CRYOPRESERVATION IN THE IVF PATIENT. AN INTERACTIVE DEBATE.

Joint session presented by the Society of Reproductive Biologists and Technologists, the Society for Assisted Reproductive Technology, and the Fertility Preservation Special Interest Group

Carli W. Chapman, B.S., E.L.D. (Chair)
Rinehart Center for Reproductive Medicine
Nicole L. Noyes, M.D.
New York University School of Medicine
Catherine Racowsky, Ph.D.
Brigham and Women's Hospital

Needs Assessment and Description

ASRM holds the position that oocyte cryopreservation is "experimental" due to the limited number of established pregnancies and deliveries from cryopreserved oocytes (2008). However, as of 2010, the number of comparative studies of oocyte cryopreservation published in peer-reviewed journals that demonstrate "there is adequate scientific evidence of safety and efficacy" has exploded. A number of ART programs are offering oocyte cryopreservation as an alternative to embryo cryopreservation to their patients and strongly feel the "experimental" designation should be removed from this procedure. This debate format will allow exploration of two views regarding oocyte cryopreservation: it should be offered as an alternative to embryo cryopreservation or the standard of care should continue to be embryo cryopreservation.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Identify patients that would benefit from oocyte cryopreservation versus embryo freezing.
2. Identify potential risks of oocyte freezing versus embryo freezing.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, I will do the following in my practice:

A. Recommend oocyte cryopreservation to all patients seen regardless of diagnosis.
B. Recommend embryo cryopreservation to all patients seen regardless of diagnosis.
C. Offer oocyte cryopreservation under the auspice of an IRB.
D. Offer oocyte cryopreservation as a "social choice".
E. Offer oocyte cryopreservation in lieu of embryo cryopreservation to IVF patients.
F. Not applicable to my area of practice.

Wednesday, October 19, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 230 C

EDUCATIONAL OPPORTUNITIES FOR THE REI NURSE: WHAT IS AVAILABLE THROUGH ASRM?

Presented by the Nurses' Professional Group

Nancy A. Harrington, R.N.C. (Chair)
Walgreens Health
Tamara M. Tobias, N.P.
Seattle Reproductive Medicine

Needs Assessment and Description

The current educational needs of the Reproductive Endocrinology Infertility (REI) nurse continue to expand and diversify with advancing treatments and new technologies. The growing participation and membership of nurses within ASRM/NPG indicates a continued need for specialized educational tools and resources for nurses working in the field of reproductive health.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Identify educational/learning opportunities and programs available to the REI nurse through ASRM.
2. Develop an educational plan for both individual learning and clinical training and support for staff.

ACGME COMPETENCY

Professionalism

TEST QUESTION:

After participating in this session, in my practice I will do the following.

A. Identify educational materials specific to nursing at the ASRM website.
B. Differentiate the various opportunities at ASRM for nursing education (e.g., live , online, eLearning).
C. Register to take an online eLearning course via the ASRM website, which can lead to a Certificate of Completion in REI Nursing.
D. All of the above.

Wednesday, October 19, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 224 A/B

TREATMENT THROUGHOUT THE LIFE CYCLE OF KLINEFELTER AND TURNER SYNDROME PATIENTS

Joint session presented by the Society for Male Reproduction and Urology and the Pediatric and Adolescent Gynecology Special Interest Group

Rebecca Z. Sokol, M.D., M.P.H. (Chair)
University of Southern California Keck School of Medicine
Richard H. Reindollar, M.D.
Dartmouth Medical School
Jay I. Sandlow, M.D.
Medical College of Wisconsin

Needs Assessment and Description

The vast majority of Klinefelter syndrome (KS) and Turner syndrome (TS) patients are considered sterile by the onset of puberty. However, with newer sperm acquisition techniques, KS patients now have the opportunity to father biologic children; and pregnancies in TS patients have been reported from spontaneous menstrual cycles, assisted reproduction using their own oocytes, and donor oocytes. In addition, several menstruating TS patients have had superovulation, oocyte retrieval, and oocyte cryopreservation in anticipation of future ovarian insufficiency. Similarly, recent publications have suggested the possibility of fertility preservation in prepubertal and pubertal KS patients. However, these therapeutic interventions are associated with potential risks, particularly in the TS patient. Therefore, the need exists to educate healthcare providers regarding the fertility options available to these patients, as well as the success rates and the potential risks, enabling healthcare providers to appropriately provide screening and counseling to their patients. Future registries are needed to best understand these risks and help with accurate guidelines for the reproductive care of these patients.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Discuss reproductive capabilities of patients with Klinefelter syndrome and Turner syndrome.
2. Describe therapeutic options available for reproduction by patients with these syndromes.
3. Consider future directions for reproductive treatments for these patients.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

1. A 30-year-old male with Klinefelter syndrome is referred to you for discussion of fertility options. His female partner is 29 years old with regular menstrual cycles. She has a child from a previous relationship. His workup includes the following levels: testosterone 215 ng/dL (normal 280-800); estradiol 35 pg/mL (normal for males <40); LH 18 mIU/mL (normal 1.7-8.6); FSH 34 mIU/mL (normal 2.0-18.0), and prolactin 6.0 ng/mL (normal 4.0-15.1). Two semen analyses confirm normal volume azoospermia.

After participating in this session, in my practice I will advise this patient that his least effective option for achieving a pregnancy is:

A. Artificial insemination with donor sperm.
B. Microscopic testicular sperm extraction with in vitro fertilization.
C. Testosterone injections to increase his testosterone levels to normal.
D. Aromatase inhibitors, followed by testicular sperm extraction.
E. Not applicable to my area of practice.

2. A 35-year-old female patient presents with new onset amenorrhea and is found to have ovarian failure and a 45,X/46,XX karyotype. She has searched the Internet and asks you about reproductive options for women with Turner syndrome and associated risks of pregnancy.

After participating in this session, in my practice I will advise this patient that:

A. Women with Turner syndrome do not have menstrual cycles until age 35 years.
B. Women with Turner syndrome and prior menstrual cycles are not at risk for dilation, dissection, and rupture of the ascending aorta.
C. She does not have risk factors for rupture of the ascending aorta.
D. The best estimated risk of death from pregnancy using donor oocyte for her is 2%.
E. If she safely makes it through pregnancy, she would then have a reduced risk of subsequent rupture of the aorta.
F. Not applicable to my area of practice.

Wednesday, October 19, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 224 C/D

SCIENTIFIC OPPORTUNITIES IN GENERATING GAMETES FROM INFERTILITY PATIENTS' STEM CELLS

Presented by the Regenerative Medicine and Stem Cell Special Interest Group

Gerald P. Schatten, Ph.D. (Chair)
University of Pittsburgh School of Medicine
Gianpiero D. Palermo, M.D., Ph.D.
Cornell University

Needs Assessment and Description

Significant progress has been made in making gametes of varying quality in model murine systems from pluripotent stem cells in vitro. These strategies hold promise for designing novel contraceptives, treating infertility and restoring fertility in children who survive cancer. While most of these breakthroughs are highly promising from research perspectives and typically are successful using inbred strains of certain murine models, the gap between the announcement of a breakthrough in the lay publications and the actual successful translation to the clinical setting as a responsible and reliable therapy can take decades. Consequently, there are ongoing and urgent needs for the ASRM community to inform colleagues about the scientific status of stem cells and regenerative medicine, and to keep them updated on the progress of the long process for safely translating them to the ART for routine clinical practice.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Identify evidence-based developments for the use of stem cells in the treatment of disorders related to infertility.
2. Critically appraise the state of the scientific knowledge and the steps necessary to translate this information regarding the generation of sperm from pluripotent stem cells to the ART clinic.

ACGME COMPETENCY

Medical Knowledge

TEST QUESTION:

A male infertility patient has been successfully treated by the transfer of spermatogenic stem cells into his previously aspermic testes. Which one of the following statements is true, given the state of the field in 2011?

A. The patient is a childhood survivor of cancer, which rendered him infertile, but the thawing of his previously frozen spermatogenic cells transferred after puberty, restored his fertility.
B. The patient is a mouse.
C. The patient is a man who suffered previously from idiopathic male infertility.
D. The patient is a man with Sertoli cell only syndrome.

Wednesday, October 19, 2011 **1:15 pm – 2:15 pm**

Interactive Session

Room 222

MALE-TO-FEMALE TRANSGENDER SURGERY: TECHNIQUES, RESULTS AND POSTOPERATIVE SEXUALITY

Joint Session presented by the Society of Reproductive Surgeons and the Sexuality Special Interest Group

Stanton C. Honig, M.D. (Chair)
University of Connecticut School of Medicine
Jared C. Robins, M.D.
The Warren Alpert Medical School of Brown University
Christine McGinn, M.D.
Papillion Center, New Hope, Pennsylvania

Needs Assessment and Description

The reproductive endocrinologist, urologist, mental health professional, nurse or other health care provider may be faced with the evaluation and treatment of the transgender patient. The evaluation of the transgender patient for surgery is complex and generally requires that the patient meet the World Professional Association for Transgender Health (WPATH) Standards of Care for Gender Identity Disorders for consideration for surgery. This includes real life experience for 1 year, 1 year of hormone replacement therapy and documentation of stable mental health by two health care professionals.

The surgical approach for male-to-female treatment is complex and usually requires orchiectomy, partial penectomy and creation of a neoclitoris, neourethra, neovagina (different methods will be discussed) and creation of an external genital introitus, usually with scrotal skin. Postoperative care will be discussed as well as the importance of the creation of reasonable postoperative expectations of sexuality.

Learning Objectives

At the conclusion of this session, participants should be able to:

1. Apply the WPATH Standards of Care for Gender Identity Disorders.
2. List the surgical options for male-to-female transsexual surgery.
3. Describe the potential complications of transsexual surgery.
4. Review the surgical techniques to optimize postoperative sexuality for the transsexual patient.

ACGME COMPETENCY

Medical Knowledge
Patient Care

TEST QUESTION:

After participating in this session, for patients considering transsexual surgery I will do the following in my practice:

A. Use the WPATH criteria including evaluation by mental health professionals.
B. Recommend continuing all estrogen treatment prior to surgery.
C. Do not recommend regular vaginal dilation as part of postoperative care.
D. Perform cystoscopy preoperatively and postoperatively to assess voiding and urinary function.
E. Not applicable to my area of practice.

2011 VIDEO PROGRAM

Tuesday, October 18th

ASRM Video Session I
11:15 am – 1:00 pm
Chapin Theatre

ASRM Video Session II
4:15 pm – 6:15 pm
Chapin Theatre

Wednesday, October 19th

AAGL Film Festival Video Session
11:15 am – 1:00 pm
Hall F 1-4

The Video Program will take place in the Orange County Convention Center.

Tuesday, October 18, 2011 11:15 am – 1:00 pm

ASRM Video Session I

Chapin Theatre

ART, UROLOGY AND PATIENT EDUCATION

Moderators: *Tien Cheng "Arthur" Chang, E.L.D., Ph.D., and Marius Meintjes, D.V.M, Ph.D.*

V-1 **11:18 AM**

NON-INVASIVE ASSESSMENT OF EMBRYO VIABILITY USING NOVEL AUTOMATED IMAGING TECHNOLOGY.

B. Behr1, S. L. Chavez1,2,4, K. E. Loewke1,4, R. A. Reijo Pera1,2. 1Department of Obstetrics and Gynecology, Stanford University School of Medicine, Stanford, CA; 2Institute for Stem Cell Biology and Regenerative Medicine, Stanford University School of Medicine, Stanford, CA; 3Department of Mechanical Engineering, Stanford University, Stanford, CA; 4Auxogyn, Inc., Menlo Park, CA.

OBJECTIVE: Recently, we demonstrated that the success or failure of human embryos in reaching the blastocyst stage can be predicted by the 4-cell stage of development with >93% sensitivity and specificity using three cell cycle imaging parameters observed prior to embryonic genome activation. Analysis of gene expression profiles indicated that embryos predicted to develop to the blastocyst stage differ in gene expression patterns from those that arrest prior to blastocyst formation, suggesting that these imaging parameters can be used as a non-invasive indicator of the underlying molecular programs. Here, we describe the development of novel time-lapse imaging technology that can be used in a conventional incubator with automatic image data processing for the prediction of embryo viability.

DESIGN: In order for the time-lapse microscope to fit in a standard incubator, only the critical components of the microscope are used and designed for a short optical path. To ensure embryo light safety, the microscope is comprised of a low power LED, high sensitivity camera and darkfield illumination, the latter of which also provides high contrast between the cell membranes and cytoplasm for easy cell tracking. Extraction of the cell cycle parameters is achieved by automated software and a cell tracking algorithm, whereby each image is compared to all predicted simulations and assigned a likelihood based on similarity to achieve the best fit model.

MATERIALS AND METHODS: With the development of this novel automated imaging technology and the recent identification of the three non-invasive cell cycle parameters that accurately predict blastocyst formation by the 4-cell stage, there is great potential to translate these scientific findings into IVF laboratories and improve embryo selection in combination with other criteria currently used in clinical practice.

Disclosures: SC and KL are now employees of Auxogyn, Inc., which licensed intellectual property resulting from this research. BB and RRP own stock in Auxogyn.

V-2 **11:25 AM**

A NOVEL MECHANISM IN THE DEVELOPMENT OF HUMAN EMBRYOS WITH A SINGLE PRONUCLEUS (PN) AND TWO UNEVEN PN IDENTIFIED BY TIME-LAPSE CINEMATOGRAPHY.

Y. Mio, K. Yumoto, K. Iwata, A. Imajyo, Y. Iba. Reproductive Centre, Mio Fertility Clinic, Yonago, Tottori Prefecture, Japan.

OBJECTIVE: Although human embryos with a single pronucleus (1PN) or uneven two pronuclei (≥10 µl of difference in diameter) are clinically observed on 16 to 18 hours after assisted reproductive technologies (IVF/ICSI), the detailed mechanism in the development of these embryos are still unknown. Recently, we determined a novel mechanism occurring embryos with 1PN or uneven 2PN after ICSI using time-lapse cinematography (TLC).

DESIGN: The TLC of donated ICSI embryos from 109 couples was performed between April 2002 and December 2009. Each ICSI oocyte was placed in 5µl of pre-equilibrated fertilization medium within a TLC chamber on the stage of an inverted microscope. Images were captured every 2 minutes (50 ms exposure time) for approximately 40 hours. Of 109 mature oocytes that underwent ICSI, 3 of both embryos with 1PN or uneven 2PN were obtained from the TLC study.

MATERIALS AND METHODS: In 3 embryos with 1PN, an unknown material was extruded next to 2nd polar body (PB) 15 minutes after the extrusion of 2nd PB and continued to exist in the perivitelline space until completion of the 1st cleavage, whereas the male PN formed in the center of the cytoplasm at 4.2 hours after ICSI. Although 3 embryos with uneven 2PN also extruded an unknown material next to 2nd PB, these embryos formed small PN-like substance (likely 3rd PB) within the unknown material in the perivitelline space. Afterward, the small PN-like substance incorporated into ooplasm followed by migration to the male pronucleus and abutment of both pronuclei.

This study firstly demonstrated the novel phenomena during the miotic division in human embryos. Further TLC study will give us more information about this enigmatic phenomena.

V-3 **11:32 AM**

TIME-LAPSE IMAGING OF TRIPRONUCLEAR EMBRYOS: MECHANISMS OF FORMATION AND ABNORMAL DEVELOPMENT.

R. S. Weinerman1, M. E. Fino1, Y. Kramer1, K. C. Gunsalus2, C. McCaffrey1, N. Noyes1. 1NYU Fertility Center, New York University School of Medicine, New York, NY; 2Center for Genomics and Systems Biology, New York University, New York, NY..

OBJECTIVE: This video presents examples of abnormal embryo development in tri-pronuclear embryos originating from IVF±ICSI as viewed using time-lapse microscopy (TLM). The mechanisms of tri-pronuclear embryo formation are explained and resulting developmental phenotypes are highlighted. Specific topics reviewed include mitotic spindle formation, early embryo fragmentation, and early embryo arrest.

DESIGN: Our research laboratory routinely employs TLM as a means to study early embryogenesis. Our standard clinical IVF practice is to assess all oocytes for evidence of fertilization and to document pronuclear status 18 h post-insemination by either conventional insemination or ICSI. Those zygotes containing ≥3 pronuclei are deemed unsuitable for uterine replacement and are sometimes designated for continued culture and monitoring using TLM, if the patient had signed IRB-approved informed consent for research on this material. These abnormal zygotes are placed in a stage-top incubator and viewed using high-definition microscopy. Images are captured every 240-420

seconds and time-lapse digital recordings are analyzed for phenotypic abnormalities. Representative findings from seventy tri-pronuclear embryos are displayed in this video, along with an explanation for observed events.

MATERIALS AND METHODS: TLM is a powerful tool to analyze early embryo development. Analysis of TLM images recorded from tri-pronuclear embryos provides important insight into the mechanisms of early mitotic and other developmental events.

V-4 **11:52 AM**

RESCUE OF AGED OOCYTES USING TRANSFER METAPHASE -II NUCLEAR TRANSFER.

A. Tanaka1, M. Nagayoshi1, I. Tanaka1, H. Kusunoki2, S. Watanabe3. 1Saint Mother Hospital, Kitakyushu, Fukuoka, Japan; 2Faunal Diversity Sciences Graduate School of Agriculture, Kobe University, Kobe, Hyogo, Japan; 3Department of Anatomical Science, Hirosaki University Graduate School of Medicine, Hirosaki, Aomori, Japan.

OBJECTIVE: Nuclear transfer into the metaphase-II(M-II) oocytes shows promise as a means of repairing female infertility due to ooplasmic deficiency and abnormalities. We therefore conducted nuclear transfer of in vitro matured metaphase-II oocytes (recipient oocytes) into enucleated freshly ovulated metaphase-II oocytes (donor oocytes).

DESIGN: Recipient and donor oocytes were placed in a microdrop containing 5 µ/ml of cytochalasinB (CCB). The aspirated M-II karyoplast of the recipient oocyte was transferred into the perivitelline space of an enucleated donor oocyte. The grafted oocyte was transferred in a 295 µm mannitol solution containing 0.05 µm MgCl2. Membrane fusion was facilitated by electrical stimulation (5V for 1 second AC + 15V for 33 microseconds DC) with an electro cell fusion generator (LF 201). After fusion, the constructed oocytes were cultured in HTF medium for 2 hours and ICSI was performed.
The percentage of identification of M-II chromosome was 90.1 % (82 out of 91) in freshly ovulated oocytes and 96.0% (48 out of 50) in vitro-matured oocytes.
The M-II karyoplast was removed successfully in 72 of 82 (87.8%) of the donor oocytes and 81 of 95 (85.2%) of the recipient oocytes. All of 81 karyoplasts of recipient oocytes were replaced in the periviteleine space of enucleated donor oocytes and 64 of these 79.0% were fused to form a reconstituted oocyte.The fertilization rate, cleavage rate and blastocyst formation rate following ICSI for constructed oocytes and recipients oocytes were(68.8%(44/64), 64.1%(41/64), 25.0%(16/64)),(59.0%(58/98), 26.1%(25/98), 3.4%(3/98))respectively. Chromosomal analysis of 6 embryos following nuclear transfer indicated they were all diploid sets of 46 chromosomes.

MATERIALS AND METHODS: These results demonstrate that this technique can be applied to the treatment of female infertility due to ooplasmic deficiency and abnormalities in aged oocytes.

V-5 **12:00 PM**

SUCCESSFUL HUMAN SPERMATID INJECTION INTO OOCYTES.

A. Tanaka, M. Nagayoshi, I. Tanaka. Saint Mother Hospital, Kitakyushu, Fukuoka, Japan.

OBJECTIVE: In cases where the patient's most developed spermatogenic cell is a spermatid, the spermatid injection into the oocyte is the sole treatment available to conceive. However the success rate is very low. From this low success rate we can infer that the oocyte activating substance in spermatids might be less sufficient than that of in matured spermatozoa. Electrical stimulation of oocytes revealed the beneficial effects on oocyte activation and subsequent embryonic development. We here explain the procedure of spermatid injections into electrically activated oocytes.

DESIGN: This study deals with non-obstructive azoospermic men whose spermatogenesis was arrested at the level of early spermatid (Sa,Sb) or late spermatid (Sc, Sd) (Clermont 1963) or whose testicular spermatozoa were completely abnormal in shape. Biopsied testicular tissues were in D-PBS containing 0.125% collagenase and 0.01% DNase. Oocytes were transferred to 295mM solution of mannitol with 0.1mM CaCl2 and 0.05mM Mgcl2 and exposed to an alternating current of 8V / cm 1000KHz for 8s, followed by a single 1200V / cm pulse of direct current for 99µs. Each spermatid, transferred into PVP-HTF, was drawn into an injection pipette (7 µm I.D. for Sa or Sb, 5 µm I.D. for Sc, 3µm I.D. for Sd) and the separated nucleus and cytoplasm were injected into the ooplasm. Injected oocytes were cultured in sequential media and their embryonic development was observed until the blastocyst stage.

MATERIALS AND METHODS: Fertilization rate, cleavage rate and blastocyst rate following spermatid injection with or without electrical stimulation were (63.8%(162/254), 72.2%(117/162), 16.7%(27/162)) and (30.0%(93/310), 70.8%(34/48), 8.3%(4/48)) respectively. Pregnancy rate and miscarriage rate between two different stage of spermatids (early : Stage a-b, late: stage c-d) were (14.0%(310/2214), 46.6%(48/103)), (20.0%(414/2073), 29.0%(120/414)). The spermatid injection into the electrically activated oocytes was revealed to be useful in clinical application.

V-6 **12:07 PM**

CRYOPRESERVATION OF OVARIAN TISSUE BY VITRIFICATION.

S. J. Silber1, N. Kagawa2, K. Lenahan1, J. Hicks1, M. DeRosa1, M. Kuwayama3. 1Infertility Center of St. Louis, St. Luke's Hospital, St. Louis, MO; 2Kato Ladies Clinic, Tokyo, Shinjuku, Japan; 3Repro Support Medical Research Centre, Tokyo, Shinjuku, Japan.

OBJECTIVE: To virtually eliminate oocyte loss from the freezing technique using a vitrification protocol instead of classic slow freeze methods.

DESIGN: Virtually all of the primordial follicles of the ovary are in the thin fibrous cortex within one millimeter of the surface. This has allowed the freezing, thawing, and transplantation of ovarian tissue slices resulting in live healthy offspring in both humans and experimental animals. However, the procedure resulted in substantial egg loss from both the transplantation technique and from the freezing process itself. Ischemic loss of eggs from the transplant technique can be reduced greatly by using very thin slices and by avoiding micro-hematoma formation underneath the graft, exactly like with skin grafts in plastic surgery. In this video, we interview a typical such cancer patient and then demonstrate the technique for both vitrification and thawing of ovarian tissue. Then with a different patient we demonstrate the surgical technique which minimizes oocyte loss from ischemia as well.

MATERIALS AND METHODS: Histology and vital staining fail to reveal any difference between fresh ovarian tissue and tissue cryopreserved by vitrification.

V-7 **12:15 PM**

WHAT DO PATIENTS THINK ABOUT FERTILITY PRESERVATION?

S. J. Silber. Infertility Center of St. Louiss, St. Luke's Hospital, St. Louis, MO.

OBJECTIVE: To gain the perspective of women about whether to freeze ovarian tissue if they are about to undergo sterilizing cancer treatment, or for women who are concerned about their biological clock.

DESIGN: We have interviewed a series of women to get the patient's perspective on the controversy of whether to freeze ovarian tissue in women of reproductive age who are about to undergo otherwise sterilizing cancer treatment, or even women who are just concerned about the passage of time and the ticking of their biological clock.

MATERIALS AND METHODS: The patients, if informed, virtually all wished to do this, but their oncologists were virtually all either against or agreed grudgingly. Many now sterile women regretted being rushed into cancer therapy before having an ovary frozen and safely stored for the future. The majority of women, even non-cancer patients, preferred ovary freezing as a single procedure to multiple cycles of ovarian stimulation and egg retrieval.

ART, UROLOGY AND PATIENT EDUCATION

Moderators: *TBD*

V-8 **12:33 PM**

MICROSCOPIC SUBINGUINAL VARICOCELECTOMY: THE EXCLUSION TECHNIQUE.

E. Y. Ko, K. C. Baker, E. S. Sabanegh. Center for Male Fertility, Cleveland Clinic, Cleveland, OH.

OBJECTIVE: To demonstrate a simple exclusion technique to isolate and protect vital cord structures (i.e. vas deferens, arteries, lymphatic channels) from dilated veins during microscopic subinguinal varicocelectomy.

DESIGN: In this video, salient surgical techniques of the exclusion modification to the microsurgical subinguinal varicocelectomy are described.
The surgical incision is made just below the external ring. A drain is passed behind the spermatic cord after mobilization. The excess drain is trimmed leaving an arrowhead configuration on the ends. This allows for easy drain passage through the cord structures for exclusion. A micro-handheld doppler unit is used to differentiate between arterial and venous flow. Progressive dissection allows for exclusion of non-venous structures, which are protected via drain manipulation. The active dissection continues anterior to the drain. At the end of the procedure, there should be minimal tissue anterior to the drain, with all vital structures excluded posterior to the drain. The drain is then removed and the spermatic cord replaced back into its normal anatomic position.
Since July 2006, we have performed 163 procedures in a single surgeon series. There have been no hydroceles or injuries to the vas deferens or arteries requiring surgical repair.

MATERIALS AND METHODS: The exclusion technique is a simple and unique method for excluding the vas deferens, arteries, and lymphatics away from the site of active dissection and protecting them inadvertent injury.

V-9 **12:40 PM**

URINARY CATHETERIZATION IN A PATIENT WITH FEMALE GENITAL MUTILATION.

A. Rouzi, N. Sahly. Obstetrics And Gynecology, King Abdulaziz University Hospital, Jeddah, Western, Saudi Arabia.

OBJECTIVE: This Video illustrates how urinary catheterization is carried out in a severely mutilated woman.

DESIGN: After placing the patient in supine or lithotomy position; we expose the genital area. A lubricated Sims Speculum was inserted underneath the circumcised area then lifted in an upward direction thus exposing the Urethra. The urinary catheter was then inserted into the urethra under direct vision and fixated.

MATERIALS AND METHODS: In The West due to lack of familiarity with Female Genital Mutilation, Pre-pregnancy and Antenatal deinfibulation is recommended because of the inability to perform maternal examination, inadequate monitoring of labor by Internal means, and inability to do urinary catheterization.
However, in countries where Female Genital Mutilation is common, Urinary catheterization is being done by all health care providers including midwives.

V-10 **12:43 PM**

MULTIPHOTON MICROSCOPY: A POTENTIAL TOOL TO GUIDE MICRODISSECTION TESTICULAR SPERM EXTRACTION.

R. Ramasamy1, J. Sterling2, E. S. Fisher1, S. Mukherjee2, P. Li1, P. N. Schlegel1. 1Department of Urology, Weill Cornell Medical College, New York, NY; 2Department of Biochemistry, Weill Cornell Medical College, New York, NY.

OBJECTIVE: Microdissection testicular sperm extraction (TESE) has replaced conventional testis biopsies for men with non-obstructive azoospermia and has become first line of treatment. The current problem is that, the decision to retrieve tubules is solely based on appearance and there is no guarantee that the tubules removed contain sperm. Multiphoton microscopy (MPM) user a laser and enables label-free, immediate visualization of many biologic processes in live tissue at subcellular resolution.

DESIGN: A busulfan Sertoli-cell only model was used to study different testicular histopathologies with MPM. In order to assess the risk of photodamage, sperm DNA fragmentation in testis biopsies imaged at different laser intensities was assessed using TUNEL assay.

MATERIALS AND METHODS: MPM can identify the presence of spermatogenesis within a seminiferous tubule in fresh tissue without use of exogenous labels. Using a DNA fragmentation assay, we assessed that sperm from tubules imaged with MPM had minimal DNA fragmentation at laser intensities needed to distinguish tubules with and without sperm. MPM thus has the potential to facilitate real-time visualization of spermatogenesis in humans, and aid in clinical applications such as testicular sperm extraction for men with infertility.

Tuesday, October 18, 2011 4:15 pm – 6:15 pm

ASRM Video Session II

Chapin Theatre

REPRODUCTIVE SURGERY

Moderators: *TBD*

V-11 **4:20 PM**

LAPAROSCOPIC ASSISTED MYOMECTOMY.

M. Catenacci, M. Attaran, T. Falcone. Cleveland Clinic Foundation, Cleveland, OH.

OBJECTIVE: The objective of this video is to demonstrate our technique for a laparoscopic assisted myomectomy.

DESIGN: Laparoscopic assisted myomectomy uses three 5 mm traditional laparoscopic ports and a Gelpoint laparoscopic port for the minilaparotomy incision. The fibroid(s) is enucleated from the uterus using traditional laparoscopic technique. Dilute vasopressin is first injected subserosally. A monopolar hook or Harmonic scalpel is then used to incise the serosa over the myoma. Sharp and blunt dissection is used to remove the fibroid from its uterine attachment. The fibroid is then morcellated through the minilaparotomy incision and the myometrial defect is then closed.

MATERIALS AND METHODS: Laparoscopic assisted myomectomy offers benefits of both abdominal and laparoscopic procedures with an overall decrease in operative time, quicker patient recovery and an open closure of the myometrial defect. The Gelpoint laparoscopic port can be useful as it allows for easy conversion between laparoscopy and laparotomy.

V-12 **4:26 PM**

ROBOTIC MYOMECTOMY WITH FLEXIBLE CO2 LASER.

A. R. Gargiulo. Center for Infertility and Reproductive Surgery, Brigham and Women's Hospital/Harvard Medical School, Boston, MA.

OBJECTIVE: We describe the use of a flexible carbon dioxide (CO2) laser system recently made commercially available by OmniGuide (Cambridge, Massachusetts) in the management of uterine fibroids in a robot-assisted procedure. Conventional optic fibers transmit light through a solid core whereas the novel flexible fibers employed in this case have a hollow core.

DESIGN: The patient was a 35 year old with menorrhagia and pelvic pain. The CO2 laser was the only form of thermal energy employed in this case to enucleate a 7 transmural and a 4 cm subserosal myoma. An 8 mm robotic needle driver was used to grasp the 2 mm laser fiber introducer. The design of the delivery system also assisted with blunt tissue dissection. The OmniGuide delivery system was set to create a cutting beam at a distance of 2-3 mm from the tip of the device to the tissue. A low flow of helium gas was delivered through the hollow core of the fiber effectively dried the target tissue, enhancing the laser hemostatic effect. A relevant safety feature of this CO2 laser system was the absence of plume. The laser also allowed easy excision of an area of peritoneum with endometriosis. For this application, we used the system at a low power, allowing tissue penetration under 500 microns. There were no complications.

MATERIALS AND METHODS: Our initial experience suggests that the introduction of a truly flexible, fiber-based CO2 laser to robotic gynecologic surgery presents opportunities to bring a higher level of precision to a variety of reproductive surgery applications. The ability to bend the laser delivery system in any direction works particularly well in combination with the expanded degree of motion freedom allowed by robotic platforms. Furthermore, the three-dimensional vision, high accuracy and absence of tremor that is typical of robotic surgery may allow a level of laser safety that is superior to that observed in conventional laparoscopy. Acknowledgement: less than 25% of this video is comprised of commercial video/photo material.

V-13 **4:40 PM**

LAPAROSCOPIC BILATERAL GONADECTOMY FOR ANDROGEN INSENSITIVITY SYNDROME.

M. S. Miller, R. W. Naumann, R. S. Usadi. OB/GYN, Carolinas Medical Center, Charlotte, NC.

OBJECTIVE: Androgen Insensitivity Syndrome is a disorder of sexual development caused by a defect in androgen receptor function. This defect inhibits the virilization of 46, XY males despite the presence of testes and normal testosterone production. The complete form of androgen insensitivity results in a phenotypic female with a short vaginal pouch, absent uterus and tubes, absent pubic hair, and normal breast development. Testes are present, but often abnormally positioned in the inguinal canals. The main risk associated with cryptorchidism is the development of gonadal tumors, particularly gonadoblastoma. Treatment consists of gonadectomy performed between ages 16-18, postoperative estrogen therapy, and referral to psychological and genetic counseling. Traditionally, gonadectomies have been performed through large abdominal incisions. There are several case studies that document successful laparoscopic gondectomies in individuals with complete androgen insensitivity syndrome. This eliminates the need for laparotomy and results in more rapid recovery, shorter less expensive hospital stays, and decreased blood loss. This short film presents the laparoscopic gonadectomy of a 17 year old phenotypic female with complete androgen insensitivity syndrome.

DESIGN: Video.

MATERIALS AND METHODS: Laparoscopy is a safe and effective method for gonadectomy in individuals with androgen insensitivity syndrome and associated cryptorchidism.

V-14 **4:47 PM**

LAPAROSCOPIC GONADECTOMY IN ANDROGEN INSENSITIVITY SYNDROME.

J. Kim, N. Crawford, S. Patel, S. Kehoe, O. Tan, B. Carr. Department of Ob/Gyn, University of Texas Southwestern Medical Center, Dallas, TX.

OBJECTIVE: Androgen insensitivity syndrome (AIS), a X-linked recessive disorder, is the most common form of male disorders of sex development occurring in 1/20000 genetic male. Due to mutations on the androgen receptor gene, patients are subject to varying degrees of undermasculinization despite the presence of normal androgen production by the testes and peripheral

conversion to dihydrotestosterone. As the risk of testicular neoplasms in AIS patients may be up to 22%, a gonadectomy is often recommended to prevent malignancies in adulthood.

DESIGN: We describe a case of a 16-year-old phenotypic female with complete AIS who decided to undergo a laparoscopic gonadectomy for bilateral intra-abdominal testes. Anatomically, the testicular tissues were attached inferiorly by the gubernaculums and superiorly via the suspensory ligaments that contained the testicular vasculature. After placement of an umbilical camera port and 3 lower abdominal accessory ports, the testes, suspensory ligaments and the gubernaculums were skeletonized and transected using the LigaSure device. The retroperitoneum surrounding the testes was also dissected in an event that the intra-operative pathology revealed malignancy and warranted a lymph node dissection for full staging. After a routine post-operative course, the patient was started on estrogen replacement therapy to prevent osteoporosis and to further induce secondary sexual characteristics.

MATERIALS AND METHODS: Although gonadectomies are widely performed to avoid future malignancies, it is important to emphasize that the optimal timing of the surgery remains controversial. Some advocate removal of the testes upon its discovery whereas others choose to delay the operation until adolescence. As pre-pubertal risk of neoplasms is low, we believe that awaiting puberty not only allows for the development of female secondary characteristics, but also provides an opportunity for the patient to be involved in a decision that may have long-term health and psychological impact.

V-15 **4:59 PM**

LAPAROSCOPIC MANAGEMENT OF CERVICAL AGENESIS.

R. Flyckt, M. Attaran, T. Falcone. Obstetrics and Gynecology/Reproductive Endocrinology and Infertility, Cleveland Clinic, Cleveland, OH.

OBJECTIVE: Presented here is the laparoscopic management of a patient with cervical agenesis, partial vaginal agenesis, and recurrent hematometra. Our first objective is to review the classification and embryology of these types of Mullerian anomalies with accompanying animations. In addition, multiple variations of cervical agenesis are illustrated and associated malformations such as ureteral and renal anomalies are discussed. Second, typical signs and symptoms as well as physical exam findings of cervical agenesis are presented. Suggestions are made for appropriate pre-operative imaging. Finally, a video of the patient's surgery highlights useful tips and techniques for managing cervical agenesis laparoscopically. Treatment options are summarized and controversies and complications are addressed**.**

DESIGN: Surgical video with accompanying illustrations and animations.

MATERIALS AND METHODS: Cervical agenesis is a rare Mullerian anomaly which often requires surgical management. Preoperative diagnosis requires thorough work-up and imaging. A minimally invasive approach is safe and practical and should be the preferred route of surgery. However, the optimal surgical procedure for treatment of cervical agenesis remains controversial. When performing laparoscopy for these types of anomalies, a systematic approach is essential. Patients undergoing surgery for cervical agenesis must be counseled preoperatively regarding options for future fertility.

V-16 **5:07 PM**

ROBOT-ASSISTED LAPAROSCOPIC TRACHELECTOMY FOR ADENOMYOSIS.

A. R. Gargiulo1, O. Istre2, D. Shah1, S. S. Srouji1. 1Center for Infertility and Reproductive Surgery, Brigham and Women's Hospital/Harvard Medical School, Boston, MA; 2Division of Minimally Invasive Gynecologic Surgery, Brigham and Women's Hospital/Harvard Medical School, Boston, MA.

OBJECTIVE: To describe our technique of robot-assisted laparoscopic trachelectomy in a case of adenomyosis of the cervical stump.

DESIGN: A disposable uterine manipulator was secured in place by standard technique. The robotic set-up (da Vinci S) involved two instrument arms. Monopolar Hot Shears set at 80 watts pure cutting power and bipolar Maryland Forceps set at 30 watts were employed. The procedure began with the dissection of the space between the lower anterior aspect of the cervix and the urinary bladder. Bipolar coagulation of residual cervical vessels was then carried out. Excision of the stump was rapidly completed following the edge of the uterine manipulator's cervical cup. A bidirectional barbed suture was employed to securely close the vaginal cuff. The stumps of the uterosacral ligaments were included in this stitch, for vaginal cuff support. At final inspection, a 2 cm solid nodule was found in association with an appendix epiploica of the sigmoid. This was excised and recovered intact through a specimen pouch. The pathological diagnosis for both the cervical growth and the nodule was adenomyisis. The procedure lasted less than one hour. The patient was discharged home on the day of surgery and had an uneventful recovery. The console operator was a high-volume robotic surgeon with no prior experience with trachelectomy who was guided through the procedure by a non-robotic consultant with high expertise in trachelectomy. Effective communication was allowed by Telestration, a feature by which images drawn on a dedicated screen overlap with the live image at the robotic console.

MATERIALS AND METHODS: Robot-assisted laparoscopic trachelectomy is a safe and simple procedure that should be part of the armamentarium of the gynecologist and the reproductive surgeon at a time when the supracervical hysterectomy is gaining popularity.

V-17 **5:20 PM**

ROBOT-ASSISTED TOTAL LAPAROSCOPIC HEMI-HYSTERECTOMY AND VAGINECTOMY OF A DIDELPHYIC UTERUS IN A PATIENT WITH OBSTRUCTED HEMIVAGINA AND IPSILATERAL RENAL AGENESIS (OHVIRA).

S. Berger-Chen1, J. H. Kim1, J. Ritch1, J. Evanko1, T. Hensle1. 1Obstetrics and Gynecology, Columbia University, New York, NY; 2Pediatric Urology, Columbia University, New York, NY.

OBJECTIVE: To describe the diagnosis and management of an anomaly of the female genitourinary tract.

DESIGN: Case report.
Setting: Metropolitan academic medical center.
Patient: A 10 year old menarchal girl with uterine didelphys, pelvic pain and a retrovesicular mass.
Intervention: Septum resection, Robotic hemihysterectomy.
Main Outcome Measures: Symptomatic Reproductive tract anomalies and management.

MATERIALS AND METHODS: Conservative management with observation until maturity, symptom control, septum resection and minimal surgical intervention. However, in the setting of the anamolous genital tract, imaging can be misguiding and surgical intervention to relieve patient symptoms may be warranted.

V-18 **5:28 PM**

LAPAROSCOPIC RESECTION OF A RECTOVAGINAL NODULE OF ENDOMETRIOSIS IN ASSOCIATION WITH A UTERINE MALFORMATION.

N. Vulliemoz, E. McVeigh, T. Child. Nuffield Department of Obstetrics and Gynaecology, University of Oxford, Oxford, Oxfordshire, United Kingdom.

OBJECTIVE: We present the case of a 25 year-old P0 woman who was referred to our clinic for severe cyclical pelvic pain, dyspareunia and dyschezia without per rectum bleeding. On examination a 4-cm full thickness rectovaginal nodule of endometriosis was seen with excruciating tenderness on palpation. The cervix and the rest of the vagina looked normal. The rectal examination was normal. The MRI confirmed the rectovaginal nodule and the uterus was described as bicornuate. After discussing the possible risks associated with the surgery, the patient decided to undergo a laser laparoscopy with excision of the rectovaginal nodule.

DESIGN: Using CO2 laser, adhesiolysis is started. Both ureters are dissected from the side wall to prevent injury. The bowel is separated from the posterior wall of the uterus until the rectovaginal nodule is identified. It is vaporized with the CO2 laser. As the lesion involves the full thickness of the vaginal wall, we open the vagina to excise the nodule. The vagina is closed using simple interrupted stitches of Monocryl 2.0. At the end of the surgery, there is no bleeding and the rectovaginal space has been freed. The patient was discharged day 3 post operatively without complication. She was reviewed 6 weeks later with almost complete resolution of symptoms. At 6 months there was no symptomatic recurrence.

MATERIALS AND METHODS: In 2007 our Department published a retrospective study looking at urological and colorectal complications following surgery for rectovaginal endometriosis. The cohort included 128 women with histologically confirmed rectovaginal endometriosis who underwent laparoscopic laser surgery. Major complications occurred in four women (3%). Three women developed fistulae and ureteric damage occurred in one woman. Therefore radical laser excision of rectovaginal endometriosis is a safe procedure that can give long-term pain relief. The potential serious complications necessitate careful and extensive counselling before the surgery.

V-19 **5:42 PM**

ROBOTIC APPLICATIONS IN BENIGN ADNEXAL PATHOLOGY.

A. R. Gargiulo, D. Shah, S. S. Srouji. Center for Infertility and Reproductive Surgery, Brigham and Women's Hospital/ Harvard Medical School, Boston, MA.

OBJECTIVE: This video illustrates our recent surgical experience with two separate cases of benign tumors of the adnexa: a fibroadenoma of the tubal infundibulum and a recurrent mature cystic teratoma of the ovary. In both of these cases the use of the da Vinci robot was felt to contribute distinct advantages in terms of fertility preservation over our standard laparoscopic techniques.

DESIGN: A 22 year old nuliiparous woman was referred to us following a diagnostic laparoscopy where a presumably benign solid tumor of the infundibulum was identified. We performed a robot-assisted enucleation of the tumor with microsurgical instrumentation and complete preservation of the lumen.
A 30 year old nulliparous and woman with history of bilateral open cystectomy and left laparoscopic stripping of mature teratomata was referred to us for a recurrence in the right ovary observed in preparation for an ART cycle. We performed a robot-assisted laparoscopic stripping entirely in a specimen pouch with no spill and with sparing of normal ovarian tissue and hilar vessels.

MATERIALS AND METHODS: Use of the da Vinci robotic platform in these two delicate cases made a difference - in our opinion - in terms of our ability to preserve fertility. Microsurgical capabilities allowed the pristine reconstruction of a severely affected tubal infundibulum. Similarly, the pitch and yaw at the wrist of standard robotic instruments allowed us to comfortably complete an entire teratoma stripping procedure in a specimen pouch and to limit coagulation of the ovarian cyst bed.
It is our considerate opinion as experienced minimally invasive reproductive surgeons that the above procedures could certainly be performed by many with conventional laparoscopy, but by very few with the same level of accuracy and tissue preservation that is allowed by the robotic platform.
This footage was intentionally submitted without verbal commentary to let the images speak for themselves.

V-20 **5:48 PM**

ROBOTICALLY ASSISTED OVARIAN TRANSPLANTATION.

M. Bedaiwy, E. Barakat, M. Catenacci, L. Carvalho, T. Falcone. Obstetrics and Gynecology, Cleveland Clinic Foundation, Cleveland, OH.

OBJECTIVE: To describe a technique for robotically assisted transplantation of hemiovaries.

DESIGN: The ovarian cortex of the left over ovary was removed and the fresh raw surface will be the recipient site. The frozen hemovaries was thawed and orthotopically transplanted to a freshly created medullary surface of the remaining ovary using the surgical robot (Da-Vinci). Transplantation was completed using 8-0 prolene stitches. 2 weeks later, the ovarian grafts were examined for viability, harvested and fixed for histopathological examination. The video could seen using the following link: files.me.com/lehtinenvideography/kr8rd5.

MATERIALS AND METHODS: Robotically assistance may facilitate transplantation of fresh or frozen-thawed hemi-ovaries. It could also minimize the worm ischemia time. 8-0 or less prolene sutures should be used.

V-21 **6:02 PM**

A SUCCESSFUL TWIN PREGNANCY AFTER ADNEXAL TORSION ON EMBRYO TRANSFER DAY: THE IMPORTANCE OF A QUICK DIAGNOSIS.

F. A. Padilla, S. Chedid, F. Ikeda. Chedid Grieco Medicina Reprodutiva, Sao Paulo, Brazil.

OBJECTIVE: To report a case of unilateral adnexal torsion 8 hours after embryo transfer and the successful of the twin pregnancy in this cycle due to quickly diagnosis and

laparoscopy treatment.

DESIGN: In this video we show a laparoscopy for unwinding of the right adnexa of a 33-year old woman with a history of infertility, presented for IVF treatment. Eight hours after embryo transfer, the patient presented acute abdominal pain, abdominal guarding and peritonism. Ultrasound revealed a solid enlargement of the right adnexa, ovarian peripheral cystic structures, stromal edema and pelvic fluid. Doppler evaluation was normal, as it may be in 60% of adnexal torsion cases.
A laparoscopy was performed. It revealed an edematous, enlarged and hemorrhagic right adnexa with a multiple enlarged cysts. The right tube, the utero- ovaric and infundibulopelvic ligaments were twisted.
Detorsion of the adnexa was performed. It is the preferred management for adnexal torsion and the best outcome for a reproductive aged woman. It saves over 90% of these ovaries and it is not associated with increased thromboembolism risk.
HCG twelve days after surgery was positive. The correlation among IVF, pregnancy and adnexal torsion reaches the highest incidence in twin pregnancies. In fact, 70% of adnexal torsions happen in multiple pregnancies.
The patient delivered two healthy babies by c-section at 35 weeks.

MATERIALS AND METHODS: We should change our state of mind in evaluating patients with abdominal pain after IVF- adnexal torsion should always be suspect. It is a dangerous condition and a quick diagnosis is essential for an organ preserving laparoscopy. It is a safe procedement even for pregnant women. Combining the physical and image findings, we may reach the correct diagnosis quickly, preventing loss of ovarian function and oophorectomy in a reproductive age women.

Wednesday, October 19, 2011 **11:15 am – 1:00 pm**

AAGL Film Festival Video Session

Hall F 5

Moderators: *TBD*

Best Endoscopic Surgical Videos of the AAGL

This session will highlight the best reproductive videos from the 2011 Annual Meeting of the AAGL. A variety of innovative laparoscopic and hysteroscopic procedures and techniques will be presented. Topics will include techniques for reproductive and tubal surgery, endometriosis, myomectomy, management of mullerian anomalies, and new options for NOTES/SILS procedures among others. The session is designed for all levels of gynecologic and urologic surgeons.

INTRODUCTIONS **11:15 am**

FALLOPIAN TUBES

AAGL-V1 **11:18 am**

LAPAROSCOPIC FIMBRIOPLASTY

Song J, Rana N, Rotman C

Women's Health, TLC Medical Group, S.C., St. Charles, Illinois; Minimally Invasive Surgery, Delnor Hospital, Geneva, Illinois; Obstetrics and Gynecology, Rush University Medical Center, Chicago, Illinois; Oak Brook Institute of Endoscopy, Chicago, Illinois.

AAGL-V2 **11:22 am**

OVERCOMING THE SURGICAL CHALLENGES OF LAPAROSCOPIC TUBAL ANASTOMOSIS

Song JY, Sueldo C, Rotman C

Women's Health, TLC Medical Group, S.C., St. Charles, Illinois; Minimally Invasive Surgery, Delnor Hospital, Geneva, Illinois; Obstetrics and Gynecology, Rush University Medical Center, Chicago, Illinois; Oak Brook Institute of Endoscopy, Chicago, Illinois.

DISCUSSION **11:27 am**

MYOMAS

AAGL-V3 **11:37 am**

HYBRID NOTES MYOMECTOMY - DYNAMIC TRANSVAGINAL LAPAROSCOPY

Andou M, Hada T

Gynecology, Kurashiki Medical Center, Kurashiki-Shi, Okayama-Ken, Japan.

AAGL-V4 **11:41 am**

LAPAROSCOPIC APPROACH FOR THE LARGE BROAD LIGAMENT LEIOMYOMA

Song JY, Culver W, Rotman C

Women's Health, TLC Medical Group, S.C., St. Charles, Illinois; Minimally Invasive Surgery, Delnor Hospital, Geneva, Illinois; Obstetrics and Gynecology, Rush University Medical Center, Chicago, Illinois; Oak Brook Institute of Endoscopy, Chicago, Illinois.

AAGL-V5 **11:46 am**

CERVICAL MYOMECTOMY WITH UTERINE ARTERY LIGATION AT ITS ORIGIN

Sinha R, Sundaram M

Gynaecological Endoscopy, Beams Hospital, Mumbai, Maharashtra, India.

AAGL-V6 **11:50am**

TWO-PART LAPAROSCOPIC MYOMECTOMY USING 5MM-FLEXIBLE SCOPE

Kikuchi I, Kumakiri J, Matsuoka S, Takeda S

Dept. OB/GY, Juntendo University Faculty of Medicine, Hongo Bunkyou-Ku, Tokyo, Japan.

DISCUSSION **11:54 am**

ENDOMETRIOSIS

AAGL-V7 **12:04 pm**

NOVEL MANAGEMENT OF URETERAL ENDOMETRIOSIS

Alshayeji WS, Blew B, Shenassa H, Khalil H, Singh SS

Obstetrics and Gynecology, University of Ottawa, Ottawa, Ontario, Canada.

AAGL-V8 **12:09 pm**

LAPAROSCOPIC PARTIAL CYSTECTOMY FOR BLADDER ENDOMETRIOSIS

Scarella AC, Villarroel CQ, Jesam CG, Sovino HS

Instituto de Investigaciones Materno Infantil., School of Medicine, Univeridad de Chile, Santiago, Region Metropolitana, Chile.

AAGL-V9 **12:13 pm**

LAPAROSCOPIC EXCISION OF ENDOMETRIOSIS USING THE VASOPRESSIN INJECTION TECHNIQUE: SOME SUGGESTIONS FOR QUALITY OPERATION

Saeki A, Matsumoto T, Ikuma K, Hashimoto Y, Chen HW, Kuramori R, Akashi Y, Oku H

The Department of Gynecology, Osaka Central Hospital, Osaka-City, Osaka, Japan.

DISCUSSION **12:18 pm**

ADVANCED PROCEDURES

AAGL-V10 **12:28 pm**

LAPAROSCOPIC EXCISION OF OVARIAN REMNANT: TWO CASES DEMONSTRATING LIGATION OF THE UTERINE ARTERY AT ITS ORIGIN

Arden D, Lee T

Division of Minimally Invasive Gynecologic Surgery in the Department of Obstetrics, Gynecology and Reproductive Sciences, Magee-Womens Hospital of University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania.

AGGL-V11 **12:32 pm**

INTRODUCTION OF SILS INTO GYNECOLOGIC ONCOLOGY

Andou M, Hada T

Gynecology, Kurashiki Medical Center, Kurashiki-Shi, Okayama-Ken, JapanI.

AGGL-V12 **12:37 pm**

LAPAROSCOPIC NEOVAGINA PROCEDURE WITH GRAFT

Rardin CR, Washington BB, WohlrabKJ

Obstetrics and Gynecology, Alpert Medical School of Brown University, Providence, Rhode Island.

AGGL-V13 **12:41 pm**

PATIENT POSITIONING 101: A GUIDE FOR GYNECOLOGIC LAPAROSCOPISTS

Yunker AC, Siedhoff MT, Steege JF

Obstetrics and Gynecology, University of North Carolina, Chapel Hill, North Carolina

DISCUSSION **12:45 pm**

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Monday, October 17, 2011 11:15 am – 1:00 pm

Prize Paper Candidates' Oral Abstract Presentations

Room F 5

Moderators: *Anuja Dokras, M.D., Ph.D., and Ayman Al-Hendy, M.D., Ph.D.*

The following seven papers are candidates for the ASRM Scientific Program Prize Paper Awards. Seven additional candidates will be presented during the Prize Paper Candidates' session on Tuesday morning.

O-1 **11:15 AM**

ADVANCED PATERNAL AGE NEGATIVELY IMPACTS REPRODUCTIVE OUTCOME.

M. Katz-Jaffe[1], J. Crocker[1], J. Parks[1], W. Schoolcraft[2]. [1]National Foundation for Fertility Research, Lone Tree, CO; [2]Colorado Center for Reproductive Medicine, Lone Tree, CO.

O-2 **11:30 AM**

A RANDOMIZED CLINICAL TRIAL TO DETERMINE OPTIMAL INFERTILITY THERAPY IN COUPLES WHEN THE FEMALE PARTNER IS 38-42 YEARS: PRELIMINARY RESULTS FROM THE FORTY AND OVER INFERTILITY TREATMENT TRIAL (FORT-T).

R. H. Reindollar[1], K. L. Thornton[2], D. Ryley[2], M. M. Alper[2], J. L. Fung[1], M. B. Goldman[1]. [1]Obstetrics & Gynecology, Dartmouth-Hitchcock Medical Center, Lebanon, NH; [2]Boston IVF, Waltham, MA.

O-3 **11:45 AM**

THE IMPACT OF TESTOSTERONE SUPPLEMENTATION ON SEXUAL FUNCTION IN ELDERLY MEN.

L. W. Roth[1], R. S. Schwartz[2], R. B. Meacham[3]. [1]Department of Obstetrics and Gynecology, University of Colorado, Aurora, CO; [2]Division of Geriatric Medicine, University of Colorado, Aurora, CO; [3]Division of Urology, University of Colorado, Aurora, CO.

O-4 **12:00 PM**

CLEAVAGE STAGE EMBRYO BIOPSY SIGNIFICANTLY IMPAIRS EMBRYONIC REPRODUCTIVE POTENTIAL WHILE BLASTOCYST BIOPSY DOES NOT: A NOVEL PAIRED ANALYSIS OF COTRANSFERRED BIOPSIED AND NON-BIOPSIED SIBLING EMBRYOS.

N. R. Treff[1,2,3], K. M. Ferry[1], T. Zhao[1], J. Su[1], E. J. Forman[1,2], R. T. Scott, Jr.[1,2]. [1]Reproductive Medicine Associates of New Jersey, Morristown, NJ; [2]Obstetrics, Gynecology, and Reproductive Sciences, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ; [3]Genetics, Rutgers-The State University of New Jersey, Piscataway, NJ.

O-5 **12:15 PM**

LETROZOLE GONADOTROPINS COMBINATION IS INFERIOR TO EITHER LETROZOLE OR GONADOTROPINS ALONE IN WOMEN WITH UNEXPLAINED INFERTILITY AFTER CLOMIPHENE FAILURE: A PROSPECTIVE RANDOMISED CLINICAL TRIAL.

S. Sharma[1], S. Rajani[1], R. L. Kandula[1], A. Sarkar[1], P. Palchaudhuri[2], B. Chakravarty[1]. [1]ART, Institute of Reproductive Medicine, Kolkata, West Bengal, India; [2]Obstetric, Apollo Gleneagles, Kolkata, West Bengal, India.

O-6 **12:30 PM**

COST-EFFECTIVENESS ANALYSIS COMPARING CONTINUATION OF ART WITH CONVERSION TO IUI IN PATIENTS WITH LOW FOLLICLE NUMBERS.

IB. Yu[1], S. Mumford[2], J. H. Segars[1], A. Armstrong[1]. [1]Program in Adult and Reproductive Endocrinology, NICHD, National Institutes of Health, Bethesda, MD; [2]Epidemiology Branch, Division of Epidemiology, Statistics, and Prevention Research, NICHD, National Institutes of Health, Bethesda, MD.

O-7 **12:45 PM**

METABOLOMIC PROFILING OF CULTURE MEDIA BY NEAR INFRARED SPECTROSCOPY AS AN ADJUNCT TO MORPHOLOGY FOR SELECTION OF A SINGLE DAY 3 EMBRYO TO TRANSFER IN IVF: A DOUBLE BLIND RANDOMISED TRIAL.

C. G. Vergouw, D. C. Kieslinger, E. H. Kostelijk, P. G. Hompes, R. Schats, C. B. Lambalk. Reproductive Medicine, VU University Medical Center, Amsterdam, Noord Holland, Netherlands..

Monday, October 17, 2011 4:15 pm – 6:15 pm

Abstract Sessions

- Menopause
- Environment and Reproduction
- Male Reproduction and Urology: Traveling Scholars
- Mental Health
- Imaging and ART Imaging
- Nutrition
- Outcome Predictors - Clinical: ART
- Ovarian Stimulation - High Responders: ART
- Preimplantation Genetic Diagnosis
- Procedurers and Techniques - Clinical: ART
- Reproductive Biology: Human Studies
- Reproductive Endocrinology: Clinical
- Reproductive Surgery

MENOPAUSE
ROOM 230 A/B

Moderators: *Erkan Buyuk, M.D.*
Alex Polotsky, M.D.

O-8 **4:15 PM**

17β-ESTRADIOL INHIBITS C-REACTIVE PROTEIN-DRIVEN VASCULAR INFLAMMATION IN MACROPHAGES DERIVED FROM YOUNG BUT NOT AGED MICE.

M. R. Bowling[1], S. Oparil[2], G. W. Bates[1], Y.-F. Chen[2], F. Hage[2]. [1]Division of Reproductive Endocrinology and Infertility, University of Alabama at Birmingham, Birmingham, AL; [2]Division of Cardiolovascular Disease, University of Alabama at Birmingham, Birmingham, AL.

O-9 **4:30 PM**

IMPACT OF SMOKING ON THE AGE AT NATURAL MENOPAUSE IN BRCA1/2 MUTATION CARRIERS IN NORTHERN CALIFORNIA.

W. T. Lin, M. Beattie[2], S. Crawford[3], E. Gold[4], L.-m. Chen[1], M. Rosen[1]. [1]Obstetrics Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, CA; [2]Department of Medicine, UCSF Helen Diller Family Comprehensive Cancer Center, University of California, San Francisco, San Francisco, CA; [3]Preventive and Behavioral Medicine, University of Massachusetts, Worcester, MA; [4]Public Health Sciences, University of California, Davis, Davis, CA.

O-10 **4:45 PM**

EARLY MENOPAUSE IN WOMEN WITH CHRONIC INFLAMMATORY DISEASE: A POPULATION-BASED COHORT STUDY.

J. F. McLaren, K. Haynes, K. T. Barnhart, M. D. Sammel, B. L. Strom. Biostatistics and Epidemiology, University of Pennsylvania School of Medicine, Philadelphia, PA.

O-11 **5:00 PM**

OVARIAN NON-GROWING FOLLICLE COUNTS ACCORDING TO THE STAGING OF REPRODUCTIVE AGING (STRAW) STAGING SYSTEM.

K. R. Hansen[1], H. R. Burks[1], L. B. Craig[1], M. R. Soules[2], N. A. Klein[2]. [1]Department of Obstetrics and Gynecology, Section of Reproductive Endocrinology and Infertility, University of Oklahoma Health Sciences Center, Oklahoma City, OK; [2]Seattle Reproductive Medicine, Seattle, WA.

O-12 **5:15 PM**

ANTRAL FOLLICLE COUNT (AFC) PREDICTS NATURAL MENOPAUSE IN A POPULATION BASED COHORT: THE CORONARY ARTERY RISK DEVELOPMENT IN YOUNG ADULTS (CARDIA) AND CARDIA WOMEN'S STUDY (CWS).

M. Wellons[1], C. Lewis[1], P. Schreiner[2], W. Bates[1], B. Sternfeld[3], D. Siscovick[4]. [1]University of Alabama, Birmingham, AL; [2]University of Minnesota, Minneapolis, MN; [3]Kaiser Permanente Division of Research, Oakland, CA; [4]University of Washington, Seattle, WA.

O-13 **5:30 PM**

TOLERABILITY OF DESVENLAFAXINE 100 MG IN WOMEN WITH VASOMOTOR SYMPTOMS (VMS) ASSOCIATED WITH MENOPAUSE: A POOLED ANALYSIS OF 5 TRIALS.

D. F. Archer[1], J. L. Shifren[2], R.-f. J. Cheng[3], W. Bao[3], C. J. Guico-Pabia[3]. [1]Eastern Virginia Medical School, Norfolk, VA; [2]Massachusetts General Hospital, Boston, MA; [3]Pfizer Inc, Collegeville, PA.

O-14 **5:45 PM**

HORMONE VARIATIONS ASSOCIATED WITH QUANTITATIVE FAT MEASURES IN THE MENOPAUSAL TRANSITION.

S. Senapati, H. Lin, G. Pien, R. D. Schwab, E. Freeman, C. Gracia. Obstetrics and Gynecology, University of Pennsylvania, Philadelphia, PA.

O-15 **6:00 PM**

A DOUBLE-BLIND, PLACEBO CONTROLLED TRIAL ON THE EFFECTS OF A LICORICE EXTRACT ON MENOPAUSAL SYMPTOMS.

M. B. Baker[1], M. Ciccone[1], M. Wilson[1,2], F. Stanczyk[1,2], D. Shoupe[1]. [1]Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology & Infertility, University of Southern California, Los Angeles, CA; [2]Department of Preventive Medicine, University of Southern California, Los Angeles, CA.

ENVIRONMENT AND REPRODUCTION
ROOM 224 G/H

Moderators: *Russ Hauser*
Julie Wirth

O-16 **4:15 PM**

THE ASSOCIATION OF URINARY PHTHALATE MONOESTER CONCENTRATIONS WITH MEASURES OF OVARIAN RESERVE AMONG PATIENTS UNDERGOING FERTILITY TREATMENTS.

I. Souter[1], K. W. Smith[2], I. Dimitriadis[1,2], M. G. Keller[1,2], J. C. Petrozza[1], R. Hauser[1,2]. [1]Obstetrics/Gynecology-Reproductive Endocrinology & Infertility Division, Massachusetts General Hospital-Harvard Medical School, Boston, MA; [2]Environmental Health, Harvard School of Public Health, Boston, MA.

O-17 **4:30 PM**

BISPHENOL A (BPA) CONFERS DIRECT GENOTOXICITY TO SPERM WITH INCREASED SPERM DNA FRAGMENTATION.

D. H. Wu[1], Y.-K. Leung[2], M. A. Thomas[1], R. Maxwell[1], S.-M. Ho[2]. [1]Obstetrics and Gynecology, University of Cincinnati, Cincinnati, OH; [2]Environmental Health, University of Cincinnati, Cincinnati, OH.

O-18 **4:45 PM**

ROUTINE TOXICOLOGY SCREENING OF OOCYTE DONORS.

B. A. Levine, J. U. Klein, A. Charles, M. V. Sauer. Division of Reproductive Endocrinology & Infertility, Department of Obstetrics and Gynecology, College of Physicians & Surgeons, Columbia University, New York, NY.

O-19 **5:00 PM**

MODIFICATION OF THE RELATIONSHIP BETWEEN SMOKING AND HUMAN SPERM PARAMETERS BY A POLYMORPHISM IN GLUTATHIONE-S-TRANSFERASE T1.

J. J. Wirth[1,2], R. R. Mijal[3], K. Friderici[4], D. D. Daly[5], N. Paneth[1], M. P. Diamond[6]. [1]Epidemiolology, Michigan State University, East Lansing, MI; [2]Obstetrics and Gynecology, Michigan State University, East Lansing, MI; [3]Preventive Medicine and Public Health, University of Kansas, Kansas City, KS; [4]Microbiology and Molecular Genetics, Michigan State University, East Lansing, MI; [5]Grand Rapids Fertility & IVF, Grand Rapids, MI; [6]Obstetrics and Gynecology, Wayne State University, Detroit, MI.

O-20 **5:15 PM**

URINARY BISPHENOL A AND IMPLANTATION FAILURE AMONG WOMEN UNDERGOING IN VITRO FERTILIZATION.

S. Ehrlich[1], P. L. Williams[2], S. A. Missmer[1,3], K. F. Berry[3], J. Petrozza[4], R. Hauser[1,4]. [1]Environmental Health, Harvard School of Public Health, Boston, MA; [2]Biostatistics, Harvard School of Public Health, Boston, MA; [3]Center for Infertility and Reproductive Surgery, Department of Obstetrics and Gynecology, Brigham and Women's Hospital, Boston, MA; [4]The Fertility Center, Vincent Memorial Obstetrics and Gynecology, Massachusetts General Hospital, Boston, MA.

O-21 **5:30 PM**

MATERNAL HAIR MERCURY LEVELS AND EARLY IN VITRO FERTILIZATION (IVF) OUTCOMES.

D. L. Wright[1], K. W. Smith[2], S. Ehrlich[2], K. Berry[3], T. L. Toth[1], R. Hauser[1,2]. [1]Vincent Obstetrics and Gynecology Service, Division of Reproductive Medicine and IVF, Massachusetts General Hospital, Boston, MA; [2]Department of Environmental Health, Harvard School of Public Health, Boston, MA; [3]Center for Infertility and Reproductive Surgery, Department of Obstetrics and Gynecology, Brigham and Women's Hospital, Boston, MA.

O-22 **5:45 PM**

THE IMPACT OF BISPHENOL A (BPA) ON HUMAN OOCYTE MEIOTIC MATURATION.

R. Machtinger[1], R. Hauser[2], C. Combelles[3], C. Racowsky[1]. [1]ObGyn, Brigham and Women's Hospital, Boston, MA; [2]Harvard School of Public Health, Boston, MA; [3]Biology, Middlebury College, Middlebury, VT.

O-23 **6:00 PM**

IN-UTERO AND NEONATAL VITAMIN D3 DEFICIENCY RESULTS IN A POLYCYSTIC OVARIAN SYNDROME-LIKE PHENOTYPE.

T. R. Segal[1], C. L. Dicken[1], D. D. Israel[2], J. Shu[1], G. S. Neal-Perry[1,3]. [1]Obstetrics and Gynecology, Albert Einstein College of Medicine, Bronx, NY; [2]Medicine, Albert Einstein College of Medicine, Bronx, NY; [3]Dominick Purpura Department of Neuroscience, Albert Einstein College of Medicine, Bronx, NY.

MALE REPRODUCTION AND UROLOGY: TRAVELING SCHOLARS
ROOM 224 C/D

Moderators: *Susan H. Benoff*
Nancy L. Brackett

O-24 **4:15 PM**

TECHNOLOGICAL IMPROVEMENTS SUGGEST THE PREFERENTIAL USE OF PERCUTANEOUS EPIDIDYMAL SPERM ASPIRATION (PESA) OVER SURGICAL CORRECTION IN THE TREATMENT OF OBSTRUCTIVE AZOOSPERMIA (OA).

J. R. Kovac, M. A. B. Fischer. McMaster Institute of Urology, Hamilton, ON, Canada.

O-25 **4:30 PM**

CRYOPRESERVATION WITH PRO-KINETIC AGENTS MAY HAVE AN ADVERSE IMPACT ON SPERM MOTILITY AND RECOVERY IN MEN WITH TESTIS CANCER.

J. M. Hotaling, R. Hsi, N. Lopushnyan, C. H. Muller, T. J. Walsh. Urology, University of Washington, Seattle, WA.

O-26 **4:45 PM**

COMPARISON OF IVF/ICSI OUTCOMES IN MALE FACTOR INFERTILITY PATIENTS WITH AND WITHOUT SPINAL CORD INJURIES.

A.S.Q. Kathiresan[1], G. R. Attia[1], S. J. Ory[1], M. J. Barrionuevo[1], C. M. Lynne[2], N.L. Brackett[3]. [1]Department of Obstetrics and Gynecology, University of Miami Miller School of Medicine, Miami, FL; [2]Department of Urology, University of Miami Miller School of Medicine, Miami, FL; [3]Miami Project to Cure Paralysis, University of Miami Miller School of Medicine, Miami, FL.

O-27 **5:00 PM**

DIETARY PATTERNS AND SEMEN QUALITY IN YOUNG MEN.

A. J. Gaskins[1], D. Colaci[1], J. Mendiola[2], S. H. Swan[3], J. Chavarro[1]. [1]Department of Nutrition, Harvard School of Public Health, Boston, MA; [2]School of Medicine, University of Murcia, Espinardo, Murcia, Spain; [3]Department of Obstetrics and Gynecology, University of Rochester, Rochester, NY.

O-28 **5:15 PM**

ALTERED DNA METHYLATION PATTERNS IN SPERM FROM OLIGOZOOSPERMIC MEN.

D. Montjean[1,3], M. Benkhalifa[3], P. Cohen-Bacrie[3], A. Bashamboo[1], C. Ravel[1,2], K. McElreavey[1]. [1]Human Developmental Genetics, Institute Pasteur, Paris, France; [2]Reproductive Biology, Hopital Tenon, Paris, France; [3]Reproductive Biology, Laboratoire d'Eylau, Unilabs, Paris, France.

O-29 **5:30 PM**

HOW DOES THE NEW 2010 WORLD HEALTH ORGANIZATION (WHO) CRITERIA FOR SEMEN ANALYSES AFFECT THOSE PRESENTING TO INFERTILITY CLINIC?

K. S. Murray[1], A. James[1], J. B. McGeady[2], M. L. Reed[2], A. K. Nangia[1], W. W. Kuang[2]. [1]Department of Urology, University of Kansas Medical Center, Kansas City, MO; [2]Southwest Fertility Center for Men, University of New Mexico, Albuquerque, NM.

MENTAL HEALTH
ROOM 232 A/C

Moderators: *Linda D. Applegarth*
Sharon N. Covington

O-30 **4:15 PM**

FERTILITY PRESERVATION PROVIDES HOPE TO CANCER PATIENTS.

A. B. Rosen, K. Oktay. Institute for Fertility Preservation, Division of Reproductive Medicine, Department of Obstetrics and Gynecology, New York Medical College, Valhalla, NY.

O-31 **4:30 PM**

DO OVUM DONOR RECIPIENTS PREFERENCES CHANGE AFTER DELIVERY?

A. M. Braverman[1,2,3], B. Galen[1], D. Taylor[1,2], R. T. Scott[1,2]. [1]Reproductive Medical Associates of New Jersey, Morristown, NJ; [2]Obstetrics & Gynecology, Robert Wood Johnson Medical School, University of Medicine and Dentistry of New Jersey, Piscataway, NJ; [3]Obstetrics & Gynecology, Medical Health Journeys, Bala Cynwyd, PA.

O-32 **4:45 PM**

FUNCTIONAL NEUROIMAGING OF EMOTIONAL PROCESSING IN WOMEN WITH POLYCYSTIC OVARY SYNDROME.

C. A. Marsh, A. Berent-Spillson, T. Love, C. Persad, J.-K. Zubieta, Y. R. Smith. University of Michigan, Ann Arbor, MI.

O-33 **5:00 PM**

FERTILITY COUNSELING BEFORE CANCER TREATMENT CAN MINIMIZE THE NEGATIVE QUALITY OF LIFE IMPACT ASSOCIATED WITH BEING INFERTILE AFTER TREATMENT.

J. M. Letourneau[1], E. Ebbel[1], J. Smith[2], A. Katz[1], P. Katz[3], M. P. Rosen[1]. [1]Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, CA; [2]Department of Urology, University of California, San Francisco, San Francisco, CA; [3]Department of Medicine, University of California, San Francisco, San Francisco, CA.

O-34 **5:15 PM**

ARE INCREASED LEVELS OF SELF-REPORTED PSYCHOSOCIAL STRESS, ANXIETY AND DEPRESSION ASSOCIATED WITH FERTILITY PROBLEMS?

C. D. Lynch[1], R. Sundaram[2], G. M. Buck Louis[2], K. J. Lum[4], C. Pyper[3]. [1]Department of Obstetrics & Gynecology, The Ohio State University College of Medicine, Columbus, OH; [2]Division of Epidemiology, Statistics and Prevention Research, NICHD/NIH, Rockville, MD;

[3]National Perinatal Epidemiology Unit, University of Oxford, Oxford, England, United Kingdom; [4]Department of Biostatistics, Johns Hopkins Bloomberg Public Health, Baltimore, MD.

O-35 **5:30 PM**

IMPROVING QUALITY OF LIFE FOR FEMALE CANCER SURVIVORS: IMPORTANCE OF PRE-TREATMENT ONCOLOGY CONSULTATION.

J. M. Letourneau[1], E. Ebbel[1], A. Katz[1], J. F. Smith[2], P. F. Katz[3], M. P. Rosen[1]. [1]Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, CA; [2]Department of Urology, University of California, San Francisco, San Francisco, CA; [3]Department of Medicine, University of California, San Francisco, San Francisco, CA.

O-36 **5:45 PM**

THE PATIENT HEALTH QUESTIONNAIRE (PHQ) IS A POOR PSYCHOLOGICAL SCREENING TOOL IN IN VITRO FERTILIZATION (IVF) PATIENTS.

N. R. Whitlow[1], G. L. Ryan[1], S. P. Stuart[2]. [1]Obstetrics and Gynecology, University of Iowa Carver College of Medicine, Iowa City, IA; [2]Psychiatry, University of Iowa Carver College of Medicine, Iowa City, IA.

O-37 **6:00 PM**

VITAMIN D DEFICIENCY IS PREDICTIVE OF DEPRESSIVE SYMPTOMS IN WOMEN WITH POLYCYSTIC OVARY SYNDROME (PCOS).

A. D. Moore[2], S. H. Naqvi[2], S. Latif[3], D. Setukavala[1], K. Bevilacqua[4], L. Pal[1]. [1]Obstetrics, Gynecology & Reproductive Sciences, Yale University, New Haven, CT; [2]University of Connecticut, Storrs, CT; [3]Kasturba Medical College, Mangalore, India; [4]Albert Einstein College of Medicine & Montefiore Medical Center, Hartsdale, NY.

IMAGING AND ART IMAGING

ROOM 231 A/C

Moderators: *Todd Deutch*
Laurel Statmauer

O-38 **4:15 PM**

CERVICAL EVALUATION BY VIRTUAL HYSTEROSALPINGOGRAPHY BEFORE EMBRYO TRANSFER.

M. Baronio[1], P. Carrascosa[2], C. Capunay[2], J. Vallejos[2], A. Vasconcelos[2], S. Papier[1]. [1]CEGYR, Ciudad Autónoma de Buenos Aires, Buenos Aires, Argentina; [2]Diagnostico Maipu, Vicente Lopez, Buenos Aires, Argentina.

O-39 **4:30 PM**

INTER-OBSERVER REPRODUCIBILITY OF FOLLICULAR COHORT MEASUREMENTS BY TWO- AND THREE-DIMENSIONAL SONOGRAPHY: A PROSPECTIVE EVALUATION IN 30 OOCYTE DONORS.

A. Rodriguez, D. Bodri, J. J. Guillen, B. Luhr, V. Vernaeve, O. Coll. Reproductive Medicine, Eugin Clinic, Barcelone, Barcelona, Spain.

O-40 **4:45 PM**

ROLE OF HYSTEROSCOPY IN DIAGNOSIS OF SUBTLE UTERINE ANOMALIES IN PATIENTS WITH NORMAL HYSTEROSALPINGOGRAPHY.

N. Kalia[2], O. Abuzeid[1], M. Ashraf[1,2], M. I. Abuzeid[1,2]. [1]Division of Reproductive Endocrinology and Infertility, Dept.of Obstetrics and Gynecology, Hurley Medical Center, Flint, MI; [2]Dept. of Obstetrics and Gynecology, Hurley Medical Center, Flint, MI.

O-41 **5:00 PM**

ASSISTED REPRODUCTIVE TECHNOLOGIES AND UTILIZATION OF ANTENATAL ULTRASOUND.

R. Kudesia[1], S. T. Chasen[2]. [1]Obstetrics & Gynecology, New York-Presbyterian/Weill Cornell Medical Center, New York, NY; [2]Maternal-Fetal Medicine, New York-Presbyterian/Weill Cornell Medical Center, New York, NY.

O-42 **5:15 PM**

FIRST TRIMESTER CERVICAL LENGTH AND PRETERM DELIVERY IN PREGNANCIES CONCEIVED THROUGH IN VITRO FERTILIZATION.

Z. A. Al-Safi, V. I. Shavell, R. P. Roberts, M. Singh, E. E. Puscheck, M. P. Diamond. Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Wayne State University School of Medicine and the Detroit Medical Center, Detroit, MI.

O-43 **5:30 PM**

FIRST TRIMESTER CERVICAL LENGTH MEASUREMENT PREDICTS PRETERM DELIVERY IN IVF PATIENTS.

O. Vincent-Boulay, N. G. Mahutte, V. Bissonauth, S. Ouhilal. Montreal Fertility Centre, Montreal, QC, Canada.

O-44 **5:45 PM**

CLINICAL IMPLICATIONS OF PREGESTATIONAL CERVICAL LENGTH IN PATIENTS UNDERGOING IVF.

H. S. Wolff, R. P. Gada, P. H. Leonard, C. C. Coddington. Reproductive Endocrinology and Infertility, Mayo Clinic, Rochester, MN.

O-45 **6:00 PM**

EARLY SUBCHORIONIC HEMATOMA (SCH) DETECTED BY FIRST TRIMESTER ULTRASOUND IN FERTILE AND SUBFERTILE WOMEN.

E. M. Rosenbluth, J. K. Flagg, N. R. Whitlow, G. L. Ryan. Obstetrics and Gynecology, Univerity of Iowa Hospitals and Clinics, Iowa City, IA.

NUTRITION

ROOM 240 A/B

Moderators: *Stacey Missmer*
Amy Ogle

O-46 **4:15 PM**

COMPARING "APPLES AND PEARS": HOW WELL DO WOMEN PERCEIVE THEIR BODY SIZE AND SHAPE?

M. Thoma[1], R. Sundaram[1], Z. Chen[1], C. M. Peterson[2], M. Croughan[3], G. Louis[1]. [1]Division of Epidemiology, Statistics, and Prevention Research, NICHD, NIH, Rockville, MD; [2]University of Utah, Salt Lake City, UT; [3]University of California, Oakland, CA.

O-47 **4:30 PM**

DIETARY SUPPLEMENTATION WITH FISH OIL INHIBITS ENDOMETRIOSIS-ASSOCIATED, POSTSURGICAL ADHESIVE DISEASE AND SECONDARY UTERINE INFLAMMATION IN A MOUSE MODEL.

K. L. Bruner-Tran[1], J. L. Herington[1], A. Sokalska[2], A. Duleba[2], K. G. Osteen[1]. [1]Women's Reproductive Health Research Center, Vanderbilt University Medical Center, Nashville, TN; [2]Obstetrics & Gynecology, University of California, Davis, Sacramento, CA.

O-48 **4:45 PM**

INTAKE OF TRANS FATTY ACIDS AND SEMEN QUALITY AMONG MEN ATTENDING A FERTILITY CLINIC.

J. E. Chavarro[1], J. A. Attaman[2], T. L. Toth[2], J. B. Ford[3], M. Keller[3], R. Hauser[3]. [1]Department of Nutrition, Harvard School of Public Health, Boston, MA; [2]MGH Fertility Center, Massachusetts General Hospital and Harvard Medical School, Boston, MA; [3]Department of Envrionmental Health, Harvard School of Public Health, Boston, MA.

O-49 **5:00 PM**

OMEGA-3 FATTY ACIDS AND OVULATORY FUNCTION.

S. L. Mumford[1], E. F. Schisterman[1], S. Dasharathy[1], A. Z. Pollack[1], C. Zhang[1], J. Wactawski-Wende[2]. [1]Epidemiology Branch, Eunice Kennedy Shriver National Institute of Child Health and Human Development, Rockville, MD; [2]Department of Social and Preventive Medicine, University at Buffalo, Buffalo, NY.

SEXUALITY
ROOM 240 A/B

Moderators: *Gail A. Knudson*
Sheryl A. Kingsberg

O-50 **5:15 PM**

PERSPECTIVES AMONG GAY MALE COUPLES CHOOSING FATHERHOOD USING ASSISTED REPRODUCTION.

I. B. Ressler[1], D. Bessett[2], J. M. Sroga[1], S. Rompola[2], M. A. Thomas[1], S. R. Lindheim[1]. [1]OB/GYN, University of Cincinnati, Cincinnati, OH; [2]Sociology, University of Cincinnati, Cincinnati, OH.

O-51 **5:30 PM**

PREVALENCE AND BREAK-DOWN OF FEMALE SEXUAL DYSFUNCTION AMONG WOMEN IN UPPER EGYPT.

A. Y. Shahin, I. M. A. Hassanin. Obstetrics and Gynecology, Women's Health Center, Assiut, Egypt; Obstetrics and Gynecology, Sohag University, Sohag, Egypt.

O-52 **5:45 PM**

ANALYSES OF SEXUAL EXPERIENCES AND SEXUALITY IN JAPANESE ADULT WOMEN WITH TURNER'S SYNDROME.

N. Suganuma[1], T. Kameda[1], Y. Yomemori[1], A. Hayashi[2], T. Ando[3]. [1]Human Health Sciences, Kyoto University Graduate School of Medicine, Kyoto, Japan; [2]Health Sciences and Nursing, Tokyo University Graduate School of Medicine, Tokyo, Japan; [3]Obstetrics and Gynecology, Japanese Red Cross Nagoya Daiichi Hospital, Nagoya, Aichi, Japan.

O-53 **6:00 PM**

SEXUAL FUNCTION IN WOMEN WITH POLYCYSTIC OVARY SYNDROME.

D. W. Stovall[1], J. L. Scriver[1], A. H. Clayton[1,2], C. D. Williams[1], L. M. Pastore[1]. [1]Obstetrics and Gynecology, The University of Virginia, Charlottesville, VA; [2]Psychiatry and Neurobehavioral Sciences, The University of Virginia, Charlottesville, VA.

OUTCOME PREDICTORS-CLINICAL: ART
ROOM 240 C/D

Moderator: *Michael Kettel*

O-54 **4:15 PM**

THE EVALUATION OF AN ELECTIVE SINGLE BLASTOCYST EMBRYO TRANSFER PROGRAM: MONITORING CANADIAN PREVENTION OF MULTIPLE BIRTHS ROUNDTABLE 2015 TARGET GOALS.

K. Miller, N. Ouhibi, S. Kashyup, B. Taylor, J. Hitkari, A. Yuzpe. Genesis Fertility Centre, Vancouver, BC, Canada.

O-55 **4:30 PM**

HUMAN CUMULUS CELL BIOMARKERS FOR PREDICTING TOP BLASTOCYST DEVELOPMENT AND PREGNANCY IN SINGLE BLASTOCYST TRANSFER.

S. Assou[1,2], S. Moussaddykine[1,2], E. Van den Abbeel[3], J.-C. Arce[4]. [1]CHU Montpellier, Institut de Recherche en Biothérapie, Hôpital Saint-Eloi, Montpellier, Herault, France; [2]INSERM, U1040, Montpellier, Herault, France; [3]Reproductive Medicine, UZ Gent, Gent, Belgium; [4]Global Clinical Research & Development (Reproductive Medicine), Ferring Pharmaceuticals, Copenhagen, Denmark.

O-56 **4:45 PM**

A PILOT STUDY OF NEURODEVELOPMENT, BEHAVIOR AND OBESITY IN YOUNG CHILDREN CONCEIVED BY ASSISTED REPRODUCTIVE TECHNOLOGY.

L. A. Kondapalli[1], T. A. Molinaro[2], S. J. Ratcliffe[3], S. A. Lorch[4], N. Stettler[5], K. T. Barnhart[1]. [1]Reproductive Endocrinology and Infertilty, University of Pennsylvania, Philadelphia, PA; [2]Reproductive Medicine Associates of NJ, Eatontown, NJ; [3]Department of Biostatistics and Epidemiology, University of Pennsylvania School of Medicine, Philadelphia, PA; [4]Center for Outcomes Research, Children's Hospital of Philadelphia, Philadelphia, PA; [5]Division of Gastroenterology, Hepatology, and Nutrition, Children's Hospital of Philadelphia, Philadelphia, PA.

O-57 **5:00 PM**

QUANTIFICATION OF MII EGG-SPECIFIC TRANSCRIPTS IN SINGLE POLAR BODIES PROVIDES A NON-INVASIVE TOOL TO MEASURE EMBRYO POTENTIAL.

Z. Jiao, M. Xu, T. K. Woodruff. Obstetrics and Gynecology, Feinberg School of Medicine, Northwestern University, Chicago, IL.

O-58 **5:15 PM**

COMPREHENSIVE CHROMOSOME SCREENING (CCS) RESULTS IN SIGNIFICANTLY HIGHER PREGNANCY RATES AND LOWER LOSS RATES FROM SINGLE EMBRYO TRANSFER (SET) IN A POOR PROGNOSIS POPULATION.

E. J. Forman[1,2], N. R. Treff[1,2,3], X. Tao[1], K. M. Ferry[1], D. Taylor[1,2,3], R. T. Scott[1,2]. [1]Reproductive Endocrinology & Infertility, Reproductive Medicine Associates of New Jersey, Morristown, NJ; [2]Obstetrics, Gynecology and Reproductive Sciences, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ; [3]Genetics, Rutgers-The State University of New Jersey, Piscataway, NJ.

O-59 **5:30 PM**

TRANCRIPTOMIC PROFILING OF CUMULUS CELLS FROM NORMAL AND ANEUPLOID OOCYTES: TOWARDS A NON-INVASIVE DIAGNOSIS OF MEIOTIC ANEUPLOIDY.

E. Fragouli[1,2], Z. Huang[2], U. A. Kayisli[3], P. Patrizio[3], D. Wells[1,2]. [1]Reprogenetics UK, Oxford, Oxfordshire, United Kingdom; [2]Nuffielfd Department of Obstetrics and Gynaecology, University of Oxford, Oxford, Oxfordshire, United Kingdom; [3]Department of Obstetrics and Gynecology, Yale University, New Haven, CT.

O-60 **4:15 PM**

A NOVEL TOOL ALLOWS SIMULTANEOUS GENOMIC AND CYTOGENETIC ASSESSMENT OF OOCYTES AND EMBRYOS AND YIELDS UNIQUE DATA OF SCIENTIFIC AND CLINICAL IMPORTANCE.

D. Wells[1], M. Konstantinidis[1], S. Alfarawati[2], D. Hurd[3], E. Fragouli[2]. [1]Nuffield Deptartment of Obstetrics and Gynaecology, University of Oxford, Oxford, Oxfordshire, United Kingdom; [2]Reprogenetics UK, Oxford, Oxfordshire, United Kingdom; [3]Oxford Gene Techonology, Yarnton, Oxfordshire, United Kingdom.

O-61 **4:30 PM**

GENE EXPRESSION PROFILE OF CUMULUS CELLS AS NON-INVASIVE TEST TO PREDICT IMPLANTATION POTENTIAL IN COMBINATION WITH MORPHOLOGICAL EVALUATION OF EMBRYO/BLASTOCYST QUALITY.

S. Moussaddykine[1,3], S. Assou[1,3], E. Van den Abbeel[4], H. Aasted[5], S. Hamamah[1,2,3]. [1]CHU Montpellier, Institut de Recherche en Biothérapie, Hôpital Saint-Eloi, Montpellier, F-34000 France, Montpellier, Herault, France; [2]CHU Montpellier, Département de Biologie de la Reproduction, Hôpital Arnaud de Villeneuve, Montpellier, Herault, France; [3]INSERM, U1040, Montpellier, Herault, France; [4]Reproductive Medicine, UZ Gent, Gent, Belgium; [5]Global Clinical Research & Development, Ferring Pharmaceuticals, Copenhagen, Denmark.

OVARIAN STIMULATION – HIGH RESPONDERS: ART
ROOM 230 D

Moderators: *Zev Rosenwaks*
Claudio Bendiva

O-62 **4:15 PM**

LEUPROLIDE ACETATE IS NOT INFERIOR TO HUMAN CHORIONIC GONADOTROPIN AS A "TRIGGER" IN IN VITRO FERTILIZATION WITH RESPECT TO RETRIEVAL EFFICIENCY, OOCYTE NUCLEAR MATURATION, AND FERTILIZATION RATE.

M. P. Provost[1], K. O. Pomeroy[2], R. D. Gerkin[3], D. V. Moffitt[2]. [1]Department of Obstetrics & Gynecology, Banner Good Samaritan Medical Center, Phoenix, AZ; [2]Arizona Reproductive Medical Specialists, Phoenix, AZ; [3]Banner Health Research Administration, Banner Good Samaritan Medical Center, Phoenix, AZ.

O-63 **4:30 PM**

CABERGOLINE SUCCESSFULLY PREVENTED THE INCIDENCE OF SEVERE OHSS.

T. Inoue, T. Himeno, Y. Ohnishi, K. Ito, Y. Nakaoka, Y. Morimoto. The Center for Reproductive Medicine and Infertility IVF Namba Clinic, Osaka, Japan.

O-64 **4:45 PM**

ANTRAL FOLLICLE COUNT VERSUS SERUM ANTI-MULLERIAN HORMONE FOR PREDICTION OF OVARIAN HYPERTIMULATION IN PATIENTS WITH POLYCYSTIC OVARY SYNDROME TREATED WITH HUMAN MENOPAUSAL GONADOTROPINS.

H. N. Sallam[1,2], D. El-Kaffash[1,3], M. Abou-Heif[2], M. El-Abd[2], A. N. Sallam[2], A. A. Agameya[1,2]. [1]Infertility Clinic, Alexandria Regional Center for Women's Health and Development, Alexandria, Egypt; [2]Department of Obstetrics and Gynaecology, Alexandria Univeresity, Alexandria, Egypt; [3]Department of Clinical Pathology, Alexandria University, Alexandria, Egypt.

O-65 **5:00 PM**

PROGESTERONE PREVENTS OVARIAN HYPERSTIMULATION SYNDROME BY SUPPRESSING CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) EXPRESSION.

L. C. Ajonuma. St. Mary's Maternity Hospital, Ihitte/Uboma, Imo State, Nigeria.

O-66 **5:15 PM**

INTRAVENOUS ADMINISTRATION OF CALCIUM IN OVARIAN HYPERSTIMULATION SYNDROME (OHSS) PREVENTION.

S. A. Yakovenko[1], I. V. Zorina[1], N. V. Dmitrieva[1], V. S. Sivozhelezov[2], S. A. Dyakonov[1]. [1]AltraVita IVF Clinic, Moscow, Russian Federation; [2]Institute for Cell Biophysics, Russian Academy of Sciences, Pushchino, Moscow Region, Russian Federation.

O-67 **5:30 PM**

FOLLICULE STIMULATING HORMONE (FSH) ADMINISTER WITH TRIGGER DOSE HUMAN CHORIONIC GONADOTROPIN (hCG) COMPLETELY PREVENTS OVARIAN HYPERSTIMULATION SYNDROME (OHSS). RANDOMISED CONTROLLED STUDY.

P. E. Egbase[1], M. Al Sharhan[1], M. Masangcay[1], E. Egbase[2]. [1]Reproductive Medicine, IVF and Genetic Dept, London Hospital Kuwait, Al Fintas, Ahmadi, Kuwait; [2]Obstetrics and Gynaecology Dept, Nottingham City Hospital, Nottingham, Nottinghamshire, United Kingdom.

O-68 **5:45 PM**

DUAL TRIGGER OF OOCYTE MATURATION WITH GONADOTROPIN RELEASING HORMONE AGONIST (GnRHa) AND LOW DOSE HUMAN CHORIONIC GONADOTROPIN (hCG) TO OPTIMIZE CONCEPTION RATES IN HIGH RESPONDERS.

D. W. Griffin, C. A. Benadiva, N. E. Kummer, A. A. Elassar, J. C. Nulsen, L. L. Engmann. Obstetrics and Gynecology, University of Connecticut Health Center, Farmington, CT.

O-69 **6:00 PM**

EFFECT OF LOW DOSE hCG SUPPORT ON GnRH-AGONIST TRIGGERED IVF/ICSI CYCLES.

C. Huang, H.-Y. Li. Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, Taipei, Taiwan.

PREIMPLANTATION GENETIC DIAGNOSIS

ROOM F 5

Moderators: *Nathan Treff*
Mark Hughes

O-70 **4:15 PM**

PGD FOR MONOGENIC DISEASE BY DIRECT MUTATION ANALYSIS ALONE IN 2 OR MORE CELLS IS MORE RELIABLE THAN MULTIPLE MARKER ANALYSIS IN SINGLE CELLS.

X. Tao[1], J. Su[1], R. Pepe[1], L. E. Northrop[1], K. M. Ferry[1], N. R. Treff[1,2,3]. [1]Reproductive Medicine Associates of New Jersey, Morristown, NJ; [2]Obstetrics, Gynecology, and Reproductive Sciences, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ; [3]Genetics, Rutgers-The State University of New Jersey, Piscataway, NJ.

O-71 **4:30 PM**

DELETIONS AND DUPLICATIONS IDENTIFIED BY 23 CHROMOSOME SINGLE NUCLEOTIDE POLYMORPHISM (SNP) MICROARRAY ARE ASSOCIATED WITH ANEUPLOIDY.

P. R. Brezina[2], C. Chipko[1], A. T. Benner[3], L. Du[3], M. S. Christianson[2], W. G. Kearns[4]. [1]Medical College of Virginia, Richmond, VA; [2]Gynecology and Obstetrics, Johns Hopkins Medical Institutions, Baltimore, MD; [3]Genetics, Center for Preimplantation Genetics, LabCorp, Rockville, MD; [4]Gynecology and Obstetrics, Genetics, Johns Hopkins Medical Institutions, Center for Preimplantation Genetics, LabCorp, Rockville, MD.

O-72 **4:45 PM**

CHROMOSOMAL DUPLICATIONS (≥200 KILOBASES (KB)) ARE MORE COMMON THAN DELETIONS ≥200 KB IN DEVELOPING HUMAN EMBRYOS AS IDENTIFIED BY 23 CHROMOSOME SINGLE NUCLEOTIDE POLYMORPHISM (SNP) MICROARRAY.

M. S. Christianson[1], P. R. Brezina[1], A. T. Benner[2], L. Du[2], A. Siegel[3], W. G. Kearns[4]. [1]Gynecology and Obstetrics, Johns Hopkins Medical Institutions, MD; [2]Genetics, Center for Preimplantation Genetics, LabCorp, Rockville, MD; [3]Medical College of Virginia, Richmond, VA; [4]Gynecology and Obstetrics, Genetics, Johns Hopkins Medical Institutions, Center for Preimplantation Genetics, LabCorp, Rockville, MD.

O-73 **5:00 PM**

HALVING THE MULTIPLE PREGNANCY RATE IN A PREIMPLANTATION GENETIC DIAGNOSIS PROGRAM BY ADOPTING A NEW BLASTOCYST FREEZING POLICY.

L. Pepas, V. Bolton, Y. Khalaf, T. El-Toukhy. Asssisted Conception Unit, Guy's and St Thomas' Hospitals Trust, London, United Kingdom.

O-74 **5:15 PM**

FISH REANALYSIS OF INNER CELL MASS AND TROPHECTODERM SAMPLES OF PREVIOUSLY ARRAY-CGH SCREENED BLASTOCYSTS REVEALS HIGH ACCURACY OF DIAGNOSIS AND NO SIGN OF MOSAICISM OR PREFERENTIAL ALLOCATION.

A. Capalbo[1], G. Wright[2], L. Themaat[2], T. Elliott[2], L. Rienzi[1], Z. P. Nagy[2]. [1]GENERA, Reproductive Medicine, Rome, Italy; [2]Reproductive Biology Associates, Atlanta, GA.

O-75 **5:30 PM**

COMPARISON OF DAY-3 AND DAY-5 ARRAY-CGH DIAGNOSIS FOR 24 CHROMOSOME ANEUPLOIDY SCREENING IN TERMS OF ACCURACY.

P. Mir, L. Rodrigo, E. Mateu, A. Cervero, J. Martín, C. Rubio. PGD Unit, IVI-Valencia, Valencia, Comunitat Valenciana, Spain.

O-76 **5:45 PM**

SIGNIFICANT DECREASE IN MISCARRIAGES AFTER PREIMPLANTATION GENETIC DIAGNOSIS (PGD) FOR RECURRENT PREGNANCY LOSS USING ARRAY COMPARATIVE GENOME HYBRIDIZATION (Array CGH).

J. Grifo[1], S. Ghadir[2], B. Kaplan[3], C. A. Laskin[4], M. Glassner[5], S. Munné[6]. [1]NYU Fertility Center, New York University, New York, NY; [2]ART Reproductive Center, Beverly Hills, CA; [3]Fertility Centers of Illinois, Highland Park, IL; [4]LifeQuest Centre for Reproductive Medicine, Toronto, ON; [5]Main Line Fertility and Reproductive Medicine, Bryn Mawr, PA; [6]Reprogenetics, Livingston, NJ.

O-77 **6:00 PM**

REPORT ON FIRST 54 PATIENTS UNDERGOING PREIMPLANTATION GENETIC DIAGNOSIS FOR GENETIC DISORDERS TOGETHER WITH 24 CHROMOSOME ANEUPLOIDY SCREENING USING MICROARRAYS.

M. Rabinowitz[1], M. Hill[1], D. Potter[1,2], N. Wemmer[1], J. Keller[1], G. Gemelos[1]. [1]Gene Security Network, Redwood City, CA; [2]HRC Fertility, Laguna Hills, CA.

PROCEDURES AND TECHNIQUES-CLINICAL: ART
ROOM 330 A

Moderators: *Kaylen Silverberg*

O-78 **4:15 PM**

THE VALUE OF FALLOPIAN TUBE SPERM PERFUSION IN THE MANAGEMENT OF MALE FACTOR INFERTILITY: A RANDOMIZED CONTROLLED TRIAL.

W. M. El-Khayat[1], A. N. El-Mazny[1], N. F. Abou-salem[1], A. H. Moafy[2]. [1]Obstetrics & Gynecology, Faculty of Medicine, Cairo University, Cairo, Egypt; [2]Clinical & Chemical Pathology, Faculty of Medicine, Cairo University, Cairo, Egypt.

O-79 **4:30 PM**

EFFECT OF ELECTIVE SINGLE EMBRYO TRANSFER ON MULTIPLE PREGNANCY AND OVERALL PREGNANCY RATES AT THE OXFORD FERTILITY UNIT.

N. Vulliemoz, A. Itani, T. Child, K. Turner, E. McVeigh. Oxford Fertility Unit, Oxford, Oxfordshire, United Kingdom.

O-80 **4:45 PM**

EFFECT OF THE TIME INTERVAL BETWEEN OVULATION TRIGGER AND OOCYTE RETRIEVAL IN WOMEN UNDERGOING IN VITRO FERTILIZATION (IVF).

R. W. Ke, K. Hertler, W. H. Kutteh. Fertility Associates of Memphis, University of Tennessee Health Science Center, Memphis, TN.

O-81 **5:00 PM**

SLOW FREEZING VS VITRIFICATION OF OOCYTES: A COMPREHENSIVE META-ANALYSIS.

D. P. Broomfield[1], E. Vishwakarma[1], L. Green[1], P. Patrizio[2]. [1]Obstetrics-Gynecology, Howard University Hospital, Washington, DC; [2]Obstetrics-Gynecology, Yale, New Haven, CT.

O-82 **5:15 PM**

THE ROLE OF SPERM ANEUPLOIDY ASSAY.

J. C. Y. Hu, D. Monahan, Q. V. Neri, Z. Rosenwaks, G. D. Palermo. The Ronald O. Perelman & Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medical College, New York, NY.

O-83 **5:30 PM**

24 CHROMOSOME ANALYSIS OF PRODUCTS OF CONCEPTION SPECIMENS BY ARRAY CGH ALLOWS FOR MORE RESULTS THAN CONVENTIONAL KARYOTYPING AND ALLOWS FOR SIMULTANEOUS MATERNAL CELL CONTAMINATION ANALYSIS

J. Sanchez[1], C. Sweet[2], P. Colls[1], B. Berger[3], D. Kenigsberg[4], G. Harton[1]. [1]Reprogenetics, Livingston, NJ; [2]Specialists in Reproductive Medicine and Surgery, Ft. Myers, FL; [3]Boston IVF, Waltham, MA; [4]Long Island IVF, Melville, NY.

O-84 **5:45 PM**

PREGNANCY RATE IMPROVES IN COUPLES WITH UNEXPLAINED INFERTILIFTY FOLLOWING INTRAUTERINE INSEMINATION (IUI) WITH MAGNETICALLY SELECTED NON-APOPTOTIC SPERMS.

S. N. Khalid, I. Z. Qureshi. Department of Maternal, Neonatal and Child Health, Health Services Academy, Islamabad, Capital, Pakistan; Department of Animal Sciences, Quaid-i-Azam University 45320, Islamabad, Capital, Pakistan.

O-85 **6:00 PM**

A MINIMALLY-INVASIVE LOOK INTO THE WINDOW OF IMPLANTATION: IDENTIFICATION OF CANDIDATE BIOMARKERS OF ENDOMETRIAL RECEPTIVITY BY TRANSCRIPTOMIC ANALYSIS OF UTERINE FLUID ASPIRATIONS.

C. Chan[1,2], C. Virtanen[3], N. Winegarden[3], T. Colgan[4], T. Brown[2], E. Greenblatt[1]. [1]Department of Obstetrics and Gynaecology, Division of Reproductive Endocrinology and Infertility, Mount Sinai Hospital, Toronto, ON, Canada; [2]Samuel Lunenfeld Research Institute, Mount Sinai Hospital, Toronto, ON, Canada; [3]Microarray Centre, University Health Network, Toronto, ON, Canada; [4]Department of Pathology and Laboratory Medicine, Mount Sinai Hospital, Toronto, ON, Canada.

REPRODUCTIVE BIOLOGY: HUMAN STUDIES
ROOM 330 B

Moderators: *Jason Barritt*
Kathy Go

O-86 **4:15 PM**

PRONOUNCED GENE EXPRESSION OF ANTI-MULLERIAN HORMONE IN HUMAN LUTEINIZED CUMULUS GRANULOSA CELLS IS SUPPRESSED BY LEPTIN AND INVERSELY CORRELATED WITH GONADOTROPIN DOSE.

Z. O. Merhi[1], E. Buyuk[1], D. Berger[2], A. Zapantis[2], S. Chua, Jr[3], S. Jindal[2]. [1]Departments of Obstetrics & Gynecology and Women's Health, Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, NY; [2]Montefiore's Institute for Reproductive Medicine and Health, Montefiore Medical Center, Hartsdale, NY; [3]Medicine, Division of Endocrinology, Albert Einstein College of Medicine, Bronx, NY.

O-87 **4:30 PM**

THE SLC47A1 GENE AS A MARKER OF CHEMICAL CYTOTOXITY IN GRANULOSA-LUTEIN CELLS AND ITS RELATIONSHIP WITH IVF OUTCOME.

R. González-Fernández[2], J. Hernández[1], Ó Peña[2], J. Avila[2], A. Palumbo[1,2]. [1]Centro de Asistencia a la Reproducción Humana de Canarias, La Laguna, S/C de Tenerife, Spain; [2]Departamento de Bioquimica y Biologia Molecular, Universidad de La Laguna, La Laguna, S/C de Tenerife, Spain; [3]Department of Obstetrics and Gynecology, New York University, New York, NY.

O-88 **4:45 PM**

ARE PATIENTS UNDERGOING PGD FOR CHROMOSOME REARRANGEMENTS AT INCREASED RISK OF ANEUPLOIDY AFFECTING CHROMOSOMES UNRELATED TO THEIR REARRANGEMENT (INTERCHROMOSOMAL EFFECT)?

S. Alfarawati[1,2], E. Fragouli[2], M. Konstantinidis[1], D. Wells[1,2]. [1]Nuffield Department of Obstetrcics and Gynaecology, University of Oxford, Oxford, United Kingdom; [2]Reprogenetics UK, Oxford, United Kingdom.

O-89 **5:00 PM**

ENDOPLASMIC RETICULUM (ER) HOMEOSTASIS IS CYCLE-DEPENDENT AND THE INFLAMMATORY CYTOKINES TNF-α AND ILI-1ß INDUCE ER STRESS BY REGULATING BIP EXPRESSION IN HUMAN ENDOMETRIAL ENDOTHELIAL CELLS.

N. S. Ocak[1,2], E. Guzel[1,3], I. Bozkurt[1,2], A. Bagriyanik[2], A. Arici[1], U. A. Kayisli[1]. [1]Dept of Obstetrics, Gynecology and Reproductive Sciences, Yale School of Medicine, New Haven, CT; [2]Dept of Histology & Embryology, Dokuz Eylul University, Inciralti, Izmir, Turkey; [3]Dept of Histology & Embryology, Istanbul University, Aksaray, Istanbul, Turkey.

O-90 **5:15 PM**

HUMAN BLASTOCYSTS EXHIBIT UNIQUE microRNA PROFILES IN RELATION TO MATERNAL AGE AND CHROMOSOME CONSTITUTION.

B. McCallie[1], J. Parks[1], R. Loper[2], H. Buttermore[2], W. B. Schoolcraft[1,3], M. Katz-Jaffe[1,3]. [1]National Foundation for Fertility Research, Lone Tree, CO; [2]Fertility Laboratories of Colorado, Lone Tree, CO; [3]Colorado Center for Reproductive Medicine, Lone Tree, CO.

O-91 **5:30 PM**

IDENTIFICATION OF IMMATURE MYELOID PRO-ANGIOGENIC CELLS IN HUMAN TERM PLACENTAS.

E. Mei-Dan, S. Hantisteanu, A. Ellenbogen, M. Hallak, O. Fainaru. Laboratory for Reproductive Immunology and IVF Unit, Department of Obstetrics and Gynecology, Haifa, Israel.

O-92 **5:45 PM**

DIVIDING THE PROLIFERATIVE PHASE: ENDOMETRIAL GENE EXPRESSION PROFILING REVEALS DISTINCT MOLECULAR CHARACTERISTICS AND ACTIVITIES IN DIFFERENT TIME SEGMENTS.

R. Petracco, A. Kong, H. S. Taylor. Obstetrics, Gynecology and Reproductive Sciences, Yale University-School of Medicine, New Haven, CT.

O-93 **6:00 PM**

THE QUANTITATIVE EXPRESSION OF GLUCOSE TRANSPORTERS IN HUMAN SPERM.

S. M. Stephens[1], S. B. Schon[1], E. L. Schoeller[2], A. I. Frolova[1], K. H. Moley[1]. [1]Obstetrics and Gynecology, Washington University, St. Louis, MO; [2]Department of Genetics, Washington University, St. Louis, MO.

REPRODUCTIVE ENDOCRINOLOGY:CLINICAL
ROOM 330 C

Moderators: *Ruben Alvero*
Ruth Lathi

O-94 **4:15 PM**

ETHNIC DIFFERENCES IN CAUCASIAN AND ASIAN WOMEN WITH PCOS.

E. T. Wang, C.-N. Kao, M. I. Cedars, H. G. Huddleston. Obstetric Gynecology & Reproductive Sciences, University of California San Francisco, San Francisco, CA.

O-95 **4:30 PM**

OBSTETRICAL OUTCOMES OF SINGLETON AND MULTIPLE GESTATATION IVF PREGNANCIES CONCEIVED FOLLOWING TRANSFER OF CRYOPRESERVED AND FRESH EMBRYOS.

J. O. Doyle, A. N. Imudia, C. Veiga, D. L. Wright, A. K. Styer, T. L. Toth. Massachusetts General Hospital Fertility Center, Vincent Department of Obstetrics and Gynecology, Massachusetts General Hospital, Boston, MA.

O-96 **4:45 PM**

IMPACT OF VITAMIN D DEFICIENCY ON IVF OUTCOME: AN OBSERVATIONAL STUDY.

S. Dubourdieu[1], T. Freour[1], D. Masson[2], L. Dessolle[1], B. Chaze[1], P. Barriere[1]. [1]Medecine et Biologie de la Reproduction, CHU de Nantes, Nantes, France; [2]Laboratoire de Biochimie Spécialisée, CHU de Nantes, Nantes, France.

O-97 **5:00 PM**

A PROSPECTIVE RANDOMIZED CONTROLLED TRIAL TO EVALUATE A CLOMIPHENE STAIR STEP PROTOCOL VS STANDARD CLOMIPHENE (SSTEPS) FOR OVULATION INDUCTION IN ANOVULATORY WOMEN.

W. M. Neuhausser, J. U. Klein, M. V. Sauer, R. A. Lobo, R. C. Zimmermann. Department of Obstetrics and Gynecology, Columbia University, New York, NY.

O-98 **5:15 PM**

EARLY RISE IN HUMAN CHORIONIC GONADOTROPIN (hCG) IS ASSOCIATED WITH MATERNAL AND PERINATAL OUTCOME.

C. B. Morse[1], M. D. Sammel[2], N. L. Oberfoell[1], P. Takacs[3], C. Coutifaris[1], K. T. Barnhart[1]. [1]Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, University of Pennsylvania, Philadelphia, PA; [2]Department of Biostatistics and Epidemiology, University of Pennsylvania, Philadelphia, PA; [3]Department of Obstetrics and Gynecology, Division of Female Pelvic Medicine and Reconstructive Surgery, University of Miami School of Medicine, Miami, FL.

O-99 **5:30 PM**

IS THE FERTILE WINDOW OPEN LONGER IN WOMEN WITH POLYCYSTIC OVARY SYNDROME (PCOS)? UTILIZING THE SART REGISTRY TO ASSESS REPRODUCTIVE AGING AND BIRTH RATE IN ANOVULATORY VS TUBAL INFERTILITY.

S. Kansal Kalra[1], S. J. Ratcliffe[2], A. Dokras[1]. [1]Obstetrics & Gynecology, Division of Reproductive Endocrinology & Infertility, University of Pennsylvania, Philadelphia, PA; [2]Center for Clinical Epidemiology and Biostatistics, University of Pennsylvania, Philadelphia, PA.

O-100 **5:45 PM**

UNILATERAL OOPHORECTOMY INCREASES ANTRAL FOLLICLE RESPONSIVENESS TO EXOGENOUS FSH, AS ASSESSED BY FOLLICULAR OUTPUT RATE (FORT), IN NORMO-CYCLING WOMEN UNDERGOING CONTROLLED OVARIAN HYPERSTIMULATION.

M. Grynberg, A. K. Bartmann, V. Gallot, F. Lamazou, R. Frydman, R. Fanchin. Ob/Gyn and Reproductive Medicine, Hôpital Antoine Beclère, Clamart, France.

O-101 **6:00 PM**

FINANCIAL BURDENS OF FERTILITY CARE: HOW INSURANCE COVERAGE AND PERCEPTION OF COST IMPACT A COUPLE'S DECISION MAKING.

P. B. Fisher[1], J. F. Smith[1], P. P. Katz[2]. [1]Urology, UCSF, San Francisco, CA; [2]Inst.for Health Policy Studies, UCSF, San Francisco, CA.

REPRODUCTIVE SURGERY
ROOM 330 E

Moderators: *Mark Jutras*
Jeffery Goldberg

O-102 **4:15 PM**

LONG-TERM EXPERIENCE WITH OVARIAN TISSUE CRYOPRESERVATION AND TRANSPLANTATION.

S. E. Gore, E. Heytens, M. Karsy, M. Cuadri, R. Soleimani, K. Oktay. Institute for Fertility Preservation, Division of Reproductive Medicine, Department of of Obstetrics & Gynecology, New York Medical College, Valhalla, NY.

O-103 **4:30 PM**

HYSTERECTOMY SUBSEQUENT TO ENDOMETRIAL ABLATION.

V. I. Shavell[1], M. L. Kruger[1], M. P. Diamond[1], D. A. Johns[2]. [1]Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Wayne State University School of Medicine and the Detroit Medical Center, Detroit, MI; [2]Baylor Research Institute, Fort Worth, TX.

O-104 **4:45 PM**

ESSURE HYDROSALPINX OCCLUSION PRIOR TO IVF-ET/ FROZEN EMBRYO TRANSFER IN PATIENTS WITH A CONTRAINDICATION FOR LAPAROSCOPY.

K. Dreyer[1], V. Mijatovic[1], M. H. Emanuel[2], R. Schats[1], P. Hompes[1]. [1]Reproductive Medicine, VU University Medical Center, Amsterdam, Noord Holland, Netherlands; [2]Obstetrics & Gynaecology, Spaarne Ziekenhuis, Hoofddorp, Noord Holland, Netherlands.

O-105 **5:00 PM**

HYALURONAN SYNTHESIS MIGHT BE ALTERED AFTER CO2 PNEUMOPERITONEUM AT A HIGH INTRAPERITONEAL PRESSURE.

S. Matsuzaki[1], R. Botchorishvili[1], K. Jardon[1], F. D'Arpiany[2], G. Mage[1], M. Canis[1]. [1]CHU Clermont-Ferrand, CHU Estaing, Clermont-Ferrand, Auvergne, France; [1]Centre International de Chirurgie Endoscopique, Clermont-Ferrand, Auvergne, France.

O-106 **5:15 PM**

ROBOTICALLY ASSISTED OVARIAN TRANSPLANTATION.

E. Marzouk, M. A. Bedaiwy, M. Catenacci, L. Carvalho, C. Biscotti, T. Falcone. Obstetrics and Gynecology, Cleveland Clinic Foundation, Cleveland, OH.

O-107 **5:30 PM**

EFFECT OF ORAL N-ACETYL CYSTEINE ON PREGNANCY OUTCOME AFTER CERVICAL CERCLAGE: A RANDOMIZED CONTROLLED TRIAL.

A. Nasr, A. El Saman, M. Zakherah. Obstetrics and Gynecology, Assiut University, Assiut, Egypt

O-108 **5:45 PM**

GUM CHEWING STIMULATES EARLY RETURN OF BOWEL MOTILITY AFTER GYNECOLOGIC LAPAROSCOPIC SURGERY.

D. Lu, Q. Liu, G. Shi. OB & Gyn, West China Second University Hospital, Sichuan University, Chengdu, Sichuan, China.

O-109 **6:00 PM**

MORBIDITY AND LONG TERM REPRODUCTIVE OUTCOME AFTER ABDOMINAL MYOMECTOMY FOR VERY LARGE FIBROID UTERI OF 16 WEEKS OR MORE.

J. Pundir, N. Krishnan, T. Siozos, C. Uwins, Y. Khalaf, T. El-Toukhy. Assisted Conception Unit, Guy's and St.Thomas NHS Trust, London, United Kingdom.

Tuesday, October 18, 2011 **11:15 am – 1:00 pm**

Prize Paper Oral Abstract Presentations

Chapin Theatre

Moderator: *Richard Leach, M.D., and Lubna Pal, M.B.B.S., M.Sc.*

The following seven papers are candidates for the ASRM Scientific Program Prize Paper Awards. Seven additional candidates will be presented during the Prize Paper Candidates' session on Monday morning.

O-110 **11:15 AM**

THALIDOMIDE REDUCES OVARIAN MICROVASCULATURE AND PROTECTS OVARIAN FOLLICLES FROM CHEMOTHERAPY DAMAGE.

M. E. Ochalski[1,2], K. E. Orwig[1,2]. [1]Obstetrics, Gynecology and Reproductive Sciences, University of Pittsburgh Medical Center, Pittsburgh, PA; [2]Magee- Womens Research Institute, Pittsburgh, PA.

O-111 **11:30 AM**

INFORMATICS-BASED MOLECULAR KARYOTYPING OF PRODUCTS OF CONCEPTION (POC) WITH MATERNAL CELL CONTAMINATION (MCC) DETECTION: REPORT ON 344 CONSECUTIVE ANALYSES.

R. B. Lathi[1], S. Sigurjonsson[2], J. Keller[2], M. Maisenbacher[2], Z. Demko[2], M. Rabinowitz[2]. [1]Stanford Fertility & Reproductive Medicine Center, Stanford University Medical Center, Palo Alto, CA; [2]Gene Security Network, Redwood City, CA.

O-112 **11:45 AM**

INTRAUTERINE INJECTION OF HUMAN CHORIONIC GONADOTROPHIN BEFORE EMBRYO TRANSFER SIGNIFICANTLY IMPROVES THE IMPLANTATION AND PREGNANCY RATES IN IVF/ICSI.

R. Mansour, N. Tawab, O. Kamal, Y. El-faissal, A. Serour, M. Aboulghar. IVF, The Egyptian IVF-ET Center, Cairo, Egypt.

O-113 **12:00 PM**

APPLICATION OF A READY-TO-USE IONOPHORE INCREASES RATES OF FERTILIZATION AND PREGNANCY IN SEVERE MALE FACTOR INFERTILITY.

T. D. Ebner[1], M. Montag[2]. [1]Kinderwunsch Zentrum, Landes- Frauen- und Kinderklinik, Linz, Upper Austria, Austria; [2]Gynaecological Endocrinology & Reproductive Medicine, University of Bonn, Bonn, Nordrhein-Westfalen, Germany.

O-114 **12:15 PM**

SPHINGOSINE-1-PHOSPHATE ACCELERATES NEOANGIOGENESIS, REDUCES HYPOXIA, AND IMPROVES PRIMORDIAL FOLLICLE SURVIVAL IN HUMAN OVARIAN XENOGRAFTS: A PRELUDE TO IMPROVING OVARIAN TRANSPLANTATION OUTCOMES.

R. Soleimani, E. Heytens, K. Oktay. Laboratory of Molecular Reproduction, Institute for Fertility Preservation, Departments of Obstetrics & Gynecology and Cell Biology & Anatomy, New York Medical College, Valhalla, NY.

O-115 **12:30 PM**

FSH RECEPTOR POLYMORPHISM PREDICTS OUTCOME OF OVULATION INDUCTION IN WHO-II ANOVULATORY SUBFERTILITY.

O. Valkenburg[1], N. B. Lamballk[2], E. J. P. van Santbrink[1], A. G. Uitterlinden[3,4], B. C. J. M. Fauser[5], J. S. E. Laven[1]. [1]Gynecology and Obstetrics, Erasmus MC University Medical Center, Rotterdam, Provincie Zuid-Holland, Netherlands; [2]Gynecology and Obstetrics, VU University Medical Center, Amsterdam, Provincie Noord-Holland, Netherlands; [3]Public Health, Erasmus MC University Medical Center, Rotterdam, Provincie Zuid-Holland, Netherlands; [4]Internal Medicine, Erasmus MC University Medical Center, Rotterdam, Provincie Zuid-Holland, Netherlands; [5]Reproductive Medicine, Utrecht University Medical Center, Utrecht, Provincie Utrecht, Netherlands.

O-116 **12:45 PM**

AGE RELATED DECLINE IN EMBRYO DEVELOPMENT CAN BE REVERSED BY ACTIVATION OF MITOCHONDRIAL METABOLISM IN A MOUSE MODEL.

M. Lane[1,2], N. O. Palmer[1]. [1]Discipline of Obstetrics and Gynaecology, University of Adelaide, Adelaide, SA, Australia; [2]Repromed, Dulwich, SA, Australia.

Tuesday, October 18, 2011 4:15 pm –6:15 pm

Abstract Sessions

- Society for Assisted Reproductive Technology
- Reproductive Surgery (SRS)
- Endometriosis Special Interest Group
- Genetic Counseling Special Interest Group
- Menopause
- Pediatric and Adolescent Gynecology Special Interest Group
- SMRU Traveling Scholars/MRU
- Reproductive Endocrinology and Infertility Fellows
- Outcome Predictors - Clinical: ART 2
- Procedures and Techniques - Clinical: ART
- Reproductive Biology: Animal and Experimental Models
- Sexuality Special Interest Group
- Reproductive Endocrinology and Infertility

CONTRACEPTION
ROOM 224 E/F

Moderators: *Rebecca H. Allen*
Jeffrey Jensen

O-117 **4:15 PM**
EFFECTS OF THE PROSTAGLANDIN-SYNTHASE INHIBITOR CELECOXIB ON OVULATION AND LUTEAL FUNCTION IN WOMEN.
A. Edelman[1,2], J. Jensen[1,2], C. Doom[1], J. Hennebold[2]. [1]Obstetrics & Gynecology, Oregon Health & Science University, Portland, OR; [2]Reproductive Sciences, Oregon National Primate Research Center, Beaverton, OR.

O-118 **4:30 PM**
EMERGENCY CONTRACEPTIVE PILLS AS A BACK UP FOR LACTATIONAL AMENORRHEA METHOD (LAM) OF CONTRACEPTION.
O. M. Shaaban[1], S. A. Nour[2], S. G. Hassen[2], E. M. Yones[2], M. A. Kames[2]. [1]Department of Obstetrics and Gynecology, Faculty of Medicine, Assiut University, Assiut, Egypt; [2]Department of Obstetrics and Gynecological Nursing, Faculty of Nursing, Assiut University, Assiut, Egypt.

O-119 **4:45 PM**
THE RISK OF VENOUS THROMBOEMBOLISM IN USERS OF AN ETONOGESTREL/ETHINYLESTRADIOL CONTAINING VAGINAL RING – INTERIM RESULTS FROM THE TASC STUDY.
J. Dinger, S. Moehner, T. Do Minh. ZEG - Berlin Center for Epidemiology and Health Research, Berlin, Germany.

O-120 **5:00 PM**
INCUBATION OF cGMP-PRIMED MACAQUE OOCYTES WITH A PHOSPHODIESTERASE 9 INHIBITOR PREVENTS NUCLEAR MATURATION AND IN VITRO FERTILIZATION.
C. B. Hanna[1], S. Yao[1], J. T. Jensen[1,2]. [1]Reproductive Sciences, Oregon National Primate Research Center, Beaverton, OR; [2]Department of Obstetrics & Gynecology, Oregon Health & Science University (OHSU), Portland, OR.

O-121 **5:15 PM**
AN RCT OF VARYING ORAL CONTRACEPTIVE REGIMENS IN THE TREATMENT OF PRIMARY DYSMENORRHEA.
R. Dmitrovic[1], R. S. Legro[2], K. R. Allen[2]. [1]BetaPlus Center for Reproductive Medicine, Zagreb, Croatia; [2]Penn State University College of Medicine, Hershey, PA.

O-122 **5:30 PM**
EFFECTIVENESS AND TOLERABILITY OF A MONOPHASIC ORAL CONTRACEPTIVE CONTAINING NOMEGESTROL ACETATE (NOMAC) AND 17ß-ESTRADIOL (E2).
C. Westhoff[1], A. M. Kaunitz[2], W. Sommer[3], L. Bahamondes[4], P. Darney[5], C. Verhoeven[3]. [1]Columbia University, New York, NY; [2]University of Florida College of Medicine-Jacksonville, Jacksonville, FL; [3]MSD, Netherlands; [4]University of Campinas, Campinas, SP, Brazil; [5]University of California, San Francisco, San Francisco, CA.

O-123 **5:45 PM**
COMBINED ORAL, TRANSDERMAL AND VAGINAL CONTRACEPTIVES WORSEN INSULIN RESISTANCE AND CHRONIC INFLAMMATION IN YOUNG HEALTHY NORMAL WEIGHT WOMEN – A RANDOMIZED STUDY.
J. M. Puurunen[1,4], T. T. Piltonen[1,2,4], P. S. Hedberg[3], A. O. Ruokonen[3], L. C. Morin-Papunen[1], J. S. Tapanainen[1,4]. [1]Department of Obstetrics and Gynecology, Oulu University Hospital, Oulu, Finland; [2]Department of Obstetrics, Gynecology and Reproductive Sciences, The University of California, San Francisco, San Francisco, CA; [3]Department of Clinical Chemistry, Institute of Diagnostics, University of Oulu, Oulu, Finland; [4]Department of Obstetrics and Gynecology, Clinical Research Center, University of Oulu, Oulu, Finland.

O-124 **6:00 PM**
CONTRACEPTION AFTER CANCER TREATMENT: DESCRIBING METHODS, COUNSELING, AND UNINTENDED PREGNANCY RISK AMONG WOMEN WHO ARE SURVIVORS OF REPRODUCTIVE AGE CANCERS.
J. M. Letourneau, A. Craig, A. Katz, M. P. Rosen. Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, CA.

NURSING
ROOM 231 A/C

Moderators: *Shalini Gunawardena*
Cynthia Wilson

O-125 **4:15 PM**
FERTILITY INTELLIGENCE: WHAT HOSPITAL EMPLOYEES DON'T KNOW MAY SURPRISE YOU.
K. R. Hammond[1], N. A. Cataldo[2], J. W. Hicks[1], M. P. Steinkampf[1]. [1]Alabama Fertility Specialists, Birmingham, AL; [2]Birmingham, AL.

O-126 **4:30 PM**
PREDICTORS OF MULTIDIMENSIONAL STRESS IN PREGNANCIES CONCEIVED VIA IN-VITRO FERTILIZATION.
E. L. Stevenson[1], C. M. Bergh[2]. [1]School of Nursing, Duke University, Durham, NC; [2]Reproductive Medicine Associates of New Jersey, Morristown, NJ.

O-127 **4:45 PM**
DOES HUSBAND'S AGE AND SEMEN QUALITY IMPACTS THE OUTCOMES OF IVF WITH DONATED OOCYTES?
P. Fettback[1,2], R. Miranda[1], J. R. Alegretti[1], M. Nichi[1], A. M. Rocha[1], E. L. A. Motta[1,3]. [1]Huntington Medicina Reprodutiva, São Paulo, Brazil; [2]Disciplina de Ginecologia, Faculdade de Medicina da Universidade de São Paulo, São Paulo, Brazil; [3]Departamento de Ginecologia, Universidade Federal de São Paulo, São Paulo, Brazil.

O-128 **5:00 PM**
OOCYTE DONATION IVF: A NATIONAL SURVEY OF CURRENT PRACTICE AND SIX-YEAR TRENDS.
K. R. Hammond[1], N. A. Cataldo[2], M. P. Steinkampf[1]. [1]Alabama Fertility Specialists, Birmingham, AL; [2]Birmingham, AL.

O-129 **5:15 PM**
SAME-SEX FEMALE COUPLES AND FAMILY-BUILDING THROUGH IVF: PATIENT AND TREATMENT DYNAMICS.
D. L. Cunningham, S. C. Pang, A. Moegle, J. C. Patel, K. J. Go. RSC New England, Lexington, MA.

O-130 **5:30 PM**

EXPERIENCE WITH GAY MALE COUPLES USING IVF FOR FAMILY-BUILDING: CYCLE DYNAMICS AND CLINICAL AND LABORATORY OUTCOMES.

D. L. Cunningham, S. C. Pang, A. Moegle, K. J. Go. Reproductive Science Center of New England, Lexington, MA.

O-131 **5:45 PM**

EVALUATING THE USE OF MONTHLY PATIENT ENGAGEMENT METRICS AS A NURSING-SENSITIVE QUALITY INDICATOR.

C. M. Bergh[1], D. D. Burke[1], P. A. Bergh[1,2]. [1]Reproductive Medicine Associates of New Jersey, Morristown, NJ; [2]Division of Reproductive Endocrinology, Department of Obstetrics and Gynecology, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ.

O-132 **6:00 PM**

A PROSPECTIVE OBSERVATIONAL STUDY TO ASSESS EASE OF LEARNING, USE AND OVERALL PATIENT SATISFACTION OF NEW FOLLITROPHIN-ALPHA PREFILLED-PEN, COMPARED TO THE OTHER SYSTEMS OF GONADOTROPIN ADMINISTRATION.

T. Utsunomiya[1], K. Takahashi[1], K. Tatsumi[1], D. Ezcurra[2]. [1]Japan Institution for Standardizing Assisted Reproductive Technology, Osaka, Kansai, Japan; [2]Merck Serono S.A.Geneva, Geneva, Switzerland.

ANDROGEN EXCESS

ROOM 330 A

Moderators: *Atoni Duleba*
Jean-Patrice Baillargeon

O-133 **4:15 PM**

PATIENTS WITH POLYCYSTIC OVARIAN SYNDROME (PCOS) HAVE DECREASED SERUM LEVELS OF THECA CELL DERIVED BONE MORPHOGENETIC PROTEIN-7 (BMP-7): A NEW HORMONAL MARKER?

O. Oktem, B. Urman. Women's Health Center Assisted Reproduction Unit, American Hospital, Istanbul, Turkey.

O-134 **4:30 PM**

VARIANTS IN DEHYDROEPIANDROSTERONE SULFOTRANSFERASE (SULT2A1) ARE INVOLVED IN THE REGULATION OF DEHYDROEPIANDROSTERONE (DHEA)/ DHEA-SULFATE (DHEAS) LEVELS IN THE POLYCYSTIC OVARY SYNDROME.

Y. V. Louwers[1], N. van Herwaarden[1], L. Stolk[2], A. G. Uitterlinden[2,3], F. H. de Jong[2], J. S. E. Laven[1]. [1]Department of Reproductive Medicine, ErasmusMC University Medical Center, Rotterdam, Netherlands; [2]Department of Internal Medicine, ErasmusMC University Medical Center, Rotterdam, Netherlands; [3]Department of Epidemiology, ErasmusMC University Medical Center, Rotterdam, Netherlands.

O-135 **4:45 PM**

RESVERATROL POTENTIATES EFFECTS OF SIMVASTATIN ON INHIBITION OF RAT OVARIAN THECA-INTERSTITIAL CELL STEROIDOGENESIS.

I. Ortega[1,2], A. B. Cress[1], J. A. Villanueva[1], A. Sokalska[1,3], S. D. Stanley[4], A. J. Duleba[1]. [1]Department of Obstetrics and Gynecology, University of California, Davis, Davis, CA; [2]IVI Madrid, Madrid, Spain; [3]Department of Gynecology, Obstetrics and Gynecological Oncology, Karol Marcinkowski, Poznan, Poland; [4]Department of Molecular Biosciences, University of California, Davis, Davis, CA.

O-136 **5:00 PM**

METFORMIN INHIBITS CELL PROLIFERATION AND CELL CYCLE REGULATORY PROTEINS OF OVARIAN THECA-INTERSTITIAL CELLS.

M. A. Will, M. Palaniappan, H. Peegel, P. Kayampilly, K. M. J. Menon. Obstetrics and Gynecology, University of Michigan Hospitals, Ann Arbor, MI.

O-137 **5:15 PM**

THE IMPACT OF SUPERVISED WEIGHT LOSS AND WEIGHT REGAIN ON THE ANDROGENIC SEX HORMONE PROFILE: SEX HORMONE BINDING GLOBULIN IS THE MOST SENSITIVE MARKER OF WEIGHT FLUCTUATIONS.

M. Aubuchon[1], A. J. Polotsky[2], Y. Liu[3], T. R. Thomas[3]. [1]Obstetrics, Gynecology, and Women's Health, University of Missouri School of Medicine, Columbia, MO; [2]Obstetrics and Gynecology, University of Colorado Denver, Aurora, CO; [3]Nutrition & Exercise Physiology-Health and Exercise Science, University of Missouri School of Medicine, Columbia, MO.

O-138 **5:30 PM**

ANDROGEN ADMINISTRATION IN NORMAL REPRODUCTIVE-AGE WOMEN PROMOTES PROATHEROGENIC INFLAMMATION AS CHARACTERIZED IN POLYCYSTIC OVARY SYNDROME (PCOS).

F. González[1], K. S. Nair[2], E. Basal[2], D. M. Bearson[2], J. M. Schimke[2], H. E. Blair[2]. [1]Obstetrics and Gynecology, Indiana University School of Medicine, Indianapolis, IN; [2](a) Internal Medicine, (b) Obstetrics and Gynecology, and (c) Laboratory Medicine and Pathology, College of Medicine, Mayo Clinic, Rochester, MN.

O-139 **5:45 PM**

HISTORY OF OLIGOMENORRHEA AUGMENTS THE ASSOCIATION OF HYPERANDROGENEMIA WITH METABOLIC SYNDROME: EVIDENCE FOR A PCOS PHENOTYPE IN THE STUDY OF WOMEN'S HEALTH ACROSS THE NATION (SWAN).

A. J. Polotsky[1], A. Allshouse[1], S. L. Crawford[5], S. D. Harlow[2], N. Khalil[3], R. S. Legro[4]. [1]Obstetrics and Gynecology, University of Colorado, Aurora, CO; [2]Epidemiology, University of Michigan, Ann Arbor, MI; [3]Community Health, Boonshoft School of Medicine, Dayton, OH; [4]Obstetrics and Gynecology, Pennsylvania State University, Hershey, PA; [5]Preventive and Behavioral Medicine, University of Massachusetts Medical School, Worcester, MA..

O-140 **6:00 PM**

COMPARATIVE STUDY OF THE THERAPEUTIC EFFECTS OF ORAL PILLS CONTAINING DESOGESTREL, CYPROTERONE ACETATE AND DROSPIRENONE, IN PATIENTS WITH POLYCYSTIC OVARY SYNDROME (PCOS).

S. M. Bhattacharya[1], A. Jha[3]. [1]Obstetrics & Gynecology, S.C. Das Memorial Medical & Research Center, Kolkata, West Bengal, India; [2]Obstetrics & Gynecology, KPC Medical College, Kolkata, West Bengal, India; [3]Division of Epidemiology and Communicable diseases(ECD), Indian Council of Medical Research (ICMR) Head Quarters, New Delhi, India.

CRYOPRESERVATION AND FROZEN EMBRYO TRANSFER – CLINICAL: ART

ROOM 330 B

Moderators: *Samantha Pfeifer*

O-141 **4:15 PM**

SAFETY OF PREGNANCY AFTER LETROZOLE-FSH STIMULATION IN BREAST CANCER PATIENTS: A PROSPECTIVE COMPARISON OF FROZEN EMBRYO TRANSFER TO SELF VS. GESTATIONAL CARRIERS.

K. Oktay[1,3], E. Arslan[1], M. Karsy[1,2], F. Moy[1,2]. [1]Department of Obstetrics & Gynecology, Institute for Fertility Preservation, Laboratory of Molecular Reproduction, New York Medical College, Valhalla, NY; [2]Department of Pathology, New York Medical College, Valhalla, NY; [3]Department of Cell Biology & Anatomy, New York Medical College, Valhalla, NY.

O-142 **4:30 PM**

THE IMPACT OF THE DURATION OF ESTROGEN SUPPLEMENTATION ON THE OUTCOME OF MEDICATED FROZEN-THAWED EMBRYO TRANSFER (FET) CYCLES.

S. K. Sunkara, S. Seshadri, T. El-Toukhy. Assisted Conception Unit, Guys & St Thomas Hospital, London, United Kingdom.

O-143 **4:45 PM**

DOES PRIOR FRESH BLASTOCYST TRANSFER CYCLE SUCCESS PREDICT THE OUTCOME OF FROZEN BLASTOCYST TRANSFER CYCLE?

J. Y. J. Huang, W. L. Hsu, S. Tomer, N. Zaninovic, P. Chung. The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medical College, New York, NY.

O-144 **5:00 PM**

THE CLINICAL RESULTS COMPARISON OF THE FRESH AND VITRIFIED OOCYTES BY INTRACYTOPLASMIC SPERM INJECTION WITH TESTICULAR SPERM.

Y. Nakajo, Y. Shibuya, T. Kyoya, T. Takisawa, S. Kanto, K. Kyono. Kyono ART Clinic, Sendai, Miyagi, Japan.

O-145 **5:15 PM**

PERINATAL OUTCOME OF CHILDREN BORN AFTER VITRIFICATION OF BLASTOCYSTS (5434 CYCLES: 11 YEARS EXPERIENCES).

T. Mukaida[1], T. Goto[2], C. Oka[2], K. Takahashi[1]. [1]Hiroshima HART Clinic, Hiroshima, Hiroshima Pref, Japan; [2]Tokyo HART Clinic, Tokyo, Japan.

O-146 **5:30 PM**

EMBRYOS DERIVED FROM VITRIFIED OOCYTES ARE NOT AT AN INCREASED RISK OF ANEUPLOIDY AND DEMONSTRATE EXCELLENT IMPLANTATION RATES: A PAIRED, RANDOMIZED CONTROLLED TRIAL (RCT) IN AN INFERTILE POPULATION.

E. J. Forman[1,2], K. M. Ferry[1], M. R. Benson[1], J. Campos[1], N. R. Treff[1,2,3], R. T. Scott, Jr.[1,2]. [1]Reproductive Endocrinology & Infertility, Reproductive Medicine Associates of New Jersey, Morristown, NJ; [2]Obstetrics, Gynecology & Reproductive Sciences, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ; [3]Genetics, Rutgers-The State University of New Jersey, Piscataway, NJ.

O-147 **5:45 PM**

SINGLE BLASTOCYST TRANSFER AFTER COMPREHENSIVE CHROMOSOME SCREENING AND VITRIFICATION RESULTS IN IMPROVED CLINICAL OUTCOME.

W. B. Schoolcraft, T. Schlenker, E. S. Surrey, D. A. Minjarez, R. L. Gustofson, M. G. Katz-Jaffe. Colorado Center for Reproductive Medicine, Lone Tree, CO.

O-148 **6:00 PM**

EFFECT OF EMBRYO DEVELOPMENT AND GRADE ON PREGNANCY OUTCOMES FOLLOWING FRESH AND VITRIFIED SINGLE BLASTOCYST EMBRYO TRANSFER.

T. Roy, T. Peura, S. McArthur. Sydney IVF, Sydney, NSW, Australia.

ENDOMETRIOSIS

ROOM 330 C

Moderators: *Hugh Taylor*
Dan Lebovic

O-149 **4:15 PM**

A NOVEL ORAL GnRH ANTAGONIST, ELAGOLIX, IS EFFECTIVE FOR REDUCING ENDOMETRIOSIS-ASSOCIATED PELVIC PAIN: RESULTS OF A 24-WEEK RANDOMIZED STUDY.

B. Carr[1], K. Chwalisz[2], R. Jimenez[3], J. Burke[3], P. Jiang[2], C. O'Brien[3]. [1]University of Texas Southwestern Medical Center, Dallas, TX; [2]Abbott Laboratories, Abbott Park, IL; [3]Neurocrine Biosciences, San Diego, CA.

O-150 **4:30 PM**

PLASMA ADIPOKINES AND ENDOMETRIOSIS RISK: PROSPECTIVE DATA FROM THE NURSES' HEALTH STUDY II (NHS2) COHORT.

D. K. Shah[1], K. F. Berry[1], S. A. Missmer[1,2,3]. [1]Division of Reproductive Endocrinology and Infertility, Department of Obstetrics, Gynecology, and Reproductive Biology, Brigham and Women's Hospital and Harvard Medical School, Boston, MA; [2]Channing Laboratory, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, MA; [3]Department of Epidemiology, Harvard School of Public Health, Boston, MA.

O-151 **4:45 PM**

HYPOTHALAMIC-PITUITARY-ADRENAL RESPONSES ARE ALTERED IN WOMEN WITH DISTURBED SLEEP DUE TO CHRONIC PELVIC PAIN ASSOCIATED WITH ENDOMETRIOSIS.

J. A. L. Gemmill[1], N. Sinaii[2], I. Khachikyan[1], B. Stegmann[1,3], G. Chrousos[1], P. Stratton[1], J. Segars[1]. [1]Program in Reproductive and Adult Endocrinology, NICHD/NIH, Bethesda, MD; [2]Biostatistics and Clinical Epidemiology Service, CC/NIH, Bethesda, MD; [3]Department of Obstetrics and Gynecology, University of Iowa, Iowa City, IA.

O-152 **5:00 PM**

ALTERED REGIONAL BRAIN MORPHOLOGY IN WOMEN WITH ENDOMETRIOSIS AND CHRONIC PELVIC PAIN.

S. As-Sanie[1], R. Harris[2], A. Kairys[2], D. Williams[2], D. Clauw[2], T. Schmidt-Wilcke[2]. [1]Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI; [2]Anesthesiology, University of Michigan, Ann Arbor, MI.

O-153 **5:15 PM**

RESVERATROL UPREGULATES PROGESTERONE RECEPTOR EXPRESSION IN HUMAN ENDOMETRIAL STROMAL CELLS IN THE PRESENCE OF AN INFLAMMATORY ENVIRONMENT.

A. Sokalska[1,2], A. Cress[1], K. L. Bruner-Tran[3], K. G. Osteen[3], I. Ortega[1,4], A. J. Duleba[1]. [1]Ob/Gyn, University of California Davis, Sacramento, CA; [2]Ob/Gyn, University of Medical Sciences, Poznan, Wlkp, Poland; [3]Women's Reproductive Health Research Center, Vanderbilt University, Tennessee, TN; [4]Ob/Gyn, IVI-Madrid, Madrid, Aravaca, Spain.

O-154 **5:30 PM**

THE mRNA-BINDING PROTEIN TIA-1 IS REGULATED IN THE MENSTRUAL CYCLE AND REPRESSED IN ECTOPIC ENDOMETRIUM.

E. Aydin-Karalok[1], O. Saglam[2], O. Guzeloglu-Kayisli[1], H. Karalok[1], C. B. Kallen[3], E. Seli[1]. [1]Obstetrics, Gynecology, and Reproductive Sciences, Yale University School of Medicine, New Haven, CT; [2]Pathology, Yale University School of Medicine, New Haven, CT; [3]Obstetrics and Gynecology, Emory University School of Medicine, Atlanta, GA.

O-155 **5:45 PM**

EFFECTS OF AKT AND MEK1/2 INHIBITION ON STROMAL CELL VIABILITY AND PROLIFERATION IN ENDOMETRIOSIS.

J. L. Eaton[1], J. J. Kim[2]. [1]Department of Obstetrics and Gynecology, Division of Repoductive Endocrinology and Infertility, Northwestern University Feinberg School of Medicine, Chicago, IL; [2]Department of Obstetrics and Gynecology, Division of Reproductive Biology Research, Northwestern University Feinberg School of Medicine, Chicago, IL.

O-156 **6:00 PM**

MIGRATION OF STROMAL CELLS FROM ENDOMETRIOTIC LESIONS SELECTIVELY TO THE UTERUS.

X. Santamaria, E. Massasa, Y. Feng, H. S. Taylor. Obstetrics and Gynecology, Yale University, New Haven, CT.

FERTILITY PRESERVATION
ROOM 330 E

Moderators: *Lynn Westphal*
Irene Su

O-157 **4:15 PM**
YOUNGER AGE OF EXPOSURE TO CHEMOTHERAPY LEADS TO HIGHER RATES OF EARLY MENOPAUSE IN WOMEN WHO CONTINUE TO MENSTRUATE AFTER CANCER TREATMENT.
J. M. Letourneau, E. E. Ebbel, M. P. Rosen. Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, CA.

O-158 **4:30 PM**
GONADOTROPIN-RELEASING HORMONE ANALOGUE COTREATMENT DOES NOT PRESERVE OVARIAN FUNCTION IN YOUNG WOMEN RECEIVING CYCLOPHOSPHAMIDE-BASED CHEMOTHERAPY: A PROSPECTIVE, MULTICENTER, RANDOMIZED TRIAL.
E. A. Elgindy[1], D. O. El-Haieg[1], O. M. Khorshid[2], E. Ismail[3], A. M. Abou-Setta[4], H. N. Sallam[5]. [1]Obstetrics and Gynecology, Zagazig University School of Medicine, Zagazig, Sharkya, Egypt; [2]Medical Oncology, National Cancer Institute, Cairo University School of Medicine, Cairo, Giza, Egypt; [3]Clinical Oncology, Zagazig University School of Medicine, Zagazig, Sharkya, Egypt; [4]eAlberta Research Centre for Health Evidence, University of Alberta, Alberta, Canada; [5]Obstetrics and Gynecology, Alexandria University School of Medicine, Alexandria, Egypt.

O-159 **4:45 PM**
FERTILITY PRESERVATION TREATMENTS AND OUTCOMES IN PATIENTS WITH HEMATOLOGIC DISORDERS.
S. Senapati[1], C. B. Morse[1], J. Kim[2], J. Mersereau[2], B. Efymow[1], C. Gracia[1]. [1]Obstetrics and Gynecology, University of Pennsylvania, Philadelphia, PA; [2]Obstetrics and Gynecology, University of North Carolina, Chapel Hill, Chapel Hill, NC.

O-160 **5:00 PM**
42 OOCYTE CRYOPRESERVATION (OC)/THAW CYCLES WITH LIVEBIRTH OUTCOME IN HEALTHY WOMEN AFTER SLOW COOLING (SC) AND VITRIFICATION (VIT) USING OOCYTES RETRIEVED AT LESS THAN AGE 40. DOES METHOD MATTER?
N. Noyes, R. S. Weinerman, P. A. LaBella. NYU Fertility Center, New York University School of Medicine, New York, NY.

O-161 **5:15 PM**
THE EFFICACY AND SAFETY OF FERTILITY PRESERVATION USING OVARIAN STIMULATION AND OOCYTE OR EMBRYO CRYOPRESERVATION IN FEMALE CANCER PATIENTS.
J. Y. Kim, B. E. Friedman, L. M. Westphal. Division of Reproductive Endocrinoloogy & Infertility, Dept. of Ob/Gyn, Stanford University School of Medicine, Stanford, CA.

O-162 **5:30 PM**
ACTIVATION OF DORMANT FOLLICLES FOLLOWED BY PRODUCTION OF VIABLE EMBRYOS AND OFFSPRING VIA IN VITRO MATURATION AND FERTILIZATION.
R. L. Krisher[1], M. Paczkowski[1], K. J. Strauss[1], W. B. Schoolcraft[2]. [1]National Foundation for Fertility Research, Lone Tree, CO; [2]Colorado Center for Reproductive Medicine, Lone Tree, CO.

O-163 **5:45 PM**
ADDITION OF FIBRINOGEN TO THE 3-DIMENSIONAL (3D) MATRIX PROMOTES IN VITRO DEVELOPMENT OF PRIMATE PRIMARY, BUT NOT SECONDARY, FOLLICLES WITH ANTI-MÜLLERIAN HORMONE (AMH) PRODUCTION.
J. Xu, M. S. Lawson, R. R. Yeoman, R. L. Stouffer, M. B. Zelinski. Division of Reproductive Sciences, Oregon National Primate Research Center, Oregon Health & Science University, Beaverton, OR.

O-164 **6:00 PM**
IN-VITRO MATURATION OF OOCYTES FROM OVARIAN TISSUE EXPANDS FERTILITY PRESERVATION OPTIONS.
L. Clark[1], W. Vitek[2], J. Witmyer[2], R. Hackett[2], S. A. Carson[2], J. Robins[2]. [1]Department of Obstetrics and Gynecology, Women & Infants Hospital of Rhode Island, Warren Alpert Medical School at Brown University, Providence, RI; [2]Division of Reproductive Endocrinology and Infertility, Women & Infants Hospital of Rhode Island, Warren Alpert Medical School at Brown University, Providence, RI.

FIBROIDS
ROOM 330 F

Moderators: *Gregory Christman*

O-165 **4:15 PM**
UTERINE FIBROIDS: FROM PREGNANCY TO NEONATAL OUTCOMES.
R. Asaad[1], R. Najeemuddin[1], A. O. Hammoud[2], S. L. Hendrix[1], G. McNeeley[1], M. P. Diamond[1]. [1]OB/GYN, Wayne State University, Detroit, MI; [2]REI, University of Utah, Salt Lake City, UT.

O-166 **4:30 PM**
RACIAL DIVERSITY IN UTERINE LEIOMYOMA.
N. Foyouzi[1], C.-N. Kao[1], M. Rosen[1], B. Sternfeld[2], M. I. Cedars[1]. [1]Obstetrics, Gynecology and Reproductive Sciences, University of California San Francisco, UCSF Center for Reproductive Health, San Francisco, CA; [2]Kaiser Permanente Division of Research, Oakland Kaiser Permanente, Oakland, CA.

O-167 **4:45 PM**
SONOGRAPHICALLY IDENTIFIED LARGE UTERINE FIBROIDS ARE ASSOCIATED WITH SHORTENED CERVICAL LENGTH DURING PREGNANCY.
V. I. Shavell, M. Thakur, A. Sawant, M. Singh, E. E. Puscheck, M. P. Diamond. Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Wayne State University School of Medicine and the Detroit Medical Center, Detroit, MI.

O-168 **5:00 PM**
FOUR-AGENTS DECOCTION INHIBITS LEIOMYOMA CELL GROWTH.
J.-Y. Liu[1], C.-C. Wu[1], Y.-J. Lee[1], C.-C. Ou[1], W.-C. Chu[1], M.-C. Kao[2]. [1]Obstetrics and Gynecology, Tri-Service General Hospital, Taipei, Taiwan; [2]Biological Science, China Medical University, Taichung, Taiwan.

O-169 **5:15 PM**
LEIOMYOMA GROWTH MEDIATED BY DISRUPTIONS IN INJURY RESPONSE AND ANGIOGENESIS.
W. H. Catherino[1,2], M. Locastro[1], M. Gilden[1], J. Britten[1], M. Malik[1]. [1]Obstetrics and Gynecology, Uniformed Services University of the Health Sciences, Bethesda, MD; [2]Program in Reproductive and Adult Endocrinology, National Institute of Child Health and Human Development, Bethesda, MD.

O-170 **5:30 PM**
THE EXPRESSION AND FUNCTION OF miRNAs THAT DIRECTLY TARGET TGF-ß FAMILY AND THEIR SIGNALING PATHWAY IN LEIOMYOMA.
X. X. L. Luo, T.-D. C. Chuang, N. N. C. Chegini. Department of OB/GYN, Univerisity of Florida, Gainesville, FL.

O-171 **5:45 PM**
FROM A LITTLE "SPARC" BURSTS A FLAME: DIFFERENTIAL EXPRESSION AND REGULATION OF SECRETED PROTEIN ACIDIC AND RICH IN CYSTEINE (SPARC) IN LEIOMYOMA AND MYOMETRIUM.
E. E. Marsh, J. Wu, E. Cardozo, G. Ekpo, S. E. Bulun. Obstetrics and Gynecology, Feinberg School of Medicine - Northwestern University, Chicago, IL.

O-172 **6:00 PM**

1, 25-DIHYDROXYVITAMIN D3 IS A POTENT ANTI-TUMOR AGENT FOR NON-SURGICAL TREATMENT OF UTERINE LEIOMYOMA IN EKER RATS.

S. K. Halder[1], C. Sharan[1], K. G. Osteen[2], A. Al-Hendy[1]. [1]Obstetrics and Gynecology, Meharry Medical College, Nashville, TN; [2]Obstetrics and Gynecology, Vanderbilt University Medical Center, Nashville, TN.

MALE REPRODUCTION AND UROLOGY: CLINICAL

ROOM 240 A/B

Moderators: *Dale McClure*
Kathleen Hwang

O-173 **4:15 PM**

IS TESTICULAR SPERM MORE EFFICIENT THAN EPIDIDYMAL SPERM FOR ICSI IN PATIENTS WITH OBSTRUCTIVE AZOOSPERMIA?

I. Hammoud[1,2,3], M. Albert[2,3], M. Bailly[2], F. Boitrelle[2,3], F. Vialard[2,3], J. Selva[2,3]. [1]ART Center, Institut Mutualiste Montsouris, Paris, France; [2]ART Center, CHIPS, Poissy, France; [3]EA 2493, University Versailles Saint Quentin en Yvelines, Versailles, France.

O-174 **4:30 PM**

THE PUBLICATION FATE OF MALE REPRODUCTION ABSTRACTS PRESENTED AT THE ANNUAL ASRM MEETING.

R. P. Bonitz[3], T. Nyirenda[2], H. Lowe[1], D. Shin[1]. [1]Department of Urology, Hackensack University Medical Center, Hackensack, NJ; [2]Department of Research, Hackensack University Medical Center, Hackensack, NJ; [3]Division of Urology, UMDNJ-New Jersey Medical School, Newark, NJ.

O-175 **4:45 PM**

LOW TOTAL MOTILE SPERM COUNT (TMC): SHOULD THE COUPLE UNDERGO INTRAUTERINE INSEMINATION (IUI) OR MOVE ON TO IN VITRO FERTILIZATION?

S. Bullock[1], B. Storer[1], J. D. Peck[2], K. R. Hansen[1], L. B. Craig[1]. [1]Department of Obstetrics & Gynecology, Section of Reproductive Endocrinology & Infertility, University of Oklahoma Health Sciences Center, Oklahoma City, OK; [2]Department of Biostatistics and Epidemiology, College of Public Health, University of Oklahoma Health Sciences Center, Oklahoma City, OK.

O-176 **5:00 PM**

INFERTILITY AND SPERM SEX RATIO IN U.S. MEN.

M. L. Eisenberg, R. C. Walters, D. J. Lamb, L. I. Lipshultz. Urology, Baylor College of Medicine, Houston, TX.

O-177 **5:15 PM**

SPERM RECOVERY IN INFERTILE MEN WITH VARICOCELE-ASSOCIATED AZOOSPERMIA: RESULTS OF 12 MONTHS FOLLOW UP AFTER VARICOCELE REPAIR.

R. Saleh[1], A. Agarwal[2], H. Farouk[3], A. Abd El Hamed[1], A. Abd El Latif[1]. [1]Department of Dermatology, Venereology and Andrology, Sohag Faculty of Medicine, Sohag, Egypt; [2]Glickman Urological Institute, Cleveland Clinic, Cleveland, OH; [3]Department of General Surgery, Sohag Faculty of Medicine, Sohag, Egypt.

O-178 **5:30 PM**

MICROSURGICAL VERSUS CONVENTIONAL SINGLE-BIOPSY TESTICULAR SPERM EXTRACTION IN NONOBSTRUCTIVE AZOOSPERMIA: A PROSPECTIVE CONTROLLED STUDY.

S. Verza, Jr, S. C. Esteves. ANDROFERT - Andrology & Human Reproduction Clinic, Campinas, SP, Brazil.

OUTCOME PREDICTORS-CLINICAL: ART

ROOM 232 A/C

Moderators: *Thomas Toth*
Mark Damario

O-179 **4:15 PM**

ONGOING IMPLANTATIONS AND BABY RATE PER VITRIFIED OOCYTE DURING THIRD PARTY REPRODUCTION USING GAMETES FROM AN EGG BANK.

P. Patrizio[1], P. D. Bernal[2], J. Kahn[2], C.-C. Chang[2], D. Shapiro[2], P. Z. Nagy[2]. [1]Yale Fertility Center, New Haven, CT; [2]Reproductive Biology Associates, Atlanta, GA.

O-180 **4:30 PM**

PROFOUND PITUITARY SUPPRESSION FOLLOWING ORAL CONTRACEPTIVE PRETREATMENT IN GnRH ANTAGONIST CYCLES DOES NOT IMPACT OUTCOME.

G. Vela[1], D. Turker[2], M. Luna[1], B. Sandler[1], J. I. Ruman[1]. [1]Reproductive Medicine Associates of New York, New York, NY; [2]Mount Sinai School of Medicine, New York, NY.

O-181 **4:45 PM**

ELEVATED SERUM PROGESTERONE AT END OF STIMULATION WITH RECOMBINANT FSH, BUT NOT WITH HIGHLY PURIFIED MENOTROPIN, IS ASSOCIATED WITH POOR OUTCOME IN GnRH ANTAGONIST CYCLES.

E. Bosch[1], B. Urman[2], J. Smitz[3], B. M. Klein[4], J.-C. Arce[5]. [1]Centre for Reproductive Medicine, IVI Valencia, Valencia, Spain; [2]IVF Center, American Hospital, Istanbul, Turkey; [3]Centre for Reproductive Medicine, UZ Brussel, Brussels, Belgium; [4]Global Clinical Research & Development (Biometrics), Ferring Pharmaceuticals, Copenhagen, Denmark; [5]Global Clinical Research & Development (Reproductive Health), Ferring Pharmaceuticals, Copenhagen, Denmark.

O-182 **5:00 PM**

NEGATIVE PREDICTORS OF EMBRYO QUALITY AND LIVE BIRTH (LB): ANALYSIS OF 77,099 CYCLES REPORTED TO SART.

S. K. Jindal[1], S. Wang[2], A. J. Polotsky[2], P. McShane[2], P. G. McGovern[3], L. Pal[4]. [1]Ob/Gyn & Women's Health/Montefiore's Institute for Reproductive Medicine and Health, Albert Einstein College of Medicine, Hartsdale, NY; [2]Obstetrics and Gynecology, University of Colorado Denver, Aurora, CO; [3]Ob/Gyn & Women's Health, UMDNJ-New Jersey Medical School, Newark, NJ; [4]Ob/Gyn and Reproductive Sciences, Yale University School of Medicine, New Haven, CT.

O-183 **5:15 PM**

IMPLANTATION OF EUPLOID BLASTOCYSTS, ASSESSED BY ARRAY COMPARATIVE GENOMIC HYBRIDIZATION (aCGH), IN UNSTIMULATED CYCLES IS NOT CORRELATED WITH MATERNAL AGE.

G. Harton[1], M. Surrey[2], J. Grifo[3], B. Kaplan[4], P. Ahlering, J. Cohen[1]. [1]Reprogenetics, Livingston, NJ; [2]ART Reproductive Center, Beverly Hills, CA; [3]NYU Fertility Center, New York, NY; [4]Fertility Centers of Illinois, Highland Park, IL; [5]Sher Institutes For Reproductive Medicine-St. Louis, Peoria, IL.

O-184 **5:30 PM**

ABNORMAL OVARIAN RESERVE PREDICTS A HIGHER INCIDENCE OF ANEUPLOID BLASTOCYSTS.

M. G. Katz-Jaffe, E. S. Surrey, D. A. Minjarez, R. L. Gustofson, J. M. Stevens, W. B. Schoolcraft. Colorado Center for Reproductive Medicine, Lone Tree, CO.

O-185 **5:45 PM**

ANTI-MULLERIAN HORMONE (AMH) LEVELS IN SERUM AS PREDICTORS OF OVARIAN RESPONSE AND PREGNANCIES IN BOTH INFERTILE AND FERTILE WOMEN UNDERGOING IVF OR OOCYTE DONATION CYCLES.

L. Stadtmauer, A. Srinivasan, S. Bocca, S. Oehninger. Jones Institute for Reproductive Medicine, Eastern Virginia Medical School, Norfolk, VA.

O-186 **6:00 PM**

THE ROLE OF FSH RECEPTOR GENE SINGLE NUCLEOTIDE POLYMORPHISM IN THE PREDICTION OF OVARIAN RESPONSE DURING IVF TREATMENT.

L. Mohiyiddeen[1], W. Newman[2], B. Mulugeta[1], H. McBurney[2], S. Roberts[3], L. Nardo[1]. [1]Reproductive Medicine, St. Mary's Hospital, Manchester, Lancashire, United Kingdom; [2]Genetic Medicine, St. Mary's Hospital, Manchester, Lancashire, United Kingdom; [3]Department of Clinical Statistics, University of Manchester, Manchester, Lancashire, United Kingdom.

OVARIAN STIMULATION – POOR RESPONDERS: ART

ROOM 230 C

Moderators: *Owen Davis*
Alan Penzias

O-187 **4:15 PM**

ADDING PHYTOESTROGENS (CIMICIFUGAE RACEMOSAE) TO CLOMIPHENE CITRATE INDUCTION CYCLES IN POLYCYSTIC OVARY WOMEN RAISES PREGNANCY RATES – A RANDOMIZED TRIAL.

A. Y. Shahin. Obstetrics and Gynecology, Women's Health Center, Assiut, Egypt.

O-188 **4:30 PM**

EFFECT OF IBPROFEN ADMINISTRATION BEFORE OOCYTE RETRIVAL IN NC-IVF AND MINI-IVF CYCLES.

Y. Deng, X. Liang, R. Huang, C. Fang. IVF Center, The Sixth Affiliated Hospital of Sun Yat-sen University, Guangzhou, Guangdong, China.

O-189 **4:45 PM**

IMPROVED PROBABILITY OF PREGNANCY WITH TRANSDERMAL TESTOSTERONE PRETREATMENT IN POOR RESPONDERS TREATED WITH GnRH ANALOGUES AND GONADOTROPHINS FOR IN-VITRO FERTILIZATION: A META-ANALYSIS.

C. A. Venetis, J. Bosdou, E. Kolibianakis, K. Toulis, D. Goulis, B. C. Tarlatzis. Unit for Human Reproduction, 1st Dept. of OB/Gyn, Medical School, Aristotle University of Thessaloniki, N. Efkarpia, Thessaloniki, Greece.

O-190 **5:00 PM**

OBESITY AND ELEVATED FOLLICULAR FLUID (FF) LEPTIN LEVELS NEGATIVELY CORRELATE WITH ANTRAL FOLLICLE COUNT (AFC) AND OVARIAN RESPONSE IN WOMEN WITH DIMINISHED OVARIAN RESERVE.

E. Buyuk[1], J. Younger[1], H. J. Lieman[1], S. K. Jindal[1], M. J. Charron[2]. [1]Reproductive Endocrinology and Infertility, Obstetrics and Gynecology and Women's Health, Montefiore Institute for Reproductive Medicine and Health, Albert Einstein College of Medicine, Bronx, NY; [2]Biochemistry, Obstetrics and Gynecology and Women's Health, Albert Einstein College of Medicine, Bronx, NY.

O-191 **5:15 PM**

ADDITION OF RECOMBINANT LH IN POOR RESPONDERS UNDERGOING OVARIAN STIMULATION WITH RECOMBINANT FSH AND GnRH ANALOGUES FOR IN VITRO FERTILIZATION: A SYSTEMATIC REVIEW AND META-ANALYSIS.

C. A. Venetis, E. M. Kolibianakis, J. Bosdou, K. Toulis, D. G. Goulis, B. C. Tarlatzis. 1st Dept. of OB/Gyn, Unit for Human Reproduction, Aristotle University of Thessaloniki, Medical School, N. Efkarpia, Thessaloniki, Greece.

O-192 **5:30 PM**

IS LOW OVARIAN RESERVE ASSESSED BY ANTI-MULLERIAN HORMONE LEVELS ASSOCIATED WITH AN INCREASED EMBRYO TRANSFER CANCELLATION RATE?

C. M. Gomes[1,2], E. L. A. Motta[1,3], J. R. Alegretti[1], M. Nichi[1], P. A. Hassun[4], P. C. Serafini[1,2]. [1]Huntington Medicina Reprodutiva, São Paulo, Brazil; [2]Disciplina de Ginecologia, Faculdade de Medicina da Universidade de São Paulo, São Paulo, Brazil; [3]Departamento de Ginecologia, Universidade Federal de São Paaulo, São Paulo, Brazil; [4]Genesis Genetics Brasil, São Paulo, Brazil.

O-193 **5:45 PM**

LOCUS AT CHROMOSOME 19 POSITIVELY INFLUENCES THE NUMBER OF RETRIEVED OOCYTES IN STIMULATED CYCLES.

A. S. Setti[1], S. S. Cortezzi[1], R. C. S. Figueira[2], C. D. Martinhago[3], A. Iaconelli, Jr.[2], E. Borges Jr.[1,2]. [1]Sapientiae Institute - Educational and Research Center in Assisted Reproduction, Sao Paulo, SP, Brazil; [2]Fertility - Assisted Fertillzation Center, Sao Paulo, SP, Brazil; 3RDO Diagnósticos Médicos, Sao Paulo, SP, Brazil.

O-194 **6:00 PM**

CORRELATION BETWEEN FUNCTIONAL OVARIAN RESERVE, ASSESSED BY ANTI-MÜLLERIAN HORMONE (AMH), AND OOCYTE NUMBERS, BASED ON *FMR1* GENOTYPES AND SUB-GENOTYPES: THE *HOM* SUB-GENOTYPES.

D. H. Barad[1,2,3], A. Kim[1]. [1]Center for Human Reproduction, New York, NY; [2]Foundation for Reproductive Medicine, New York, NY; [3]Department of Obstetrics, Gynecology and Womens Health, and Department of Epidemiology and Population Health, Albert Einstein College of Medicine, Bronx, NY.

PROCEDURES AND TECHNIQUES-LABORATORY: ART

ROOM 230 D

Moderators: *Richard Kennedy*
Jo Conaghan

O-195 **4:15 PM**

PROSPECTIVE, MULTI-CENTER, DOUBLE-BLIND, RANDOMIZED CLINICAL TRIAL EVALUATING THE USE OF HYALURONAN BOUND SPERM (HBS) IN ICSI: STATISTICALLY SIGNIFICANT IMPROVEMENT IN CLINICAL OUTCOMES.

K. C. Worrilow[1], S. Eid[1], D. Woodhouse[2], J. Matthews[3], C. D. Khoury[4], J. Witmyer[5]. [1]K.C. Worrilow and Associates, LLC, Fogelsville, PA; [2]CNY Fertility Center, Syracuse, NY; [3]Fertility Centers of Illinois, Chicago, IL; [4]Huntington Reproductive Center, Laguna Hills, CA; [5]Center for Reproduction and Infertility, Women and Infants Hospital of Rhode Island, Providence, RI.

O-196 **4:30 PM**

MICROFLUIDIC DYNAMIC EMBRYO CULTURE INCREASES THE PRODUCTION OF TOP QUALITY HUMAN EMBRYOS THROUGH REDUCTION IN EMBRYO FRAGMENTATION.

J. R. Alegretti[1,2], A. M. Rocha[1], B. C. Barros[1], P. Serafini[1,3], E. L. A. Motta[1,2], G. D. Smith[4]. [1]Huntington Medicina Reprodutiva, Sao Paulo, Brazil; [2]Departamento de Ginecologia, Universidade Federal de Sao Paulo, Sao Paulo, Brazil; [3]Discilpina de Ginecologia, Universidade de Sao Paulo, Sao Paulo, Brazil; [4]Departments of Ob/Gyn,Physiology, Urology, University of Michigan, Ann Arbor, MI.

O-197 **4:45 PM**

EMBRYO CO-CULTURE WITH AUTOLOGOUS GRANULOSA CELL CLUSTERS IN COMPARISON TO REGULAR EMBRYO CULTURE IN ART.

A. Vithoulkas, M. Levanduski, V. T. Goudas, K. Illmensee. Genesis Fertility Center, Patra, Greece; Embryoserv Corporation Ltd, New York, NY.

O-198 **5:00 PM**

EFFICIENCY OF PREIMPLANTATION GENETIC SCREENING (PGS) USING ARRAY-CGH COMPARED TO MATCHED CONTROL IVF PATIENT POPULATIONS WITH AND WITHOUT DAY-3 PGS FISH.

A. Capalbo[1], G. Wright[2], T. Elliott[2], S. Slayden[2], D. Mitchell-Leef[2], Z. P. Nagy[2]. [1]GENERA, Reproductive Medicine, Rome, Italy; [2]Reproductive Biology Associates, Reproductive Medicine, Atlanta, GA.

O-199 **5:15 PM**

IMPACT OF APOPTOTIC SPERM POPULATION IN SEMEN SAMPLES ON THE OUTCOME OF PREGNANCY.

S. N. Khalid, I. Z. Qureshi. Maternal, Neonatal and Child Health, Health Services Academy, Islamabad, ICT, Pakistan; Department of Animal Sciences, Quaid-i-Azam University 45320, Islamabad, ICT, Pakistan.

O-200 **5:30 PM**

FATTY ACID OXIDATION DURING IN VITRO MATURATION OF MOUSE OOCYTES IS ESSENTIAL FOR SUBSEQUENT EMBRYO DEVELOPMENT.

M. Paczkowski, K. J. Strauss, R. L. Krisher. National Foundation for Fertility Research, Lone Tree, CO.

O-201 **5:45 PM**

A NOVEL NEXT-GENERATION DNA SEQUENCING TEST FOR DETECTION OF DISEASE MUTATIONS IN CARRIER AND AFFECTED INDIVIDUALS.

G. Porreca, M. Umbarger, C. Kennedy, P. Saunders, C. Towne. Good Start Genetics, Inc., Boston, MA.

O-202 **6:00 PM**

TROPHECTODERM BIOPSY ON DAY 5, 6 OR 7 – DOES IT MATTER?

M. P. Portmann, L. S. Morrison, S. M. Carney, C. F. Boylan, R. F. Feinberg, G. Kovalevsky. Reproductive Associates of Delaware, Newark, DE.

REPRODUCTIVE BIOLOGY: HUMAN STUDIES

ROOM 225 A/B

Moderators: *Barry Behr*
Mary Francis

O-203 **4:15 PM**

POLAR BODY MORPHOLOGY IS NOT PREDICTIVE OF ITS CELL DIVISION ORIGIN.

J. Su[1], J. Campos[1], S. McCormick[2], M. Rawlins[2], R. Smith[2], N. R. Treff[1,3,4]. [1]Reproductive Medicine Associates of New Jersey, Morristown, NJ; [2]Colorado Center for Reproductive Medicine, Lone Tree, CO; [3]UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ; [4]Rutgers-The State University of New Jersey, Piscataway, NJ.

O-204 **4:30 PM**

DIFFERENTIATION OF HUMAN ROUND SPERMATIDS INTO MOTILE SPERMATOZOA THROUGH IN VITRO COCULTURE WITH VERO CELLS.

A. Tanaka[1], M. Nagayoshi[1], I. Tanaka[1], H. Kusunoki[2]. [1]Saint Mother Hospital, Kitakyushu, Fukuoka, Japan; [2]Faunal Diversity Sciences Graduate School of Agriculture, Kobe University, Kobe, Hyogo, Japan.

O-205 **4:45 PM**

CHROMOSOME BREAKAGE IN OOCYTES AND EMBRYOS: ASSESSMENT OF FREQUENCY, ORIGIN AND CLINICAL RELEVANCE OF GENETIC INSTABILITY DURING PREIMPLANTATION DEVELOPMENT.

D. Wells[1], S. Alfarawati[2], K. Gardiner[3], P. Colls[3]. [1]Nuffield Department of Obstetrics and Gynaecology, University of Oxford, Oxford, Oxfordshire, United Kingdom; [2]Reprogenetics UK, Oxford, Oxfordshire, United Kingdom; [3]Reprogenetics LLC, Livingston, NJ.

O-206 **5:00 PM**

PROSPECTIVE RANDOMIZED COMPARISON OF NON-CRYOPRESERVED AND VITRIFIED SIBLING OOCYTE FUNCTION AND RESULTING EMBRYO DEVELOPMENT.

A. Monteiro da Rocha[1], M. Nichi[2], A. L. Rossi[2], P. Serafini[2], E. Motta[2], G. D. Smith[1]. [1]Ob/Gyn, Physiology, Urology, University of Michigan, Ann Arbor, MI; [2]Huntington Center for Reproductive Medicine of Brazil, Sao Paulo, Brazil.

O-207 **5:15 PM**

MORPHOKINETIC ASSESSMENT OF THE EARLY EMBRYO DEVELOPMENT.

L. Escrich, N. Grau, C. Albert, P. Gamiz, J. L. Romero, M. J. Escribá. Instituto Valenciano de Infertilidad, University of Valencia, Valencia, Spain.

O-208 **5:30 PM**

MATERNAL SMOKING HASTENS TELOMERE SHORTENING IN NEONATAL UMBILICAL CORD BLOOD LEUKOCYTES.

J. Rodriguez[1], E. McQueen[1], K. Downes[1], S. Plosker[1], D. Keefe[2], C. Silva[1]. [1]Obstetrics and Gynecology - Division of Reproductive Endocrinology and Infertility, University of South Florida, Tampa, FL; [2]Obstetrics and Gynecology, NYU Langone Medical Center, New York, NY.

O-209 **5:45 PM**

THE PROGRESS OF CHROMOSOME ABNORMALITIES FROM MEIOSIS TO THE BLASTOCYST STAGE.

E. Fragouli[1], S. Alfarawati[1], M. Konstantinidis[1], S. Jaroudi[1], D. Wells[2]. [1]Reprogenetics UK, Oxford, Oxfordshire, United Kingdom; [2]Nuffield Department of Obstetrics and Gynaecology, University of Oxford, Oxford, Oxfordshire, United Kingdom.

O-210 **6:00 PM**

SIGNIFICANT NUMBER OF MATURE OOCYTES OBTAINED FROM PCOS PATIENTS ARE SURROUNDED BY IMMATURE CUMULUS CELLS UNDER IN VITRO MATURATION CONDITIONS.

Z. G. Ouandaogo[1], N. Frydman[3], L. Hesters[3], D. Haouzi[1], R. Frydman[3], S. Hamamah[1,2]. [1]Institute for Research in Biotherapy/CHRU Saint-Eloi, Montpellier Cedex 5, Herault, France; [2]ART/PGD/CHU Arnaud de Villeneuve, Montpellier, Herault, France; [3]Service de Gynécologie Obstétrique/Hôpital Antoine Béclère, Clamart, Haut-de-Seine, France.

REPRODUCTIVE ENDOCRINOLOGY: FELLOWS

ROOM 240 C/D

Moderators: *Barbara Stegmann*
Anne Steiner

O-211 **4:15 PM**

RACIAL DISPARITIES IN ACCESS AND COST FOR COMMONLY PRESCRIBED INFERTILITY MEDICATIONS MAY CONTRIBUTE TO DISPARITIES IN PREGNANCY OUTCOMES.

J. B. Davis[1], E. Koai[2], H. O. Irobunda[1], A. J. Polotsky[3], G. Neal-Perry[4]. [1]Department of Obstetrics and Gynecology, Albert Einstein College of Medicine of Yeshiva University, Bronx, NY; [2]Department of Obstetrics and Gynecology, Montefiore Medical Center, Bronx, NY; [3]Department of Obstetrics and Gynecology, University of Colorado Denver, Aurora, CO; [4]Department of Obstetrics and Gynecology and Neuroscience, Albert Einstein College of Medicine of Yeshiva University, Bronx, NY.

O-212 **4:30 PM**

"SIX OF ONE – HALF A DOZEN OF ANOTHER": DO THE EFFICIENCIES OF IVF AND OOCYTE CRYOPRESERVATION DIFFER MARKEDLY WHEN ANALYZED PER OOCYTE RETRIEVED?

J. M. Knopman, C. McCaffrey, L. C. Krey. OB/GYN, NYU Langone Medical Center, New York, NY.

O-213 **4:45 PM**

RACIAL/ETHNIC DISPARITIES IN ASSISTED REPRODUCTIVE TECHNOLOGY (ART) OUTCOMES: AN ANALYSIS OF 10,413 PATIENTS FROM A SINGLE FERTILITY PRACTICE.

K. S. Moon[1], K. S. Richter[2], J. H. Segars[1], E. F. Wolff[1], E. A. Widra[2]. [1]Program in Reproductive and Adult Endocrinology, The Eunice Kennedy Shriver National Institute for Child Health and Human Development, NIH, Bethesda, MD; [2]Shady Grove Fertility Reproductive Science Center, Rockville, MD.

REPRODUCTIVE ENDOCRINOLOGY: CLINICAL

ROOM 240 C/D

Moderators: *Barbara Stegmann*
Anne Steiner

O-214 **5:15 PM**

BASELINE SERUM ANTI-MÜLLERIAN HORMONE (AMH) LEVELS CORRELATE WITH OVARIAN RESPONSE IN GnRH ANTAGONIST CYCLES USING HIGHLY PURIFIED MENOTROPIN OR RECOMBINANT FSH.

J. Smitz[1], R. Fleming[2], B. M. Klein[3], J.-C. Arce[4]. [1]Centre for Reproductive Medicine, UZ Brussel, Brussels, Belgium; [2]Glasgow Centre for Reproductive Medicine, Glasgow, United Kingdom; [3]Global Clinical Research & Development (Biometrics), Ferring Pharmaceuticals, Copenhagen, Denmark; [4]Global Clinical Research & Development (Reproductive Health), Ferring Pharmaceuticals, Copenhagen, Denmark.

O-215 **5:30 PM**

THE EFFECT OF PATERNAL AND RECIPIENT AGE ON THE OUTCOME OF OVUM DONATION CYCLES.

G. Ambartsumyan[1], D. L. Hill[2], H. C. Danzer[2], M. W. Surrey[2]. [1]Ob/Gyn, Div of REI, David Geffen School of Medicine at UCLA, Los Angeles, CA; [2]Reproductive Endocrinology and Infertility, Southern California Reproductive Center, Beverly Hills, CA.

O-216 **5:45 PM**

THE INCIDENCE AND CLINICAL RAMIFICATIONS OF PCO OVARIAN MORPHOLOGY IN OOCYTE DONORS.

M. Cho[1,2], G. Ambartsumyan[1,2], H. Danzer[3], K. Brennan[1,2], M. Surrey[3]. [1]Obstetrics and Gynecology, UCLA Medical Center, Westwood, CA; [2]Obstetrics and Gynecology, Cedars Sinai Medical Center, Los Angeles, CA; [3]Southern California Reproductive Center, Beverly Hills, CA.

O-217 **6:00 PM**

EXAMINATION OF BLASTOCYST TRANSFER CYCLES, IMPLANTATION FAILURES, AND PREGNANCY POTENTIAL IN A SUBSEQUENT FROZEN EMBRYO TRANSFER.

R. Flyckt, J. Goldberg, N. Desai. OB-GYN/Women's Health Institute, Cleveland Clinic/Fertility Center, Beachwood, OH.

Wednesday, October 19, 2011 **3:30 pm – 3:45 pm**

Abstract Sessions

- Reproductive Endocrinology: Clinical
- Reproductive Endocrinology: Human Studies
- Health Disparities
- Male Factor: ART
- Cryopreservation and Frozen Embryo Transfer - Laboratory/Basic: ART
- Endometriosis
- Fertility Preservation
- Other: ART - Laboratory/Basic
- Outcome Predictors - Clinical: ART
- Ovarian Stimulation: ART
- Procedures and Techniques - Laboratory: ART
- Male Reproduction and Urology: Research
- Clinical Female Infertility and Gynecology
- Genetic Counseling
- Pediatric and Adolescent Gynecology
- Reproductive Immunology
- Reproductive Endocrinology: Research
- Other: ART - Clinical
- Outcome Predictors - Lab: ART
- Regenerative Medicine & Stem Cell Biology
- Reproductive Biology: Animal and Experimental Studies
- Reproductive Laboratory Technology

REPRODUCTIVE ENDOCRINOLOGY: CLINICAL

ROOM TBD

Moderators: *Amber Cooper*
Mitchell Rosen

O-218 **11:15 AM**

ARE THERE DETRIMENTAL CUTOFFS FOR PROGESTERONE AND OR PROGESTERONE/ESTRADIOL RATIO ON THE DAY OF hCG ADMINISTRATION AMONG BLASTOCYST TRANSFERS?

E. A. Elgindy[1,2], M. I. Mostafa[3]. [1]Obstetrics and Gynecology, Zagazig University School of Medicine, Zagazig, Sharkya, Egypt; [2]Al-Banoon Fertility Center, Zagazig, Sharkya, Egypt; [3]Obstetrics and Gynecology, Cairo University School of Medicine, Cairo, Giza, Egypt.

O-219 **11:30 AM**

DAY 10 ESTRADIOL LEVEL DURING THE CLOMIPHENE CITRATE CHALLENGE TEST PREDICTS PREGNANCY IN AN INFERTILE POPULATION.

A. J. Fechner[1], D. H. McCulloh[2], P. G. McGovern[1,2]. [1]Obstetrics, Gynecology and Women's Health, UMDNJ-New Jersey Medical School, Newark, NJ; [2]University Reproductive Associates, Hasbrouck Heights, NJ.

O-220 **11:45 AM**

FERTILITY PRESERVATION FOR SOCIAL INDICATIONS: A COST-BASED DECISION ANALYSIS.

J. E. Hirshfeld-Cytron, W. A. Grobman, M. P. Milad. Obstetrics and Gynecology, Northwestern University, Feinberg School of Medicine, Chicago, IL.

O-221 **12:00 PM**

OVERALL DAY FIVE EMBRYO COHORT IS ASSOCIATED WITH LIVEBIRTH.

J. O. Doyle, D. L. Wright, T. L. Toth, A. K. Styer. Vincent Department of Obstetrics and Gynecology, Massachusetts General Hospital, Boston, MA.

O-222 **12:15 PM**

HOMOCYSTEINE CORRELATION WITH ANGIOGENIC FACTORS AND UTERINE BLOOD FLOWS IN IDIOPATHIC RECURRENT SPONTANEOUS MISCARRIAGE.

P. Pasricha[1], R. L. Kandula[1], S. Ghosh[1], P. Banerjee[2], P. Chakraborty[1], B. Chakravarty[1]. [1]Institute of Reproductive Medicine, Kolkata, West Bengal, India; [2]Indian Institute of Technology, Khaagpur, West Bengal, India.

O-223 **12:30 PM**

CLINICAL IMPACT OF PREMATURE LUTEINIZING HORMONE (LH) RISES PRIOR TO THE START OF GANIRELIX TREATMENT ON DAY 5 OR DAY 6 OF STIMULATION.

J. Frattarelli, T. Hillensjo, H. Witjes, J. Elbers, K. Gordon. Advanced Reproductive Medicine & Gynecology of Hawaii, Inc., Kailua, HI; Fertility Center Scandinavia, Carlanderska Hospital, Göteborg, Sweden; Women's Health & Endocrine, MSD, Oss, Netherlands; Women's Health & Endocrine, Merck & Co, Kenilworth, NJ.

O-224 **12:45 PM**

THE USE OF AUTOLOGOUS ENDOMETRIAL CO-CULTURE (AECC) IMPROVES OUTCOME IN YOUNG POOR RESPONDERS WITH MULTIPLE FAILED IVF CYCLES.

A. Aelion Brauer, E. Mok-Lin, S. Spandorfer, Z. Rosenwaks. The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, New York, NY.

REPRODUCTIVE ENDOCRINOLOGY: HUMAN STUDIES

ROOM TBD

Moderators: *Amy Sparks*
Sue Gitlin

O-225 **11:15 AM**

EXAGGERATED INFLAMMATORY RESPONSE AFFECTS ENDOMETRIAL RECEPTIVITY IN WOMEN WITH IDIOPATHIC RECURRENT SPONTANEOUS MISCARRIAGE.

P. Banerjee[1], S. K. Jana[1], P. Pasricha[2], K. Chaudhury[1], B. Chakravarty[2]. [1]School of Medical Science and Technology, Indian Institute of Technology, Kharagpur, West Bengal, India; [2]Assisted Reproductive Technology, Institute of Reproductive Medicine, Kolkata, West Bengal, India.

O-226 **11:30 AM**

THE POPULATION DISTRIBUTION OF FOLLICLE STIMULATING HORMONE RECEPTOR POLYMORPHISMS IS DIFFERENT IN WOMEN SEEKING INFERTILITY TREATMENT THAN THE GENERAL POPULATION.

M. D. Lalioti[1], T. Gerasimova[1], V. Y. Fujimoto[2], H. G. Huddleston[2]. [1]Obstetrics, Gynecology, and Reproductive Sciences, Yale University School of Medicine, New Haven, CT; [2]Obstetrics, Gynecology, and Reproductive Sciences, UCSF, San Francisco, CA.

O-227 **11:15 AM**

THE MOLECULAR SIGNATURE OF CUMULUS CELLS IS COMPROMISED IN INFERTILE WOMEN OF ADVANCED MATERNAL AGE.

S. McReynolds[1], S. Mitchell[1], M. Dzieciatkowska[2], K. C. Hansen[2], W. B. Schoolcraft[1,3], M. G. Katz-Jaffe[1,3]. [1]National Foundation for Fertility Research, Lone Tree, CO; [2]University of Colorado, Denver, Aurora, CO; [3]Colorado Center for Reproductive Medicine, Lone Tree, CO.

O-228 **12:00 PM**

EFFECTS OF PGE2 AND PGF2α ON BLASTOCYST ADHESION TO THE HUMAN ENDOMETRIAL EPITHELIUM.

F. Vilella, L. Ramirez, O. Berlanga, S. Martinez, A. Pellicer, C. Simon. IVI Investigación, Fundación Instituto Valenciano de Infertilidad (FIVI), Valencia University and Instituto Universitario IVI/INCLIVA, Valencia, Spain; Regenerative Medicine, Centro de Investigación Principe Felipe (CIPF), Valencia, Spain.

O-229 **12:15 PM**

N-GLYCOLYLNEURAMINIC ACID (Neu5Gc) XENOGLYCAN (XE) AND DIRECTED ANTIBODIES (ABs) ARE PRESENT IN THE FEMALE REPRODUCTIVE TRACT.

J. M. Sroga[1], F. Ma[2], I. B. Ressler[1], K. B. DiPaola[1], P. Gagneux[2], S. R. Lindheim[1]. [1]Obstetrics and Gynecology, University of Cincinnati, Cincinnati, OH; [2]Department of Cellular and Molecular Medicine, Glycobiology Research and Training Center, University of California San Diego School of Medicine, La Jolla, CA.

O-230 **12:30 PM**

POST-GENOMIC NETWORKS OF FOLICULAR FLUID AND THEIR RELATION TO AGEING IN CONTROLLED OVARIAN STIMULATION CYCLES.

F. B. Cordeiro[1], R. C. Rochetti[1], F. C. Gozzo[2], A. P. Cedenho[1], R. P. Bertolla[1], E. G. Lo Turco[1]. [1]Department of Surgery, Division of Urology, Human Reproduction Section, Sao Paulo Federal University, Sao Paulo, Brazil; [2]Institute of Chemistry, University of Campinas, Campinas, Sao Paulo, Brazil.

O-231 **12:45 PM**

THE IMPACT OF CHROMOSOME SPECIFIC ANEUPLOIDY ON BLASTOCYST QUALITY.

D. M. Taylor[1,2], J. Campos[1], X. Tao[1], H. Garnsey[1], L. Rary[1]. [1]Reproductive Medicine Associates of New Jersey, Morristown, NJ; [2]UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ.

HEALTH DISPARITIES

ROOM 330 G

Moderators: *Alicia Armstrong*
Melissa Wellons

O-232 **11:15 AM**

"IT'S NOT SO MUCH THAT WE NEED MEDICAL BREAKTHROUGHS AS WE NEED SOCIAL PUBLIC HEALTH BREAKTHROUGHS" – HOW INFERTILITY PROVIDERS NAVIGATE A COMPLICATED LANDSCAPE TO OPTIMIZE CARE FOR THEIR PATIENTS.

G. L. Ryan[1], L. A. Shinkunas[2], S. L. Mott[3], W. S. Lester[3], S. P. Stuart[3]. [1]Obstetrics and Gynecology, University of Iowa Carver College of Medicine, Iowa City, IA; [2]Program in Bioethics and Humanities, University of Iowa Carver College of Medicine, Iowa City, IA; [3]Psychiatry, University of Iowa Carver College of Medicine, Iowa City, IA.

O-233 **11:30 AM**

RACIAL DIFFERENCES IN BREAST DENSITY ON SCREENING DIGITAL MAMMOGRAMS COMPARING R2 QUANTRA VOLUMETRIC COMPUTERIZED SOFTWARE SYSTEM VS RADIOLOGIST BIRAD DENSITY MEASURES.

G. Richard-Davis[1], L. Lucas[2], A. Disher[3], V. Montgomery-Rice[2], A. Andrade[2]. [1]Obstetrics and Gynecology, Meharry Medical College, Nashville, TN; [2]Center for Women's Health Research, Meharry Medical College, Nashville, TN; [3]Radiology, Meharry Medical College, Nashville, TN.

O-234 **11:45 AM**

COMPARISON OF IN VITRO FERTILIZATION OUTCOMES OF MINORITIES VERSUS CAUCASIANS.

I. D. Harris, S. Murray, S. Wang, P. McShane, R. Alvero. Obstetrics and Gynecology, University of Colorado Hospital, Aurora, CO.

O-235 **12:00 PM**

NATIONAL AND INTERNATIONAL REPRODUCTIVE "TOURISM": PATIENTS' PERSPECTIVES ON A GROWING GLOBAL PHENOMENON.

M. C. Inhorn, P. Patrizio. Anthropolgy, Yale University, New Haven, CT; Obstetrics/Gynecology/Reproductive Sciences, Yale University, New Haven, CT.

O-236 **12:15 PM**

PHYSICIAN'S PERSPECTIVES AND PRACTICES REGARDING THE FERTILITY COUNSELING AND MANAGEMENT OF OBESE PATIENTS.

I. D. Harris, J. Python, L. Roth, R. Alvero, S. Murray, W. D. Schlaff. Obstetrics and Gynecology, University of Colorado Hospital, Aurora, CO.

O-237 **12:30 PM**

LATINO PERSPECTIVES ON INFERTILITY TREATMENT: THE IMPACT OF CULTURAL, SOCIAL AND RELIGIOUS FACTORS ON THE UTILIZATION OF INFERTILITY SERVICES.

A. L. Dawson, L. G. Rodriguez-Riesco, R. Alvero. Obstetrics and Gynecology, University of Colorado Denver, Aurora, CO.

O-238 **12:45 PM**

TRENDS OF SOCIODEMOGRAPHIC DISPARITIES IN REFERRAL PATTERNS FOR FERTILITY PRESERVATION CONSULTATION.

L. R. Goodman, J. E. Merserseau, U. Balthazar, J. Kim. Reproductive Endocrinology and Infertility, University of North Carolina at Chapel Hill, Chapel Hill, NC.

MALE FACTOR: ART

ROOM 231 A/C

Moderators: *Claudio Chilik*
Ashok Agarwal

O-239 **11:15 AM**

SPERM DNA FRAGMENTATION TEST PREDICTS ASSISTED REPRODUCTIVE OUTCOMES BETTER THAN MSOME.

M. Brassesco[1], R. Lafuente[1], G. López[1], M. A. Checa[2], R. Carreras[2]. [1]Medical Department, CIRH, Barcelona, Spain; [2]Department of Obstetrics and Gynecology, Hospital Universitari del Mar, Barcelona, Spain.

O-240 **11:30 AM**

LEISURE-TIME EXERCISE BEHAVIOR INFLUENCES SEMEN PARAMETERS IN MEN ATTENDING AN INFERTILITY CLINIC.

M. Murakami[1], M. Kawamoto[1], K. Murakami[1], M. Kubojima[1], K. Shiraishi[2], T. Kuramoto[1]. [1]Kuramoto Women's Clinic, Fukuoka, Japan; [2]Department of Urology, Yamaguchi University School of Medicine, Ube, Yamaguchi, Japan.

O-241 **11:45 AM**

SPERM DNA DAMAGE MEASURED BY THE SPERM CHROMATIN STRUCTURE ASSAY AND BIRTH CHARACTERISTICS IN CHILDREN CONCEIVED BY ASSISTED REPRODUCTION.

M. Bungum, L. Bungum. Reproductive Medicine Centre, Skanes University Hospital, Malmoe, Sweden.

O-242 **12:00 PM**

SEVERE TERATOZOOSPERMIA AND MALE AGE INCREASE LEVELS OF SPERM APOPTOSIS IN INFERTILE PATIENTS.

H. Uriondo, C. Alvarez Sedó, M. V. Gil, P. Frazer, J. Serna, F. Nodar. Centro de Estudios en Ginecología y Reproducción (CEGyR), Capital Federal, Buenos Aires, Argentina.

O-243 **12:15 PM**

ANNEXIN V COLUMNS: CLINICAL OUTCOME IN EGG DONATION PROGRAM, THE IMPACT OF SPERM APOPTOSIS.

C. Alvarez Sedó, C. Boggino, H. Uriondo, M. V. Gil, M. Lavolpe, F. Nodar. Centro de Estudios en Ginecología y Reproducción (CEGyR), Capital Federal, Buenos Aires, Argentina.

O-244 **12:30 PM**

GLIAL CELL LINE-DERIVED NEUROTROPHIC FACTOR (GDNF) INDUCED MIGRATION OF SPERMATOGONIAL STEM CELLS IN VITRO VIA MEK AND NF-kB PATHWAYS.

M. Huleihel[1], E. Fadlon[1], A. AbuElhija[1], E. Lunenfeld[2]. [1]The Shraga Segal Dept. Microbiology and Immunology, Ben-Gurion University of the Negev, Beer Sheva, Israel; [2]IVF Unit, Soroka University Medical Center, Beer Sheva, Israel.

O-245 **12:45 PM**

ASSESSING THE SAFETY OF ICSI – A 16 YEAR EXPERIENCE.

Q. V. Neri[1], P. N. Schlegel[2], Z. Rosenwaks[1], G. D. Palermo[1]. [1]The Ronald O. Perelman & Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medical College, New York, NY; [2]Department of Urology, Weill Cornell Medical College, New York, NY.

CRYOPRESERVATION AND FROZEN EMBRYO TRANSFER – LABORATORY/BASIC: ART

ROOM 230 B

Moderators: *Pasquale Patrizio*
Kathryn Go

O-246 **11:15 AM**

PREDICTION FOR DEVELOPMENTAL COMPETANCE OF HUMAN BLASTOCYST BASED ON ITS OXYGEN CONSUMPTION.

M. Yamanaka[1], S. Hashimoto[1], A. Amo[1], T. Ito-Sasaki[2], H. Abe[3], Y. Morimoto[1]. [1]IVF Namba Clinic, Osaka, Japan; [2]Clino Corporation, Sendai, Miyagi, Japan; [3]Graduate School of Science and Engineering, Yamagata University, Yonezawa, Yamagata, Japan.

O-247 **11:30 AM**

CLINICAL SUCCESS WITH TWO ROUNDS OF VITRIFICATION AND COMPREHENSIVE CHROMOSOME SCREENING.

T. Schlenker, S. McCormick, M. Rawlins, J. Stevens, W. Schoolcraft. Colorado Center for Reproductive Medicine, Lone Tree, CO.

O-248 **11:45 AM**

EFFECT OF RE-VITRIFICATION OF EMBRYOS ACHIEVED FOLLOWING OOCYTE VITRIFICATION ON THE NEW BORN RATE.

A. Cobo, J. M. De los Santos, C. Daamià, A. Pellicer, J. Remohí. Instituto Valenciano de infertilidad, IVI Valencia, Valencia, Spain.

O-249 **12:00 PM**

DAY4 VITRIFICATION FOLLOWING IN VITRO FERTILISATION (IVF) INCREASES CRYOPRESERVED EMBRYO PREGNANCY RATES COMPARED TO DAY5.

D. L. Zander-Fox[1], M. Lane[1,2], H. Hamilton[1]. [1]Clinical Research/ Embryology, Repromed, Dulwich, SA, Australia; [2]Department of Obstetrics and Gynaecology, University of Adelaide, Adelaide, South Australia, Australia.

O-250 **12:15 PM**

CRYO-SOLUTION BUFFERING CAPACITY DURING TEMPERATURE REDUCTION AND EXPERIMENTAL SEPARATION OF TEMPERATURE AND pH INFLUENCES ON MOUSE OOCYTES.

N. A. Clark, J. Swain, J. Ding, G. D. Smith. Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI.

O-251 **12:30 PM**

OOCYTE CRYOPRESERVATION: A PROSPECTIVE PILOT STUDY COMPARING FERTILIZATION AND EMBRYO DEVELOPMENT BETWEEN FRESH AND VITRIFIED SIBLING OOCYTES.

L. J. Siano, C. A. Benadiva, L. Engmann, J. C. Nulsen. Center for Advanced Reproductive Services, University of Connecticut Health Center, Farmington, CT.

O-252 **12:45 PM**

TELOPHASE I OOCYTE VITRIFICATION.

C.-C. Chang[1], C.-J. Lin[2], D. B. Shapiro[1], S. M. Slayden[1], X. C. Tian[2], Z. P. Nagy[1]. [1]Reproductive Biology Associates, Atlanta, GA; [2]University of Connecticut, Storrs, CT.

ENDOMETRIOSIS

ROOM 330 C

Moderators: *Pam Stratton*
Kathy Sharpe-Timms

O-253 **11:15 AM**

POST-GENOMIC MEDICINE AND ITS APPLICATION TO UNDERSTANDING AND DIAGNOSING ENDOMETRIOSIS.

P. M. Porciuncula[1], J. Stevanato[1], D. A. Montani[1], E. J. Pilau[2], E. G. Lo Turco[1], R. P. Bertolla[1]. [1]Department of Surgery, Division of Urology, Human Reproduction Section, Sao Paulo Federal University, Sao Paulo, Brazil; [2]Institute of Chemistry, University of Campinas, Campinas, Sao Paulo, Brazil.

O-254 **11:30 AM**

METABOLOMIC ANALYSIS OF FOLLICULAR FLUID FROM WOMEN WITH ENDOMETRIOSIS: POTENTIAL MARKERS FOR IVF OUTCOME?

K. Chaudhury[1], K. Narendra Babu[1], S. RoyChoudhury[1], R. Chattopadhayay[2]. [1]School of Medical Science and Technology, Indian Institute of Technology, Kharagpur, West Bengal, India; [2]Assisted Reproductive Technology, Institute of Reproductive Medicine, Kolkata, West Bengal, India.

O-255 **11:45 AM**

GENE EXPRESSION OF AROMATASE (CYP19A1) AND 3ß-HYDROXYSTEROID DEHYDROGENASE IN CUMULUS OOPHORUS CELLS OF ENDOMETRIOSIS AND CONTROL INFERTILE PATIENTS SUBMITTED TO ICSI.

I. D. Barcelos, F. C. Donabela, C. P. Ribas, J. Meola, R. A. Ferriani, P. A. Navarro. Gynecology - Human Reproduction, Faculdade Medicina Ribeirão Preto- Universidade de São Paulo, Ribeirão Preto, Sao Paulo, Brazil.

O-256 **12:00 PM**

RESTORING p27kip1 IN CELLS FROM PATIENTS WITH ENDOMETRIOSIS DOWNREGULATE VEGF LEVEL IN CONDITIONATED CULTURE MEDIUM.

G. A. Goncalves[1,2], T. C. S. Bonetti[1], S. S. Andrade[1,2], J. A. Barreto[2], M. J. B. C. Girao[1,2], I. D. C. G Silva[1]. [1]Gynecology Department, Universidade Federal de Sao Paulo, Sao Paulo, SP, Brazil; [2]Charitable Association of Blood Collection - COLSAN, Sao Paulo, SP, Brazil.

O-257 **12:15 PM**

G PROTEIN-COUPLED RECEPTOR 30 (GPR30) EXPRESSION INCREASES IN ENDOMETRIUM OF PATIENTS WITH ENDOMETRIOSIS AND GPR30 IS INVOLVED IN HUMAN ENDOMETRIAL STROMAL CELL INVASION INDUCED BY 17ß-ESTRADIOL (E_2).

H. Pan, P. Zhang, H. Wang, Y. Pan, Y. Zeng, J.-R. Li. Xinhua Hospital, Shanghai Jiaotong University, Shanghai, China.

O-258 **12:30 PM**

SIMVASTATIN AND RESVERATROL DOWNREGULATE INTEGRIN αv/ß3 AND UPREGULATE TIMP-2 GENE EXPRESSION IN THE PRESENCE OF INFLAMMATORY CONDITIONS .

A. Sokalska[1,2], A. Cress[1], K. L. Bruner-Tran[3], K. G. Osteen[3], I. Ortega[1,4], A. J. Duleba[1]. [1]Ob/Gyn, University of California Davis, Sacramento, CA; [2]Ob/Gyn, University of Medical Sciences, Poznan, Wlkp, Poland; [3]Women's Reproductive Health Research Center, Vanderbilt University, Tennessee, TN; [4]Ob/Gyn, IVI-Madrid, Madrid, Aravaca, Spain.

O-259 **12:45 PM**

RETINOID ACID SUPPRESSES LESION DEVELOPMENT, INHIBITS PERITONEAL CYTOKINE SECRETION, AND UPREGULATES MACROPHAGE FUNCTION IN AN IMMUNOCOMPETENT MOUSE MODEL OF ENDOMETRIOSIS.

F. Wieser, J. Wu, K. Shen, N. Sidell. Gynecology and Obstetrics, Emory University School of Medicine, Atlanta, GA.

FERTILITY PRESERVATION
ROOM 330 E

Moderators: *Karen Glass*
Jennifer Mersereau

O-260 **11:15 AM**
THE EFFECT OF SLOW-FREEZE VERSUS VITRIFICATION ON THE OOCYTE: AN ANIMAL MODEL.
H. L. Feng, W. Hu, D. Marchesi, J. Qiao, A. Hershlag. Ob/Gyn, North Shore University Hospital, Manahsset, NY; Ob/Gyn, Peking University Third Hospital, Beijing, China.

O-261 **11:30 AM**
OXIDATIVE-STRESS INDUCES DOUBLE STRAND DNA BREAKS DURING OVARIAN TISSUE STORAGE AND CRYOPRESERVATION FOR FERTILITY PRESERVATION.
R. Soleimani[1,2], E. Heytens[1], R. Pourghorban[2], O. Kutluk[1], C. A. Cuvelier[3], P. De Sutter[2]. [1]Laboratory of Molecular Reproduction and Fertility Preservation, Dept OB/GYN, New York Medical College, Valhalla, NY; [2]Department of Reproductive Medicine, Ghent University Hospital, Ghent, Oost Vlaanderen, Belgium; [3]Department of Pathology, Ghent University Hospital, Ghent, Oost Vlaanderen, Belgium.

O-262 **11:45 AM**
THE EFFECT OF TAXANES ON MENSTRUATION AND OVARIAN RESERVE IN WOMEN WITH BREAST CANCER.
E. Arslan[1], M. Karsy[1,2], F. Moy[1,2], K. H. Oktay[1]. [1]Department of Obstetrics & Gynecology, Institute for Fertility Preservation, New York Medical College, Valhalla, NY; [2]Department of Pathology, New York Medical College, Valhalla, NY.

O-263 **12:00 PM**
THE EFFECT OF CANCEROUS OVARIAN MASSES AND BRCA STATUS ON TOTAL FOLLICLE NUMBER.
M. E. Pavone, J. Hirshfeld-Cytron, C. Tingen, C. Thomas, P. Lowe, T. Woodruff. Obstetrics and Gynecology, Northwestern University, Chicago, IL.

O-264 **12:15 PM**
ANTI-MULLERIAN HORMONE IN NEWLY DIAGNOSED BREAST CANCER PATIENTS MAY BE LOWER THAN IN HEALTHY WOMEN.
H. I. Su[1], S. Komrokian[2], A. DeMichele[2], F. Z. Stanczyk[3], A. Z. Steiner[4]. [1]Reproductive Medicine, University of California, San Diego, La Jolla, CA; [2]University of Pennsylvania, Philadelphia, PA; [3]University of Southern California, Los Angeles, CA.

O-265 **12:30 PM**
CANCER PATIENTS REQUESTS FOR REIS: REFERRALS PATTERNS AND USE OF FERTILITY PRESERVATION.
G. P. Quinn[1], C. Silva[2], M. C. Lee[1], S. T. Vadaparampil[1], L. Hildreth[1], S. Plosker[2]. [1]Cancer Prevention and Control, Moffitt Cancer Center, Tampa, FL; [2]Obstetrics and Gynecology, University of South Florida, Tampa, FL.

O-266 **12:45 PM**
NORMAL PUBERTY IS NOT EQUAL TO NORMAL GONADAL FUNCTION IN MALE AND FEMALE CHILDHOOD CANCER SURVIVORS.
B. Yu[1], C. Parker[2], M. Merino[2], M. Hill[1], A. Armstrong[1]. [1]Program in Adult and Reproductive Endocrinology, NICHD, National Institutes of Health, Bethesda, MD; [2]Pediatric Oncology, Department of Pediatrics, Walter Reed Army Medical Center, Washington, DC.

OTHER: ART – LABORATORY/BASIC
ROOM 232 A/C

Moderators: *Juergen Lieberman*
Dave Ball

O-267 **11:15 AM**
HOW LONG DOES SPERM LIVE?
D. E. Marchesi, D. Petrilli, E. Hawkins, W. Xuimei, H. L. Feng, A. Hershlag. Human Reproduction, NorthShore University Hospital, Manhasset, NY.

O-268 **11:30 AM**
OPTIMISING THE TIMING BETWEEN OOCYTE COLLECTION, CUMULUS REMOVAL AND INSEMINATION BY ICSI OR IVF.
C. F. L. Hickman[1], A. Campbell[2], S. Fishel[3]. [1]Trinidad IVF Fertility Centre, Maraval, Trinidad and Tobago; [2]CARE Fertility, Manchester, England, United Kingdom; [3]CARE Fertility, Nottingham, England, United Kingdom.

O-269 **11:45 AM**
FOLLICULAR LEVELS OF VASCULAR ENDOTHELIAL GROWTH FACTOR CAN BE A MARKER OF DECREASED EMBRYO QUALITY IN ICSI CYCLES.
T. C. S. Bonetti[1], G. A. Gonçalves[1], C. V. Carvalho[1], M. P. A. F. Braga[2], E. Borges Jr.[2], I. D. C. G Silva[1]. [1]Gynecology Department, Universidade Federal de Sao Paulo, Sao Paulo, SP, Brazil; [2]Fertility - Assisted Fertilization Center, Sao Paulo, SP, Brazil.

O-270 **12:00 PM**
ABSTRACT WITHDRAWN.

O-271 **12:15 PM**
AGE-ASSOCIATED ALTERATION OF TELOMERE BIOLOGY IN MOUSE OOCYTES.
M. Yamada[1], T. Hamatani[1], H. Akutsu[2], T. Fukunaga[1], N. Kuji[1], Y. Yoshimura[1]. [1]Department of Obstetrics and Gynecology, Keio University School of Medicine, Tokyo, Japan; [2]Department of Reproductive Biology, National Research Institute for Child Health and Development, Tokyo, Japan.

O-272 **12:30 PM**
EVALUATION OF FOLLICULAR FLUID ANTIOXIDANT-OXIDANT STATUS IN HIGH, NORMO, AND POOR RESPONDER PATIENTS UNDERGOING ASSISTED REPRODUCTIVE TECHNIQUES.
C. Karakaya[1], M. Kavutcu[2], S. Gumuslu[1], M. Oktem[1], A. Erdem[1], O. Canbolat[2]. [1]Obstetrics and Gynecology,Division of Reproductive Endocrinology and Infertility, Gazi University School of Medicine, Ankara, Turkey; [2]Department of Biochemistry, Gazi University School of Medicine, Ankara, Turkey.

O-273 **12:45 PM**
ENDOPLASMIC RETICULUM HOMEOSTASIS IS CRUCIAL FOR IN VITRO BLASTOCYST DEVELOPMENT.
I. Bozkurt[1,2], M. Basar[1], I. Tekmen[2], A. Arici[1], U. A. Kayisli[1]. [1]Dept of Obstetrics, Gynecology and Reproductive Sciences, Yale School of Medicine, New Haven, CT; [2]Dept of Histology and Embryology, Dokuz Eylul University, Inciralti, Izmir, Turkey.

OUTCOME PREDICTORS-CLINICAL: ART
ROOM 240 A/B

Moderators: *Ashok Agarwal*
Anthony Propst

O-274 **11:15 AM**
ASIAN WOMEN DEMONSTRATE DIMINISHED FUNCTIONAL OVARIAN RESERVE, DEFINED BY ANTI-MÜLLERIAN HORMONE (AMH) AND OOCYTE YIELDS.
A. Weghofer[1,2,3]. [1]Center for Human Reproduction, New York, NY; [2]Foundation for Reproductive Medicine, New York, NY; [3]Department of Obstetrics and Gynecology, Medical University Vienna, Wien, Austria.

O-275 **11:30 AM**

EARLY RISE IN HUMAN CHORIONIC GONADOTROPIN (hCG) AS A MARKER OF PLACENTATION: A SLOW RISE MAY PREDICT LOW BIRTH WEIGHT IN ASSISTED REPRODUCTION.

C. B. Morse[1], K. T. Barnhart[1], M. D. Sammel[2], E. C. Prochaska[1], A. Dokras[1], C. Coutifaris[1]. [1]Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, University of Pennsylvania, Philadelphia, PA; [2]Department of Biostatistics and Epidemiology, University of Pennsylvania, Philadelphia, PA.

O-276 **11:45 AM**

EFFECT OF OBESITY ON ASSISTED REPRODUCTION – A META-ANALYSIS OF CONTROLLED STUDIES.

H. N. Sallam[1,3,4], F. Moeity[1,3], N. H. Sallam[4], T. N. Abdel-Baki[2,3], A. N. Sallam[1], F. Ezzeldin[3,4]. [1]Department of Obstetrics and Gynaecology, Alexandria University, Alexandria, Egypt; [2]Department of Surgery, Alexandria University, Alexandria, Egypt; [3]Infertility Clinic, Alexandria Regional Center for Women's Health and Development, Alexandria, Egypt; [4]Assisted Conception Unit, Alexandria Fertility Center, Alexandria, Egypt.

O-277 **12:00 PM**

BODY MASS INDEX (BMI) DOES NOT IMPACT NUMBER OF OOCYTES RETRIEVED OR OOCYTE MATURATION IN WOMEN UNDERGOING ART.

S. A. Beall[1,2], G. Levy[1,2], M. Maguire[1,2], B. Stegmann[3], M. Payson[2], J. Segars[1]. [1]Program in Reproductive and Adult Endocrinology, Eunice Kennedy Shriver, National Institute of Child Health and Human Development, Bethesda, MD; [2]Department of Reproductive Endocrinology and Infertility, Walter Reed Army Medical Center, Washington, DC; [3]Department of Reproductive Endocrinology and Infertility, University of Iowa Hospital and Clinics, Iowa City, IA.

O-278 **12:15 PM**

OBESITY SIGNIFICANTLY DECREASES LIVE BIRTH RATE (LBR) FOLLOWING IN VITRO FERTILIZATION (IVF), EVEN AFTER CONTROLLING FOR ALL POTENTIAL CONFOUNDERS.

S.-M. L. Jones[1,2], V. A. Moragianni[1,2], D. A. Ryley[3]. [1]Department of Obstetrics & Gynecology, Beth Israel Deaconess Medical Center, Boston, MA; [2]Harvard Medical School, Boston, MA; [3]Boston IVF, Brookline, MA.

O-279 **12:30 PM**

DOES EXTENDING THE TIME INTERVAL BETWEEN TRIGGERING FINAL OOCYTE MATURATION AND OOCYTE RETRIEVAL FROM 36 TO 38 HOURS AFFECT IVF OUTCOME? A RANDOMIZED CONTROLLED TRIAL.

S. L. Triantafyllidis, E. M. Kolibianakis, C. A. Venetis, S. Masouridou, L. Zepiridis, B. C. Tarlatzis. Unit for Human Reproduction - 1st Dept of Obstetrics and Gynecology, Medical School, Aristotle University of Thessaloniki, Thessaloniki, Thessaloniki, Greece.

O-280 **12:45 PM**

BLASTOCYST MORPHOLOGY, BUT NOT AGE OR MAXIMUM FSH, PREDICTS IMPLANTATION IN TRANSFER OF TWO EUPLOID EMBRYOS.

E. J. Forman[1,2], P. S. Schultz[2], L. Rary[1], D. Taylor[1,2,3], T. A. Molinaro[1,2]. [1]Reproductive Endocrinology & Infertility, Reproductive Medicine Associates of New Jersey, Morristown, NJ; [2]Obstetrics, Gynecology & Reproductive Sciences, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ; [3]Genetics, Rutgers-The State University of New Jersey, Piscataway, NJ.

OVARIAN STIMULATION: ART

ROOM 230 C

Moderator: *TBD*

O-281 **11:15 AM**

EFFECT OF UNILATERAL OOPHORECTOMY ON OVARIAN RESERVE AND IVF STIMULATION OUTCOMES.

Z. Khan, R. P. Gada, Z. M. Tabbaa, S. K. Laughlin, C. C. Coddington, E. A. Stewart. Department of OB/GYN, Division of Reproductive Endocrinology & Infertility, Mayo Clinic, Rochester, MN.

O-282 **11:30 AM**

HORMONAL CONTRACEPTION PRIOR TO IN VITRO FERTILIZATION (IVF) ADVERSLY AFFECTS FUNCTIONAL OVARIAN RESERVE AND OOCYTE YIELDS.

N. Gleicher[1,2,3], H. Kubba[1], A. Weghofer[1,4]. [1]Center for Human Reproduction, New York, NY; [2]Foundation for Reproductive Medicine, New York, NY; [3]Department of Obstetrics, Gynecology and Reproductive Sciences, Yale University School of Medicine, New Haven, CT; [4]Department of Obstetrics and Gynecology, Medical University Vienna, Wien, Austria.

O-283 **11:45 AM**

PROSPECTIVE, RANDOMIZED STUDY OF PULSATILE GnRH THERAPY AND GONADOTROPINS TREATMENT (FSH+LH) FOR OVULATION INDUCTION IN WOMEN WITH HYPOTHALAMIC AMENORRHEA AND UNDERLYING POLYCYSTIC OVARY SYNDROME.

S. Dubourdieu, T. Freour, L. Dessolle, P. Barriere. Médecine et Biologie de la Reproduction, Centre Hospitalier Universitaire de Nantes, Nantes, France.

O-284 **12:00 PM**

EMBRYO COHORT SIZE DOES NOT AFFECT EUPLOIDY.

B. Kaplan[2], H. Danzer[3], M. Glassner[4], M. Opsahl[5], J. Cohen[1], S. Munne[1]. [1]Reprogenetics, Livingston, NJ; [2]Fertility Centers of Illinois, Highland Park, Highland Park, IL; [3]ART Reproductive Center, Beverly Hills, CA; [4]Main Line Fertility and Reproductive Medicine, Bryn Mawr, PA; [5]Northwest Center for Reproductive Sciences, Kirkland, WA.

O-285 **12:15 PM**

THE PREGNANCY AND NEONATAL OUTCOME FOLLOWING OVULATION INDUCTION WITH AROMATASE INHIBITOR LETOROZOLE AND CLOMIPHENE CITRATE.

Y. Nakajo, Y. Fukuda, Y. Sato, S. Suzuki, T. Takisawa, K. Kyono. Kyono ART Clinic, Sendai, Miyagi, Japan.

O-286 **12:30 PM**

CAN DOPAMINE AGONIST CABERGOLINE REDUCE OVARIAN HYPERSTIMULATION SYNDROME IN ART TREATMENT CYCLES? A PROSPECTIVE RANDOMIZED STUDY.

H. Amir, D. Yaniv, D. Kovalski, A. Carmon, A. Amit, F. Azem. Racine IVF Unit, Lis Maternity Hospital, Sourasky Medical Center, Tel Aviv, Israel.

O-287 **12:45 PM**

INTERMEDIATE AND NORMAL SIZED CGG REPEAT ON THE FMR1 (FRAGILE X) GENE DOES NOT AFFECT OVARIAN RESPONSE IN OOCYTE DONOR.

J. Llacer[1], B. Lledo[2], J. Guerrero[1], J. A. Ortiz[2], J. Gimenez[3], R. Bernabeu[1]. [1]Instituto Bernabeu, Alicante, Spain; [2]IB Biotech, Alicante, Spain; [3]NEOGINFER, Alicante, Spain.

PROCEDURES AND TECHNIQUES-LABORATORY: ART
ROOM 230 D

Moderators: *Gianpiero Palermo*
Glen Adaniya

O-288 **11:15 AM**
COMPLETE REMOVAL OF THE ZONA PELLUCIDA AND PREGNANCY OUTCOME IN A MOUSE MODEL.
A. Y. Armstrong, E. Wawrousek, Y.-L. Feng. Program in Reproductive & Adult Endocrinology, NICHD/NIH, Bethesda, MD; NEI, NIH, Bethesda, MD.

O-289 **11:30 AM**
DECREASING BIRTH DEFECT IN CHILDREN BY USING HIGH MAGNIFICATION SELECTED SPERMATOZOON INJECTION.
N. G. Cassuto[1], A. Hazout[1], J. L. Benifla[2], R. Balet[3], L. Larue[4], G. Viot[5]. [1]ART Unit, Drouot Laboratory, Paris, Ile de France, France; [2]Reproductive Medecine, Trousseau Hospital, Paris, Ile de France, France; [3]Reproductive Medecine, Bluet Hospital, Paris, Ile de France, France; [4]Reproductive Medecine, Diaconesses Croix St Simon Hospital, Paris, Ile de France, France; [5]Genetic, Cochin Hospital, Paris, Ile de France, France.

O-290 **11:45 AM**
SLOWER PROGRESSION TO BLASTOCYST DOES NOT RESULT IN HIGHER RATES OF PREGNANCY LOSS.
J. U. Klein, L. Li, M. M. Guarnaccia, M. V. Sauer. Reproductive Endocrinology and Infertility, Obstetrics and Gynecology, Columbia University Medical Center, New York, NY.

O-291 **12:00 PM**
BLASTOMERE CLEAVAGE SYNCHRONICITY EVALUATION AS A TOOL IN NON-INVASIVE SELECTION OF EUPLOID EMBRYOS WITH HIGH DEVELOPMENT COMPETENCE.
S. A. Yakovenko, V. P. Apryshko, E. A. Seregina, E. V. Yutkin. AltraVita IVF Clinic, Moscow, Russian Federation.

O-292 **12:15 PM**
COMPARISON OF MANUAL OBSERVATIONS AND AUTOMATICALLY DERIVED MORPHOKINETIC PARAMETERS FROM TIME-LAPSE IMAGES OF EMBRYO DEVELOPMENT.
A. P. Kylling[1], K. M. Hilligsøe[1], K. S. Pedersen[1], J. Herrero[2], M. Meseguer[2], N. B. Ramsing[1]. [1]Unisense FertiliTech, Aarhus N, Denmark; [2]Instituto Valenciano de Infertilidad, University of Valencia, Valencia, Spain.

O-293 **12:30 PM**
COMPARISON OF IVF-ET CYCLES USING VITRIFIED DONOR VERSUS NONDONOR OOCYTES: A POOLED ANALYSIS OF 705 THAW CYCLES.
A. P. Cil[1,2], K. Oktay[1]. [1]Institute for Fertility Preservation, Division of Reproductive Medicine, Departments of Obstetrics & Gynecology and Cell Biology & Anatomy, Valhalla, NY; [2]Obstetrics and Gynecology, Kirikkale University School of Medicine, Kirikkale, TR, Turkey.

O-294 **12:45 PM**
DERIVATION OF NOVEL GENETICALLY DIVERSE HUMAN EMBRYONIC STEM CELL LINES.
C. Hansis[1], R. Lehmann[2]. [1]Obstetrics and Gynecology/REI, NYU School of Medicine, New York, NY; [2]Cell Biology (Skirball), NYU School of Medicine, New York, NY.

MALE REPRODUCTION AND UROLOGY: RESEARCH
ROOM 232 A/C

Moderators: *Paul Turek*
Thomas Walsh

O-295 **3:45 PM**
PROTEOMIC ANALYSIS OF SEMINAL PLASMA IN ADOLESCENTS WITH AND WITHOUT VARICOCELE.
D. S. Zylbersztejn[1], L. Borsari[1], P. T. Del Giudice[1], G. M. Souza[2], D. M. Spaine[1], R. Fraietta[1]. [1]Human Reproduction Seccion, Universidade Federal de São Paulo, São Paulo, Brazil; [2]Waters Corporation, Mass Spectrometry Applications Research and Development Laboratory, São Paulo, Brazil.

O-296 **4:00 PM**
EXPRESSION AND FUNCTIONAL SIGNIFICANCE OF THE ENDOCANNABINOID SYSTEM IN HUMAN SPERMATOZOA.
A. A. Amoako[1], T. H. Marczylo[1], E. L. Marczylo[2], C. Boes[1], J. M. Willets[1], J. C. Konje[1]. [1]Department of Cancer Studies and Molecular Medicine, University of Leicester, Leicester, Leicestershire, United Kingdom; [2]MRC Toxicology Unit, University of Leicester, Leicester, Leicestershire, United Kingdom.

O-297 **4:15 PM**
HYDRODISSECTION FOR IMPROVED MICROSURGICAL DENERVATION OF THE SPERMATIC CORD: PROSPECTIVE BLINDED RANDOMIZED CONTROL TRIAL IN A RAT MODEL.
A. Gudeoglu, Z. Iqbal, S. J. Parekattil, A. C. Groth, K. B. Priola, R. W. Allen. Urology, Winter Haven Hospital & University of Florida, Winter Haven, FL.

O-298 **4:30 PM**
EMBRYONIC POLY(A) BINDING PROTEIN (ePAB)-DEFICIENT MALE MICE HAVE ELEVATED MSY2 EXPRESSION IN TESTIS.
S. Ozturk, O. Guzeloglu-Kayisli, M. D. Lalioti, D. Sakkas, E. Seli. Obstetrics, Gynecology, and Reproductive Sciences, Yale University School of Medicine, New Haven, CT.

O-299 **4:45 PM**
STEROIDOGENIC POTENTIAL OF ADULT MOUSE AND HUMAN PROSTATE AND PENIS.
K. Hwang[1], J. Choi[1], G. Ayala[1], M. Khera[1], L. I. Lipshultz[1], D. J. Lamb[1,2]. [1]Department of Urology, Baylor College of Medicine, Houston, TX; [2]Department of Molecular and Cellular Biology, Baylor College of Medicine, Houston, TX.

O-300 **5:00 PM**
GENOME-WIDE SPERM DNA METHYLATION ANALYSIS REVEALS A SUBSET OF PATIENTS WITH HIGHLY ABNORMAL METHYLATION PATTERNS AT IMPRINTED LOCI.
K. I. Aston[1], V. Punj[2], L. Liu[1], D. T. Carrell[1]. [1]Andrology and IVF Laboratories, University of Utah School of Medicine, Salt Lake City, UT; [2]Epigenome Center and Division of Hematology, University of Southern California, Los Angeles, CA.

CLINICAL FEMALE INFERTILITY AND GYNECOLOGY
ROOM 224 G/H

Moderators: *James Segars, Jr.*
Senait Fisseha

O-301 **3:45 PM**
UNEXPECTED RESULTS OF ENDOMETRIAL BIOPSY FOR BOTH MORPHOLOGICAL AND GENOMIC EVALUATIONS DURING RECIPIENT PATIENT PREPARATION FOR EGG DONATION.
D. Haouzi[1], F. Olivennes[3], H. Letur[2], P. Cohen-Bacrie[3], C. Rouleau[4], S. Hamamah[1]. [1]CHU Montpellier, INSERM U1040, Institut de Recherche en Biothérapie, Montpellier, Languedoc Roussillon, France; [2]Centre de Fertilité de l'Institut Mutualiste Montsouris, Paris, Ile de France, France; [3]Clinique de la Muette, Paris, Ile de France, France; [4]CHU Montpellier, Physiologie et Médecine Expérimentale du Cœur et des Muscles, Montpellier, Languedoc-Roussillon, France.

O-302 **4:00 PM**

WHEN SERIAL HUMAN CHORIONIC GONADOTROPIN (hCG) IS MISLEADING: STAYING AHEAD OF THE CURVE.

K. T. Barnhart[1], C. B. Morse[1], L. Allen-Taylor[2], P. Takacs[3], K. Chung[4], M. D. Sammel[2]. [1]Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, University of Pennsylvania, Philadelphia, PA; [2]Department of Biostatistics and Epidemiology, University of Pennsylvania, Philadelphia, PA; [3]Department of Obstetrics and Gynecology, Division of Female Pelvic Medicine and Reconstructive Surgery, University of Miami School of Medicine, Miami, FL; [4]Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, University of Southern California, Los Angeles, CA.

O-303 **4:15 PM**

HOW LARGE IS TOO LARGE: ASSOCIATION OF OBESITY WITH FECUNDABILITY IN WOMEN UNDERGOING INTRAUTERINE INSEMINATION.

L. B. Craig[1], J. D. Peck[2], S. Bullock[1], H. Burks[1], B. Storer[1], K. Hansen[1]. [1]Obstetrics & Gynecology, Section of Reproduction Infertility & Infertility, University of Oklahoma Health Sciences Center, Oklahoma City, OK; [2]Department of Biostatistics & Epidemiology, College of Public Health, University of Oklahoma Health Sciences Center, Oklahoma City, OK.

O-304 **4:30 PM**

BASAL FOLLICLE STIMULATING HORMONE (FSH) LEVEL AS A PREDICTOR OF FETAL ANEUPLOIDY IN PATIENTS UNDERGOING IN VITRO FERTILIZATION (IVF).

K. V. Dale[1], G. Ambartsumyan[1], M. Surrey[2], D. Dumesic[1], D. Hill[2]. [1]OB-GYN, UCLA Ronald Reagan, Los Angeles, CA; [2]Southern California Reproductive Center, Beverly Hills, CA..

O-305 **4:45 PM**

SAFETY OF TRANEXAMIC ACID IN WOMEN WITH HEAVY MENSTRUAL BLEEDING: AN OPEN-LABEL EXTENSION STUDY.

A. Lukes[1], E. Freeman[2], D. Van Drie[3], J. Baker[4], T. Adomako[5]. [1]Carolina Women's Research and Wellness Center, Durham, NC; [2]University of Pennsylvania Medical Center, Philadelphia, PA; [3]Female Pelvic Medicine and Urogynecology Institute of Michigan, Grand Rapids, MI; [4]Rosemark WomenCare Specialists, Idaho Falls, ID; [5]Ferring Pharmaceuticals, Parsippany, NJ.

O-306 **5:00 PM**

CLOMIPHENE 'STAIR-STEP' PROTOCOL VS TRADITIONAL PROTOCOL IN PATIENTS WITH POLYCYSTIC OVARY SYNDROME (PCOS): A PROSPECTIVE TRIAL.

C. Dura, B. Demir, B. Dilbaz, U. Goktolga. Obstetrics and Gynaecology, Infertility Unit, Etlik Zubeyde Hanim Women's Health Teaching and Research Hospital, Ankara, Turkey.

O-307 **5:15 PM**

LYMPHOID ENHANCING FACTOR 1 (Lef-1) IS OVER EXPRESSED IN BENIGN ENDOMETRIA AS BODY MASS INDEX INCREASES.

E. M. Rosenbluth, D. N. Shelton, T. L. Neff, B. J. Van Voorhis, M. J. Goodheart. Obstetrics and Gynecology, University of Iowa Hospitals and Clinics, Iowa City, IA.

O-308 **5:30 PM**

COMPARISON BETWEEN TWO CLOMIPHENE CITRATE PROTOCOLS FOR INDUCTION OF OVULATION IN CLOMIPHENE RESISTANT PCOS.

M. S. Omran. Obstetrics and Gynecology, Alexandria Faculty of Medicine, Alexandria, Egypt.

GENETIC COUNSELING

ROOM 231 A/C

Moderators: *Lauri Black*
Barbara Pettersen

O-309 **3:45 PM**

PATIENT DESIRE FOR CHROMOSOME ANALYSIS OF PRODUCTS OF CONCEPTION FOLLOWING MISCARRIAGE: A NATIONAL SURVEY.

R. B. Lathi[1], D. Huynh[2], J. Keller[3], J. Dikan[3], M. Rabinowitz[3]. [1]Stanford Fertility & Reproductive Medicine Center, Stanford University Medical Center, Palo Alto, CA; [2]Department of Biological Sciences, College of Natural Sciences, CSU Stanislaus, Turlock, CA; [3]Gene Security Network, Redwood City, CA.

O-310 **4:00 PM**

EVALUATION OF 'TRANSPORT' PREIMPLANTATION GENETIC DIAGNOSIS (PGD) AS A REPRODUCTIVE STRATEGY FOR PATIENTS PREDISPOSED TO AN INHERITED DISORDER.

S. Jaroudi[1], R. Prates[2], S. Tormasi[2], J. Sanchez-Garcia[2], G. Harton, D. Wells[1,3]. [1]Reprogenetics UK, Oxford, Oxfordshire, United Kingdom; [2]Reprogenetics, Livingston, NJ; [3]Nuffield Department of Obstetrics & Gynaecology, University of Oxford, Oxford, Oxfordshire, United Kingdom.

O-311 **4:15 PM**

ELEVATED PREVALENCE OF 35-44 FMR1 TRINUCLEOTIDE REPEATS IN WOMEN WITH DIMINISHED OVARIAN RESERVE.

L. M. Pastore[1], S. L. Young[2], V. L. Baker[3], L. B. Karns[1], C. D. Williams[4], L. M. Silverman[1]. [1]University of Virginia, Charlottesville, VA; [2]University of North Carolina, Chapel Hill, NC; [3]Stanford University, Stanford, CA; [4]Reproductive Medicine & Surgery Center of VA, Charlottesville, VA.

O-312 **4:30 PM**

GENETIC COUNSELING AND SCREENING OF SPERM DONORS IN THE UNITED STATES.

L. Isley, P. Callum. Assisted Reproductive Technology and Infertility Special Interest Group, National Society of Genetic Counselors, Chicago, IL.

PEDIATRIC AND ADOLESCENT GYNECOLOGY

ROOM 222

Moderators: *Paula Hillard*
David M. Lee

O-313 **4:45 PM**

EARLY AND ACCURATE DIAGNOSIS OF POLYCYSTIC OVARY SYNDROME (PCOS) IN ADOLESCENTS IS ESSENTIAL TO DETECTING METABOLIC ABNORMALITIES IN THIS HIGH-RISK POPULATION.

A. H. Roe, E. C. Prochaska, A. Dokras. Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, University of Pennsylvania, Philadelphia, PA.

O-314 **5:00 PM**

OUTCOME FOLLOWING DETORSION (DT) OF TORSED ADNEXA IN CHILDREN.

X. M. Santos[1], N. Sokkary[1], D. L. Cass[2], J. E. Dietrich[1]. [1]Department of Obstetrics and Gynecology, Section of Pediatric and Adolescent Gynecology, Baylor College of Medicine, Houston, TX; [2]Department of Surgery, Division of Pediatric Surgery, Baylor College of Medicine, Houston, TX.

O-315 **5:15 PM**

UTILIZATION OF HPV VACCINATION IN A LARGE MIDWESTERN HOSPITAL.

J. Kresowik[1], T. Shochet[2], L. Mains[3], G. L. Ryan[1]. [1]Obstetrics & Gynecology, Division of Reproductive Endocrinology & Infertility, University of Iowa, Iowa City, IA; [2]Department of Epidemiology, University of Iowa, Iowa City, IA; [3]Audubon Fertility and Reproductive Medicine, New Orleans, LA.

O-316 **5:30 PM**
UTERINE REMNANTS AND PELVIC PAIN IN FEMALES WITH MAYER-ROKITANSKY-KUSTER-HAUSER SYNDROME.
C. A. Marsh, M. A. Will, E. Quint, Y. R. Smith. Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI.

REPRODUCTIVE IMMUNOLOGY
ROOM 330 C

Moderators: *Joanne Y. Kwak-Kim*
Mira Aubuchon

O-317 **3:45 PM**
THE USE OF G-CSF FOR IMPLANTATION FAILURE IN IVF: A CLINICAL TRIAL.
F. Scarpellini, M. Sbracia. CERM, Rome, Italy..

O-318 **4:00 PM**
INTRACAVITAR UTERINE GRANULOCYTE-COLONY-STIMULATORY FACTOR (G-CSF) APPLICATION – A POSSIBLE TREATMENT IN RECURRENT IMPLANTATION FAILURE.
D. St. Stamenov, K. L. Penkova, S. K. Persenska, T. A. Chaushev, I. I. Rangelov, D. N. Baltadzhieva. Center of Reproductive Health Nadejda, SBALGAR " Dr Malinov", Sofia, Bulgaria.

O-319 **4:15 PM**
CORRELATION BETWEEN TOTAL HOMOCYSTEINE (tHcy), FOLIC ACID, VITAMIN B12 CONCENTRATION IN SERUM, FOLLICULAR FLUID (FF) AND THEIR EFFECT ON ICSI OUTCOME.
M. E. Hammadeh, M. Huquki, E. F. Solomayer. Obstetrics & Gynecology, University of Saarland, Homburg/Saar, Saarland, Germany; Obstetrics & Gynecology, University of Saarland, Homburg/Saar, Saarland, Germany; Obstetrics & Gynecology, University of Saarland, Homburg/Saar, Saarland, Germany.

O-320 **4:30 PM**
RESISTANCE OF UTERINE RADIAL ARTERY BLOOD FLOW IS POSITIVELY CORRELATED WITH PERIPHERAL BLOOD NK CELL FRACTION IN PATIENTS WITH UNEXPLAINED RECURRENT SPONTANEOUS ABORTION.
H. S. Koo, C. Park, J. H. Yoo, S. H. Cha, I. S. Kang, K. M. Yang. Department of Obstetrics & Gynecology, Cheil General Hospital and Women's Healthcare Center, Kwandong University College of Medicine, Seoul, Jung-gu, Korea.

O-321 **4:45 PM**
RENEWED EVIDENCE FOR A NEGATIVE IMPACT OF AUTOIMMUNITY ON REPRODUCTIVE SUCCESS WITH IVF.
D. H. Barad[1,2,3], A. Weghofer[1,2,4]. [1]Center for Human Reproduction, New York, NY; [2]Foundation for Reproductive Medicine, New York, NY; [3]Department of Obstetrics, Gynecology and Womens Health, and Department of Epidemiology and Population Health, Albert Einstein College of Medicine, Bronx, NY; [4]Department of Obstetrics and Gynecology, Medical University Vienna, Wien, Austria.

O-322 **5:00 PM**
THE ROLE OF CASPASE-1 IN THE REGULATION OF PRO-INFLAMMATORY GENE EXPRESSION IN EXPLANT CULTURES OF TERM MYOMETRIUM.
M. D. Johnson, H. Tan, L. Yi, S. Mesiano. Reproductive Biology, Case Western Reserve University, Cleveland, OH..

O-323 **5:15 PM**
IN PREGNANCY: ACTIVE MATERNAL IMMUNITY IS INDUCED BY CAPACITATED SPERM.
K. Beaman, M. Jaiswal, C. Lewis, E. Ntrivalas, A. Gilman-Sachs, J. Kwak-Kim. Microbiology & Immunology, Rosalind Franklin University Med.Sci., North Chicago, IL.

O-324 **5:30 PM**
GENOME-WIDE IDENTIFICATION OF *CHLAMYDIA TRACHOMATIS* ANTIGENS ASSOCIATED WITH TUBAL FACTOR INFERTILITY.
N. M. Budrys[1], A. K. Rodgers[1], S. Gong[2], A. Holden[1], R. S. Schenken[1], G. Zhong[2]. [1]Obstetrics and Gynecology, University of Texas Health Science Center, San Antonio, TX; [2]Microbiology and Immunology, University of Texas Health Science Center, San Antonio, TX.

REPRODUCTIVE ENDOCRINOLOGY: RESEARCH
ROOM 240 C/D

Moderators: *TBD*

O-325 **3:45 PM**
WHAT IS THE MAJOR ESTROGEN BINDING PROTEIN IN THE FOLLICULAR FLUID?
Y. Bentov[1,2,3], N. Esfandiari[1,3], R. F. Casper[1,2,3]. [1]Toronto Centre for Advanced Reproductive Technology, Torornto, ON, Canada; [2]Samuel Lunenfeld Research Institute, Mount Sinai Hospital, Toronto, ON, Canada; [3]University of Toronto, Division of Reproductive Sciences, Department of Obstetrics and Gynecology, Toronto, ON, Canada.

O-326 **4:00 PM**
PROGESTERONE STIMULATES PITUITARY ADENYLATE CYCLASE-ACTIVATING POLYPEPTIDE (PACAP) EXPRESSION IN PITUITARY GONADOTROPES.
J. L. Morgan, C. M. Grafer, C. Wang, L. M. Halvorson. Obstetrics and Gyencology, University of Texas Southwestern Medical Center, Dallas, TX.

O-327 **4:15 PM**
ANTI MULLERIAN HORMONE (AMH) LEVEL AND EXPRESSION IN MURAL AND CUMULUS CELLS IN RELATION TO AGE.
A. Kedem[1], Y. Yung[1], H. Kanety[2], M. Hanochi[2], J. Dor[1], A. Hourvitz[1]. [1]Department of Obstetrics and Gynecology, In Vitro Fertilization Unit and Human Embryonic Stem Cell and Reproduction Lab, Sheba Medical Center, Israel. Sackler School of Medicine, Tel Aviv University, Tel Aviv Israel, Ranat-Gan, Israel; 2Endocrinology Institute, Ranat-Gan, Israel.

O-328 **4:30 PM**
ALTERATIONS IN RETINOID SIGNALING IN ENDOMETRIOSIS MAY LEAD TO DIFFERENCES IN DECIDUALIZATION.
M. E. Pavone, M. Dyson, E. Pearson, T. Kakinuma, S. E. Bulun. Obstetrics and Gynecology, Northwestern University, Chicago, IL.

O-329 **4:45 PM**
MITOCHONDRIAL PROGESTERONE RECEPTOR (PR-M) DISTRIBUTION IN UTERINE LEIOMYOMA AND MYOMETRIUM AND IMPACT ON MITOCHONDRIAL MEMBRANE POTENTIAL (MMP) IN IMMORTILIZED HUMAN MYOMETRIAL CELLS (HTERT-HM).
J. R. Crochet[1], Q. Feng[2], Q. Dai[1], P. C. Leppert[1], T. M. Price[1]. [1]Obstetrics and Gynecology, Duke University Medical Center, Durham, NC; [2]Obstetrics and Gynecology, The First Affiliated Hospital of Zhengzhou University, Zhengzhou, Henan, China.

O-330 **5:00 PM**
IN VIVO IMPACT OF DOXORUBICIN ON OVARIAN GERM CELL AND NON-GERM CELL POPULATION: DOUBLE STRAND DNA BREAKS AND MICROVASCULAR DAMAGE.
R. Soleimani[1], E. Heytens[1], K. Oktay[1]. [1]Department of Obstetrics & Gynecology, Laboratory of Molecular Reproduction, Institute for Fertility Preservation, New York Medical College, Valhalla, NY; [2]Department of Cell Biology & Anatomy, New York Medical College, Valhalla, NY.

O-331 **5:15 PM**
ABSTRACT WITHDRAWN.

O-332 **5:30 PM**

EMBRYONIC STEM CELL-LIKE CELLS ESTABLISHED BY CULTURE OF ADULT HUMAN OVARIAN CELLS.

B. B. Swelstad[1], L. Kolp[1], J. Garcia[1], S. Gupta[2], N. Pashai[3], C. Kerr[3]. [1]Gynecolgy & Obstetrics, Division Reproductive Endocrinology, Johns Hopkins University School of Medicine, Baltimore, MD; [2]Biomedical Engineering, Johns Hopkins University, Baltimore, MD; [3]Stem Cell Program, Institute for Cell Engineering, Johns Hopkins University, Baltimore, MD.

OTHER: ART - CLINICAL

ROOM 240 A/B

Moderator: *Clarissa Gracia*

O-333 **3:45 PM**

SEQUENTIAL TRANSFER IMPROVES THE PREGNANCY RATE IN PATIENTS WITH REPEATED IN VITRO FERTILIZATION – EMBRYO TRANSFER FAILURES.

C. Fang, R. Huang, X. Liang. Reproductive Medicine Research Center, Sixth Affiliated Hospital of Sun Yat-sen University, Guangzhou, Guangdong, China.

O-334 **4:00 PM**

IATROGENIC MULTIPLE BIRTHS: A 2008 CHECKUP.

J. A. Agard, H. W. Jones, Jr. Obstetrics and Gynecology, Eastern Virginia Medical School, Norfolk, VA.

O-335 **4:15 PM**

EFFECT OF DAY OF EMBRYO TRANSFER ON LIVE BIRTH RATES USING LINKED CYCLES.

B. Luke[1], M. B. Brown[2], E. Wantman[3], V. L. Baker[4], G. D. Ball[5], J. E. Stern[6]. [1]Obstetrics, Gynecology, & Reproductive Biology, Michigan State University, East Lansing, MI; [2]Biostatistics, University of Michigan, Ann Arbor, MI; [3]Redshift Technologies, Inc., New York City, NY; [4]Obstetrics and Gynecology, Stanford University, Palo Alto, CA; [5]Seattle Reproductive Medicine, Seattle, WA; [6]Obstetrics and Gynecology, Dartmouth-Hitchcock Medical Center, Lebanon, NH.

O-336 **4:30 PM**

ABSTRACT WITHDRAWN.

O-337 **4:45 PM**

PROSPECTIVE CASE COHORT STUDY SHOWING FOUR YEARS OF ELECTIVE SINGLE EMBRYO TRANSFER (eSET) PROGRAM: CONTINUED POOR PATIENT ACCEPTANCE OF eSET.

C. Briton-Jones[1], H. Danzer[2], M. Surrey[2], D. Hill[1]. [1]ART Reproductive Center, Beverly Hills, CA; [2]Southern California Reproductive Center, Beverly Hills, CA.

O-338 **5:00 PM**

THE EFFECT OF A HISTORY OF A PRIOR ART LIVE BIRTH ON SUBSEQUENT LIVE BIRTH RATES USING LINKED ART CYCLES.

B. Luke[1], M. B. Brown[2], A. Lederman[3], V. L. Baker[4], D. R. Grow[5], J. E. Stern[6]. [1]Obstetrics, Gynecology, & Reproductive Biology, Michigan State University, East Lansing, MI; [2]Biostatistics, University of Michigan, Ann Arbor, MI; [3]Redshift Technologies, New York City, NY; [4]Obstetrics and Gynecology, Stanford University, Palo Alto, CA; [5]Obstetrics and Gynecology, Baystate Medical Center, Springfield, MA; [6]Obstetrics and Gynecology, Dartmouth-Hitchcock Medical Center, Lebanon, NH.

O-339 **5:15 PM**

MECHANISM FOR THE FORMATION OF HUMAN EMBRYOS WITH MULTINUCLEATED BLASTOMERES IDENTIFIED BY TIME-LAPSE CINEMATOGRAPHY.

K. Iwata, K. Yumoto, A. Imajo, Y. Iba, Y. Mio. Reproductive Unit, Mio Fertility Clinic Reproductive Centre, Yonago, Tottori, Japan

O-340 **5:30 PM**

MULTIPLE INSULIN-RESISTANCE-RELATED PARAMETERS CAN IDENTIFY ART REPEATERS WITHOUT POLYCYSTIC OVARY SYNDROME WHO CAN EXPECT IMPROVED PREGNANCY RATES BY METFORMIN.

M. Jinno, A. Watanabe, J. Hirohama, R. Hiura, N. Hatakeyama, R. Nishiyama. Women's Clinic Jinno, Choufu City, Tokyo, Japan.

OUTCOME PREDICTORS-LAB: ART

ROOM 330 A

Moderator: *Marius Mientjes*

O-348 **3:45 PM**

TROPHECTODERM GENE EXPRESSION PROFILES: DEVELOPMENT OF A PREDICTIVE MODEL FOR IVF OUTCOME.

J. C. Parks[1], B. McCallie[1], L. Vanderlinden[2], M. G. Katz-Jaffe[1]. [1]National Foundation for Fertility Research, Lone Tree, CO; [2]Department of Pharmacology, University of Colorado, Denver, Aurora, CO.

O-342 **4:00 PM**

MATURATION INDEX, A NOVEL PARAMETER FOR THE OOCYTE QUALITY: A RETROSPECTIVE ANALYSIS OF 7187 CASES.

K. Ozgur[1], M. Berkkanoglu[1], K. Coetzee[2], H. Bulut[1]. [1]Antalya IVF, Antalya, Turkey; [2]Fertility Associates, Wellington, New Zealand..

O-343 **4:15 PM**

CORRELATION BETWEEN BASAL SERUM ANTI-MULLERIAN HORMONE (AMH) LEVEL AND ANEUPLOIDY RATE IN PATIENTS UNDERGOING IVF-PREIMPLANTATION GENETIC SCREENING (PGS) CYCLES.

J. Y. J. Huang, W. L. Hsu, S. Tomer, R. Elias, K. Xu, H.-C. Liu. The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medical College, New York, NY.

O-344 **4:30 PM**

A TARGETED MASS SPECTROMETRY-BASED METABOLOMICS STRATEGY OF HUMAN BLASTOCOELE FLUID: A PROMISING TOOL IN FERTILITY RESEARCH.

C. Bulletti[1], S. Palini[1], S. De Stefani[1], P. Rocchi[1], P. Valeria[1], Z. Lello[2]. [1]Cervesi Hospital, Cattolica, Rimini, Italy; [2]Università la Tuscia, Viterbo, Italy.

O-345 **4:45 PM**

IDENTIFICATION OF NOVEL CUMULUS CELL MOLECULAR MARKERS PREDICTIVE OF OOCYTE COMPETENCE: CONFIRMATION WITH PREGNANCY OUTCOME.

V. S. Nandula[1], A. Naini[1], M. Mansukhani[1], K. Gleason[2,3], A. Nasseri[2,3]. [1]Department of Pathology and Cell Biology, Columbia University, New York, NY; [2]The Valley Hospital Fertility Center, The Valley Hospital, Paramus, NJ; [3]The New York University Fertility Center, New York University, New York, NY..

O-346 **5:00 PM**

ESTABLISHING THE OPTIMAL TIME RANGES OF KEY EVENTS DURING DEVELOPMENT USING TIME LAPSE VIDEO CINEMATOGRAPHY.

J. Herrero[1], A. Tejera[1], N. Ramsing[2], J. L. Romero[1], I. Rubio[1], M. Meseguer[1]. [1]Instituto Valenciano de Infertilidad, IVI Valencia, Valencia, Spain; [2]Unisense Fertilitech, Aarhus N, Denmark.

O-347 **5:15 PM**

PREIMPLANTATION GENETIC TESTING FOR SINGLE GENE DEFECTS: EMBRYO DIAGNOSIS RATE VARIES SIGNIFICANTLY AMONG GENETIC TESTING LABORATORIES.

J. Barritt[1,2], C. A. McDonald[1], Z. A. Haimowitz[1], B. Sandler[1,2], A. B. Copperman[1,2]. [1]Reproductive Medicine Associates of New York, New York, NY; [2]Department of OBGYN and Reproductive Science, Mount Sinai School of Medicine, New York, NY.

O-341 **5:30 PM**

BLASTOCYST QUALITY IN RELATION TO PREGNANCY RATE AND EARLY PREGNANCY LOSS.

E. Van den Abbeel[1], B. Balaban[2], K. Lundin[3], S. Ziebe[4], L. Helmgaard[5], J.-C. Arce[5]. [1]Reproductive Medicine, UZ Gent, Gent, Belgium; [2]IVF Center, American Hospital, Istanbul, Turkey; [3]Reproductive Medicine, SU/Sahlgrenska, Gothenburg, Sweden; [4]The Fertility Clinic, Rigshospitalet/University Hospital of Copenhagen, Copenhagen, Denmark; [5]Global Clinical Research & Development (Reproductive Health), Ferring Pharmaceuticals, Copenhagen, Denmark.

REGENERATIVE MEDICINE & STEM CELL BIOLOGY

ROOM 330 B

Moderators: *David Albertini*
Gerald Schatten

O-349 **3:45 PM**

DYNAMIC CHANGES IN OOGONIAL STEM CELL NUMBERS IN MOUSE OVARIES DURING THE REPRODUCTIVE CYCLE AND FOLLOWING HEMI-OVARIECTOMY.

A. N. Imudia, D. C. Woods, Y. A. R. White, J. L. Tilly. Vincent Center for Reproductive Biology, Department of Obstetrics and Gynecology, Massachusetts General Hospital/Harvard Medical School, Boston, MA.

O-350 **4:00 PM**

PROGRESS TOWARD PRODUCTION OF XENO-FREE, DISEASE-SPECIFIC HUMAN EMBRYONIC STEM CELLS.

S. Mojica[1], C. Pacut[1], C. J. DeLong[1], K. S. O'Shea[1], M. Hughes[2], G. D. Smith[3]. [1]Cell and Developmental Biology, University of Michigan, Ann Arbor, MI; [2]Genesis Genetics, Detroit, MI; [3]Ob/Gyn, Physiology, Urology, University of Michigan, Ann Arbor, MI.

O-351 **4:15 PM**

ELUCIDATING MECHANISMS OF REPROGRAMMING IN INDUCED PLURIPOTENT STEM CELLS (iPSCs): IMMUNOHISTOCHEMICAL ANALYSIS OF KEY FACTORS.

A. M. Quaas, J. E. Pomeroy[2], R. J. Paulson[1], M. F. Pera[2]. [1]Reproductive Endocrinology and Infertility, Keck School of Medicine/University of Southern California, Los Angeles, CA; [2]Eli and Edythe Broad Center for Regenerative Medicine and Stem Cell Research, University of Southern California, Los Angeles, CA.

O-352 **4:30 PM**

IN VITRO MALE GAMETOGENESIS DIRECTED BY POSITIVE INDUCTION AND NEGATIVE SELECTION.

W. Wang, L. Ni, Y. Tang, H.-C. Liu, Z. Rosenwaks. Ronald O. Perelman and Claudia Cohen, Weill Cornell Medical College, New York, NY.

O-353 **4:45 PM**

***IN VIVO* OSTEOGENIC REGENERATIVE POTENTIAL OF HUMAN FALLOPIAN TUBE MESENCHYMAL STEM CELLS.**

T. Jazedje[1], C. E. Czeresnia[2], L. P. Evangelista[2], M. Maluf[3], P. M. Perin[3], M. Zatz[1]. [1]Human Genome Research Center, University of São Paulo, São Paulo, Brazil; [2]Division of Reproductive Medicine, Célula Mater, São Paulo, Brazil; [3]Division of Reproductive Medicine, CEERH - Specialized Center for Human Reproduction, São Paulo, Brazil.

O-354 **5:00 PM**

IN VITRO DIFFERENTIATION OF HAPLOID CELLS AFTER SPERMATOGONIAL CO-CULTURE WITH SERTOLI CELLS FROM ADULT HUMAN TESTES.

M. Riboldi[1,2], E. Gomez[1], C. Aguilar[1], M. Gil-Salom[3], C. Simon[1,2,3]. [1]Valencia Node of the Spanish Stem Cell Bank, Prince Felipe Research Centre (CIPF), Valencia, Spain; [2]Department of Obstetrics & Gynecology - Valencia University, Fundación IVI-Instituto Universitario IVI, Valencia, Spain; [3]Instituto Valenciano de Infertilidad - IVI, Valencia, Spain.

O-355 **5:15 PM**

***Lin28-let7-Blimp1* CIRCUITRY REGULATES HUMAN PRIMORDIAL GERM CELLS (hPGC) DEVELOPMENT FROM HUMAN EMBRYONIC STEM CELLS (hESC).**

N. D. Tran, D. Laird, M. Kissner, M. Conti, R. Blelloch. Obstetrics and Gynecology, Center for Reproductive Sciences, University of California, San Francisco, San Francisco, CA.

O-356 **5:30 PM**

KARYOTYPICALLY NORMAL HUMAN EMBRYONIC STEM CELLS (HESC) DERIVED FROM ANEUPLOID PREIMPLANTATION GENETIC DIAGNOSIS (PGD) EMBRYOS.

Q. Zhan, N. Zaninovic, Z. Rosenwaks. Center for Reproductive Medicine, Weill Cornell Medical College of Cornell University, New York, NY.

REPRODUCTIVE BIOLOGY: ANIMAL AND EXPERIMENTAL STUDIES

ROOM 225 A/B

Moderators: *Kristen Ivani*
Anthony Anderson

O-357 **3:45 PM**

PROGESTERONE VIA A MITOCHONDRIAL PROGESTERONE RECEPTOR (PR-M) PREVENTS HEART FAILURE IN A TRANSGENIC MOUSE MODEL OF AORTIC CONSTRICTION.

C. E. Likes, III[1], K. C. Hawkins[1], L. Mao[2], Q. Dai[1], H. A. Rockman[2], T. M. Price[1]. [1]Obstetrics/Gynecology, Duke University, Durham, NC; [2]Medicine - Cardiology, Duke University, Durham, NC.

O-358 **4:00 PM**

IMPROVING THE SUCCESS OF IN VITRO MATURATION (IVM) BY CONTROLLING THE RATE OF OOCYTE MATURATION WITH MEIOTIC INHIBITORS USING BOVINE OOCYTE MODEL.

T. A. Farghaly[1,2], S. A. Mostafa[2], E. M. Khalifa[2], J. Liu[1], J. Goldfarb[1], A. Ahmady[1]. [1]MacDonald Fertility & IVF Center, UH Case Medical Center, Cleveland, OH; [2]Ob/Gyn.deparment, Womens'Health Center,Assiut University, Assiut, Egypt.

O-359 **4:15 PM**

OUTBRED MICE CONCEIVED BY IN VITRO FERTILIZATION (IVF) DISPLAY INCREASED GROWTH CURVE AND GLUCOSE INTOLERANCE.

W. Lin, A. Donjacour, L. Xiaowei, K. S. Kolahi, R. Simbulan, P. F. Rinaudo. OB/GYN, CRS, University of California, San Francisco, San Francisco, CA.

O-360 **4:30 PM**

CoQ10 TREATMENT CAN IMPROVE FERTILITY AND OOCYTE QUALITY IN OLD MICE.

A. Ben-Meir[1,2], J. Chong[1], A. Borrego-Alvarez[1], K. H. Moley[3], A. Jurisicova[1], R. F. Casper[1,2]. [1]Obstetrics & Gynecology, University of Toronto, Samuel Lunenfeld Research Institute (SLRI), Toronto, ON, Canada; [2]Toronto Centre for Advanced Reproductive Techniques (TCART), Toronto, ON, Canada; [3]Obstetrics and Gynecology, Washington University School of Medicine, St Louis, MO.

O-361 **4:45 PM**

LOSS OF EMBRYONIC POLY(A) BINDING PROTEIN (ePAB) IN MOUSE RESULTS IN FEMALE INFERTILITY DUE IMPAIRED OOCYTE MATURATION AND OVULATION.

O. Guzeloglu-Kayisli, M. D. Lalioti, I. Sasson, D. Sakkas, F. Aydiner, E. Seli. Obstetrics, Gynecology, and Reproductive Sciences, Yale University School of Medicine, New Haven, CT.

O-362 **5:00 PM**

EMBRYONIC POLY(A) BINDING PROTEIN (ePAB) PLAYS A KEY ROLE IN CHROMATION REMODELING AND TRANSCRIPTIONAL SILENCING DURING OOCYTE MATURATION.

O. Ilbay, O. Guzeloglu-Kayisli, M. D. Lalioti, E. Seli. Obstetrics, Gynecology, and Reproductive Sciences, Yale University School of Medicine, New Haven, CT.

O-363 **5:15 PM**

INTRAUTERINE EXPOSURE TO DIESEL EXHAUST DIMINISHES FEMALE OVARIAN RESERVE.

K. S. Ogliari[1], A. J. Lichtenfels[1], A. T. Ferreira[2], M. Dolhnikoff[1], P. H. N. Saldiva[1]. [1]Department of Pathology, School of Medicine, University of Sao Paulo, Sao Paulo, Brazil; [2]Department of Biophysics and Molecular Biology, School of Medicine, Federal University of Sao Paulo, Sao Paulo, Brazil.

O-364 **5:30 PM**

EFFECT OF PRE-MATURATION INCUBATION WITH MATURATION INHIBITOR ON MEIOTIC RESUMPTION AND EMRYONIC DEVELOPMENT OF BOVINE OOCYTES.

T. A. Farghaly[1,2], M. A. Bedaiwy[1], E. M. Khalifa[2], S. A. Mostafa[2], W. W. Hurd[1], A. Ahmady[1]. [1]MacDonald Fertility & IVF Center, UH Case Medical Center, Cleveland, OH; [2]OB/GYN., Womens' Health Center,Assiut University, Assiut, Egypt.

REPRODUCTIVE LABORATORY TECHNOLOGY

ROOM 330 D

Moderators: *Tom Turner*
Mike Lee

O-365 **3:45 PM**

NOVEL ANIMAL PROTEIN-FREE SPERM CRYOPRESERVATION MEDIA RESULTS IN POST-THAW SURVIVAL EQUIVALENT TO STANDARD SPERM FREEZING MEDIA.

C. A. McDonald[1], J. Bertelson[2], A. Anouna[2], J. Barritt. [1]Reproductive Medicine Associates of New York, New York, NY; [2]BioGenetics Corps., Mountainside, NJ.

O-366 **4:00 PM**

LOW OXYGEN DECREASES INTRACELLULAR REACTIVE OXYGEN SPECIES.

M. Delaney[1], L. Underhill[2], J. C. Robins[2]. [1]Obstetrics and Gynecology, University of Massachusetts Medical Center, Worcester, MA; [2]Obstetrics and Gynecology, Warren Alpert Medical School/Women and Infants Hospital of Rhode Island, Providence, RI.

O-367 **4:15 PM**

TIME-LAPSE VIDEOMICROSCOPY AS A TOOL TO PREDICT THE DEVELOPMENT OF HUMAN EMBRYOS TO THE BLASTOCYST STAGE.

M. Dal Canto[1], G. Coticchio[1], M. Mignini Renzini[1], F. Brambillasca[1], E. De Ponti[2], R. Fadini[1]. [1]Biogenesi, Reproductive Medicine Centre, Istituti Clinici Zucchi, Monza, MB, Italy; [2]Department of Medical Physics, San Gerardo Hospital, Monza, MB, Italy.

O-368 **4:30 PM**

TIME LAPSE TECHNOLOGY REVEALS THAT EMBRYO KINETICS ARE NOT AFFECTED BY CULTURE MEDIA.

N. Basile[1], F. Bronet Campos[1], D. Agudo Garcillán[1], M. Testillano González[1], M. Meseguer Escrivá[2]. [1]IVI Madrid, Madrid, Spain; [2]IVI Valencia, Valencia, Spain..

O-369 **4:45 PM**

BLASTOCYST CULTURE SELECTS FOR EUPLOID EMBRYOS: COMPARISON OF BLASTOMERE BIOPSY (EB) AND TROPHECTODERM BIOPSY (TE) FOR ANEUPLOIDY RATES USING ARRAY COMPARATIVE GENOMIC HYBRIDIZATION (a-CGH).

A. Adler, H.-L. Lee, E. Ampeloquio, M. Clarke-Williams, J. Grifo. Ob-Gyn Fertility Center, New York University School of Medicine, New York, NY.

O-370 **5:00 PM**

EFFICIENCY OF DRY CULTURE SYSTEM IN HUMAN BLASTOCYST CULTURE.

T. Okimura[1], M. Kuwayama[2], C. Mori[1], F. Aono[1], Y. Takehara[1], O. Kato[1]. [1]Kato Ladies Clinic, Shinjuku-ku, Tokyo, Japan; [2]Repro-Support Medical Research Center, Shinjuku-ku, Tokyo, Japan.

O-371 **5:15 PM**

TROPHECTODERM BIOPSY – AGE MATTERS.

M. P. Portmann, L. S. Morrison, S. M. Carney, C. F. Boylan, R. F. Feinberg, G. Kovalevsky. Laboratory, Reproductive Associates of Delaware, Newark, DE.

O-372 **5:30 PM**

RESCUE ICSI OF INSEMINATION 6 HOURS OOCYTES IN IVF CYCLES AFTER TOTAL FERTILIZATION FAILURE.

N. Zhang, B. Wang, Z. Xu, H. Sun, Y. Hu. Reproductive Medicine, Drum Tower Hospital, Nanjing, Jiangsu, China.

PRIZE PAPERS, IN-TRAINING &
PRIZE VIDEO AWARDS

PRIZE PAPERS, IN-TRAINING, AND PRIZE VIDEOS AWARDS 2011

DESCRIPTION OF AWARDS

Please note that to be considered for these awards, one author must be a member in good standing of the ASRM.

ORAL PRESENTATIONS

Candidates for two Scientific Program Prizes will be selected by the Scientific Program Committee from all abstracts submitted to the meeting regardless of designation of group for initial review. These oral presentations will be judged at the meeting and selection will be determined by the Scientific Program Prize Paper Committee. The presenters of the two Scientific Program Prize papers will be awarded:

- $1,000
- One-year free ASRM membership
- Free registration for ASRM 2012 in San Deigo, CA

POSTER PRESENTATIONS

Posters must be put up on the appropriate boards on Sunday, October 16, between 12:00 noon and 5:00 p.m. or on Monday, October 17, between 8:00 a.m. and 12:00 noon, and must remain in place for the entire meeting. Posters must be removed by 2:00 p.m. on Wednesday, October 19. The ASRM cannot be responsible for removing or returning posters. Posters will be judged by the Scientific Program Committee beginning at 12:00 noon Monday. The awardees will receive:

- First Prize: $500
- Second Prize: $300
- Third Prize: $200

RESIDENT IN-TRAINING AWARD

This award will recognize the presenter of an exceptional abstract who is currently a resident in training in the field of obstetrics and gynecology or urology. Candidates who wish their abstract to be considered for this award must check the "Resident In-Training Award" check box in the online Abstract Submitter. The awardee will receive:

- $500
- One-year free ASRM membership
- Free registration to ASRM 2011 in Orlando, FL

IN-TRAINING AWARDS FOR RESEARCH

Five In-Training Awards for Research will be granted in recognition of outstanding research conducted by individuals who are in-training. Candidates who wish their abstract to be considered for one of these awards must check the "In-Training Award for Research" check box in the online Abstract Submitter. He/she must be the presenting author (first) and must be a medical student, resident, fellow or undergraduate, graduate or postdoctoral student. Each awardee will receive:

- $250
- One-year free ASRM membership
- Free registration to ASRM 2012 in San Deigo, CA

SRS IN-TRAINING AWARDS FOR RESEARCH

Three (3) SRS In-Training Awards for research will be granted. The purpose of these awards is to recognize outstanding research conducted by individuals in-training. Candidates who wish their abstract to be considered for one of these awards must check the "SRS In-Training Award for Research" check box in the online Abstract Submitter. He/she must be the presenting author (first) and must be a medical student, resident, fellow or undergraduate, graduate or postdoctoral student, and must attend ASRM 2011 in Orlando and present the abstract. Each awardee will receive:

- $250
- One-year free ASRM and SRS membership
- Free registration to the 2011 ASRM Annual Meeting in Orlando, FL

SMRU TRAVELING SCHOLARS AWARD PROGRAM

The objective of these awards is to expose residents/fellows, graduate students and postdoctoral fellows to new scientific information pertinent to the study of reproductive medicine. Candidates who wish their abstract to be considered for one of these awards must submit the abstract to the Male Reproduction and Urology: Traveling Scholars category. He/she must also submit a copy of their CV, a letter of recommendation from their research mentor, and a statement of career goals with the abstract through the online program. The presenting (first) author must be a resident, fellow or undergraduate, graduate or postdoctoral student. The first author must be willing to present an oral presentation and must attend the SMRU sponsored activities presented during the 2011 Annual Meeting. Previous Traveling Scholars may not submit an abstract as the first author. Each awardee will receive reimbursement of some expenses for attendance to ASRM 2011:

- Meeting registration fee
- Registration fee to the SMRU Postgraduate Course and one Roundtable
- Limited financial support for travel, lodging and incidentals

AFFILIATED SOCIETIES

The Society for Assisted Reproductive Technology, The Society for Reproductive Endocrinology and Infertility, The Society of Reproductive Surgeons, and the Society for Male Reproduction and Urology will select prize papers for an award of $500 each.

PROFESSIONAL AND SPECIAL INTEREST GROUPS

Several of these groups select prize papers for cash awards.

VIDEO PRESENTATIONS

The committee will select an overall first prize award video ($1,000) and a runner-up ($500). Individual category recognition may be identified by a certificate. To be considered for an award, one author must be a member in good standing of the ASRM at the time of submission.

2011 ASRM PRIZES

SART Prize Paper

O-60, Monday, October 17, 2011 – Time: 5:45 pm

A Novel Tool Allows Simultaenous Genomic and Cytogenetic Assessment of Oocytes OCYTES and Embryos and Yields Unique Data of Scientific and Clinical Importance.

D. Wells, M. Konstantinidis, S. Alfarawati, D. Hurd, E. Fragouli. Nuffield Deptartment of Obstetrics and Gynaecology, University of Oxford, Oxford, Oxfordshire, United Kingdom, Reprogenetics UK, Oxford, Oxfordshire, United Kingdom, Oxford Gene Techonology, Yarnton, Oxfordshire, United Kingdom.

SREI Prize Paper

O-110, Tuesday, October 18, 2011 - Time: 11:15 am

Thalidomide Reduces Ovarian Microvasculature and Protects Ovarian Follicles From Chemotherapy Damage.

M. E. Ochalski, K. E. Orwig. Obstetrics, Gynecology and Reproductive Sciences, University of Pittsburgh Medical Center, Pittsburgh, PA, Magee- Womens Research Institute, Pittsburgh, PA.

SMRU Prize Paper

O-3, Monday, October 17, 2011 – Time: 11:45 am

The Impact of Testosterone Supplementation on Sexual Function in Elderly Men.

L. W. Roth, R. S. Schwartz, R. B. Meacham. Department of Obstetrics and Gynecology, University of Colorado, Aurora, CO; Division of Geriatric Medicine, University of Colorado, Aurora, CO; Division of Urology, University of Colorado, Aurora, CO.

SRS Prize Paper

O-102, Monday, October 17, 2011 – Time: 4:15 pm

Long-Term Experience with Ovarian Tissue Cryopreservation and Transplantation.

S. E. Gore, E. Heytens, M. Karsy, M. Cuadri, R. Soleimani, K. Oktay. Institute for Fertility Preservation, Division of Reproductive Medicine, Department of Obstetrics & Gynecology, New York Medical College, Valhalla, NY.

Reproductive Immunology SIG Prize Paper

O-317, Wednesday, October 19, 2011 – Time: 3:45 pm

The Use of G-CSF for Implantation Failure in IVF: A Clinical Trial

F. Scarpellini, M. Sbracia. CERM, Rome, Italy.

Mental Health Profession Group Prize Paper

O-37, Monday, October 17, 2011 – Time: 6:00 pm

Vitamin D Deficiency is Predictive of Depressive Symptoms in Women with Polycystic Ovary Syndrome (PCOS).

A. D. Moore, S. H. Naqvi, S. Latif, D. Setukavala, K. Bevilacqua, L. Pal. Obstetrics, Gynecology, Reproductive Sciences, Yale University, New Haven, CT, University of Connecticut, Storrs, CT, Kasturba Medical College, Mangalore, India, Albert Einstein College of Medicine, Montefiore Medical Center, Hartsdale, NY.

ASRM Resident In-Training Award

O-102, Monday, October 17, 2011 - Time: 4:15 pm

Long-Term Experience with Ovarian Tissue Cryopreservation and Transplantation

S. E. Gore, E. Heytens, M. Karsy, M. Cuadri, R. Soleimani, K. Oktay. Institute for Fertility Preservation, Division of Reproductive Medicine, Department of of Obstetrics & Gynecology, New York Medical College, Valhalla, NY.

SRS In-Training Awards for Research

O-108, Monday, October 17, 2011 - Time: 5:45 pm

Gum Chewing Stimulates Early Return of Bowel Motility After Gynecologic Laparoscopic Surgery.

D. Lu, Q. Liu, G. Shi. OB - Gyn, West China Second University Hospital, Sichuan University, Chengdu, Sichuan, China.

O-103, Monday, October 17, 2011 - Time: 4:30 pm

Hysterectomy Subsequent to Endometrial Ablation.

V. I. Shavell, M. L. Kruger, M. P. Diamond, D. A. Johns. Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Wayne State University School of Medicine and the Detroit Medical Center, Detroit, MI, Baylor Research Institute, Fort Worth, TX.

ASRM In-Training Awards for Research

O-85, Monday, October 17, 2011 - Time: 6:00 pm

A Minimally-Invasive Look Into the Window of Implantation: Identification of Candidate Biomarkers of Endometrial Receptivity by Transcriptomic Analysis of Uterine Fluid Aspirations.

C. Chan, C. Virtanen, N. Winegarden, T. Colgan, T. Brown, E. Greenblatt. Department of Obstetrics and Gynaecology, Division of Reproductive Endocrinology and Infertility, Mount Sinai Hospital, Toronto, ON, Canada; Samuel Lunenfeld Research Institute, Mount Sinai Hospital, Toronto, ON, Canada; Microarray Centre, University Health Network, Toronto, ON, Canada; Department of Pathology and Laboratory Medicine, Mount Sinai Hospital, Toronto, ON, Canada.

O-213, Tuesday, October 18, 2011 - Time: 4:45 pm

Racial/Ethnic Disparities in Assisted Reproductive Technology (ART) Outcomes: An Analysis of 10,413 Patients from a Single Fertility Practice.

K. S. Moon, K. S. Richter, J. H. Segars, E. F. Wolff, E. A. Widra. Program in Reproductive and Adult Endocrinology, The Eunice Kennedy Shriver National Institute for Child Health and Human Development, NIH, Bethesda, MD, Shady Grove Fertility Reproductive Science Center, Rockville, MD.

O-110, Tuesday, October 18, 2011 - Time: 11:15 am

Thalidomide Reduces Ovarian Microvasculature and Protects Ovarian Follicles from Chemotherapy Damage.

M. E. Ochalski, K. E. Orwig. Obstetrics, Gynecology and Reproductive Sciences, University of Pittsburgh Medical Center, Pittsburgh, PA, Magee- Womens Research Institute, Pittsburgh, PA.

O-114, Tuesday, October 18, 2011 - Time: 12:15 pm

Sphingosine-1-Phosphate Accelerates Neoangiogenesis, Reduces Hypoxia, and Improves Primordial Follicle Survival in Human Ovarian Xenografts: A Prelude to Improving Ovarian Transplantation Outcomes.

R. Soleimani, E. Heytens, K. Oktay. Laboratory of Molecular Reproduction, Institute for Fertility Preservation, Departments of Obstetrics Gynecology and Cell Biology Anatomy, New York Medical College, Valhalla, NY.

O-102, Monday, October 17, 2011 - Time: 4:15 pm

Long- Term Experience with Ovarian Tissue Cryopreservation and Transplantation.

S. E. Gore, E. Heytens, M. Karsy, M. Cuadri, R. Soleimani, K. Oktay. Institute for Fertility Preservation, Division of Reproductive Medicine, Department of Obstetrics Gynecology, New York Medical College, Valhalla, NY.

First Prize for Technical Achievement in Video 2011

V-1, Tuesday, October 18, 2011 – Time: 11:18 am

Non-Invasive Assessment of Embryo Viability Using Novel Automated Imaging Technology.

B. Behr [1], S. L. Chavez[1,2,4], K. E. Loewke[1,4], R. A. Reijo Pera[1,2]. [1]Department of Obstetrics and Gynecology, Stanford University School of Medicine, Stanford, CA; [2]Institute for Stem Cell Biology and Regenerative Medicine, Stanford University School of Medicine, Stanford, CA; [3]Department of Mechanical Engineering, Stanford University, Stanford, CA; [4]Auxogyn, Inc., Menlo Park, CA.

Honorable Mention for Technical Achievement in Video: Assisted Reproductive Technology Category

V-11, Tuesday, October 18, 2011 – Time: 4:20 pm

Laparoscopic Assisted Myomectomy.

M. Catenacci, M. Attaran, T. Falcone. Cleveland Clinic Foundation, Cleveland, OH.

Honorable Mention for Technical Achievement in Video: Surgery Category

V-2, Tuesday, October 18, 2011 – Time: 11:25 am

A Novel Mechanism in the Development of Human Embryos with a Single Pronucleus (PN) and Two Uneven PN Identified by Time-Lapse Cinematography.

Y. Mio, K. Yumoto, K. Iwata, A. Imajyo, Y. Iba. Reproductive Centre, Mio Fertility Clinic, Yonago, Tottori Prefecture, Japan.

NOTES

RESIDENT REPORTER PROGRAM

The 24th Annual ASRM Resident Reporter Program allows OB/GYN residents to attend the ASRM Annual Meeting and various activities while at the meeting, including postgraduate courses, special programs, speaker sessions, symposia, and scientific sessions of interest to them, and all Annual Meeting social and networking events.

Supported by educational grants from Merck and Pfizer, Inc.

Join Us for
Our Annual Meeting Poster Sessions

Please join ASRM for our Poster Sessions
on Tuesday, October 18th and Wednesday, October 19th
during our 2011 Annual Meeting Scientific Program in
Orlando, FL.

Posters and the complimentary continental
breakfasts will be located in Hall E (Poster Area) of the
Orange County Convention Center from 7:00 am to 9:00 am
on Tuesday and Wednesday mornings.
The breakfasts are open to all attendees.

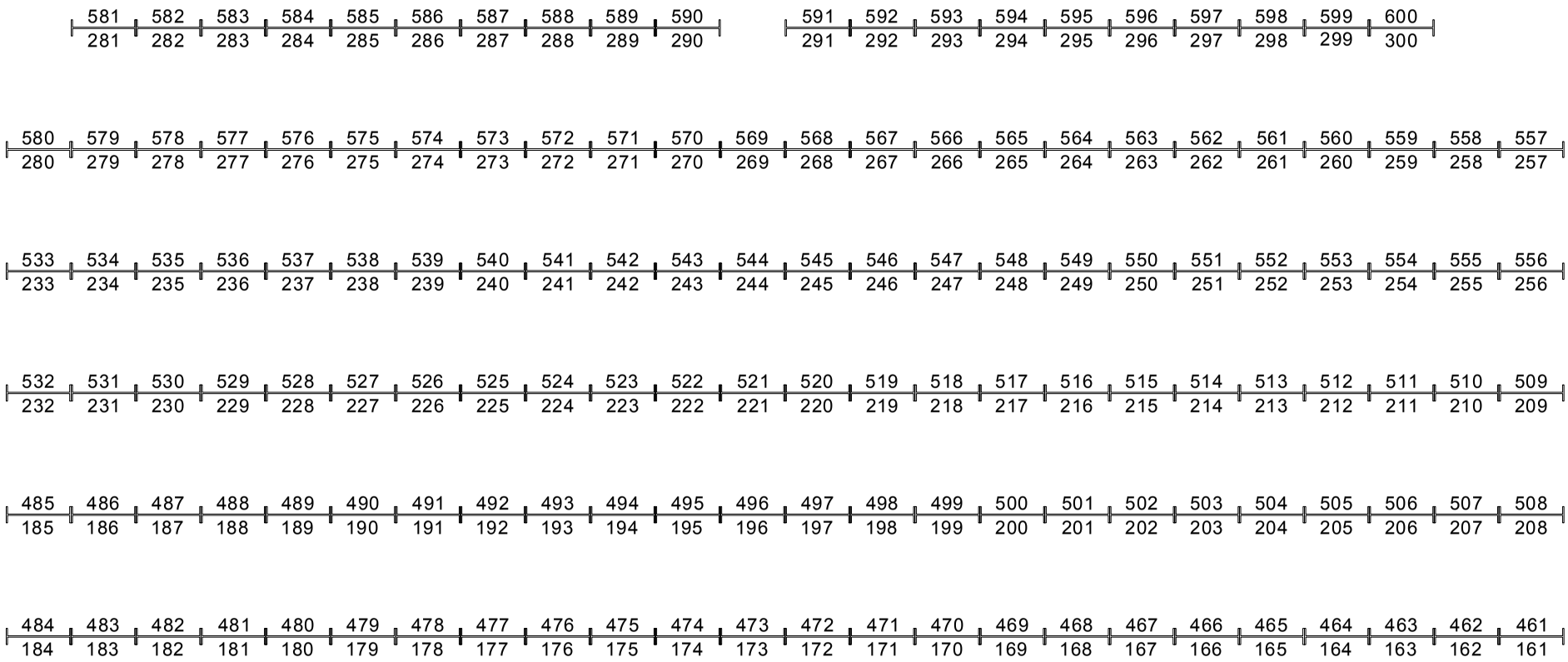
Poster presenters will be available to discuss their posters
and answer your questions during the breakfasts.

New Member/First Time Attendee Reception

New ASRM members and first-time Annual Meeting attendees are invited to a reception to meet and greet ASRM board members, leadership of the affiliated societies, and the officers of the professional and special interest groups. This reception will take place during the Tuesday morning poster session in Hall E (Poster Area) of the Orange County Convention Center from 8:00 am until 9:00 am.

Join the ASRM Leadership for coffee & conversation.

HALL E (POSTER AREA) • ORANGE COUNTY CONVENTION CENTER



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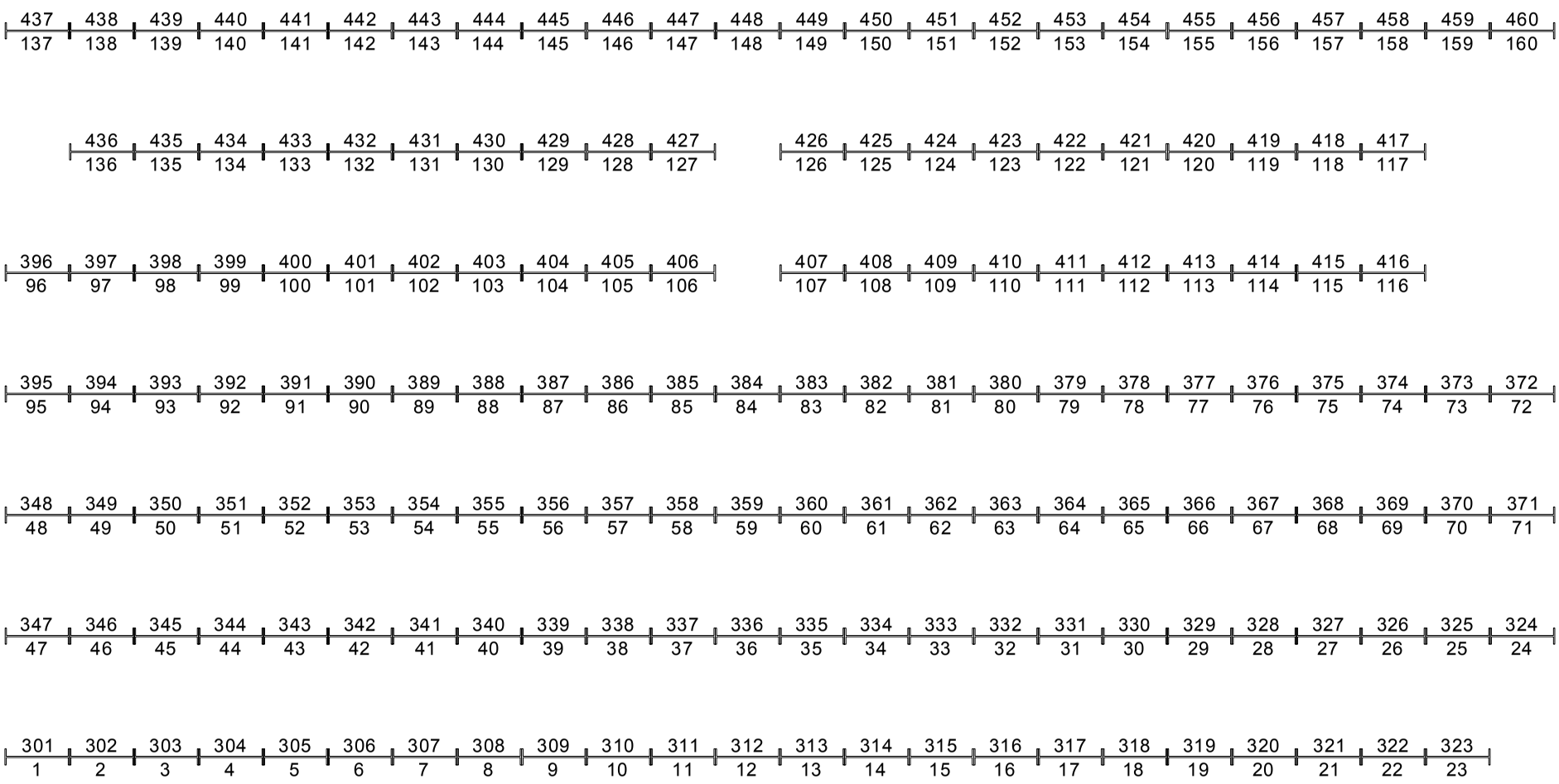

HALL E (POSTER AREA) • ORANGE COUNTY CONVENTION CENTER

Tuesday, October 18, 2011 **7:00 am – 9:00 am**

Poster Presentations and Reception
Abstracts P-1 through P-296

Hall E (Poster Area)
Continental Breakfast Provided
Supported by an educational grant from Merck.

ASRM invites you to meet the poster presenters of posters P-1 through P-296 on Tuesday morning and enjoy a continental breakfast. Authors of posters P-297 through P-600 will present their posters Wednesday morning.

Please note that on Monday, posters will be open from 12:00 pm until 5:00pm. On Tuesday, posters will be open from 7:00 am until 5:00 pm. On Wednesday, posters will open at 7:00 am and will conclude at 2:00 pm.

ASRM cannot be responsible for removing and/or returning posters. All posters not removed will be discarded.

TUESDAY TOPICS AND POSTER NUMBERS:

CONTRACEPTION/FAMILY PLANNING

P-1 HIGH AND LOW KNOWLEDGE AREAS CONCERNING THE LINK BETWEEN AGE AND FERTILITY AMONG U.S. WOMEN 25-35 CURRENTLY USING BIRTH CONTROL OR NOT TRYING TO CONCEIVE: KEY RESULTS FROM THE FERTILITY IQ 2011 SURVEY.
F. F. Velez[1], C. Fincher[1], A. L. Slotnick[2], E. Kramer[2], B. L. Collura[3], M. C. Mahony[1]. [1]EMD Serono, Inc., Rockland, MA; [2]Harris Interactive, New York, NY; [3]RESOLVE: The National Infertility Association, McLean, VA.

P-2 MOST WOMEN AGE 25 TO 35 PRIMARILY SEEK FERTILITY ADVICE OR TREATMENT FROM THEIR OB/GYN: FINDINGS FROM THE FERTILITY IQ 2011 SURVEY.
C. Fincher[1], F. F. Velez[1], A. L. Slotnick[2], E. Kramer[2], B. L. Collura[3], M. C. Mahony[1]. [1]EMD Serono, Inc., Rockland, MA; [2]Harris Interactive, New York, NY; [3]RESOLVE: The National Infertility Association, McLean, VA.

P-3 AREAS OF UNCERTAINTY CONCERNING KNOWLEDGE OF FERTILITY AND ASSISTED REPRODUCTIVE TECHNOLOGIES (ART) AMONG U.S. WOMEN 25-35 YEARS OF AGE: FINDINGS FROM THE FERTILITY IQ 2011 SURVEY.
C. Fincher[1], A. L. Slotnick[2], E. Kramer[2], A. Bendus[1], B. L. Collura[3], F. F. Velez[1]. [1]EMD Serono, Inc., Rockland, MA; [2]Harris Interactive, New York, NY; [3]RESOLVE: The National Infertility Association, McLean, VA.

P-4 REDUCTION IN DYSMENORRHEA SEVERITY IN WOMEN USING A 91-DAY EXTENDED REGIMEN ORAL CONTRACEPTIVE COMPARED TO A 28-DAY REGIMEN ORAL CONTRACEPTIVE FOR THE TREATMENT OF CYCLIC PELVIC PAIN.
D. J. Portman[1], K.Z. Reape[2], H. Hait[3], B. K. Howard[2]. [1]Columbus Center for Women's Health Research, Columbus, OH; [2]Teva Branded Pharmaceutical Products R&D, Inc., Horsham, PA; [3]Edenridge Associates, Wilmington, DE.

P-5 SELECTION OF A CONTRACEPTIVE IMPLANT (IMPLANON) BY AN URBAN POPULATION IMMEDIATELY POSTPARTUM.
J. L. Nodler, H. J. Smith, J. L. Arbuckle, V. C. Chapman, K. H. Hoover, J. R. Biggio. Department of Obstetrics and Gynecology, University of Alabama at Birmingham, Birmingham, AL.

P-6 DEMOGRAPHICS OF MEN RECEIVING VASECTOMIES IN THE US MILITARY 2000-2009.
M. Santomauro, J. Masterson, C. Marguet, D. Crain. Urology, Naval Medical Center San Diego, San Diego, CA.

P-7 LOW RATE OF ACTUAL IUD PLACEMENT IN AN URBAN POSTPARTUM POPULATION NOT DESIRING PREGNANCY AND SELECTING THE IUD.
J. L. Nodler, H. J. Smith, J. L. Arbuckle, V. C. Chapman, K. H. Hoover, J. R. Biggio. Department of Obstetrics and Gynecology, University of Alabama at Birmingham, Birmingham, AL.

P-8 THE FREQUENCY AND FOLLOW-UP OF MISSED POSTPARTUM STERILIZATIONS.
R. H. Allen[1], M. DeSimone[1], L. A. Boardman[2]. [1]Women and Infants Hospital/Brown University, Providence, RI; [2]University of Central Florida, Orlando, FL.

P-9 THE USE OF INTRAUTERINE DEVICES FOR BIRTH CONTROL IN A MINORITY, INNER- CITY PATIENT POPULATION: A REVIEW OF OUTCOMES.
L. Londra, V. Shavell, G. Vilchez, P. Ojukwu, T. Jones, M. Diamond. OBGYN, Wayne State University/Detroit Medical Center, Detroit, MI.

P-10 ONE-YEAR OF FOLLOW-UP OF LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM USE IN PATIENTS WITH HEMOSTATIC DISORDERS WITH AND WITHOUT ANTICOAGULANT THERAPY.

C. S. Vieira[1], M. B. Brito[1], L. C. O. de Oliveira[2], M. C. Pintao[2], R. A. Ferriani[1]. [1]Department of Gynecology and Obstetrics, Ribeirão Preto School of Medicine, University of São Paulo, Ribeirao Preto, Sao Paulo, Brazil; [2]Hemostasis Unit - Internal Medicine Department, Ribeirão Preto School of Medicine, University of São Paulo, Ribeirao Preto, Sao Paulo, Brazil.

P-11 UNSCHEDULED BLEEDING IN CONTINUOUS ORAL CONTRACEPTIVE PILL A COMPARISON OF PROGESTIN DOSE.

B. Kaneshiro[1], A. Edelman, N. Carlson[3], J. Jensen[2]. [1]Department of Obstetrics and Gynecology, University of Hawaii, Honolulu, HI; [2]Department of Obstetrics and Gynecology, Oregon Health & Science University, Portland, OR; [3]Department of Biostatistics and Informatics, University of Colorado Denver, Aurora, CO.

P-12 CONTRACEPTIVE COUNSELING AND PRACTICES IN WOMEN WITH CANCER.

B-S. L. Maslow, C. Gracia. Obstetrics and Gynecology, Hospital of the University of Pennsylvania, Philadelphia, PA.

P-13 ANALYSIS OF ADVERSE EVENTS ASSOCIATED WITH ESSURE HYSTEROSCOPIC STERILIZATION REPORTED TO THE MAUDE DATABASE, 2002-2011.

Z. A. Al-Safi, V. I. Shavell, D. T. Hobson, J. M. Berman, M. P. Diamond. Obstetrics and Gynecology, Wayne State University/Detroit Medical Center, Detroit, MI..

P-14 CONTRACEPTIVE USE PATTERNS: REVERSIBLE, PERMANENT, LONG AND SHORT ACTING METHODS OF CONTRACEPTION.

K. L. Schulman[1], H. J. Cabral[2], A. Prezioso[3], J. Pocoski[3], L. A. Costa[1], A. W. Law[3]. [1]Outcomes Research Solutions, Inc., Bolton, MA; [2]Department of Biostatistics, Boston University School of Public Health, Quincy, MA; [3]Health Economics and Outcomes Research, Bayer Healthcare Pharmaceuticals, Wayne, NJ.

P-15 PERCEPTIONS AND SELF- REPORTED ELIGIBILITY FOR INTRAUTERINE DEVICES IN AN INNER-CITY POSTPARTUM PATIENT POPULATION.

L. Londra, Y. Franco, R. Roberts, G. Vilchez, T. Tipton, M. Diamond. OBGYN, Wayne State University/Detroit Medical Center, Detroit, MI.

FEMALE REPRODUCTIVE ENDOCRINOLOGY

P-16 EFFECT OF RESVERATROL ON PROLIFERATION AND STEROIDOGENESIS OF RAT OVARIAN THECA-INTERSTITIAL CELLS.

I. Ortega[1,2], D. H. Wong[1], A. B. Cress[1], A. Sokalska[1,3], S. D. Stanley[4], A. J. Duleba[1]. [1]Department of Obstetrics and Gynecology, University of California, Davis, Davis, CA; [2]IVI Madrid, Madrid, Spain; [3]Department of Gynecology, Obstetrics and Gynecological Oncology, Karol Marcinkowski, Poznan, Poland; [4]Department of Molecular Biosciences, University of California, Davis, Davis, CA.

P-17 LETROZOLE INCREASES GROWTH OF RAT THECA-INTERSTITIAL CELLS AND CYP17A1 GENE EXPRESSION IN THE RAT OVARY.

I. Ortega[1,2], E. Stener-Victorin[3], J. A. Villanueva[1], A. Sokalska[1,4], S. D. Stanley[5], A. J. Duleba[1]. [1]Department of Obstetrics and Gynecology, University of California, Davis, Davis, CA; [2]IVI Madrid, Madrid, Spain; [3]Department of Physiology/Endocrinology, Institute of Neuroscience and Physiology, Gothenburg, Sweden; [4]Department of Gynecology, Obstetrics and Gynecological Oncology, Karol Marcinkowski University of Medical Sciences, Poznan, Poland; [5]Department of Molecular Biosciences, University of California, Davis, Davis, CA.

P-18 EFFECTS OF RESVERATROL ON RAT OVARIAN GRANULOSA CELLS.

I. Ortega[1,2], D. H. Wong[1], A. B. Cress[1], J. A. Villanueva[1], S. D. Stanley[3], A. J. Duleba[1]. [1]Department of Obstetrics and Gynecology, University of California, Davis, Davis, CA; [2]IVI Madrid, Madrid, Spain; [3]Department of Molecular Sciences, University of California, Davis, Davis, CA.

P-19 TESTOSTERONE INHIBITS SUBCUTANEOUS ABDOMINAL ADIPOGENESIS DURING ADIPOSE STEM CELL DIFFERENTIATION TO PREADIPOCYTES.

G. Chazenbalk[1], D. Irge[1,2], A. Shah[1], D. A. Dumesic[1]. [1]Department of Obstetrics and Gynecology, David Geffen School of Medicine at UCLA, Los Angeles, CA; [2]Department of Obstetrics and Gynecology, Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel.

P-20 ATTRIBUTES NOT KNOWN TO CAUSE INFERTILITY: A LEADING PERCEIVED ETIOLOGY OF INFERTILITY OF AFRICAN-AMERICAN PARTICIPANTS IN THE STUDY OF WOMEN'S HEALTH ACROSS THE NATION (SWAN).

A. E. Karmon[2], S. Hailpern[2], G. Neal-Perry[2], R. Green[2], N. Santoro[1], A. J. Polotsky[1]. [1]Obstetrics and Gynecology, University of Colorado, Aurora, CO; [2]Obstetrics and Gynecology, Albert Einstein College of Medicine, Bronx, NY.

P-21 HOW LONG DOES IT TAKE THE AVERAGE COUPLE TO GET PREGNANT? A SYSTEMATIC REVIEW OF WHAT WE KNOW.

B. Leader[1,2], V. Baker[2,3], D. Seifer[4]. [1]ReproSource, Inc, Woburn, MA; C. D. Lynch. Department of Obstetrics and Gynecology, The Ohio State University College of Medicine, Columbus, OH.

P-22 THE INFLUENCE OF BODY MASS INDEX (BMI) ON PREGNANCY OUTCOMES AMONG JAPANESE INFERTILE WOMEN.

M. Funabiki, S. Taguchi, T. Hayashi, Y. Tada, K. Kitaya, Y. Nakamura. Oak Clinic, Osaka, Japan.

P-23 SOCIAL AND CULTURAL DETERMINANTS OF DELAYED PRESENTATION FOR INFERTILITY CARE AMONGST ASIAN COMPARED TO CAUCASIAN WOMEN IN THE UNITED STATES.

T. L. A. Spitzer[1], E. B. Johnstone[2], H. G. Huddleston[1]. [1]Reproductive Sciences, University of California San Francisco, San Francisco, CA; [2]Department of Obstetrics and Gynecology, University of Utah, Salt Lake City, UT.

P-24 REVERSAL OF IDIOPATHIC HYPOGONADOTROPIC HYPOGONADISM IN A FEMALE WITH ANOSMIA.

E. H. Goldstein[1], R. H. Reindollar[1], M. B. Goldman[1], L. Layman[2]. [1]Obstetrics and Gynecology, Dartmouth Hitchcock Medical Center, Lebanon, NH; [1]Obstetrics and Gynecology, Medical College of Georgia, Augusta, GA.

P-25 IN SUBCLINICAL HYPOTHYROIDISM, THYROXINE (T4) REQUIREMENT MAY INCREASE IN EARLY PREGNANCY RESULTING FROM GONADOTROPIN STIMULATION.

K. R. Hammond[1], N. A. Cataldo[2], J. A. Hubbard[1], M. P. Steinkampf[1]. [1]Alabama Fertility Specialists, Birmingham, AL; [2]Birmingham, AL.

P-26 TREATMENT OF OVULATORY WOMEN WITH UNEXPLAINED INFERTILITY WITH CLOMIPHENE CITRATE AND INTRAUTERINE INSEMINATION: DOES DOSAGE AFFECT CLINICAL PREGNANCY RATE?

N. M. Barker[1], S. Rahim[1], M. Johnson[2], S. Weil[1], J. Liu[1], W. Hurd[1]. [1]Obstetrics & Gynecology, University Hospitals Case Medical Center, Cleveland, OH; [2]Reproductive Biology, Case Western Reserve University, Cleveland, OH.

P-27 LUTEINIZING HORMONE POLYMORPHISMS CANNOT EXPLICATE ENDOMETRIOSIS ASSOCIATED INFERTILITY.

C. Schmitz, E. de Conto, U. Matte, V. K. Genro, C. A. Souza, J. S. Cunha-Filho. Serviço de Ginecologia e Obstetrícia, Hospital de Clínicas de Porto Alegre, Porto Alegre, Rio Grande do Sul, Brazil.

P-28 IS A NEGATIVE ENERGY BALANCE AND STRENUOUS EXERCISE AS A YOUNG ADULT A PREDICTOR OF FUTURE FECUNDITY?
K. H. Leezer, M. Brady, T. M. Yalcinkaya, E. B. Johnston-MacAnanny. Department of Obstetrics and Gynecology, Wake Forest University School of Medicine, Winston-Salem, NC.

P-29 DOES A HIGH-NORMAL TSH LEVEL >2.5 mIU/L POSE AN INCREASED RISK OF PREGNANCY LOSS IN PATIENTS UNDERGOING ART?
B. A. McAvey[1], N. Mizrahi[1], A. Zapantis[2], E. Buyuk[1]. [1]Obstetrics & Gynecology and Women's Health, Division of Reproductive Endocrinology & Infertility, Albert Einstein College of Medicine, Bronx, NY; [2]Montefiore's Institute for Reproductive Medicine and Health, Montefiore Medical Center, Hartsdale, NY.

P-30 THE IMPACT OF HYPERSTIMULATED ENDOMETRIUM WITH DISCORDANT MORPHOLOGIC AND MOLECULAR PHENOTYPES.
T. L. A. Spitzer, N. D. Tran, B. A. Johnson, A. Zamah, L. Giudice. Reproductive Sciences, University of California San Francisco, San Francisco, CA.

P-31 THYROID STIMULATING HORMONE (TSH) RECEPTOR ON GRANULOSA CELLS.
J. A. Agard[1], D. M. Duffy[2], T. Jacot[1], D. F. Archer[1]. [1]Department of Obstetrics and Gynecology, Eastern Virginia Medical School, Norfolk, VA; [2]Department of Physiological Sciences, Eastern Virginia Medical School, Norfolk, VA.

P-32 KISSPEPTIN ANTAGONISTS: A NOVEL THERAPY FOR GONADOTROPIN AND GONADAL STEROID DOWN REGULATION.
K. Thornton[1], Y. Sun[1], J. Shu[1], K. Kyei[1], G. S. Neal-Perry[1,2]. [1]Obstetrics and Gynecology, Montefiore Medical Center and Albert Einstein College of Medicine, Bronx, NY; [2]Neuroscience, Albert Einstein College of Medicine, Bronx, NY.

P-33 Egr1 ACTS AS A CRITICAL MEDIATOR OF ESTROGENIC ACTIONS IN MOUSE UTERUS.
H. Song[1,2], E.-A. Kim[1], J.-E. Shin[1], J.-H. Kim[1], D.-H. Choi[1], T. K. Yoon[2]. [1]Fertility Center, CHA Bundang Medical Center, CHA University, Seongnam-si, Gyenggi-do, Korea; [2]Fertility Center of CHA Gangnam Medical Center, CHA University, Gangnam-gu, Seoul, Korea.

P-34 THE *HET-NORM/HIGH FMR1* SUB-GENOTYPE INCREASES OOCYTE YIELDS AT IN VITRO FERTILIZATION (IVF) WITH ADVANCED FEMALE AGE.
D. H. Barad[1,2,3], A. Weghofer[1,2,4], A. Kim[1]. [1]Center for Human Reproduction, New York, NY; [2]Foundation for Reproductive Medicine, New York, NY; [3]Department of Obstetrics, Gynecology and Womens Health, and Department of Epidemiology and Population Health, Albert Einstein College of Medicine, Bronx, NY; [4]Department of Obstetrics and Gynecology, Medical University Vienna, Wien, Austria.

P-35 THE ROLE OF ANTI-MÜLLERIAN HORMONE IN THE CLASSIFICATION OF ANOVULATION.
S. Lie Fong[1], I. Schipper[1], O. Valkenburg[1], F. H. de Jong[2], J. A. Visser[2], J. S. E. Laven[1]. [1]Obstetrics & Gynaecology, Erasmus MC University Medical Center, Rotterdam, Zuid-Holland, Netherlands; [2]Internal Medicine, Erasmus MC University Medical Center, Rotterdam, Zuid-Holland, Netherlands.

P-36 IMPROVED OUTCOMES WITH 25 VS 50 INTERNATIONAL UNIT INCREMENTS OF RECOMBINANT FOLLICLE-STIMULATING HORMONE (rFSH) FOR OVULATION INDUCTION IN WOMEN WITH ANOVULATORY INFERTILITY.
A. Leader[1], K. Gordon[2]. [1]Ottawa Fertility Centre, Ottawa, ON, Canada; [2]Global Medical Affairs, Women's Health & Endocrine, Merck & Co, Kenilworth, NJ.

P-37 DO HIGH ESTRADIOL LEVELS DURING IVF AFFECT THYROID FUNCTION?
S. L. Reinblatt, B. Hererro, E. Shalom-Paz, A. Wiser, D. Morris, H. Holzer. Obstetrics and Gynecology, McGill University Health Center, Montreal, QC, Canada.

P-38 HUMAN CHORIONIC GONADOTROPIN TRIGGERS ANGIOGENESIS VIA THE MODULATION OF ENDOMETRIAL CELL RECEPTIVITY TO INTERLEUKIN 1: A NEW MECHANISM UNDERLYING EMBRYO-MATERNAL CROSSTALK.
A. Akoum[1], A. Bourdiec[1], E. L. Calvo[2], M. Al-Akoum[1]. [1]Obstetrics and Gynecology, Faculty of Medicine, Laval University, Quebec, QC, Canada; [2]Anatomy and Physiologiy, Faculty of Medicine, Laval University, Quebec, QC, Canada.

P-39 ANTI-MULLERIAN HORMONE UPREGULATES CYP17 EXPRESSION IN HUMAN THECA CELLS.
W. S. Vitek, L. A. Underhill, S. A. Carson, J. C. Robins. Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, Women & Infants Hospital of Rhode Island, Warren Alpert Medical School at Brown University, Providence, RI.

REPRODUCTIVE HORMONES

P-40 EFFECTS OF ENDOGENOUS AND EXOGENOUS ESTROGENS ON VAGINAL MUCOSAL HISTOLOGY.
S. Nambiar[1], J. van Leeuwen[2], H. J. van Dessel[2], E. A. McGee[1,3]. [1]Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Virginia Commonwealth University Medical Center, Richmond, VA; [2]Department of Obstetrics and Gynecology, TweeSteden Ziekenhuis, Tilburg, NB, Netherlands; 3Institute of Womens Health, Virginia Commonwealth University, Richmond, VA.

P-41 CORRELATION BETWEEN SERUM AMH, DAY 3 FSH AND RESPONSE TO CONTROLLED OVARIAN HYPERSTIMULATION (COH) IN A POPULATION OF INFERTILE MEXICAN PATIENTS.
J. Castillo-Baso[1], K. Mojica-Martinez[1], P. Galache-Vega, R. Santos-Haliscak[1], D. Mendez[3]. [1]Instituto para el Estudio de la Concepcion Humana, Monterrey, Nuevo Leon, Mexico; [2]Yale Fertility Center, New Haven, CT; [3]Universidad Tecnologico de Monterrey, Monterrey, Nuevo Leon, Mexico.

P-42 DETERMINATION OF CARDIAC HISTOLOGIC INJURY IN A TRANSGENIC MOUSE MODEL OF HEART FAILURE EXPRESSING A NOVEL MITOCHONDRIAL PROGESTERONE RECEPTOR (PR-M).
J. S. Yeh, C. E. Likes, III, K. C. Hawkins, Q. Dai, T. M. Price. Obstetrics and Gynecology, Division of Reproductive Endocrinology & Infertility, Duke University Medical Center, Durham, NC.

P-43 AKAP-BRX INFLUENCES FOLLICLE STIMULATING HORMONE SIGNALING.
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P-44 SYNERGYSTIC RELATIONSHIP BETWEEN GnRH AND GATA ON THE ACTIVITY OF PITUITARY ADENYLATE CYCLASE-ACTIVATING PEPTIDE (PACAP) GENE PROMOTER.
N. M. Crawford, R. L. Thomas, C. M. Grafer, W. Zheng, L. M. Halvorson. Obstetrics and Gynecology, University of Texas Southwestern Medical Center, Dallas, TX.

P-45 ASSOCIATION BETWEEN CIRCULATING ESTRADIOL (E2) AND LIPOPROTEIN CHOLESTEROL LEVELS THROUGHOUT THE NATURAL MENSTRUAL CYCLE IN RHESUS MACAQUES.
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P-46 GnRH ALTERS PITUITARY ADIPONECTIN EXPRESSION VIA THE PKA AND CALCIUM PATHWAYS.
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P-47 INTER-ASSAY VARIABILITY OF PROGESTERONE IN PATIENTS UNDERGOING ASSISTED REPRODUCTIVE TECHNOLOGY (ART).
K. A. K. Maas[2], K.-H. D. Nguyen[1], D. I. Spratt[2], A. S. Penzias[1,3]. [1]Obstetrics and Gynecology- Reproductive Endocrinology and Infertility, Beth Israel Deaconess Medical Center, Boston, MA; [2]Obstetrics and Gynecology, Maine Medical Center, Portland, ME; [1]Boston IVF, Waltham, MA.

OBESITY AND METABOLISM

P-48 BMI LIMITS IN PROVIDING FERTILITY SERVICES: A SURVEY OF REI FELLOWSHIP DIRECTORS TO ASSESS PEER INSTITUTIONAL PROTOCOLS.
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P-49 WEIGHT MATTERS: KNOWLEDGE OF THE RELATIONSHIP BETWEEN OBESITY AND REPRODUCTIVE HEALTH OUTCOMES AMONGST INFERTILITY PATIENTS.
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P-50 EFFECT OF MALE OBESITY ON SEMEN PARAMETERS, DNA FRAGMENTATION, REPRODUCTIVE HORMONE LEVELS AND METABOLIC PARAMETERS.
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P-51 REPRODUCTIVE FUNCTIONING IN EXTREMELY OBESE WOMEN WITH WEIGHT LOSS: TWELVE MONTH FOLLOW UP AFTER SURGICAL VERSUS NON-SURGICAL INTERVENTION.
L. A. Kondapalli[1], K. C. Allison[2], D. B. Sarwer[2], J. C. Spitzer[2], A. Dokras[1], S. F. Butts[1]. [1]Reproductive Endocrinology and Infertility, University of Pennsylvania, Philadelphia, PA; [2]Center for Weight and Eating Disorders, Department of Psychiatry, University of Pennsylvania, Philadelphia, PA.

P-52 DECREASED RESPONSE TO CONTROLLED OVARIAN STIMULATION IN PATIENTS WITH HIGH BODY MASS INDEX IS NOT RELATED TO OOCYTE MORPHOLOGICAL STATUS.
D. P. A. F. Braga[1,2], A. S. Setti[2], R. C. Ferreira[1], R. C. S. Figueira[1], A. Iaconelli, Jr.[1], E. Borges Jr.[1,2]. [1]Fertility - Assisted Fertilization Center, Sao Paulo, SP, Brazil; [2]Sapientiae Institute - Educational and Research Center in Assisted Reproduction, Sao Paulo, SP, Brazil.

P-53 DOES BODY MASS INDEX (BMI) AFFECT IVF OUTCOMES?
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P-54 LONG TERM ESTRADIOL TREATMENT IMPROVES REPRODUCTIVE PARAMETERS IN LEPTIN DEFICIENT FEMALE MICE.
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OVARIAN FUNCTION

P-55 INTERVENTION OF CHEMOTHERAPY-INDUCED OVARIAN FAILURE/INFERTILITY USING DIPLOID CELL THERAPY.
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P-56 IS AFC A BETTER MARKER THAN AMH AND FSH IN PREDICTING THE NUMBER OF OOCYTES RETRIEVED IN WOMEN UNDERGOING OVARIAN STIMULATION FOR IN VITRO FERTILIZATION?
K. D. Nayar, P. Gupta, P. Dahiya, S. Ved, G. Kant. Akanksha IVF Centre, Mata Chanan Devi Hospital, New Delhi, Delhi, India.

P-57 LIPID FINGERPRINTING ANALYSIS OF FOLICULAR FLUID AND OUTCOME PREDICTION IN CONTROLLED OVARIAN STIMULATION CYCLES.
SD. A. Montani[1], M. Camargo[1], A. B. Victorino[1], E. J. Pilau[2], R. P. Bertolla[1], E. G. Lo Turco[1]. [1]Department of Surgery, Division of Urology, Human Reproduction Section, Sao Paulo Federal University, Sao Paulo, Brazil; [2]Institute of Chemistry, University of Campinas, Campinas, Sao Paulo, Brazil.

P-58 AN ANALYSIS OF RELATIONSHIP BETWEEN OOCYTE QUALITY AND SERUM ANTI-MULLERIAN HORMONE (AMH) LEVELS STRATIFIED BY AGE IN ASSISTED REPRODUCTIVE TECHNOLOGIES (ART).
S. Ogata, H. Ogata, N. Kataoka, S. Kokeguchi, M. Shiotani. Hanabusa Women's Clinic, Kobe, Hyogo, Japan.

P-59 ANALYSIS OF DIFFERENTIAL GENE EXPRESSION DURING MOUSE FOLLICULAR DEVELOPMENT.
R. M. Anchan[1], J. L. Eaton[3], S. T. Lipskind[1], A. Kiezun[2], D. J. O Connell[2], B. Gerami-Naini[2]. [1]Center for Infertility and Reproductive Surgery, Department of Obstetrics and Gynecology, Brigham and Women's Hospital, Harvard Medical School, Boston, MA; [2]Division of Genetics, Department of Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, MA; [3]Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Northwestern University Feinberg School of Medicine, Chicago, IL.

P-60 IMMUNIZATION OF MICE WITH DOMINANT OVARIAN AUTOANTIGENS RESULTS IN OVARIAN PATHOLOGY LEADING TO REDUCED FERTILITY.
V. V. Khole, P. Mande. Gamete Immunobiology, NIRRH, Mumbai, Maharashtra, India; Gamete Immunobiology, NIRRH, Mumbai, Maharashtra, India.

P-61 MAMMALIAN TARGET OF RAPAMYCIN COMPLEX 1 (mTORC1) SIGNALING PATHWAY CONTROLS STEROIDOGENESIS IN HUMAN GRANULOSA CELLS.
M. B. Moravek, H. Peegel, M. Will, K. M. J. Menon. Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI.

P-62 Smad7 IS A KEY MODULATOR OF GROWTH FACTOR SIGNALING IN GRANULOSA CELLS.
E. McGee, M. Quezada, J. Wang. Ob/Gyn and Insititute of Womens Health, Virginia Commonwealth University, Richmond, VA.

P-63 BONE MORPHOGENETIC PROTEINS (BMP)-2 AND -6 ARE POTENTIAL TARGETS OF GABA-A RECEPTOR ACTIVATION IN HUMAN LUTEINIZED GRANULOSA CELLS (GC).
L. Danzy, L. Hou, T. M. Yalcinkaya. Dept of Obstetrics and Gynecology, Wake Forest School of Medicine, Winston-Salem, NC.

P-64 EFFECT OF PACLITAXEL ON MURINE OVARIAN FOLLICLES IN A 3-DIMENSIONAL (3-D) ALGINATE FOLLICLE CULTURE SYSTEM: AN *IN VITRO* STUDY.
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POLYCYSTIC OVARY SYNDROME

P-65 ENDOTHELIAL FUNCTION IS IMPAIRED IN POLYCYSTIC OVARIAN SYNDROME AND CAN BE IMPROVED WITH EXERCISE TRAINING.
V. S. Sprung, D. J. Cuthbertson, C. J. A. Pugh, N. F. Aziz, D. J. Green, H. Jones. Research Institute for Sport and Exercise Sciences, Liverpool John Moores University, Liverpool, Merseyside, United Kingdom; Department of Obesity & Endocrinology, University Hospital Aintree, Liverpool, Merseyside, United Kingdom; Department of Gynaecology, Liverpool Women's Hospital, Liverpool, Merseyside, United Kingdom.

P-66 ANDROGEN EXCESS IN WOMEN WITH PCOS UNDERLIES AN ADVERSE METABOLIC PROFILE.
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P-67 RACIAL DIFFERENCE IN INSULIN RESISTANCE BETWEEN AFRICAN-AMERICAN AND CAUCASIAN WOMEN WITH POLYCYSTIC OVARY SYNDROME.
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P-68 TEARLY METABOLIC AND ENDOCRINE PERTURBATIONS IN PRE- OR PERIPUBERTAL GIRLS WITH A FIRST DEGREE RELATIVE WITH POLYCYSTIC OVARY SYNDROME.
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P-69 TRIGLYCERIDE TO HIGH-DENSITY LIPOPROTEIN CHOLESTEROL RATIO AS A PREDICTOR OF INSULIN RESISTANCE IN WOMEN WITH POLYCYSTIC OVARY SYNDROME (PCOS).
A. Ketefian[1,2], M. Amin[1,2], D. Manning[1], R. Azziz[3], M. Pisarska[1,2], C. Alexander[1,2]. [1]Obstetrics and Gynecology, Cedars-Sinai Medical Center, Los Angeles, CA; [2]Obstetrics and Gynecology, University of California, Los Angeles, Los Angeles, CA; [3]Obstetrics, Gynecology, and Medicine, Georgia Health Sciences University, Augusta, GA.

P-70 METFORMIN ALONE OR COMBINED WITH CLOMIPHENE CITRATE IN WOMEN WITH POLYCYSTIC OVARY SYNDROME AND INFERTILITY: SYSTEMATIC REVIEW.
T. Moresco, V. Genro, C. Schmitz, C. Souza, J. Cunha-Filho. Serviço de Ginecologia e Obstetrícia, Hospital de Clínicas de Porto Alegre, Porto Alegre, Rio Grande do Sul, Brazil.

P-71 EFFICACY OF VAGINAL PROGESTERONE INSERTS (Endometrin®) COMPARED TO INTRAMUSCULAR PROGESTERONE IN OIL FOR LUTEAL SUPPORT IN PCOS PATIENTS.
A. Beltsos[1], M. Sanchez[2], K. Doody[3], M. Bush[4], J. Scobey[5]. [1]Fertility Centers of Illinois, Chicago, IL; [2]Women Medical Research Group, LLC, Clearwater, FL; [3]Center for Assisted Reproduction, Bedford, TX; [4]Conceptions Reproductive Associates of Colorado, Littleton, CO; [5]Ferring Pharmaceuticals Inc., Parsippany, NJ.

P-72 GnRH ANTAGONIST PROTOCOL – DOES IT REDUCE THE RISK OF OVARIAN HYPERSTIMULATION IN WOMEN WITH PCOS UNDERGOING IVF AS COMPARED TO LONG AGONIST PROTOCOL: A SYSTEMATIC REVIEW AND META-ANALYSIS.
J. Pundir, S. K. Sunkara, T. El-Toukhy, Y. Khalaf. Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom.

P-73 ADIPOSITY, INSULIN INDICES, AND ADIPOKINE PROFILE THROUGH THE PUBERTAL TRANSITION IN OVERWEIGHT LATINA ADOLESCENTS WITH AND WITHOUT POLYCYSTIC OVARIAN SYNDROME (PCOS).
B. J. Rudick[1], G. Wen[2], F. Stanczyk[1], M. J. Weigensberg[2], M. I. Goran[2], J. N. Davis[2]. [1]Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, University of Southern California, Los Angeles, CA; [2]Department of Preventative Medicine, University of Southern California, Los Angeles, CA.

P-74 ABNORMAL EXPRESSION OF GROWTH DIFFERENTIATION FACTOR 9 (GDF9) AND BONE MORPHOGENETIC PROTEIN 15 (BMP15) IN OVARIAN TISSUES FROM UNSTIMULATED POLYCYSTIC OVARIES.
L.-N. Wei, X.-Y. Liang. Center for Reproductive Medicine, The Sixth Affiliated Hospital of Sun Yat-sen University, Guangzhou, Guangdong, China.

P-75 THE RELATIONSHIP BETWEEN MYOSTATIN, ABDOMINAL OBESITY, ANDROGEN AND FOLLISTATIN IN WOMEN WITH POLYCYSTIC OVARY SYNDROME.
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P-76 ENDOMETRIAL THICKNESS IN ANOVULATORY WOMEN OF REPRODUCTIVE AGE.
M. Hsu, S. Huang, C.-R. Tzeng, C.-H. Chen, C.-W. Wang, C.-S. Hsu. Department of Obstetrics and Gynecology, Wan Fang Hospital, Taipei Medical University, Taipei, Taiwan; Department of Obstetrics and Gynecology, Taipei Medical University Hospital, Taipei Medical University, Taipei, Taiwan.

P-77 COMPARISON OF ENDOMETRIAL HISTOLOGY AND CLINICAL FEATURES IN LEAN AND OBESE KOREAN WOMEN WITH POLYCYSTIC OVARY SYNDROME.
J. Park, S. Lim, J. Bae, J. Kim, J. Rhee. Obstetrics and Gynecology, Keimyung University, Daegu, Korea.

P-78 GONADOTROPIN STIMULATION OF THE PATIENT WITH POLYCYSTIC OVARIAN SYNDROME: A COMPARISON OF ORAL CONTRACEPTIVE PILL/DUAL SUPPRESSION LUPRON PROTOCOL VERSUS ORAL CONTRACEPTIVE/ANTAGONIST PROTOCOL.
A. Aelion Brauer, E. Mok-Lin, R. Elias, D. Goldschlag, Z. Rosenwaks. The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, New York, NY.

P-79 INCREASED THECA CELL ANDROGEN RESPONSE TO hCG STIMULATION WITH FSH ADMINISTRATION IN WOMEN WITH POLYCYSTIC OVARY SYNDROME.
S. S. Chuan, M. A. Rosencrantz, H. I. Su, R. Shayya, A. Haggan, R. J. Chang. Reproductive Medicine, Division of Reproductive Endocrinology and Infertility, UCSD, La Jolla, CA.

P-80 EXPRESSION OF DNA REPAIR GENES IN BLASTOCYSTS DERIVED FROM INFERTILE WOMEN WITH PCOS.
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P-81 EVIDENCE OF ENDOTHELIAL DYSFUNCTION IN A RAT MODEL OF PCOS: INCREASED CONSTRICTOR PROSTAGLANDIN ACTIVITY, REVERSIBLE THROUGH COX INHIBITION.
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ENDOMETRIOSIS

P-82 microRNA 135a EXPRESSION REGULATES HOXA10 IN ENDOMETRIOSIS.
R. Petracco, O. Grechukhina, S. Popkhadze, E. Massasa, Y. Zhou, H. S. Taylor. Yale School of Medicine, Yale University, New Haven, CT.

P-83 ENDOMETRIOSIS IN WOMEN WITH POLYCYSTIC OVARY SYNDROME (PCOS) AND ITS ROLE IN POOR REPRODUCTIVE OUTCOMES.
K. J. Holoch[1], A. Moorhead[2], P. B. Miller[1], H. L. Higdon[1], C. E. Likes[1], B. A. Lessey[1]. [1]Department Obstetrics and Gynecology Division Reproductive Endocrinology and Infertility, Greenville Hospital System, Greenville, SC; [2]Department of Public Health Sciences, Clemson University, Clemson, SC.

P-84 NITRIC OXIDE MEDIATED ACTIVATION OF ADRENOMEDULLIN AND MATRIX METALLOPROTEINASES-2 AND -9 IN WOMEN WITH ENDOMETRIOSIS UNDERGOING IVF.
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P-85 ATP-BINDING CASSETTE TRANSPORTER G2 (ABCG2) EXPRESSION IN ENDOMETRIOSIS.
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P-86 MACROPHAGE MIGRATION INHIBITORY FACTOR STIMULATES THE EXPRESSION OF MATRIX METALLOPROTEINASES 2 AND 9 IN ENDOMETRIOTIC CELLS AND UP-REGULATES THEIR ACTIVATION LEVEL.
M. Al-Akoum, A. Akoum. Obstetrics and Gynecology, Faculty of Medicine, Laval University, Quebec, QC, Canada.

P-87 FOLLICULAR FLUID FROM INFERTILE WOMEN WITH MILD ENDOMETRIOSIS MAY COMPROMISE THE SPINDLE OF METAPHASE II OOCYTES.
M. G. Da Broi, H. Malvezzi, A. A. Vireque, R. A. Ferriani, P. A. Navarro. Department of Obstetrics and Gynecology, Faculty of Medicine of Ribeirão Preto, University of Sao Paulo, Ribeirão Preto, São Paulo, Brazil.

P-88 GENETIC VARIANTS IN FIBRINOLYTIC SYSTEM-RELATED GENES IN INFERTILE WOMEN WITH AND WITHOUT ENDOMETRIOSIS.
D. M. Christofolini, A. Brandes, C. Maftoum, F. L. Vilarino, B. Bianco, C. P. Barbosa. Human Reproduction and Genetics Center, Faculdade de Medicina do ABC, Santo Andre, Sao Paulo, Brazil.

P-89 ANALYSIS OF *FCRL3* POLYMORPHISMS IN WOMEN WITH ENDOMETRIOSIS.
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P-90 MITOCHONDRIA DNA POLYMORPHISMS ARE ASSOCIATED WITH SUSCEPTIBILITY TO ENDOMETRIOSIS.
S.-H. Cho, Y. S. Choi, Y. E. Jeon, K. J. Im, S. K. Seo, B. S. Lee. Obstetrics & Gynecology, Yonsei University College of Medicine, Seoul, Korea.

P-91 TRANSFORMING GROWTH FACTOR BETA 1(TGFß1) AND PROGESTERONE DIFFERENTIALLY REGULATE MATRIX METALLOPROTEINASES (MMPs) IN HUMAN NORMAL ENDOMETRIUM AND ENDOMETRIOSIS.
H. Itoh, P. Keller, R. A. Word. Obstetrics and Gynecology, UT Southwestern Medical Center, Dallas, TX.

P-92 VEGF-RECEPTOR2 AND c-KIT EXPRESSION IN EPITHELIAL CELLS OF ECTOPIC ENDOMETRIUM OF ENDOMETRIOSIS IMPLANTS. DO THEY IDENTIFY ENDOMETRIOSIS STEM CELLS?
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P-93 THE PHARMACOLOGICAL NF-κB INHIBITOR BAY11-7085 SUPPRESSES EXPRESSION OF INTERCELLULAR ADHESION MOLECULE-1 AND VASCULAR CELL ADHESION MOLECULE-1 IN TNF-α-STIMULATED HUMAN ENDOMETRIOTIC STROMAL CELLS.
J. K. Joo, J. B. Son, J. R. Choi, K. S. Lee. Obstetrics & Gynecology, Pusan National University Hospital, Busan, Korea.

P-94 EXPRESSION OF VCAM-1 ON PERITONEAL MESOTHELIAL CELLS AND α4 INTEGRIN IN THE ENDOMETRIUM OF WOMEN WITH ENDOMETRIOSIS VERSUS CONTROLS.
A. K. Schutt[1], D. W. Stovall[1], J. K. Slack-Davis[2], K. A. Atkins[3]. [1]Obstetrics and Gynecology, University of Virginia, Charlottesville, VA; [2]Microbiology, University of Virginia, Charlottesvile, VA; [3]Pathology, University of Virginia, Charlottesville, VA.

P-95 PREGNANCY OUTCOME IN WOMEN WITH ENDOMETRIOMAS ACHIEVING PREGNANCY THROUGH IVF.
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P-96 ABERRANT REGULATION OF DNA METHYLTRANSFERASE 3B OBSERVED IN WOMEN WITH ENDOMETRIOSIS.
T. Kakinuma, M. Dyson, M. E. Pavone, D. Monsivais, S. Bulun. Division of Reproductive Biology Research, Department of Obstetrics and Gynecology, Northwestern University Feinberg School of Medicine, Chicago, IL.

P-97 IVF AND ENDOMETRIOSIS-RELATED SYMPTOMS PROGRESSION.
L. Benaglia, E. Somgiliana, G. Santi, C. Scarduelli, L. Cardellicchio, G. Ragni. Infertility Unit, Fondazione IRCCS Ca' Granda ospedale Maggiore Policlinico, Milan, Italy.

P-98 ASSOCIATION BETWEEN ENDOMETRIOSIS AND POLYMORPHISMS IN INSULIN-LIKE GROWTH FACTOR BINDING PROTEIN GENES IN KOREAN WOMEN.
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P-99 TNFα IS A POTENT MEDIATOR OF REGULATING IAP EXPRESSION IN ENDOMETRIOTIC CELLS.
F. Taniguchi[1], M. Izawa[2], T. Uegaki[1], T. Iwabe[1], N. Terakawa[1], T. Harada[1]. [1]Ob/Gyn, Tottori University Faculty of Medicine, Yonago, Japan; [2]Biosignaling, Tottori University Faculty of Medicine, Yonago, Japan.

P-100 CURCUMIN ATTENUATES THE EXPRESSION OF INTERCELLULAR ADHESION MOLECULE-1, VASCULAR CELL ADHESION MOLECULE-1 AND CYTOKINES IN TNF-α-STIMULATED HUMAN ENDOMETRIOTIC STROMAL CELLS.
J. K. Joo, J. B. Son, J. R. Choi, K. S. Lee. Obstetrics & Gynecology, Pusan National University Hospital, Busan, Korea.

P-101 REGRESSION OF ADENOMYOSIS ON MRI AFTER A COURSE OF HORMONAL SUPPRESSION IN ADOLESCENTS: A CASE SERIES.
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P-102 *IN UTERO* EXPOSURES AND INCIDENT ENDOMETRIOSIS, THE ENDO STUDY.
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P-103 EFFECTS OF BIPOLAR ELECTROCOAGULATION VERSUS SUTURE AFTER LAPAROSCOPIC EXCISION OF OVARIAN ENDOMETRIOMA ON OVARIAN RESERVE AND IN VITRO FERTILIZATION OUTCOME.
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P-104 LONG TERM FERTILITY OUTCOMES AFTER LAPAROSCOPIC SURGERY FOR ENDOMETRIOSIS-ASSOCIATED PELVIC PAIN IN LATE ADOLESCENTS.
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P-105 A CONUNDRUM: WHEAT AND GLUTEN AVOIDANCE AND ITS IMPLICATION WITH ENDOMETRIOSIS PATIENTS.
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REPRODUCTIVE IMMUNOLOGY

P-106 ACCUMULATION OF MATERNAL T REGULATORY CELLS AT THE UTEROPLACENTAL INTERFACE OF ANTIGENIC FETUSES.
C. M. Wambach, A. A. Flick, S. N. Patel, Y. Y. M. Lei, D. A. Kahn. Obstetrics & Gynecology, University of California, Los Angeles, Los Angeles, CA.

P-107 IMMATURE MYELOID CELLS DERIVED FROM MOUSE PLACENTAS AND MALIGNANT TUMORS DEMONSTRATE SIMILAR PROANGIOGENIC TRANSCRIPTIONAL SIGNATURES.
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P-108 RAPID INDUCTION OF INTERLEUKIN 8 (IL8) EXPRESSION DURING PROSTAGLANDIN F2alpha INDUCED REGRESSION OF THE CORPUS LUTEUM: ROLE IN NEUTROPHIL DEGRANULATION AND CHEMOTAXIS.
A. Delaney[1], H. Talbott[1], Y. Yu[3], J. Ramey[1], X. Hou[1,2], J. S. Davis[1,2]. [1]Obstetrics and Gynecology, University of Nebraska Medical Center, Omaha, NE; [2]VA Medical Center, Omaha, NE; 3Pathology and Microbiology, University of Nebraska Medical Center, Omaha, NE.

FEMALE REPRODUCTIVE TRACT

P-109 TIMING OF INVASIVE DIAGNOSTIC INVESTIGATIONS FOR TUBAL PATHOLOGY IN THE FERTILITY WORK-UP; A COST-EFFECTIVENESS ANALYSIS.
L. Moolenaar[1], N. Geloven van[1], H. Verhoeve[3], P. Hompes[2], F. van der Veen[1], B.-W. Mol[1]. [1]Obstetrics and Gynaecology, Academic Medical Centre, Amsterdam, North-Holland, Netherlands; [2]Obstetrics and Gynaecologie, Vrije Universiteit, Amsterdam, North-Holland, Netherlands; [3]Obstetrics and Gynaecologie, OLVG, Amsterdam, North-Holland, Netherlands.

P-110 OBSTRUCTING HEMIVAGINAL SEPTUM (HVS): CLINICAL COURSE AND ASSOCIATED ANOMALIES.
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P-111 TOWARDS GENE THERAPY OF PELVIC POST-OPERATIVE ADHESIONS: TARGETING ADENOVIRUS TOWARDS HUMAN ADHESION CELLS.
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IMAGING

P-112 ASSESSMENT OF CHROMOSOMAL INTEGRITY USING A NOVEL LIVE-CELL IMAGING TECHNIQUE IN MOUSE EMBRYOS PRODUCED BY INTRACYTOPLASMIC SPERM INJECTION.
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P-113 SPECTRAL DOPPLER ULTRASOUND IDENTIFIES IMPAIRED SPERMATOGENESIS.
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P-114 DIFFERENT MODE OF HATCHING BETWEEN ZONA DRILLING AND ZONA THINNING IN THAWED HUMAN BLASTOCYSTS BY TIME-LAPSE IMAGING.
H. Matsubayashi, J. Matsuba, A. Koizumi, M. Yokota, A. Hashiguchi, T. Tomiyama. Obstetrics and Gynecology, Osaka New ART Clinic, Osaka, Japan.

ENDOMETRIUM

P-115 HISTOPATHOLOGIC FINDINGS IN OFFICE ENDOMETRIAL BIOPSIES FROM INFERTILE PATIENTS CANDIDATES FOR IN VITRO FERTILIZATION.
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P-116 PREGNANCY RATE IS IMPROVED BY THE ADDITION OF LETROZOLE TO HORMONE REPLACEMENT CYCLE UNDERGOING THE FROZEN-THAWED SINGLE BLASTOCYST TRANSFER.
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P-117 ENDOMETRIAL PREPARATION WITH INCREASING VERSUS FIXED DOSING OF ESTRADIOL DURING FROZEN EMBRYO TRANSFER CYCLES.
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P-118 2,3,7,8-TETRACHLORODIBENZO-p-DIOXIN (TCDD) INCREASES THE EXPRESSION OF CYCLOOXYGENASE-2 AND AROMATASE CYTOCHROME P450 IN HUMAN ENDOMETRIUM.
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P-119 ENDOMETRIAL PATTERN CHANGE FROM THE START OF PROGESTERONE ADMINISTRATION TO DAY OF EMBRYO TRANSFER AS PREDICTOR OF ENDOMETRIAL RECEPTIVITY IN DONOR OOCYTE CYCLES.
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P-120 A GRADUAL INCREASE OF ENDOMETRIAL THICKNESS FROM THE DAY OF hCG TO THE DAY OF ET IS PREDICTIVE OF PREGNANCY OUTCOME IN PATIENTS WITH A THIN ENDOMETRIUM (< 8mm).
Y. H. Jung, Y. Y. Kim, M. H. Kim, J. D. Cho. OB/GYn, Ellemedi, Changwon, GyeongNam, Republic of Korea.

P-121 CONTROLLED OVARIAN STIMULATION IS AFFECTING ENDOMETRIAL QUALITY.
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P-122 UTILIZING THE OVUM DONATION MODEL TO ISOLATE THE EFFECT OF COH ON ART OUTCOME.
T. Mukherjee[1,2], G. Vela[1,2], M. Luna[1,2], B. Sandler[1,2], E. Flisser[1,2], L. Grunfeld[1,2]. [1]Reproductive Medicine Associates of New York, New York, NY; [2]Department of OBGYN and Reproductive Science, Mount Sinai School of Medicine, New York, NY.

P-123 INHIBITION OF HISTONE DEACETYLASES IN HUMAN ENDOMETRIAL STROMAL CELLS PROMOTES EXTRACELLULAR MATRIX REMODELLING AND INHIBITS EMBRYO INVASION.
C. Estella[1], I. Herrer[1], A. Quiñonero[1], S. Martinez[1], A. Pellicer[1], C. Simon[1,2]. [1]Investigacion, Fundación Instituto Valenciano de Infertilidad, Valencia University, and Instituto Universitario IVI/ INCLIVA, Valencia, Spain; [2]Centro de Investigación Principe Felipe, Valencia, Spain.

P-124 THE ENDOMETRIAL STROMAL DECIDUALIZATION miRNA SIGNATURE.
C. Estella[1], I. Herrer[1], A. Quiñonero[1], S. Martinez[1], A. Pellicer[1], C. Simon[1,2]. [1]Investigacion, Fundación Instituto Valenciano de Infertilidad, Valencia University, and Instituto Universitario IVI/ INCLIVA, Valencia, Spain; [2]Centro de Investigación Principe Felipe, Valencia, Spain.

P-125 MEMBRANE CYTOSKELETON-LINKING PROTEINS RADIXIN AND ITS ACTIVATED FORM PHOSPHO-RADIXIN SHOW PHASE SPECIFIC EXPRESSION IN HUMAN ENDOMETRIUM.
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P-126 UTERINE TRANSCRIPTION FACTOR KLF16 REGULATES ENDOMETRIAL PHYSIOLOGY AND METABOLISM VIA CYTOCHROME p450 ENZYME INHIBITION.
R. P. Gada[1], Z. M. Tabbaa[1], G. A. Lomberk[2], N. S. Buttar[2], R. A. Urrutia[2], G. S. Daftary[1]. [1]Reproductive Endocrinology and Infertility, Mayo Clinic, Rochester, MN; [2]Gastroenterology Research Unit, Mayo Clinic, Rochester, MN.

P-127 METALLOTHIONEIN EXPRESSION AND REGULATION IN HUMAN ENDOMETRIUM.
M. S. Krause, M. Li, A. Garza-Cavazos, J. R. Loret de Mola, M. E. McAsey. Obstetrics and Gynecology, Southern Illinois University School of Medicine, Springfield, IL.

P-128 EFFECT OF ESTRADIOL AND TRANSFORMING GROWTH FACTOR BETA 1(TGFß1) ON EXPRESSION OF LYSYL OXIDASE(*LOX*) IN THREE-DIMENSIONAL (3D) COCULTURES OF HUMAN ENDOMETRIUM.
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P-129 IMMUNOLOGICAL STUDY OF THE QUALITY OF THE ENDOMETRIUM IN WOMEN WITH UNEXPLAINED INFERTILITY AND IMPLANTATION FAILURE.
A. Pasqualini, G. Junovich, A. Azpiroz, C. Lucini, E. Incera, G. Gutierrez. Halitus Medical Institute, Capital Federal, Buenos Aires, Argentina.

P-130 ESTRADIOL LEVELS CORRELATE WITH CYTOTOXIC NATURAL KILLER CELL COUNTS IN IMPLANTATION FAILURE RELATED TO UNEXPLAINED INFERTILITY.
A. Pasqualini, G. Junovich, A. Azpiroz, F. Inciarte, S. Pasqualini, G. Gutierrez. Halitus Medical Institution, Capital Federal, Buenos Aires, Argentina.

FEMALE REPRODUCTIVE SURGERY

P-131 UNCOUPLING OXIDATIVE PHOSPHORYLATION WITH 2,4-DINITROPHENOL PROMOTES DEVELOPMENT OF THE ADHESION PHENOTYPE.
V. I. Shavell, N. M. Fletcher, Z. L. Jiang, G. M. Saed, M. P. Diamond. Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Wayne Sate University School of Medicine, Detroit, MI.

P-132 THE EFFECT OF USING LONG-DIPHERELINE AND ULTRASOUND-GUIDED PUNCTURING TO TREAT OVARIAN ENDOMETRIOTIC CYST AND ITS IMPACT ON THE OUTCOME OF ASSISTED REPRODUCTIVE TECHNOLOGY.
G. Yihong. Reproductive Medical Centre, Zhengzhou, Henan, China.

P-133 MEDICAL OZONE THERAPY DECREASES POSTOPERATIVE UTERINE ADHESION FORMATION IN RATS.
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P-134 FALLOPOSCOPIC TUBOPLASTY (FT) IS AN ESTABLISHED ENDOSCOPIC SURGERY FOR TUBAL INFERTILITY AND AN ALTERNATIVE TO ART: OUR EXPERIENCE OF 852 CASES FOLLOWED UP OVER SIX MONTHS AFTER FT.
S. Kokeguchi, N. Kataoka, S. Ogata, S. Yamada, Y. Matsumoto, M. Shiotani. Hanabusa Women's Clinic, Kobe, Hyogo, Japan.

P-135 THE UTILITY OF THE SHOCK INDEX TO PREDICT INTRA-ABDOMINAL BLEEDING OF ECTOPIC PREGNANCY.
M. Morita, Y. Katagiri, T. Tsuchiya, Y. Fukuda, I. Uchiide, M. Nakakuma. Obstetrics and Gynecology, Toho University, Ota-ku, Tokyo, Japan.

P-136 OUTCOMES OF ROBOTIC MANAGEMENT OF PATIENTS WITH OVARIAN REMNANT SYNDROME.
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P-137 OPERATIVE EXPERIENCE DURING RESIDENCY TRAINING IN OBSTETRICS AND GYNECOLOGY: IS THERE A TREND TOWARDS FEWER SURGICAL CASES?
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P-138 REPRODUCTIVE OUTCOMES FOLLOWING ROBOTIC ASSISTED LAPAROSCOPIC MYOMECTOMY (RALM).
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P-139 INTEREST OF LAPAROSCOPY FOR "UNEXPLAINED INFERTILITY".
C. Poncelet[1], C. Bonneau[1], C. Sifer[2], O. Chanelles[1]. [1]Obstetrics and Gynecology, CHU Jean Verdier, Bondy, France, Metropolitan; [2]Reproductive Biology, CHU Jean Verdier, Bondy, France, Metropolitan.

P-140 COMPARATIVE STUDIES BETWEEN ROBOTIC LAPAROSCOPIC MYOMECTOMY AND ABDOMINAL MYOMECTOMY.
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LEIOMYOMA

P-141 MIR-200c REGULATES IL-8 EXPRESSION IN LEIOMYOMA BY TARGETING IKKß EXPRESSION AND NFκB ACTIVITY.
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P-142 1, 25-DIHYDROXYVITAMIN D3 REGULATES STEROID HORMONE FUNCTIONS IN HUMAN UTERINE LEIOMYOMA CELLS.
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P-143 SINGLE LAYER UTERINE CLOSURE IN LAPAROSCOPIC MYOMECTOMY.
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P-144 ABSTRACT WITHDRAWN.

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P-145 ATTITUDE OF ADOLESCENT TOWARDS INFERTILITY IN NORTHERN NIGERIA.
A. G. Adesiyun, N. Ameh, S. Avidime, M. Zayyan. Department of Obstetrics and Gynaecology, Ahmadu Bello University Teaching Hospital, Zaria, Kaduna State, Nigeria.

MENTAL HEALTH

P-146 MANY WOMEN WITH CANCER PERCEIVE PHYSICIAN BIAS WHEN BEING COUNSELED ABOUT FERTILITY RISKS AT THE TIME OF THEIR CANCER DIAGNOSIS: A QUALITATIVE STUDY OF 640 WRITTEN RESPONSES.
E. Ebbel, A. Katz. Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, CA.

P-147 SOURCE-SPECIFIC EFFECTS OF NEGATIVE SOCIAL INTERACTIONS ON DEPRESSIVE SYMPTOMS AMONG JAPANESE WOMEN WITH FERTILITY PROBLEMS.
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P-148 INFERTILITY PATIENTS AND CLINICAL RESEARCH: ARE THERE ANY FACTORS ASSOCIATED WITH WILLINGNESS TO PARTICIPATE?
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P-149 IMPROVING RESILIENCE AMONG INFERTILE WOMEN: A PILOT STUDY.
L. Kagan[1], C. Psaros[1], M. D. Alert[1], A. K. Styer[2], J. L. Shifren[2], E. R. Park[1]. [1]Benson-Henry Institute for Mind Body Medicine, Massachusetts General Hospital, Boston, MA; [2]Obstetrics and Gynecology, Massachusetts General Hospital Fertility Center, Boston, MA.

P-150 COMPARABILITY OF THE MMPI-2 AND PAI IN THIRD PARTY REPRODUCTION PSYCHOLOGICAL EVALUATION.
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P-151 TRENDS IN AGE IN NON MEDICAL OOCYTE CRYOPRESERVATION.
L. Schuman[1], K. Copperman[1], C. A. McDonald[1], M. Acosta-La Greca[1], G. Witkin[1,2]. [1]Reproductive Medicine Associates of New York, New York, NY; [2]Department of OBGYN and Reproductive Science, Mount Sinai School of Medicine, New York, NY.

P-152 WHO SEEKS FERTILITY TREATMENT? DEMOGRAPHIC CHARACTERISTICS OF PATIENTS ON THE EVE OF PUBLIC FUNDING FOR IN VITRO FERTILIZATION.
P. Zelkowitz[1], T. Tulandi[2], R. Whitley[5], H. Holzer[3], N. Mahutte[4], S. Ouhilal[4]. [1]Psychiatry, Jewish General Hospital, Montreal, QC, Canada; [2]Obstetrics and Gynecology, Jewish General Hospital, Montreal, QC, Canada; [3]McGill University Health Centre, Montreal, QC, Canada; [4]Montreal Fertility Centre, Montreal, QC, Canada; 5Douglas University Mental Health Institute, Montreal, QC, Canada.

P-153 FOLLOW UP OF CHILDREN FOLLOWING ASSISTED REPRODUCTIVE TECHNOLOGY (ART).
Y. Sato, Y. Nakajo, Y. Shibuya, T. Takisawa, E. Sakamoto, K. Kyono. Kyono ART Clinic, Sendai, Miyagi, Japan.

P-154 ANXIETY AND DEPRESSION ARE NEGATIVELY CORRELATED WITH ART SUCCESS: PROSPECTIVE STUDY USING HOSPITAL ANXIETY AND DEPRESSION SCALE (HADS).
H. Matsubayashi, T. Sakai, A. Tsukamoto, A. Satoh, Y. Takahashi, T. Tomiyama. Obstetrics and Gynecology, Osaka New ART Clinic, Osaka, Japan.

P-155 PSYCHOLOGICAL AND PHYSICAL SYMPTOMS IN WOMEN UNDERGOING SUPEROVULATION WITH CLOMIPHENE CITRATE: A DOUBLE-BLIND, PLACEBO-CONTROLLED, CROSSOVER STUDY.
J. H. Pittman[1], A. Hammoud[1], W. R. Keye[1], S. E. Gurtcheff[1], L. Czajkowski[2], M. Gibson[1]. [1]Obstetrics and Gynecology, University of Utah, Salt Lake City, UT; [2]Psychiatry, University of Utah, Salt Lake City, UT.

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P-156 PREDICTIVE VALUE OF INITIAL HUMAN CHORIONIC GONADOTROPIN (hCG) DECLINE IN PREGNANCIES OF UNKNOWN LOCATION (PULs).
M. S. Greenman[1], W. S. Vitek[2], C. A. Raker[3], S. A. Carson[2]. [1]Department of Obstetrics and Gynecology, Women & Infants Hospital of Rhode Island, Providence, RI; [2]Division of Reproductive Endocrinology and Infertility, Women & Infants Hospital of Rhode Island, Providence, RI; [3]Women and Infants Division of Research, Women & Infants Hospital of Rhode Island, Providence, RI.

P-157 ESTABLISHING OF A PAY FOR PERFORMANCE PROGRAM FOR IN VITRO FERTILIZATION (IVF).
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P-158 PREVALENCE OF HYPERPROLACTINEMIA IN ADOLESCENT AND PREMARITAL WOMEN WITH MENSTRUATION-RELATED PROBLEMS.
D.-Y. Lee, Y.-K. Oh, B.-K. Yoon, D. Choi. Obstetrics & Gynecology, Samsung Medical Center, Seoul, Korea.

ENVIRONMENT AND TOXICOLOGY

P-159 URINARY PARABEN CONCENTRATIONS AND IN VITRO FERTILIZATION (IVF) OUTCOMES.
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P-160 DOES PRECONCEPTION STRESS ALTER THE SECONDARY SEX RATIO?
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P-161 MICROARRAY ANALYSIS OF THE EFFECT OF NONYLPHENOL ON GENE EXPRESSION IN CELLS CULTURED FROM SHED ENDOMETRIUM.
C. K. Lim[1], D. S. Ko[1], J. W. Cho[1], H.-S. Lee[1], J. Y. Han[2], M. K. Koong[2]. [1]Laboratory of Reproductive Biology and Infertility, Cheil General Hospital & Women's Healthcare Center, Kwandong University College of Medicine, Jung-gu, Seoul, Korea; [2]Department of OB/GYN, Cheil General Hospital & Women's Healthcare Center, Kwandong University College of Medicine, Jung-gu, Seoul, Korea.

P-162 A PRELIMINARY STUDY ON HEAVY METALS (LEAD, CADMIUM AND ARSENIC) IN FOLLICULAR FLUID AND ITS EFFECT ON OOCYTE, EMBRYO QUALITY AND OUTCOME OF IVF TREATMENT.
P. Nandi[1], S. K. Banerjee[1], S. Basu[2], M. C. Das[2], P. Dasgupta[2], A. C. Varghese[2]. [1]Department of Environmental Science, University of Calcutta, Kolkata, West Bengal, India; [2]IVF Unit, AMRI Medical Centre, Kolkata, West Bengal, India.

P-163 SHORT-TERM EXPOSURE TO CELL PHONE LEVELS OF RADIO FREQUENCY RADIATION DO NOT APPEAR TO TO INFLUENCE SEMEN PARAMETERS IN VITRO.
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P-164 DETECTABLE LEVELS OF BISPENOL A (BPA) IN HUMAN SEMEN: A CAUSE FOR CONCERN?
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P-165 SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS WITHOUT ALKYLATING THERAPY HAVE SIGNIFICANT LOW AMH LEVEL COMPARED TO NORMAL WOMEN.
W. Ma[1], X. Liang[1], Z. Zhan[2], J. Chen[1], C. Liao[1], X. Huang[1]. [1]Reproductive Medical Center, Sixth Affiliated Hospitalof Sun Yat-Sen University, Guangzhou, Guangdong, China; [2]First Affiliated Hospital of Sun Yat-Sen University, Guangzhou, Guangdong, China.

P-166 DOES THE USE OF GENERAL ANESTHESIA AFFECT EMBRYO DEVELOPMENT?
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P-167 DNA DAMAGE RESPONSE IN MOUSE EMBRYOS DERIVED FROM THE IRRADIATED SPERM.
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P-168 DIFFERENCES IN PERCEPTION AND USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE IN INFERTILITY PATIENTS AND PHYSICIANS.
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P-169 BISPHENOL A ALTERS HUMAN CYP3A4 ENZYME EXPRESSION AND ACTIVITY.
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P-170 BISPHENOL A INHIBITS HUMAN CYP3A4 ENZYME ACTIVITY IN VITRO.
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MALE FACTOR

P-171 THE INCIDENCE OF DNA FRAGMENTATION IN MORPHOLOGICALLY NORMAL SPERM IS A BETTER PREDICTOR OF ICSI OUCOME THAN THE EVALUATION OF DNA FRAGMENTATION IN THE TOTAL SPERM POPULATION.
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P-172 SMOKING IS ASSOCIATED TO ALTERED LIPID METABOLOMIC PATHWAYS IN ADULT MEN WITH VARICOCELE.
J. R. Pariz[1], R. M. Fariello[1], A. P. Cedenho[1], E. J. Pilau[2], E. G. Lo Turco[1], R. P. Bertolla[1]. [1]Sao Paulo Federal University, Sao Paulo, Brazil; [2]Institute of Chemistry, University of Campinas, Campinas, Sao Paulo, Brazil.

P-173 REDUCED AMOUNTS OF PHOSPHOLIPASE C ZETA (PLC zeta) IN PATIENTS WITH REPEATED LOW FERTILIZATION RATE.
C. Alvarez Sedó, R. Rodríguez Dubarrán, M. V. Gil, H. Uriondo, S. Papier, F. Nodar. Centro de Estudios en Ginecología y Reproducción, Capital Federal, Buenos Aires, Argentina.

P-174 EMBRYO QUALITY AND REPRODUCTIVE OUTCOMES OF SPERMATOZOA SELECTED BY PHYSIOLOGIC-ICSI OR CONVENTIONAL ICSI IN PATIENTS WITH KRUGER <4% AND >4% NORMO-MORPHOLOGY.
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P-175 SPERM VACUOLE IMPROVEMENT AFTER ANTIOXIDANT THERAPY.
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P-176 NUCLEAR VACUOLES AND APOPTOSIS MARKERS AFTER ANNEXIN V COLUMNS IN PATIENTS WITH SEVERE TERATOZOOSPERMIA.
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P-177 DNA FRAGMENTATION OF SPERM SUBPOPULATIONS WITH DIFFERENT HEAD MORPHOLOGY. IMPLICATIONS FOR ICSI TREATMENT.
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P-178 ROLE OF ORAL NUTRACEUTICALS ON ABNORMAL TESTICULAR SPERMATOZOA AND ITS IMPACT ON ICSI OUTCOME IN AZOOSPERMIC MEN.
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P-179 DIFFERENTIALLY EXPRESSED GENES (DEG) IN INFERTILE PATIENT'S (IP) SPERM SAMPLES (SS) UNDERGOING INTRAUTERINE INSEMINATION (IUI-H) INVOLVED IN REPRODUCTIVE PROCESSES (RP).
S. Garcia-Herrero[1], N. Garrido[2], L. Romany[2], J.-A. Martínez-Conejero[1], M. Ruíz[1], M. Meseguer[2]. [1]iGenomix, Paterna, Valencia, Spain; [2]IVI, Valencia, Spain.

P-180 BIOLOGICAL SAFETY AND LIVE BIRTHS AFTER SELECTION OF NON-APOPTOTIC SPERMATOZOA DURING ICSI.
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P-181 SPERM EXTRACTION VIA PERCUTANEOUS EPIDIDYMAL SPERM ASPIRATION (PESA) IN DIFFERENT ETIOLOGIES OF OBSTRUCTIVE AZOOSPERMIA.
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P-182 MALE CONTRIBUTION IN CASES OF IDIOPATHIC RECURRENT SPONTANEOUS ABORTIONS.
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P-183 HISTOPATHOLOGIC ANALYSIS IN TESTICULAR AZOOSPERMIA.
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P-184 CONTROVERSIES USING NEW REFERENCE VALUES (WHO 2010) FOR EVALUATION OF SEMEN PARAMETERS.
F. Beltramone[1], R. Molina[2], G. Estofan[1], N. M. Kuperman[1], K. Maero[1], D. Estofan[1]. [1]CIGOR, Cordoba, Argentina; [2]LAR, Cordoba, Argentina.

P-185 EFFECT OF OOCYTE ACTIVATION BY CALCIUM IONOPHORE A23187 OR STRONTIUM CHLORIDE IN PATIENTS WITH LOW FERTILIZATION RATES AND FOLLOW-UP OF BABIES.
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P-186 SEMEN ANALYSIS BY MOTILE SPERM ORGANELLE MORPHOLOGY EXAMINATION (MSOME) IN INFERTILE AND FERTILE MEN.
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P-187 A POLYMORPHISM THAT AFFECTS E2F1 BINDING TO THE FGF9 PROMOTER REGION INFLUENCES GERM CELL PROLIFERATION AND IS ASSOCIATED WITH SERTOLI CELL-ONLY SYNDROME.
Y.-M. Lin[1], C.-L. Chung[1], C.-Y. Lin[1], C.-W. Lu[1], H. S. Sun[2]. [1]Urology, National Cheng Kung University College of Medicine and Hospital, Tainan, Taiwan; [2]Institute of Molecular Medicine, National Cheng Kung University College of Medicine, Tainan, Taiwan.

P-188 HIGH PREVALENCE OF GR/GR DELETIONS IN KOREAN PATIENTS WITH OLIGOZOOSPERMIA.
J. Choi[1], M. H. Lee[1], S.-H. Song[2], J. W. Kim[3], S. H. Shim[1,4], T. K. Yoon[3]. [1]Genetics Laboratory, Fertility Center of CHA Gangnam Medical Center, Seoul, Korea; [2]Urology, CHA University, Seoul, Korea; [3]Obstetrics and Gynecology, CHA University, Seoul, Korea; [4]Biomedical Science, CHA University, Seoul, Korea.

P-189 RETROGRADE EJACULATION AND SEXUAL DYSFUNCTION IN MEN WITH DIABETES MELLITUS.
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P-190 ABSTRACT WITHDRAWN.

P-191 PHYSIOLOGICAL AND BIOCHEMICAL ASSESSMENT OF A NEW SEMEN COLLECTION DEVICE.
L. Welch[2], S. Prien[1,2]. [1]Ob/Gyn, Texas Tech University Health Sciences Center, Lubbock, TX; [2]Animal and Food Sciences, Texas Tech University, Lubbock, TX.

P-192 EFFECT OF SYSTEMIC INFLAMMATION (BY LPS INDUCTION) ON MOUSE SPERM PARAMETERS AND IL-1 LEVELS IN THE TESTIS AND EPIDIDYMIS.
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P-193 SWIM-UP DECREASES THE PERCENTAGE OF GROUP-II-PHOSPHOLIPASEA2 (PLA2) POSITIVE CELLS DIFFERENTIALLY IN SPERM SAMPLES FROM FERTILE DONORS AND INFERTILE MALES.
F. Quintana[1], L. Romany[2], I. Peñalba[1], M. Meseguer[2], M. Ferrando[1], N. Garrido[2]. [1]Instituto Valenciano de Infertilidad Bilbao, Bilbao, Spain; [2]Instituto Universitario Ivi Valencia, Valencia, Spain.

P-194 IS IT REASONABLE FOR COUPLES WITH LOW STRICT KRUGER MORPHOLOGY TO UNDERGO INTRAUTERINE INSEMINATION?
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P-195 ANTIOXIDANTS INTAKE AND SEMEN QUALITY IN MEN ATTENDING A FERTILITY CLINIC.
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P-196 CHARACTERIZATION OF A NOVEL MARKER OF OXIDATIVE STRESS IN MEN FROM 774 INFERTILE COUPLES.
B. Berookhim[1], B. Leader[3], A. Copperman[2], B. McElyea[2], E. Tirado[3], N. Bar-Chama[1]. [1]Urology, Mount Sinai School of Medicine, New York, NY; [2]Reproductive Medicine Associates of New York, New York, NY; [3]Reprosource, Inc., Woburn, MA.

P-197 ABNORMAL SPERM COUNT, WHO MORPHOLOGY AND LOW STRICT MORPHOLOGY PREDICT DECREASED NON-IVF PREGNANCIES IN INFERTILE COUPLES BUT DO NOT EFFECT IVF OUTCOMES WITH ICSI.
M. D. Keltz, A. Adomako, E. Gonzales. Division of Reproductive Endocrinology, Dept. Obstetrics and Gynecology, St. Luke's-Roosevelt Hospital Center, Columbia College of Physicians and Surgeons, New York, NY.

P-198 DOES POOR OVARIAN RESPONSE AFFECT THE EARLY PREGNANCY LOSS RATE IN COUPLES WITH SEVERE MALE INFERTILITY?
S. H. Karagozoglu, S. Kahraman, H. K. Yelke, C. Pirkevi, S. Unal, Y. Kumtepe. IVF and Reproductive Genetics Center, Istanbul Memorial Hospital, Istanbul, Turkey.

P-199 RAPID VITRIFICATION TO ELIMINATE ABNORMAL SPERM WITH NUCLEAR VACUOLES.
P. J. Chan, J. M. Casillas, J. U. Corselli, J. M. Norian, J. D. Jacobson. Gynecology and Obstetrics, Loma Linda University School of Medicine, Loma Linda, CA.

P-200 PRELIMINARY RESULTS OF TRANS-RESVERATROL AS AN EFFECTIVE PROTECTOR AGAINST EXERCISE-INDUCED MORPHOLOGY ABNORMALITIES ON MICE SPERM.
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P-201 ISOLATION, PURIFICATION, PROLIFERATION AND CRYOPRESERVATION OF HUMAN SPERMATOGONIAL STEM CELLS FROM TESTIS OF AZOOSPERMIA MEN.
T. Mirzapour[1], M. Movahedin[3], T. A. B. T. Ibrahim[2], A. W. Haron[2], M. Nowroozi[4], H. Hajarian[2]. [1]Department of Biology, Faculty of Science, Mohaghegh Ardabil University, Ardabil, Islamic Republic of Iran; [2]Institute of Bioscience, University Putra Malaysia, Selangor, Malaysia; [3]Department of Anatomical Sciences, School of Medical Sciences, Tarbiat Modares University, Tehran, Islamic Republic of Iran; Department of Urology, Faculty of Medicine, Tehran University of Medical Science, Tehran, Islamic Republic of Iran.

P-202 DIFFERENCES IN EPIGENETIC REGULATORY MECHANISMS BETWEEN FERTILE AND INFERTILE MEN.
J. Erenpreiss, I. Tsarev. Riga Stradins University, Riga, Latvia.

P-203 RESULTS AFTER STRONTIUM CHLORIDE ACTIVATION IN ICSI CYCLES WITH SPERMATOZOA RETRIEVED FROM TESTICULAR BIOPSIES.
C. J. Quintans[2], M. F. Urquiza[1], I. Carretero[1], M. J. Donaldson[1], A. R. Pasqualini[1], R. S. Pascualini[1]. [1]Halitus Instituto Médico, Buenos Aires, Ciudad Autónoma de Buenos Aires, Argentina; [2]Fundación Repro, Buenos Aires, Ciudad Autónoma de Buenos Aires, Argentina.

OVARIAN STIMULATION

P-204 EFFECT OF HSA CONCENTRATION ON INTRAUTERINE INSEMINATION (IUI) OUTCOMES.
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P-205 PROCESSING SEMEN FOR ART USING 5'-N-ETHYL-CARBOXAMIDOADENOSINE (NECA) INDUCED SWIM DOWN ENRICHES SAMPLES FOR MORPHOLOGY GRADE AND DNA INTEGRITY OF SPERMATOZOA.
Z. Beyhan, J. D. Fisch, G. Sher, L. Keskintepe. Sher Institute for Reproductive Medicine, Las Vegas, NV..

P-206 GERM CELL HARVESTING FROM TESTICULAR TISSUE.
Q. V. Neri[1], D. Monahan[1], P. N. Schlegel[2], Z. Rosenwaks[1], G. D. Palermo[1]. [1]The Ronald O. Perelman & Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medical College, New York, NY; [2]Department of Urology, Weill Cornell Medical College, New York, NY.

P-207 ASSOCIATION OF SPERM MORPHOLOGY AND THE SPERM DEFORMITY INDEX (SDI) WITH POLY (ADP-RIBOSE) POLYMERASE (PARP) CLEAVAGE INHIBITION.
N. Aziz[1], R. K. Sharma[2], E. Sabanegh[2], A. Agarwal[2]. [1]Liverpool Women's Hospital, University of Liverpool, Liverpool, United Kingdom; [2]Urology, Glickman Urological Institute, Cleveland, OH.

P-208 THE EFFECT OF ANTIVIRAL DRUGS ON GAMETES AND CONCEPTUSES.
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P-209 EFFECT OF MAGNETICALLY SELECTED SPERM ON FERTILIZATION AND EMBRYO DEVELOPMENT: AN ANIMAL MODEL STUDY.
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STEM CELLS

P-210 HYPOXIA INDUCES MAXIMAL PREPARATION FOR, BUT INCOMPLETE DIFFERENTIATION OF STEM CELLS THAT IS ASSOCIATED WITH DECREASED MITOCHONDRIAL FUNCTION AND INCREASED EXPRESSION OF TWO POTENCY FACTORS.
D. A. Rappolee[1,2], Y. F. Xie[1], S. C. Zhou[2], M. Huttemann[3], I. S. Lee[3], E. E. Puscheck[1]. [1]Obstetrics and Gynecology, Wayne State University School of Medicine, Detroit, MI; [2]Reproductive Sciences/Physiology, Wayne State University School of Medicine, Detroit, MI; [3]Center for Molecular Medicine and Genetics, Wayne State University School of Medicine, Detroit, MI.

P-211 ISOLATION OF MITOTICALLY-ACTIVE GERM CELLS FROM ADULT HUMAN OVARIES: IN-VITRO PROPAGATION AND GENERATION OF IMMATURE OOCYTES.
R. A. R. White[1], D. C. Woods[1], Y. Takai[2], O. Ishihara[2], H. Seki[2], J. L. Tilly[1]. [1]Vincent Center for Reproductive Biology, Massachusetts General Hospital/Harvard Medical School, Boston, MA; [2]Department of Obstetrics and Gynecology, Saitama Medical Center/Saitama Medical School, Kawagoe-shi, Saitama, Japan.

P-212 HUMAN ENDOMETRIAL-DERIVED MESENCHYMAL STEM CELLS SUPPRESS INFLAMMATION IN THE CENTRAL NERVOUS SYSTEM OF EXPERIMENTAL AUTOIMMUNE ENCEPHALOMYELITIS-INDUCED MICE.
J. P. S. Peron[1], T. Jazedje[2], P. M. Perin[3], M. Maluf[3], L. P. Evangelista[4], C. E. Czeresnia[4]. [1]Clinical Immunology Lab - Institute of Biomedical Sciences, Univesity of São Paulo, São Paulo, Brazil; [2]Human Genome Research Center, Univesity of São Paulo, São Paulo, Brazil; [3]Division of Reproductive Medicine, CEERH - Specialized Center for Human Reproduction, São Paulo, Brazil; [4]Division of Reproductive Medicine, Célula Mater, São Paulo, Brazil.

P-213 DERIVATION OF FETUS-SPECIFIC EMBRYONIC STEM CELLS FROM BLASTOMERES.
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P-214 COMPARATIVE STUDY OF HUMAN MESENCHYMAL STEM CELLS ISOLATED FROM FEMALE REPRODUCTIVE TRACT AS FEEDER LAYERS FOR HUMAN EMBRYONIC STEM CELLS.
M. V. Pelatti[1], P. M. Perin[2], C. E. Czeresnia[3], L. P. Evangelista[3], M. Zatz[1], T. Jazedje[1]. [1]Human Genome Research Center, University of São Paulo, São Paulo, Brazil; [2]Division of Reproductive Medicine, CEERH - Specialized Center for Human Reproduction, São Paulo, Brazil; [3]Division of Reproductive Medicine, Célula Mater, São Paulo, Brazil.

P-215 CELLULAR AND TOXICOLOGICAL STRESS CAUSES ADAPTIVE "PRIORITIZED" AND "COMPENSATORY" DIFFERENTIATION OF EMBRYONIC AND PLACENTAL STEM CELLS OF THE IMPLANTING BLASTOCYST.
D. A. Rappolee[1], Y. F. Xie[1], S. C. Zhou[2], J. Slater[2], E. E. Puscheck[1]. [1]Obstetrics and Gynecology, Wayne State University School of Medicine, Detroit, MI; [2]Reproductive Sciences/Physiology, Wayne State University School of Medicine, Detroit, MI.

P-216 INHIBITION OF PROLIFERATION IN ENDOMETRIAL STROMA STEM/PROGENITOR CELLS BY FOUR-AGENTS-DECOCTION (SI WU TANG).
J.-Y. Liu[1], Y.-J. Lee[1], W.-C. Chu[1], C.-C. Ou, M.-C. Kao[2]. [1]Obstetrics and Gyneoclogy, Tri-Service General Hospital, Taipei, Taiwan; [2]Biological Science, China Medical University, Taichung, Taiwan.

ART - IN VITRO FERTILIZATION

P-217 FUNCTIONAL OVARIAN RESERVE COMPARISONS BETWEEN OOCYTE DONORS AND INFERTILITY PATIENTS TO DEMONSTRATE DIFFERENT OVARIAN AGING PATTERNS BETWEEN RACES.
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P-218 ROUTES OF ESTRADIOL (E2) ADMINISTRATION HAVE NO EFFECT ON PREGNANCY RATES IN FROZEN EMBRYO TRANSFER (FET) IVF CYCLES.
D. W. Griffin, N. E. Kummer, A. A. Elassar, L. L. Engmann, J. C. Nulsen, C. A. Benadiva. Dept of Obstetrics and Gynecology, University of Connecticut Health Center, Farmington, CT.

P-219 OBESITY AND THE ABILITY TO ACHIEVE PREGNANCY IN EMBRYO DONATION.
R. Finger, J. A. Keenan, Y. Qi, C. Sommerfelt, C. Elkins. National Embryo Donation Center, Knoxville, TN.

P-220 DOES COASTING IN ASSISTED REPRODUCTIVE TECHNOLOGY (ART) CYCLES AFFECT THE NUMBER OF EMBRYOS AVAILABLE FOR BLASTOCYST CRYOPRESERVATION?
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P-221 GnRH ANTAGONIST PROTOCOL WITH GnRH AGONIST TRIGGER FOLLOWED BY FROZEN-THAWED BLASTOCYST TRANSFER WITH LONG ZONA DISSECTION CAN MAXIMIZE CUMULATIVE PREGNANCY RATES PER RETRIEVAL WITHOUT OHSS.
J. R. Choi, J. K. Joo, K. R. Ko, K. S. Lee. Obstetrics & Gynecology, Pusan National University Hospital, Busan, Korea.

P-222 OOCYTE DYSMORPHOLOGY IS ASSOCIATED WITH BOTH POOR IVF OUTCOME AND PELVIC ENDOMETRIOSIS, YET RECENT LAPAROSCOPIC TREATMENT HAD NO EFFECT ON SUBSEQUENT IVF OUTCOME.
M. Keltz, A. Breborowicz, M.-T. Sauerbrun, E. Gonzales. Continuum Reproductive Center, Department OBGYN, St. Lukes-Roosevelt Hospital Center, Columbia College of Physicians and Surgeons, New York, NY.

P-223 US GUIDED ASPIRATION AND 95% ETHANOL SCLEROTHERAPY OF OVARIAN ENDOMETRIOMA BEFORE IVF/ICSI.
H. A. Salem, A. T. Soliman, M. Z. Moustafa, E. A. Abd Al-Naby, D. M. Ajlan, N. M. Alghorab. Obstetrics and Gynecology, Faculty of Medicine Tanta University, Tanta, Gharbai, Egypt.

P-224 RACIAL DIFFERENCES IN ART OUTCOME BETWEEN WHITE AND SOUTH ASIAN WOMEN.
F. I. Sharara[1,2], M. Fouany[2], Y. F. Sharara[1], G. Abdo[1]. [1]Virginia Center for Reproductive Medicine, Reston, VA; [2]OB/GYN, George Washington University, Washington, DC.

P-225 EFFECTS OF TESTICULAR SPERM CHROMATIN CONDENSATION ASSAY USING ANILINE BLUE-EOSIN STAINING IN IVF-ET CYCLE.
Y.-S. Park[1], M. K. Kim[1], S.-H. Lee[1], J. W. Cho[1], I. O. Song[2], J. T. Seo[3]. [1]Laboratory of Reproductive Biology & Infertility, Cheil General Hospital & Women's Healthcare Center, Seoul, Republic of Korea; [2]Department of Obstetrics & Gynecology, Cheil General Hospital & Women's Healthcare Center, Seoul, Republic of Korea; [3]Department of Urology, Cheil General Hospital & Women's Healthcare Center, Seoul, Republic of Korea.

P-226 SURGICALLY RETRIEVED SPERM VERSUS EJACULATED SPERM IN MODIFIED NATURAL *IN VITRO* FERTILIZATION-INTRACYTOPLASMIC SPERM INJECTION (MNIVF-ICSI) CYCLES.
M. P. Vélez[1], W. Jamal[2], S. Phillips[2], A. Zini[2,3], J. Kadoch[1,2]. [1]Obstetrics and Gynecology, Université de Montréal, Montréal, QC, Canada; [2]OVO Clinic, Montréal, QC, Canada; [3]McGill University, Montréal, QC, Canada.

P-227 SECRETION OF SOLUBLE HLA-G BY EMBRYOS VITRIFIED ON DAY 3 AND OUTCOME IN SUBSEQUENT FROZEN EMBRYO TRANSFER CYCLES.
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P-228 INTERNATIONAL DIFFERENCES IN IVF LIVE BIRTH RATES AND CUMULATIVE ONGOING PREGNANCY RATES FOLLOWING OVARIAN STIMULATION WITH CORIFOLLITROPIN ALFA OR RECOMBINANT FSH.
R. Boostanfar, B. Mannaerts, H. Witjes, P. Devroey. Huntington Reproductive Center, Encino, CA; Women's Health & Endocrine, MSD, Oss, Netherlands; Centre for Reproductive Medicine, Brussels, Belgium.

P-229 CONSISTENT SUCCESS RATES OF RECOMBINANT FOLLICLE-STIMULATING HORMONE (rFSH)/GnRH ANTAGONIST TREATMENT OF IVF PATIENTS IN DIFFERENT GEOGRAPHIC REGIONS: COMBINED ANALYSIS OF INDIVIDUAL PATIENT DATA.
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P-230 RANDOMISED STUDY OF CLINICAL PREGNANCY RATES USING DIFFERENT GONADOTROPINS IN IVF/ICSI CYCLES.
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P-231 TRIPTORELIN EVERY OTHER DAY CAN PREVENT PREMATURE LH SURGE: A STRATEGY TO REDUCE THE DAILY GONADOTROPHIN-RELEASING HORMONE AGONISTS INJECTIONS.
A. S. Cambiaghi, R. B. F. Leao, D. S. Castellotti, P. Nascimento. Instituto Paulista de Ginecologia, ObstetríCia e Medicina da Reprodução, Sao Paulo, Brazil.

P-232 THE EFFICACY OF CONTINUOUS FSH ON THE DAY OF hCG ADMINISTRATION IN IVF STIMULATION CYCLES.
A. Finn, L. A. Scott, R. Weiss, D. Vitiello, I. Hardy, J. A. Hill. Fertility Centers of New England, Reading, MA.

P-233 DECREASED GONADOTROPIN REQUIREMENT AND COST IN QD COMPARED TO BID DOSING: A PROSPECTIVE, RANDOMIZED TRIAL.
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P-234 LIVE BIRTH RATE AFTER SINGLE BLASTOCYST TRANSFER IN A GnRH ANTAGONIST CYCLE USING HIGHLY PURIFIED MENOTROPIN OR RECOMBINANT FSH FOR CONTROLLED OVARIAN STIMULATION.
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P-235 A PROSPECTIVE RANDOMISED STUDY COMPARING A GnRH-ANTAGONIST VERSUS A GnRH-AGONIST SHORT PROTOCOL FOR OVARIAN STIMULATION IN PATIENTS REFERRED FOR IVF.
S. Gordts, P. Puttemans, R. Campo, M. Valkenburg, S. Gordts. LIFE, Leuven, Belgium.

P-236 ORAL CONTRACEPTIVE PILL (OCP) PRETREATMENT IN DONORS HAS NOT DETRIMENTAL IMPACT IN EGG DONATION TREATMENTS.
J. Llácer, B. Moliner, J. Gimenez, L. Luque, J. Ten, R. Bernabeu. Reproductive Medicine, Instituto Bernabeu, Alicante, Spain.

P-237 ARRAY COMPARTIVE GENOMIC HYBRIDIZATION (aCGH) DETECTS MORE ABNORMALITIES, DECREASES TRANSFER RATE YET MAINTAINS PREGNANCY RATES IN PATIENTS WITH ADVANCED MATERNAL AGE (AMA).
T. H. Taylor, J. W. Gilchrist, K. Hanshew, T. Stankewitz, M. J. Glassner, S. H. Anderson. IVF, Main Line Fertility and Reproductive Medicine, Bryn Mawr, PA.

P-238 IN VITRO MATURATION OF OOCYTES IN PATIENTS WITH POLYCYSTIC OVARIAN SYNDROME. TO PRIME OR NOT TO PRIME? A COMPARISON BETWEEN TWO TREATMENT PROTOCOLS.
A. Ellenbogen, R. Atamny, O. Fainaru, E. Shlush, E. Karkowsky, M. Michaeli. IVF Unit, Department of Obstetrics and Gynecology, Hadera, Israel.

P-239 A MULTICENTER COMPARISON OF SET AND STANDARD IVF/ICSI.
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P-240 DNA METHYLATION STATUS OF IMPRINTED *H19*, *PEG1*, *KvDMR1* GENES IN BABIES CONCEIVED BY ASSISTED REPRODUCTIVE TECHNOLOGY.
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P-241 DIMINISHED OVARIAN RESERVE IS NOT INDEPENDENTLY ASSOCIATED WITH CLINICAL REPRODUCTIVE LOSS IN PREGNANCIES ACHIEVED BY ASSISTED REPRODUCTIVE TECHNOLOGIES (ART).
K. S. Moon[1], K. S. Richter[2], A. U. Emarievbe[3], J. H. Segars[1], E. A. Widra[2,3]. [1]Program in Reproductive and Adult Endocrinology, The Eunice Kennedy Shriver National Institute for Child Health and Human Development, NIH, Bethesda, MD; [2]Shady Grove Fertility Reproductive Science Center, Rockville, MD; [3]Department of Obstetrics and Gynecology, Georgetown University Hospital, Washington, DC.

P-242 A THICKENED ENDOMETRIAL STRIPE ON DAY 2 OF ANTAGONIST PROTOCOLS DOES NOT AFFECT IVF OUTCOMES.
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P-243 EFFICACY OF NUVARING VERSUS ORAL CONTRACEPTIVE PILLS (OCP) IN ACHIEVING HYPOTHALAMIC-PITUITARY-OVARIAN (HPO) AXIS SUPPRESSION IN EGG DONOR IN VITRO FERTILIZATION (IVF) CYCLES.
R. L. Thomas, L. M. Halvorson, B. R. Carr, K. M. Doody, K. J. Doody. Obstetrics & Gynecology, University of Texas Southwestern Medical Center, Dallas, TX.

P-244 INCREASED CLINICAL PREGNANCY RATES (CPR) AND STATISTICALLY SIGNIFICANT DECREASE IN LOSS RATES USING HYALURONAN IN SPERM SELECTION: PROSPECTIVE, MULTI-CENTER, DOUBLE-BLIND, RANDOMIZED CLINICAL TRIAL.
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P-245 REDUCING HUMAN ERROR IN IVF WITH ELECTRONIC WITNESSING.
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ART - CLINICAL

P-246 COMPARISON OF AN INTERACTIVE WEB-BASED TEACHING TOOL AND TRADITIONAL DIDACTIC LEARNING FOR IVF PATIENTS: A RANDOMIZED CONTROLLED TRIAL.
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P-247 COMPARISON OF METHYLATION STATUS IN CHILDREN BORN AFTER EMBRYO TRANSFER AT BLASTOCYST STAGE VERSUS AT CLEAVAGE STAGE.
Y. Katagiri[1], C. Aoki[2], Y. Fukuda[1], A. So[2], M. Tanaka[3], M. Morita[2]. [1]Center for Reproductive Medicine and Infertility, Toho Medical Center, Omori Hospital, Toho University, Ota-ku, Tokyo, Japan; [2]Department of Obstetrics and Gynecology, Toho Medical Center, Omori Hospital, Toho University, Ota-ku, Tokyo, Japan; [3]Maternal and Fetal Intensive Care Unit, Toho Medical Center, Omori Hospital, Toho University, Ota-ku, Tokyo, Japan.

P-248 ESTRADIOL (E2) FALL AFTER OVULATION TRIGGER: EFFECT ON STIMULATION OUTCOME AND PREGNANCY RATES (PR).
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P-249 KETOROLAC AND ONDANSETRON HAVE NO IMPACT ON PREGNANCY RATES WHEN USED FOLLOWING OOCYTE RETRIEVAL.
T. B. Mesen, L. Kacemi, P. B. Marshburn, R. S. Usadi, H. J. Norton, B. S. Hurst. Department of Obstetrics and Gynecology, Carolinas Medical Center, Charlotte, NC.

P-250 COMPARING SUCCESS RATES OF IN-VITRO FERTILIZATION (IVF) TREATMENT CYCLES IN CHINESE VERSUS NON-CHINESE PATIENTS.
Q. S. Yeung, A. L. S. Po, G. C. C. Tjer, A. S. F. Chow, C. J. Haines. Obstetrics & Gynaecology, The Chinese University of Hong Kong, Shatin, Hong Kong SAR..

P-251 OUTCOME OF EMBRYO TRANSFERS AFTER PGS CANCELLATION DUE TO SUBOPTIMAL EMBRYO QUALITY OR AVAILABILITY.
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P-252 CORIFOLLITROPIN ALFA VS. RECOMBINANT FOLLICLE STIMULATING HORMONE IN OVARIAN STIMULATION OF WOMEN UNDERGOING IN VITRO FERTILIZATION: PRELIMINARY RESULTS.
V. Sioulas, C. Siristatidis, C. Chrelias, E. Alexiou, T. Vrantza, D. Kassanos. Assisted Reproduction Unit, 3rd Department of Obstetrics and Gynecology, University of Athens, Attikon Hospital, Haidari, Attica, Greece.

P-253 IVF AND INCREASED RISK FOR PREECLAMPSIA REVISITED: A META-ANALYSIS.
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P-254 IS THERE AN IDEAL ESTRADIOL (E2) ABOVE WHICH IMPLANTATION IS LESS LIKELY TO OCCUR?
L. B. Werlin, E. C. Marello, T. E. Nass. Coastal Fertility Medical Center, Irvine, CA.

P-255 DOES THE SEASONAL VARIATION IN THE DURATION OF DAYLIGHT HOURS AFFECT IN VITRO FERTILIZATION LIVE BIRTH RATES?
T. D. Deutch, R. Sherbahn. Advanced Fertility Center of Chicago, Gurnee, IL..

P-256 COMPARISON OF NEONATAL AND MATERNAL OUTCOMES IN NULLIPAROUS WOMEN 40 YEARS OR OLDER WITH SPONTANEOUS VERSUS IVF AUTOLOGOUS EGG OR IVF DONOR EGG SINGLETON PREGNANCIES.
S. N. Lin[1], T. Singer[2], E. Milbank[3], M. Biewald[3], A. Grunebaum[3]. [1]Obstetrics and Gynecology, NewYork Presbyterian Hospital Weill Cornell Medical College, New York, NY; [2]The Center for Reproductive Medicine and Infertility, Weill Cornell Medical College, New York, NY; [3]Weill Cornell Medical College, New York, NY.

P-257 SEX-RELATED GROWTH DIFFERENCES ARE ENHANCED IN IVF PREGNANCIES.
K. E. O'Neill, M. Tuuli, A. O. Odibo, R. R. Odem, A. R. Cooper. Department of Obstetrics and Gynecology, Washington University in St. Louis, St. Louis, MO.

P-258 FOLLICULAR FLUID PGF2α AND IL-1ß LEVELS ACCORDING TO THE PRESENCE OF OOCYTE RETRIEVED IN IVF-ET PATIENTS.
K. J. Lim[1], Y. E. Jeon[2], Y. M. Choi[1], S.-H. Cho[2], Y. S. Choi[1], B. Lee[2]. [1]Obstetrics and Gynecology, Shinchon Severance Hospital, Seoul, Seodaemun-gu, Korea; [2]Obsteterics and Gynecology, Kangnam Severance Hospital, Seoul, Gangman-gu, Korea.

P-259 INCREASED INCIDENCE OF MONOZYGOTIC TWINS FOLLOWING BLASTOCYST STAGE TRANSFER.
A. R. Thornhill[1,2], S. Wheat[1], A. H. Handyside[1], S. Al Shenar[1], M. C. Summers[1]. [1]The London Bridge Fertility, Gynaecology and Genetics Centre, London, United Kingdom; [2]Biosciences, University of Kent, Canterbury, Kent, United Kingdom.

P-260 COMPARISON OF INTRAFOLLICULAR ESTRADIOL,TESTOSTERONE, PROSTAGLANDIN E2 AND F2α CONCENTRATIONS BETWEEN GnRH AGONIST AND GnRH ANTAGONIST PROTOCOLS FOR CONTROLLED OVARIAN STIMULATION IN IVF-ET PATIENTS.
Y. M. Choi[1], K. J. Lim[1], Y. E. Jeon[2], S.-H. Cho[2], Y. S. Choi[1], B. Lee[2]. [1]Obstetrics and Gynecology, Yonsei University Health System, Seoul, Seodaemun-gu, Korea; [2]Obstetrics and Gynecology, Gangnam Severance Hospital, Seoul, Gangnam-gu, Korea.

P-261 DETERMINATION OF SINGLETON VERSUS TWIN GESTATIONS BY INITIAL BETA hCG VALUES IN ART CYCLES.
C. K. Sites, P. St. Marie, A. B. Knee, J. S. Bosler, M. Arny. Obstetrics and Gynecology, Baystate Medical Center, Tufts University School of Medicine, Springfield, MA.

P-262 ANALYSIS OF 11,553 ART PREGNANCIES TO IDENTIFY FEMALE AND MALE FACTORS CONTRIBUTING TO ADVERSE ART OUTCOME.
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P-263 COMPARISON OF THE EFFECTS OF 5% AND 6% co_2 CULTURE SYSTEMS FOR HUMAN IVF EMBRYOS FROM WOMAN OLDER THAN 40 YEARS OF AGE: A PROSPECTIVE RANDOMIZED STUDY.
E.-K. Kim, E.-A. Kim, J.-E. Shin, H. Kwon, H.-S. Song, D.-H. Choi. Fertility Center, CHA Bundang Medical Center, CHA University, Seongnam-si, Gyeonggi-do, Republic of Korea.

P-264 COMPARISON OF NEONATAL AND MATERNAL OUTCOMES IN MULTIPAROUS WOMEN 40 YEARS AND OLDER WITH SPONTANEOUS VERSUS IVF SINGLETON PREGNANCIES.
S. N. Lin[1], A. Melnick[1], E. Milbank[2], M. Biewald[2], A. Grunebaum[1]. [1]Obstetrics and Gynecology, NewYork Presbyterian Hospital Weill Cornell Medical Center, New York, NY; [2]Weill Cornell Medical College, New York, NY.

P-265 CUMULATIVE LIVE BIRTH RATES PER OVUM PICK-UP: CLINICAL IMPACT OF BLASTOCYST CULTURE AND VITRIFICATION OF BLASTOCYSTS IN AN IVF PROGRAMME.
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P-266 LIFESTYLE BEHAVIORS IN WOMEN UNDERGOING IVF.
A. D. Domar[1], L. Conboy[1], J. L. Denardo-Roney[1], K. L. Rooney[2]. [1]Domar Center for Mind/Body Health, Boston IVF, Waltham, MA; [2]Osher Research Center, Brigham and Woman's Hospital, Boston, MA.

P-267 USE OF DONOR SPERM AS A TOOL TO DETERMINE FOR THE PRESENCE OF "EGG FACTOR" IN CASES OF REPEATED LOW FERTILIZATION AND RECURRENT POOR QUALITY EMBRYOS.
J. Hasson, B. Almog, G. Barkan, T. Cohen, A. Amit, F. Azem, J. B. Lessing. Obstetrics & Gynecology, Tel Aviv Sourasky Medical Center, Tel Aviv, Israel.

P-268 A PILOT STUDY RAISING CONCERN ABOUT UTILIZATION OF LOW INTENSITY IVF (LI-IVF) IN PLACE OF STANDARD IVF (S-IVF).
N. Gleicher[1,2,3]. [1]Center for Human Reproduction, New York, NY; [2]Foundation for Reproductive Medicine, New York, NY; [3]Department of Obstetrics, Gynecology and Reproductive Sciences, Yale University School of Medicine, New Haven, CT.

ART - LABORATORY/BASIC

P-269 OPTIMAL ENGINEERING OF AIR PURIFICATION SYSTEMS FOR AN IVF LABORATORY WILL MINIMIZE VOLATILE ORGANIC COMPOUNDS AND AIRBORNE RESPIRABLE PARTICULATES TO ALMOST UNDETECTABLE LEVELS.
J. Barritt[1,2], F. Arredondo[3], T. Anderson[3], J. Gutmann[4], L. Grunfeld[1,2], A B. Copperman. [1]Reproductive Medicine Associates of New York, New York, NY; [2]Department of OBGYN and Reproductive Science, Mount Sinai School of Medicine, New York, NY; [3]Reproductive Medicine Associates of Texas, San Antonio, TX; [4]Reproductive Medicine Associates of Philadelphia, Philadelphia, PA.

P-270 DAILY IVF RETRIEVAL VARIATION DOES NOT AFFECT PATIENT SUCCESS RATES WITH HIGH QUALITY EQUIPMENT AND APPROPRIATE LABORATORY STAFFING.
G. Vela[1,2], S. Akber[3], L. Grunfeld[1,2], L. Towart Bandak[3], P. Yurttas Beim[3], J. Barritt[1,2], A. B. Copperman. [1]Reproductive Medicine Associates of New York, New York, NY; [2]Department of OBGYN and Reproductive Science, Mount Sinai School of Medicine, New York, NY; 3Celmatix, Inc., New York, NY.

ART - OUTCOME PREDICTORS, CLINICAL

P-271 EFFECT OF EGG DONOR AGE AND RECIPIENT LINING THICKNESS ON IMPLANTATION RATES WITH EGG DONATION CYCLES.
R. Sherbahn. Advanced Fertility Center of Chicago, Gurnee, IL.

P-272 DAY 5 EMBRYO TRANSFER: SHOULD TWO BLASTOCYSTS BE OUR LIMIT?
C. Ruhlmann, L. Molina, L. Tessari, D. C. Gnocchi, A. R. Cattaneo, A. G. Martinez. Fertilidad San Isidro, San Isidro, Buenos Aires, Argentina..

P-273 SERUM hCG LEVELS THE DAY AFTER IVF TRIGGER INJECTION DO NOT PREDICT OVARIAN HYPERSTIMULATION SYNDROME.
M. D. Johnson[1], C. K. Seager[2], N. M. Barker[2], S. Mesiano[1], W. W. Hurd[2]. [1]Reproductive Biology, Case Western Reserve University, Cleveland, OH; [2]Obstetrics and Gynecology, University Hospitals Case Medical Center, Cleveland, OH.

P-274 THE SECRET TO SUCCESS: IDENTIFYING FACTORS THAT PREDICT A POSITIVE IVF OUTCOME IN PATIENTS OVER 42 YEARS OLD.
M. B. Smith, F. Licciardi. OB/GYN, NYU Langone Medical Center, New York, NY.

P-275 TELOMERE ATTRITION ACROSS MULTIPLE BODY COMPARTMENTS IN PATIENTS UNDERGOING IN VITRO FERTILIZATION: DISCORDANT LENGTH BETWEEN PREGNANT AND NON-PREGNANT GROUPS.
C. Silva[1], M. Galeano[1], Y. Ying[1], K. Downes[1], S. Plosker[1], D. Keefe[2]. [1]Obstetrics and Gynecology / Division of Reproductive Endocrinology and Infertility, University of South Florida, Tampa, FL; [2]Obstetrics and Gynecology, New York University - Langone Medical Center, New York, NY.

P-276 ELEVATED PROGESTERONE ON hCG TRIGGER DAY IS ALWAYS DETRIMENTAL FOR ART RESULT.
F.-X. Aubriot[1], F. Olivennes[2], M. Cohen-Bacrie[3], M. Dumont[1,3], D. de Ziegler[4], J. de Mouzon[4]. [1]ART Unit Eylau Cherest, Neuilly/Seine, France; [2]ART Unit Eylau Muette, Paris, France; [3]Laboratoire Eylau-Unilabs, Paris, France; [4]Service de Gynécologie Obstétrique II et Médecine de la Reproduction, APHP, CHU Cochin, Université Paris Descartes, Faculté de Médecine, Paris, France.

P-277 LIVE BIRTH RATES BY DIAGNOSIS AND USE OF CRYOPRESERVATION IN REPEAT LINKED CYCLES FROM THE SART CORS DATABASE.
J. E. Stern[1], M. B. Brown[2], B. Luke[3], E. Wantman[4], A. Lederman[4], R. S. Williams. [1]Dept Obstetrics and Gynecology, Dartmouth-Hitchcock Medical Center, Lebanon, NH; [2]Dept Biostatistics, University of Michigan, Ann Arbor, MI; [3]Dept Obstetrics, Gynecology and Reproductive Biology and Dept Epidemiology, Michigan State University, East Lansing, MI; [4]Redshift Technologies Inc, New York, NY; 5Dept Obstetrics and Gynecology, University of Florida HSC, Gainesville, FL.

P-278 CLINICAL PREDICTORS OF HUMAN EMBRYO IMPLANTATION AND PREGNANCY OUTCOME IN MANDATORY SINGLE EMBRYO TRANSFER (MSET) PROGRAM.
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P-279 A COMBINATION OF GnRH AGONIST AND LOW DOSE hCG FOR TRIGGERING OVULATION IN OOCYTES DONORS IS ASSOCIATED WITH SMALLER OVARIAN SIZE AND LOWER ESTRADIOL LEVELS FOLLOWING OOCYTE RETRIEVAL.
T. Singer, A. Melnick, J. Huang, I. N. Cholst, I. Kligman, Z. Rosenwaks. The Center for Reproductive Medicine and Infertility, Weill Cornell Medical College, New York, NY.

P-280 THE IMPACT OF PEAK SERUM ESTRADIOL LEVEL DURING CONTROLLED OVARIAN HYPERSTIMULATION ON ADVERSE OBSTETRICAL OUTCOMES IN SINGLETON PREGNANCY CONCEIVED FOLLOWING IVF-ET.
A. N. Imudia[1], A. O. Awonuga[2], J. O. Doyle[1], D. L. Wright[1], T. L. Toth[1], A. K. Styer[1]. [1]Massachusetts General Hospital Fertility Center, Vincent Department of Obstetrics and Gynecology, Massachusetts General Hospital/Harvard Medical School, Boston, MA; [2]Division of Reproductive Endocrinology and Infertility, Wayne State University School of Medicine, Detroit, MI.

P-281 EFFECT OF LOW AND HIGH BODY MASS INDEX (BMI) ON EMBRYO DEVELOPMENT, IMPLANTATION AND LIVE BIRTH RATES.
R. Sherbahn. Advanced Fertility Center of Chicago, Gurnee, IL.

P-282 NUMBER OF BLASTOCYSTS AVAILABLE FOR TRANSFER DURING IVF CYCLE AND PATIENT AGE ARE THE BEST PREDICTORS OF PREGNANCY WHEN COMPARED TO AMH, FSH, OR RESPONSE TO COH.
E. Trukhacheva, J. Ding, N. Rana, M. Noursalehi, P. Dmowski. Reproductive Medicine Institute, Oak Brook, IL.

P-283 HIGH ACCURACY PREDICTIONS OF IVF PROGNOSIS ATTAINED USING A COMBINATION OF AMH AND DAY 3 FSH/LH RATIO.
I. Park[1], K. H. Lee[1], H. G. Sun[1], S. K. Kim[1], J. H. Lee[1], G. H. Jeon[2]. [1]OB&GY, Mamapapa & Baby OBGY, Ulsan, Korea; [2]OB&GY, Inje University Haeundae Paik Hospital, Busan, Korea.

P-284 GONADOTROPHIN STIMULATION PERIOD DISTINGUISHES BETWEEN PATIENTS WITH ADVANCED MATERNAL AGE WHO DID AND DID NOT ACHIEVE IMPLANTATION AND PREGNANCY.
R. S. Rodrigues[1], A. S. Setti[2], L. L. Maldonado[1], D. P. A. F. Braga[1,2], A. Iaconelli, Jr.[1], E. Borges Jr.[1,2]. [1]Fertility - Assisted Fertilization Center, Sao Paulo, SP, Brazil; [2]Sapientiae Institute - Educational and Research Center in Assisted Reproduction, Sao Paulo, SP, Brazil..

P-285 DOES DECREASING THE INTRAMUSCULAR hCG DOSE REDUCE THE RISK OF OVARIAN HYPERSTIMULATION SYNDROME?
M. D. Johnson[1], C. K. Seager[2], N. M. Barker[2], S. Mesiano[1], W. W. Hurd[2]. [1]Reproductive Biology, Case Western Reserve University, Cleveland, OH; [2]Obstetrics and Gynecology, University Hospitals Case Medical Center, Cleveland, OH.

P-286 FSH/LH RATIO AS AN INDEPENDENT PREDICTOR OF RESPONSE TO CONTROLLED OVARIAN STIMULATION.
J. D. Kofinas[2], T. Singer[1], Y. J. Huang[1], R. T. Abdallah[1]. [1]Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medical Center, New York, NY; [2]Department of Obstetrics and Gynecology, New York Presbyterian Hospital, New York, NY.

P-287 LOW SERUM HUMAN CHORIONIC GONADOTROPIN (hCG) LEVELS AFTER TRIGGER INJECTION FOR IN VITRO FERTILIZATION (IVF): ASSOCIATED FACTORS, IMPACT, AND PREVENTION.
D. M. Prinz, C. K. Seager, A. Ahmady, S. Weil, J. H. Liu, W. W. Hurd. Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, University Hospitals Case Medical Center, Cleveland, OH.

P-288 PEAK ESTRADIOL LEVELS DO NOT INFLUENCE PREGNANCY OUTCOMES IN ART CYCLES WHEN CONTROLLING FOR AGE, OVARIAN RESERVE PARAMETERS, AND STIMULATION PROTOCOL.
C. M. Wambach[1], M. Brower[1], M. W. Surrey[2], H. C. Danzer[2], C. Briton-Jones[2], D. L. Hill. [1]Obstetrics & Gynecology, University of California, Los Angeles, Los Angeles, CA; [2]Southern California Reproductive Center, Beverly Hills, CA.

P-289 ELEVATED DAY 3 FSH/LH RATIO: A MARKER TO PREDICT IVF OUTCOME IN YOUNG AND OLDER WOMEN.
B. Seckin, F. Turkcapar, G. Ozaksit. Zekai Tahir Burak Women's Health Research and Education Hospital, Ankara, Turkey.

P-290 LIVE BIRTH RATES AFTER ASSISTED REPRODUCTIVE TECHNOLOGY: HOW SHOULD THEY BE REPORTED?
B. Luke[1], M. B. Brown[2], A. Lederman[3], E. Wantman[3], J. E. Stern[4]. [1]Obstetrics, Gynecology & Reproductive Biology, Michigan State University, East Lansing, MI; [2]Biostatistics, University of Michigan, Ann Arbor, MI; [3]Redshift Technologies, Inc., New York City, NY; [4]Obstetrics and Gynecology, Dartmouth-Hitchcock Medical Center, Lebanon, NH.

ART - OUTCOME PREDICTORS, LABORATORY

P-291 ASYNCHRONOUS DIVISION IN HUMAN EMBRYOS IS ASSOCIATED WITH COMPLEX CHROMOSOME ABNORMALITIES BUT THIS ASSOCIATION IS ABSENT IN EUPLOID EMBRYOS AND THOSE WITH SINGLE OR DOUBLE CHROMOSOME GAIN OR LOSS.
M. Alikani[1], G. Tomkin[1], N.-n. Goodall[2], X. Zheng[2], J. Cohen[1,2], S. Munne[2]. [1]Tyho-Galileo Research Laboratories, Livingston, NJ; [2]Reprogenetics, LLC, Livingston, NJ.

P-292 DETERMINING THE OPTIMAL CUT-OFF VALUE FOR ANTIMULLERIAN HORMONE IN OVARIAN RESERVE TESTING.
I. D. Harris, L. Roth, K. Brinker, P. McShane, S. Wang, R. Alvero. Obstetrics and Gynecology, University of Colorado Hospital, Aurora, CO.

P-293 A PROTEOMIC ANALYSIS OF HUMAN FOLLICULAR FLUID IN WOMEN UNDERGOING IVF CYCLES.
A. Salerno, L. Di Iorio, A. Nazzaro. Physiopathology of Human Reproduction, AORN "G. Rummo" Hospital, Benevento, Italy.

P-294 DOES A FALL IN SERUM ESTRADIOL LEVELS AFTER hCG ADMINISTRATION CORRELATE WITH LOWER PREGNANCY RATES IN PATIENTS UNDERGOING FRESH ART CYCLES?
G. Levy[1,2], S. Beall[1], C. Alford[1], A. M. Propst[2]. [1]Program in Adult and Reproductive Endocrinology, Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institute of Health, Bethesda, MD; [2]Reproductive Endocrinology and Infertility, Walter Reed Army Medical Center, Washington, DC.

P-295 EFFECT OF OOCYTE DYSMORPHISM ON OOCYTE POOL AND IVF OUTCOME IN INTRACYTOPLASMIC SPERM INJECTION CYCLES.
R. L. Kandula, P. Pasricha, R. Chatterjee, B. Chakravarty. Reproductive Medicine, Institute of Reproductive Medicine, Kolkata, West Bengal, India.

P-296 THE ASSOCIATION OF PREGNANCY OUTCOMES AND VASCULAR ENDOTHELIAL GROWTH FACTOR AND INTERLEUKIN-6 LEVELS IN FOLLICULAR FLUID OF PATIENTS UNDERGOING HORMONAL STIMULATION FOR IN-VITRO FERTILIZATION.
M. Yucel, S. Altinbas, E. Zulfikaroglu, M. Dogan. Obstetrics and Gynecology, Zekai Tahir Burak Teaching and Research Hospital, Ankara, Cebeci, Turkey.

Wednesday, October 19, 2011 **7:00 am – 9:00 am**

Poster Presentations and Reception
Abstracts P-297 through P-600

Hall E (Poster Area)
Continental Breakfast Provided
Supported by Merck.

ASRM invites you to meet the poster presenters of posters P-1 through P-296 on Tuesday morning and enjoy a continental breakfast. Authors of posters P-297 through P-600 will present their posters Wednesday morning.

Please note that on Monday, posters will be open from 12:00 pm until 5:00pm. On Tuesday, posters will be open from 7:00 am until 5:00 pm. On Wednesday, posters will open at 7:00 am and will conclude at 2:00 pm.

ASRM cannot be responsible for removing and/or returning posters. All posters not removed will be discarded.

WEDNESDAY TOPICS AND POSTER NUMBERS:

Menopause: P-297 thru P-300

Nursing: P-301 thru P-304

Ovarian Reserve: P-305 thru P-321

Cancer: P-322 thru P-325

Fertility Preservation: P-326 thru P-341

Cryopreservation: P-342 thru P-375

Genetic Couseling: P-376 thru P-382

Preimplantation Genetic Diagnosis: P-383 thru P-409

Male Reproductive Endocrinology: P-410 thru P-416

Male Reproductive Urology: P-417 thru P-433

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Oocyte Maturation: P-451 thru P-456

Oxidative Stress: P-457 thru P-459

Fertilization: P-460 thru P-463

Embryo Biology: P-464 thru P-474

Embryo Culture: P-475 thru P-489

Ovarian Stimulation: P-490 thru P-515

Ovarian Stimulation - High Responders: P-516 thru P-521

Ovarian Stimulation - Poor Responders: P-522 thru P-529

ART - General: P-530 thru P-550

Embryo Transfer: P-551 thru P-557

Implantation: P-568 thru P-582

Luteal Phase Support: P-583 thru P-585

Procedures and Techniques - Clinical: ART: P-586 thru P-588

Procedures and Techniques - Laboratory: ART: P-586 thru P-588

Pregnacny Loss and Termination: P-592 thru P-600

MENOPAUSE

P-297 ABSTRACT WITHDRAWN.

P-298 THE VALUE OF ANTI-MULLERIAN HORMONE, FSH, ESTRADIOL, ANTRAL FOLLICLE COUNT AND CLINICAL FINDINGS AS MARKERS OF PREDICTING MENOPAUSE.
S. Kim[1,2], S. Kim[2,3], Y. M. Choi[2,3], S. Y. Moon[2,3]. [1]Seoul National University Hospital Gangnam Center, Seoul, Korea; [2]Seoul National University, Seoul, Korea; [3]Institute of Reproductive Medicine Medicine and Population, Medical Research Center, Seoul National University, Seoul, Korea.

P-299 PREVENTION OF OSTEOPOROSIS IN HYPOESTROGENIC WOMEN IN THE REPRODUCTIVE AGE RANGE.
C. Haines, Q. Yeung. Department of Obstetrics and Gynaecology, The Prince of Wales Hospital, NT, Hong Kong, China.

P-300 ANALYSIS OF LIPID PROFILE FINGERPRINT IN THE PLASMA OF MENOPAUSE WOMEN UNDERGOING HORMONAL REPLACEMENT THERAPY: A PILOT STUDY.
C. V. Carvalho[1,3], T. C. S. Bonetti[1], G. A. Gonçalves[1], D. A. Montani[2], A. M. Massad-Costa[1], I. D. C. G Silva[1]. [1]Gynecology Department, Universidade Federal de Sao Paulo, Sao Paulo, SP, Brazil; [2]Urological Research Center / Human Reproduction, Universidade Federal de Sao Paulo, Sao Paulo, SP, Brazil; [3]CUFSA - Centro Universitário Fundacão Santo André, Santo Andre, SP, Brazil.

NURSING

P-301 THE EFFECT OF LAUGHTER THERAPY ON INFERTILITY STRESS AND ANXIETY OF WOMEN RECEIVING IN VITRO FERTILIZATION.
H. J. Chung. Department of Nursing, Fertility Center of CHA Gangnam Medical Center, Seoul, Korea.

P-302 ABSTRACT WITHDRAWN.

P-303 EFFECT OF HALFBATH WITH AROMATHERAPY FOR STRESS RELIEF DURING IN VITRO FERTILIZATION PROGRAM.
N. K. Kwon, S. S. Lee, D. R. Lee, T. K. Yoon, T. S. Jang, S. I. Chun. Gangnam CHA Medical Center, Seoul, Korea; Gangnam CHA Medical Center, Seoul, Korea; CHA Fertility Center, Seoul, Korea; CHA Fertility Center, Seoul, Korea; Gangnam CHA Medical Center, Seoul, Korea; Gangnam CHA Medical Center, Seoul, Korea.

P-304 PATIENTS' EXPERIENCE OF THE SELF-ADMINISTRATION OF FERTILITY MEDICATION.
E. A. F. Dancet[1], D. De Neubourg[1], W. Nelen[2], J. A. M. Kremer[2], W. Sermeus[3], T. M. D'Hooghe[1]. [1]Leuven University Fertility Centre, Leuven University Hospital, Leuven, Vlaams Brabant, Belgium; [2]Voortplantingsgeneeskunde, UMC ST Radboud, Nijmegen, Netherlands; [3]Center for Health Services and Nursing Research, Leuven University, Leuven, Vlaams Brabant, Belgium.

OVARIAN RESERVE

P-305 THE EFFECT OF DIMINISHED OOCYTE RESERVE IN YOUNGER WOMEN (AGE "37) ON PREGNANCY RATES IN NATURAL CYCLES.
J. H. Check, J. Liss. UMDNJ, Robert Wood Johnson Med. School at Camden, Cooper Hosp./Univ. Med Cntr., Dept. OB/GYN, Div. Repro. Endo. & Infertility, Marlton, NJ.

P-306 ANTI MULLERIAN HORMONE SERUM LEVELS AND REPRODUCTIVE OUTCOME ARE NOT AFFECTED BY METHOTREXATE OR LAPAROSCOPIC SALPINGECTOMY FOR THE TREATMENT OF ECTOPIC PREGNANCY IN IVF PATIENTS.
T. Singer[1], J. Kofinas[1], J. Huang[1], R. Elias[1], H.-C. Liu[1], G. L. Schattman[1], Z. Rosenwaks[2]. [1]The Center for Reproductive Medicine and Infertility, New York, NY; [2]The Ronald O. Perelman & Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medical College, New York, NY.

P-307 THE ASSOCIATION OF URINARY PARABEN CONCENTRATIONS WITH MEASURES OF OVARIAN RESERVE AMONG PATIENTS FROM A FERTILITY CENTER.
K. W. Smith[1], I. Dimitriadis[1,2], S. Ehrlich[1], J. Ford[1], K. F. Berry[3], I. Souter[2]. [1]Environmental Health, Harvard School of Public Health, Boston, MA; [2]Obstetrics, Gynecology & Reproductive Biology, Massachusetts General Hospital - Harvard Medical School, Boston, MA; 3Obstetrics and Gynecology, Brigham and Women's Hospital, Boston, MA.

P-308 REPETITIVE OVARIAN RESERVE TESTING AS A MEASURE OF NATURAL FECUNDABILITY.
A. Z. Steiner[1], D. L. Long[2], A. H. Herring[2]. [1]Obstetrics and Gynecology, University of North Carolina, Chapel Hill, NC; [2]Biostatistics, University of North Carolina, Chapel Hill, NC.

P-309 FERTILITY-RELATED STRESS IN WOMEN WITH DIMINISHED OVARIAN RESERVE UNDERGOING FRAGILE X GENETIC TESTING.
A. K. Schutt, L. M. Pastore. Obstetrics and Gynecology, University of Virginia, Charlottesville, VA.

P-310 COMPARISON OF AGE-SPECIFIC SERUM ANTIMULLERIAN HORMONE CONCENTRATIONS BETWEEN YOUNG INFERTILE WOMEN AND OOCYTE DONORS.
M. Bustillo[1], C. Goodman[2], J. Cortes[3], S. Merchant[3], C. B. Coulam[2]. [1]South Florida Institute for Reproductive Medicine, Miami, FL; [2]Reproductive Medicine Institute, Evanston, IL; [3]Unilab, Fort Lauderdale, FL.

P-311 BMI INFLUENCES THE IMPACT OF ORAL CONTRACEPTIVE PILLS AND GnRH AGONISTS ON ANTRAL FOLLICLE COUNT (AFC) OVARIAN RESERVE SCREENS.
A. K. Parker, N. Grindler, E. S. Jungheim, R. R. Odem, V. S. Ratts, A. R. Cooper. Obstetrics & Gynecology, Division of Reproductive Endocrinology & Infertility, Washington University, St. Louis, MO.

P-312 THE ROLE OF ANTI-MULLERIAN HORMONE MEASUREMENT IN THE PREDICTION OF RESPONSE TO CONTROLLED OVARIAN STIMULATION: COMPARISON WITH THE ANTRAL FOLLICLE COUNT.
T. Habara, R. Hirata, Y. Aoi, S. Terada, N. Yoshioka, N. Hayashi. Infertility, Okayama Couple's Clinic, Okayama, Japan.

P-313 AGE AS DETERMINANT OF IN VITRO FERTILIZATION (IVF) OUTCOME WITH EXTREMELY LOW ANTI- MÜLLERIAN HORMONE (AMH).
A. Weghofer[1,2,3]. [1]Center for Human Reproduction, New York, NY; [2]Foundation for Reproductive Medicine, New York, NY; [3]Department of Obstetrics and Gynecology, Medical University Vienna, Wien, Austria.

P-314 PATIENTS WITH DISCORDANT AMH AND FSH HAVE A BETTER PROGNOSIS IN IN VITRO FERTILIZATION THAN THOSE WITH TWO ABNORMAL MARKERS OF OVARIAN RESERVE.
T. Molinaro[1], A. Samara[2]. [1]Reproductive Medicine Associates of New Jersey, Morristown, NJ; [2]Department of OBGYN, Morristown Memorial Hospital, Morristown, NJ.

P-315 REPRODUCTIVE AGED WOMEN WITH CANCER HAVE A LOWER ANTRAL FOLLICLE COUNT THAN EXPECTED.
E. Ebbel, A. Katz, C.-N. Kao, M. Cedars. Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, CA.

P-316 PREDICTIVE VALUE OF ANTRAL FOLLICLE COUNT AMONG ANONYMOUS OOCYTE DONORS IN AN EGG-SHARING DONOR PROGRAM.
C. Boggino, G. Fiszbajn, A. Coscia, B. Riestra, S. Papier, C. E. Sueldo. CEGYR, Center for Studies in Gynecology and Reproduction, Buenos Aires, Argentina.

P-317 VARIATIONS IN ANTIMULLERIAN HORMONE (AMH) LEVEL MEASUREMENTS BASED ON METHOD OF COLLECTION AND TIME LAPSE BETWEEN COLLECTION AND ANALYSIS.
B. J. Stegmann[1], E. M. Smith[1,2], S. Hunter[1], D. Santillan[1]. [1]Department of Obstetrics and Gynecology, University of Iowa Hospitals and Clinics, Iowa City, IA; [2]Department of Epidemiology, University of Iowa, Iowa City, IA.

P-318 BASAL SERUM TESTOSTERONE PREDICT OVARIAN RESPONSE AND IN VITRO FERTILIZATION OUTCOME IN WOMEN WITH DIMINISHED OVARIAN RESERVE.
Q. Lu, H. Shen, L. Wei, C. Wang, Y. Liu, D. Lin. Reproductive Medical Center, Peking University, People's Hospital, Beijing, China; Gynecology and Obstetrics, Peking University, People's Hospital, Beijing, China.

P-319 DOES PELVIC TUBERCULOSIS AFFECTS THE OVARIAN RESERVE AND THE OOCYTE YIELD IN PATIENTS UNDERGOING IN-VITRO FERTILISATION.
K. D. Nayar, P. Gupta, P. Dahiya, S. Ved, G. Kant. Akanksha IVF Centre, Mata Chanan Devi Hospital, New Delhi, Delhi, India.

P-320 THE ROLE OF COMBINED ANTI-MULLERIAN HORMONE AND ANTRAL FOLLICLE COUNT ASSESSMENT IN PREDICTING CYCLE OUTCOMES IN CANCER PATIENTS UNDERGOING CONTROLLED OVARIAN STIMULATION FOR FERTILITY PRESERVATION.
E. Arslan[1], M. Karsy[1,2], F. Moy[1,2], K. Oktay[1,3]. [1]Department of Obstetrics & Gynecology, Institute for Fertility Preservation, Laboratory of Molecular Reproduction, New York Medical College, Valhalla, NY; [2]Department of Pathology, New York Medical College, Valhalla, NY; [3]Department of Cell Biology & Anatomy, New York Medical College, Valhalla, NY.

P-321 USE OF ANTI-MULLERIAN HORMONE (AMH) AND THREE-DIMENSIONAL TRANSVAGINAL ANTRAL FOLLICULAR COUNT (AFC) AS BIO-MARKERS IN PREDICTING OVARIAN RESERVE / RESPONSE IN WOMEN UNDERGOING IN-VITRO FERTILISATION.
M. S. Hendricks, J. Chan, M. P. Paing, L. W. Khin, B. C. Tai, S. F. Loh. KKWCH, Singapore, Singapore; National University Health Systems, Singapore, Singapore.

CANCER

P-322 BREAST CANCER PATIENTS HAVE LOWER RATES OF CONTRACEPTION USE.
H. Cook-Andersen[1], S. Komrokian[2], A. DeMichele[2], H. I. Su[1]. [1]Reproductive Medicine, University of California, San Diego, La Jolla, CA; [2]University of Pennsylvania, Philadelphia, PA.

P-323 FEMALE CANCER SURVIVORS ARE AT HIGH RISK FOR CYCLE CANCELATION AND HAVE REDUCED SUCCESS COMPARED TO OTHER INFERTILITY PATIENTS IN ASSISTED REPRODUCTIVE TECHNOLOGY (ART).
S. E. Barton[1], S. A. Missmer[1,2,3], K. F. Berry[1], E. S. Ginsburg[1]. [1]Division of Reproductive Medicine; Department of Obstetrics, Gynecology, and Reproductive Biology, Brigham and Women's Hospital and Harvard Medical School, Boston, MA; [2]Channing Laboratory, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, MA; [3]Department of Epidemiology, Harvard School of Public Health, Boston, MA.

P-324 SUSHI DOMAIN CONTAINING 3 (SUSD3) AND ITS ROLE IN BREAST CANCER CELL MORPHOLOGY, MIGRATION, AND ADHESION.
I. Moy[1], V. Todorovic[2], K. J. Green[2], S. E. Bulun[1]. [1]Division of Reproductive Biology Research, Northwestern Feinberg School of Medicine, Chicago, IL; [2]Department of Pathology, Northwestern Feinberg School of Medicine, Chicago, IL.

P-325 THE IMPACT OF CHEMOTHERAPY ON IVF OUTCOMES.
M. Karsy[1,2], E. Arslan[1], F. Moy[1,2], K. Oktay[1]. [1]Department of Obstetrics & Gynecology, Institute for Fertility Preservation, New York Medical College, Valhalla, NY; [2]Department of Pathology, New York Medical College, Valhalla, NY.

FERTILITY PRESERVATION

P-326 THE USE OF LETROZOLE IN BREAST CANCER PATIENTS UNDERGOING FERTILITY PRESERVATION IVF TREATMENT IS ASSOCIATED WITH SIMILAR OOCYTE YIELD AND REDUCED ESTRADIOL LEVELS.
T. Singer, J. Huang, L. Zakarin, J. Lekovic-Bijelic, S. D. Spandorfer, G. L. Schattman. The Center for Reproductive Medicine and Infertility, Weill Cornell Medical College, New York, NY.

P-327 COMPARISON OF FOUR DIFFERENT CRYOPROTECTANT COMBINATIONS TO OBTAIN OPTIMAL OOCYTE SURVIVAL AND EMBRYO DEVELOPMENT IN A MOUSE MODEL.
C.-C. Chang[1], C.-J. Lin[2], X. C. Tian[2], A. A. Toledo[1], D. Mitchell-Leef[1], Z. P. Nagy[1]. [1]Reproductive Biology Associates, Atlanta, GA; [2]University of Connecticut, Storrs, CT.

P-328 PATIENT-REPORTED BARRIERS TO FERTILITY PRESERVATION.
J. M. Letourneau[1], J. F. Smith[2], P. Katz[3]. [1]Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, CA; [2]Department of Urology, University of California, San Francisco, San Francisco, CA; [3]Department of Medicine, University of California, San Francisco, San Francisco, CA.

P-329 LATE STAGED BREAST CANCER PATIENTS DESIRE CHILDREN AFTER CANCER YET FEW HAVE THEIR DESIRES ASSESSED BY ONCOLOGISTS WHEN COMPARED TO WOMEN WITH EARLY STAGED DISEASE.
E. Ebbel, J. Letourneau, C.-N. Kao, M. Rosen. Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, CA.

P-330 TRACKING THE DEVELOPMENT POTENTIAL AND THE ONSET INHIBITION OF PRIMORDIAL FOLLICLE OF THE CRYOPRESERVED MURINE OVARY WITH BIOLUMINESCENT IMAGING (BLI) *IN VIVO*.
C.-H. Chen[1], C.-R. Tzeng[1], C.-W. Wang[1], M.-I. Hsu[2]. [1]Center for Reproductive Medicine & Sciences, Taipie Medical University Hospital, Taipei, Taiwan; [2]Department of Obstetrics & Gynecology, Wan Fang Hospital, Taipei Medical University, Taipei, Taiwan.

P-331 GLIAL-DERIVED NEUROTROPHIC FACTOR PROMOTES HUMAN OVARIAN PRIMORDIAL FOLLICLE DEVELOPMENT.
F. Dong, Y. Sun, X. Liu, L. Ma, Y. Su, Y. Guo. Center for Reproductive Medical, The First Affiliated Hospital of Zhengzhou University, Zhengzhou, Henan, China.

P-332 OVARIAN RESERVE AND RESPONSE TO IN-VITRO-FERTILIZATION AND IN-VITRO-MATURATION TREATMENTS FOLLOWING CHEMOTHERAPY.
M. Das, W.-Y. Son, H. Holzer, T. Tulandi. McGill Reproductive Center, Department of Obstetrics and Gynecology, McGill University, Montreal, QC, Canada.

P-333 BIOLUMINESCENCE IMAGING (BLI) AS A TOOL TO EVALUATE GERM CELL IN VITRO AND TRANSPLANTATION IN VIVO AS FERTILITY PRESERVATION OF PREPUBERTAL MALE MICE.
C.-H. Chen[1], C.-R. Tzeng[1], C.-W. Wang[1], M.-I. Hsu[2]. [1]Center for Reproductive Medicine & Sciences, Taipei Medical University Hospital, Taipei, Taiwan; [2]Department of Obstetrics & Gynecology, Wan Fang Hospital, Taipei Medical University, Taipei, Taiwan.

P-334 EFFECT OF GYNECOLOGIC SURGERY FOR BENIGN DISEASE ON OVARIAN RESERVE IN EARLY POSTOPERATIVE PERIOD: COMPARISON BETWEEN PRE- AND POSTOPERATIVE SERUM ANTI-MULLERIAN HORMONE LEVEL.
S. Chun[1], Y. I. Ji[1], Y. H. Koo[2], G. H. Jeon[1], H. J. Cho[1]. [1]Obstetrics and Gynecology, Inje University Haeundae Paik Hospital, Busan, Korea; [2]Obstetrics and Gynecology, Pusan National University Yangsan Hospital, Yangsan, Gyungsangnam-do, Korea.

P-335 FERTILITY PRESERVATION ATTITUDES AND PRACTICE SURVEY ADMINISTERED TO ONCOLOGY PROVIDERS AT THE UNIVERSITY OF COLORADO (UC).
D. M. Itani[1], J. Lomax[1], C. McBreen[2], L. Blyth[1], J. Manheimer[1], W. Schlaff[1]. [1]OB GYN, University of Colorado Denver, Aurora, CO; [2]University of Colorado Hospital, Aurora, CO.

P-336 FERTILITY PRESERVATION: IVF OUTCOMES MAY DIFFER BY CANCER DIAGNOSIS.
J. E. Hirshfeld-Cytron, M. E. Pavone, R. R. Kazer, S. Klock. Obstetrics and Gynecology, Northwestern University, Feinberg School of Medicine, Chicago, IL.

P-337 A NEW CRYOMEDIA WITHOUT ANIMAL COMPONENTS FOR FERTILITY PRESERVATION IN MEN: MOTILITY AND VARIOUS ATTRIBUTES AFFECTING PATERNAL CONTRIBUTION OF SPERM.
M. Tekcan, L. Sati, W. Murk, J. Stronk, G. Huszar. Yale University School of Medicine, New Haven, CT.

P-338 PROTEOMIC PROFILE AND FUNCTIONAL ENRICHMENT OF GENE ONTOLOGY TERMS IN MEN WITH TESTICULAR CANCER.
D. S. Tibaldi, C. Sposito, P. T. Del Giudice, R. M. Fariello, D. Spaine, R. Fraietta. Urology, Federal University of Sao Paulo, Sao Paulo, Brazil.

P-339 PSYCHOLOGY OF EGG FREEZING PATIENTS: WOULD THEY CONSIDER SINGLE MOTHERHOOD?
L. Schuman[1], G. Witkin[1,2], K. Copperman[1], M. Acosta-La Greca[1]. [1]Reproductive Medicine Associates of New York, New York, NY; [2]Department of OBGYN and Reproductive Science, Mount Sinai School of Medicine, New York, NY.

P-340 FERTILITY PRESERVATION: ARE WE DOING ENOUGH FOR PATIENTS UNDERGOING ONCOLOGY TREATMENT?
N. Potdar[1], A. Lewis-Evans[1], C. Freeman[2], J. Blower[2], S. Vitthala[2], J. Elson[2]. [1]Reproductive Sciences Section, University of Leicester, Leicester, Leicestershire, United Kingdom; [2]University Hospitals of Leicester, Leicester, Leicestershire, United Kingdom.

P-341 DEATH AND POSTHUMOUS REPRODUCTION IN THE SETTING OF FERTILITY PRESERVATION.
R. P. Gada, A. L. Brien, P. H. Leonard, H. S. Wolff, J. R. Jensen. Reproductive Endocrinology and Infertility, Mayo Clinic, Rochester, MN.

CRYOPRESERVATION

P-342 DEVELOPMENT OF A MICROFLUIDIC DEVICE FOR AUTOMATED VITRIFICATION HUMAN EMBRYO.
L. Meng[1], X. Huezo[2], B. A. Stone[1], K. Baek[1], G. Ringler[1], R. P. Marrs[1]. [1]California Fertility Partners, Los Angeles, CA; [2]Mariposa Biotechnology, Inc, San Clemente, CA.

P-343 FREEZING HAS NO NEGATIVE IMPACT ON THE IMPLANTATION POTENTIAL OF TOP QUALITY EMBRYOS.
Z. Veleva, H. Martikainen. Ob/Gyn, Oulu University Hospital, Oulu, Finland.

P-344 ARTIFICIAL COLLAPSE OF BLASTOCYSTS AND LASER ASSISTED HATCHING CAN IMPROVE CLINICAL PREGNANCY OUTCOMES WITH BLASTOCYST STAGE VITRIFICATION.
N. Desai, F. AbdelHafez, J. Goldberg, C. Austin. OB-GYN/Women's Health Institute, Cleveland Clinic/Fertility Center, Beachwood, OH.

P-345 COMPARISON OF PREGNANCY AND IMPLANTATION RATES OF FROZEN-THAWED EMBRYOS FERTILIZED WITH FRESH OR FROZEN-THAWED TESTICULAR SPERM AND FRESH EJACULATED SPERM OF NORMOSPERMIC AND OLIGOSPERMIC PATIENTS.

A. Bayram[1], U. Ulug[1], E. Bakircioglu[1], N. Ciray[2], O. Sahin[1], M. Bahceci[2]. [1]Bahceci Umut IVF Center, Istanbul, Turkey; [2]Bahceci Fulya IVF Center, Istanbul, Turkey.

P-346 EQUIVOCAL SUCCESS USING MICROSECURE VITRIFICATION (µS-VTF) OF BLASTOCYSTS COMPARED TO FRESH EMBRYO TRANSFER (ET).

M. C. Schiewe, N. Nugent, S. Zozula, R. E. Anderson. IVF Lab, SCIRS, Newport Beach, CA.

P-347 SLOW-FREEZING-THAWING SIGNIFICANTLY ALTERS GENE EXPRESSION PROFILE OF HUMAN METAPHASE II OOCYTES THAN THAT VITRIFICATION PROCEDURE: GENOMIC RESULTS IN LIGHTS OF TRANSCRIPTOMIC.

C. Monzo, D. Haouzi, S. Assou, H. Dechaud, S. Hamamah. Unité INSERM U1040 CHU Saint Eloi, Institut de Recherche en Biothérapie, Montpellier, Languedoc Roussillon, France.

P-348 GREATER BIRTHWEIGHT IN AUTOLOGOUS CYCLES USING FROZEN-THAWED EMBRYOS, WHEN COMPARED TO CYCLES USING FRESH EMBRYOS, IS NOT AN EMBRYONIC EFFECT OF CRYOPRESERVATION.

S. T. Daneshmand[1,2], B. S. Shapiro[1,2], F. C. Garner[1,2]. [1]Fertility Center of Las Vegas, Las Vegas, NV; [1]University of Nevada School of Medicine, Las Vegas, NV.

P-349 IVF TREATMENT USING INTENTIONALLY VITRIFIED AND TRANSPORTED BLASTOCYSTS OBTAINED FROM DONOR CRYO-EGG BANK MAY PROVIDE AN EFFICIENT TREATMENT OPTION FOR RECIPIENTS AROUND THE WORLD.

Z. P. Nagy[1], C.-C. Chang[1], S. G. Hamilton[2], G. J. Goodrow[2], M. Gysler[2], D. B. Shapiro[1]. [1]Reproductive Biology Associates, Atlanta, GA; [2]ISIS Regional Fertility Centre, Mississauga, ON, Canada.

P-350 REFINEMENT OF A MOUSE MODEL TO STUDY THE INFLUENCE OF MATERNAL BODY CONDITION ON EMBRYO CHEMISTRY.

N. Zimmerer[2], J. Weathers[2], S. Prien[1,2]. [1]Ob/Gyn, Texas Tech University Health Sciences Center, Lubbock, TX; [2]Animal and Food Sciences, Texas Tech University, Lubbock, TX.

P-351 COMPREHENSIVE CHROMOSOME SCREENING (CCS) OF PREVIOUSLY CRYOPRESERVED EMBRYOS RESULTS IN EXCELLENT ONGOING PREGNANCY RATES.

C. M. Maniu[1], A. Lonczak[2], M. Lebiedzinski[2], T. A. Molinaro[1,2]. [1]Obstetrics, Gynecology & Reproductive Sciences, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ; [2]Reproductive Endocrinology & Infertility, Reproductive Medicine Associates of New Jersey, Morristown, NJ.

P-352 OBSTETRIC AND NEONATAL OUTCOME OF PREGNANCIES FROM CRYOPRESERVED OOCYTES.

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P-353 IS THERE ANY DIFFERENCE IN VITRIFICATION AND SLOW FREEZING PROTOCOL FOR EMBRYO CRYOPRESERVATION?

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P-354 AGE-BASED SUCCESS RATES AFTER ELECTIVE OOCYTE CRYOPRESERVATION (EOC): A POOLED ANALYSIS OF 2281 THAW CYCLES.

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P-355 INTACT CUMULUS CELLS HAVE BENEFICIAL EFFECTS TO OOCYTES UNDERGOING VITRIFICATION CRYOPRESERVATION.

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P-356 DSS MAY BE AN ALTERNATIVE TO SSS IN CRYOPRESERVATION OF MOUSE CLEAVAGE EMBRYOS.

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P-357 MORPHOLOGY OF MEIOTIC SPINDLES, CHROMOSOMES, MICROTUBULES AND CORTICAL GRANULES IN VITRIFIED HUMAN METAPHASE II OOCYTES AFTER THAWING.

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P-358 THE RELATIONSHIP BETWEEN NUCLEAR DNA FRAGMENTATION, MITOCHONDRIAL DNA DAMAGE AND STANDARD SPERM PARAMETERS IN HUMAN SPERMATOZOA OF FERTILE AND SUBFERTILE MEN BEFORE AND AFTER FREEZE-THAW PROCEDURE.

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P-359 HYDROXYPROPYL CELLULOSE AS A MACROMOLECULAR SUPPLEMENT FOR CRYOPRESERVATION BY VITRIFICATION OF BOVINE OOYTES AND BLASTOCYSTS AND HUMAN OOCYTES.

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P-360 THE RESEARCH OF AMINO ACID METABOLISM OF HUMAN EARLY EMBRYO AFTER FROZEN-THAWED.

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P-361 COMPARISON OF THE VITRIFICATION AND SLOW FREEZING PROTOCOL FOR DAY 3 EMBRYO CRYOPRESERVATION.

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P-362 DEGREES OF POST-THAW LYSIS AND BLASTOCOELE RE-EXPANSION THAT PREDICT THE IMPLANTATION OF THAWED BLASTOCYSTS.

D. R. Kinzer, R. J. Holmes, M. M. Alper, C. B. Barrett. Boston IVF, Waltham, MA.

P-363 ANTIAPOPTOTIC AGENT SPHINGOSINE-1-PHOSPHATE PROTECTS PRIMORDIAL FOLLICLES AGAINST CRYODAMAGE DURING CRYOPRESERVATION OF HUMAN OVARIAN TISSUE.

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P-364 ABSTRACT WITHDRAWN.

P-365 ABSTRACT WITHDRAWN.

P-366 SPERM RECOVERY AFTER CRYOPRESERVATION IN MEN WITH NEWLY DIAGNOSED CANCER.
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P-367 HIGH IMPLANTATION RATES FOLLOWING SINGLE EMBRYO TRANSFER PROVIDE SIMILAR PREGNANCY RATES TO MULTIPLE EMBRYO TRANSFER USING VITRIFIED DONOR OOCYTES.
Z. P. Nagy, C.-C. Chang, D. P. Bernal, A. A. Toledo, D. Mitchell-Leef, D. B. Shapiro. RBA, Reproductive Biology Associates, Sandy Springs, GA.

P-368 IS THERE ANY DIFFERENCE IN VITRIFICATION AND SLOW FREEZING PROTOCOL FOR OOCYTE CRYOPRESERVATION?
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P-369 APPLICATION FOR CRYOPRESERVATION OF A SMALL NUMBER OF HUMAN SPERMATOZOA IN A CLOSED SYSTEM BY USING Rapid-i™ VIA VITRIFICATION.
A. Egashira, M. Murakami, K. Tanaka, H. Otsubo, T. Matsuguma, T. Kuramoto. Kuramoto Women's Clinic, Fukuoka, Japan.

P-370 DELIVERY RATE AFTER FRESH EMBRYO TRANSFER (ET) IS DEPENDENT ON THE INCIDENCE OF EARLY CLEAVAGE (EC) AND THE AVAILABILITY OF EMBRYOS FOR CRYOPRESERVATION.
K. E. Tucker, C. A. M. Jansen. IVF, Reinier de Graaf Group, Voorburg, ZH, Netherlands.

P-371 THE SAFETY OF OVARIAN AND TESTICULAR CRYOPRESERVATION IN CHILDREN.
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P-372 COMPARATIVE STUDY OF RESULTS OBTAINED THROUGH FRESH OOCYTES CYCLES VS VITRIFIED OOCYTES CYCLES FOR AGE RANGE.
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P-373 RESULTS OF VITRIFIED/WARMED DONATED OOCYTE TREATMENT PROCEDURES IN DIFFERENT DONOR STIMULATION CYCLES WHERE HUMAN CHORIONIC GONADOTROPIN OR LEUPROLIDE WAS USED TO TRIGGER OVULATION.
V. R. Libby, C.-C. Chang, T. Elliott, J. Kahn, D. Shapiro, Z. Nagy. Reproductive Biology Associates, Atlanta, GA.

P-374 CRYOPRESERVATION OF BLASTOCYSTS USING VITRIFICATION IN WOMEN AT RISK OF OVARIAN HYPERSTIMULATION SYNDROME MAY GIVE EXCELLENT PREGNANCY AND IMPLANTATION RATES.
S. W. Hong, H. Park, T. Sarkisyan, V. Sepilian. CHA Fertility Center, Los Angeles, CA.

P-375 SAME CYCLE SHORT TERM STORAGE OOCYTE VIT AND WARM.
M. P. Portmann, L. S. Morrison, S. M. Carney, C. F. Boylan, R. F. Feinberg, G. Kovalevsky. Laboratory, Reproductive Associates of Delaware, Newark, DE.

GENETIC COUNSELING

P-376 GENETIC SCREENING PRACTICES AT OOCYTE DONATION PROGRAMS.
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P-377 FAMILY HISTORY RISK ASSESSMENT: DATA FOR 723 CONSECUTIVE OVUM DONORS FROM A SINGLE AGENCY DEMONSTRATES THE VALUE OF THE GENETICS CONSULT.
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P-378 THE SPERM CHROMOSOMAL RISK OF MEN HETEROZYGOUS FOR ROBERTSONIAN TRANSLOCATIONS DEPENDS ON SPERM COUNT AND ON TRANSLOCATION TYPE.
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P-379 GENOME-WIDE DNA BASED PATIENT ETHNICITY ASSIGNMENT IS MORE RELIABLE THAN SELF-REPORTING.
D. M. Taylor[1,2], C. Bergh[1], O. Bendarsky[1], A. Lonczak[1], N. Treff[1,2], R. T. Scott, Jr.[1,2]. [1]Reproductive Medicine Associates of New Jersey, Morristown, NJ; [2]UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ.

P-380 ABSTRACT WITHDRAWN.

P-381 TRINUCLEOTIDE REPEAT DYNAMIC MUTATIONS IN THE OFFSPRING CONCEIVED THROUGH ASSISTED REPRODUCTIVE TECHNOLOGY.
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P-382 CLINICAL INDICATORS OF ANEUPLOIDY IN FIRST TRIMESTER SPONTANEOUS ABORTIONS.
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PREIMPLANTATION GENETIC DIAGNOSIS

P-383 BATTLE OF THE SEXES AT EMBRYO TRANSFER (ET).
B. Hodes-Wertz, A. Adler, C. Mullin. NYU Fertility Center, New York, NY.

P-384 WHOLE GENOME DEEP SEQUENCING FROM SINGLE CELLS FOR PREIMPLANTATION GENETIC DIAGNOSIS.
K. P. Xu[1], A. R. Victor[1], C. H. Zhang[1], H. Jiang[2], X. Q. Zhang[2], Z. Rosenwaks[1]. [1]Center for Reproductive Medicine, Weill Cornell Medical College, New York, NY; [2]Research and Development, BGI, Shenzhen, Shenzhen, Guangdong, China.

P-385 DETERMINATION OF CHROMOSOMAL SEGREGATION PATTERNS IN EMBRYOS OF BALANCED TRANSLOCATION CARRIERS BY SINGLE NUCLEOTIDE POLYMORPHISM (SNP) MICROARRAY TECHNOLOGY.
E. Soto[1,2], H. Garnsey[1], D. Taylor[1], B. Levy[1,3]. [1]Reproductive Medicine Associates of New Jersey, Morristown, NJ; [2]School of Health Professions, Eastern Virginia Medical School, Norfolk, VA; [3]Department of Pathology, College of Physicians and Surgeons, Columbia University, New York, NY.

P-386 A COMBINATION OF DAY-3 AND DAY-4 BLASTOMERE BIOPSY DOES NOT AFFECT EMBRYO IMPLANTATION ABILITY.
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P-387 23-CHROMOSOME SINGLE NUCLEOTIDE POLYMORPHISM (SNP) MICROARRAY PREIMPLANTATION GENETIC SCREENING (PGS) ON BLASTOCYSTS, VERSUS DAY-3 EMBRYOS, RESULTS IN SIGNIFICANTLY HIGHER CLINICAL PREGNANCY RATES.

A. T. Benner[1], P. R. Brezina[2], L. Du[1], C. Chipko[3], M. Gunn[1], W. G. Kearns[4]. [1]Genetics, Center for Preimplantation Genetics, LabCorp, Rockville, MD; [2]Gynecology and Obstetrics, Johns Hopkins Medical Institutions, Baltimore, MD; [3]Medical College of Virginia, Richmond, VA; [4]Gynecology and Obstetrics, Genetics, Johns Hopkins Medical Institutions, Center for Preimplantation Genetics, LabCorp, Rockville, MD.

P-388 ABSTRACT WITHDRAWN.

P-389 THE RATE OF DE NOVO AND INHERITED ANEUPLOIDY AS DETERMINED BY 23-CHROMOSOME SINGLE NUCLEOTIDE POLYMORPHISM MICROARRAY (SNP) IN EMBRYOS GENERATED FROM PARENTS WITH KNOWN CHROMOSOMAL TRANSLOCATIONS.

L. Du[1], P. R. Brezina[2], A. T. Benner[1], B. B. Swelstad[2], M. Gunn[1], W. G. Kearns[3]. [1]Genetics, Center for Preimplantation Genetics, LabCorp, Rockville, MD; [2]Gynecology and Obstetrics, Johns Hopkins Medical Institutions, Baltimore, MD; [3]Gynecology and Obstetrics, Genetics, Johns Hopkins Medical Institutions, Center for Preimplantation Genetics, LabCorp, Rockville, MD.

P-390 TROPHECTODERM BIOPSY FOR SINGLE-GENE DISORDER PREIMPLANTATION GENETIC DIAGNOSIS (PGD) IS SIGNIFICANTLY MORE RELIABLE THAN DAY 3 BLASTOMERE BIOPSY.

E. J. Forman[1,2], K. M. Ferry[1], N.-A. Gueye[2], R. D. Smith[3], J. Stevens[3], R. T. Scott, Jr.[1,2]. [1]Reproductive Endocrinology & Infertility, Reproductive Medicine Associates of New Jersey, Morristown, NJ; [2]Obstetrics, Gynecology and Reproductive Sciences, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ; [3]Fertility Laboratories of Colorado, Lone Tree, CO.

P-391 COMPARISON OF SINGLE GENE PREIMPANTATION GENETIC DIAGNOSIS BY HOMOLOG PHASING ONLY VERSUS PHASING PLUS DIRECT MUTATION DETECTION.

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P-392 PREIMPLANTATION GENETIC SCREENING USING ARRAY CGH IMPROVES CLINICAL PREGNANCY RATES IN AMA PATIENTS.

J. F. Cuzzi[1], J. R. Alegretti[2], A. Harutunian[3], M. Hughes[3], P. Hassun[1]. [1]Genetics, Genesis Genetics Brasil, Sao Paulo, SP, Brazil; [2]Human Reproduction, Huntington Center of Reproductive Medicine, Sao Paulo, SP, Brazil; [3]Genetics, Genesis Genetics Institute, Detroit, MI.

P-393 DOES BLASTOCYST STAGE CORRELATE WITH EUPLOIDY?

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P-394 REDUCING MULTIPLE PREGNANCY RATES IN PATIENTS UNDER 35 YEARS OLD BY TRANSFERRING A SINGLE EMBRYO IN A PREIMPLANTATION GENETIC DIAGNOSIS PROGRAM.

Z. Yang, S. Salem, S. Zarandy, R. D. Salem. Pacific Reproductive Center, Torrance, CA.

P-395 EMBRYO MORPHOLOGY ON DAY 3 AND DAY 5 IS PREDICTIVE OF ARRAY COMPARATIVE GENOMIC HYBRIDIZATION (aCGH) ANEUPLOIDY RATES WITH DAY 3 BIOPSY BUT NOT DAY 5 BIOPSY.

T. L. Stankewicz, J. Gilchrist, K. K. Hanshew, S. V. Hallowell, I. P. Glassner, J. J. Orris. IVF, Main Line Fertility and Reproductive Medicine, Bryn Mawr, PA.

P-396 PGD VIA ARRAY COMPARATIVE GENOME HYBRIDIZATION (aCGH) CAN BE USED FOR ANY TRANSLOCATION TO SIMULTANEOUSLY DETECT UNBALANCED EMBRYOS AND ANEUPLOIDY.

P. Colls[1], T. Escudero[1], J. Fischer[1], N. Cekleniak[3], S. Munne[1]. [1]Reprogenetics LLC, Livingston, NJ; [2]New York University, New York, NY; [3]Institute for Reproductive Medicine & Science, Livingston, NJ.

P-397 23-CHROMOSOME SINGLE NUCLEOTIDE POLYMORPHISM (SNP) MICROARRAY DETECTS GENOMIC ABERRATIONS THAT MAY BE MISSED BY COMPARATIVE GENOMIC HYBRIDIZATION (CGH) ARRAYS IN PREIMPLANTATION GENETIC SCREENING (PGS).

EA. Siegel[1], P. R. Brezina[2], A. T. Benner[3], L. Du[3], M. Gunn[3], W. G. Kearns[4]. [1]Medical College of Virginia, Richmond, VA; [2]Gynecology and Obstetrics, Johns Hopkins Medical Institutions, Baltimore, MD; [1]Genetics, Center for Preimplantation Genetics, LabCorp, Rockville, MD; [4]Gynecology and Obstetrics, Genetics, Johns Hopkins Medical Institutions, Center for Preimplantation Genetics, LabCorp, Rockville, MD.

P-398 THE FEASIBILITY OF PREIMPLANTATION GENETIC DIAGNOSIS (PGD) FOR MULTIPLE GENETIC CONDITIONS.

V. Gold[1], S. Peleg-Schalka[1], T. Frumkin[1], D. Ben Yosef[1], Y. Yaron[1,2], M. Malcov[1]. [1]Racine IVF Unit, Lis Maternity Hospital, and Prenatal Diagnosis Unit, Genetic Institute, Tel Aviv Sourasky Medical Center, Tel Aviv, Israel; [2]Sackler Faculty of Medicine, Tel Aviv University, Tel-Aviv, Israel.

P-399 EFFICIENCY OF GENETIC PREIMPLANTATION DIAGNOSIS FOR 24 CHROMOSOMES BY FISH.

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P-400 ANEUPLOIDY RATES OF WOMEN UNDER 35 YEARS OLD, UNDERGOING ARRAY COMPARATIVE GENOMIC HYBRIDIZATION (aCGH) FOR THE SOLE PURPOSE OF FAMILY BALANCING.

T. H. Taylor, J. Gilchrist, K. K. Hanshew, T. L. Stankewicz, J. J. Orris, S. H. Anderson. IVF, Main Line Fertility and Reproductive Medicine, Bryn Mawr, PA.

P-401 DEVELOPMENTAL ARREST OF NORMAL AND ABNORMAL EMBRYOS USING THE NEW PREIMPLANTATION GENETIC SCREENING METHODS OF aCGH OR SNP.

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P-402 IMPROVED FIXATION TECHNIQUE REDUCES TIME CONSUMING AND INCREASES FISH EFFICIENCY.

Y. Ren, X. Zhang, L. Li, W. Wang. The Reproductive Medicine Research Center, The 1st Hospital of Lanzhou University, Lanzhou, Gansu Province, China.

P-403 REPEAT CCS CYCLES WILL TYPICALLY RESULT IN SOME EUPLOID BLASTOCYSTS FOR TRANSFER IN WOMEN OF ADVANCED MATERNAL AGE.

J. Stevens[1], R. Loper[1], H. Buttermore[1], E. S. Surrey[2], M. Katz-Jaffe[2], W. Schoolcraft[2]. [1]Fertility Laboratories of Colorado, Lone Tree, CO; [2]Colorado Center for Reproductive Medicine, Lone Tree, CO.

P-404 IMPACT OF FISH AND 24 CHROMOSOME PGS ON DONOR OOCYTE PREGNANCY RATE.

B. Behr, R. Ross, D. Batzofin, S. Wang, D. Smotrich. La Jolla IVF, La Jolla, CA.

P-405 THE ROLE OF EMBRYONIC STAGE AT BIOPSY AND UTERINE RECEPTIVITY AT TRANSFER IN THE CLINICAL OUTCOME OF PREIMPLANTATION GENETIC SCREENING.

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P-406 CHROMOSOMAL MOSAICISM IN DAY-3 EMBRYOS FROM YOUNG, SUCCESSFUL ART PATIENTS AS DETERMINED BY ARRAY COMPARATIVE GENOMIC HYBRIDIZATION (CGH).
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P-407 SELECTION OF A SINGLE CHROMOSOMALLY NORMAL BLASTOCYST FOR TRANSFER BY ARRAY CGH SCREENING OF 24 CHROMOSOMES OF TROPHECTODERM CELLS DERIVED FROM BLASTOCYST BIOPSY WITHIN 24 HOURS.
Z. Yang[1], J. Liu[2], S. Salem[1], R. D. Salem[1]. [1]Pacific Reproductive Center, Torrance, CA; [2]Beijing Jiaen Hospital, Beijing, China.

P-408 ABSTRACT WITHDRAWN.

P-409 ABSTRACT WITHDRAWN.

MALE REPRODUCTIVE ENDOCRINOLOGY

P-410 HUMAN CHORIONIC GONADOTROPIN-BASED HORMONAL THERAPY IN MEN AFTER FAILED MICRODISSECTION TESTICULAR SPERM EXTRACTION.
K. Shiraishi, H. Matsuyama. Department of Urology, Yamaguchi University School of Medicine, Ube, Yamaguchi, Japan.

P-411 PHARMACOLOGICAL TREATMENT OF NON-OBSTRUCTIVE AZOOSPERMIA (NOA) MAKES SPERM AVAILABLE FOR MORE PATIENTS COMPARED TO IMMEDIATE SPERM EXTRACTION.
A. Hussein[1], P. K. Rao[2], L. S. Ross[2], C. S. Niederberger[2]. [1]Urology Department, Minia University Hospital, El-Minia, Egypt; [2]Department of Urology, University of Illinois, Chicago, Chicago, IL; [3]Department of Urology, GATA, Etlik, Ankara, Turkey.

P-412 DIFFERENTIAL EXPRESSION OF THE ORPHAN G-PROTEIN COUPLED RECEPTOR GPR55 IN HUMAN SPERMATOZOA.
A. A. Amoako[1], E. L. Marczylo[2], J. M. Willets[1], J. Elson[3], T. H. Marczylo[1], J. C. Konje[1]. [1]Department of Cancer Studies and Molecular Medicine, University of Leicester, Leicester, Leicestershire, United Kingdom; [2]MRC Toxicology Unit, University of Leicester, Leicester, Leicestershire, United Kingdom; [3]University Hospitals of Leicester NHS Trust, Leicester Royal Infirmary, Leicester, Leicestershire, United Kingdom.

P-413 DIFFERENTIAL SPERMATOZOAL PROTEIN EXPRESSION PROFILES IN MEN WITH VARICOCLE COMPARED TO CONTROL SUBJECTS: UPREGULATION OF HEAT SHOCK PROTEINS 70 AND 90 IN VARICOCLE.
C.-C. Chan. Department of Obstetrics and Gynecology, Taipei City Hospital, Taipei, Taiwan; Graduate Institute of Medical Sciences, National Defence Medical Centre, Taipei, Taiwan.

P-414 IDENTIFICATION OF THE BINDING PROTEINS OF THE 3' UNTRANSLATED REGION OF MOUSE *Ard1b* THAT MAY BE RESPONSIBLE FOR ITS TRANSLATIONAL DELAY DURING SPERMATOGENESIS.
C. E. Alford[1], A. L. Y. Pang[2], J. B. Clark[2], J. H. Segars[1], A. H. DeCherney[1], O. M. Rennert[2]. [1]Program in Reproductive Adult Endocrinology, The Eunice Kennedy Shriver National Institute of Child Health and Human Development, Bethesda, MD; [2]Section on Clinical and Developmental Genomics, The Eunice Kennedy Shriver National Institute of Child Health and Human Development, Bethesda, MD.

P-415 THE ENDOCANNABINOID OLEOYLETHANOLAMIDE INCREASES HUMAN SPERM MOTILITY.
A. A. Amoako[1], T. H. Marczylo[1], P. M. Lam[1], J. Elson[2], J. M. Willets[1], J. C. Konje[1]. [1]Department of Cancer Studies and Molecular Medicine, University of Leicester, Leicester, Leicestershire, United Kingdom; [2]University Hospitals of Leicester NHS Trust, Leicester Royal Infirmary, Leicester, Leicestershire, United Kingdom.

P-416 PREVALENCE AND PATTERNS OF MALE GENITAL ANOMALIES IN UPPER EGYPT: A CROSS-SECTIONAL COMMUNITY-BASED STUDY OF 1134 INFANTS.
R. Saleh[1], E. Nada[1], E. Abd El-Baset[2], S. Heshmat[1]. [1]Dermatology, Venereology and Andrology, Sohag Faculty of Medicine, Sohag, Egypt; [2]Public Health and Community Medicine, Sohag Faculty of Medicine, Sohag, Egypt.

MALE REPRODUCTIVE UROLOGY

P-417 FACTORS AFFECTING CANCER PATIENTS' DECISION TO CRYOPRESERVE SPERM.
V. Sharma[1], K. R. Sheth[1], B. T. Helfand[1], J. Cashy[1], T. Woodruff[2], R. E. Brannigan[1]. [1]Urology, Northwestern University Feinberg School of Medicine, Chicago, IL; [2]Obstetrics and Gynecology, Northwestern University Feinberg School of Medicine, Chicago, IL.

P-418 ANASTROZOLE IS EFFECTIVE IN THE TREATMENT OF THE HYPOGONADAL, SUBFERTILE MALE WITH BODY MASS INDEX (BMI) ≥25 kg/m².
D. Shin, H. Lowe. Department of Urology, Hackensack University Medical Center, Hackensack, NJ.

P-419 CLINICAL EFFICACY, SAFETY AND TOLERABILITY OF RECOMBINANT HUMAN CHORIONIC GONADOTROPIN TO RESTORE SPERMATOGENESIS AND ANDROGEN PRODUCTION OF HYPOGONADOTROPIC HYPOGONADAL MEN.
S. C. Esteves[1], V. Papanikolaou[2]. [1]ANDROFERT - Andrology & Human Reproduction Clinic, Campinas, Sao Paulo, Brazil; [2]Assisted Reproduction Unit - Biogenesis, Thessaloniki, Pylaia, Greece.

P-420 ROBOTIC ASSISTED VERSUS PURE MICROSURGICAL VASECTOMY REVERSAL: PROSPECTIVE CONTROL TRIAL.
S. J. Parekattil, A. Gudeoglu, J. Brahmbhatt, K. B. Priola, M. S. Cohen. Urology, Winter Haven Hospital & University of Florida, Winter Haven, FL.

P-421 PROSPECTIVE RANDOMIZED CONTROL TRIAL OF A NEUROPROTECTIVE WRAP FOR THE SPERMATIC CORD AFTER DENERVATION FOR CHRONIC ORCHIALGIA.
S. J. Parekattil, A. Gudeoglu, J. Brahmbhatt, K. B. Priola, M. S. Cohen. Urology, Winter Haven Hospital & University of Florida, Winter Haven, FL.

P-422 EFFECT OF BODY MASS INDEX ON PATENCY AND PREGNANCY RATES AFTER MICROSURGICAL VASECTOMY REVERSAL.
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P-423 REDUCTION OF INCREASED SPERM DNA FRAGMENTATION INDEX USING LOW-DOSE CLOMIPHENE CITRATE TREATMENT AMONG INFERTILE MALES.
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P-424 INFLUENCE OF LABORATORY STUDIES ON CHOICE OF EMPIRIC MEDICAL THERAPY FOR IDIOPATHIC MALE FACTOR INFERTILITY: A SURVEY OF US UROLOGISTS.
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P-425 EFFECT OF SPERM DNA FRAGMENTATION ON THE OUTCOMES OF VARICOCELECTOMY.
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P-426 INFLUENCE OF MICROSURGICAL VARICOCELECTOMY ON HUMAN SPERM MITOCHONDRIAL DNA COPY NUMBER: A PROSPECTIVE TRIAL.
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P-427 INTRACELLULAR NITRIC OXIDE MEASUREMENT IN HUMAN SPERM USING 4, 5-DIAMINOFLUORESCEIN-2-DIACETATE AND FLOW CYTOMETRY.
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P-428 METABOLOMICS OF MALE INFERTILITY: CHARACTERIZATION OF SEMINAL PLASMA LIPID FINGERPRINTS IN MEN WITH SPINAL CORD INJURY.
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P-429 POST-GENOMIC MEDICINE: USE OF LIPID FINGERPRINTING AND PROTEOMICS FOR UNDERSTANDING THE ADOLESCENT VARICOCELE AND FOR PREDICTING SURGICAL OUTCOME.
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P-430 THE EFFECT OF DAILY EJACULATION ON SEMEN PARAMETERS AND SPERM DNA DAMAGE IN NORMAL MEN.
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P-431 E2F1: A MULTI REGULATOR OF HUMAN MALE FERTILITY.
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P-432 IN THE ERA OF IVF WITH ICSI, DO WE NEED TO REFER THE MALE PARTNER TO A REPRODUCTIVE UROLOGIST.
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P-433 TESTICULAR SPERM PREINCUBATION AND ICSI OUTCOME.
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SPERM BIOLOGY

P-434 DETECTION OF SPERM DNA DAMAGE BY RAMAN MICROSPECTROSCOPY.
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P-435 IMMUNOREACTIVITY TEST OF SPERM AGAINST PLCZ1: EFFECTIVE DIAGNOSTIC TEST FOR MALE INFERTILITY IN ART.
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P-436 PHOSPHALIPASE C ZETA (PLCζ) SPERM ANALYSIS IN PATIENTS WITH FAILED OR LOW FERTILIZATION AFTER ICSI.
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P-437 IS OBESITY DELETERIOUS TO MALE FERTILITY POTENTIAL?
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P-438 ASSESSMENT OF THE SPERM CENTROSOME.
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P-439 DETECTION OF XENOGLYCAN N-GLYCOLYLNEURAMINIC ACID (NEU5GC) ON HUMAN SPERM AND DIRECTED ANTI-NEU5GC ANTIBODIES IN SEMINAL FLUID.
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P-440 DNA FRAGMENTATION ASSAY — A USEFUL TOOL OR A RED HERRING?
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OOCYTE BIOLOGY

P-441 OVARIAN STIMULATION WITH RECOMBINANT FSH-LH RESULTS IN A HIGH RECOVERY OF EUPLOID OOCYTES.
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P-442 *PTGS2* GENE EXPRESSION (COX2) IN CUMMULUS OOPHORUS CELLS OF ENDOMETRIOSIS AND CONTROL INFERTILE PATIENTS SUBMITTED TO ICSI.
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P-443 DOES OOCYTE MORPHOLOGY AFFECTS THE CLINICAL OUTCOME IN A SHARED EGG DONOR PROGRAM?
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P-444 OUTCOMES OF ICSI CYCLES WITH PARTHENOGENETICALLY ACTIVATED OOCYTES.
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P-445 EFFECT OF VITRIFICATION ON MITOCHONDRIAL DISTRIBUTION AND ATP CONCENTRATION DURING OOCYTE MATURATION.
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P-446 DEHYDROEPIANDROSTERONE SUPPLEMENTATION MAY IMPROVE OVULATION RATES BUT NOT OOCYTE QUALITY.
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P-447 pCDC2 (Y15) EXPRESSION DURING OOCYTE MATURATION- IMPLICATIONS IN FERTILIZATION FAILURE AFTER ICSI.
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P-448 EVALUATION OF HUMAN OOCYTES AGEING BY FOCAL PLANE ARRAY (FPA) FOURIER TRANSFORM INFRARED (FT-IR) IMAGING SPECTROSCOPY.
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P-449 IMPAIRED DNA REPAIR AS THE ROOT CAUSE OF OOCYTE AGING.
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P-450 ROLE OF MELATONIN IN PREVENTING HYPOCHLOROUS ACID INDUCED ALTERATIONS IN MICROTUBULE AND CHROMOSOMAL STRUCTURE IN METAPHASE-II MOUSE OOCYTES *IN VITRO*.
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OOCYTE MATURATION

P-451 IVM FOR WOMEN WITH POLYCYSTIC OVARIES? A CASE-CONTROL STUDY.
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P-452 EFFECTS OF ANDROGEN SUBSTRATE ON BOVINE CUMULUS-OOCYTE COMPLEXES STEROIDOGENESIS DURING IN VITRO MATURATION.
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P-453 IDENTIFICATION OF GENE EXPRESSION OF MYH11 AND PF4V1 IN CUMULUS CELLS (CC) AFTER OVARIAN STIMULATION BY MICROARRAYS TECHNOLOGY: POSSIBLE IMPLICATIONS ON OOCYTE MATURATION.
V. García-Láez[1], D. Beltrán[1], J. M. De los Santos[1], F. J. Esteban[2], J. A. Martínez-Conejero[3], M. J. De los Santos[1]. [1]FIV, IVI Valencia and INCLIVA, Valencia, Spain; [2]Universidad de Jaen, Jaen, Spain; [3]Igenomix, Valencia, Spain.

P-454 DETECTION OF THE EXPRESSION OF ALDEHYDE DESHYDROGENASE 1A2 (ALDH1A2) IN CUMULUS CELLS (CC) BY DIFFERENTIAL GENE EXPRESSION ANALYSIS: *IMPLICATIONS FOR MATURATION*.
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P-455 THE EFFECT OF 5 DAYS EXTENDED EXPOSURE OF IMMATURE BOVINE OOCYTES TO A COMBINATION OF MATURATION INHIBITORS ON THE IN VITRO MATURATION (IVM) OUTCOME.
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P-456 A MODIFIED PROTOCOL FOR IN VITRO MATURATION OF MOUSE OOCYTES FROM SECONDARY PREANTRAL FOLLICLES.
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OXIDATIVE STRESS

P-457 ANALYSIS OF THE CORRELATION BETWEEN SEMEN PARAMETERS AND THE LEVELS OF RETINOL, TOCOPHEROL AND CAROTENOIDS IN HUMAN SEMINAL PLASMA AND BLOOD.
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P-458 THE RELATIONSHIP BETWEEN PREGNANCY AND OXIDATIVE STRESS MARKERS ON PATIENTS UNDERGOING IVF/IUI.
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P-459 CAN ANTIOXIDANTS SUPPLEMENTATION IMPROVE ICSI/IVF OUTCOMES IN WOMEN UNDERGOING IVF/ICSI TREATMENT CYCLES? RANDOMISED CONTROLLED STUDY.
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FERTILIZATION

P-460 PHENOTYPIC OUTCOMES OF TRIPRONUCLEAR (3PN) ZYGOTES RESULTING FROM INTRACYTOPLASMIC SPERM INJECTION (ICSI) VS. CONVENTIONAL INSEMINATION (INSEM) USING TIME-LAPSE MICROSCOPY (TLM).
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P-461 DETERMINATION OF OOCYTE MATURATION BY BIREFRINGENT IMAGING (BI): ONE STEP CLOSER TO EFFECTIVELY CHOOSING THE BEST EMBRYO FOR TRANSFER IN WOMEN UNDERGOING IVF-ICSI.
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P-462 RECOMBINANT HUMAN PHOSPHOLIPASE C ZETA 1 AS BIOLOGICAL SOLUTION IN ARTIFICIAL EGG ACTIVATION INDUCES INTRACELLULAR CALCIUM OSCILLATIONS AND EGG ACTIVATION IN MOUSE AND HUMAN EGGS.
S.-Y. Yoon, Y. S. Kim, J. E. Han, W. S. Lee, D. R. Lee, T. K. Yoon. Fertility Center of CHA Gangnam Medical Center, CHA University, Seoul, Korea.

P-463 ABNORMAL SPERM GUIDANCE IN *C. ELEGANS* TGF-ß SMAD MUTANTS.
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EMBRYO BIOLOGY

P-464 SPERM QUALITY AS PER WHO (2010) CRITERIA DOS NOT AFFECT EMBRYO DIVISION KINETICS. TIME-LAPSE ANALYSIS OF EMBRYO DEVELOPMENTAL KEY EVENTS.
B. Gadea, M. Roldan, M. Martinez, S. Fortuno, N. Galindo, M. Munoz. IVI Alicante, Alicante, Spain.

P-465 THE EFFECT OF TIMING OF EMBRYONIC PROGRESSION ON CHROMOSOMAL ABNORMALITY: DOES DELAYED BLASTULATION MEAN MORE ANEUPLOIDY?
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P-466 BLASTOCYST QUALITY ACCORDING TO EMBRYO DEVELOPMENT ON DAYS 3 AND 4.
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P-467 PRELIMINARY EVALUATION OF AN EMBRYO QUALITY CLASSIFICATION SYSTEM BASED IN A MULTIVARIATE ANALYSIS OF MORPHOKINETIC DATA FROM TIME-LAPSE.
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P-468 CULTURE MEDIA CHEMICAL PROFILING BY ESI-Q-ToF MASS SPECTROMETRY TO PREDICT EMBRYO IMPLANTATION POTENTIAL.
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P-469 INCREASED UPTAKE OF NANOPARTICLES IN DIVIDING CELLS MEDIATED BY SONOPORATION.
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P-470 NITRIC OXIDE REGUALTE MITOCHONDRIAL ACTIVITY AND APOPTOSIS THROUGH PROTEIN S-NITROSYLATION FOR PREIMPLANTATION EMBRYO DEVELOPMENT.
T.-H. Lee[1,2], C.-H. Liu[1], C.-C. Huang[3], M.-S. Lee[1,2,3]. [1]Obstetrics and Gynecology, Chung Shan Medical University Hospital, Taichung, Taiwan; [2]Institute of Medicine, Chung Shan Medical University, Taichung, Taiwan; [3]Division of Infertility Clinic, Lee Women's Hospital, Taichung, Taiwan.

P-471 IN VITRO FERTILIZATION DOES NOT ALTER BASAL CORTICOSTERONE LEVELS AND ADRENAL WEIGHT IN C57BL6 ADULT OFFSPRING.
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P-472 ADULT MICE CONCEIVED BY IN VITRO FERTILIZATION HAVE NORMAL RENAL GLOMERULI NUMBER AND SIZE.
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P-473 ANALYSIS OF 4795 DAY-3 EMBRYOS BY ARRAY COMPARATIVE GENOME HYBRIDIZATION (aCGH): ANEUPLOIDY PATTERNS.
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P-474 COMPARISON OF TWO METHODOLOGIES OF OOCYTE ENUCLEATION.
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EMBRYO CULTURE

P-475 ALBUMIN AND EMBRYO CULTURE: IMPLICATIONS FOR QUALITY CONTROL.
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P-476 NEW PROTOCOL OF FROZEN-THAW ELECTIVE SINGLE BLASTOCYST TRANSFER CYCLE USING MULTIPLEX TIME-LAPSE CINEMATOGRAPHY.
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P-477 ART OUTCOME AFTER TRANSFER OF FROZEN-THAWED BLASTOCYSTS DERIVED FROM LOW GRADE EMBRYOS ON DAY-3.
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P-478 THE EFFECT OF A LOW OXYGEN ENVIRONMENT ON EARLY EMBRYO DEVELOPMENT AND CYCLE OUTCOME.
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P-479 ANALYSIS OF DEVELOPMENTAL ABILITY OF HUMAN EMBRYOS FROM BLASTOMERE CONFIGURATION AFTER ZONA-FREE ICSI.
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P-480 CLINICAL OUTCOMES OF BLASTOCYST TRANSFER USING A SINGLE CULTURE MEDIUM.
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P-481 OBSERVATIONS ON DIFFERENT PATTERNS OF HUMAN EMBRYONIC COMPACTION ON DAY 4 AND SUBSEQUENT EMBRYONIC DEVELOPMENT TO BLASTOCYST.
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P-482 CULTURE IN A BENCHTOP INCUBATOR REDUCES *IN VITRO* STRESS IN A SENSITIVE MOUSE EMBRYO QC ASSAY: POTENTIAL ROLE OF AIR QUALITY.
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P-483 PROSTACYLIN ANALOGUE (ILOPROST) IS SAFE FOR HUMAN EMBRYO CULTURE.
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P-484 DEVELOPMENT OF MOUSE AND HUMAN EMBRYOS IN A LOW HUMIDITY INCUBATOR.
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P-485 EFFECT OF EMBRYO GROUP CULTURE STRATEGY ON THE BLASTOCYST DEVELOPMENT AND PREGNANCY OUTCOME.
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P-486 METABOLOMIC PROFILE OF EMBRYO CULTURE MEDIA UNDER HYPOXIA.
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P-487 BLASTOMERE SYMMETRY IS AN IMPORTANT PREDICTOR OF BLASTOCYST DEVELOPMENT.
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P-488 RENEWING OF MEDIUM IN A SINGLE STEP MEDIA CULTURE PROTOCOL PROVIDES NO ADVANTAGE TO MOUSE EMBRYO DEVELOPMENT WHEN OBSERVED CONTINUOUSLY THROUGH TIME LAPSE MICROIMAGERY.
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P-489 EFFECTS OF ALPHA-LIPOIC ACID ON THE MOUSE EMBRYONIC DEVELOPMENT *IN VITRO*.
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P-490 SUCCESS OF CLOMIPHENE CITRATE IN A COUNTY POPULATION.
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P-491 DOES EARLIER ADMINISTRATION OF HUMAN CHORIONIC GONADOTROPIN (hCG) IMPROVE THE PROBABILITY OF PREGNANCY IN CYCLES STIMULATED WITH rec-FSH AND GnRH ANTAGONISTS? A PROSPECTIVE RANDOMIZED TRIAL.
D. Kyrou, E. M. Kolibianakis, H. M. Fatemi, B. C. Tarlatzis, H. Tournaye, P. Devroey. Centre for Reproductive Medicine, Universitair Ziekenhuis Brussel, Brussels, Belgium.

P-492 ORAL CONTRACEPTIVE (OcP) PRETREATMENT ACHIEVES BETTER PREGNANCY RATES IN IN VITRO FERTILIZATION (IVF) ANTAGONISTS GnRH FLEXIBLE PROTOCOLS: A PROSPECTIVE RANDOMIZED STUDY.
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P-493 CAN ANTI MULLERIAN HORMONE LEVELS PREDICT RESPONSE TO OVULATION INDUCTION WITH CLOMIPHENE CITRATE.
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P-494 RECENT TRENDS IN CLOMIPHENE CITRATE (CC) USE.
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P-495 REAL-WORLD TRENDS OF FERTILITY TREATMENTS AMONG U.S. INSURED PATIENTS.
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P-496 THE USE OF CLOMIPHENE CITRATES FOR OVULATION INDUCTION IN WOMEN WITH FUNCTIONAL OVARIAN CYSTS.
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P-497 THE EFFECT OF EXOGENOUS LUTEINIZING HORMONE ADMINISTRATION DURING IVF STIMULATION IN PATIENTS OF ADVANCE REPRODUCTIVE AGE.
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P-498 LOW-DOSE URINARY hCG IMPROVES IVF CYCLE OUTCOMES IN PATIENTS WITH LOW LH LEVELS IN GnRH ANTAGONIST CYCLES.
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P-499 EFFICACY OF SEQUENTIAL TREATMENT PROTOCOL WITH HIGHLY PURIFIED URINARY FSH AND RECOMBINANT FSH FOR CONTROLLED OVARIAN STIMULATION.
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P-500 DONOR´S LOW ESTRADIOL LEVELS ON THE DAY OF FINAL OOCYTE MATURATION: IS THERE ANY NEGATIVE EFFECT ON OOCYTE DONATION CYCLES RESULTS?
E. E. Lara, C. Pozzobon, F. Lucco, V. Garrigos, S. Gonzalez, A. Ballesteros. IVI Barcelona, Barcelona, Spain.

P-501 INADEQUATE LUTEINIZATION: LOW SERUM PROGESTERONE AFTER hCG TRIGGER RESULTS IN FEWER MATURE OOCYTES PER FOLLICLE AND DIMINISHED PREGNANCY RATES.
K. H. Hong[1,2], E. J. Forman[1,2], A. Ruiz[1], R. T. Scott, Jr.[1,2]. [1]Reproductive Endocrinology & Infertility, Reproductive Medicine Associates of New Jersey, Morristown, NJ; [2]Obstetrics, Gynecology & Reproductive Sciences, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ.

P-502 A NOVEL LONG PROTOCOL OF GnRH AGONIST: A DRAMATICAL INCREASE IN PREGNANCY RATE BY INDUCTION OF DIMINISHED BUT SIGNIFICANT MID-CYCLE LH SURGE.
M. Jinno, A. Watanabe, J. Hirohama, N. Hatakeyama, R. Hiura, R. Nishiyama. Women´s Clinic Jinno, Choufu City, Tokyo, Japan.

P-503 MICRODOSE GnRH AGONIST FLARE PROTOCOL RESULTS IN LOWER INCIDENCE OF CHROMOSOME ANEUPLOID BLASTOCYSTS.
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P-504 THE TYPE OF GONADOTROPINS USED FOR CONTROLLED OVARIAN STIMULATION AFFECTS EMBRYO DEVELOPMENTAL KINETICS.
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P-505 MILD VS CONVENTIONAL OVARIAN STIMULATION IN INTRAUTERINE INSEMINATION. A PROSPECTIVE RANDOMIZED STUDY.
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P-506 FOLLICLE STIMULATING HORMONE RECEPTOR (FSHR) GENE POLYMORPHISM IN INFERTILE WOMEN (POOR RESPONDER VS GOOD RESPONDER) UNDERGOING OVARIAN STIMULATION COMPARED TO FERTILE WOMEN.
B. Sever, A. Karalok, T. Toptas, M. Simsek, O. Taskin, O. Alper. Akdeniz University, Antalya, Turkey.

P-507 WHAT IS THE BEST COST-EFFECTIVE FSH DOSE FOR INTRAUTERINE INSEMINATION?
G. M. Bedoschi, D. S. Zylbersztejn, R. Rosa Filho, M. B. Chehin, A. P. Cedenho, R. Fraietta. Human Reproduction Seccion, Universidade Federal de São Paulo, São Paulo, Brazil.

P-508 GONADOTROPHIN-RELEASING HORMONE AGONIST AND ANTAGONIST: FACTORS DRIVING THE PREGANCY OUTCOMES – AN EXPLORATORY ANALYSIS.
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P-509 THE TYPE OF PROTOCOL USED FOR ART INDUCES SIGNIFICANT DIFFERENCES IN EMBRYO DEVELOPMENTAL KINETICS – A TIME-LAPSE STUDY.
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P-510 IN PATIENTS WITH HIGH AMH LEVEL, IVF OUTCOME BY GnRH AGONIST PROTOCOL IS HIGHER THAN ANTAGONIST PROTOCOL.
J. H. Lee, Y. Y. Kim, E. M. Choi, S. G. Kim, K. H. Lee. Infertility Lab., Mamapapa&Baby OBGY, Ulsan, Republic of Korea.

P-511 CUMULUS CELLS GENE EXPRESSION PROFILE FOLLOWING CONTROLLED OVARIAN STIMULATION WITH HP-hMG OR rFSH IN A GnRH ANTAGONIST PROTOCOL: NEW INDICATORS OF OVARIAN MICROENVIRONMENT HEALTH.
H. Dechaud[1,2,3], S. Assou[1,3], S. Moussaddykine[1,3], E. Van den Abbeel[4], H. Aasted[5], S. Hamamah[1,2,3]. [1]CHU Montpellier, Institut de Recherche en Biothérapie, Hôpital Saint-Eloi, Montpellier, Herault, France; [2]CHU Montpellier, Département de Biologie de la Reproduction, Hôpital Arnaud de Villeneuve, Montpellier, Herault, France; [3]INSERM, U1040, Montpellier, Herault, France; [4]Reproductive Medicine, UZ Gent, Gent, Belgium; 5Global Clinical Research & Development (Reproductive Medicine), Ferring Pharmaceuticals, Copenhagen, Denmark.

P-512 GENOMIC EXPRESSION PROFILE COMPARISON FROM CUMULUS CELLS DERIVING FROM HMG, rhFSH AND uhFSH.
D. Agudo, C. López, M. Alonso, E. Huguet, F. Bronet, A. Requena. IVI Madrid, Madrid, Spain.

P-513 AMH TAILORED PROTOCOL IN IVF: SIMILAR OUTCOMES CAN BE ACHIEVED REGARDLESS OF OVARIAN RESERVE.
O. Rustamov[1], M. Krishnan[2], L. Turner[2], U. Shadyev[3], L. Nardo[1]. [1]Reproductive Medicine, St Mary's Hospital, Central Manchester University Hospital Foundation Trust, Manchester, Greater Manchester, United Kingdom; [2]School of Medicine, University of Manchester, Manchester, Greater Manchester, United Kingdom; [3]Medicine, Samarkand State Medical Institute, Samarkand, Uzbekistan.

P-514 EXPLORING TWO DIFFERENT DOSES OF GnRH AGONIST FOR THE INDUCTION OF FINAL OOCYTE MATURATION IN GnRH ANTAGONIST-TREATED OOCYTE DONOR CYCLES: A RETROSPECTIVE COMPARISON.
J. J. Guillén, M. Colodron, D. Bodri, C. Esteve, O. Coll, V. Vernaeve. Clinica Eugin, Barcelona, Spain.

P-515 DO FEMALE TRANSLOCATION INFLUENCE THE OVARIAN RESPONSE PATTERN TO CONTROLLED OVARIAN STIMULATION IN PREIMPLANTATION GENETIC DIAGNOSIS?
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OVARIAN STIMULATION - HIGH RESPONDERS

P-516 ABSTRACT WITHDRAWN.

P-517 THE EFFECTS OF CABERGOLINE ON OVARIAN HYPERSTIMULATION SYNDROME (OHSS) AND PREGNANCY OUTCOMES ON IN VITRO FERTILIZATION (IVF) PATIENTS.
M. Gualtieri[1], D. Hoffman[1], M. Barrionuevo[1], D. Christie[2], Y. Mouhayar[1], S. J. Ory[2]. [1]Obstetrics and Gynecology, University of Miami, Miller School of Medicine, Miami, FL; [2]Reproductive Endocrinology and Infertility, Florida International University, Margate, FL.

P-518 PREDICTION OF OVARIAN HYPERSTIMULATION SYNDROME (OHSS) AND THE EFFECT OF LOW MOLECULAR WEIGHT (LMWH) ON ITS PATHOGENESIS IN CONTROLLED OVARIAN HYPERSTIMULATION: DOES IT HAVE A ROLE IN ITS PREVENTION?
M. Elprince[1,2], F. Wang[1,2], Y. Zhu[2], H. Huang[1,2,3]. [1]Reproductive Endocrinology, Women's Hospital, School of Medicine, Zhejiang University, Hangzhou, Zhejiang, China; [2]Key Laboratory of Women's Reproductive Health of Zhejiang Province, Hangzhou, Zhejiang, China; [3]Key Laboratory of Reproductive Genetics, Ministry of Education of China, Hangzhou, Zhejiang, China.

P-519 GnRH-AGONIST (GnRH-A) TRIGGER IN GnRH-ANTAGONIST CYCLES COMPARED TO HUMAN CHORIONIC GONADOTROPIN (hCG) TRIGGER IN LONG LUTEAL LEUPROLIDE DOWNREGULATION (LL) CYCLES FOR HYPERRESPONDING OOCYTE DONORS.
R. L. Gustofson, E. S. Surrey, D. A. Minjarez, W. Schoolcraft. Colorado Center for Reproductive Medicine, Lone Tree, CO.

P-520 GONADOTROPIN RELEASING AGONIST FOR TRIGGERING FINAL OOCYTE MATURATION HAS FEWER SIDE EFFECTS THAN RECOMBINANT hCG IN OOCYTE DONORS.
T. Singer, M. Costantini-Ferrando, J. Huang, I. Kligman, I. Cholst. The Center for Reproductive Medicine and Infertility, Weill Cornell Medical College, New York, NY.

P-521 THE LUTEINIZING HORMONE RESPONSE TO A LEUPROLIDE ACETATE "TRIGGER" IN IN VITRO FERTILIZATION CONSISTENTLY ACHIEVES ACCEPTABLE RETRIEVAL EFFICIENCY, OOCYTE NUCLEAR MATURATION, AND FERTILIZATION RATES.
M. P. Provost[1], K. O. Pomeroy[2], R. D. Gerkin[3], D. V. Moffitt[2]. [1]Department of Obstetrics & Gynecology, Banner Good Samaritan Medical Center, Phoenix, AZ; [2]Arizona Reproductive Medical Specialists, Phoenix, AZ; [3]Banner Health Research Administration, Banner Good Samaritan Medical Center, Phoenix, AZ.

OVARIAN STIMULATION - POOR RESPONDERS

P-522 GONADOTROPHIN-RELEASING HORMONE ANTAGONISTS FOR ASSISTED REPRODUCTIVE TECHNOLOGY IN WOMEN WITH POOR OVARIAN RESPONSE. SUBGROUP ANALYSIS OF COCHRANE SYSTEMATIC REVIEW AND META-ANALYSIS.
M. Youssef[1], H. Al-Inany[2], M. Aboulghar[3], A. Abou-Setta[4]. [1]Egyptian International Fertility IVF Center (EIFC-IVF), Cairo, Egypt; [2]Department of Obstetrics & Gynaecology, Faculty of Medicine, Cairo University, Cairo, Egypt; [3]Egyptian IVF-ET Center, Cairo, Egypt; [4]University of Alberta Evidence-based Practice Centre (UA-EPC), Alberta Research Centre for Health Evidence (ARCHE), Edmonton, AB, Canada.

P-523 MINIMAL VS. CONVENTIONAL OVARIAN STIMULATION FOLLOWED BY OOCYTE ACCUMULATION AND VITRIFICATION; A NEW APPROACH FOR LOW RESPONDERS BEFORE ICSI(INTRACYTOPLASMIC SPERM INJECTION).
M.-H. Racicot, E. Labarta, A. Cobo, E. Bosch, A. Pellicer, J. Remohí. Fertility, Instituto Valenciano de Infertilidad (IVI), Valencia, Spain.

P-524 VARIATIONS OF SHORT- AND LONG-TERM DEHYDROEPIANDROSTERIONE (DHEA) SUPPLEMENTATION IN WOMEN WITH DIMINISHED OVARIAN RESERVE (DOR) BASED ON *FMR1* OVARIAN GENOTYPES AND AGE.
N. Gleicher[1,2,3]. [1]Center for Human Reproduction, New York, NY; [2]Foundation for Reproductive Medicine, New York, NY; [3]Department of Obstetrics, Gynecology and Reproductive Sciences, Yale University School of Medicine, New Haven, CT.

P-525 A CONTROLLED TRIAL BETWEEN NATURAL CYCLE VERSUS MINIMAL STIMULATION IN POOR RESPONDER WOMEN: MINIMAL STIMULATION WORKS BETTER IN PATIENTS LESS THAN 40 YEARS OLD.
M. Schimberni[1], F. Ubaldi[2], A. Giallonardo[1], L. Rienzi[2], F. Morgia[1], M. Sbracia[3]. [1]Bioroma, Rome, Italy; [2]GENERA, Rome, Italy; [3]CERM, Rome, Italy.

P-526 ADDING LUTEINIZING HORMONE TO FOLLICLE STIMULATING HORMONE FROM DAY 3-5 IMPROVES PREGNANCY OUTCOME IN NORMAL BUT NOT POOR RESPONDERS USING GONADOTROPIN RELEASING HORMONE ANTAGONISTS.
T. Levy[1], J. H. Check[1], C. Wilson[1], J. Mitchell-Williams[1,2]. [1]UMDNJ, Robert Wood Johnson Med. School at Camden, Cooper Hosp./Univ. Med Cntr., Dept. OB/GYN, Div. Repro. Endo. & Infertility, Marlton, NJ; [2]Cooper Medical School of Rowan University and Robert Wood Johnson Medical School, UMDNJ, Glassboro, NJ.

P-527 IVF OUTCOMES FOLLOWING GnRH AGONIST FLARE AND GnRH ANTAGONIST STIMULATION PROTOCOLS IN YOUNG LOW RESPONDERS UNDERGOING THEIR FIRST IVF CYCLE.
A. N. Imudia, S. T. McLellan, C. Veiga, D. L. Wright, T. L. Toth, A. K. Styer. Massachusetts General Hospital Fertility Center, Vincent Department of Obstetrics and Gynecology, Massachusetts General Hospital/Harvard Medical School, Boston, MA.

P-528 MILD OVARIAN STIMULATION FOR WOMEN WITH POOR OVARIAN RESPONSE UNDERGOING IVF/ICSI TREATMENT CYCLES; RANDOMIZED CONTROLLED STUDY.
M. A. F. M. Youssef[1], I. Khalil[1], S. Khattab[1], I. Aboulfotouh[1], M. van Wely[2], F. van der Veen[2]. [1]Egyptian International Fertility IVF Center (EIFC-IVF), Cairo, Egypt; [2]Center for Reproductive Medicine (CVV)-Acadmic Medical Center- University of Amsterdam, Amsterdam, Netherlands.

P-529 EFFECTS OF DEHYDROEPIANDROSTERONE (DHEA) IN WOMEN WITH DIMINISHED OVARIAN RESERVE (DOR) ON FUNCTIONAL OVARIAN RESERVE IN 3 CONSECUTIVE IVF CYCLES, AS ASSESSED BY OOCYTE YIELDS AND PREGNANCY RATES.
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ART - GENERAL

P-530 OOCYTE DONORS: IS IT WORTH A SECOND ATTEMPT IF WE DO NOT ACHIEVE PREGNANCY IN THE FIRST OVARIAN STIMULATION?
E. Abanto, J. A. Agirregoikoa, C. Anarte, J. L. De Pablo, M. De Las Heras, G. Barrenetxea. Quiron Bilbao, Bilbao, Bizkaia, Spain.

P-531 EFFICACY OF MOTILE SPERM ORGANELLE MORPHOLOGY EXAMINATION (MSOME) FOR PREDICTING PREGNANCY AFTER INTRAUTERINE INSEMINATION.
L. D. Akl[1], J. B. A. Oliveira[1,2,3], C. G. Petersen[1,2,3], A. L. Mauri[2,3], R. Baruffi[2,3], J. G. Franco, Jr[1,2,3]. [1]Department of Gynecology and Obstetrics, Botucatu Medical School São Paulo State University - UNESP, Botucatu, Sao Paulo, Brazil; [2]Center for Human Reproduction Prof. Franco Jr, Ribeirao Preto, Sao Paulo, Brazil; [3]Paulista Center for Diagnosis Research and Training, Ribeirao Preto, Sao Paulo, Brazil.

P-532 EMBRYO TRANSFER PRACTICES AND IN VITRO FERTILIZATION (IVF) OUTCOMES IN FELLOWSHIP-AFFILIATED VERSUS NON-FELLOWSHIP-AFFILIATED FERTILITY CLINICS IN THE UNITED STATES.
J. U. Klein[1], J. Younger[2], E. Buyuk[2], B. A. Levine[1], M. V. Sauer[1]. [1]Reproductive Endocrinology and Infertility, Obstetrics and Gynecology, Columbia University Medical Center, New York, NY; [2]Reproductive Endocrinology and Infertility, Obstetrics and Gynecology and Women's Health, Montefiore's Institute for Reproductive Medicine and Health, Albert Einstein College of Medicine, Hartsdale, NY.

P-533 EGG QUALITY AND DEVELOPMENTAL POTENTIAL FROM MULTIPLE DONATION CYCLES IN EGG BANK DONORS.
L. Nel-Themaat, C.-C. Chang, D. P. Bernal, J. M. Kahn, D. B. Shapiro, Z. P. Nagy. Reproductive Biology Associates, Atlanta, GA.

P-534 ADD ONS FOR IN VITRO FERTILISATON (IVF). AN ACT OF DESPERATION?
B. Vollenhoven[1,2,3], T. Osianlis[1], N. Hope[1], C. Motteram[1], L. Rombauts[1,2,3]. [1]Monash IVF, Melbourne, VIC, Austria; [2]Obstetrics and Gynaecology, Monash University, Melbourne, VIC, Australia; [3]Gynaecology, Southern Health, Melbourne, VIC, Australia.

P-535 PROPHYLACTIC CERCLAGE IN TWIN PREGNANCIES FROM ART: OBSTETRIC OUTCOMES.
E .A. Galindo, P. Galache, I. Obeso, S. Hernández, P. Díaz, J. Sepúlveda. Reproductive Biology, Instituto para el Estudio de la Concepción Humana (IECH), Monterrey, Nuevo León, Mexico.

P-536 INCIDENCE OF CONGENITAL ANOMALIES IN 2351 IVF/ICSI BABIES.
P. E. Levi Setti, A. Baggiani, S. Castelli, G. Bracone, A. Marras, E. Albani. Department of Gynecology, Operative Unit of Gynecology and Reproductive Medicine, IRCCS Istituto Clinico Humanitas, Rozzano, Milano, Italy.

P-537 THE ROLE OF HYSTEROSCOPY BEFORE INTRACYTOPLASMIC SPERM INJECTION (ICSI): A RANDOMIZED CONTROLLED TRIAL.
I. H. El-nashar, A. Nasr. Department of Obstetrics and Gynecology, Women's Health Center, Assiut University, Assiut, Egypt.

P-538 DESIRES, DEMAND, PERCEPTIONS, AND KNOWLEDGE OF ASSISTED REPRODUCTIVE TECHNOLOGIES OF HIV-POSITIVE WOMEN OF REPRODUCTIVE AGE IN ONTARIO, CANADA.
Y. Zhang[1,2], M. Yudin[3], J. Raboud[4], H. Shapiro[5], S. Margolese[1], M. Loutfy[1,2]. [1]Women & HIV Research Program, Women's College Research Institute, Women's College Hospital, Toronto, ON, Canada; [2]Faculty of Medicine, University of Toronto, Toronto, ON, Canada; [3]Department of Obstetrics and Gynecology, St. Michael's Hospital, University of Toronto, Toronto, ON, Canada; [4]University Health Network, University of Toronto, Toronto, ON, Canada; [5]Department of Obstetrics and Gynecology, Mount Sinai Hospital, University of Toronto, Toronto, ON, Canada.

P-539 A NOVEL USE OF CETROTIDE ACETATE IN THE PREVENTION OF OHSS IN OOCYTE DONORS: A PILOT STUDY.
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P-540 SEMEN HYPERVISCOSITY TREATMENT AND IUI OUTCOME.
C. Daw, Q. V. Neri, D. Monahan, J. C. Y. Hu, Z. Rosenwaks, G. D. Palermo. The Ronald O. Perelman & Claudia Cohen Center for

Reproductive Medicine, Weill Cornell Medical College, New York, NY.

P-541 RETROSPECTIVE COMPARISON OF IVF TREATMENT IN WOMEN WITH PCOS, PCO OR NORMAL OVARIES.
Y.-P. Zhong, Y. Ying, H.-T. Wu, C. Zhou. Center for Reproductive Medicine, First Affiliated Hospital, Sun Yat-sen University, Guangzhou, Guangdong, China.

P-542 COMPARISON OF OUTCOMES IN WOMEN WHO ACCEPTED OR REJECTED ACUPUNCTURE TREATMENT DURING IN VITRO FERTILIZATION AND EMBRYO TRANSFER (IVF).
R. W. Ke[1], M. Xu[2], W. H. Kutteh[1]. [1]Fertility Associates of Memphis, University of Tennessee Health Science Center, Memphis, TN; [2]Xu Wellness Center, Germantown, TN.

P-543 HIGHER PREGNANCY RATES ACHIEVED WITH THE USE OF INTRAMUSCULAR PROGESTERONE PLUS VAGINAL PROGESTERONE (CRINONE 8%) VERSUS VAGINAL PROGESTERONE ALONE IN OOCYTE DONOR/RECIPIENT CYCLES.
V. C. Karande, L. R. Meyer, W. D. Hazlett, S. Beckman, S. Klipstein. InVia Fertility Specialists, SC, Hoffman Estates, IL.

P-544 DOES ICSI INCREASE THE INCIDENCE OF CHROMOSOMAL ABERRATION IN EMBRYOS?
Y. Matsumoto, M. Satoh, Y. Akamatsu, S. Hashimoto, Y. Nakaoka, Y. Morimoto. The Centre for Reproduction and Infertility, IVF Namba Clinic, Osaka, Japan.

P-545 TRENDS IN DONOR SPERM PURCHASING, DISCLOSURE OF DONOR ORIGINS TO OFFSPRING, AND THE EFFECTS OF SEXUAL ORIENTATION AND RELATIONSHIP STATUS ON CHOICE OF DONOR CATEGORY: A THREE YEAR STUDY.
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P-546 ASSESSING QUALITY CONTROL STANDARDS IN SPERM COUNTING AND MOTILITY ESTIMATES TO REDUCE VARIATION.
M. C. Schiewe, R. Tyagi, C. Rothman, C. A. Sims. QC Lab, California Cryobank, Los Angeles, CA.

P-547 TREATMENT WITH GONADOTROPINS AND INTRAUTERINE INSEMINATION IS MORE COST-EFFECTIVE THAN IN-VITRO FERTILIZATION IN WOMEN WITH LOW ANTI-MÜLLERIAN HORMONE.
L. W. Roth, I. D. Harris, R. Alvero. Department of Obstetrics and Gynecology, University of Colorado, Aurora, CO.

P-548 PREGNANCY OUTCOMES IN WOMEN WITH THIN ENDOMETRIUM UNDERGOING OVULATION INDUCTION WITH CLOMIPHENE CITRATE.
E. Mok-Lin, A. Aelion Brauer, O. Davis. Center for Reproductive Medicine and Infertility, Weill Cornell Medical College, New York, NY.

P-549 DEVELOPMENT OF AN INFERTILITY FAMILY RESEARCH REGISTRY (IFRR).
J. E. Stern, W. E. Gibbons. Obstetrics and Gynecology, Dartmouth-Hitchcock Medical Center, Lebanon, NH; Obstetrics and Gynecology, Baylor College of Medicine, Houston, TX.

P-550 PREDICTION OF PREGNANCY OUTCOME IN IVF PATIENTS WITH EARLY GESTATION MEASUREMENT OF SERUM ANALYTES.
J. S. Rhee[1,3], R. M. Sneeringer[1,2], A. S. Penzias[1,2,3]. [1]OB/GYN, Beth Israel Deaconess Medical Center, Boston, MA; [2]OB/GYN, Boston IVF, Waltham, MA; [3]OB/GYN, Harvard Medical School, Boston, MA.

EMBRYO TRANSFER

P-551 THAWED EMBRYO TRANSFER: NATURAL OR REPLACED ENDOMETRIAL CYCLE? A 5000 PATIENTS OBSERVATIONAL STUDY.
V. Guillén, Y. Ayllón, J. Domingo, J. Jáuregui, A. Santana, A. Pellicer. IVI Las Palmas, Las Palmas de G.C, Spain.

P-552 OUTCOME OF STIMULATION OF ENDOMETRIUM EMBRYO TRNSFER (SEET): FROM AN ANALYSIS OF 2,168 SINGLE FROZEN-THAWED BLASTOCYST TRANSFER CYCLES.
Ogata, S. Ogata, N. Kataoka, S. Kokeguchi, M. Shiotani. Hanabusa Women's Clinic, Kobe, Hyogo, Japan.

P-553 BLOOD ON THE TIP OF THE CATHETER IS ASSOCIATED WITH DECREASED PREGNANCY FOLLOWING FROZEN BLASTOCYST TRANSFER BUT NOT FRESH DAY 3 TRANSFER.
C. Marsh, S. Fisseha, J. Swain. Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI.

P-554 CUMULATIVE CLINICAL PREGNANCY RATES PRIVILEGING ELECTIVE SINGLE EMBRYO TRANSFER: A MATHEMATICAL MODEL FROM THE QUEBEC (CANADA) PUBLICLY-FUNDED *IN VITRO* FERTILISATION (IVF) PROGRAM.
F. Bissonnette[1,2], M. P. Vélez[1,2], S. Phillips[2], R. Antaki[1,2], S. Menard[1,2], I. J. Kadoch[1,2]. [1]Department of Obstetrics and Gynecology, University of Montreal, Montreal, QC, Canada; [2]OVO Fertility, Montreal, QC, Canada.

P-555 EXPERIENCE WITH A PATIENT FRIENDLY, MANDATORY SINGLE HIGH GRADE BLASTOCYST TRANSFER POLICY: THE POWER OF ONE.
M. J. Hill[2], J. M. Csokmay[1], R. Chason[2], S. Hennessy[1], J. H. Segars[2], M. D. Payson[1]. [1]IVF, Walter Reed Army Medical Center, Washington, DC; [2]Program in Reproductive and Adult Endocrinology, Eunice Kennedy Shriver National Institute of Child Health and Human Development, Bethesda, MD.

P-556 CLINICAL OUTCOMES IN AN EGG DONATION PROGRAM DERIVED FROM DAY 4 VERSUS DAY 5 EMBRYO TRANSFER.
J. Llácer[1], J. Guerrero[2], J. Ten[2], R. Bernabeu[1]. [1]Gynecology and Fertility, Instituto Bernabeu, Alicante, Spain; [2]Biology of Reproduction, Instituto Bernabeu, Alicante, Spain.

P-557 EFFECT OF AGE DEPENDENT EMBRYO TRANSFER POLICY ON SINGLETON AND TWIN PREGNANCY OUTCOMES AFTER ASSISTED REPRODUCTIVE TECHNOLOGY.
L. L. van Loendersloot[1], M. van Wely[1], S. Repping[3], P. M. Bossuyt[2], F. van der Veen[1]. [1]Obstetrics and Gynaecology, Academic Medical Center, Amsterdam, Noord Holand, Netherlands; [2]Clinical Epidemiology, Biostatistics and Bioinformatics, Academic Medical Center, Amsterdam, Noord Holand, Netherlands.

P-558 ABSTRACT WITHDRAWN.

P-559 THE IMPACT OF AN ELECTIVE SINGLE EMBRYO TRANSFER PROGRAMME ON SUCCESS RATES WITHIN A CLINICAL ASSISTED REPRODUCTIVE SETTING.
S. R. Cawood[1], J. Harper[2], P. F. Serhal[1], A. Doshi[1]. [1]The Centre for Reproductive and Genetic Health, London, United Kingdom; [2]UCL Centre for PGD, London, United Kingdom.

P-560 OPTIMUM NUMBER OF EMBRYOS TO TRANSFER ON DAY 3 TO ACHIEVE HIGH PREGNANCY RATES AND LOW MULTIPLE RATES BASED ON PATIENT AGE AND EMBRYO QUALITY.
L. Hill, S. LaBrie, P. St. Marie, K. Lynch, E. Tougias, M. Arny. Baystate Reproductive Medicine, Baystate Health, Springfield, MA.

P-561 SELECTION OF AN OPTIMAL EMBRYO TRANSFER (ET) CATHETER: COMPARISONS OF THREE TYPES OF CATHETERS
V. Polanski[1], M. Sagle[2], T. Motan[2]. [1]Fertility and Women's Endocrine Clinic, Lois Hole Hospital for Women, Edmonton, AB, Canada; [2]Department of Obstetrics and Gynecology, University of Alberta, Edmonton, AB, Canada.

P-562 USE OF ULTRASOUND-GUIDED EMBRYO TRANSFER (US-ET) REDUCES RATES OF EXTRA-UTERINE PREGNANCIES.
R. S. Weinerman, C. Mullin. NYU Fertility Center, New York University School of Medicine, New York, NY.

P-563 DOES IT REALLY MATTER HOW FAR THE EMBRYOS ARE TRANSFERRED FROM THE FUNDUS?
P. Kovacs[1], F. Rarosi[2], S. G. Kaali[1]. [1]Kaali Institute IVF Center, Budapest, Hungary; [2]SZTE ÁOK Orvosi Informatikai és Orvosi Fizikai Intézet, Szeged, Hungary.

P-564 TUBAL TRANSFER PRIOR TO DAY 3 IS ASSOCIATED WITH IMPROVED PERINATAL OUTCOMES AFTER IVF.
L. Rubal, N. Opper, B. Kashani, R. J. Paulson, K. Chung. Obstetrics and Gynecology, University of Southern California, Los Angeles, CA.

P-565 EVALUATION OF AN EMBRYO SELECTION PROTOCOL DESIGNED TO MAINTAIN CLINICAL PREGNANCY RATES WHILE REDUCING RATES OF MULTIPLE PREGNANCY.
D. R. Kinzer, M. M. Alper, J. Bailey, B. Milette, C. B. Barrett. Boston IVF, Waltham, MA.

P-566 TO BE OR NOT TO BE: THE FATE OF A DAY THREE 4-CELL EMBRYO.
A. Aelion Brauer, A. Melnick, E. Mok-Lin, S. Spandorfer. The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, New York, NY.

P-567 ELECTIVE SINGLE EMBRYO TRANSFER AS AN EFFICIENT STRATEGY TO AVOID MULTIPLE PREGNANCIES IN PATIENTS LESS THAN 39 YEARS OLD SUBMITTED TO IVF.
S. P. Goncalves, R. J. M. Rodrigues, A. W. Liao, A. C. F. Crepaldi, A. P. Gomes, P. A. A. Monteleone. Clinical, Centro de Reproducao Humana Monteleone, Sao Paulo, SP, Brazil.

IMPLANTATION

P-568 CLINICAL AND PATHOLOGICAL CHARACTERISTICS OF CHRONIC ENDOMETRITIS.
K. Kitaya[1,2], Y. Tada[1], S. Taguchi[1], M. Funabiki[1], T. Hayashi[1], Y. Nakamura[1]. [1]Oak Clinic, Osaka, Osaka Prefecture, Japan; [2]Department of Anatomy and Cell Science, Kansai Medical University, Moriguchi, Osaka Prefecture, Japan.

P-569 WHEN IS THE ACTUAL SPLITTING TIME OF THE EMBRYO TO DEVELOP A MONOZYGOTIC DICHORIONIC DIAMNIOTIC (DD) TWINS FOLLOWING A SINGLE EMBRYO TRANSFER?
K. Kyono[1], M. Shiotani[2], H. Watanabe[3], C. Oka[4], K. Takahashi[5], N. Hayashi[6]. [1]Kyono ART Clinic, Sendai, Miyagi, Japan; [2]Hanabusa Womens Clinic, Kobe, Hyogo, Japan; [3]Daigo Watanabe Clinic, Kyoto, Japan; [4]Tokyo HART Clinic, Minato, Tokyo, Japan; [5]Hiroshima HART Clinic, Hiroshima, Japan; [6]Okayama Couple's Clinic, Okayama, Japan.

P-570 PREGNANCY RATE IMPROVEMENT AFTER ENDOMETRIAL BIOPSY AND PROPHYLACTIC ANTIBIOTIC THERAPY IN PATIENTS WITH RECURRENT IMPLANTATION FAILURE.
L. S. Francisco[1], R. B. Tomioka[1,2], J. K. Mizumoto[1,2], T. C. S. Bonetti[1,3], F. M. Carvalho[4], J. Ueno[1,5]. [1]GERA - Instituto de Medicina Reprodutiva, Sao Paulo, SP, Brazil; [2]Gynecology Discipline - School of Medicine, Universidade de Sao Paulo, Sao Paulo, SP, Brazil; [3]Gynecology Department, Universidade Federal de Sao Paulo, Sao Paulo, SP, Brazil; [4]Pathology Department, Universidade de Sao Paulo, Sao Paulo, SP, Brazil; [5]Hysteroscopy Sector, Hospital Sirio Libanes, Sao Paulo, SP, Brazil.

P-571 LETROZOLE USE IN FROZEN EMBYRO TRANSFER (FET) CYCLES: CLINICAL PREGNANCY OUTCOMES IN PATIENTS WITH AND WITHOUT ENDOMETRIOSIS.
B. G. Patel[1], G. Bushnell[2], H. L. Higdon, III[1], P. B. Miller[1], D. A. Forstein[1], B. A. Lessey[1]. [1]Obstetrics and Gynecology Division Reproductive Endocrinology and Infertility, Greenville Hospital System, Greenville, SC; [2]Department of Public Health Sciences, Clemson University, Clemson, SC.

P-572 ABERRANT EXPRESSION OF HOMEOBOX GENES ADVERSELY AFFECTS IMPLANTATION IN ENDOMETRIOSIS.
S. K. Jana, P. Banerjee, V. Pramanik, P. Pasricha, K. Chaudhury, B. Chakravarty. School of Medical Science and Technology, Indian Institute of Technology, Kharagpur, West Bengal, India; Department of Biotechnology, National Institute of Technology, Durgapur, West Bengal, India; Reproductive Health, Institute of Reproductive Medicine, Kolkata, West Bengal, India.

P-573 BALANCED LYCAT GENE EXPRESSION IS CRUCIAL FOR FEMALE REPRODUCTION.
L. Ni, W. Wang, Y. Tang, H.-C. Liu. Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine and Infertility, Weill Cornell Medical College, New York, NY.

P-574 ENDOMETRIAL INJURY MAY INCREASE THE CLINICAL PREGNANCY RATE IN NORMORESPONDERS UNDERWENT LONG AGONIST PROTOCOL INTRACYTOPLASMIC SPERM INJECTION CYCLES WITH SINGLE EMBRYO TRANSFER.
S. Guven, C. Kart, M. A. Unsal, O. Yildirim, E. Odaci, E. Yulug. Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, Karadeniz Technical University Faculty of Medicine, Trabzon, Turkey.

P-575 PATIENTS WITH MÜLLERIAN ANOMALIES HAVE LOWER EMBRYO IMPLANTATION IN OOCYTE DONATION.
S. Portela, I. Fernandez, T. Lopez, B. Martinez, J. Aguilar, E. Munoz. Reproductive Medicine, IVI Vigo, Vigo, Pontevedra, Spain.

P-576 ENDOMETRIAL INJURY AND OUTCOME OF THE SUBSEQUENT IVF CYCLE. A SYSTEMATIC REVIEW AND METAANALYSIS.
T. A. El-Toukhy, S. K. Sunkara, Y. Khalaf. Assisted Conception Unit, Guy's and St. Thomas' Hospital, London, United Kingdom.

P-577 ENDOMETRIAL INJURY VIA SALINE-INFUSION SONOHYSTEROGRAM (SIS) PERFORMED WITHIN ONE MONTH OF CYCLE START DOES NOT IMPROVE LIVE BIRTH RATE.
M. C. Peavey, A. A. Shah, D. J. Raburn, D. K. Walmer, S. D. Copland, T. M. Price. Duke Fertility Center, Duke University Medical Center, Durham, NC.

P-578 THE TRANSCRIPTIONAL COACTIVATOR NCOA6 PLAYS AN ESSENTIAL ROLE IN THE PROCESS OF IMPLANTATION THROUGH REGULATING THE ERα EXPRESSION AND THE SENSITIVITY FOR E2 IN UTERUS.
J. Kawagoe, Q. Li, L. Liao, J. P. Lydon, F. J. DeMayo, J. Xu. Molecular and Cellular Biology, Baylor College of Medicine, Houston, TX.

P-579 DYSTROGLYCAN AND THE DYSTROPHIN GLYCOPROTEIN COMPLEX IN PLACENTAL DEVELOPMENT.
S. J. Mucowski, R. Urrabaz-Garza, R. N. Theiler. Obstetrics and Gynecology, University of Texas Medical Branch, Galveston, TX.

P-580 INTERMEDIN (IMD); A NOVEL PLAYER IN HUMAN EMBRYO IMPLANTATION.
D. Havemann, M. Balakrishnan, J. Phelps, C. Yallampalli, M. Chauhan. University of Texas Medical Branch, Galveston, TX.

P-581 FSH DIRECTLY DOWN-REGULATED HUMAN ENDOMETRIAL AQP8, AND RESULTED IN DECREASED ENDOMETRIAL RECEPTIVITY VIA DISREGULATION OF ENDOMETRIAL RECEPTIVE FACTORS, INCLUDING LIF AND OLFM1.
D. Zhang[1,2], G. Xu[1,2], J. Li[1,2], Y. Zhu[1], F. Qu[1,2], J. Sheng[1,2]. [1]Department of Reproductive Endocrinology, Women's Hospital, School of Medicine, Zhejiang University, Hangzhou, Zhejiang Province, China; [2]Key Laboratory of Reproductive Genetics, Ministry of Education of China, Hangzhou, Zhejiang Province, China.

P-582 ARE THE CAUSES OF RECURRENT IMPLANTATION FAILURE A MYTH OR EVIDENCE BASED REALITY?
P. Neelam[1], S. Vitthala[2]. [1]Reproductive Sciences Section, University of Leicester, Leicester, Leicestershire, United Kingdom; [2]Leicester Fertility Centre, University Hospitals of Leicester, Leicester, Leicestershire, United Kingdom.

LUTEAL PHASE SUPPORT

P-583 EFFICACY OF A PROGESTERONE VAGINAL RING VERSUS PROGESTERONE GEL FOR LUTEAL PHASE SUPPLEMENTATION BY BODY MASS INDEX (BMI).
K. M. Silverberg[1], K. Z. Reape[2], B. K. Howard[2]. [1]Texas Fertility Center, Austin, TX; [2]Teva Branded Pharmaceutical Products R&D, Horsham, PA.

P-584 IMPACT OF LUTEAL PHASE SUPPORT WITH INTRAVAGINAL PROGESTERONE GEL VS. INTRAMUSCULAR 17 HYDROXYPROGESTERONE CAPROATE ON PREGNANCY RATES IN ART CYCLES.
F. Satir, T. Toptas, M. Inel, M. E. Akar, O. Taskin. Obstetrics and Gynecology, Akdeniz University, Antalya, Turkey.

P-585 ENDOMETRIN AS LUTEAL PHASE SUPPORT IN ASSISTED REPRODUCTION.
E. C. Feinberg, A. N. Beltsos, E. L. Marut, M. L. Uhler. Fertility Centers of Illinois, Chicago, IL.

PROCEDURES AND TECHNIQUES-CLINICAL: ART

P-586 STEROID/ANTIBIOTIC TREATMENT WITH ASSISTED HATCHING DOES NOT INCREASE LIVE BIRTH RATES FROM IVF.
F. S. Karipcin[1], V. A. Moragianni[2], B. Milette[3], K. L. Thornton[2,3], A. S. Penzias[2,3]. [1]Department of Obstetrics and Gynecology, University of Texas Medical Branch at Galveston, Galveston, TX; [2]Division of Reproductive Endocrinology& Infertility, Department of Obstetrics& Gynecology, Beth Israel Deaconess Medical Center, Boston, MA; [3]Boston IVF, Waltham, MA.

P-587 THE USE OF GONADOTROPIN RELEASING HORMONE ANTAGONIST FOR OVARIAN SUPPRESSION IN DONOR EGG RECIPIENTS.
J. Y. J. Huang, S. Tomer, I. Kligman, I. Cholst. The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medical College, New York, NY.

P-588 OOCYTE YIELDS PER ANTI-MÜLLERIAN HORMONE (AMH) AT DIFFERENT FEMALE AGES CHANGE WITH ADVANCING FEMALE AGE: A NEW TOOL TO ASSESS OOCYTE QUALITY?
N. Gleicher[1,2,3], A. Weghofer[1,2,4]. [1]Center for Human Reproduction, New York, NY; [2]Foundation for Reproductive Medicine, New York, NY; [3]Department of Obstetrics, Gynecology and Reproductive Sciences, Yale University School of Medicine, New Haven, CT; [4]Department of Obstetrics and Gynecology, Medical University Vienna, Wien, Austria.

PROCEDURES AND TECHNIQUES-LABORATORY: ART

P-589 ENHANCED UPTAKE OF NANOPARTICLES IN TRYPSINIZED SPERM AND DELIVERY INTO OOCYTES.
P. J. Chan, P. Leung, J. Corselli, J. M. Norian, J. D. Jacobson. Gynecology and Obstetrics, Loma Linda University, Loma Linda, CA.

P-590 RAPID QUANTITATION OF MENSTRUAL BLOOD LOSS FROM FEMININE HYGIENE PRODUCTS.
G. F. Ray, P. Burnett, D. Dadgar. KCAS, Shawnee, KS.

P-591 MENSTRUAL PICTOGRAM SCORING VS ALKALINE HEMATIN FOR MEASURING BLOOD LOSS ON SANITARY PRODUCTS.
P. Burnett[1], S. Chudnoff[2], L. Turner[1], D. Dadgar[1]. [1]KCAS, Shawnee, KS; [2]Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, NY.

PREGNANCY LOSS AND TERMINATION

P-592 THE CLINICAL UTILITY IN CONDUCTING REFLEXIVE LABORATORY SURVEILLANCE IN PATIENTS TREATED WITH METHOTREXATE IS LIMITED.
L. W. Milman, J. A. Bastek, A. Shaunik, M. D. Sammel, K. L. O'Flynn O'Brien, K. T. Barnhart. Department of Obstetrics and Gynecology, Hospital of the University of Pennsylvania, Philadelphia, PA.

P-593 RISK FACTORS INFLUENCING hCG DECLINE IN A SPONTANEOUS MISCARRIAGE.
A. Shaunik[1], M. D. Sammel[2], M. S. Cary[2], K. Chung[3], P. Takacs[4], K. T. Barnhart[1,2]. [1]Department of Obstetrics and Gynecology, University of Pennsylvania, Philadelphia, PA; [2]Center for Clinical Epidemiology and Biostatistics, University of Pennsylvania, Philadelphia, PA; [3]Obstetrics and Gynecology, University of Southern California, Keck School of Medicine, Los Angeles, CA; [4]Obstetrics and Gynecology, University of Miami School of Medicine, Miami, FL.

P-594 DANAPAROID VERSUS HEPARIN THERAPY IN RECURRENT PREGNANCY LOSS PATIENTS WITH ANTIPHOSPHOLIPID ANTIBODY.
K. Katano, M. Sugiura. Department of Obstetrics & Gynecology, Nagoya City University Graduate School of Medical Science, Nagoya, Aich-ken, Japan.

P-595 COST ANALYSIS OF CHROMOSOME TESTING OF THE SECOND MISCARRIAGE VERSUS EVALUATION FOR RECURRENT EARLY PREGNACY LOSS.
L. A. Bernardi[1], B. A. Plunkett[2], M. D. Stephenson[1]. [1]Department of Obstetrics and Gynecology, University of Chicago, Chicago, IL; [2]Department of Obstetrics and Gynecology, NorthShore University HealthSystem, Evanston, IL.

P-596 THE FREQUENCY OF RECURRENT MISCARRIAGE AND THE INFLUENCE ON FURTHER MARITAL RELATIONSHIP AND ILLNESS: OKAZAKI COHORT STUDY IN JAPAN.
M. Sugiura-Ogasawara[1], T. Kitaori[1], K. Katano[1], Y. Ozaki[1], S. Suzuki[2]. [1]Obstetrics and Gynecology, Nagoya City University, Graduate School of Medical Sciences, Nagoya, Aichi, Japan; [2]Public Health, Nagoya City University, Graduate School of Medical Sciences, Nagoya, Aichi, Japan.

P-597 INCREASE IN ART-CONCEIVED MISCARRIAGE AND PRETERM BIRTH RATES FOLLOWING HURRICANE KATRINA: ANALYSIS OF 104,724 CYCLES REPORTED TO SART.
S. K. Jindal[1,2], M. Chuang[1], D. S. Berger[2], A. Polotsky[3], N. Santoro[3], L. Pal[4]. [1]Ob/Gyn & Women's Health, Albert Einstein College of Medicine, Bronx, NY; [2]Montefiore's Institute for Reproductive Medicine and Health, Albert Einstein College of Medicine, Hartsdale, NY; [3]Obstetrics & Gynecology, University of Colorado Denver, Aurora, CO; [4]Ob/Gyn & Reproductive Sciences, Yale University School of Medicine, New Haven, CT.

P-598 EPIGENETICS OF EARLY PREGNANCY FAILURE.
R. S. Raj, K. L. Fiset, K. Oppenheimer, L. Y. Brown, E. A. Bonney, S. A. Brown. Department of Obstetrics, Gynecology and Reproductive Sciences, University of Vermont, Burlington, VT.

P-599 DOES OBESITY INCREASE THE RATE OF MISCARRIAGE IN SPONTANOUS CONCEPTION: A SYSTEMATIC REVIEW.
C. E. Boots, M. D. Stephenson. Obsetrics & Gynecology, University of Chicago, Chicago, IL.

P-600 OUTPATIENT HYSTEROSCOPY IN RECURRENT MISCARRIAGE.
C. Souza, C. Schmitz, V. K. Genro, A. Martins, M. L. R. Oppermann, J. S. Cunha-Filho. Serviço de Ginecologia e Obstetrícia, Hospital de Clínicas de Porto Alegre, Porto Alegre, Rio Grande do Sul, Brazil.

MEET AND GREET THE ASRM PRESIDENT AND THE EDITORS OF ASRM'S JOURNALS!

Stop by the ASRM Booth (#2144) and meet ASRM President Roger A. Lobo, M.D., *Fertility and Sterility* Co-Editors-In-Chief Craig Niederberger, M.D., and Antonio Pellicer, M.D.; *Sexuality, Reproduction & Menopause* Editor Sandra A. Carson, M.D.; and *Journal of Assisted Reproduction and Genetics* Editor David F. Albertini, Ph.D.

Dr. Lobo will be at the booth during the Monday and Tuesday afternoon breaks from 3:30 pm to 4:15 pm.

Drs. Pellicer, Niederberger, Carson and Albertini will be at the booth during the Monday and Tuesday morning breaks from 10:30 am to 11:15 am.

Photo Opportunities Available!

ROUNDTABLE LUNCHEONS

Monday, October 17, 2011 **1:15 pm – 2:15 pm**

Hall E (Roundtable Area behind Poster Area)

Androgen Excess

RTM01. Lifestyle Approach in PCOS Management
Kathleen M. Hoeger, M.D., M.P.H.
University of Rochester Medical Center

Assisted Reproductive Technology

RTM02. Evaluation of Male Infertility or TESE
Peter N. Schlegel, M.D.
Cornell University

RTM03. Deriving Stem Cells
Nikica Zaninovic, M.Sc., Ph.D.
Cornell University

RTM04. ICSI
Gianpiero Palermo, M.D., Ph.D.
Cornell University

RTM05. In Vitro Maturation of Oocytes: Clinical Applications
Timur Gurgan, M.D.
Gurgan Clinic, Turkey

RTM06. Identification of the High-Risk Patient for Ovarian Hyperstimulation Syndrome
Basil C. Tarlatzis, M.D., Ph.D.
Aristotle University Of Thessaloniki

Chinese

RTM07. Preservation of Fertility in Cancer Patients
Seang L. Tan, M.B.A., M.D.
McGill University

Endometriosis

RTM08. Endometriosis and Aromatase Inhibitor Treatment
Erkut Attar, M.D.
Istanbul University

Environment and Reproduction

RTM09. Infertility and Environmental Contaminants
Julie J. Wirth, M.S., Ph.D.
Michigan State University

Fibroids

RTM10. Alternative Treatments of Uterine Fibroids
Shannon Laughlin, M.D.
Mayo Clinic

Genetic Counseling

RTM11. Multiplex Genetic Carrier Screening: Important Considerations for Testing Gamete Donors
Amy C. Vance, M.S.
Bay Area Genetic Counseling

Health Disparities

RTM12. Practicing in a Mandated State: The Good, The Bad, The Ugly
Dianna P. Broomfield, M.D.
Howard University Hospital

Imaging in Reproductive Medicine

RTM13. 3D Ultrasound Applications in REI
Laura Detti, M.D.
University of Tennessee Health Services

Legal

RTM14. The Role of Contracts v. Consents in Assisted Reproductive Technology
Andrew W. Vorzimer, B.B.A., J.D.
Private Practice, Los Angeles

Male Reproduction and Urology

RTM15. Vasectomy Reversal: Outcomes and Predictors for Success
Peter N. Kolettis, M.D.
University of Alabama at Birmingham

RTM16. Male Fertility Preservation: Current Practice and Future Considerations
Sjoerd Repping, M.Sc.,Ph.D.
University of Amsterdam

RTM17. Epigenetics and Sperm: Is it Clinically Relevant?
Douglas T. Carrell, Ph.D.
University of Utah School of Medicine

Mental Health

RTM18. Calming the Whole Body: Integrating Hypnosis as a Mind-Body Approach in Fertility Treatments
Deborah S. Simmons, Ph.D.
Partners in Healing of Minneapolis

RTM19. Assessing Books for Donor Conceived Young Adult Readers
Patricia A. Mendell, M.S.W.
Life Crossroads Counseling for Change, New York

RTM20. How to Talk to the "Macho Man" About Infertility
J. Kendall Smalls, M.Sc.
Batzofin Fertility Services, New York

Nurses

RTM21. Genetic Counseling: Benefits for Your Practice and Your Patients
Lauri D. Black, M.S.
Pacific Reproductive Genetic Counseling

RTM22. Nursing Research: You Can Do It
Cynthia F. Willson, B.S.N.
Pacific Fertility Center, San Francisco

Preimplantation Genetic Diagnosis

RTM23. Polar Biopsy for PGD: New Material
Anver Kuliev, M.D., Ph.D.
Reproductive Genetics Institute, Chicago

RTM24. Genome-wide PGS
Nathan R. Treff, Ph.D.
Reproductive Medicine Associates of New Jersey

Regenerative Medicine and Stem Cells

RTM25. Sperm from Infertility-patient Stem Cells
Kyle Orwig, Ph.D.
Magee-Womens Research Institute, University of Pittsburgh School of Medicine

Reproductive Biology and Technology

RTM26. Trophectoderm Biopsy and qPCR
Dawn A. Kelk, H.C.L.D, Ph.D.
Reproductive Medicine Associates of Connecticut

RTM27. Managing Cryostorage in the Laboratory
Kristen A. Ivani, Ph.D.
Reproductive Science Center of the San Francisco Bay Area

RTM28. Controlling Temperature in the ART Laboratory: What Do We Really Know?
William R. Boone, Ph.D.
Greenville Hospital System

Reproductive Endocrinology and Infertility

RTM29. Causes of Recurrent Pregnancy Loss
Ruth B. Lathi, M.D.
Stanford University

RTM30. D.O.R. – Treatment Strategies
Valerie L. Baker, M.D.
Stanford University School of Medicine

RTM31. Polytherapy in PCOS – How Much is too Much?
Anuja Dokras, M.D., Ph.D.
University of Pennsylvania Medical Center

Reproductive Managers

RTM32. ICD 10 Coding Changes
Lena Mignone, B.A.
Reproductive Medicine Associates of New Jersey

Sexuality

RTM33. The Link Between Infertility and Sexual Function
John P. Mulhall, M.D.
Memorial Sloan Kettering Cancer Center

Surgery

RTM34. Different Sperm Retrieval Techniques - Pros and Cons
Craig S. Niederberger, M.D.
University of Illinois College of Medicine

RTM35. Resection of Uterine Septum: How, Why and When
Samantha M. Pfeifer, M.D.
University of Pennsylvania School of Medicine

ROUNDTABLE LUNCHEONS

Tuesday, October 18, 2011 **1:15 pm – 2:15 pm**

Hall E (Roundtable Area behind Poster Area)

Assisted Reproductive Technology

RTT01. Metabolomic Profiling of Embryos
Denny Sakkas, Ph.D.
Yale University School of Medicine

RTT02. Time-Lapse Videography for Embryo Selection – Current State and Future Promise
G. David Ball, Ph.D., H.C.L.D.
Seattle Reproductive Medicine

RTT03. Psychological Assessment of Donors
Elizabeth A. Grill, Psy.D.
Cornell University

Contraception

RTT04. Ulipristal Acetate: The New Emergency Contraceptive
Christopher M. Estes, M.D., M.P.H.
Reproductive Health Services University of Miami Miller School of Medicine

RTT05. Conditions Unique to U.S. Medical Eligibility Criteria for Contraception
Melissa Kottke, M.D.
Emory School of Medicine

Endometriosis

RTT06. The Use of Aromatase Inhibitors for the Treatment of Endometriosis
Robert F. Casper, M.D.
University of Toronto

Environment and Reproduction

RTT07. Telemeres and Reproductive Aging
David L. Keefe, M.D.
New York University Medical Center

Fertility Preservation

RTT08. Nuts and Bolts of Fertility Preservation in a Newly Diagnosed Cancer Patient
Karine Chung, M.D.
University of Southern California Keck School of Medicine

Fibroids

RTT09. Targeting Steroids to Treat Fibroids
Erica E. Marsh, M.D., M.S.
Feinberg School of Medicine - Northwestern University

Imaging in Reproductive Medicine

RTT10. Sono AVC and Ovarian Monitoring
Todd D. Deutch, M.D.
Advanced Fertility Center of Chicago

Legal

RTT11. Legal Issues Arising from Cross Border Arrangements
Steven H. Snyder, B.A., J.D.
Private Practice, Minneapolis-St. Paul

Male Reproduction and Urology

RTT12. 15 Years of FNA Sperm Mapping in NOA
Paul J. Turek, M.D.
The Turek Clinic, San Francisco

RTT13. Vasectomy Reversal or Sperm Acquisition/IVF: How to Decide
Jay I. Sandlow, M.D.
Medical College of Wisconsin

RTT14. Vibratory Stimulation and Electroejaculation in the SCI Male
Charles M. Lynne, M.D.
University of Miami School of Medicine

Menopause

RTT15. Management Strategies in Women with Low Bone Mass
Tobie De Villiers, M.B., Ch.B., M.Med.
University of Stellenbosch, Cape Town, South Africa

RTT16. Is There an Interaction Between Menopause and the Metabolic Syndrome?
Genevieve Neal-Perry, M.D., Ph.D.
Albert Einstein College of Medicine

RTT17. The European Experience with Tibolone
David Sturdee, M.D.
Solihull Hospital, United Kingdom

Mental Health

RTT18. Complementary and Alternative Medicine: The Good, The Benign, and the Ugly
Alice D. Domar, Ph.D.
Boston IVF

RTT19. Demystifying Gestational Surrogacy
Sharon L. LaMothe
Infertility Answers, Inc., Issaquah, WA

RTT20. Let's Read This Story: Comparing the Picture Books that Introduce Young Readers to ART
Nancy Freeman Carroll, Psy.D.
Private Practice, New York

Nurses

RTT21. Letrazole: Use for IUI and Fertility Preservation
Carol B. Lesser, M.S.N., N.P., R.N.C.
Boston IVF

RTT22. Developing Staff Competency
Deborah L. Jaffe, B.S.N.
U.C.S.F. Medical Center, the Center for Reproductive Health

Nutrition

RTT23. Body Weight and Beyond: Current Strategies in Nutrition and Physical Fitness for Peak Fertility and Risk Reduction
Amy Ogle, M.S., R.D.
Private Practice

Pediatric and Adolescent Gynecology

RTT24. Abnormal Menstruation in Adolescents: Diagnostic and Treatment Dilemmas
Lawrence S. Amesse, H.C.L.D., M.D., Ph.D.
Wright State University

Preimplantation Genetic Diagnosis

RTT25. When Should PGD Aneuploidy Testing Be Recommended?
Joe Leigh Simpson, M.D.
Wertheim College of Medicine, Miami

Reproductive Biology and Technology

RTT26. Looking Beyond Aesthetics: The Future of Oocyte Quality Evaluation
David F. Albertini, Ph.D.
University of Kansas Medical Center

RTT27. Laboratory Environment: Do You Really Have a Handle on It?
H. Lee Higdon, Ph.D.
Greenville Hospital System University Medical Center

Reproductive Endocrinology and Infertility

RTT28. New Tests of Ovarian Reserve
Barbara J. Stegmann, M.D., M.P.H.
University of Iowa

RTT29. Obesity and Fertility
Emily S. Jungheim, M.D.
Washington University in St. Louis

RTT30. Reproductive Implications of Adenomyosis
Bradley S. Hurst, M.D.
Carolinas Medical Center

Reproductive Immunology

RTT31. How to Evaluate the Usefulness of Clinical Immunology Testing for My Practice
Kenneth D. Beaman, Ph.D.
Rosalind Franklin University

Sexuality

RTT32. A Clinical Trifecta: Disability, Sex and Fertility
William D. Petok, Ph.D.
Private Practice, Baltimore

Surgery

RTT33. Asherman's Syndrome: Modern Evaluation and Treatment
Keith B. Isaacson, M.D.
Newton-Wellesley Hospital

RTT34. Robots to the Rescue of Microsurgery
Ceana H. Nezhat, M.D.
Nezhat Medical Center, Atlanta

RTT35. Pearls of Varicocele Repair
Marc Goldstein, M.D.
Cornell Institute for Reproductive Medicine

Wednesday, October 19, 2011 **1:15 pm – 2:15 pm**

Hall E (Roundtable Area behind Poster Area)

Androgen Excess

RTW01. The Fetal Origin of PCOS: Insight from the Primate Model, Including Epigenetic and Metabolomic
David H. Abbott, Ph.D.
University of Wisconsin-Madison

Assisted Reproductive Technology

RTW02. Sperm DNA Fragmentation Testing
Darius A. Paduch, M.D.
Cornell University

RTW03. Oocyte Cryopreservation for Oocyte Donors
Z. Peter Nagy, M.D., Ph.D.
Reproductive Biology Associates, Atlanta

RTW04. Helping You and Your Patient Understand the Legal Referral in Family Building
Margaret Swain, R.N., J.D.
Private Practice, Baltimore

RTW05. Enhancing Pregnancy Rates in ART
Rishma Dhillon Pai, M.D.
Lilavati Hospital & Research Centre, Mumbai, India

Chinese

RTW06. Natural Cycle IVF
Frank Yelian, M.D., Ph.D.
Life IVF Center, California

Endometriosis

RTW07. The Best Approach to Endometriosis in Women Undergoing ART
Steven F. Palter, B.A., M.D.
IVF Gold Coast, New York

Fertility Preservation

RTW08. Fertility Preservation in Cancer: Who, What and When
Lynn Westphal, M.D.
Stanford University

Genetic Counseling

RTW09. Genetic Counseling for Gamete Recipients
Pamela A. Callum, M.S.,M.Sc.
California Cryobank

Male Reproduction and Urology

RTW10. Lab Testing for Male Infertility: Indications and Interpretation
Mark Sigman, M.D.
Brown University

RTW11. Role of Over-the-Counter Supplements in the Management of Male Fertility
Edmund S. Sabanegh, Jr., M.D.
Cleveland Clinic

RTW12. Preparation and Cryopreservation of MESA and TESE Samples
Donna L. Cunningham, B.S., B.Sc., M.T.
Reproductive Science Center of New England

Menopause

RTW13. The Consequences of Iatrogenic Menopause
Pinar H. Kodaman, M.D., Ph.D.
Yale University School of Medicine

RTW14. Assessing Cognitive Changes in Later Reproductive Life
Christina E. Broadwell, M.D.
University of Vermont

Mental Health

RTW15. Reproductive Health Literacy: How Mental Health Professionals Can Help
Judith E. Horowitz, Ph.D.
Private Practice, Florida

RTW16. Ethical Minefields in Third Party Arrangements: Gamete Donation, Surrogacy and Embryo Donation/Adoption
Elaine R. Gordon, Ph.D.
Private Practice, California

Nurses

RTW17. Hot Off the Press: Adjuncts for Ovarian Stimulation (E2 Priming Protocol)
Aimee C. Weston, B.S.N., M.D., R.N.C.
Abington Reproductive Medicine

Nutrition

RTW18. Eating Disorders in Fertility Patients: Screening and Treatment
Judy D. Simon, B.S., M.S., R.D.
Mind Body Nutrition, PLLC, Bellevue, WA

Preimplantation Genetic Diagnosis

RTW19. Chromosome PGD - Technology Validation and Patient Selection
Richard T. Scott, Jr., M.D.
Reproductive Medicine Associates of New Jersey

Regenerative Medicine and Stem Cell

RTW20. Ovarian Transplantation
Pasquale Patrizio, M.D.
Yale Fertility Center and REI Medical Practice

Reproductive Biology and Technology

RTW21. Free Oxygen Radical Damage on Assisted Reproduction: Can It Be Prevented?
Ashok Agarwal, Ph.D.
Cleveland Clinic

RTW22. Artificial Shrinkage of the Blastocoels Prior to Blastocyst Vitrification
Andrew D. Dorfman, M.S.
Embryology Laboratory Genetics & IVF Institute, Fairfax, VA

RTW23. Flexible Day of Transfer: A Model to Optimize Treatment Cycle Outcome
Kathyrn J. Go, Ph.D.
The Reproductive Science Center of New England

Reproductive Endocrinology and Infertility

RTW24. Luteal Phase Support
Claudio F. Chillik, M.D.,Ph.D.
Center of Studies in Gynecology and Reproduction, Buenos Aires, Argentina

RTW25. Maximizing Endometrial Receptivity
Rui Albert Ferriani, M.D.,Ph.D.
University of Sao Paolo

RTW26. Genetic Associations with Polycystic Ovary Syndrome in Chinese Women
Zi-Jiang Chen, M.D.
Shandong University, China

RTW27. IVF and Childhood Outcomes: What is the Risk?
Kurt T. Barnhart, M.D.
University of Pennsylvania

RTW28. Providing a Gestational Carrier Program – Issues and Experience
Ginny L. Ryan, M.D., M.A.
University of Iowa Carver College of Medicine

RTW29. Screening Ovarian Reserve
Amber R. Cooper, M.D., M.Sc.
Washington University

Reproductive Immunology

RTW30. Multiple implantation Failure: What to Do and How to Do?
Brian D. Acacia, M.D.
Acacio Fertility

Reproductive Managers

RTW31. Marketing
Ramon Broomfield
Maryland IVF

Stem Cells

RTW32. Stem Cells: From IVF to Therapeutic Applications
Carlos A. Simon, M.D.,Ph.D.
University of Valencia

Surgery

RTW33. Ultrasound-Guided Intraoperative Procedures
Anna Parsons, B.S., M.D.
University of South Florida

RTW34. Office Hysteroscopy: Why and How
Gary N. Frishman, M.D.
Brown Medical School

RTW35. Robotic Myomectomies
Sejal P. Patel, M.D.
Center for Reproductive Medicine, Orlando

FUTURE ASRM ANNUAL MEETINGS

October 20-24, 2012
San Diego, CA
San Diego Convention Center

October 12-17, 2013
Boston, MA
Boston Convention and Exhibition Center
In conjunction with the Meeting of the International Federation of Fertility Societies

October 18-22, 2014
Honolulu, HI
Hawaii Convention Center

October 17-21, 2015
Baltimore, MD
Baltimore Convention Center

SERVICES AVAILABLE AT THE MEETING

INTERNET CAFÉ

Access the Internet and connect with various colleagues and attendees at the Internet Café.

Location: Orange County Convention Center Lobby E/F

Hours of Operation:
Friday 2:00 pm - 7:00 pm
Saturday & Sunday 7:00 am - 7:00 pm
Monday & Tuesday 7:00 am - 7:00 pm
Wednesday 7:00 am - 5:00 pm

ASRM BOOTH #2144

Stop by the ASRM Booth in the Exhibit Hall and join or renew your membership, browse our publications, and learn about all the Society has to offer.

EXHIBIT HALL HOURS

Monday 9:00 am - 5:00 pm
Tuesday 9:00 am - 5:00 pm
Wednesday 9:00 am - 2:00 pm

EXHIBIT HALL BREAKS

Monday - Wednesday 10:30 am - 11:15 am
Monday & Tuesday 3:30 pm - 4:15 pm

EXHIBITS
ORANGE COUNTY
CONVENTION CENTER

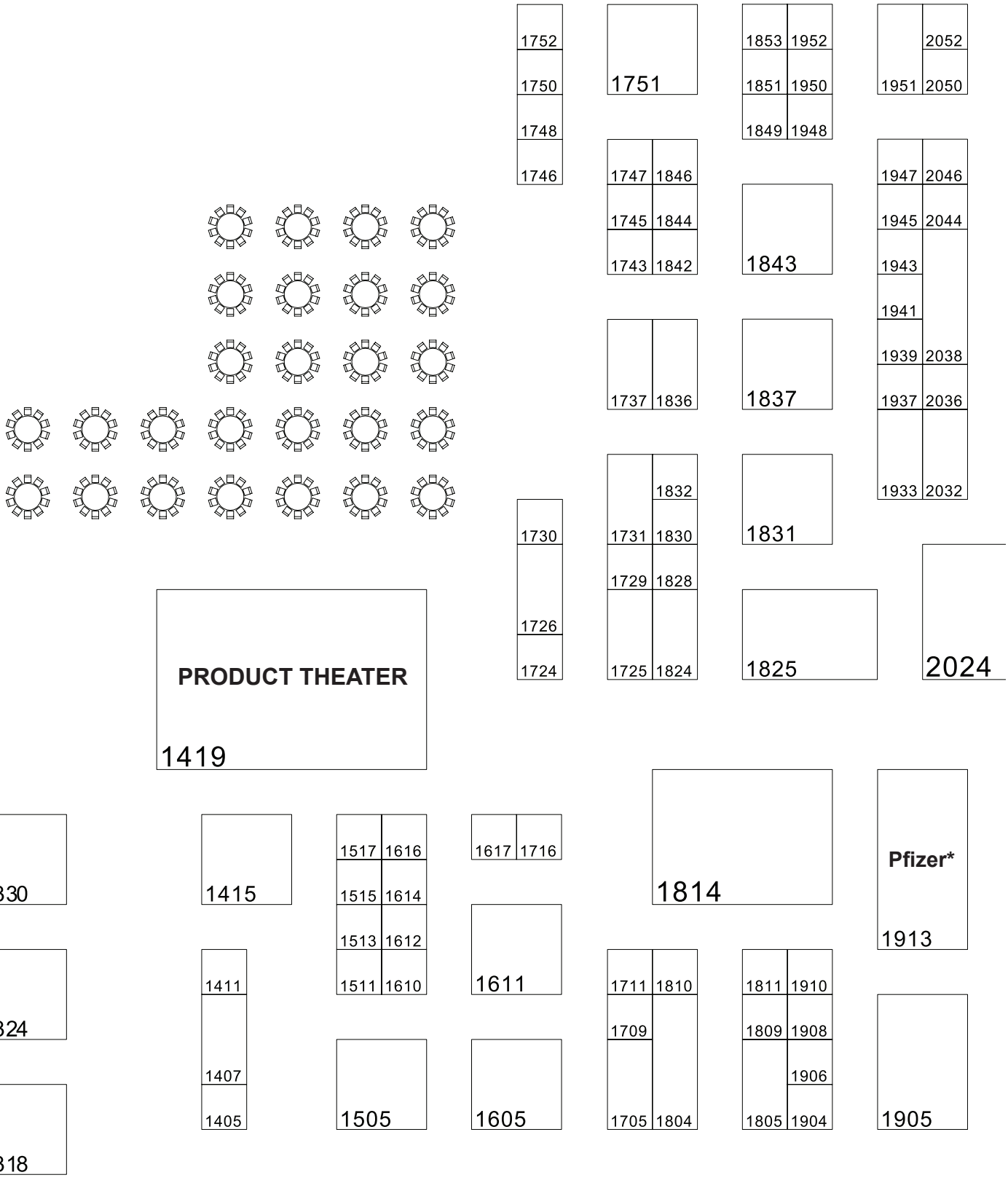
Exhibit Hall Hours

Monday 9:00 am - 5:00 pm
Tuesday 9:00 am - 5:00 pm
Wednesday 9:00 am - 2:00 pm

Exhibit Hall Breaks

Monday - Wednesday 10:30 am - 11:15 am
Monday and Tuesday 3:30 pm - 4:15 pm

2011 EXHIBIT HALL FLOORPLAN • ORANGE COUNTY CONVENTION CENTER



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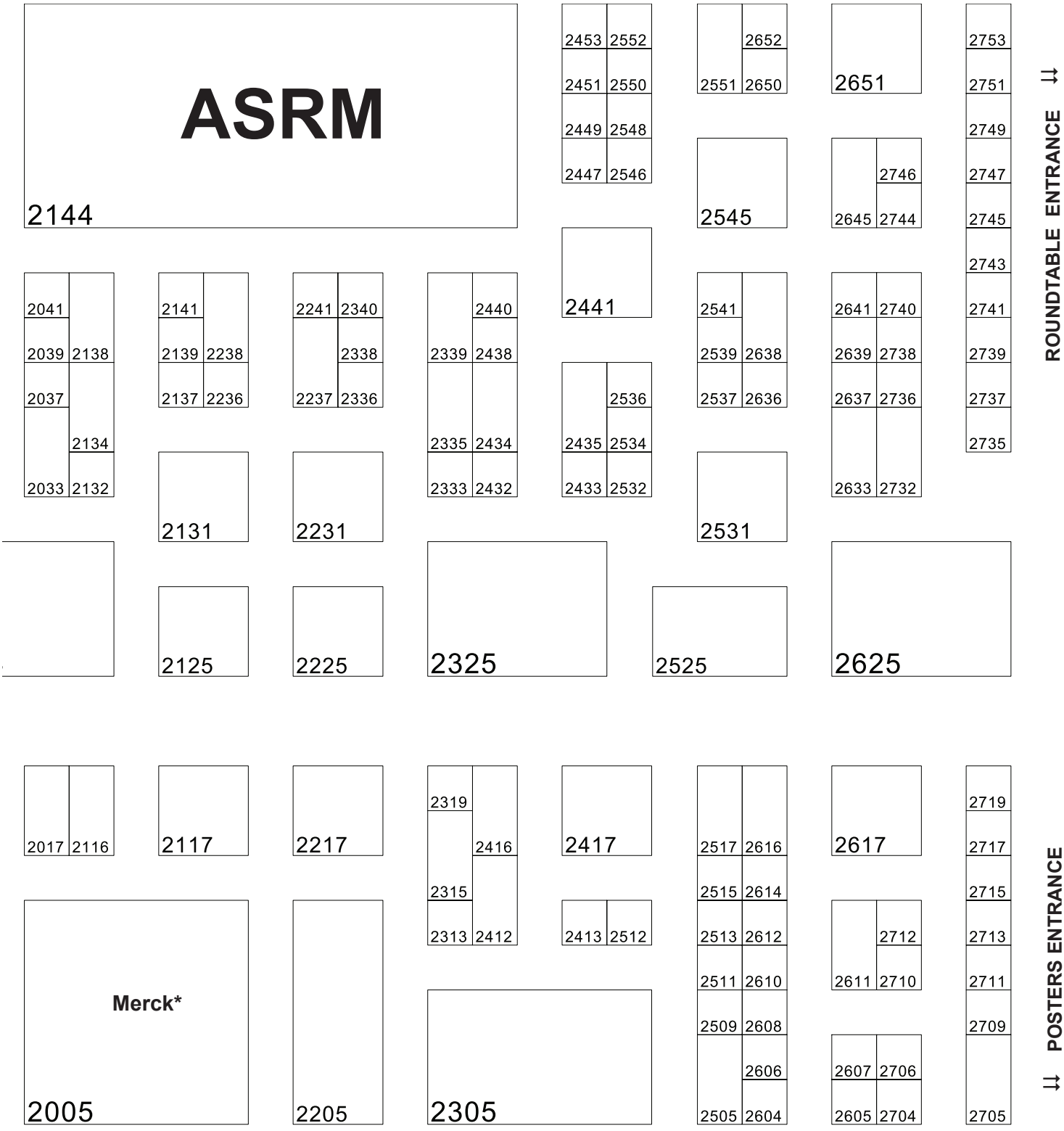

*** Indicates Ruby Supporters**

EXHIBIT COMPANY NAME INDEX

Please note: ExpoCard information DOES contain email addresses. Swiping your card will share that information.
See the Exhibitor Showcase in your delegate bag for additional information about our exhibitors.
Ruby Supporters are listed in **BOLD**. *Tabletops are listed as TT.*

EXHIBIT COMPANY NAME INDEX

Product Theater

We encourage you to visit the ASRM Exhibit Floor and participate in the Product Theater located in booth #1419

Monday, October 17th, 2011
10:30 am -11:10 am
"Progesterone Support and IVF"
Presenter: Kaylen M. Silverberg, M.D.
Supported by Watson Pharma, Inc.

3:30 – 4:10 pm
"Elective Single Embryo Transfer: Where to Begin?"
Presenters: Angeline N. Beltsos, M.D.
Juergen Libermann, Ph.D., H.C.L.D.
Supported by Merck

Tuesday, October 18th, 2011
10:30 – 11:10 am
"Oocyte Cryopreservation: From Science to Practice"
Presenter: Dorothy Mitchell-Leef, M.D.
Supported by Merck

2:00 – 2:40 pm
"Time-lapse characteristics of implanting embryos"
Presenters: Lynette Scott Ph.D., H.C.L.D.
Niels B. Ramsing Ph.D.
Supported by Unisense FertiliTech A/S

Please note that these are non-CME activities and none of the speakers listed above are listed in any CME activities during the ASRM Annual Meeting.

NOTES

SPOUSE/GUEST HOSPITALITY ROOM

SATURDAY, OCTOBER 15TH
THROUGH
WEDNESDAY, OCTOBER 19TH

8:00 AM - 10:00 AM

HOSPITALITY SUITE LOCATED IN THE ORCHID ROOM ON THE RECREATION LEVEL OF THE PEABODY ORLANDO HOTEL

SPOUSE/GUEST PROGRAM

Jessie and Dr. Roger Lobo

Welcome to Orlando! Roger and I hope you will enjoy the time you are about to spend in this lovely city.

Beginning Saturday, October 15th through Wednesday, October 19th, registered spouses and guests of those attending the meeting are most welcome to join me for a continental breakfast in the Hospitality Suite located in the Orchid Room on the Recreation Level of the Peabody Orlando hotel in Orlando, FL. The room will be open between 8:00 and 10:00 each morning.

We hope you will enjoy the programs that have been arranged to highlight areas of interest. In addition, information will be available to help you make plans to explore and enjoy the many attractions Orlando has to offer.

Our Hospitality Suite will be the perfect place to visit with friends and to make new acquaintances over a cup of coffee and a bite to eat. I look forward to seeing you there!

Warmest Regards,
Jessie Lobo

Monday, October 17th
9:00 am - 10:00 am

Mallard Ducks: Their Protection and Care

The Peabody Mallards: Their History and Tradition

Donald Thompkins
The Duck Master

Join us for a discussion about Mallards, in general, their range, lifespan, numbers, survival, etc., including the Peabody Ducks and the differences between them and their born-in-the-wild cousins. There will also be some true life adventures of the Peabody Ducks with specific experiences that exemplify their intelligence and emotions.

Tuesday, October 18th
9:00 am - 10:00 am

Homeopathic and Revolutionary Skincare

Presented by Staff at The Spa at The Peabody

Please join us in learning how to combat the signs of aging with nutrition, innovative homeopathic and revolutionary new skincare products. The skin and wellness experts at The Spa at the Peabody will share some of their most inside secrets and techniques. All attendees will receive a small gift compliments of The Spa at The Peabody.

THE SPA
AT THE PEABODY

The Spouse/Guest Hospitality Room
will be located at the
Orchid Room, Recreation Level of the Peabody Orlando Hotel.
This room is open from 8:00 a.m. to 10:00 a.m.,
Saturday, October 15th through
Wednesday, October 19th, and
will be the site of the presentations.
Spouse/Guest badge required for entry.

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2011 Annual Meeting

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Program participants are required to disclose commercial and financial relationships with manufacturers of pharmaceuticals, laboratory supplies, medical devices and with commercial providers of medically related services. Unless otherwise noted below, the participants have nothing to disclose. ***Additional disclosures can be found online.***

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Copperman, Kira:	EMD Serono, Speakers bureau; Merck and Co., Speakers bureau
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Eldahdah, Lama:	Quest Diagnostics, Full-time company employee
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Engmann, Lawrence:	Merck Pharmaceuticals, Speakers bureau
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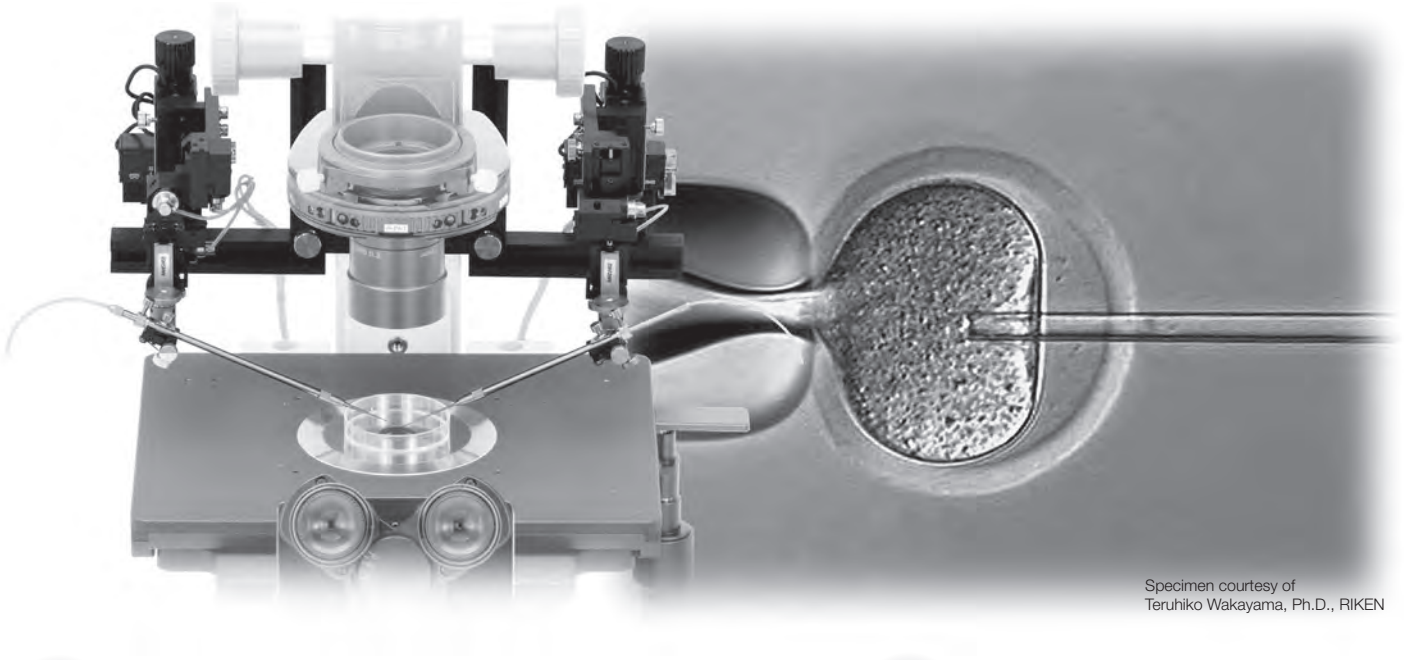

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- *~ Proven efficacy in luteal phase and pregnancy support across multiple treatment scenarios[1-3]*
- *~ Efficacy established in women over and under age 35[4]*
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#1 Prescribed Vaginal Progesterone[7]

ndication and Usage

CRINONE 8% (progesterone gel) is indicated for progesterone supplementation or replacement as part of an Assisted Reproductive Technology (ART) treatment for infertile women with progesterone deficiency.

Important Safety Information

The most common side effects of CRINONE 8% (progesterone gel) include breast enlargement, constipation, somnolence, nausea, headache, and perineal pain. CRINONE 8% is contraindicated in patients with active, or a history of, thrombophlebitis or thromboembolic disorders, patients who have known sensitivity to CRINONE 8%, missed abortion, undiagnosed vaginal bleeding, liver dysfunction or disease, and known or suspected malignancy of the breast or genital organs. Should any of the earliest manifestations of thrombotic disorders occur, the drug should be discontinued immediately. No adequate evidence is available to show that progesterone and progestins are effective in preventing miscarriage in women with a history of recurrent spontaneous pregnancy losses. The pretreatment physical exam should include special reference to breast and pelvic organs as well as a Papanicolaou smear. Nonfunctional causes of breakthrough bleeding should be considered, and for undiagnosed vaginal bleeding, diagnostic measures should be undertaken. Special care should be taken with patients who have conditions that may be influenced by fluid retention, those who have a history of psychic depression, and those with diabetes.

Please see brief summary of Full Prescribing Information on the following page.

References: 1. Yanushpolsky E, Hurwitz S, Greenberg L, Racowsky C, Hornstein M. Crinone vaginal gel is equally effective and better tolerated than intramuscular progesterone for luteal phase support in in vitro fertilization–embryo transfer cycles: a prospective randomized study. *Fertil Steril.* 2010;94(7):2596-2599. doi:10.1016/j.fertnstert.2010.02.033. **2.** Erdem A, Erdem M, Atmaca S, Guler I. Impact of luteal phase support on pregnancy rates in intrauterine insemination cycles: a prospective randomized study. *Fertil Steril.* 2009;91(6):2508-2513. **3.** Gibbons WE, Toner JP, Hamacher P, Kolm P. Experience with a novel vaginal progesterone preparation in a donor oocyte program. *Fertil Steril.* 1998;69(1):96-101. **4.** Crinone 8% [package insert]. Morristown, NJ: Watson Pharmaceuticals, Inc; 2010. **5.** Data on file, Watson Pharmaceuticals, Inc. **6.** Cicinelli E, De Ziegler D, Bulletti C, Matteo MG, Schonauer LM, Galantino P. Direct transport of progesterone from vagina to uterus. *Obstet Gynecol.* 2000;95(3):403-406. **7.** IMS Health National Prescription Audit and Xponent Report. February 2011.

Watson®

Crinone® progesterone gel 8%

Helping Dreams of Pregnancy Come True.

Crinone® 4%
Crinone® 8%
(progesterone gel)

For vaginal use only. **Rx only**

BRIEF SUMMARY
For full prescribing information, see package insert.

INDICATIONS AND USAGE
Assisted Reproductive Technology
Crinone 8% is indicated for progesterone supplementation or replacement as part of an Assisted Reproductive Technology ("ART") treatment for infertile women with progesterone deficiency.

Secondary Amenorrhea
Crinone 4% is indicated for the treatment of secondary amenorrhea. Crinone 8% is indicated for use in women who have failed to respond to treatment with Crinone 4%.

CONTRAINDICATIONS
Crinone should not be used in individuals with any of the following conditions: known sensitivity to Crinone (progesterone or any of the other ingredients); undiagnosed vaginal bleeding; liver dysfunction or disease; known or suspected malignancy of the breast or genital organs; missed abortion; active thrombophlebitis or thromboembolic disorders, or a history of hormone-associated thrombophlebitis or thromboembolic disorders.

WARNINGS
The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism, and retinal thrombosis). Should any of these occur or be suspected, the drug should be discontinued immediately.

Progesterone and progestins have been used to prevent miscarriage in women with a history of recurrent spontaneous pregnancy losses. No adequate evidence is available to show that they are effective for this purpose.

PRECAUTIONS
General
1. The pretreatment physical examination should include special reference to breast and pelvic organs, as well as Papanicolaou smear.
2. In cases of breakthrough bleeding, as in all cases of irregular vaginal bleeding, nonfunctional causes should be considered. In cases of undiagnosed vaginal bleeding, adequate diagnostic measures should be undertaken.
3. Because progestogens may cause some degree of fluid retention, conditions which might be influenced by this factor (e.g., epilepsy, migraine, asthma, cardiac or renal dysfunction) require careful observation.
4. The pathologist should be advised of progesterone therapy when relevant specimens are submitted.
5. Patients who have a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree.
6. A decrease in glucose tolerance has been observed in a small percentage of patients on estrogen-progestin combination drugs. The mechanism of this decrease is not known. For this reason, diabetic patients should be carefully observed while receiving progestin therapy.

Information for Patients
The product should not be used concurrently with other local intravaginal therapy. If other local intravaginal therapy is to be used concurrently, there should be at least a 6-hour period before or after Crinone administration. Small, white globules may appear as a vaginal discharge possibly due to gel accumulation, even several days after usage.

Drug Interactions
No drug interactions have been assessed with Crinone.

Carcinogenesis, Mutagenesis, Impairment of Fertility
Nonclinical toxicity studies to determine the potential of Crinone to cause carcinogenicity or mutagenicity have not been performed. The effect of Crinone on fertility has not been evaluated in animals.

Pregnancy
Crinone 8% has been used to support embryo implantation and maintain pregnancies through its use as part of ART treatment regimens in two clinical studies (studies COL1620-007US and COL1620-F01). In the first study (COL1620-007US), 54 Crinone-treated women had donor oocyte transfer procedures, and clinical pregnancies occurred in 26 women (48%). The outcomes of these 26 pregnancies were as follows: one woman had an elective termination of pregnancy at 19 weeks due to congenital malformations (omphalocele) associated with a chromosomal abnormality; one woman pregnant with triplets had an elective termination of her pregnancy; seven women had spontaneous abortions; and 17 women delivered 25 apparently normal newborns.

In the second study (COL1620-F01), Crinone 8% was used in the luteal phase support of women undergoing in vitro fertilization ("IVF") procedures. In this multi-center, open-label study, 139 women received Crinone 8% once daily beginning within 24 hours of embryo transfer and continuing through Day 30 post-transfer.

Clinical pregnancies assessed at Day 90 post-transfer were seen in 36 (26%) of women. Thirty-two women (23%) delivered newborns and four women (3%) had spontaneous abortions. Of the 47 newborns delivered, one had a teratoma associated with a cleft palate; one had respiratory distress syndrome; 44 were apparently normal and one was lost to follow-up.

Geriatric Use
The safety and effectiveness in geriatric patients (over age 65) have not been established.

Pediatric Use
Safety and effectiveness in pediatric patients have not been established.

Nursing Mothers
Detectable amounts of progestins have been identified in the milk of mothers receiving them. The effect of this on the nursing infant has not been determined.

ADVERSE REACTIONS
Assisted Reproductive Technology
In a study of 61 women with ovarian failure undergoing a donor oocyte transfer procedure receiving Crinone 8% twice daily, treatment-emergent adverse events occurring in 5% or more of the women were: bloating (7%), cramps not otherwise specified (15%), pain (8%), dizziness (5%), headache (13%), nausea (7%), breast pain (13%), moniliasis genital (5%), vaginal discharge (7%), pruritus genital (5%).

In a second clinical study of 139 women using Crinone 8% once daily for luteal phase support while undergoing an IVF procedure, treatment-emergent adverse events reported in 5% or greater of the women were: abdominal pain (12%), perineal pain female (17%), headache (17%), constipation (27%), diarrhea (8%), nausea (22%), vomiting (5%), arthralgia (8%), depression (11%), libido decreased (10%), nervousness (16%), somnolence (27%), breast enlargement (40%), dyspareunia (6%), nocturia (13%).

Secondary Amenorrhea
In three studies, 127 women with secondary amenorrhea received estrogen replacement therapy and Crinone 4% or 8% every other day for six doses. Treatment-emergent adverse events during estrogen and Crinone treatment that occurred in 5% or more of women treated with Crinone 4% or Crinone 8% respectively were: abdominal pain (5%, 9%), appetite increased (5%, 8%), bloating (13%, 12%), cramps not otherwise specified (19%, 26%), fatigue (21%, 22%), headache (19%, 15%), nausea (8%, 6%), back pain (8%, 3%), myalgia (8%, 0%), depression (19%, 15%), emotional lability (23%, 22%), sleep disorder (18%, 18%), vaginal discharge (11%, 3%), upper respiratory tract infection (5%, 8%), and pruritus genital (2%, 6%).

Additional adverse events reported in women at a frequency of less than 5% in Crinone ART and secondary amenorrhea studies and not listed above include: autonomic nervous system–mouth dry, sweating increased; body as a whole–abnormal crying, allergic reaction, allergy, appetite decreased, asthenia, edema, face edema, fever, hot flushes, influenza-like symptoms, water retention, xerophthalmia; cardiovascular, general–syncope; central and peripheral nervous system–migraine, tremor; gastro-intestinal–dyspepsia, eructation, flatulence, gastritis, toothache; metabolic and nutritional–thirst; musculo-skeletal system–cramps legs, leg pain, skeletal pain; neoplasm–benign cyst; platelet, bleeding & clotting–purpura; psychiatric–aggressive reactions, forgetfulness, insomnia; red blood cell–anemia; reproductive, female–dysmenorrhea, premenstrual tension, vaginal dryness; resistance mechanism–infection, pharyngitis, sinusitis, urinary tract infection; respiratory system–asthma, dyspnea, hyperventilation, rhinitis; skin and appendages–acne, pruritus, rash, seborrhea, skin discoloration, skin disorder, urticaria; urinary system–cystitis, dysuria, micturition frequency; vision disorders–conjunctivitis.

OVERDOSAGE
There have been no reports of overdosage with Crinone. In the case of overdosage, however, discontinue Crinone, treat the patient symptomatically, and institute supportive measures.

As with all prescription drugs, this medicine should be kept out of the reach of children.

DOSAGE AND ADMINISTRATION
Assisted Reproductive Technology
Crinone 8% is administered vaginally at a dose of 90 mg once daily in women who require progesterone supplementation. Crinone 8% is administered vaginally at a dose of 90 mg twice daily in women with partial or complete ovarian failure who require progesterone replacement. If pregnancy occurs, treatment may be continued until placental autonomy is achieved, up to 10-12 weeks.

Secondary Amenorrhea
Crinone 4% is administered vaginally every other day up to a total of six doses. For women who fail to respond, a trial of Crinone 8% every other day up to a total of six doses may be instituted.

It is important to note that a dosage increase from the 4% gel can only be accomplished by using the 8% gel. Increasing the volume of gel administered does not increase the amount of progesterone absorbed.

HOW SUPPLIED
Crinone is available in the following strengths:

4% gel (45 mg) in a single use, one piece, disposable, white polyethylene vaginal applicator with a twist-off top. Each applicator contains 1.45 g of gel and delivers 1.125 g of gel.

NDC 52544-283-24 - 6 Single-use prefilled applicators.

8% gel (90 mg) in a single use, one piece, disposable, white polyethylene vaginal applicator with a twist-off top. Each applicator contains 1.45 g of gel and delivers 1.125 g of gel.

NDC 52544-284-12 - 15 Single-use prefilled applicators.

Each applicator is wrapped and sealed in a foil overwrap.

Store at 20-25°C (68-77°F). [See USP controlled room temperature.]

Rx only

Watson®

Address medical inquiries to:
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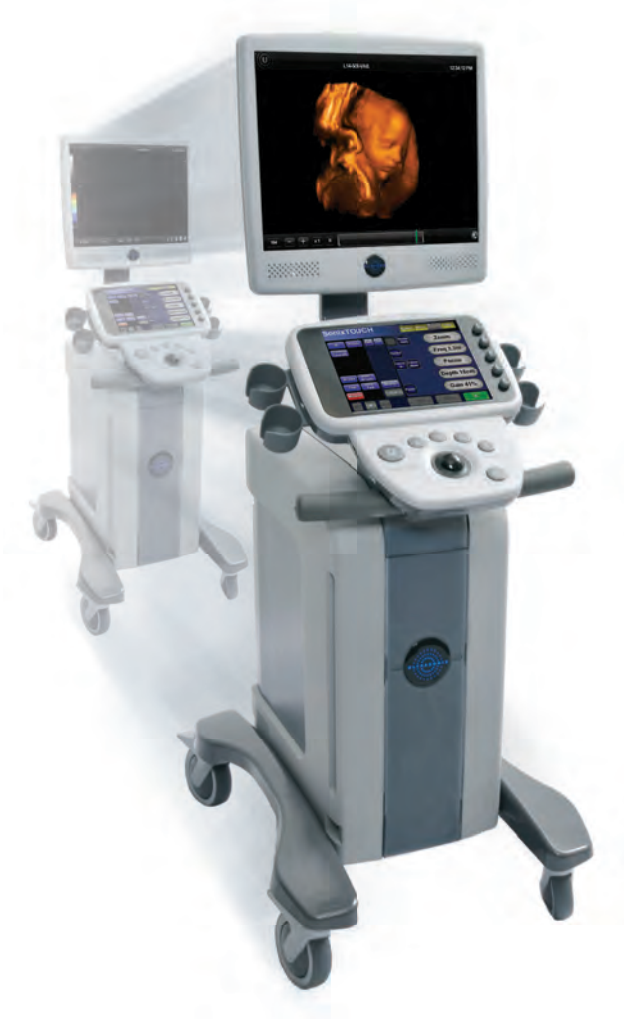
Morristown, NJ 07962-1953
800-272-5525

Distributed by: Watson Pharma, Inc., Morristown, NJ 07962 USA

Manufactured by: Fleet Laboratories Ltd., Watford, Herts WD18 7JJ UK

Revised: July 2010

This is not the same ultrasound machine it was 60 seconds ago



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Are you connected?

Boost your career and advance the field of reproductive medicine by connecting with like-minded ASRM members through member groups. Joining is easy! Log in as a member to **www.asrm.org** and click **Join an Affiliate Society, Professional Group, or Special Interest Group.**

AFFILIATED SOCIETIES

Society for Assisted Reproductive Technology (SART) — open to any member of a SART practice that reports its data to SART.

Society for Male Reproduction and Urology (SMRU) — open to doctors, nurses, researchers and other health professionals who have a special interest in male reproduction.

Society of Reproductive Biologists & Technologists (SRBT) — (formerly RBPG and RLTPG) promotes standards of excellence in research and laboratory applications to advance the professional development of scientists and lab specialists working in the fields of Reproductive Biology and applied Assisted Reproductive Technologies (ART).

Society for Reproductive Endocrinology & Infertility (SREI) — limited to individuals who have: (1) completed a fellowship approved by the American Board of Obstetrics and Gynecology (ABOG); (2) passed the written examination in this subspecialty; and (3) passed the oral examination following two years of subspecialty practice. Associate Members are individuals in fellowships or within seven years of fellowship and awaiting certification. Please visit www.socrei.org for International Member requirements.

Society of Reproductive Surgeons (SRS) — promotes excellence in gynecologic and urologic reproductive surgery by providing and encouraging professional education, lay education, and by fostering research.

PROFESSIONAL GROUPS

Association of Reproductive Managers (ARM) — advances fertility practice management through leadership, research, and education.

Legal Professional Group (LPG) — raises awareness of and clarifies legal issues pertaining to assisted reproductive technologies.

Mental Health Professional Group (MHPG) — enhances knowledge and understanding of psychological/emotional aspects of reproductive health.

Nurses' Professional Group (NPG) — fosters ASRM's goals within the practice of professional nursing and improves patient care by providing a forum for networking and information exchange among nurses.

SPECIAL INTEREST GROUPS

Androgen Excess (AESIG) — increases knowledge in the area of androgen excess and provides an exchange forum for related disorders.

Chinese (ChSIG) — provides opportunities for training, research, networking and clinical studies in the field of reproductive medicine within and outside of China.

Contraception (CSIG) — promotes and supports basic and applied research in contraception.

Endometriosis (EndoSIG) — fosters an increased interest in the biology, pathophysiology and clinical management of endometriosis.

Environment and Reproduction (ERSIG) — enhances understanding of the effect of environmental factors on reproductive health through excellence in education, research and clinical practice.

Fertility Preservation (FPSIG) — promotes industry and public knowledge of infertility introduced by cancer therapy and other medical treatments; promotes research, education and strategy development for fertility preservation.

Fibroid (FSIG) — stimulates, supports, and promotes education, research, and knowledge of fibroid development, growth, pathophysiology, clinical manifestations and treatment.

Genetic Counseling (GCSIG) — provides genetic counseling resources, serves as a liaison to the National Society of Genetic Counselors (NSGC), and generates a presentation track on genetic counseling topics for the ASRM Annual Meeting.

Health Disparities (HDSIG) — identifies disparities in access and outcomes of women of color seeking reproductive health services; identifies strategies to address these disparities and other reproductive problems of women of color.

Imaging in Reproductive Medicine (IRMSIG) — promotes the advancement of imaging techniques for diagnosis, as well as for therapeutic purposes; fosters research to achieve progress in its clinical applications.

Menopause (MSIG) — promotes the study of menopause and post-menopausal health; advocates research and education; provides an exchange forum.

Nutrition Special Interest Group (NutriSIG) – advances the understanding of the role of nutrition in reproductive medicine through evidence-based research.

Pediatric and Adolescent Gynecology (PAGSIG) — promotes the study and supports research in pediatric and adolescent gynecology.

Preimplantation Genetic Diagnosis (PGDSIG) — coordinates research, education, and training in preimplantation genetic diagnosis (PGD) in collaboration with the Preimplantation Genetics Diagnosis International Society.

Regenerative Medicine and Stem Cell Biology (RMSCBSIG) — encourages, facilitates and promotes education, research, and knowledge transfer in the field of regenerative medicine and stem cell biology.

Reproductive Immunology (RISIG) — fosters an interest in reproductive immunology among individual members who have completed an M.D., Ph.D., or equivalent nonmedical, research-based graduate degree.

Sexuality (SSIG) — advances sexual health research and clinical training among ASRM's multidisciplinary membership.

Women's Council — promotes career development and interaction across disciplines; provides mentoring opportunities for female members of ASRM.

Shhhhhhhhhhh

Don't miss ASRM's Second Annual Silent Auction!
October 15 – 19, 2011 • Orlando, Florida

Bid on exciting items including wonderful getaways, beautiful jewelry, sports memorabilia, and more! Proceeds benefit ASRM's education, research, and advocacy programs.

To participate, drop by the ASRM Fund Development Booth during ASRM's 67th Annual Meeting.

For more information, contact ASRM's Director of Development Pam Gallagher at (205) 978-5000 ext. 121.

ASRM's 2nd Annual

5K Run and 1 Mile Walk

Benefitting ASRM's Education, Research, and Advocacy Programs

Monday, October 17, 2011

Race begins at 6:30 a.m. at the Orange County Convention Center in Orlando, Florida.

Registration Cost: $50

Register as an individual or as a team online at http://bit.ly/2011Run or onsite at the ASRM Annual Meeting. Prizes will be awarded to the individual and team that raise the most money!

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