



Reproductive Care Newsletter

JUNE 2009 Volume, 1, Issue,1

HUMAN EGG FREEZING FOR POTENTIAL FERTILITY PRESERVATION

Egg freezing is an exciting and potentially "life changing" assisted reproductive procedure for women wishing to preserve their fertility. In our opinion, technology has improved to the point that egg freezing prior to chemotherapy or radiation therapy should be considered and with appropriate counseling and informed consent may even be considered for single women desiring to preserve fertility (prior to age 38 but the earlier the better). Freezing eggs prior to chemotherapy or further aging allows women to have eggs that can be used with IVF treatment cycles after completing their cancer treatment or when they are older.

Despite the challenges, as the success and pregnancy rates have improved, several programs in the country have implemented egg freezing almost exclusively in their donor egg program in order to facilitate synchronization of treatment cycles between the egg donor and the recipient. Our physicians have followed this research closely over the past decade. Dr Blauer was first involved in research using frozen donor eggs in 1998. The first embryo Dr Blauer transferred using frozen eggs was performed in 2005 while in Virginia. Since then the program he was involved with in Virginia has achieved a number of delivered pregnancies with the use of frozen eggs. The first embryo transfer using frozen eggs in Utah was performed by Dr. Heiner at Reproductive Care Center in 2009. Female fertility is "age related" and as aging occurs eggs lose their ability to fertilize, implant in the uterus and develop normally. This is a natural event that starts at puberty and ends at the menopause. The process can be accelerated through chemotherapy or radiation treatment.

Egg freezing is currently recommended and is primarily being used by women who will lose their fertility because of cancer chemotherapy, high dose radiation, surgery, or other medical conditions. These women have little hope of producing future children using their own DNA except through the use of frozen/thawed eggs. Many women wish to establish their careers before conceiving. In recent years couples are often marrying at older ages.

Unfortunately, the biological clock does not automatically synchronize with the societal clock and we have seen an increase in female age related fertility over the years.
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ABOUT REPRODUCTIVE CARE CENTER

Reproductive Care Center (RCC) offers a full range of Assisted Reproductive Techniques to accommodate your individual needs. These include ovulation induction with FSH, Intrauterine insemination (IUI), in vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), testicular sperm extraction (TESE) after vasectomy, Donor Egg, Donor Embryo, Egg and Embryo Freezing, preimplantation genetic diagnosis and screening (PGD and PGS) and Gestational Surrogacy. We continually strive to provide compassionate, personalized, and cost effective care. In this edition of the newsletter, we would like to make you aware of several price options for Assisted Reproductive Technology treatment cycles, discuss the current status of egg freezing and inform current or former patients of the upcoming RCC Party. More information can be found at www.FertilityDr.com

PATIENT APPRECIATION PARTY Reproductive Care Center IVF Baby Reunion and Patient Appreciation Party

Please join us for an Ice
Cream Sundae Bar

Date: Saturday, June 6, 2009
Time: 2:00 - 4:00 PM

Place: Alta Canyon Park, 9565
South 2000 East, Sandy, Utah

Drawing: Ten winners will each receive \$1,000 in credit towards an IVF or Donor Egg treatment cycle. You need not be present to win but must send an email entry.

RSVP: RCCParty@FertilityDr.com
by 3 June, 2009. Please include your name, current address and number of attendees (or request entry a in the drawing).

Phone: If you have any questions call
801-878-8888



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ART CYCLE COST INFORMATION

Low Stimulation, Low cost IVF

Our newest plan is offered at a prepaid cash price of \$5,197. Medications are estimated to cost less than \$1,000. Estimated success rates are over 35% for women under 35 years of age. Extra embryos are usually not available for freezing.

Conventional IVF

This plan is offered at a "global" prepaid cash price of \$8,662 or can be billed to insurance for patients with IVF coverage. Medication costs for conventional IVF are usually between \$2,500 and \$5,000 for fresh cycles and \$100-\$450 for frozen cycles. Additional charges may apply for extra procedures such as ICSI, embryo cryopreservation and storage. Estimated Success rates (deliveries per IVF start) are over 50% for women under 35 years old. Extra embryos are usually available for freezing for later use at lower cost.

Multiple Cycle Discounted IVF

This plan is offered at a "global" prepaid cash price for two cycles (\$15,285), three cycles (\$18,342) or four fresh IVF cycles (\$20,380) and includes any associated frozen embryo transfer cycles until pregnancy and delivery are achieved or the total number of cycles purchased has been used, whichever comes first. This plan cannot be billed to insurance.

IVF Money Back Guarantee Package

Available to qualifying patients at a base prepaid cash price of \$21,704. Premiums may apply based on success-predictive testing. This plan includes up to 4 fresh IVF cycles with all associated frozen embryo transfer cycles, and guarantees the delivery of a live baby or 100% of the money is refunded. Two additional fresh IVF treatment cycles (6 total) can be included for an additional premium. Embryo cryopreservation and embryo storage fees are included during the terms of the contract. This plan cannot be billed to insurance.

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ART CYCLE COST INFORMATION (Con't)

Egg Donor Cycle

This plan is offered at a "global" prepaid cash price (\$18,342), or can be billed to insurance with donor egg IVF coverage. A money back guarantee option is also available for treatment using an egg donor.

Donor Embryo Cycle

This plan is offered at a base price ranging from \$5,000 to \$7,500. Medications typically cost \$100-\$450.

Income based discounts for initial consults and many services are available for most couples who have a combined gross income less than \$60,000.

Gestational surrogates may be used when appropriate for all cycles with the payment of additional charges.

Reproductive Care Center has excellent pregnancy rates >50% delivered /conventional IVF cycle for good candidates) compared to the national average and to other centers in the region. For detailed information on pregnancy rates for RCC see www.FertilityDr.com or www.SART.org

Pre-IVF tests, anesthesia and medication charges are not included in the above prices.

Prices subject to change without notice but typically change at the beginning of each year consistent with inflation – 5/31/2009 (End)

WHEN TO SEE AN INFERTILITY SPECIALIST

The "diagnosis" of infertility can be devastating to a couple who has been trying for months to become pregnant. It is extremely important that the appropriate treatment begin as soon as possible, especially if the female is in her mid-late thirties. Our Utah fertility specialists are board certified in reproductive endocrinology and infertility and offer all therapies including advanced reproductive technologies, such as IVF. Interestingly, studies show that total treatment cost is usually less when care is delivered by a trained infertility specialist. This is because they don't waste valuable time and money on ineffective treatments such as extended Clomid® therapy. They also use the technology most likely to produce pregnancy while considering personal factors such as cost, age of the woman, length of time the couple has been trying to conceive, etc.

If you went to your general practitioner (GP) or family physician (FP) and were told you had a brain tumor, you would probably seek the care of a neurosurgeon. Even though the GP/FP is competent and understanding, he/she usually does not have the training needed to effectively and efficiently manage your disease. The same is true for infertility and in most cases a trained infertility specialist should be consulted. (End)

EGG FREEZING (Con't)

Is the time right to promote egg freezing to women who wish to preserve their fertility while they age? While improving, egg freezing is certainly in its infancy and the American Society of Reproductive Medicine strongly cautions women considering the procedure as a way to routinely avoid egg decline due to aging. The Society urges women to consider the cost, chances of success, clinical history, and many other factors. (See www.ASRM.org)

If the woman decides to proceed with egg freezing, after informed consent, the eggs are retrieved after ovarian stimulation with fertility drugs, such as follicle stimulating hormone (FSH, Gonal-F, Follistim, Bravelle, Menopur, etc.). These drugs cause the ovary to produce multiple eggs as ovarian follicles are directly stimulated by FSH. Embryo freezing during an in vitro fertilization procedure has been commonly used for decades and produces good pregnancy results in future treatment cycles. Even though results with frozen/thawed embryos are good they do not necessarily correlate with pregnancy rates from frozen eggs. The major problem in freezing both embryos and eggs is that water must be removed from the cell before it can be frozen. Crystal formation can potentially destroy the cytoskeletal structure of the cell. The membrane surrounding the embryo and the egg is known as the zona pellucida. In the embryo, the membrane is much "stronger" than in the egg.

In order to freeze an embryo, water is removed from the embryo by sequentially immersing it in special solutions to "withdraw" water from the cell while lowering the temperature.

This process is reversed when the embryo is thawed. This same type of "water removal" technique was initially used when freezing/thawing eggs.

Recently, egg freezing has been accomplished using another procedure termed "vitrification". Using vitrification the eggs are placed in a low concentration "anti freeze" like solution, transferred to a high concentration solution and immediately frozen using ultra-rapid cooling. Vitrification may offer better success rates than the previous technique but both methods are currently undergoing further investigation and research.

The number of babies born from frozen/thawed eggs in IVF cycles is now estimated to be more than 500 born worldwide. Most of these pregnancies originated from eggs that were frozen for relatively short periods. Also, currently more eggs are needed to achieve pregnancies in frozen cycles compared to the use of fresh eggs in a fresh IVF cycle.

As assisted reproductive technologies progress with more clinical studies, successful and efficient egg

EGG FREEZING (Con't, Column 2)

While it may be early to actively market egg freezing for general use in women who want to delay age related infertility, we think that with appropriate discussion and informed consent and with patient participation in an approved Institutional Research Board approved research protocol registry that this may be the best option for the right patient currently.

Patients interested in this technology should be aware that no one can reliably predict with complete accuracy whether eggs frozen currently will result in successful IVF pregnancies in the future. Women undergoing this expensive procedure may still lose their ability to have children in the future if the thaw, fertilization, embryo growth and implantation process is unsuccessful.

Since the consequences are more certain and immediate, we believe that women who currently face "egg or ovary destroying" procedures such as chemotherapy, high dose radiation or surgery should be offered egg freezing as an option to retain their fertility. Reproductive Care Center currently is a participant in the Fertile Hope Sharing Hope program that provides income based financial assistance for this type of therapy. For details see: <http://www.fertilehope.org/financial-assistance/egg-and-embryo-freezing.cfm>

We are presently investigating and refining several methods of egg freezing. Results to date have been encouraging with high egg survival and fertilization rates. We are currently collecting data on pregnancy rates after transferring embryos that developed from frozen eggs.

We have a licensing agreement and have been trained in the use of the LANDA technology which is a well known successful method of freezing eggs using a proprietary slower freeze technique. In the past 3 years Dr David Diaz and his colleagues have achieved more than 39 delivered pregnancies and have more than 10 ongoing pregnancies. They have been using an average of 6 frozen eggs for each attempt. An egg survival rate of 91% with a clinical pregnancy rate of 53% has been achieved. We are pleased to be able to provide this technology option to patients in Utah. See <http://www.eggfreezing.com/> for further information.

We also have experience with several vitrification (fast freeze) methods for egg freezing. Currently we believe that patients who desire egg freezing should participate in a national registry so that appropriate information on the results of the freeze thaw techniques, the pregnancy rates and the outcome of the children can be determined on a large scale basis that would be difficult to accomplish within a single center. We are currently approved to participate in the EMD Serono sponsored national egg freezing registry called the Hope Registry.

Please contact us to arrange a consultation with a physician if you would