

FERTILITY CONNECTION

email us at AskUs@CtFertility.com

CONNECTICUT
FERTILITY ASSOCIATES

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CONNECTICUT FERTILITY ASSOCIATES ~ Winter 2002

Michael B. Doyle, M.D., Medical Director

CFA News

Dr. Doyle & Dr. Levi are pleased to announce the opening of their new state-of-the-art IVF laboratory.

We are very pleased to be able to share some exciting news with you!

To continue to serve you best, we have expanded our practice to provide the full range of in vitro fertilization (IVF) services, which will now be performed in our newly expanded Bridgeport location. As many of you are already aware, this new office is currently open, and is conveniently located at 4920 Main Street, at the corner of Main Street and Old Town Road, one minute from Exit 48 off the Merritt Parkway.

In January, when cycles begin, you will receive an invitation to stop by and tour our new facility, including its state-of-the-art IVF laboratory suite – and to meet our clinical and laboratory staff. The laboratory is the first of its kind in the Bridgeport area, and will provide the full range of IVF services, including ICSI, assisted hatching, embryo freezing, preimplantation embryo biopsy, and full semen analysis and freezing services. It will be led by Dr. Klaus Wiemer, a world-renowned Ph.D. embryologist, whose success rates from the labs which he has recently directed have been truly outstanding, resulting in pregnancy rates in the top 10% in the world. Bob Heit, lead embryologist, will work closely with Dr. Wiemer, supervising the remaining laboratory staff, and overseeing the full andrology services which we also now provide. Along with the rest of the medical team at CFA, these embryologists are very willing and available to meet with you to answer questions, review previous records, or help tailor your care to fit your specific needs.

We will continue to serve all the rest of your treatment needs at either of our offices, on East Avenue in

Norwalk (203-855-1200) or on Main Street in Bridgeport (203-373-1200) as we have for over ten years; and for your convenience, continue to welcome you to utilize either of these offices for your day-to-day tests and treatments. Both are now open full-time.

We will be also be initiating several clinical trials (studies) here at Connecticut Fertility Associates, beginning this winter, and will be providing you with more information as the enrollment period approaches. You may be eligible to receive IVF or other fertility services (such as fertility drugs and insemination) at reduced or even no charge. Watch for announcements and updates regarding these trials as the enrollment periods approach.

Our Egg Donation Program, which has already grown to become one of the largest in the Northeast, now offers immediate matching of donors and recipients. Our most recent pregnancy rates have exceeded 60% per cycle, and now with the addition of our new laboratory and Ph.D. Laboratory Director, we are confident that we can exceed those already outstanding numbers.

Since we first opened in 1991, we are proud that over 2,000 babies have since been born as a result of our services. Now, with our new laboratory and its outstanding lab staff, we are deeply committed to continuing to surpass this record of excellence. We look forward to continuing to serve you, and encourage you to visit our website at www.CtFertility.com for more information. Please feel free to call our offices if you have any further questions about Connecticut Fertility Associate's exciting new IVF center.

PHYSICIANS

Michael B. Doyle, M.D.
Andrew J. Levi, M.D.

NURSE PRACTITIONERS

Patricia O'Neill, APRN
Franci Sheehan, APRN
Jayne Fatse, APRN
Jeanne Cail, APRN

IVF NURSE COORDINATORS

Lina Spartos, RN (Norwalk)
Vanessa Bernardo, RN (Bridgeport)

EGG DONOR COORDINATORS

Franci Sheehan, APRN
Colleen Iversen

DIRECTOR OF OPERATIONS

Lorraine Sheftz

PATIENT SERVICES

Jodi Acerbo
Insurance/Benefits Coordinator
Willie Hill
Surgical Coordinator
Amy Disney
Front Desk Manager (Norwalk)
Erika Seyler
Front Desk Manager (Bridgeport)

ANNOUNCING OUR NEW BRIDGEPORT IVF CENTER LOCATION

4920 Main Street
(corner of Main Street & Old Town Road)
Bridgeport, CT 06606
(203) 373-1200



A ROOMFUL OF MIRACLES

Over 350 "miracle babies" and their proud parents will be on hand at CFA's annual Holiday Reunion/Baby Party, which will be held this year at the Westport Inn, on Sunday December 8th, 1-4pm. The children in attendance will all have been born during 2002 and will range in age from newborn to eleven months. The families attending this holiday party will also contribute to a holiday toy drive to support the local Save the Children Foundation. "We have been hosting this holiday party for our patients and their children for twelve years, and the event is so rewarding for me and my whole staff to see these proud parents and their babies," says Dr. Doyle. "We feel very much a part of these new families and are grateful to share this celebration with them."

Questions? Please visit us at our website: www.CtFertility.com

THE TRUTH ABOUT INFERTILITY:

Correcting Some Common Myths



1. As many as 15% of couples will be affected by impaired infertility, resulting in substantial physical, emotional and financial costs.
2. Constant attention must be paid to the age of the female partner and the duration of infertility, as the chances of successful conception declines steadily with age, most dramatically after age 39.
3. Ovulation can be most easily documented by serum progesterone concentrations in the luteal phase. While ovulation kits can be helpful, blood test can definitively document that ovulation has occurred.
4. Semen analysis should be one of the first tests in the evaluation of infertility, and multiple examinations may be necessary. Male factor infertility is associated with 20 – 40% of subfertile couples.
5. Follicle stimulating hormone (FSH) levels measured early in the menstrual cycle can be used to evaluate ovarian reserve and offer valuable prognostic information.
6. Approximately 80% of women with polycystic ovarian syndrome (PCOS) will ovulate with clomiphene citrate (Clomid), and a majority will conceive within six months.

7. Injectable gonadotropins in conjunction with intrauterine insemination yield high pregnancy rates in selected fertility patients. Patients attempting to conceive using this treatment option, however, must be monitored closely by their physician.
8. Severe tubal disease and endometriosis are probably best treated with in vitro fertilization (IVF). IVF is now utilized for many other infertility problems, including male factor infertility, severe ovulation disorders, recurrent pregnancy loss, and unexplained infertility.

9. Treatment of unexplained infertility is age- and duration-dependent. Controlled ovarian hyperstimulation with intrauterine insemination and IVF have all been used with success.
10. Intracytoplasmic sperm injection (ICSI) has revolutionized the treatment of male infertility and is the treatment of choice for severe male factor.

Adapted from Andrew J. Levi, M.D. and Eric A. Widra, M.D., "Basic Infertility: Etiology and Therapy" in the textbook "The Physiologic Basis of Gynecology and Obstetrics", New York, Lippincott, Williams, and Wilkins, 2001.

Join Us!

Women's FERTILITY & WELLNESS Symposium

March 2, 2003
1:00 – 5:00p.m.

Topics to be explored include:

Recent Advances in Infertility Treatment

Stress and Infertility

How Safe are Fertility Drugs?

How Old is Too Old?

Q&A

Ask Our Embryologists

Breakthrough Option Is Now Available at CFA to Overcome Infertility, and May Prevent Repetitive Miscarriages...

Pre-Implantation Genetic Diagnosis (PGD)

A ground-breaking solution for patients suffering from miscarriage called pre-implantation genetic diagnosis (PGD) is now available at Connecticut Fertility Associates. We now offer PGD to the many couples who suffer from repetitive unexplained miscarriage, which is often due to advanced age or poor quality eggs. The technique evaluates the chromosomes of the embryos created through in vitro fertilization (IVF), and screens for the most common abnormalities associated with infertility and miscarriage. Healthy, chromosomally normal embryos can now be distinguished from nonviable and diseased ones. Such screening offers significant new hope to the many couples who thought it might be impossible to have children.

WHAT IS PGD?

It is well known that specific chromosomal problems for many diseases are passed on from parent to child. In addition, nonspecific chromosomal problems can commonly occur in healthy couples, usually in women over the age of 35, and can account for a large percentage of miscarriages and infertility. This is chiefly due to the fact that as a woman ages, her eggs decrease in both number and quality. Consequently, over time, a couple's chances of becoming pregnant with a healthy baby decrease, and the rate of miscarriage climbs. In fact, if a healthy 40 year old woman in excellent health does conceive, without PGD, her chances of having a chromosomally abnormal embryo are over 50%, resulting in inevitable miscarriage or fetal abnormality.

While some older women turn to egg donation programs to use eggs from younger women, another option is now available at Connecticut Fertility Associates – pre-implantation genetic diagnosis (PGD).

Traditionally, embryos conceived by in vitro fertilization (IVF) are assessed microscopically to predict their viability; and evaluated by their overall appearance. Pre-implantation genetic diagnosis (PGD) takes such assessment to a new level. By screening the actual genetic information contained within the embryo prior to deciding which embryos to transfer, those embryos free from disease can be selected and preferentially transferred back to the patient.

The original application of this technology was developed for couples with specific genetic disorders, to ensure that their offspring would not be affected with that disorder. The first child conceived in the United States using PGD techniques was born in 1993, to parents who carried the specific gene for Tay-Sachs Disease. Since then, PGD has been employed successfully to prevent many other genetic diseases as well, including cystic fibrosis, sickle cell anemia, thalassemia, and muscular dystrophy. For each of these conditions, the specific gene causing the disorder had been previously identified; thus, through the use of PGD, embryos that appear to carry these specific genes can be screened and identified. In this way, only embryos with normal genes are transferred back to the patient.

Advances in PGD technology also now allow for the ability to screen for almost all chromosomal problems which most commonly cause miscarriage. In these conditions, a single gene is not the cause; rather, abnormal chromosomal rearrangement after fertilization lead to embryos which are not capable of implantation and survival. PGD has great potential to evaluate the cells of embryos for abnormal numbers of specific chromosomes. A normal embryo must have 46 chromosomes in the right combination to enable normal viability - 23 from the mother and 23 from the father. If the early dividing cells do not divide equally and distribute these

Did you know

that since CFA began in 1991, over 2,000 babies have been born through our successful treatments? In 2002 alone, over 350 babies resulted!

chromosomes equally and in the right way, then genetic imbalances result. This occurs more often in older women, and is the most significant reason why fertility declines with increasing age. This also explains why chromosomal and congenital anomalies also increase with increasing age of the female partner.

To address this important issue, CFA relies on a technique known as fluorescent in situ hybridization (FISH) which accurately counts the number of specific chromosomes within each embryo. FISH specifically evaluates those chromosomes which are most commonly found to be responsible for structural rearrangements which can be passed to offspring, such as chromosome 21, chromosome 18, the sex chromosomes (X and Y). Only embryos with normal chromosomes are further cultured and used to initiate a pregnancy.

Q: When was in vitro fertilization (IVF) first developed?

A: Believe it or not, the first experiments using IVF were performed in rabbits as early as 1890! More recently, Dr. Robert Edwards reported the first successful IVF cycle in humans in 1978 in England, which led to the birth of the first ever reported "test tube baby".

Q: What advances have been made in IVF?

A: As an embryologist, it has truly been astounding to see the many significant advances in our field that have led to noteworthy improvements in the chances of a patient having a child with IVF. These scientific progresses include intracytoplasmic sperm injection (ICSI), embryo hatching, blastocyst transfer, embryo cryopreservation (freezing), and preimplantation genetic diagnosis (PGD), among others.

Q: Is it true that the highest pregnancy rates can be achieved with IVF?

A: Overall, the best pregnancy rates are achieved when IVF is performed. Pregnancy rates are highest with this technique because many eggs are stimulated, retrieved, and fertilized, and only the best embryos are placed back in the patient. Practically every infertility patient can achieve a successful pregnancy using IVF, regardless of her reason for infertility. At Connecticut Fertility Associates, the combination of advanced fertility specialists working closely together with our world-renowned embryology team contribute to our high pregnancy rates and significant likelihood of a successful pregnancy.

Q: What is intracytoplasmic sperm injection, and when should it be performed?

A: Intracytoplasmic sperm injection, or ICSI, is performed by injecting a single sperm into an egg to insure that fertilization takes place. Normally, an egg is fertilized during IVF by incubating the egg with thousands of sperm and allowing fertilization to occur over a few hours. ICSI is preferred in cases where sperm counts are extremely low, when there are few sperm that appear normal or are moving normally, or when there is a prior history of fertilization problems. ICSI has truly revolutionized our field, as almost all cases of severe male infertility can be overcome using this technique.

Q: What is meant by a "blastocyst transfer"?

A: CFA offers blastocyst transfer, which is an innovative procedure that has been developed to maximize pregnancy rates while minimizing the risk of multiple births. Typically, an IVF laboratory grows embryos for about 3 days. However, with blastocyst transfer, an advanced laboratory seeks to grow selected embryos for 5 or 6 days. After this time, the cells of these embryo have divided many more times and have further differentiated. These 5-6 day old embryos (now called blastocysts) are typically stronger and healthier than 3 day old embryos and have a much higher chance of implanting in the uterus and achieving a pregnancy (on the average 60%). Blastocyst transfers allow clinicians to transfer back fewer embryos and achieve the highest pregnancy rates available while reducing the chances of a higher-order multiple pregnancy.

Q: What should I do if I have questions about IVF and about what procedures might be best for me?

A: It is entirely normal and expected for our patients to have questions about IVF, and we are always available at Connecticut Fertility Associates to meet and discuss any questions or concerns that a couple might have. Dr. Doyle, Dr. Levi, or our Laboratory Director are always available to meet and would be eager to help you with any questions you might have about IVF or any related testing or procedures. We are eager to meet in person in consultation, or we can arrange to speak by telephone consultation as well.

DO YOU HAVE QUESTIONS?

E-mail them to us at Askus@CtFertility.com

PSYCHOLOGICAL & SUPPORT SERVICES

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Infertility can often produce feelings of anxiety, frustration, anger, a sense of helplessness, feelings of isolation and loss of control. It can be very beneficial for the individual or couple to discuss these issues with a therapist in order to gain an understanding of the issues and to reduce the intense emotional responses.

At CFA, we offer a range of on-site psychological and support services which can help.

Counseling and psychotherapy is also available for individuals, couples and groups, to explore any issues which arise during the course of fertility testing and treatment.



Diane Johnston, N.P., M.S., offers on-site psychological and support services for patients who need support.

The Mind/Body Infertility Program is a ten-week Program for women who are experiencing infertility. This group focuses on mind/body practices such as deep relaxation, visualization, guided imagery, the practice of mindfulness and cognitive awareness and re-structuring. Participants learn to regain control over their lives and restore one's sense of balance.

CFA Donor Recipient Counseling assists women and couples who choose donor egg as an option. Questions and concerns can be addressed and discussed with a professional therapist who understands the unique issues of egg donation.

For more information and to schedule an appointment, please call Diane Johnston, N.P., M.S. at Connecticut Fertility Associates (203) 852-6747 or e-mail Ms. Johnston at diane.johnston@CtFertility.com.

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