NEWSLETTER

INTERNATIONAL FEDERATION
OF FERTILITY SOCIETIES

Autumn 2006

Inside this Issue:

Welcome to South Africa

Dear Colleagues and Friends,

We are only a few months from IFFS 2007 in Durban, and we are excited to welcome you to South Africa.

We presume that you have registered already, but if not may I remind you of the benefit of early registration.

The Scientific and Local Organising Committee has been working extremely hard for a number of years and we are proud of the exceptional academic and social programs that are on offer.

This is a particularly special conference for it is the first time that IFFS will stage a conference on the African continent. This event boasts "firsts" in the sense that it is the first IFFS conference that offers a number of well selected pre-conference workshops. Further, there is the first joint venture with an affiliated organizations and the first with a Federation society member, who developed, sanctioned and accredited one of the workshops.

We hope that with this conference we will honour the theme of our Society's (SASRSS) bid: "Spreading expertise of our discipline into the rest of Africa; supporting a considerable number of disadvantaged delegates from the rest of Africa to the event; and contributing to the extensive outreach program of our Federation to the rest of the world."

Durban, the International Convention Centre and our highly professional Conference Organiser will no doubt live up to your expectations. All the activities that have been developed, pre-conference, post-conference tours and accompanying persons programs will certainly contribute to an unforgettable experience.

Looking forward to welcoming you to South Africa and Durban.

Visit our website **www.iffs2007.org.za** for all information.

Paul Dalmeyer MD
Chair, South African Local Organizing Committee

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NEWSLETTER
INTERNATIONAL FEDERATION OF FERTILITY SOCIETIES

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Member Societies and readers are invited to send all comments, reports or articles of 800 – 1200 words no later than 1st February for the Spring Issue and 1st July for the Autumn Issue.

The views expressed in articles in the IFFS Newsletter are those of the authors and do not necessarily reflect the official viewpoint of IFFS.

Please send your contribution to :

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IFFS Miniworkshop "Recent advances in infertility treatments"

Borovetz, Bulgaria 20 March, 2006

An IFFS Miniworkshop, "Recent advances in infertility treatments", was held in Borovetz, Bulgaria on 20 March, 2006. The miniworkshop was organized in collaboration with IFFS and the Bulgarian Fertility Society in connection with the 7th National Congress on Sterility, Contraception and Hormone Replacement Therapy. Borovetz, which is one of the major ski resorts in Bulgaria, has traditionally been the location of the congress. Altogether 400 persons from over ten countries attended the congress and 100 of them participated in the IFFS Miniworkshop which was included in the main program as an afternoon session. The organizers from IFFS were Juha Tapanainen, Ian Cooke and Zdravka Veleva who were greatly helped by the local organizers doctors Stanimir Kyurkchiev, Atanas Sterev, Tanya Timeva and Georgi Stamenov. The local organizers are acknowledged for all the practical arrangements in Bulgaria and outstanding hospitality at the social events. The miniworkshop was chaired by Professors Juha Tapanainen from Finland and Roy Homburg from The Netherlands, and the other speakers were Professors Nick Macklon from The Netherlands, Hannu Martikainen from Finland and Veljko Vlaisavljevic from Slovenia. Before scientific presentations Juha Tapanainen gave a short summary about IFFS, its objectives, as well as the 19th World Congress of Fertility and Sterility in South Africa. The speakers' topics were implantation, fertility in advancing age, elective single embryo transfer, ovulation induction in PCOS and in vitro maturation. Each talk aroused lively discussions and the audience seemed to be very grateful and satisfied. There was a strong consensus that similar workshops should be organized in the future in Bulgaria and neighbouring countries.

Future Workshops

Ouagadougou, Burkina Faso, 25-26 November 2006. bdao@fasonet.bf

Khartoum, Sudan during the Congress of the Sudanese Society of Obstetricians and Gynaecologists, 13-15 February 2007. maisa_fathi_2000@yahoo.com

Caracas, Venezuela, 16 March 2007. farisquez@yahoo.com

Speakers of the Borovetz Miniworkshop, doctors Nick Macklon, Roy Homburg, Veljko Vlaisavljevic, Hannu Martikainen, Zdravka Veleva and Juha Tapanainen

Ester Polak de Fried MD
Vice-President of the Iberoamerican Eco- Bioethics Network for Education Science and Technology
UNESCO Chair in Bioethics

Justice and socio-cultural issues regarding infertility and ART in Latin America

Latin America is usually considered to be a homogeneous region. Actually, the countries of this region have cultural and sociological individualities which make them different. ART continues to generate challenges and great controversies. The challenges affect social norms, moral and ethical standards, as well as the legal systems of the different countries, generating individual, social and politico-legal differences.

Although Latin America is not a totally homogeneous region since its population differs in its origins (Africans, indigenous peoples, Europeans), natural resources, size, they have in common in recent years a great suppression of the middle class that has increased the gap between the social classes. Groups with fewer resources, in some countries, grow progressively larger.

The economical, political and social reality in these countries generate greater numbers of people who need treatment for infertility due to the lack of access to appropriate primary health resources. Unfortunately, people of the poor classes have no access to health services, and that produces an increase of sexually transmitted diseases (STD) and reproductive tract infection (RTI). A Brazilian study showed that 42% of women who consulted for infertility had tubal obstruction because of RTI.

The lack of or reduced access to contraception leads also to an increase in STD and RTI that produce infertility, and also leads to illegal abortions in poor conditions, usually followed by the death of these young women or tubal and lasting psychological damage. In Latin America there is markedly unequal access to fertility treatments and this problem of the lack of justice depends on the different current governments. The rights of the people can not be denied by government justification because of scarce resources. Even though it differs from country to country, religion has a great impact on reproductive issues both in individuals and in politico-legal measures.

For example, the IFFS 2004 Surveillance stated that embryo cryopreservation is permitted or used in all Latin American countries with the exception of El Salvador.

Nevertheless, an important number of IVF Centres in several countries, for moral and/or religious reasons, do not cryopreserve embryos. Generally, these centres don't include gamete donation and PGD, among other techniques, in ART practice. It is very hard to understand the unequal access of

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infertile Latin American couples not only to fertility treatments but also to an adequate sexual education and implementation of contraception.

It is curious that the same groups that obstruct equal access to responsible procreation, are the same that are against ART. More curious is that they use the same arguments for both situations, denying the close relationship between them.

In 1993, in Argentina, the lawyer, Rabinovich, promoted a "precautionary action" to control everything relating to embryo cryopreservation. Based on, according to him, the Civil Code "where embryos are persons and whatever is done or not with them can not be decide by the parents, laboratories or doctors", it prevents all IVF Centres from cryopreserving embryos without authorization. He asked the law to guarantee "the physical and spiritual integrity of these absolute incapables" referring to the cryopreserved embryos.
A decade later he was designated by a judge as "special tutor of cryopreserved embryos and pronucleated oocytes". This situation produced an important reaction from all IVF Centres and prospective parents of those cryopreserved embryos as well as from the Argentinian Society of Human Reproduction, hindering the development of this law.
The guardianship of the embryos is linked to the roman "curaventris", the curator ventris was a citizen elected to look after the health, life and interests of the child during gestation as well as the mother (Digesto 37, 9, 1).
Florencia Luna summarizes the above situation stating that "the embryo is sometimes more protected than women in Latin American countries". (WHO, Geneva, 2002).
Why are patients' rights in general and justice in particular so vulnerable, not only in Latin America, but in the rest of the world? At what point are the professionals aware of this situation and do they take part in a committed way to preserve the rights of patients?
We must emphasis the fact that no society can be considered modern (open minded and with changeable values) if there is no freedom of choice, freedom of reproduction and associated medical responsibility, supported by an independent government.

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Edgar Dahl PhD
Spokesman of the
German Society for
Reproductive Medicine

Hans-Rudolf Tinneberg MD

Germany on the move

As is widely known, Germany has one of the most restrictive legislations on assisted reproductive technology in Europe. For instance, Germany's "Embryo Protection Act of 1990" prohibits preimplantation genetic diagnosis, oocyte donation, gestational surrogacy, embryo donation and many other fertility treatments commonly performed in Western countries. Moreover, the "Guidelines on Assisted Conception" of the German Medical Association still prevent doctors from helping unmarried couples, lesbian couples and single women by offering artificial insemination with donor sperm. While a growing number of Germany's infertility patients travel to Belgium, Spain or the Netherlands to get denied procedures, this kind of "reproductive tourism" is not easily available to all couples, raising the moral question whether the burdens on them are justified.

The newly elected President of the German Society for Reproductive Medicine, Professor Hans-Rudolf Tinneberg, is determined to push for a change in German law. One of his first offficial acts as head of Germany's leading fertility association was to appoint an "Ethics Committee of the German Society for Reproductive Medicine". Comprising twelve distinguished scholars from reproductive medicine, human genetics, medical ethics, constitutional law, criminal law, moral philosophy, moral theology, psychology, sociology, economics and women's studies, the ethics committee is expected to conduct an analysis of the existing regulatory landscape, to assess morally and legally controversial reproductive technologies and to devise informed recommendations for public policy.

"Establishing an Ethics Committee of the German Society for Reproductive Medicine and pressing the German government to pass new legislation on assisted reproductive technologies is long overdue", says Tinneberg. "When former Chancellor Gerhard Schröder inaugurated the National Ethics Council in 2001, he failed to appoint a fertility expert who could have constantly reminded Parliament of the need to enact a new Human Reproductive Technology Act. In some sense, setting up our own ethics committee is an attempt to make up for the Chancellor's failure."

Asked about the prospects for a change in the German law, Tinneberg admits: "I do not know. What I do know, however, is that we have at least to try. After all, we owe it to our patients. It is simply unbearable to watch couples in need of internationally established procedures, such as oocyte donation, donor insemination or pre-implantation diagnosis being turned away from fertility centers because there is a

law that is simply not in keeping with the rapid progress that has been made in human genetics and reproductive medicine."

Just to be clear about the scope of the envisaged legislation, Tinneberg added: "We don't aspire to become the Wild West of reproductive medicine. For example, we have no interest whatsoever in enabling 66 year old women to become mothers or to allow Ivy League students to sell their eggs for 10,000 or 20,000 Euro. But it must be legally permissible to help a 23 year old woman with premature ovarian failure to have a child of her own through oocyte donation."

Next to the United States, Great Britain and Australia, Germany is one of the leading nations in performing in vitro fertilisation and developing new assisted reproductive technologies. Just recently, Professor Wolfgang Engel, a human geneticist at the University of Göttingen and a member of the German Society for Reproductive Medicine, has shown that sperm grown from embryonic stem cells can be used to produce offspring in mice. If this technology proves to be safe and effective in humans, men with fertility problems might soon be able to sire children by having their own stem cells harvested through testicular biopsy and then matured in the laboratory.

"Scientific breakthroughs like this emphasise the need for an ethics committee willing and capable of thinking ahead", says Tinneberg. "If lab-made sperm prove to be a viable option for infertile men, we have to ensure that it is legal to use them and that our patients are allowed to enjoy the fruits of our labour."

Thomas Ebner PhD
Landes- Frauen- und Kinderklinik
Linz, Austria

Gernot Tews MD

Single blastocyst transfer: an Austrian approach

It is well known that women undergoing IVF treatment face a 20-fold increase in the risk of twins and a 400-fold increased risk of higher order pregnancies (Martin and Welch, 1998). Obviously, this dilemma is closely associated with controlled ovarian hyperstimulation and the intolerable practice of transferring more than one embryo at a time.
Such a strategy severely increases perinatal mortality and morbidity in babies born to multiple pregnancy. Thus, medical, social and economic consequences of twins and higher order multiple births are the subject of current dispute both in IVF societies and in public opinion.
Logically, various preventive strategies have been suggested in order to reduce multiple gestation in infertility treatment. Considering the very low acceptance of selective embryo reduction two major approaches remain. However, since low dose stimulation or even natural cycle IVF would prevent excess embryos, though at the expense of overall success rates, strict limitation of the number of concepti transferred is the most promising strategy and should be obligatory.
With respect to the latter strategy several European countries have led the way. A Finnish group was the first to report on elective single embryo transfer (eSET, Vilska et al., 1999), i.e. the transfer of one good quality embryo if at least two good quality embryos were available. In 2003 the Swedish National Board of Health and Welfare declared that SET should be the normal routine and double embryo transfers (DET) should only be performed in patients with minimal twinning risk (e.g. as assessed by patient age and embryo quality).
Last but not least, Belgian law has allowed funding for the first two IVF cycles since 2004 if single embryo transfer is practised in women aged <36 years. If it fails, cycles 3–6 can involve DET. For women aged over 36 and under 39, the first two cycles can be DET, and up to three embryos may be transferred for patients over 39.
In Austria, however, no such regulation limiting the number of embryos per transfer exists. Consequently, the incidence of twins (19.2%), triplets (2.3%) and higher order multiple pregnancies (0.2%) after cleavage stage embryo transfers (days 2 to 4) is relatively high, as indicated by the figures provided by the Austrian Register for In-Vitro-Fertilization in its 3-year survey (2002-2005). Since these data only reflect patients having financial support from the government (Austrian IVF-Fund), a relatively high number of unreported cases has to be anticipated.
In terms of blastocyst stage transfer actual figures (table 1) are even more alarming. Though a clinical pregnancy rate of 37.9% (2241/5909) could be achieved with blastocyst transfer, a multiple pregnancy rate of 28.6% seriously questions the loose Austrian transfer policy.
Though our clinic (Landes- Frauen- und Kinderklinik Linz) scarcely contributed to the Austrian dilemma of multiple gestation (14.8% twins and 0.4% monozygotic triplets) our Medical Director decided to significantly reduce the number of embryos or blastocysts considered for transfer.
Therefore, based on promising data on elective SET (Gerris, 2005), our premise was to offer elective SET or single blastocyst transfer (SBT) if at least one good quality cleaved embryo or blastocyst was available. Day 3 results revealed that in the group of patients who had good quality day 3 embryos transferred, a reduction in the number of transferred embryos almost caused a significant decline (P=0.09) in the clinical pregnancy rate, i.e. from 39.6% in DET to 23.5% in SET (implantation rate was not affected), strongly indicating that there is a limited predictive value between day 3 morphology and blastocyst development.
So we decided rather to switch from SET to SBT if at least one full blastocyst was available in culture (Gardner et al., 2004). In order to maximize blastocyst selection we modified the well accepted scoring system of Gardner and co-workers (2004). Consequently, a top quality blastocyst should at least be at the full blastocyst stage, allowing for adequate evaluation of the inner cell mass, which should be a prominent compact cell cluster situated within the blastocoele. In parallel, trophectoderm should consist of numerous sickle-shaped cells lying flat against the inner wall of the zona pellucida. Within the cohort of optimal blastocysts those showing morphological anomalies such as cytoplasmic strings (Scott, 2000), vacuoles (Ebner et al., 2005), and/or necrotic areas (Kovacic et al., 2004), were eliminated. In case more than one good blastocyst started to hatch, preference for transfer was

given to blastocysts showing a hatching site close to the inner cell mass (which corresponds to the natural site of implantation). By doing so, the multiple pregnancy rate could be completely eliminated in patients with SBT, whereas in the double BT group 33.3% yielded twins. In terms of the clinical pregnancy rate no reduction was observed in SBT (65.6%) as compared to DBT (62.0%). Consequently, rates of implantation differed significantly (65.6% in SBT vs. 42.3% in DBT), possibly due to the transfer of some morphologically affected blastocysts in the DBT cohort.
These preliminary data indicate that elective SBT might be superior to elective SET (Papanikolaou et al., 2006) and should be part of routine laboratory work in order further to reduce the incidence of multiple pregnancy in assisted reproductive technologies.

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Table 1. Outcome of blastocyst transfers in Austria in the years 2003-2005.
Only those cycles with financial support from the government are reported.

	Number of transferred blastocysts			
	1	2	3	≥4
Number of positive heart activities				
0	378	2785	455	50
1	166	1278	144	12
2	4	547	48	8
3		15	15	3
4		1		
Clinical Pregnancy rate (%)	31.0	39.8	31.3	31.5
Implantation rate (%)	31.0	26.0	14.3	11.3
Multiple Pregnancy rate (%)	2.4	30.6	30.4	47.8

Take a moment and know the IFFS

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

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

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

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

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

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

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

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

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

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

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

A Workshop approved by IFFS :
A workshop can be approved by IFFS once the IFFS Education Committee has approved its scientific programme, whatever the status of the organising society.

IFFS 19th World Congress on Fertility & Sterility
April 29 – May 03, 2007

Programme-at-a-glance

2007	Sa 28 April	Su 29 April	Mo 30 April	Tu 01 May	We 02 May	Th 03 May
07.00			Breakfast Sessions			
08.00	Workshops & Courses in Durban	Workshops & Courses in Durban Exhibition Set up 08.00 to 18.00	Trilogy 1	Trilogy 6	Trilogy 12	Trilogy 17
			Trilogy 2	Trilogy 7	Trilogy 13	Trilogy 18
			Trilogy 3	Trilogy 8	Trilogy 14	
09.30			Tea & Coffee			Plenary
10.15			Plenary			Session
11.00			Industry Sponsored Symposia			Closing Ceremony
12.30			Lunch			
13.30			Free Communications			
15.00			Tea & Coffee			
15.30			Trilogy 4	Trilogy 9	Trilogy 15	
			Trilogy 5	Trilogy 10	Trilogy 16	
			Trilogy 11	Surveillance Report	Trilogy 19	
17.00						
Evening		Official Opening & Reception	Beach Party	President's Dinner Sponsor Functions	Gala Dinner	
			08.00/17.30 Posters			

Important Dates
- Submission of abstracts, Friday 12 January 2007
- Early bird registration closure, Wednesday 28 February 2007
- Standard registration closure, Sunday 1 April 2007

Scientific Programme

Mon: April 30, 2007 AM
Ovulation Induction
Efstratios Kolibianakis — Agonists and Antagonists
Mohamed Aboulghar — Critical Evaluation of the Use of LH
Jacob Farhi — The Role of Estrogen Support in ART
PGD for Single Gene Disorders
Yury Verlinsky — PGD for Single Gene Disorders
Semra Kahraman — PGD For Selecting HLA Compatible Embryos
Karen Sermon — PGD For Late Onset Diseases
Adolescent Gynaecology
Richard Stanhope — Disorders Of Delayed Puberty
Peter Lee — Gender Assignment
Oluwole Akande — Consequences Of Adolescent Pregnancy

Mon: April 30, 2007 PM
Surveillance report
Menopause and Androgen Replacement
Alessandra Graziottin — Female Sexuality
John Buster — Role Of Androgens In Female Reproductive Function
Susan Davis — Treatment Options In Pre and Post Menopause
Uterine Fibroids – a 21st Century Perspective
Ian Tomlinson — Pathogenesis-Molecular Biology
Thinus Kruger — Role Of Myomas In ART; An Evidence Based Approach
Alan DeCherney — Innovative Surgical Management

Tue: May 1, 2007 AM
Improvements in ART-Evidence Based Approach
Jan Gerris — Single Embryo Transfer
Debbie Blake — Blastocyst Transfer
Svend Lindenberg — In Vitro Maturation (IVM)
Genetic Causes of Premature Ovarian Failure – Clinical Implications
Joe Leigh Simpson — Genetic Overview
Laura Crisponi — FOXL2: Forkheadtranscription Factor and Blepharophimosis/Ptosis/Epicanthus (BPE) Syndrome
Andrew Shelling — Inhibin Alpha (INH Alpha)
Contraception
James Trussell — Emergency Contraception
Pak Chung Ho — New Developments In Delivery and Dosages
Petrus Steyn — Factors Influencing Compliance

Tue: May 1, 2007 PM
Consequences of infertility beyond reproduction
Silke Dyer — Psychological Consequences Of Infertility
Marcia Inhorn — The Globalization Of Reproductive Technology
Anna Pia Ferraretti — Reproductive Tourism
What's New in ICSI?
Paul Devroey — Patient Selection In ICSI
Ralph Henkel — DNA Based Sperm Assessment
Vanesa Rawe — Sperm Preparation and Selection For ICSI
Stem cells in Reproductive Medicine
Renee Reijo-Pera — Oocyte Differentiation From Embryonic Stem Cells
Toshiaki Noce — Sperm Differentiation From Embryonic Stem Cells
Carlos Simon — Adult Stem Cells In The Uterus

Wed: May 2, 2007 AM
Poor Ovarian Response - An Ongoing Clinical Dilemma
Richard Scott — Causes Of Poor Response
Egbert Te Velde — Assessment Of Ovarian Response
Basil C. Tarlatzis — Management Of Poor Response - Facts and Myths
Environmental and Toxicology Factors in Infertility
Louis Guillette Jr — What Are The Data On Environmental Contaminants Disrupting Reproductive Function?
Niels E Skakkebaek — Environment, Lifestyle and Male Fertility
Wolfgang Wuttke — Impact Of Environmental Estrogens On Human Reproduction
Progress in PCOS
Bernard Hedon — Update Of The PCOS Classification and Screening
Laure Morin-Papunen — Therapeutic Interventions
Zephne van der Spuy — Long Term Health Risks

Wed: May 2, 2007 PM
Safety in Infertility Treatments
David Healy — Ovarian Stimulation – Hyperstimulation and Cancer
Karl Nygren — Is There An Association Between ART and Birth Defects?
Maryse Bonduelle — Developmental and Social Follow Up In ART Children
Female Fertility Preservation
Brian Lieberman — Strategies For Preservation Of Ovarian Function – An Overview
Bruno Salle — Ovarian Tissue Autotransplantation
Tae-Ki Yoon — Oocyte Cryopreservation

Thur: May 3, 2007 AM
Challenges of Menopause Management
Sophie Grigoriadis — Sex Steroid Effects In The Postmenopausal Woman - Mood and Memory- Epidemiological Evidence
Dee Fenner — Perspective On HRT In Urogynecology
David Barlow — Individualising Therapy In Menopausal Women
Reproductive Surgery
Keith Edmonds — Management Of Mullerian Defects
Jean Luc Pouly — Ectopic Pregnancy
Johannes Evers — Treatment Of Endometriosis

Keynote Plenary Addresses

Monday: April 30, 2007
Alan Trounson — Human embryonic stem cells (hESC)-
Tuesday: May 1, 2007
Luca Gianaroli — Does PGD aneuploidy screening improve ART pregnancy rates?
Wednesday: May 2, 2007
Mitch Besser — HIV in Africa
Thursday: May 3, 2007
Robert Norman — Obesity, famine and reproductive health

Proposed Workshops & Courses

Saturday April 28, 2007
Hysteroscopy Workshop
Convenors: Igno Siebert, Kobie van der Merwe, Paul le Roux

Date Sunday April 29, 2007
Laparoscopy Workshop
Convenors: Paul le Roux, Igno Sieber t, Kobie van der Merwe

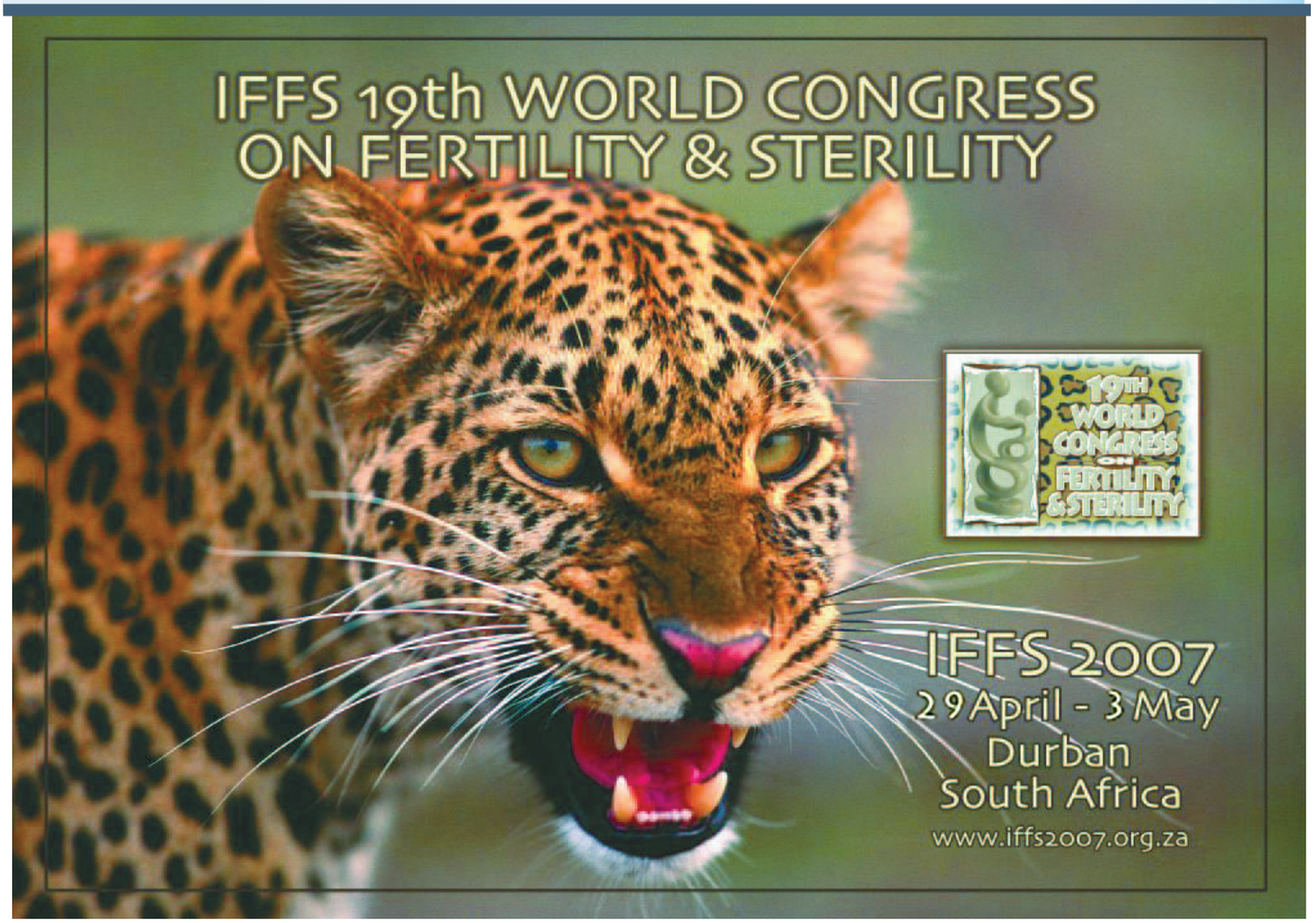
Genetics Workshop
Convenors: Joe Leigh Simpson, Roelof Menkveld

L'organisation d'un centre d'A.M.P
Convenors: Bernard Hedon

Menopause Workshop
Convenors: Steven J. Ory and Robert W. Rebar

Andrology in Assisted Reproduction
Convenors: Daniel R Franken, Roelof Menkveld & Thinus Kruger

Wildlife Workshop
Convenors: Adrian Gardiner



International Calendar

XVIII FIGO World Congress of Gynecology & Obstetrics
5-10 November 2006
Kuala Lumpur, MALAYSIA
www.figo2006kl.com

The Middle East Fertility Society 13th Annual Meeting
15-17 November 2006
Aqaba, JORDAN
www.mefs.org

23rd Annual Meeting of ESHRE
1-4 July 2007
Lyon, FRANCE
www.eshre.com

Fertility Society Australia Annual Conference
8-12 September 2007
Hobart, Tasmania, AUSTRALIA
www.fsa.au.com

63rd Annual Meeting of the ASRM
13-17 October 2007
Washington DC, USA
www.asrm.org

International Federation of Fertility Societies

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