

Fertility News Update

Summer 2008

Welcome to the Summer 2008 edition of our newsletter!

We are often asked what is new in fertility treatment. While egg donation is not new, it has become a rapidly growing area of reproductive medicine. So what makes our program special? We have one of the most successful egg donation programs in Chicago.

Historically, few fertility centers recruited their own oocyte donors. Most patients in Illinois who seek out an egg donor find their donor through an agency. The agencies do not perform medical screening of the donors. In many cases, a patient's "perfect" donor is found to have sub-optimal ovarian reserve after testing. Since couples have already paid a significant (non-refundable) fee to the agency, they are often hesitant to start the process over.

For the past two years we have been recruiting our own anonymous egg donors. We do so for two reasons. First, we want to improve the quality of the egg donors available to our patients. Second, by keeping the entire process in-house, we are able to provide highly personalized service for what is one of the most difficult decisions a couple will ever need to make.

All of our donors undergo a rigorous selection process **before** they are presented to potential recipients. Unlike egg donor agencies, this allows us to incur no fees for our patients until they actually select a donor. *Please see page 2 for more information on our evaluation process.*

As a result of our thorough screening process (less than 10% of women who apply to be egg donors are admitted into our program), our already high donor success rates have become **the highest in Chicagoland**. All fertility centers report their success rates to a national database. The most recent information shows us to have a **69.6% live birth rate** in our donor egg program (www.sart.org).

Please look inside for more updates regarding our center.

Yours sincerely,



Vishvanath C. Karande, MD, FACOG
Director, IVF Program



Sigal Klipstein, MD, FACOG
Director, Donor Egg Program

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Fertility News Update

We offer more than IVF

When people think of Karande and Associates, they think IVF. But did you know we also treat patients for:

- Male Infertility
- PCOS
- Ectopic Pregnancy
- Precocious/Delayed Puberty
- Hirsutism
- Turner Syndrome
- Klinefelter's Syndrome
- Hypothalamic Amenorrhea
- Advanced Reproductive Surgery

We Offer the Following Treatments & Services:

- Clomid
- Gonadotropin Injections
- Intrauterine Inseminations
- In Vitro Fertilization (IVF)
- Intracytoplasmic Sperm Injection (ICSI)
- Assisted Hatching
- Preimplantation Genetic Diagnosis (PGD)
- Egg Donation
- Sperm Donation
- Embryo Donation
- Gestational Surrogacy
- Psychological Counseling
- Mind/Body Programs
- Acupuncture

Anonymous Egg Donor Screening Process

Our high donor egg success rates have been achieved by following a strict screening process. This process allows us to provide detailed donor medical and personal information to our patients, with the goal of finding the best match for each individual patient.

- Fertility Potential – Ovarian Reserve Testing:
 - AMH (anti-müllerian hormone) Level (see page 3)
 - Ovarian Volume
 - Antral Follicle Counts
 - Cycle Day 3 Follicle Stimulating Hormone (FSH) Levels
- Psychological Suitability:
 - MMPI Psychological Screening Tool
 - In-Depth Evaluation by a Clinical Psychologist
- Genetic Counselor Meeting to Review Family History and Screen for Potential Inherited Disorders
- Physician Interview
- Extensive Questionnaire
- Infectious Disease Screening (HIV, Hepatitis, etc.)
- Genetic Disease Carrier Testing (i.e.Cystic Fibrosis, Sickle Cell, Thalassemia)

For more information about our donor program, please contact our office and ask to speak with the donor egg coordinator at 847-884-8884 x239.

Fertility News Update

AMH (anti-müllerian hormone) Screening: Not yet ready for prime time!

A recent article published in the Chicago Tribune describes a new test for predicting a woman's "fertility potential." This test measures a woman's AMH levels. While this test is one of several that help assess a woman's chances of becoming pregnant, no one test is able to tell a woman if she will succeed in achieving a pregnancy, or reassure her that she may wait for a period of time before she needs to worry about her fertility.

Anti-müllerian hormone was initially described in the 1940's by Alfred Jost, who experimented with sexual differentiation in rabbits. He found that testes secrete AMH, which prevents the development of the female müllerian system (uterus and Fallopian tubes). For many decades, it was thought that females do not produce AMH.

More recently, AMH has been detected in females starting at puberty. It is secreted by ovarian granulosa cells. It has emerged as a new marker for ovarian reserve. In contrast to FSH levels, which rise with age, AMH levels decrease with age. Recent studies suggest that low AMH levels may predict infertility, a poor response to in vitro fertilization, and impending menopause.

Recently, some companies have been marketing AMH to women who may be contemplating pregnancy. The assumption is that "normal" AMH levels may reassure a woman that her fertility is intact. This is not altogether true. First, the range of normal levels has not yet been determined. All existing tests of fertility potential provide a statistical probability of conceiving with treatment *in infertile couples only*. These tests have not been shown to predict the chance of pregnancy in a fertile woman.

Furthermore, normal AMH levels do not guarantee that a woman will conceive when she is ready and do not predict the rate at which an individual woman's fertility will decline. A normal AMH level one month may become abnormal shortly thereafter.

Conversely, a low AMH level in a woman undergoing fertility treatments predicts that she will have more difficulty but it does not indicate that she will not conceive. A woman who has never tried to conceive would be mistaken to assume that a single low AMH level indicates that she will not become pregnant.

Given all of the above, it is unclear what role AMH levels play for women not currently attempting pregnancy. Normal AMH levels are not a guarantee of future fertility. Reassured by a normal AMH level, a woman may delay trying to conceive, resulting in infertility. An abnormal AMH level may lead to unnecessary anxiety and pressure to conceive.

We are currently checking AMH levels at our center in an effort to determine normal levels, and to see whether AMH is a good predictor of fertility treatment success. At the present time, AMH is not ready for widespread use.

Safeguarding Male Fertility

Infertility affects 15-20% of couples trying to conceive. Studies show that 40% of cases are due to female factors, 40% are due to male factors and 20% are a combination of male and female factors or are unexplained.

While there are many factors – lifestyle, genetics, physiology – that cause male infertility, simple lifestyle changes can improve the odds of achieving a pregnancy:

Avoid Smoking – Smoking can lower both sperm count and motility (movement). Marijuana use can lower sperm counts and cause abnormally developed sperm.

Avoid alcohol and drug use – Excessive alcohol consumption can reduce the production of normally formed sperm. Narcotics (cocaine, speed, etc.) may inhibit fertility.

Avoid excessive heat – The testicles need to be cooler than the rest of the body for optimal sperm production. Avoid sources of heat such as hot tubs, saunas, and prolonged baths. It is best to avoid placing laptops on one's lap.

Avoid toxins – Exposure to pesticides, insecticides, lead, solvents, organic fumes or radiation may affect fertility.

Limit caffeine – Consume no more than 1 to 2 servings of caffeine-containing beverages daily.

Watch your diet – Obesity can lead to hormonal disturbances. Similarly, low body fat may decrease both sperm count and function. Extra fruits and vegetables, along with plenty of fluids, are essential steps to safeguarding fertility.

Value your vitamins – Insufficient intake of vitamins C, E and Zinc can impact sperm quality. Supplements that contain “hormone-like” substances can actually stop sperm production.

Exercise wisely – While moderate exercise may be beneficial, excessive exercise may lower sperm counts by lowering testosterone levels.

Fertility News Update

Yes - We can help HMOI patients.

We are often asked, “Do you take Blue Cross Blue Shield of IL HMO (HMOI)”.

YES WE DO!!!

Blue Cross Blue Shield of Illinois has contracted with WIN fertility to manage their infertility patients. Infertility coverage is carved out of the patient’s standard insurance plan. What does that mean? Simply stated, a patient can obtain a **global** referral from their physician for infertility treatment and then contact our office to schedule an appointment. We are able to see any HMOI patient from any physician. We will send the bills directly to WIN fertility! Nothing will be billed to the IPA from our office.

What about patients that are not HMOI? Karande and Associates is a preferred provider for most major insurance companies. If you are unsure whether we are in your plan, please contact us at (847) 884 – 8884. Our professional and friendly staff will help you understand your insurance benefits and coverage. Prior to starting treatment, all patients are provided with a detailed Financial Clearance document, which clearly explains what is covered by insurance, as well as patients’ financial responsibility (if any).

Illinois law requires group insurance plans and Health Maintenance Organizations (HMOs) to provide coverage for fertility services to companies employing over 25 people. An Illinois based employer will be offered the option of purchasing infertility coverage for their employees as part of their health insurance policy. If you are unsure whether your employer’s insurance plan includes fertility coverage, please contact your insurance company and/or employer to inquire about the benefits provided by the policy.

Who is Covered?

To receive infertility coverage you must:

- Live in Illinois
- Be covered by a fully insured Illinois group policy through an employer with more than 25 full-time employees
- Have been unable to conceive after one year of unprotected intercourse or have experienced recurrent miscarriages (please check your specific policy guidelines)



New Deerfield Office

We have expanded to better meet our patient's needs. We now have a full-service North Shore office, located at:

**720 Osterman Ave
Suite 205
Deerfield, IL 60015
847-884-8884**

**Our newsletter is now available online at
www.karandeivf.com**



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