



# JRM<sup>®</sup>

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## A Note from the Editor-in-Chief

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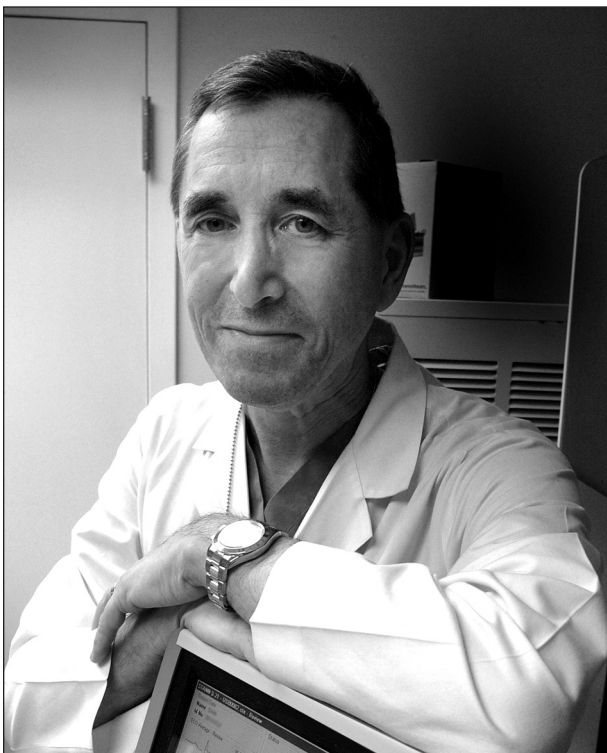
Welcome to the November-December 2014 Editor-in-Chief's page. I would like to call attention to the following articles that have clinically relevant information for clinicians practicing in general and sub-

specialty areas of obstetrics and gynecology. In this issue, the focus is on investigations in the field of assisted reproductive technologies and infertility.

### *In This Issue:*

- ***Egg Donation Brokers: An Analysis of Agency Versus in Vitro Fertilization Clinic Websites***  
*E. Holwell, J. Keehn, C.-S. Leu, M. V. Sauer, and R. Klitzman*

In the business world of assisted reproductive technologies, payment for donated gametes, be they sperm or eggs, has been an accepted practice for decades. However, behind the façade of this practice, some crucial questions remain. Among the most important are those that relate to guidelines that have been put in place by the American Society for Reproductive Medicine (ASRM) to ensure that egg donors receive proper counseling and thorough explanation of the risks attendant in ovarian stimulation procedures to maximum the number of ova available. As many egg provider agencies and infertility clinics now use the Internet to recruit potential donors, the authors accessed their respective websites to assess how well they complied, at least electronically, with the ASRM's clinical recommendations. It is disconcerting to note that donor agencies outperformed fertility clinics in many of the variables examined in this study, such as meeting both



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parties along with disclosing short- and long-term risks for donors. Even more troubling was the finding that neither type of egg donation broker addressed future fertility or psychological risks most of the time. These findings properly call for more involvement of professional organizations in the oversight of egg donation (as has been the case for many years in the field of voluntary organ donation). If not a complete wake-up call to the egg donation business, at the least potential donors should be provided with a checklist of questions to ask those companies and practices that offer this service for reimbursement.

- ***The Case for in Vitro Maturation: Lower Cost and More Patient Friendly***

*B. I. Rose, D. Laky, and B. Miller*

In the nearly 4 decades during which in vitro fertilization (IVF) has been developed and put into clinical practice, this aspect of infertility treatment has seen numerous refinements that have led to increased success when measured by subsequent pregnancy rates per cycle. In vitro maturation (IVM) is a relatively new procedure in which multiple follicles are retrieved prior to maturation and then matured and fertilized in vitro before being transferred back to patients. This study suggests that some of the known drawbacks of IVF related to expense (number of visits, ultrasound examinations, hormone injections, etc.) were mitigated by IVM and resulted in nearly a 50% reduction in cost per cycle. Given the typical cost of an IVF cycle, this might result in a savings of thousands of dollars to a potential patient. However, the experience with IVM, par-

ticularly in the United States, is limited, and success rates, to date, have not generally reached those of conventional IVF. However, there may be specific subsets of patients, such as those with polycystic ovary syndrome, who are particularly resistant to conventional ovarian stimulation approaches and patients with a prior history of ovarian hyperstimulation syndrome who prove to be the best candidates for IVM. Clearly, more data are needed in this area.

- ***Combined Laparoscopy and Hysteroscopy for the Detection of Female Genital System Anomalies: Results of 3,811 Infertile Women***

*S. Siam and B. S. Soliman*

A number of diagnostic approaches to the investigation of female infertility have been developed and advocated over the past few decades. The authors present a retrospective study of a very large cohort of women under evaluation for infertility and who underwent both laparoscopy and hysteroscopy. This experience suggests that both minimally invasive diagnostic approaches, when combined in infertility evaluation, have merit in the detection of Müllerian and gonadal abnormalities that are known to play important roles in this clinical problem. Even more important was their finding that 0.57% had combined Müllerian and gonadal anomalies, conditions that would have been missed if diagnostic evaluation had been limited to either approach alone. These data help put into perspective the importance of considering both diagnostic approaches when either furnishes evidence of a single genital tract anomaly.