



# Ob.Gyn. News



www.obgynnews.com

VOL. 42, No. 21

The Leading Independent Newspaper for the Obstetrician/Gynecologist—Since 1966

NOVEMBER 1, 2007



©MARTIN ALLRED

The use of FSH/IUI in women under 40 years provides no benefit over the protocol that eliminates it, Dr. Richard Reindollar said.

## Shorter Route to IVF More Efficient

BY MICHELE G. SULLIVAN  
Mid-Atlantic Bureau

WASHINGTON — An infertility treatment protocol that goes directly from clomiphene and intrauterine insemination to in vitro fertilization achieves as many pregnancies as a protocol including follicle-stimulating hormone and IUI, and does so sooner and at an estimated lower cost, a new study suggests.

“The use of FSH/IUI as part of infertility treatment for women younger than 40 years doesn’t provide any added benefit over an accelerated program that eliminates it,” Dr. Richard Reindollar, chairman of the department of obstetrics and gynecology at Dartmouth-Hitchcock Medical Center, Lebanon, N.H., said in an interview. “Not only did couples in the accelerated arm get pregnant with fewer treatment cycles, they saved about \$10,000 per delivery.”

Dr. Reindollar and his colleagues presented the results of the Fast Track and Standard Treatment Trial (FASTT) Oct. 16 at the annual meeting of the American Society for Reproductive Medicine.

The study conducted at Boston IVF in Waltham, Mass., randomized 503 couples seeking treatment for unexplained infertility to either a standard or an accel-

erated protocol. Women were a mean of 33 years old at the time of study enrollment. They had no pelvic pathology and normal ovarian reserve. The male partner had a normal semen analysis. Couples who had received previous infertility treatment were excluded from the study.

Couples in the conventional arm (247) could receive up to three cycles of clomiphene/intrauterine insemination, followed by three cycles of FSH/IUI, and six cycles of in vitro fertilization. Couples in the accelerated arm (256) could have up to three clomiphene/IUI cycles followed

See *Shorter Route* page 21

### INSIDE



#### No Gain

A Cochrane review finds stretching before exercise has no benefit in young adults.

PAGE 29

#### Election 2008

A series on the health care proposals of presidential candidates begins with Sen. John Edwards.

PAGE 33



#### Master Class

Dr. E. Albert Reece and Dr. Jay Iams discuss preterm birth and its prevention.

PAGE 36

## Synthetic Grafts Aid Outcomes in Sacrocolpopexy

Fewer anatomic failures, complications.

BY DAMIAN McNAMARA  
Miami Bureau

HOLLYWOOD, FLA. — Women who underwent abdominal sacrocolpopexy with a synthetic graft had better anatomic outcomes and fewer graft-related complications, compared with those who had surgery using biologic material, Dr. Robert E. Gutman reported at the annual meeting of the American Urogynecologic Society.

“The primary objective was to look at anatomic failure. A secondary objective was to look at graft-related complications,” said Dr. Gutman, who is an obstetrician and gynecologist at the Women’s Center for Pelvic

Health, Johns Hopkins Bayview Medical Center, Baltimore.

Dr. Lieschen Quiroz, Dr. Gutman, and their associates compared anatomic outcomes among 259 women.

A total of 134 women underwent abdominal sacrocolpopexy with a polyester or polypropylene synthetic mesh; 102 received heterologous mesh (Pelvicol, C.R. Bard Inc.); and another 23 received an autologous fascia graft.

The groups were similar with the exception of the concomitant hysterectomy rate—22% in the synthetic group vs. 36% in the heterologous group and 35% in the autologous group.

See *Synthetic Grafts* page 17

## Value of Preimplantation Genetic Screening Debated

BY KATHY SCARBECK  
Elsevier Global Medical News

WASHINGTON — Preimplantation genetic screening does not improve live-birth rates in patients with advanced maternal age, previous implantation failure, or recurrent pregnancy loss, according to a committee opinion issued by the American Society for Reproductive Medicine and the Society for Assisted Reproductive Technology.

According to a review of published studies on preimplantation genetic screening (PGS), the potential benefits of the technique

“have not been realized,” Dr. Glenn Schattman, one of the authors of the opinion, said during a press conference held at the ASRM’s annual meeting.

PGS involves testing for chromosomal abnormalities in the embryos of parents with no known genetic abnormality. The prevalence of oocyte and embryo aneuploidy rises with maternal age and may be increased in chromosomally normal couples with recurrent early pregnancy loss or repeatedly failed in vitro fertilization (IVF) cycles despite the use of high-quality

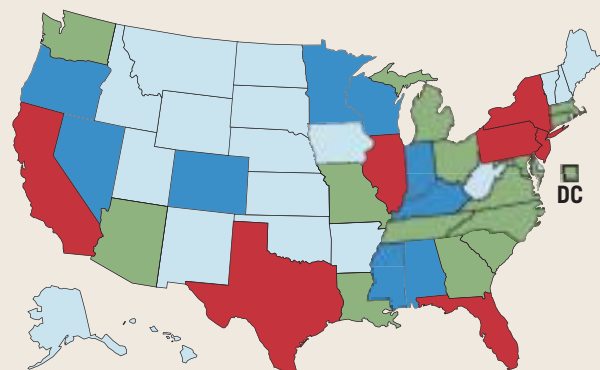
See *Genetic Screening* page 21

### VITAL SIGNS

#### Total HIV/AIDS Federal Funding in 2006

(in millions of dollars)

\$1.3- \$15.0    \$15.1- \$30.0    \$30.1- \$100.0    \$100.1- \$497.5



Source: Kaiser State Health Facts

