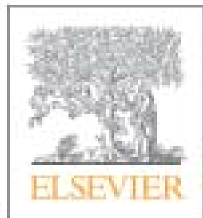

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Ob.Gyn. News

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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 accelerated 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

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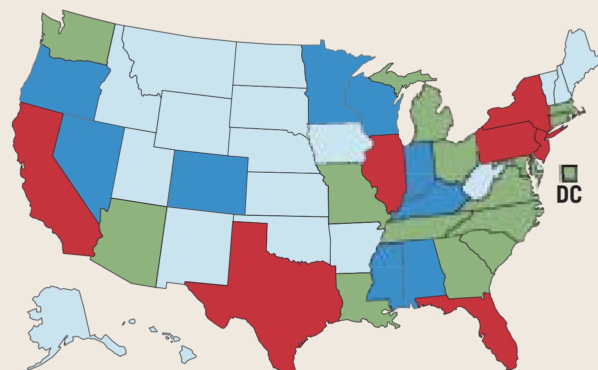
VITAL SIGNS



ELSEVIER GLOBAL MEDICAL NEWS

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.

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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*

Mesh Erosion Not Tied to Pre-Op Vaginal Health

BY DAMIAN McNAMARA
Miami Bureau

HOLLYWOOD, FLA. — Among women undergoing anterior wall prolapse surgery, there is no correlation between baseline assessment of vaginal health and subsequent mesh erosions, according to results of one study.

Researchers found a mesh extrusion rate of 8% among 108 participants following cystocele repair. A total of seven out of nine (78%) of these extrusions occurred in a healthy vaginal environment; the other two occurred in women with a low-estrogen effect. This may seem counterintuitive to some clinicians, Dr. Robert D. Moore said. "Everyone assumes a woman with low-estrogen effect will be at higher risk for mesh complications." Dr. Moore is in private urogynecology practice in Atlanta.

Dr. Moore and his associates are performing this ongoing subanalysis of mesh-related outcomes as a part of a 2-year, prospective, multicenter study of the safety and efficacy of mesh for cystocele repairs. Surgeries are performed at one of eight sites in the United States using the Perigee system with IntePro mesh (American Medical Systems, Minnetonka, Minn.). Dr. Moore disclosed that he is a consultant and speaker for the company, which sponsored the study.

Use of mesh for vaginal repairs remains controversial among some urogynecologists, Dr. Moore said. "We use mesh in our upper procedures, such as abdominal sacral colpopexy, and have seen the benefits of higher cure rates. But when we put it in the vagina, everyone worries about complications, and the biggest is mesh erosion."

Each extrusion was small, localized, and did not require complete removal of the graft. "Ultimately, we've seen it's a minor complication that can be easily dealt with," Dr. Moore said. Six extrusions were treated in the OR with minor excision, and three were treated in the office. Findings were presented at the annual meeting of the American Urogynecologic Society.

All participants had a stage II or III cystocele repair. Mean age was 62 years. Concomitant surgeries included incontinence procedures (65% of women), vault suspensions (57%), and rectocele repairs (60%). Follow-up was done at 6 weeks and 3, 6, 12, and 24 months. Mean OR time for the Perigee procedure was 29 minutes; mean total surgery time was 79 minutes.

There were no infections or abscesses associated with the extrusions up to a mean of 38 weeks' follow-up. With some previously available meshes, bacteria were small enough to enter but larger immune system cells could not. "We know that using a soft polypropylene, macroporous mesh, white blood cells and macrophages can get through to fight off any potential infection," Dr. Moore said.

In the literature, graft extrusion rates of 5%-20% are reported, even with current meshes. "So what else plays a role in mesh extrusion? As patients get older, estrogen decreases and affects the health of the vaginal epithelium," Dr. Moore said.

Participants to date are mostly postmenopausal (87%), and therefore are considered at higher risk for extrusion or erosion, Dr. Moore said. The surgeons determined postoperative estrogen use in the study, and most said they used it to help healing and reduce the risk of extrusion. But is there a correlation between vaginal estrogen and mesh extrusion? To find out, the researchers assessed estrogen state at baseline using the objective vaginal maturation index. The maturation index is a histopathologic analysis of the vaginal endothelium from a scraping to determine estrogen content. Patients were stratified into low-estrogen effect (17%), moderate-estrogen effect (60%), and high-estrogen effect (23%) groups for further analysis. Surgeons also subjectively rated the health of vaginal skin. A total of 61% of patients had no atrophy, 34% had mild atrophy, and 5% had either moderate or severe atrophy. At baseline, approximately 50% of women were not using any estrogen, 25% were using vaginal estrogen, and about 25% were using systemic estrogen. At postoperative week 6, 62% were on vaginal estrogen while systemic use stayed about the same, Dr. Moore said.

A secondary finding of the study is that patients who had extrusions were more likely to be on vaginal estrogen in the postoperative period than were the baseline population, implying that "post-op vaginal estrogen use may not be protective against mesh extrusion like we have thought," Dr. Moore commented. ■

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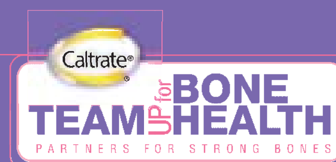

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‡ Compared to original formulas.

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References: 1. IMS data; NDT 2001-2006. **2.** Sunyecz JA, Weisman SM. The role of calcium in osteoporosis drug therapy. *J Womens Health.* 2005;14:180-192. **3.** Data on file, Wyeth Consumer Healthcare.

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