

# CHR VOICE



Clinical Care - Research - Education  
www.centerforhumanreprod.com  
Twenty Years Leading in Fertility Care

NOVEMBER 2001

A newsletter provided by the  
CENTER FOR HUMAN REPRODUCTION

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An embryo on the way to undergo PGD.

## GENDER (SEX) SELECTION

CHR is now considering whether to offer Gender Selection for non-medical reasons utilizing Preimplantation Genetic Diagnosis (PGD), which virtually guarantees that any established pregnancy will be of the desired gender.

Utilizing this technology, couples have to go through in vitro fertilization (IVF).

Embryos, obtained through IVF, undergo PGD before implantation. Their gender is, therefore, clearly identified before embryo transfer takes place, which allows for the transfer of embryos of only the desired gender. Consequently, once a pregnancy is established, it will be of the desired sex.

*Medical* reasons for gender selection usually involve genetic diseases which affect only one sex, usually males. By transferring only females, the disease can be avoided. PGD for *medical* reasons, usually genetic problems, is already being offered at CHR.

*Non-medical* reasons for gender selection, however, principally involves the desire to "balance" families. CHR started considering this option after the Ethics Committee of the American Society for Reproductive Medicine (ASRM), in a September, 2001 decision, decided that a program may ethically offer PGD for that purpose, "if there is good reason to think that the couple is fully informed of the risks of the procedure, and are counseled about having unrealistic expectations about the behavior of children of the

*preferred gender."*

Following a media uproar, the ASRM distanced itself from its own Ethics Committee and the Committee, itself, decided to revisit the issue at its January 2002 meeting. Consequently, **CHR also decided to defer a decision until early 2002** (see CHR's November 5th press release at [www.centerforhumanreprod.com](http://www.centerforhumanreprod.com)).

The use of PGD for family balancing purposes raises a number of ethical issues which have been the subject of intense discussion by CHR's Institutional Review Board (IRB). In fact, our IRB was instrumental in the ASRM's initial decision to modify its stand on the subject (see CHR's September 27 press release at [www.centerforhumanreprod.com](http://www.centerforhumanreprod.com)).

Before offering gender selection, we must ask some important questions:

\*Is the desire to use PGD for family balancing purposes based on appropriate gender perception in our modern day society?

\*Are the risks of IVF, as small as they may be, fully understood?

\*Do couples understand that gender selection reduces the number of available embryos by approximately 50% (on average) and, therefore, reduces the overall pregnancy chance with IVF?

\*And, finally, what does the couple want to do with the embryos of the unwanted gender? Embryos which have undergone PGD do not freeze well.

(continued on page 4)

## PROGRAM NEWS:

### — CHR-AFFILIATED JOURNAL RELEASES SPECIAL CLONING ISSUE\* —

The August issue of *The Journal of Assisted Reproduction and Genetics* is dedicated largely to the controversial topic of human cloning for reproductive purposes.

Included in the issue are several stances on cloning from fertility specialists around the world, as well as three original articles relating to the topic.

The subject of employing human cloning techniques for aid in reproduction has been prevalent in the media as of late. The U.S. House of Representatives recently voted down two bills that would (1) allow for human reproductive cloning; and (2) allow human cloning for research only. The House reply favored a ban on all forms of human cloning, which now will move to the

U.S. Senate for a vote.

Government rulings aside, the special *Journal* issue sheds light on views of the scientific community, providing opinions by some of the leading experts in the field.

This issue was conceived by Editor-in-Chief, **Norbert Gleicher, MD**, in recognition of the controversy on the topic of cloning. He consequently sent out invitations to all Editorial Board members of the *Journal*, offering to publish their opinions in a special issue.

For further information on the *Journal* or how to receive a copy of the issue, please contact the Editorial Office at 312.397.8207 or [CHRjournal@aol.com](mailto:CHRjournal@aol.com).

\*This now-modified article was originally prepared as a press release in August, 2001.

### CHR-GRANDROUNDS NOVEMBER 2001: CHICAGO:

Reservations will only be taken two weeks prior to the event. To make reservations, please visit our website at: [http://www.centerforhumanreprod.com/prof\\_chicago\\_obgyn.html](http://www.centerforhumanreprod.com/prof_chicago_obgyn.html) or call 312.397.8291

**Wednesday, November 14:** "Multi-Fetal Pregnancy Reduction"; Speaker: Mark Evans, MD; Professor & Chairman, Department of Ob/Gyn, Hahnemann University, Philadelphia, PA.  
Venue: Blackbird, Chef Paul Kahan, 619 W. Randolph Street, Chicago, Illinois.

## Physician Forum

Your questions answered by CHR  
Physicians

**Q: What is the difference between IVF, GIFT and ZIFT? -via e-mail, July, 2001**

A: *IVF* stands for *in vitro fertilization*. In vitro fertilization is an assisted fertilization technique wherein oocytes (eggs) are retrieved in an office procedure after administration of fertility drugs. Egg and sperm interaction then takes place in a Petri dish. In males who have low sperm count and/or motility, a micromanipulation procedure, called *intracytoplasmic sperm injection (ICSI)*, can be performed. This entails injection of a sperm mechanically inside an egg to

achieve fertilization. The embryos are then cultured in media and are put back into the uterus three days after retrieval.

*GIFT* stands for *gamete intrafallopian transfer*. This is a now rarely used alternative procedure for patients who have normal tubes. It involves the direct placement of sperm and eggs into the ampullary portion of the fallopian tube using a surgical procedure. This allows fertilization to occur in the body at a "natural site."

*ZIFT* stands for *zygote intrafallopian transfer*. This technique involves in vitro fertilization and transfer of the zygote (fertilized

egg) into the fallopian tube. The procedure is also called *pronuclear stage transfer (PROST)* or *tubal embryo transfer (TET)*, according to the moment in embryo development at which embryos are transferred to the tube.

All the above-mentioned procedures are performed at CHR. Please feel free to talk to your physician about any of these procedures and whether they are right for you.

Please e-mail your questions/comments to: [CHRjournal@aol.com](mailto:CHRjournal@aol.com).

**-KETAN JOBANPUTRA, MD; CHR-ILLINOIS**

## CHR IN THE MEDIA:

In a recent issue of the Chicago area newspaper, *The Daily Herald*,\* **Vishvanath Karande, MD**, President of CHR, was interviewed on the topic of the fate of unwanted cryopreserved (frozen) embryos.

→ To read the story in full, please visit [www.dailyherald.com](http://www.dailyherald.com) ←

\*Constable, Burt. "Everyone weighing in on question 'Just whose embryo is it?'" *The Daily Herald*. July 26, 2001.

**Norbert Gleicher, MD**, Founder of CHR, was quoted in a recent issue of *Crain's Chicago Business*\* newspaper. The main focus of the article was the rise in fertility care in Chicago. To read the article in its entirety, please visit:

→ [www.chicagobusiness.com](http://www.chicagobusiness.com) ←

Dr. Gleicher was also featured on a FOX Chicago News "Family and Health"\* segment. Reported by Margaret Shortridge, the story covering embryo adoption aired on July 16, 2001.

\*Klein, Sarah A. "Beating the Clock: The Baby Business." *Crain's Chicago Business*. August 13, 2001.; \*Shortridge, Margaret. "Embryo Adoption." Family and Health. FOX News Chicago July 16, 2001.

On Monday October 1, **Dr. Gleicher** was featured on the ABC show, "Good Morning America" as well as NBC's "The Today Show." On October 4, he appeared on Chicago's FOX "News in The Morning" show. Dr. Gleicher was interviewed on all three programs regarding the topic of PGD (preimplantation genetic diagnosis for gender determination).

## THE HAPS:

**Norbert Gleicher, MD**, was recently asked to join the Board of the *Scientific Committee of the World Congress of Men's Health* as a founding member. He was also invited to take a chair on occasion of the *Second World Congress on Men's Health*, occurring at the end of October, 2002.

## CHR-GRANDROUNDS NOVEMBER 2001: NEW YORK

Reservations will only be taken two weeks prior to the event. To make reservations, please visit our website at:  
→ [http://www.centerforhumanreprod.com/prof\\_newyork.html](http://www.centerforhumanreprod.com/prof_newyork.html) or call 312.397.8291 ←

**Tuesday, November 13, 2001:** "Gynecological Endoscopy, Teaching, Training"; Speaker: John Sciarra, MD; Professor & Chairman, Department of Ob/Gyn; Northwestern University School of Medicine, Chicago, Illinois. Please note the new venue: *LeCharlot, 19 East 69th Street, New York, New York.*

## CHR-OPINION:

### ADVERTISEMENT CAMPAIGN ADDRESSES INFERTILITY\*

This fall, a new advertisement campaign funded by the American Society for Reproductive Medicine (ASRM) can be seen on PACE buses around Chicago and its surrounding suburbs.

The campaign, consisting of four different billboards, includes one depicting an hourglass with the image of a baby bottle inside dripping milk. The headline reads, "Advancing Age Decreases Your Ability to Have Children."

In a recent article about the campaign in the *Chicago Sun-Times*, writer Debra Pickett calls the

posters, "An unpleasant wake-up call for women who have been hitting the snooze buttons on their biological clocks..."

One might guess the posters will strike chords within women in their twenties or thirties who have not yet begun a family. And for some, the reaction may not be positive.

However, according to the article, the ASRM's intention was to merely state the facts, as was implied by President Dr. Mike Soules. The campaign was started to create an awareness of the increase in the disease known as infertility in older

women. The ad states infertility affects "6.1 million people in the United States."

Other billboards created for the same campaign approach topics such as smoking and sexually transmitted disease and their effect on reproduction.

The new bus ads arrived in the Chicagoland area in September. Other U.S. cities running the same campaign include New York and Seattle.

\*Pickett, Debra. "Ad plays up biological clock." *Chicago Sun-Times*. August 7, 2001.

## CHR PHYSICIANS:

# LATEST ADDITION TO CHR

**Ketan Jobanputra, MD** joined the CHR physician staff during the year 2000. He sees patients at several CHR Chicagoland offices.



Dr. Ketan Jobanputra

After receiving his medical degree in India, Dr. Jobanputra completed his residency in Obstetrics and Gynecology at Brookdale University Hospital in Brooklyn, New York. Dr. Jobanputra was later awarded a Reproductive Endocrinology and Infertility Fellowship at the world-renowned Jones Institute for Reproductive Medicine/Eastern Virginia Medical School.

## CHR PATIENTS:

From time to time, we receive feedback from some of our patients, reminding us that the services we provide do not go unappreciated. Here are some recent excerpts of notes sent to us by a few past and present patients of the Chicagoland-Hoffman Estates CHR location:

*"Words cannot begin to express how much your kindness and handholding have meant to us. I go to bed every night and wake up every morning thankful for all your help in making our dreams come true...Thank you, Thank you, Thank you!"*

-Lisa & Bob Werner

*"I can't thank you enough for all the kindness you've shown*

*me during my time at CHR. I couldn't have asked for better care. You treated me like a friend--I have felt love, support and respect each time I have been in. At other clinics, I felt like a number. I felt like part of the family with you."*

-Ashley Podgorski

*"As always yourself [Dr. Karande] and your staff have gone out of your way to make me comfortable. I'm looking forward to my follow up visit again...if you ever moved your practice, I will do whatever it takes to continue having you for my doctor."*

-Juan, Kristel and Jordan Jansen VanVuren

TELL US YOUR THOUGHTS ABOUT SEX SELECTION. WRITE YOUR QUESTIONS/COMMENTS TO [CHRJOURNAL@AOL.COM](mailto:CHRJOURNAL@AOL.COM).

## — SEX SELECTION, CONT. —

Consequently, embryos of the undesired gender either have to be donated to other couples, donated to research or will have to be discarded in accordance with established ethical standards.

Why has PGD for gender selection become such a controversial issue?

Except for PGD, the only other methods available to select sex involve so-called *preconception* gender selection. This entails various methods of sperm selection which favor one or the other gender. While a recently developed technique, in fact, achieves approximately 70-85% probability in selecting the desired gender by sorting for X- and Y-chromosome containing sperm, not even these newest and best preconception methods allow for an accurate gender predetermination, as PGD does.

Errors can, of course, happen in every laboratory determination. PGD is no exception. There can, however, be no doubt that PGD is by far the most accurate technique to predetermine the desired sex in offspring.

For further information regarding gender selection, please call 312-440-5180 (Chicago); 212-994-4400 (New York) or write to [CHRjournal@aol.com](mailto:CHRjournal@aol.com).



*Dr. Vishvanath Karande poses with patient Kristel Jansen VanVuren and her daughter, Jordan, conceived through CHR.*

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The CHR Voice welcomes contributions. Please contact us at the above address. Thank you.

**CHR WOULD LIKE TO EXPRESS OUR DEEPEST CONDOLENCES TO THOSE WHO LOST LOVED ONES IN THE RECENT TERRORIST ATTACKS. GOD BLESS AMERICA!**