



PHILIPPINE SOCIETY OF REPRODUCTIVE MEDICINE

(formerly known as the Philippine Society of Reproductive Endocrinology and Infertility)

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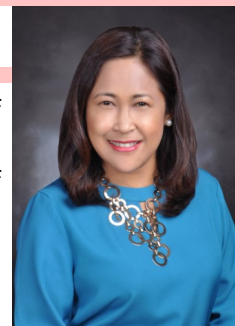
WELCOME PARTICIPANTS!

It is with great pleasure that we welcome you to the PSRM 22nd Annual Convention. This year's congress is entitled "Protocols and Strategies in Reproductive Medicine." The scientific meeting aims to revisit established protocols and explore new strategies pertinent to the practice of reproductive medicine. Joining our distinguished Filipino faculty are three accomplished Professors and Keynote speakers: Dr. Charles Chapron of the World Endometriosis Society, Dr. Charles Koh of the American Association of Gynecologic Laparoscopists and Dr. Santiago Palacios of the International Menopause Society.

The plenary sessions on the first 2 days will tackle relevant issues on Myoma, Adenomyosis, Contraception, Abnormal uterine bleeding, Recurrent pregnancy loss, Menopause, Endometriosis, Polycystic ovary syndrome, Infertility and Assisted reproductive technologies. The third day of the congress will focus on Reproductive and Reconstructive Surgery and will be highlighted by a laparoscopic suturing workshop that will be chaired by the eminent Dr. Charles Koh.

The Fellowship Night which will be held on September 19, 2016 at the Ceremonial Hall is entitled "PSRM goes

Coachella: A night of Music and Dance." Join us for a night of camaraderie and delightful entertainment!



We extend our heartfelt appreciation to the convention organizing committee, the faculty, our mentors and our industry partners for their invaluable contributions to bring this vision to reality.

It will be an exciting 3 days filled with opportunities to share knowledge, experiences and our collective passion for reproductive medicine. Let us be active participants in the congress!

Madonna Victoria C. Domingo, MD
FPOGS FPSRM





Message from the President

Maria Antonia E. Habana, MD, MSc
FPOGS, FPSRM, FPSGE

For the past 22 years, the Annual Convention of the Philippine Society for Reproductive Medicine (PSRM), has been a venue to review and update current knowledge in the field of reproductive endocrinology and infertility. This year's

theme, "PROTOCOLS AND STRATEGIES IN REPRODUCTIVE MEDICINE", continues our tradition for bringing together experts in this field. Dr. Gilda Martinez and Dr. Delfin Tan, Chairs of the Scientific Program Committee and their committee members, have once again prepared an excellent program for us. The comprehensive scientific program covers topics from common gynecologic conditions, recurrent implantation failure, infertility, menopause and novel therapies. A reconstructive and reproductive workshop will be held on the third day which will include a hands-on laparoscopic suturing session. We are fortunate to have Dr. Charles Chapron, Dr. Charles Koh, Dr. Santiago Palacios and Dr. Arim Polim join our prestigious roster of

outstanding speakers. The Annual Interesting Case and Research Contests, a venue to share the work of our young colleagues interested in reproductive medicine, will be held on the second day.

Our fellowship night will be on Monday, September 19. We hope you can all join us as '*PSRM goes Coachella: a Festival of Fun and Music*'. Dr. Marinella Abat and Dr. Maritess Barrientos, and the members of the Social committee, promise an exciting night of good food, fine music and great company.

Our elections for the 2017 Board of Directors will be held in the morning of September 20, followed by our Business Meeting. I would like to encourage everyone to cast their votes early.

I would like to take this opportunity to express my gratitude to everyone in the organizing committee who has worked tirelessly for this convention, genuine fellowship at its best! I am proud to serve with all of you.

Mabuhay!

Overview of the 2016 PSRM Annual conventions

Ina S. Irabon, MD, FPOGS, FPSRM, FPSGE

Welcome to the PSRM 2016 annual convention! The Scientific committee has once again prepared a very interesting program, which is centered on the theme, "**Protocols and Strategies in Reproductive Medicine**".

This 3-day convention is designed to update medical and scientific knowledge of all participants about the current trends and scientific innovations in the field of Reproductive Medicine. The congress will feature a diverse array of topics, and will showcase outstanding

speakers covering topics such as Myoma and Adenomyosis, Contraception, Abnormal Uterine Bleeding, Recurrent Implantation failure, Menopause, Endometriosis, PCOS, Male Infertility, and ART.

To make our program more exciting, we have invited 3 foreign guest speakers who are internationally renowned in their fields of expertise:

Dr Santiago Palacios is a past president of the Spanish

Menopause Society (AEEM), and the past chairman of the Council of Affiliated Menopause Societies (CAMS) of the International Menopause Society (IMS). Dr Palacios will give lectures on day 1 of the convention, on topics such as **Osteoporosis** and **Genitourinary syndrome of Menopause**, including a keynote lecture on **Ulipristal acetate and its role in the management of myoma**.

Dr Charles Chapron is a professor of Obstetrics and Gynecology at the

2016 PSRM SCIENTIFIC PAPER WRITING CONTEST

Committee on Research chair Dr. Noel E. Raymundo announces the top qualified papers for each the Fellows' Interesting Case Report Contest and the Fellows' Research Paper Contest for oral presentation on September 20, 2016. The panel of judges is composed of Dr. Danilo Jose C. Milla Dr Eileen Co-Sy, and Dr. Romerico C. Torres. The titles and synopses of each are as follows:

Interesting Case Reports :

1. Live birth after intracytoplasmic sperm injection with cryopreserved sperm retrieved from urine in a case of complete retrograde ejaculation
2. The link between the missing menses and a missing long ARM" A case of a Variant Turner's Syndrome: A Case Report
3. Ovarian tissue cryopreservation for fertility preservation in young female cancer patients: The first two cases in the Philippines

4. A rare case of two transverse vaginal septae in an adolescent patient

Research Papers:

1. The prevalence of polycystic ovary syndrome phenotypes and its association to infertility, abortion and cardiometabolic risks. A review of cases from January 2014 to December 2015 in the out-patient department of a 2 Tertiary institutions in Metro Manila
2. Propofol as intravenous general anesthesia for Transvaginal Oocyte Retrieval for Assisted Reproductive Techniques: Effect on Oocyte
3. A Five-year Prevalence and Characteristics of Polycystic Ovary Syndrome (PCOS) in Filipino women diagnosed with Endometrial Cancer

Overview of the

University of Paris Descartes, Faculty of Medicine, and a prolific author of international scientific journals, mostly concerning areas of gynecologic laparoscopy, reproductive medicine, and endometriosis. DrChapron will lecture on **Global updates on Endometriosis** and **"Endometriosis and pain"** on day 2 of the convention.

And finally, **Dr Charles Koh**, who is an advanced laparoscopic surgery specialist, and holds patents for numerous laparoscopy devices, such as the "KOH ColpotomizerPneumooccluder", "Vaginal Extender for Colpotomy", and "KOH Ultramicro Instruments". DrKoh will speak on **"IVF vs surgery for deep endometriosis"** on day 2 of the

convention. He will also join us in the RRS workshop (day 3), and will impart some invaluable tips and tricks on suturing and laparoscopic hysterectomy.

Day 3 of the annual convention will be a workshop on Reproductive and Reconstructive surgery, and will include lecture topics on intrauterine surgery for myomas, polyps and septum, tubal reconstruction techniques, surgery for endometriosis (including deeply infiltrating endometriosis), mullerian and vaginal reconstruction and electrosurgery. Session 2 will be a hands-on suturing workshop with Dr Charles Koh. DrKohwill teach us his techniques on intracorporeal and extracorporeal knot tying, and needle loading and tissue

WELCOME NEW FELLOWS!

The Committee on Credentials and Membership chaired by Dr. Gilda G. Martinez is pleased to announce the new fellows of the Philippine Society of Reproductive Medicine. They are the following:

1. Sheryll A. Beltran-Carullo
2. Amity Casurao-Trono
3. Mailanie Grace De Cadiz
4. Florely Joy P. Estrera-Gregorio
5. Dianne Manzano
6. Mailyn T. Panganiban
7. Gia Pastorfide
8. Marijay Utulo
9. Helen Marie Zell S. Valina

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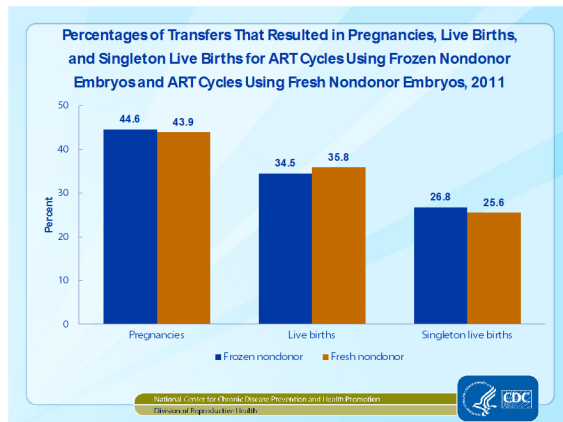


Marites Barrientos, MD
Co-Chair

Moving Towards a Freeze-all Policy

Rudie Frederick Mendiola, MD, FPOGS, FPSRM, FPSGE

Alan Trounson and Linda Mhor reported the first pregnancy following frozen-thawed embryo transfer (FET) in 1983 and since then, FET has been employed increasingly in assisted reproductive technology (ART). Data from the Division of Reproductive Health of the National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control in the United States of America has shown that in 2011, approximately 21% of all ART cycles performed used frozen nondonor embryos.



The report showed similar results for both fresh and frozednondonor embryo transfers.

The improvements in vitrification techniques have significantly increased the survival rates of embryos and success rates of FET. More and more centers are employing FET protocols instead of fresh embryo transfers because of the growing evidence that controlled ovarian stimulation may alter the endometrium and impair endometrial receptivity. Some centers even have a freeze-all policy to improve IVF outcomes. In the study by Roque M et al., published in Fertility and Sterility in 2015, they concluded that the IVF outcomes were significantly better in the group using the freeze-all policy, compared with the group using fresh embryo transfer. These results suggest that even in a select group of patients that underwent fresh embryo transfer, endometrial receptivity may have been impaired by COS, and outcomes may be improved by using the freeze-all policy.

In vitro fertilization outcomes for freeze-all cycles and fresh ET cycles.

Outcome	Freeze-all cycles (n = 179)	Fresh ET cycles (n = 351)	P value	Relative risk (95% CI)
Embryos transferred, mean \pm SD	2.07 \pm 0.65	2.27 \pm 0.79	.003	
Implantation rate	98/370 (26.5)	159/797 (19.9)	.011	1.33 (1.07–1.65)
Pregnancy rate				
Pregnancy	90 (50.3)	144 (41)	.038	1.23 (1.01–1.49)
Clinical pregnancy	83 (46.4)	126 (35.9)	.017	1.29 (1.05–1.59)
Ongoing pregnancy	71 (39.7)	109 (31.1)	.044	1.28 (1.01–1.62)

Note: Values are n (%), unless otherwise indicated.

Roque. Freeze-all policy. Fertil Steril 2015.

In a review of our center's data we saw similar results and this has prompted us to follow a freeze-all policy in addition to our initial single embryo transfer rule. We believe that this will not only improve IVF outcomes but it will also minimize potential complications like OHSS and multiple gestation.

Revisiting the PSRM Midyear Convention

Ina S. Irabon, MD, FPOGS, FPSRM, FPSGE

This year's midyear convention focused on the theme, "**Polycystic Ovary Syndrome: A lifetime disease**". A total of 400 participants from all over the country attended the one-day congress, which was held at the Novotel Hotel in Quezon City, on May 27, 2016. Lecture topics centered on the very important aspects in the current management of PCOS, such as evaluation and monitoring, and updates in the management of PCOS including in the areas of infertility, adolescent gynecology, pregnancy complications, metabolic syndrome and other long-term consequences of PCOS. Lectures were delivered by the country's foremost authorities in the field of Reproductive Endocrinology.

We were privileged to have 2 highly esteemed guest speakers, **Dr Patricia Gatbonton, MD, FPCP, FPSEM**, an Adult Endocrinology specialist and past president of the Philippine Society of Endocrinology, Diabetes and Metabolism, who gave a stirring lecture on "**Overweight and Obesity in PCOS**", and **Professor Robert Norman**, one of the world's leading spokespersons in Reproductive Medicine and PCOS from the University of Adelaide, Australia, and a former president of the Androgen Excess Society (AES) and ASPIRE. Prof. Norman spoke about the "**Latest developments in the Origins and Progression of PCOS**", and taught the audience on the essential steps in making "**Evidence-based guidelines and their Role in Clinical Management**". Prof. Norman

encouraged our society, and the audience at large, to continue doing evidence-based clinical practice guidelines that is suited for the local setting.

Possibly the highlight of the midyear convention is the stimulating interactive case discussions that capped off our day-long symposium, composed of a very engaging panel of local and foreign experts in Reproductive Medicine such as **Dr Lilia P. Luna, Dr Anna Belen I. Alensuela, Dr. Eileen M. Manalo, Dr Jesusa Banal-Silao**, our foreign guest speaker **Prof. Robert Norman**, and moderated by **Dr Delfin A. Tan**. The panel tackled on various issues on PCOS, including interesting case discussions on managing adolescent PCOS, Infertility, and Metabolic Syndrome. The audience was also made to join in the fun discussion by using interactive key pads to answer some questions regarding the cases and participate in the open forum.

PCOS is said to be the most common endocrinologic disorder among reproductive age women, and yet its proper diagnosis, evaluation and management remains to be a challenge for most clinicians. This whole-day course on PCOS was a timely occasion for our local obstetrician-gynecologists and primary health care providers to clarify their misconceptions and update their knowledge on PCOS, and help them deliver better patient care.

OUTREACH PROGRAM

The PSRM CME had its 1st series of lectures last September 4, 2016 at the Pamulinawen Hotel, Laoag City. We were warmly welcomed by the Region 1 POGS chapter. We would like to thank Dr. Joan B.





Editor's Corner

By Angela G. Sison-Aguilar, MD
MSc MBA

Allowing PGD in the Philippines: we should be prepared for the implications

Preimplantation genetic diagnosis (PGD) is a powerful tool in reproductive medicine. Especially in settings where the number of embryos transferred are restricted or when disease avoidance is an issue, performing PGD makes good clinical sense. We should however be aware of the various issues surrounding the use of this technology.

The first issue is effectiveness. PGD, using the most advanced technology is highly accurate, especially screening for aneuploidies. Thus, with better pregnancy rates, PGD has emerged as a valid treatment for a subset of patients with recurrent implantation failure. Caution, however, has to be employed in cases where PGD is utilized to screen for, as described by the ESHRE Task Force on Ethics, lower-penetrance mutations and for disorders that have a highly variable expression. It is impossible to completely predict phenotype from genetic diagnosis, much more produce a perfect genetic offspring. The ESHRE Task Force recommends using the phrase "risk reduction" when counseling a couple about to avail of PGD technology.

The second issue is non-medical selection. Indeed, in our culture, and common with many cultures worldwide, sex selection for social reasons is a common request heard by many an IVF practitioner. This issue has indeed been identified even in the last century. Our guidelines should be clear as to our society's position with regards this issue.

The last issue is the use and storage of affected or high risk embryos. Most couples would select against the transfer of this embryos. What will happen if no "low risk or unaffected embryos" are produced? The resulting continued, and possibly, indefinite storage of high risk embryos would be a concern in our setting given our constitutional and legal climate. On the other hand, while rare, some couples will opt for the transfer of an affected embryo, specifically embryos with the same

phenotype and disability as the parents, for homogenization of family traits. Deaf parents have been known to request for similarly deaf children, achondroplastic couples were documented requesting for similar offspring. Our guidelines should anticipate these unique requests exercising the ethical principle of autonomy.

As we now modify our original provision on PGD, as stated in our 2011 guidelines,

Pre-implantation Genetic Diagnosis, whether carried out on gametes or embryos, is an unacceptable procedure when carried out for embryonic gender identification or to identify specific genetically transmissible abnormalities to help couples avoid the possibility of having abnormal children.

to one that will allow its use in our Philippine IVF centers, we have to provide our practitioners clear and comprehensive guidelines to oversee its application.

¹Lee, Evelyn, et al. "The clinical effectiveness of preimplantation genetic diagnosis for aneuploidy in all 24 chromosomes (PGD-A): systematic review." *Human Reproduction* (2014): deu303.

²De Wert, G., et al. "ESHRE task force on ethics and Law22: preimplantation genetic diagnosis." *Human Reproduction* (2014): deu132.

³Fasouliotis, Sozos J., and Joseph G. Schenker. "Preimplantation genetic diagnosis principles and ethics." *Human Reproduction* 13.8 (1998): 2238-2245.

⁴Philippine Society for Reproductive Endocrinology and Infertility. Guidelines on the Ethics and Practice of Assisted Reproductive Technology and Intrauterine Insemination October, 2011

THE PSRM NEWSLETTER

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