

# SREI Feedback

The Official Newsletter of  
The Society for Reproductive Endocrinology & Infertility

Volume 9, No. 2

Summer 2004

## MISSION STATEMENT

To promote the growth, influence, and interests of the subspecialty of Reproductive Endocrinology and Infertility; to engender excellence in the care of patients with reproductive endocrine disease; to provide an environment which encourages growth of both patients' and physicians' knowledge of the subspecialty; to support and nurture new initiatives in basic and clinical research in the area of reproductive endocrinology and infertility.

Approved by the Board of Directors 3/11/98

## A Message from the President — William D. Schlaff, M.D.

The Board of Directors and Committee Chairs of the SREI have met through monthly conference calls since the ASRM Annual Meeting in October. We have been pursuing a number of initiatives which I would like to report to our membership.

First, we are working hard to establish a long-term funding commitment to support the SREI Fellows' retreat which has been held in Aspen, Colorado for over 10 years. This year's retreat will be August 5-7 in Park City, Utah and will be supported by Serono, Inc. Michael Diamond, M.D., has developed a program which will provide an opportunity for associate members to learn more about their relationship to ASRM, to SREI, and to the American Board of Obstetrics and Gynecology. We will also have members from both the academic and private practice settings describing their career choices and challenges. Extensive networking among fellows and between fellows and faculty is an important part of this retreat. The Board hopes that we will be able to report a long-term commitment of financial support of this retreat to our membership before long.

In order to streamline and better focus some of SREI's activities, the Board will be scrutinizing the missions of our standing and ad hoc committees. We understand that many of our members are more

than willing to volunteer their time on Society committees, and we anticipate more specifically articulating the missions and objectives of these committees for the benefit of all. We anticipate reporting the outcome of these discussions either in a future issue of SREI Feedback or at our annual business meeting next October.

Charles Coddington, III, M.D., continues to champion an effort to abstract relevant research in reproductive endocrinology on our website. The crux of this effort is to match an associate or junior member of our Society with a more senior mentor in order to identify the most compelling recent publications and to provide an abstracted summary for our membership. There has also been discussion of having

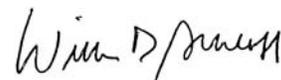
these abstracts applicable and available to patients. It is our hope that Dr. Coddington, along with associate member Paul C. Lin, M.D., will be able to have the process organized and off the ground by summer or fall 2004.

There continues to be significant interest in a "manpower survey" of practicing reproductive endocrinologists. This initiative is only now taking shape and was discussed at the Board meeting that was held in conjunction with the Society for Gynecologic Investigation in March.

I hope that all members of the Society for Reproductive Endocrinology and Infertility feel that the Society is responsive to their interests and needs. As always, I would welcome communication from any member at:

William.Schlaff@uchsc.edu  
or Tel: (720) 848-1760.

Best wishes for a great summer.



William D. Schlaff, M.D.  
President

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## Editor's Corner

Robert G. Brzyski, M.D., Ph.D.



The column by L. Michael Kettel, M.D., in this issue of *SREI Feedback* is particularly intriguing to me because it, among other events, made me realize that lately I had been thinking about how it seems that we are poised on the brink of a monumental change in our discipline. The recent media (re)focus on sex selection (see for example <http://www.msnbc.msn.com/id/3990134/>) also brought nagging thoughts in the back of my mind to the forefront. I think the current political climate also contributes to an enhanced sensitivity on such issues. I will affirm that I am a great believer in technology and that the advances in reproductive medicine we've witnessed in our lifetime have improved and enhanced the lives of far more people than they have harmed. However it seems that it would be prudent to be vigilant to the blind development and application of technology. This is particularly relevant at the present time because technological advances seem to be snowballing with respect to, for example, genetic testing – spurred

on no doubt by the success of the Human Genome Project and other advances that now allow us to “paint” chromosomes, profile cellular RNA and protein patterns, and even identify specific gene mutations very accurately. The fiction is going out of science fiction.

Technological advances have always challenged the medical community and society. For example, the development of antibiotics and hemodialysis led to ethical dilemmas about access and distribution, at least initially. Consenting patients has always been a problem in the context of new technologies, also. For example, before we knew the long-term consequences of hemodialysis, how could a patient know if he/she wanted it or not? In that situation, the answer was perhaps easy, since death was the likely alternative. Despite the problems associated with the application of new technologies, in most cases the individual patient facing the choice has been making a choice that fundamentally affected him/herself (granted within their social context of family and community). Perhaps DES is an exception of note. In the arena of reproductive technology, our patients are making choices that can affect their children, and indirectly but perhaps in a palpable way, society as a whole. Again, I don't want to be alarmist about future directions in reproduction, because as we know that some alarms – such as those raised about the impact of IVF on the family and society—have been shown to be unsubstantiated. But “past performance does not guarantee future returns” as I'm sure we've all read.

The development of sex selection technology was initially driven by the need to address a serious medical issue: the hardship of children and families burdened by catastrophic sex-linked diseases. As experience grows, though, expansion of the application of the technology is considered. This is not unique – the same has been true for oocyte donation and indeed for IVF in general. We've been reassured by our experience of the impact of oocyte donation and IVF (although in the former case there is more debate). But many are asking: how would sex selection change us as human beings and as a society? Just as with other technologies, our ability to predict is limited (and perhaps nonexistent). It is difficult to imagine. Are you tired of hearing about this? Is it all much ado about nothing? I would argue that the profession has a role to play in the dialog. I think almost everyone would balk at the prospect of being characterized as a technician who carries out the decisions of their patients without consideration of their own values and attitudes. The ASRM surveyed the membership about its attitudes, and I look forward to the day that information is published. I hope that information will foster new ways for us to examine the issues that face us in the near future.

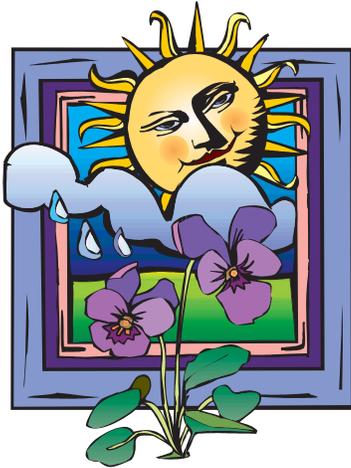
Robert G. Brzyski, M.D., Ph.D.



## Associate Members Report

*Bill Catherino, M.D., Ph.D.*

*Associate Members Co-Chair*



Greetings from the Northeast. I hope that the year has been productive for you, and that many people attended the Society for Gynecologic Investigation (SGI) in Houston on March 24-27, 2004. Also, congratulations to those Senior Fellows who have successfully navigated the dangerous waters of contract negotiation. While it's still quite informal, Joan Schertz from Serono and I are trying to

spread the word about employment opportunities as well as we can. If you would like to spread the word about possible jobs for those who remain unattached, please let me know, and I will try to spread the word.

Ferring Pharmaceuticals graciously supported the SREI Associates Dinner which was held on Wednesday, March 24, 2004 at the SGI meeting this year. Speaking of SGI, Ferring Pharmaceuticals generously supplied travel grants for a fellow from each program to attend the meeting. In the past, Eli Lilly has supported one fellow per program and is considering continuing support of this endeavor. We appreciate the support Eli Lilly provides, and will use these funds to support each of the programs equitably.

During our meeting on Friday, March 26, we talked about SREI committee appointments at the SREI Associates Meeting at SGI, but since some of you did not attend, we will address selection and committee assignment after SGI but before ASRM annual meeting. If you are interested in being

involved, or simply have questions, please contact either Michael Dahan, M.D., (dahanm@msnotes.wustl.edu) or me (catheriw@mail.nih.gov).

It would be valuable to have a list of the programs that graduating fellows have joined, both to keep in touch and as a contact list for rising fellows. For the senior fellows, if you have completed your job search, please email me (catheriw@mail.nih.gov) the program name, location, and type of practice (private practice, academic, industry, etc.). I will find an easy way to disseminate this information. I think that it will be exciting to hear about where we will be practicing in the very near future!

I haven't had any response about whether we should continue the General Oral Boards Discussion at ASRM. Unless there is a significant interest, we can plan on re-considering this topic on a bi-annual basis.

Good luck with all that you do, and I look forward to seeing you in Philadelphia!

Bill



## Surfing the Net

Keith Hansen, M.D.



[www.genetests.org](http://www.genetests.org)

This is an interesting Web site designed for physicians and researchers. A search for a specific disease will yield clinical and laboratory data. The Web site also discusses the gene which is affected, and its mutations. In addition, the site has an international laboratory directory which one can use to determine where to have specimens sent for genetic testing. There is also an interesting educational site with PowerPoint presentations on select topics. This Web site is free of charge.



## Member News

**J. Ricardo Loret de Mola, M.D.** – Director, In Vitro Fertilization Program, Chief Division of Reproductive Endocrinology and Infertility; Director of MacDonald Fertility and IVF Program

Dr. Loret de Mola was elected in February 2004 as President of the Hispanic American Biomedical Association (HABA). This is the largest society that represents physicians, scientists, and patients of Hispanic origin in the United States. HABA is a strong advocate for health-care improvement for Hispanic Americans. Currently, over 30,000 Hispanic physicians, scientists, and consumers receive their publications and information every month. Dr. Loret de Mola was elected for a two-year term.

**The SREI Needs You...  
to update your membership information  
on the Web!**

<http://www.socrei.org>

- **Keep the SREI Administrative Office  
Up-to-Date**

The SREI Web site Member Map pinpoints members by state. Currently listed is your name, state, city, and office telephone number. If you move or your telephone number changes, update it instantly with the SREI and ASRM.

- **Give Patients Your Web Address**

A new feature of the Member Map will be the addition of Web addresses for member physicians. If you have a Web site address and want the public to know, add it to your membership information.

- **Don't want to be listed on the Internet?**

While updating your information, simply check that information that you provide to the SREI is not to be made public. We will be happy to keep your information current AND private.

- **Optional Email Contact**

Check the option to let patients have your email address, or keep the information private and for SREI use only.

<http://www.socrei.org>



SOCIETY FOR  
REPRODUCTIVE  
ENDOCRINOLOGY  
AND INFERTILITY

## AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS (AACE)

*Gail F. Whitman-Elia, M.D., F.A.C.O.G., F.A.C.E.*

In December 2003, AACE hosted a Consensus Development Conference on Inpatient Diabetes and Metabolic Control. Investigators reviewed blood sugar management in order to establish universal guidelines for glycemic management in the inpatient setting. A position statement, which addresses hyperglycemia in pregnancy and upper limit targets for hospital intensive and non-critical care units, was published in the January/February 2004 issue of *Endocrine Practice*. Medical guidelines will be published later in 2004.

Bruce F. Bower, M.D., Chair, Future of Genomics Committee, has written an interesting year-end review to provide some prospective on Genomics from the clinical endocrine perspective. In the February/March 2004 issue of *The First Messenger*, Dr. Bower addressed the current state of pharmacogenomics, the application of genomic techniques to predict drug response in terms of efficacy and adverse effects.

AACE hosted its Thirteenth Annual Meeting & Clinical Congress April 28-May 2, 2004 at the John B. Hynes Veterans Memorial Convention Center in Boston, Massachusetts.

SREI members are encouraged to visit the AACE Web site at [www.aace.com](http://www.aace.com) for more information on these and other interesting events.

### Have an opinion you would like to express?...



#### The SREI Feedback can be your forum!

We are looking for new and interesting articles to fill *SREI Feedback*. If you have a letter or topic you wish to address, submit it to the *SREI Feedback*.

Send all submissions to:  
SREI Feedback Editor  
Robert Brzyski, M.D., Ph.D.  
**Email:** [brzyski@uthscsa.edu](mailto:brzyski@uthscsa.edu).

## LOOKING BACK, LOOKING FORWARD IN THE PRACTICE OF REPRODUCTIVE MEDICINE



Like all of those who work in our field of reproductive medicine, the private practicing reproductive endocrinologist has seen his/her world evolve over the last five to ten years. A decade ago, we were doing more surgery, seeing more hirsutism, and managing complicated endometriosis with GnRH analogues. These days we are seeing more infertility, doing more IVF, and wrestling with managed care companies over authorizations and re-imbursement. The Society for Reproductive Endocrinology and Infertility has been there with us and equipped us with new tools to practice better and smarter.

With the last issue of *SREI Feedback* you received a copy of "Infertility Coverage for Benefits Managers." I hope you had a chance to look through it. It contains pragmatic, evidenced-based, testing and treatment algorithms that apply to many, if not most, of the infertility patients who come to see us every day. More importantly, it is presented in a way that is easy to understand and can help justify recommendations to utilization review panels, managed care medical directors and contracting officers. Mandated IVF coverage is upon us in many states and can dramatically change the workload and increase burnout. We need to avoid working harder and try to work smarter.

Continuing education can be a challenge for the private practitioner. It is all too easy to skip a meeting here or there. The SREI has done a wonderful job putting together meaningful and relevant postgraduate programs at ASRM. Our lives are not always composed of IVF, all the time, and these courses tend to cover topics that may not be reviewed in other programs. Check out the SREI course at the 60th Annual Meeting of The American Society for Reproductive Medicine, October 16-20, 2004 at the Pennsylvania, Convention Center, in Philadelphia. The committee has put together a wonderful group of speakers and topics.

Lastly, the field of reproductive medicine continues to grow and we need to evaluate who we are and what we need. SREI is exploring the possibility of putting together a manpower needs assessment. Unlike the world of reproductive endocrinology that dominated the 1980s and 1990s, there are now proportionately less full-time academic practitioners and more private practitioners. At last count, our membership stands at 708 Active Members, 37% list themselves as full-time academic practitioners and 56% are in private practice. More importantly we have 186 Associate Members who will be finishing their fellowships in the next few years who don't know where they will end up. We need to know the different needs of both groups and prepare for the needs we will have in the years to come. The SREI has become a subspecialty society that can bridge the differences between academic and private practice and help both of us handle the challenges that lie ahead.

Respectfully,

*L. Michael Kettel, M.D.*

L. Michael Kettel, M.D.  
Private Practice Director



**The Society for Reproductive Endocrinology and Infertility  
2004 CME NEEDS ASSESSMENT SURVEY**

The SREI is most interested in the CME needs of our membership. Your completion of this brief summary will help our Society plan further educational programs. Thank you very much.

**I. Training background:**  Fellowship completed  Board Eligible  Board Certified  
 Passed Re-Certification Exam

**II. Membership Status:**  Active Member  Associate Member  Fellow

**III. Job Status:**  Fellow:  Full-Time Faculty  Private Practice  Retired

**IV. Do you plan to attend the ASRM Annual Meeting:**  Yes, regularly  Yes, occasionally  Never

**V. Do you plan to attend the SREI Annual Postgraduate Course?**  Yes, regularly  Yes, occasionally  Never

**If you do not attend these courses, is there something that could be done to change your interest in these courses?**

**VI. I would prefer the following length of SREI Postgraduate Course to be:**

1 Day  2 Days

**VII. Preferred program format:**  Purely Basic Science  Mixture of basic science and clinical material  
 Purely Clinical Material

**VIII. Would you be interested in having ASRM course syllabi offered online?**  Yes  No

**IX. Which syllabus format would you prefer?**  PowerPoint Slides  Narrative material with figures

**X. In regard to SREI Postgraduate courses, please check the following topics that would be of interest to you:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Aging                            | <input type="checkbox"/> Legal issues                | <input type="checkbox"/> Premenstrual Syndrome             |
| <input type="checkbox"/> Alternative medicine             | <input type="checkbox"/> Leiomyoma                   | <input type="checkbox"/> Polycystic Ovarian Disease        |
| <input type="checkbox"/> Androgen replacement             | <input type="checkbox"/> Lipid abnormalities         | <input type="checkbox"/> Practice Management               |
| <input type="checkbox"/> Andrology testing                | <input type="checkbox"/> Male infertility evaluation | <input type="checkbox"/> Preimplantation genetic diagnosis |
| <input type="checkbox"/> Assisted reproductive technology | <input type="checkbox"/> Medical endocrinology       | <input type="checkbox"/> Recurrent pregnancy loss          |
| <input type="checkbox"/> Congenital anomalies             | <input type="checkbox"/> Menopause                   | <input type="checkbox"/> Reproductive ethics               |
| <input type="checkbox"/> Contraception                    | <input type="checkbox"/> Micromanipulation           | <input type="checkbox"/> Reproductive immunology           |
| <input type="checkbox"/> CPT Coding                       | <input type="checkbox"/> Molecular medicine          | <input type="checkbox"/> Reproductive surgery              |
| <input type="checkbox"/> Cryopreservation                 | <input type="checkbox"/> Mullerian anomalies         | <input type="checkbox"/> Sexual Dysfunction (female)       |
| <input type="checkbox"/> Endometriosis                    | <input type="checkbox"/> Obesity                     | <input type="checkbox"/> Sexual Dysfunction (male)         |
| <input type="checkbox"/> Evidence-based medicine          | <input type="checkbox"/> Oocyte and embryo donation  | <input type="checkbox"/> Therapeutic Cloning               |
| <input type="checkbox"/> Gamete donation                  | <input type="checkbox"/> Osteoporosis                | <input type="checkbox"/> Thrombophilias and reproduction   |
| <input type="checkbox"/> Genetics                         | <input type="checkbox"/> Ovarian tissue banking      |  |
| <input type="checkbox"/> Imaging techniques               | <input type="checkbox"/> Ovulation induction         | Other: _____   |
| <input type="checkbox"/> Implantation                     | <input type="checkbox"/> Pediatric gynecology        | _____  |
| <input type="checkbox"/> Infertility and cancer           | <input type="checkbox"/> Pelvic pain                 | _____  |
| <input type="checkbox"/> Infertility psychology           | <input type="checkbox"/> Perimenopause               |  |

Thank you very much for your input.

Please fax your completed response by **September 1, 2004**, to Ms. Cheryl Finch at (205) 978-5005 or mail to the SREI Administrative Office to the attention of Cheryl Finch at 1209 Montgomery Highway, Birmingham, AL 35216-2809.

Thank you again for providing us with the above information.

# SREI FEEDBACK

## The Society for Reproductive Endocrinology & Infertility

*Formerly The Society of Reproductive Endocrinologists, An Affiliate of the American Society for Reproductive Medicine*

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### The Society for Reproductive Endocrinology & Infertility

**President:** William D. Schlaff, M.D.  
**Vice-President:** Christos Coutifaris, M.D.,  
**Ph.D.**  
**Secretary/Treasurer:** Marcelle I. Cedars, M.D.  
**Administrator:** Cheryl Finch

***Note:** If you see this newsletter and did not receive a copy directly mailed to you, please contact Cheryl Finch at the address above to be placed on the mailing list for future issues.*

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