



ISFP

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<http://www.isfp-fertility.org/>, (913) 588-6201

Letter from the President



Colleagues and Friends,

Even with busy daily routines, it is hard to ignore festive moods around you when you hear carols, see Christmas lights, and smell ginger cookies... And very soon, when 'Auld Lang Syne' is played, the year of 2012 will fade away into history. For me, it is a very meaningful time since I will conclude my current term as President of the ISFP.

It has been my great pleasure and honor to have an opportunity to serve the ISFP as President for the past 2 years. Although the road was sometimes bumpy, ISFP has built up its reputation and become a well-recognized international society representing the field of Fertility Preservation. Indeed, our membership has grown significantly and our work has been complimented. There are important achievements we made together which include the 2nd ISFP World Congress in Miami, publication of quarterly ISFP newsletters, development of ISFP practice guidelines for fertility preservation (published in the Journal of Assisted Reproduction and Genetics), as well as collaborations and networking between members. During my term, I experienced the increased interest of other societies and organizations in working with ISFP through affiliations. In addition, many organizers of regional or international meetings requested ISFP to endorse their meetings.

Nevertheless, we as a leading society have much more work to do. I trust the next president and officers will lift the Society to the next level. One of the crucial tasks we will embark in 2013 is 'World Registry for Ovarian Tissue Cryobanking.' We have been talking about this important project for a of couple years, but during the last ISFP Board Meeting, the ISFP Board of Directors unanimously agreed to move this project into action. Currently, it is at the planning stage, but once implemented it will benefit not only health care providers and researchers but also many patients who desire fertility preservation, which reflects the mission and responsibility of ISFP.

Lastly, I would like to remind you that the 3rd ISFP World Congress will be held on Nov 7-9, 2013, in Valencia, Spain.

I will be very happy to pass the baton to the next president, Professor Pedro Barri in a couple weeks. Before leaving my post, I would like to express my deep gratitude for your continued support and help, especially ISFP Board of Directors. Indeed, I am very much privileged to have wonderful and trusting colleagues and friends like each of you.

I wish you joyful Holidays and a prosperous Happy New Year.

Peace,

S. Samuel Kim, MD, FACOG
President, ISFP

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*Every woman deserves
the chance.*

Ovarian Grafts



Press Release
New York / Heidelberg
28 June 2012

Life span of ovarian grafts longer than expected

Study shows that ovarian grafts can produce hormones for more than seven years

Transplanting previously frozen ovarian tissue back into female cancer survivors can lead to long-term hormonal function and preservation of fertility, according to a new study by Samuel Kim from the University of Kansas Medical Center in the US. His work, which shows that hormonal function was restored in five women 12-20 weeks after transplantation, and in one case lasted for more than seven years, is published online in Springer's *Journal of Assisted Reproduction and Genetics*.

Many female cancer patients want to remain fertile, and choose to freeze some of their ovarian tissue prior to cancer treatment. Following treatment, the frozen tissue is thawed and transplanted back into the survivor's body, in a different location - known as a 'heterotopic site'. However, the longevity of grafted ovarian tissue has been debated for many years, and it is still uncertain how long hormonal (endocrine) function of frozen-thawed ovarian tissue can be maintained.

Kim studied five cancer survivors who had undergone heterotopic ovarian transplantation between 2001-2011. Their frozen ovaries were rapidly thawed and transplanted into the abdominal region. Kim measured both the levels and function of the reproductive hormones in these women via monthly blood tests and ultrasounds after hormonal activity was confirmed. The women were monitored until cessation of hormonal function.

He found that hormonal function was restored in all five patients 12-20 weeks after transplantation. Long-term follow-up in four patients showed that these women needed a second transplantation within two years of the first. Interestingly, restoration of ovarian function after the second transplantation was faster and lasted longer, between nine months and seven years.

The longest duration of hormonal function was seen in a 28-year-old women who underwent ovarian transplantation in 2003 and 2004 after radiotherapy for cervical cancer. Even seven years after transplantation, the grafts were still producing hormones.

Kim concludes: "Re-establishment of long-term endocrine function after ovarian transplantation will benefit young cancer survivors with premature ovarian failure. To my knowledge, this is the longest duration of ovarian function reported in the literature after heterotopic transplantation of frozen-thawed human ovarian tissue."

Reference

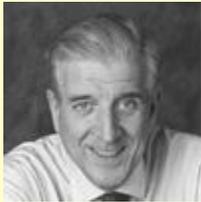
Kim SS (2012). Assessment of long term endocrine function after transplantation of frozen-thawed human ovarian tissue to the heterotopic site: 10 year longitudinal follow-up study. *Journal of Assisted Reproduction and Genetics*; DOI 10.1007/s10815-012-9757-3

The full-text article is available to journalists on request.

Contact: Joan Robinson, Springer, tel.: +49-6221-487-8130, joan.robinson@springer.com

New Officers

The new officers for 2013 - 2015



Pedro Barri, President



Pasquale Patrizio, Vice President

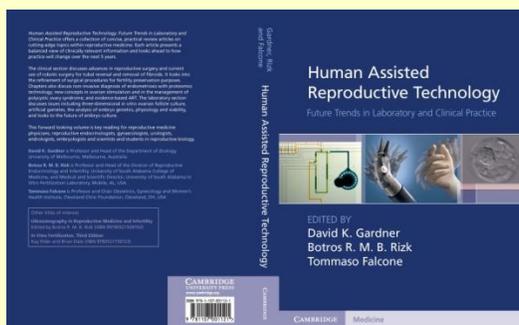


Tommaso Falcone, Treasurer



Debra Gook, Secretary

Books in the News



Human Assisted Reproductive Technology Future Trends in Laboratory and Clinical Practice

David K. Gardner, Botros R.M.B. Rizk, Tommaso Falcone

ISBN: 978-1-107-00112-1

Highlights:

- Advances in reproductive surgery and current use of robotic surgery
- Refinement of surgical procedures for fertility preservation
- Non-invasive diagnosis of endometriosis with proteomics technology
- New concepts in ovarian stimulation

