ADVANCING REPRODUCTIVE MEDICINE TO BUILD HEALTHY FAMILIES
OCTOBER 28 - NOVEMBER 1, 2017
JOIN US FOR OUR
Opening Ceremony

Monday, October 30th, 7:45 am – 8:45 am
in the Henry B. Gonzalez Convention Center
Hemisfair Ballroom

Come hear ASRM President, Dr. Richard Paulson, discuss the Society's accomplishments this year and plans for "Advancing Reproductive Medicine to Build Healthy Families."

Plenary 1 will immediately follow in the same room.

A complimentary continental breakfast will be available 7:00 am – 7:45 am in the Hemisfair Ballroom Lobby
Welcome
to the historic city of San Antonio, Texas, and the 73rd annual meeting of the American Society for Reproductive Medicine. This year’s ASRM Scientific Congress & Expo theme is “Advancing Reproductive Medicine to Build Healthy Families.” As the theme implies, this Congress will encompass all aspects of reproductive medicine and technology, with a special focus on health. Dr. Anne Steiner, Chair of the Scientific Congress Program Planning Committee, Dr. Karine Chung, Chair of the Pre-Congress Program Committee, and members of their organizing teams have designed a comprehensive, provocative program for Congress attendees. The agenda ranges from the latest molecular and genetic technologies to advocacy for our patients with a focus on access to care. The program is designed to address the educational and intellectual needs of physicians, nurses, andrology and embryology laboratory personnel, genetic counselors, social workers, practice and laboratory managers, as well as practitioners in mental health, law, and ethics.

The Scientific Congress Continuing Medical Education (CME) course offerings will include a stimulating collection of plenary lectures, symposia, and interactive sessions, all supporting the theme of the Congress. Historical perspectives will be presented, as well as cutting-edge lectures on uterine transplantation, novel methods of contraception, menopausal therapy, and the basic science of spermatogenesis and embryo development. Faculty also will address pseudoscientific claims, provide perspectives on the dissemination of scientific information through the media, and contrast in vitro fertilization in humans with other animal species. The interactive sessions are designed to energize and stimulate discussion and interaction among participants, as they focus on a wide range of controversial topics. CME sessions will be complemented by non-CME activities including intimate, in-depth luncheons with recognized experts, and oral and poster-format scientific abstract presentations, representing cutting-edge research in reproductive medicine and biology.

Symposia will include those organized and presented by our international sister societies. Further, Dr. Chung and members of the Pre-Congress Program Committee have collaborated with our affiliated societies and professional and special interest groups to present a wide range of Pre-Congress courses designed to meet the needs of clinicians, scientists, laboratory technologists, nurses, and other health-care and allied professionals.

We welcome our members, trainees, and colleagues from around the world to the ASRM Scientific Congress & Expo! We value your participation and engagement, and hope you will take advantage of the opportunities provided by the meeting to interact and network with colleagues.

I look forward to seeing you in historic San Antonio, where together, we will be “Advancing Reproductive Medicine to Build Healthy Families.”

Sincerely,

Richard J. Paulson, M.D.
ASRM President 2016-2017
San Antonio was named for Saint Anthony of Padua by a Spanish expedition in 1691. In San Antonio's rich history the city grew to become the largest Spanish settlement in Texas; it was designated as the capital of the Spanish, later Mexican, province of Tejas. The Battle of the Alamo took place there in 1836. In 1845, San Antonio along with all of Texas became a state in the Union. San Antonio is currently the 24th largest city in the United States.

San Antonio is home to a rich cultural and arts community with sights and flavors for visitors to explore, and also boasts of colleges and universities, and attracts Fortune 500 companies. The city's most popular attractions are the San Antonio River Walk and the five 18th-century Spanish frontier missions, including The Alamo and San Antonio Missions National Historical Park.

Meandering through downtown San Antonio is The River Walk (also known as Paseo del Río), a network of walkways along the banks of the San Antonio River, one story beneath the streets of San Antonio, Texas. The River Walk winds and loops under bridges as two parallel sidewalks lined with restaurants and shops, connecting the major tourist draws from the Shops at Rivercenter, to the Arneson River Theatre, Marriage Island, La Villita, HemisFair Park, the Tower Life Building, to the San Antonio Museum of Art, the Pearl, and the city's five Spanish colonial missions, including The Alamo.

The Alamo Mission is commonly called The Alamo and was originally known as Misión San Antonio de Valero. It was founded in the 18th century as a Roman Catholic mission and fortress compound, and today is part of the San Antonio Missions World Heritage Site in San Antonio, Texas. It was the site of the Battle of the Alamo in 1836, and is now a museum in the Alamo Plaza Historic District.

San Antonio Missions National Historical Park is a National Historical Park preserving four of the five Spanish frontier missions in San Antonio, Texas. The missions are: Mission Concepción, Mission San Jose, Mission San Juan, and Mission Espada. The Espada Aqueduct, also part of the Park, is due east of Mission San Juan, across the river.
<table>
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<tr>
<th>Hotels</th>
<th>Addresses</th>
<th>Distance to Convention Center</th>
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<tbody>
<tr>
<td>1 Courtyard San Antonio Riverwalk by Marriott</td>
<td>207 N. St. Mary’s Street</td>
<td>5 blocks</td>
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<tr>
<td>2 Grand Hyatt San Antonio *Headquarters Hotel</td>
<td>600 East Market Street</td>
<td>Adjacent</td>
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<tr>
<td>3 Hampton Inn Riverwalk Downtown San Antonio</td>
<td>414 Bowie Street</td>
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<td>4 Hilton Palacio del Rio</td>
<td>200 South Alamo Street</td>
<td>Across street</td>
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<tr>
<td>5 Hyatt Regency San Antonio Riverwalk</td>
<td>123 Losoya Street</td>
<td>3 blocks</td>
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<tr>
<td>6 La Quinta Inn &amp; Suites San Antonio Riverwalk/Convention Center</td>
<td>303 Blum Street</td>
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<tr>
<td>7 San Antonio Marriott Rivercenter *Exhibitor HQ</td>
<td>101 Bowie Street</td>
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<td>889 E. Market Street</td>
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<td>9 The Historic Menger Hotel</td>
<td>204 Alamo Plaza</td>
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<td>10 Residence Inn by Marriott Alamo Plaza</td>
<td>425 Bonham</td>
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<td>11 The Westin Riverwalk</td>
<td>420 W. Market Street</td>
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<td>12 The St. Anthony Hotel</td>
<td>300 E. Travis Street</td>
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<td>13 Marriott Plaza San Antonio</td>
<td>555 South Alamo Street</td>
<td>1 block</td>
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Committees and Awards

- ASRM Scientific Congress Program Planning Committee
- Society Awards
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- ASRM Service Milestone Awards
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- Daily Schedule

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The 2017 recipient of the ASRM Distinguished Researcher Award is David K. Gardner, Ph.D., Professor, School of BioSciences, University of Melbourne, Australia. Dr. Gardner’s accomplishments as a clinical scientist, leader, inventor, mentor, and citizen to the scientific community have been outstanding, leading to the development and clinical introduction of blastocyst culture that has transformed how the majority of human in vitro fertilization cases are performed. This transition has facilitated the move to single embryo transfer that has reduced the incidence of multiple gestations.

Dr. Gardner received his undergraduate and graduate degrees from the University of York, UK. The early part of his career was associated with developing means of assessing the physiology of the preimplantation embryo. This included the development and use of novel fluorometric technologies capable of measuring the nutrient utilization of individual embryos. Using this approach, he was not only able to noninvasively monitor the nutrient uptake by individual embryos through their development, but determine how embryos interacted with their immediate environment in vitro. He identified several sources of metabolic stress, and was the first to show that induction of aberrant metabolic processes during the preimplantation period had downstream consequences for subsequent fetal and placental development. Studies on the nutrient gradient in the human female reproductive tract paved the way for media based on the composition of the human oviduct and uterus (which later became known as G1 and G2 for Gardner 1 and 2). These media were the world’s first physiologically based for the development of human embryos. A further major breakthrough in the development of improved embryo culture systems came through his laboratory’s pioneering work on the role of amino acids in regulating embryo development and viability. His analysis of embryo metabolism in vitro determined that there are major changes in energy metabolism throughout development; loss of ability to regulate metabolism culminates in a reduction in embryo developmental potential. His group was the first to detect the appearance of ubiquitin and several other embryo-specific proteins in the culture medium. Gene expression, the embryonic proteome, the metabolism of the embryo, and its subsequent viability are all affected by oxygen concentration. As a result, many in vitro fertilization (IVF) laboratories are utilizing reduced oxygen for embryo culture. The significance of Dr. Gardner’s work can be assessed by the number of papers and the impact his work has had. He has authored 5 of the 100 most cited papers in reproductive medicine and biology, ranking him as #3 in the world for impact in this field. In total, he has published over 175 peer-reviewed papers and 58 book chapters, and been an editor of 15 books. His total number of citations is >11,500 by ISI Web of Knowledge and >19,500 by Google Scholar, making him one of the most highly cited scientists in reproductive medicine. His commitment to reproductive biology and education is reflected in his work as a member of the Executive Board and President Elect of the Alpha (Scientists in Reproductive Medicine), which is an international society for clinical embryology. Dr. Gardner is an innovative and world-leading researcher at the very top level internationally. His animal research laid the foundation for his subsequent human clinical developments. His work on human embryo development and his specialized/improved culture media made it possible to isolate human embryonic stem cells. His research on embryonic biomarkers is facilitating the identification of the best embryos for transfer and for cryopreservation. Thus, a significant amount of his research has now been translated into current human IVF procedures used around the world, and equally remarkable, his work on the analysis of embryo viability holds great promise for the future. In recognition of his scientific achievement, he was named a Fellow of the Australian Academy of Sciences in May 2017.
HELEN G. TEMPEST, PH.D.

Helen G. Tempest, Ph.D., is the 2017 recipient of the Ira and Ester Rosenwaks New Investigator Award. This award recognizes a member of ASRM who has made outstanding contributions to clinical or basic research in reproductive sciences published within 10 years after completing research or clinical training and initiating an independent career as an investigator. Dr. Tempest is an associate professor in the department of human and molecular genetics at the Herbert Wertheim College of Medicine, Florida International University (FIU). She obtained her B.Sc. and Ph.D. from Brunel University (London, UK), and performed post-doctoral research in porcine infertility (Brunel University, UK), sequencing of the chicken genome (University of Kent, UK), and errors in meiotic recombination (University of Calgary, Canada).

Dr. Tempest has developed an active and independent research program with a primary focus in reproductive biology that also has applications in multiple related fields including cytogenetics, DNA damage and repair, aging, and cancer. Her research has furthered our understanding of the incidence of chromosome aneuploidy in males and identified individuals at risk of clinically relevant levels of chromosome aneuploidy who may benefit from additional screening, thus facilitating couples to make more informed reproductive decisions. Her group was the first to provide evidence of a reproducible pattern of chromatin organization between individuals for different genomic loci (chromosomes, genes, telomeres, and centromeres) in spermatozoa and lymphocytes. This evidence demonstrated that distinct patterns of genome organization may be utilized as novel diagnostic and prognostic tools as perturbations are uncovered within this organization and its association with disease. This demonstrated that reorganization of chromosomes occurs following induction of DNA damage. Dr. Tempest has published over 35 peer-reviewed manuscripts and book chapters and has received multiple research awards: Champion Technologies Award; Petro-Canada Young Innovators Award; BritWeek Innovation in Academia Award for Science and Technology. Her lab continues to study genome organization to evaluate its role in DNA damage recognition and repair in a variety of cell types and cellular processes such as senescence and cancer. Since 2010, collaborative projects in these areas have led to over $1.7 million dollars in funding from the Department of Defense and most recently the National Institutes of Health.
Each year ASRM honors individuals or organizations that have provided distinguished service to ASRM. Recipients are selected based on their scientific, leadership, organizational, political, or societal service contributions to ASRM, reproductive medicine, and/or reproductive medicine patients. In 2017, the Society recognizes Barry S. Verkauf, M.D., M.B.A., of Tampa, Florida, for his contributions to the field of reproductive medicine through his service to ASRM and the reproductive endocrinology community. Dr. Verkauf received his undergraduate degree from Emory University, his medical degree and internship from Tulane University, and completed his residency and fellowship at The Johns Hopkins University School of Medicine. He then served in the Medical Corp from 1972–1974. He was a founding member of the Society for Assisted Reproductive Technology and instrumental in the establishment of the Society of Reproductive Surgeons and the Society of Reproductive Endocrinologists groups within ASRM. Today these groups are at the center of ASRM membership and continue to be a critical part of our Society. He was the leader of the then American Fertility Society (AFS) Technical Exhibit Committee from 1981–1983 and served on the Society Development Committee from 1981–1984. He also worked with the AFS Subcommittee on Fertility Listings during its development in 1987 and helped to organize and enhance the annual exhibits showcased from 1987–1994. He further served ASRM as the State Legislative Monitor from 1988–1996 and Public Relations Committee member from 1995–2000. He also spent 10 years on the CPT Coding/RBVS Committee from 1999–2009. He served on these committees because of his commitment to our specialty and his dedication to ASRM. His years of service are truly remarkable. For the past 16 years, Dr. Verkauf also served as the ASRM delegate to the American Medical Association. His leadership in that role paved the way for a resolution that was put forth and accepted that infertility be recognized as a disease.
KAVOUSSI FAMILY OUTSTANDING TEACHER AWARD
(Supported by an endowment from K.M. Kavoussi, M.D., Shahryar Kavoussi, M.D., Parviz Kavoussi, M.D., and Mehryar Kavoussi, J.D., with Austin Fertility & Reproductive Medicine/Westlake IVF)

MARC GOLDSTEIN, M.D., D.SC., (HON.)

This award honors an ASRM member who is recognized as an outstanding educator in undergraduate, graduate, postgraduate, professional, or patient education in basic and/or clinical reproductive biology and medicine. Marc Goldstein, M.D., is one of the founding fathers of male microsurgery and over the years has had seminal contributions to this field as well as numerous refinements of surgical techniques. Dr. Goldstein received his medical degree from SUNY Downstate, followed by his internship and residency in surgery at Columbia-Presbyterian in New York. His medical career began as a flight surgeon in the United States Air Force, followed by residency training in urology at SUNY Downstate, and a research fellowship at the Population Council at Rockefeller University. Dr. Goldstein is currently Professor of Reproductive Medicine, and Urology at Weill Cornell Medical College of Cornell University; Surgeon-in-Chief, Male Reproductive Medicine and Surgery; and Director of the Center for Male Reproductive Medicine and Microsurgery at the New York Presbyterian Hospital Weill Cornell Medical Center.

Dr. Goldstein developed an interest in male infertility and microsurgery at a time when the field was still in its infancy, and has been a pioneer in this field ever since. He has devoted his career to the education of medical students, residents, fellows, as well as visiting surgeons and has one of the oldest male reproductive medicine and surgery fellowships in the country. He has trained innumerable male reproductive urologists through the fellowship. Dr. Goldstein’s accomplishment in education crosses national and institutional boundaries. Decades ago at the earlier stage of his academic carrier, he acquired the then-innovative “no-scalpel vasectomy” technique from China and introduced it through various conferences and hands-on training programs to several generations of urology residents and a vast number of practicing urologists who visited his practice. These specialists in turn adopted and propagated the approach. Now this technique is considered the gold standard approach of vasectomy. For over 25 years, Dr. Goldstein has authored the key chapter in reproductive surgery in Campbell’s Urology, which is arguably the most influential textbook in the field of urology. Further, in addition to his daily teaching to students and residents and fellowship training, he has tirelessly participated in workshops, hands-on courses, and the production of multi-media education materials to illustrate the principles and subtleties of microsurgical techniques. His pedagogy on microsurgery teaching is the bedrock upon which the academic and clinical careers of countless reproductive urologists are built. Many of his 300-plus publications include the participation of residents, and fellows. His constant demand of perfection in microsurgical techniques and, most importantly, in scientific methods to seek the truth have been an inspiration to generations of students, residents, and fellows. His approach is both animated and rich in content. He keeps his students focused and attentive through his engaging style that underscores the importance of some of the seemingly subtle points which turn out to be important key steps and maneuvers that make a vast difference in outcomes for patients. He has no reservation in demonstrating his passion and energy for passing these pearls and wisdom to urologists of the next generations. Eager to use each clinical encounter as a teaching opportunity, he gladly shares his expertise through informative and constructive discussions with residents and fellows at all levels of training. In doing so, he fosters confidence and independent thought in his trainees, which are essential qualities for their future success.

His endeavors in teaching have earned him numerous awards and recognitions. In October 2016, he received the Distinguished Reproductive Surgeon Award from the Society for Reproductive Surgeons of the American Society for Reproductive Medicine. This award exemplifies Dr. Goldstein’s passion, intellect, and insight, which have been beacons for fellows who are fortunate enough to have him as a mentor and role model.
ARNOLD P. GOLD FOUNDATION HUMANISM IN MEDICINE AWARD FOR PRACTICING PHYSICIANS
(Supported by a gift from the Arnold P. Gold Foundation)

GILBERT L. MOTTLA, M.D.
The Arnold P. Gold Foundation Humanism in Medicine Award for Practicing Physicians honors an ASRM member who as a practicing physician has best demonstrated the ideals of compassionate and respectful care for a patient’s physical and emotional well-being. The recipient of the award should demonstrate compassion, empathy, competence, respect, sensitivity, effective communication, and trustworthiness. The Society has selected Gilbert L. Mottla, M.D., for this award in 2017 because of his tireless efforts to support our nation’s wounded veterans. Dr. Mottla received his medical degree from Boston University School of Medicine, where he won the Dr. David Rothbaum award for superior academic achievement in obstetrics and gynecology and compassion and understanding toward patients. He completed his internship and residency in obstetrics and gynecology at Magee-Womens Hospital, University of Pittsburgh and his fellowship in reproductive endocrinology and infertility at The George Washington University School of Medicine. He is currently a clinical assistant professor of obstetrics and gynecology at Georgetown University. Dr. Mottla has been an influential advocate for improving infertility policy by testifying in front of both state and national legislators. Most importantly, his passionate support of our nation’s injured veterans became a reality when Congress approved an interim final rule authorizing in vitro fertilization (IVF) for a veteran with a service-connected disability (that results in the inability of the veteran to procreate without the use of fertility treatment). It also states that the US Department of Veterans Affairs may provide fertility counseling and treatment using assisted reproductive technology, including IVF, to a spouse of a veteran with a service-connected disability. Dr. Mottla’s unselfish service is commendable to not only his patients, but to those who lost reproductive function while serving our country.

KY CHA AWARD IN STEM CELL TECHNOLOGY
(Supported by an endowment from the Asia-Pacific Biomedical Research Foundation)

PHILIP JORDAN, PH.D.
This award, which carries a $20,000 research grant, is awarded competitively by ASRM to provide start-up funds to initiate an innovative research project in regenerative medicine and stem cell technology. A research project in which the applicant is the primary investigator is the essential core of the grant. Selection is based primarily on the scientific merit of a proposal and the qualifications of the applicant. The recipient of the KY Cha Award in Stem Cell Technology for 2017 is Philip Jordan, Ph.D., an assistant professor in the Biochemistry and Molecular Biology Department at the Johns Hopkins University Bloomberg School of Public Health. The subject of his award research is “The development of cell-based diagnostic assays of male infertility.” In 2010, Dr. Jordan obtained a Fulbright Distinguished Scholar Award and joined The Jackson Laboratory where he was the recipient of the NIH K99/R00 Pathway to Independence Award. He transitioned to the R00 phase of his Pathway to Independence Award when he joined his current position. He has since received an R01 research grant from National Institute of General Medicine Sciences (NIGMS), National Institutes of Health (NIH) in 2016, to study the role of Polo-like kinases (PLKs) during mammalian meiosis. He also recently received an R21 to develop stem cell and animal model-based systems for direct, efficient, titratable, and reversible degradation of target proteins. Dr. Jordan’s research laboratory is devoted to achieving three main objectives: a) development of effective assays for the diagnostics of male infertility in vitro; b) generation of spermatogonial stem cells (SSCs) and haploid germ cells that in the future could be used for regenerative medicine, and in ART; c) establishment of disease modeling and drug testing protocols that enable clinicians to better understand and treat infertility.
ASRM RESEARCH GRANTS

The ASRM 2017 Research Grants provide funds in amounts of $10,000 to $50,000 to foster the development of innovative research, to facilitate the research endeavors of new investigators, and to provide bridge funding for projects that advance the Society’s mission. Proposals from junior faculty, particularly those in their first 3 years of faculty appointment, receive priority in the competitive review by the ASRM Research Committee. Following are the projects funded by the 2017 ASRM Research Grants:

- **Tim Jenkins, Ph.D.**, University of Utah School of Medicine, “The effect of aging on the mammalian sperm epigenome and implication in embryogenesis,” $44,000
- **Akanksha Mehta, M.D., M.S.**, Emory University School of Medicine, “Barriers and facilitators of optimal care for male factor infertility,” $33,050
- **Zaher Merhi, M.D.**, NYU School of Medicine, “Role of obesity and high-AGE diet on ovarian physiology,” $40,000
- **Paolo Rinaudo, M.D.,Ph.D.**, University of California, San Francisco, “Increasing embryo development by improving substrate stiffness,” $40,000
- **Malgorzata E. Skaznik-Wikiel, M.D.**, University of Colorado School of Medicine, “Regulation of hormonal and ovarian gene expression in a high-fat diet-exposed obese mouse model,” $40,000

SOCIETY FOR REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY RESEARCH GRANT

The SREI 2017 Research Grant provides funds of $40,000 to foster the development of innovative research to facilitate the research endeavors of new investigators, and to provide bridge funding for projects that advance the Society’s mission. Proposals from junior faculty, particularly those in their first 3 years of faculty appointment, receive priority in the competitive review by the ASRM Research Committee. The 2017 SREI Research Grant was awarded to **Molly B. Moravek, M.D., M.P.H., M.S.C.I.**, University of Pennsylvania, for her project “Reproductive consequences of testosterone administration for female-to-male gender transition.”

ZIKA RESEARCH GRANT

The American Board of Obstetrics and Gynecology, the American College of Obstetricians and Gynecologists, the American Society for Reproductive Medicine, and the Society for Reproductive Endocrinology and Infertility have a mission to promote research leading to the development of medical diagnostics and therapeutics for the prevention, diagnosis, and treatment of diseases resulting in infertility and adverse pregnancy outcomes, including infectious diseases such as the Zika virus. These research grants are intended to support the rapid development and immediate deployment of strategies to 1) diagnose Zika infection in women and men of reproductive age; 2) treat women and men desiring reproduction in order to prevent transmission of the Zika virus; 3) prevent transmission of Zika virus during infertility treatment through assisted reproductive technologies; 4) prevent adverse effects of Zika virus infection on the offspring; and 5) determine the permanent consequences of Zika virus infection on the offspring.

Following are the projects funded by the 2017 Zika Research Grant sponsored by the American Board of Obstetrics and Gynecology, the American College of Obstetricians and Gynecologists, the American Society for Reproductive Medicine, and the Society for Reproductive Endocrinology and Infertility:

- **Young-Min Lee, Ph.D.**, Utah State University, “Rapid development of a zika virus vaccine for the prevention of perinatal transmission,” $46,750
- **Sallie Permar, M.D., Ph.D.**, Duke University Medical Center, “Isolation of protective ZIKV-neutralizing maternal monoclonal antibodies for safe prophylactic use in the preconception period,” $46,750
- **Danny Schust, M.D.**, University of Missouri School of Medicine, “Development and optimization of a novel, rapid and inexpensive ZIKV diagnostic for semen and safe semen preparation techniques for ZIKV serodiscordant couples during pregnancy,” $46,750
- **Hadi Shafiee, Ph.D.**, Brigham and Women’s Hospital, “Rapid Zika virus detection using a cellphone-based diagnostic assay,” $46,750
- **Michael Zavy, Ph.D., H.C.L.D.**, University of Oklahoma Health Sciences Center, “Zika virus infection, reproductive organ targeting and semen transmission in the male olive baboon,” $44,749

REPRODUCTIVE SCIENTIST DEVELOPMENT PROGRAM (RSDP)

This program was established in 1988 to train obstetrician-gynecologists committed to academic investigative
careers in fundamental biomedical science. The program is supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development in collaboration with private agencies, professional societies, foundations, and private industry. The American Society for Reproductive Medicine supports three clinician-scientists in the subspecialty of reproductive endocrinology and infertility. The RSDP provides career development support for obstetricians and gynecologists who are committed to a basic science career in academic medicine and research. The areas of interests covered by the program are broadly defined, with emphasis on cell and molecular biology as applied to problems in reproductive endocrinology, genetics, maternal-fetal medicine, oncology, infectious disease, or other aspects of reproduction. The 2017 RSDP Scholars are Kate O’Neill, M.D., University of Pennsylvania, Amanda Kallen, M.D., Yale University, and Bo Yu, M.D., University of Washington.

**ASRM/NICHD/DUKE CLINICAL RESEARCH/REPRODUCTIVE SCIENTIST TRAINING (CREST) PROGRAM**

The CREST training program is offered by the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the Clinical Research Training Program at Duke University, and the American Society for Reproductive Medicine. This 2-year program meets an existing need for physicians in private or academic clinical practice to obtain formalized academic training in the quantitative and methodological principles of clinical research in reproductive medicine. ASRM welcomes the Class of 2016-2017: Irene Souter, M.D., Vincent Memorial Obstetrics and Gynecology, Massachusetts General Hospital; Torie Plowden, M.D., Walter Reed National Military Medical Center; Dan Kaser, M.D., Reproductive Medicine Associates of New Jersey; Jason Fransasiak, M.D., Thomas Jefferson University, Sidney Kimmel Medical College; Erica Dun, M.D., M.P.H., Yale University School of Medicine; Alexander Quaas, M.D., Ph.D., University of Oklahoma Health Sciences Center.

**SCIENTIFIC CONGRESS PRIZE PAPERS**

Candidates for two Scientific Congress Prizes are selected by the Research Committee from all abstracts submitted to the Congress regardless of designation of group for initial review. These oral presentations will be judged at the Congress and selection will be determined by the Research Committee. The presenters of the two Scientific Congress Prize papers will be awarded $1,000.

**SCIENTIFIC CONGRESS PRIZE POSTERS**

Posters must be put up on the appropriate boards on Sunday, October 29, between 1:00 p.m. and 5:00 p.m. or on Monday, October 30, between 9:00 a.m. and 1:00 p.m., and must remain in place for the entire Congress. Posters must be removed by 2:00 p.m. on Wednesday, November 1. Posters will be judged by the Prize Poster Committee beginning at 1:00 p.m. Monday. The awardees will receive:
- First Prize: $500
- Second Prize: $300
- Third Prize: $200

**CAPPY ROTHMAN, M.D., CHUCK SIMS, M.D., AND THE CALIFORNIA CRYOBANK TRAVELING SCHOLAR AWARD**

This award allows a junior physician or basic science researcher to explore a career in male reproduction and urology. The primary purpose of the award is to stimulate the scientific interests of students, residents, and fellows in the study of male reproduction. The recipient for 2017 is Feiby Nassan, Sc.D., who will present abstract O-7 titled “RESIDENTIAL DISTANCE TO MAJOR ROADWAYS AND SEMEN QUALITY AMONG MEN ATTENDING A FERTILITY CLINIC” in the SMRU Traveling Scholars oral abstract session on Monday, October 30, 2017.

**SMRU LIPSHULTZ/LAMB TRAVELING SCHOLAR AWARD**

This award allows a junior physician or basic science researcher to explore a career in male reproduction and urology. The primary purpose of the award is to stimulate the scientific interests of students, residents, and fellows in the study of male reproduction. The recipient for 2017 is Ryan Flannigan, M.D., who will present abstract O-8 titled “HIGH DEGREE OF HETEROGENICITY IN SSEA4 POSITIVE HUMAN SPERMATOGONIA” in the SMRU Traveling Scholars oral abstract session on Monday, October 30, 2017.

**MANHATTAN CRYOBANK ENDOWED TRAVELING SCHOLAR AWARD**

This award allows a junior physician or basic science researcher to explore a career in male reproduction and urology. The primary purpose of the award is to stimulate the scientific interests of students, residents, and fellows in the study of male reproduction. The recipient for 2017 is Himanshu Arora, Ph.D., who will present abstract O-9 titled “SUBCUTANEOUS LEYDIG STEM CELL AUTOGRAFT...”
IN MICE: A NOVEL APPROACH TO INCREASE SERUM TESTOSTERONE" in the SMRU Traveling Scholars oral abstract session on Monday, October 30, 2017.

SOCIETY FOR MALE REPRODUCTION AND UROLOGY TRAVELING SCHOLARS PROGRAM

The annual Society for Male Reproduction and Urology (SMRU) Traveling Scholars Program allows a diverse group of young clinical physicians and basic science researchers the opportunity to explore a career in male reproductive medicine. The primary purpose of the program is to stimulate the scientific interests of residents and fellows in the study of male reproduction. Scholars are selected by the SMRU Research Committee based on the scores of their abstracts submitted for the Scientific Congress. The SMRU Traveling Scholars oral abstract session will take place on Monday, October 30, 2017. The following Traveling Scholars will present their research during the session: Paula Intasqui, B.Sc., M.Sc., O-10, “UNDERSTANDING SEMINAL PLASMA PROTEOMIC SHIFTS BROUGHT UPON BY DIVERSE BIOLOGICAL CONDITIONS”; Scott Morin, M.D., O-11, “COMPARISON OF THE RELATIVE EFFICIENCY OF ICSI AND EXTENDED CULTURE WITH EPIDIDYMAL SPERM VERSUS TESTICULAR SPERM IN PATIENTS WITH OBSTRUCTIVE AZOOSPERMIA”; Min Jung, B.S., O-12, “HIGH−RESOLUTION PHENOTYPING OF SPERMATOGENIC DEFECTS USING SINGLE−CELL RNA SEQUENCING.”

ASRM CORPORATE MEMBER COUNCIL IN-TRAINING TRAVEL AWARDS

Fifteen awards to trainee abstract presenters from the United States and five awards to trainee abstract presenters from countries outside the United States are made possible through the generous support of the ASRM Corporate Member Council. Recipients of this award are undergraduate, graduate, medical or allied health professions students, postdoctoral trainees, or clinical residents or fellows. Candidates are the first and presenting author of an abstract that has been selected for oral or poster presentation at the ASRM 2017 Scientific Congress. Selection is based on the scientific merit of the abstract and the qualifications of the author. The awardees receive:

• $1,000 (US presenters)
• $2,000 (Non-US presenters)

O-5, Monday, October 30, 2017, 12:00 pm
STUDY OF THE POSSIBLE ROLE OF INTERLEUKIN-6 (IL-6) ON EMBRYO IMPLANTATION IN MICE.
S. Galal,1 A. A. Mahmoud,1 H. Aly,1 R. Mehanna,1 H. Sallam2; 1Medical Physiology, Alexandria Faculty of Medicine, Alexandria, Egypt, 2Obstetrics and Gynaecology, Alexandria Faculty of Medicine, Alexandria, Egypt

O-6, Monday, October 30, 2017, 12:15 pm
INFERTILITY & MORTALITY.
N. C. Stentz,1 N. Koelper,1 M. D. Sammel,2 K. T. Barnhart,3 O. L. Nicolais,3 S. Senapati4; 1Reproductive Endocrinology & Infertility, University of Pennsylvania, Philadelphia, PA, 2Biostatistics, Epidemiology and Informatics, Univ. of Pennsylvania, Perelman School of Medicine, Philadelphia, PA, 3University of Pennsylvania, Philadelphia, PA, 4Obstetrics & Gynecology, Reproductive Endocrinology, University of Pennsylvania, Philadelphia, PA

O-16, Monday, October 30, 2017, 11:45 am
THE IMPACT OF STATISTICAL RELIABILITY ADJUSTMENT ON ASSISTED REPRODUCTIVE TECHNOLOGY OUTCOME MEASURES AND RANKINGS.
R. M. Beverley, M. M. Menke, J. A. Harris; Department of Obstetrics, Gynecology, and Reproductive Sciences, Magee-Womens Hospital, University of Pittsburgh, Pittsburgh, PA

O-56, Monday, October 30, 2017, 11:15 am
TELOMERE REPROGRAMMING IN HUMAN EMBRYOS IS MEDIATED BY A CHROMOSOMAL RECOMBINATION MECHANISM.
L. G. Robinson, Jr.,1 F. H. Wang,2 Y. G. Kramer,3 R. N. Pimentel,4 P. A. Navarro,5 D. C. Gonuliu,4 L. Wang,7 D. L. Keefe6; 1Ob/Gyn, NYU Langone Medical Center, New York, NY, 2NYUMC, New York, NY, 3NYU Fertility Center, New York, NY, 4OB/GYN, New York University Research Scientist, Specialist in Human Reproduction, Goiania, Brazil, 5Department of Obstetrics and Gynecology, Faculty o, Ribeirao Preto, Brazil, 6Tel Aviv University Sackler Faculty of Medicine, Ankara, Turkey, 7Ob/Gyn, Medical Student, New York, NY, 8ObGyn, New York University Langone Medical Center, New York, NY

O-67, Monday, October 30, 2017, 11:00 am
URINARY CONCENTRATIONS OF DEET METABOLITES AND SEMEN PARAMETERS AMONG MEN ATTENDING A FERTILITY CENTER.
T. Segal,1 L. Minguez-Alarcon,2 Y. Chiu,3 P. Williams,4 F. Nassan,4 R. Dadd,6 M. Ospina,7 A. Calafat,8 R. Hauser9; 1Reproductive Endocrinology & Infertility, University Hospitals Cleveland Medical Center, Beachwood, OH, 2Harvard T H Chan School of Public Health, Boston, MA, 3Nutrition, Harvard School of Public Health, Boston, MA, 4Biostatistics and Epidemiology, Harvard T. H. Chan School of Public Health, Boston, MA, 5Environmental Health, Harvard T.H. Chan School of Public Health, Boston, MA, 6Department
of Environmental Health, Harvard T.H. Chan School of Public Health, Boston, MA, 7National Center for Environmental Health, Centers for Disease Control and Prevention, Atlanta, GA, 8CDC, Atlanta, GA, 9Harvard Chan School of Public Health, Boston, MA

O-68, Monday, October 30, 2017, 11:15 am
PLACENTAL WEIGHT IN RELATION TO MATERNAL AND PATERNAL PHTHALATE EXPOSURE.
C. Messerlian,1 G. Christou,2 I. Dimitriadis,2 J. B. Ford,1 R. Hauser,1 I. Souter2; 1Environmental Health, Harvard T.H. Chan School of Public Health, Boston, MA, 2Obstetrics and Gynecology, Massachusetts General Hospital Fertility Center, Boston, MA

O-93, Tuesday, October 31, 2017, 11:30 am
RSIY-11: DISCOVERY AND EVALUATION OF A NOVEL PEPTIDE AND ITS RELATION TO SPERM MOTILITY.
R. Fritz, S. Zaghi, A. Mukherjee, L. Fricker, I. Agalliu, K. Davies; Albert Einstein College of Medicine, Bronx, NY

O-95, Tuesday, October 31, 2017, 12:00 pm
SHORT INTERPREGNANCY INTERVAL (IPI) IS ASSOCIATED WITH PRETERM DELIVERY IN SINGLETON LIVE BIRTHS FROM A NATIONAL COHORT UNDERGOING ASSISTED REPRODUCTIVE TECHNOLOGY (ART).
M. Quinn, H. Huddleston, M. Rosen, M. Cedars, V. Y. Fujimoto; University of California, San Francisco, San Francisco, CA

O-98, Tuesday, October 31, 2017, 11:15 am
INFERTILITY KNOWLEDGE AND BELIEFS AMONG AFRICAN AMERICAN WOMEN IN AN URBAN COMMUNITY.
A. Willshire,1 D. McCarthy-Keith,1 F. Yan2; 1Obstetrics and Gynecology, Morehouse School of Medicine, Atlanta, GA, 2Community Health & Preventive Medicine, Morehouse School of Medicine, Atlanta, GA

O-155, Tuesday, October 31, 2017, 12:00 pm
OPIOID PRESCRIBING PATTERNS AFTER EGG RETRIEVAL.
P. Bortoletto,1 M. Prabhu,2 E. Garry,3 K. F. Huverbscht,4 R. M. Anchan,1 B. T. Bateman1; 1Brigham and Women’s Hospital, Boston, MA, 2Harvard T H Chan School of Public Health, Boston, MA, 3Massachusetts General Hospital, Boston, MA, 4University of North Carolina at Chapel Hill, Chapel Hill, NC, 5Division of Pharmacoepidemiology and Pharmacoconomics, Brigham and Women’s Hospital, Boston, MA

O-176, Tuesday, October 31, 2017, 11:15 am
PERINATAL OUTCOMES IN AUTOLOGOUS VERSUS DONOR EGG RECIPIENT (DER) CYCLES IN OLDER PATIENTS: ANALYSIS OF 156,873 CYCLES REPORTED TO SART CORS.
M. G. Vega,1 S. Zaghi,2 E. Buyuk,3 S. K. Jindal,4 B. Yu5; 1Department of Obstetrics & Gynecology & Women’s Health, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, NY, 2Albert Einstein College of Medicine, Bronx, NY, 3Albert Einstein College of Medicine / Montefiore M, Bronx, NY, 4ObGyn and Women’s Health, Montefiore’s Institute for Reproductive Medicine and Health, Hartsdale, NY, 5OBGYN, University of Washington, Seattle, WA

O-181, Wednesday, November 1, 2017, 11:00 am
AUTOMATED SMARTPHONE-BASED SYSTEM FOR SEMEN ASSESSMENT THROUGH THE HYALURONIC BINDING ASSAY.
M. Kanakasabapathy,1 P. Thirumalaraju,1 V. Yogesh,1 V. Natarajan,1 C. L. Bormann,2 P. Bhowmick,2 C. Veiga,2 J. C. Petrozza,2 H. Shafiee1; 1Medicine, Brigham and Women’s Hospital, Harvard Medical School, Cambridge, MA, 2Obstetrics and Gynecology, Massachusetts General Hospital, Harvard Medical School, Boston, MA

O-182, Wednesday, November 1, 2017, 12:15 pm
THE PERKS OF GOING TARGETED: SAMPLE CONTAMINATION, DNA FINGERPRINTING AND CHROMOSOMAL MOSAICISM ACCURATELY PREDICTED BY TARGETED NGS-BASED COMPREHENSIVE CHROMOSOME SCREENING.
D. Marin,1,2 R. S. Zimmerman,3 C. Jalas,3 Y. Zhan,3 A. Lonczak,3 R. T. Scott, Jr.,1,2 N. Treff1,2; 1IVI/RMA, Basking Ridge, NJ, 2Thomas Jefferson University, Philadelphia, PA, 3Foundation for Embryonic Competence, Basking Ridge, NJ

O-184, Wednesday, November 1, 2017, 11:15 am
FOLLICULAR FLUID (FF) PHENOL CONCENTRATIONS AND EARLY IN VITRO FERTILIZATION (IVF) OUTCOMES AMONG WOMEN SEEKING FERTILITY CARE.
I. Dimitriadis,1 L. Miguez-Alarcon,2 P. Williams,3 I. Souter,4 T. L. Toth,5 J. B. Ford,6 R. Hauser7; 1Massachusetts General Hospital, Boston, MA, 2Harvard T H Chan School of Public Health, Boston, MA, 3Biostatistics and Epidemiology, Harvard T. H. Chan School of Public Health, Boston, MA, 4Obstetrics Gynecology/REI Division, Harvard Medical School-Massachusetts General Hospital, Boston, MA, 5OB/GYN, Massachusetts General Hospital, Boston, MA, 6Environmental Health, Harvard T.H. Chan School of Public Health, Boston, MA, 7Harvard Chan School of Public Health, Boston, MA

O-227, Wednesday, November 1, 2017, 12:15 pm
SELECTIVE SEROTONIN REUPTAKE INHIBITORS EXPOSURE PRIOR TO ART TREATMENT DOES NOT AFFECT BLASTULATION RATE.
C. A. Hernandez-Nieto,1 J. A. Lee,2 L. Sekhon,2 M.
O-262, Wednesday, November 1, 2017, 11:45 am
DISTINCT SPATIOTEMPORAL EXPRESSION OF FOXO1 IN PERIMPLANTATION MOUSE UTERUS AND REDUCED EMBRYO IMPLANTATION AFTER ITS FUNCTIONAL BLOCKAGE.

D. Adiguzel,1 P. Sahin,1 S. Ozkavukcu,2 C. Celik-Ozenci1;­
1Histology and Embryology, Akdeniz University Faculty of Medicine, Antalya, Turkey, 2Center for Assisted Reproduction, Dep. of Obstetrics and Gynecology, Ankara University School of Medicine, Ankara, Turkey.

P-12, Tuesday, October 31, 2017, 7:00 am - 8:45 am
AMH LEVELS IN A COHORT OF PATIENTS DURING INITIAL WORK UP: DIMINISHED OVARIAN RESERVE OFTEN MISCLASSIFIED AS UNEXPLAINED INFERTILITY.

A. Gil,1 A. Davila,1 I. Obeso,1 A. E. Aguilar,1 P. Patrizio,2 P. Galache1;­
1IECH Fertility Center, Monterrey, Mexico, 2Obstetrics, Gynecology & Reproductive Sciences, Yale Fertility Center & Fertility Preservation, New Haven, CT.

P-179, Tuesday, October 31, 2017, 7:00 am - 8:45 am
ANALYSIS OF IMPLANTATION AND CLINICAL PREGNANCY IN REPEATED IMPLANTATION FAILURE UNDERGOING FROZEN TRANSFER USING TRANSFER MEDIA WITH GRANULOCYTE MACROPHAGE COLONY STIMULATING FACTOR OR HYALURONAN.

S. Wasim,1 R. Chattopadhyay,2 S. Ghosh,3 S. K. Goswami,4 S. Sharma,5 S. Bathwal,1 E. Subramani,4 B. Chakravarty1;­
1Obstetrics & Gynaecology, Fellow of Reproductive Medicine, Kolkata, India, 2Reproductive Medicine, Embryologist, Kolkata, India, 3Assisted Reproduction, Consultant, Kolkata, India, 4Reproductive Medicine, Consultant, Kolkata, India, 5ART, Consultant, Kolkata, India, 4Obstetrics & Gynaecology, Research Scientist, Kolkata, India, 3Reproductive Medicine, Director, Kolkata, India.

P-540, Wednesday, November 1, 2017, 7:00 am - 8:30 am
LARGE SCALE MI RNA AND PiRNA SEQUENCING ANALYSIS OF TESTIS BIOPSIES FROM FERTILE AND INFERTILE MEN REVEALS DIFFERENCES BETWEEN MI RNA AND PI RNA EXPRESSION DURING SPERMATOGENESIS CYCLE.

R. Flannigan,1 A. Mielińk,2 A. Bolyakov,1 F. Khani,3 B. D. Robinson,4 P. N. Schlegel,2 D. A. Paduch1;­
1Urology, Weill Cornell Medicine, New York, NY, 2Pathology, Weill Cornell Medicine, New York, NY, 3Obstetrics and Gynecology, Weill Cornell Medical College, New York, NY, 4Weill Cornell Medical College, New York, NY.

P-689, Wednesday, November 1, 2017, 7:00 am - 8:30 am
RANDOMIZED CONTROLLED TRIAL EVALUATING EFFICACY OF AUTOLOGOUS PLATELET-RICH PLASMA THERAPY FOR PATIENTS WITH RECURRENT IMPLANTATION FAILURE.

D. Obidniak,1 A. Gzgzyan,2 A. Feoktistov,3 D. Niauri4;­
1Medical faculty, Saint-Petersburg State University, Saint-Petersburg, Russian Federation, 2Saint-Petersburg State University, Saint-Petersburg, Russian Federation, 3Medical group, Saint-Petersburg, Russian Federation, 4OB/GYN, Saint-Petersburg, Russian Federation.

RESIDENT IN-TRAINING AWARD
This award recognizes the presenter of an exceptional abstract who is currently a resident in training in the field of obstetrics and gynecology or urology. Recipients of these awards specified that they would like to be eligible for the “Resident-in-Training Award” during the online abstract submission process. The awardee receives:

- $500
- 1-year free ASRM membership
- Free registration to ASRM 2017 in San Antonio, TX

O-24, Monday, October 30, 2017, 12:15 pm
THE PROGESTIN-CONTAINING INTRAUTERINE DEVICE (IUD) DURING OVARIAN STIMULATION AND OOCYTE RETRIEVAL: SHOULD IT STAY OR SHOULD IT GO?

J. Friedenthal,1 S. M. Maxwell,2 S. Willson,3 D. H. McCullah,2 J. Grifo,3 K. N. Goldman2;­
1NYU Langone Medical Center, New York, NY, 2NYU Fertility Center, New York, NY, 3NYU School of Medicine, New York, NY.

IN-TRAINING AWARDS FOR RESEARCH
Five In-training Awards for Research are granted in recognition of outstanding research conducted by individuals who are in training. Recipients of these awards specified that they would like to be eligible for the “In-training Award for Research” during the online abstract submission process. He/she is the presenting author (first) and a medical student, resident, fellow or undergraduate, graduate, or postdoctoral student. The awardees receive:

- $250
- 1-year free ASRM membership
- Free registration to ASRM 2017 in San Antonio, TX
O-57, Monday, October 30, 2017, 11:30 am
ADVANCED PATERNAL AGE DIRECTLY IMPACTS PLACENTAL EPIGENETIC MECHANISMS.
J. C. Parks, M. Denomme Tignanelli, N. I. McCubbin, B. R. McCallie, W. B. Schoolcraft, M. Katz-Jaffe; Colorado Center for Reproductive Medicine, Lone Tree, CO

O-94, Tuesday, October 31, 2017, 11:45 am
A NEW IN VITRO TEST TO EVALUATE FOLLICULAR SURVIVAL AFTER CRYOPRESERVATION.
S. G. Kristensen, Q. Liu, C. Y. Andersen; Laboratory of Reproductive Biology, University Hospital of Copenhagen, Copenhagen, Denmark

O-230, Wednesday, November 1, 2017, 11:15 am
ESTROGEN RECEPTOR BETA (ER-ß) KNOCKOUT HAS DECREASED ATTACHMENT OF ENDOMETRIAL EPITHELIAL CELLS IN A MURINE MODEL.
V. Purusothaman, J. F. Knudtson, M. Tellez Santos, P. A. Binkley, N. K. Krishnegowda, R. S. Schenken, R. R. Tekmal; Department of Obstetrics and Gynecology, University of Texas Health Science Center at San Antonio, San Antonio, TX

O-253, Wednesday, November 1, 2017, 11:00 am
THE ROLE OF GNRH ANTAGONISTS IN A NOVEL PRIMARY ECTOPIC PREGNANCY CELL MODEL.
B. Peng, L. Abdellatif, C. Klausen, P. Leung, M. A. Bedaiwy; Department of Obstetrics & Gynaecology, University of British Columbia, BCCHR, Vancouver, BC, Canada

O-263, Wednesday, November 1, 2017, 12:00 pm
A-KINASE ANCHORING PROTEIN-13 (AKAP13) MAY BE REQUIRED FOR PROTEIN KINASE A (PKA)-MEDIATED AROMATASE EXPRESSION IN GRANULOSA CELLS.
K. C. Cayton Vaught, P. Driggers, J. Segars; Department of Gyn/Ob, Johns Hopkins School of Medicine, Baltimore, MD

SRS IN-TRAINING AWARDS FOR RESEARCH

Three (3) Society of Reproductive Surgeons (SRS) In-training Awards for research are granted. The purpose of these awards is to recognize outstanding research conducted by individuals in training. Recipients of these awards specified that they would like to be eligible for the “SRS In-training Award for Research” during the online abstract submission process and submitted their abstract to the “Reproductive Surgery” category. He/she is a presenting author (first), and a medical student, resident, fellow or undergraduate, graduate, or postdoctoral student. The awardees receive:

- $250
- 1-year free ASRM and SRS membership
- Free registration to ASRM 2017 in San Antonio, TX

P-264, Tuesday, October 31, 2017, 7:00 am - 8:45 am
INTERUPTION OF MPO BINDING TO CD11B SELECTIVELY KILLS FIBROBLASTS FROM ADHESION TISSUES BUT NOT NORMAL PERITONEUM.
N. M. Fletcher, A. O. Awonuga, I. Memaj, M. P. Diamond, G. M. Saed; Obstetrics and Gynecology, Wayne State University, Detroit, MI

P-266, Tuesday, October 31, 2017, 7:00 am - 8:45 am
FERTILITY OUTCOMES AFTER MYOMECTOMY: RELATIONSHIP WITH NUMBER OF FIBROIDS REMOVED.
S. Shue, M. Radeva, T. Falcone; Case Western Reserve University School of Medicine, Cleveland, OH

P-269, Tuesday, October 31, 2017, 7:00 am - 8:45 am
UTERINE AUTO-TRANSPLANTATION IN THE NON-HUMAN PRIMATE WITH PRESERVATION OF THE UTERINE AND OVARIAN VASCULAR PEDICLES: MODIFIED SURGICAL APPROACH.
M. N. Han, E. Ramirez, H. Ramirez, L. Ruvvalcaba; OBGYN, University of California, Los Angeles, Los Angeles, CA

P-266, Tuesday, October 31, 2017, 7:00 am - 8:45 am
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S. Shue, M. Radeva, T. Falcone; Case Western Reserve University School of Medicine, Cleveland, OH

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UTERINE AUTO-TRANSPLANTATION IN THE NON-HUMAN PRIMATE WITH PRESERVATION OF THE UTERINE AND OVARIAN VASCULAR PEDICLES: MODIFIED SURGICAL APPROACH.
M. N. Han, E. Ramirez, H. Ramirez, L. Ruvvalcaba; OBGYN, University of California, Los Angeles, Los Angeles, CA
AFFILIATED SOCIETY PRIZE PAPERS

The Society for Assisted Reproductive Technology (SART), The Society for Reproductive Endocrinology and Infertility (SREI), The Society of Reproductive Surgeons (SRS), and The Society for Male Reproduction and Urology (SMRU) have selected prize papers for an award of $500 each.

**SART PRIZE PAPER**

O-90, Monday, October 30, 2017, 12:15 PM
DECREASED CLINICAL PREGNANCY AND LIVE BIRTH RATES AFTER SHORT INTERVAL FROM DELIVERY TO SUBSEQUENT ASSISTED REPRODUCTION ATTEMPT: AN ANALYSIS OF 51,997 SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY (SART) CYCLES

M. Quinn, M. Rosen, H. Huddleston, M. Cedars, V. Y. Fujimoto; University of California, San Francisco, San Francisco, CA

**SREI PRIZE PAPER**

O-27, Monday, October 30, 2017, 11:30 am
VITAMIN D REDUCES A KINASE ANCHORING PROTEIN 13 (AKAP13) MRNA EXPRESSION IN FIBROID CELLS

C. I. Cross, P. Driggers, M. Malik, J. Segars; Gyn/Ob, Johns Hopkins University School of Medicine, Baltimore, MD, OBG, Uniformed Services University of the Health Sciences, Bethesda, MD

**SRS PRIZE PAPER**

O-35, Monday, October 30, 2017, 12:00 pm
THE COST-EFFECTIVENESS OF TUBAL FLUSHING: A RANDOMIZED TRIAL OF OIL VERSUS WATER.

C. Pham, J. van Rijswijk, K. Dreyer, H. Verhoeye, J. Karnon, B. W. Mol; School of Public Health, The University of Adelaide, Adelaide, South Australia, Australia, Department of Reproductive Medicine, VU University Medical Centre, Amsterdam, Netherlands, Department of Obstetrics and Gynaecology, OLVG, Amsterdam, Netherlands, Obstetrics & Gynaecology, The University of Adelaide, North Adelaide, Australia

**SMRU PRIZE PAPER**

O-109, Tuesday, October 31, 2017, 11:00 am
TRENDS IN DIAGNOSIS AND MANAGEMENT OF VARICOCELES AMONG U.S. MEN

C. Guercio, D. Patti, A. Mehta; Emory University School of Medicine, Atlanta, GA, Emory Urology, Sr. Biostatistician, Atlanta, GA, Emory University, Atlanta, GA

**SRBT BASIC SCIENCE AWARD**

A prize of $250, made possible by a donation from Irvine Scientific, Inc., is awarded to a basic reproductive science abstract submitted in either a Reproductive Biology or Reproductive Technology category for the ASRM 2017 Scientific Congress. The abstract was selected for either oral or poster presentation. Abstracts were evaluated by the corresponding abstract grading committee based on originality, experimental design, quality, and significance.

O-60, Monday, October 30, 2017, 12:15 pm
A NOVEL, NONCODING-RNA-MEDIATED, POST-TRANSCRIPTIONAL MECHANISM OF AMH REGULATION BY THE H19/LET-7 AXIS.

C. Qin, N. Zhang, A. N. Kallen; Obstetrics, Gynecology and Reproductive Sciences, Yale School of Medicine, New Haven, CT, Genetics and Genomic Sciences, University of CT School of Medicine, Farmington, CT

**SRBT CLINICAL SCIENCE AWARD**

A prize of $250, made possible by a donation from Irvine Scientific, Inc., is awarded to a clinical reproductive science abstract submitted in either a Reproductive Biology or Reproductive Technology category for the ASRM 2017 Scientific Congress. The abstract was selected for either oral or poster presentation. Abstracts were evaluated by the corresponding abstract grading committee based on originality, experimental design, quality, and significance.

O-139, Tuesday, October 31, 2017, 11:00 am
THE LO2 TRIAL, PHASE I: A PAIRED RANDOMIZED CONTROLLED TRIAL (RCT) COMPARING BLASTULATION RATE IN ULTRA-LOW (2%) VS. LOW (5%) OXYGEN IN EXTENDED CULTURE (EC).

PROFESSIONAL AND SPECIAL INTEREST GROUPS

Several groups have selected prize papers for cash awards.

EARLY PREGNANCY SIG PRIZE PAPERS
O-254, Wednesday, November 1, 2017, 11:15 am
ANTIMÜLLERIAN HORMONE AND MISCARRIAGE IN SPONTANEOUSLY CONCEIVED PREGNANCIES.

B. M. Lyttle, A. Z. Jukic, A. Z. Steiner; Obstetrics and Gynecology, Division of Reproductive Endocrinology, University of North Carolina, Chapel Hill, NC, Yale School of Public Health, New Haven, CT, Obstetrics and Gynecology, University of North Carolina, Chapel Hill, NC

O-255, Wednesday, November 1, 2017, 11:30 am
NON-VISUALIZED PREGNANCY LOSSES (NVPLS): DIAGNOSTIC FACTORS AND REPRODUCTIVE OUTCOME IN A COHORT OF 1064 PATIENTS WITH RECURRENT PREGNANCY LOSS (RPL).

M. S. Iews, M. Elgendi, A. O. Abdelkareem, F. AbdelHafez, A. Hashem, D. Bloomenthal, C. Williams, Obstetrics and Gynecology, BC Women’s Hospital, Vancouver, BC, Canada, Obstetrics & Gynecology, South Valley University, Qena, Egypt, Obstetrics and Gynecology, Faculty of Medicine, Sohag University, Sohag, Egypt, Obstetrics and Gynecology, Assiut University, Assiut, Egypt

ENDOMETRIOSIS SIG PRIZE PAPER
(BEST BASIC SCIENCE)
O-103, Tuesday, October 31, 2017, 11:00 am
ENDOMETRIOSIS ALTERS ANXIETY, DEPRESSION AND PAIN PERCEPTION AS WELL AS BRAIN ELECTROPHYSIOLOGY AND GENE EXPRESSION IN MICE.

R. Mamillapalli, X. Gao, H. S. Taylor; Obstetrics, Gynecology and Reproductive Sciences, Yale University School of Medicine, New Haven, CT

ENDOMETRIOSIS SIG PRIZE PAPER
(BEST IN CLINICAL/POPULATION SCIENCE)
O-105, Tuesday, October 31, 2017, 11:30 am
SERUM MICRORNAS USED TO DIAGNOSE ENDOMETRIOSIS PRIOR TO SURGICAL DIAGNOSIS: A PROSPECTIVE STUDY.

S. Moustafa, M. Burn, V. A. Flores, E. Nematian, E. Cosar, H. S. Taylor; Obstetrics, Gynecology, and Reproductive Sciences, Yale University School of Medicine, New Haven, CT

FERTILITY PRESERVATION SIG PRIZE PAPER
A prize of $500 made possible by a donation from Ferring Pharmaceuticals, Inc., is awarded to an abstract submitted in the Fertility Preservation category.

O-208, Wednesday, November 1, 2017, 11:45 am
HEMATOLOGICAL CANCERS IN YOUNG WOMEN AND SUBSEQUENT INFERTILITY DIAGNOSIS: A POPULATION-BASED COHORT STUDY.

M. P. Velez, N. N. Baxter, L. Rodriguez, K. Lajkosz, A. Korkidakis, M. Green; Obstetrics and Gynecology, Queen’s University, Kingston, ON, Canada, Department of Surgery, St. Michael’s Hospital, Toronto, ON, Canada, Canadian Cancer Trials Group, Queen’s University, Kingston, ON, Canada, ICES Queen’s, Queen’s University, Kingston, ON, Canada, Family Medicine, Queen’s University, Kingston, ON, Canada

HEALTH DISPARITIES SIG PRIZE PAPER
O-97, Tuesday, October 31, 2017, 11:00 am
BRIDGING THE GAP: NATIONAL UTILIZATION OF EMERGENCY SERVICES BY TRANSGENDER PATIENTS.

M. B. Moravek; Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI

MENTAL HEALTH PROFESSIONAL GROUP PRIZE PAPER
O-152, Tuesday, October 31, 2017, 11:15 am
FACTORS ASSOCIATED WITH FAMILY BUILDING IN CANCER SURVIVORS.

J. R. Ho, J. Gorman, B. W. Whitcomb, J. M. Bouknight, I. Su, K. Chung; USC Keck School of Medicine, Los Angeles, CA, Oregon State University, Corvallis, OR, Univ. of Massachusetts Amherst, Amherst, MA, Univ. of Alabama Birmingham, Birmingham, AL, UC San Diego, San Diego, CA

REPRODUCTIVE IMMUNOLOGY SIG PRIZE PAPER
O-79, Monday, October 30, 2017, 11:00 am
CARES TRIAL (CELIAC DISEASE AND REPRODUCTIVE EFFECTS): CELIAC DISEASE IS NOT MORE COMMON IN PATIENTS UNDERGOING IVF AND OUTCOMES ARE NOT COMPROMISED IN AFFECTED PATIENTS.

2017 AWARDS

NUTRITION SIG PRIZE PAPER
A prize of $250 made possible by a donation from Theralogix, is awarded to an abstract submitted in the Nutrition category.

P-392, Wednesday, November 1, 2017, 7:00 am - 8:30 am
PLASMA FATTY ACIDS AND OVULATION.
S. L. Mumford,1 K. Kim,2 R. W. Browne,3 L. Sjaarda,4 M. T. Connell,5 B. Wilcox,6 U. Omogisho,7 D. L. Kuhr,8 R. M. Silver,9 N. J. Perkins,10 T. Holland,1 E. Schisterman11; 1NICHD, NIH, Bethesda, MD, 2NICHD, Bethesda, MD, 3Biotechnical and Clinical Laboratory Sciences, University at Buffalo, Buffalo, NY, 4Epidemiology Branch, NICHD, Bethesda, MD, 5Program for Adult and Reproductive Endocrinology, NIH, Bethesda, MD, 6Geisinger Commonwealth School of Medicine, Scranton, PA, 7NIH, Bethesda, MD, 8Division of Intramural Population Health Research, Eunice Kennedy Shriver National Institute of Child Health and Human Development, Bethesda, MD, 9Obstetrics and Gynecology, University of Utah, Salt Lake City, UT, 10NIH, Rockville, MD, 11Eunice Kennedy Shriver National Institute of Child, Rockville, MD

VIDEO PRESENTATION AWARDS
The Video Committee selects an overall first prize award video and honorable mention awards in several categories.

FIRST PRIZE FOR TECHNICAL ACHIEVEMENT IN VIDEO
V-2, Monday, October 30, 2017, 4:07 pm
ASSESSMENT OF CHROMOSOME INTEGRITY IN HUMAN EMBRYOS USING A LIVE-CELL IMAGING SYSTEM.
M. Tokoro,1 K. Yamagata,2 N. Fukunaga,1 Y. Asada1; 1Asada Ladies Clinic Medical Corporation, Nagoya, Japan, 2Faculty of Biology-Oriented Science and Technology, Kindai University, Kinokawa, Wakayama, Japan

HONORABLE MENTION FOR UROLOGY VIDEO
V-5, Monday, October 30, 2017, 4:29 pm
COMPREHENSIVE PELVIC FLOOR PHYSICAL THERAPY FOR MEN WITH IDIOPATHIC CHRONIC PELVIC PAIN SYNDROME: A PROSPECTIVE STUDY.
L. F. Savio, T. Masterson, J. Masterson, R. Ramasamy; Department of Urology, University of Miami Miller School of Medicine, Miami, FL.

HONORABLE MENTION FOR SURGERY VIDEO
V-4, Monday, October 30, 2017, 4:21 pm
ROBOTIC SINGLE-SITE ADENOMYOMECTOMY WITH FLEXIBLE CO2 LASER.
A. R. Gargiulo; Center for Infertility and Reproductive Surgery, Brigham and Women’s Hospital, Boston, MA

HONORABLE MENTION FOR ART VIDEO
V-1, Monday, October 30, 2017, 4:00 pm
TRANSABDOMINAL FOLLICULAR ASPIRATION FOR OOCYTE RETRIEVAL: A CASE PRESENTATION AND STEP-BY-STEP TUTORIAL.
K. W. Keefe,1 E. I. Lewis, P. Bortoletto,1 A. R. Gargiulo2; 1Brigham and Women’s Hospital, Boston, MA, 2Center for Infertility and Reproductive Surgery, Brigham and Women’s Hospital, Boston, MA
2017 ASRM STAR AWARD

The ASRM Star Award recognizes members who have presented during at least nine of the ASRM Annual Meetings from 2007-2016. Presentations may include Pre-Congress courses/seminars, Scientific Program symposia, posters, and/or oral abstracts.

2017 ASRM STAR AWARD RECIPIENTS

Mohamed A. Aboulghar, M.D.
Ashok Agarwal, Ph.D.
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David F. Archer, M.D.
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David H. Barad, M.D.
Kurt T. Barnhart, M.D.
C. Brent Barrett, Ph.D.
Jason A. Barritt, Ph.D.
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Barry R. Behr, Ph.D.
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Laura Detti, M.D.
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Antoni J. Duleba, M.D.
Daniel A. Dumesic, M.D.
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Lawrence Engmann, M.D.
Sandro C. Esteves, M.D., Ph.D.
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Rui Alberto Ferriani, M.D., Ph.D.
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Jon Hennebold, Ph.D.
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Micah J. Hill, D.O.
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Emily S. Junghem, M.D.
Semra Kahraman, M.D.
Mandy Katz-Jaffe, Ph.D.
William G. Kearns, Ph.D.
David L. Keefe, M.D.
Zaraq Khan, M.D.
2017 AWARDS

Chung-Hoon Kim, M.D., Ph.D.
Mi Kyong Koong, M.D., Ph.D.
George Kovalsky, M.D.
Ertug Kovanci, M.D.
William H. Kutteh, M.D., Ph.D., H.C.L.D
Dolores J. Lamb, Ph.D.
Ruth B. Lathi, M.D.
Benjamin Leader, M.D., Ph.D.
Dong Ryul Lee, Ph.D.
Richard S. Legro, M.D.
Bruce A. Lessey, M.D., Ph.D.
Eric D. Levens, M.D.
Frederick L. Licciardi, M.D.
Juergen Liebermann, Ph.D.
Harry J. Lieman, M.D.
Martha Luna, M.D.
Monica A. Mainigi, M.D.
Erica E. Marsh, M.D., M.S.
Marcos Meseguer, Ph.D.
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Kelle H. Moley, M.D.
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Yoshiharu Morimoto, M.D., Ph.D.
Eduardo A. Motta, M.D.
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Tanmoy Mukherjee, M.D.
Santiago Munne, M.D.
Zsolt Peter Nagy, M.D., Ph.D., H.C.L.D.
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Paula A.A.S. Navarro, M.D., Ph.D.
Genevieve Neal-Perry, M.D., Ph.D.
Ceana H. Nezhat, M.D.
Nicole L. Noyes, M.D.
John C. Nulsen, M.D.
Sergio C. Oehninger, M.D., Ph.D.
Kutluk Oktay, M.D., Ph.D.
Darius A. Paduch, M.D., Ph.D.
Lubna Pal, M.B.B.S.
Gianpiero D. Palermo, M.D., Ph.D.
Angela Palumbo, M.D., Ph.D.
Sergio Papier, M.D.
Lauri A. Pasch, Ph.D.
Pasquale Patrizio, M.D.
Richard J. Paulson, M.D.
Mary Ellen G. Pavone, M.D.
Antonio Pellicer, M.D.
Alan S. Penzias, M.D.
C. Matthew Peterson, M.D.
William D. Petok, Ph.D.
John C. Petrozza, M.D.
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Margareta D. Pisarska, M.D.
Shayne M. Plosker, M.D.
Alex J. Polotsky, M.D., M.S.
Samuel D. Prien, Ph.D.
Elizabeth E. Puschcheck, M.D.
Jie Qiao, M.D., Ph.D.
Catherine Racowsky, Ph.D.
Kevin S. Richter, Ph.D.
Paolo F. Rinaudo, M.D., Ph.D.
Jared C. Robins, M.D.
Mitchell P. Rosen, M.D.
Zev Rosenwaks, M.D.
Carmen Rubio Lluesa, Ph.D.
Ginny L. Ryan, M.D.
Edmund S. Sabanegh, M.D.
Ghassan Saed, Ph.D.
Denny Sakkas, Ph.D.
Mary D. Sammel, D.Sc., Sc.D.
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Jay I. Sandlow, M.D.
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Emre Seli, M.D.
Bruce S. Shapiro, M.D., Ph.D.
Daniel B. Shapiro, M.D.
Fady I. Sharara, M.D.
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Fuminori Taniguchi, M.D., Ph.D.
Xin Tao, M.S.
Tyl H. Taylor, M.S., M.Sc.
Hugh S. Taylor, M.D.
Michael A. Thomas, M.D.
Nathan R. Treff, Ph.D.
Michael J. Tucker, Ph.D.
Chii-Ruey Tzeng, M.D., M.P.H.
Meike L. Uhler, M.D.
Bradley J. Van Voorhis, M.D.
Dagan Wells, Ph.D.
Eric A. Widra, M.D.
2017 AWARDS

Erin F. Wolff, M.D.  
Diane L. Wright, Ph.D.  
Tae Ki Yoon, M.D., Ph.D.  
Atsumi Yoshida, M.D.  
Steven L. Young, M.D., Ph.D.  
John X. Zhang, Ph.D.  
Yulian Zhao, M.D., Ph.D.  
Armand S. Zini, M.D.

2017 ASRM SERVICE MILESTONE AWARD

The ASRM Service Milestone Award recognizes 10-, 15-, and 20-year milestones for service on boards and/or committees of ASRM or its affiliated societies, professional groups, or special interest groups.

20-YEAR ASRM SERVICE MILESTONE AWARD RECIPIENTS
Bradley Hurst, M.D.  
Firuza Parikh, M.D.  
Nanette Santoro, M.D.

15-YEAR ASRM SERVICE MILESTONE AWARD RECIPIENTS
Tommaso Falcone, M.D.  
Jacqueline Gutmann, M.D.  
William Petok, Ph.D.  
Elizabeth Puscheck, M.D.

10-YEAR ASRM SERVICE MILESTONE AWARD RECIPIENTS
Ayman Al-Hendy, M.D., Ph.D.  
Stephanie Dahl, M.D.  
Mark Dow, Ph.D.  
Jeffrey Goldberg, M.D.  
Clarisa Gracia, M.D.  
Nancy Harrington, R.N.C.  
Michael Heard, M.D.  
Tarun Jain, M.D.  
Lowell Ku, M.D.  
Paul Lin, M.D.  
Ceana Nezhat, M.D.  
Staci Pollack, M.D.  
Thomas Price, M.D.  
Fady Sharara, M.D.  
Carlos Simón, M.D., Ph.D.  
Steven Spandorfer, M.D.  
Amy Sparks, Ph.D.  
Tamara Tobias, N.P.  
Julianne Zweifel, Ph.D.
ASRM Scientific Congress Policies and Disclaimers

CANCELLATION POLICY
The American Society for Reproductive Medicine reserves the right to cancel this activity due to unforeseen circumstances. In the event of such cancellation, the full enrollment fee will be returned to the registrant.

REFUND/NON-ATTENDANCE POLICY
Cancellations received before or by September 1st will receive a full refund minus a $150 processing fee. Cancellation requests must be submitted in writing. Cancellations received after September 1st will not be eligible for a refund.

ADA STATEMENT
The American Society for Reproductive Medicine fully complies with the legal requirements of the Americans with Disabilities Act (ADA) and the rules and regulations thereof.

Please notify the American Society for Reproductive Medicine, 1209 Montgomery Highway, Birmingham, Alabama, USA 35216, telephone 1-205-978-5000, a minimum of 10 working days in advance of the event if a reasonable accommodation for a disability is needed.

EQUAL OPPORTUNITY STATEMENT
The American Society for Reproductive Medicine values and promotes diversity among its members, officers, and staff. The Society prohibits discrimination toward any member or employee due to race, color, religion, age, gender, sexual orientation, national origin, citizenship, disability, military status, or other basis prohibited by law. ASRM strives to achieve gender, racial, and ethnic balance in hiring and governance. ASRM maintains policies, procedures, and personnel actions that conform to the letter and spirit of all laws and regulations pertaining to equal opportunity and nondiscrimination in employment, appointments, and elections to office.

DISCLAIMER STATEMENT
The content and views presented in this educational activity are those of the faculty/authors and do not necessarily reflect those of the American Society for Reproductive Medicine. This material is prepared based on a review of multiple sources of information, but it is not exhaustive of the subject matter. Therefore, health-care professionals and other individuals should review and consider other publications and materials on the subject matter before relying solely upon the information contained within this educational activity to make clinical decisions about individual patients.

Registration and Information

How to Register

Register online @ www.asrmcongress.org and receive immediate confirmation!

On-site in San Antonio, TX

Choices may be limited on-site. Pre-registration is recommended.

On-site Registration Desk: Henry B. Gonzalez Convention Center

Friday, October 27 ................. 2:00 pm – 6:00 pm
Saturday, October 28 .............. 7:00 am – 6:00 pm
Sunday, October 29 ............... 7:00 am – 5:00 pm
Monday, October 30 ............... 7:00 am – 5:00 pm
Tuesday, October 31 .............. 7:00 am – 5:00 pm
Wednesday, November 1 .......... 7:00 am – 2:00 pm

Be Sure to Visit the Expo

Monday, October 30 ............... 9:00 am – 5:00 pm
Tuesday, October 31 .............. 9:00 am – 5:00 pm
Wednesday, November 1 ........ 9:00 am – 2:00 pm

Children under 16 are allowed on the Expo Floor only when accompanied/supervised by an adult.
Participate in the ASRM 2017 Twitter Wall!

During the ASRM 2017 Scientific Congress, all participants are invited to post opinions, reports, and feedback on the Congress’s Twitter Walls. The Twitter Walls can be viewed in the Convention Center’s Main Lobby and in the meeting area on the 2nd floor. All you need is a mobile device with an installed Twitter app or a web browser.

**SETTING UP A TWITTER ACCOUNT**

Go to www.twitter.com, and sign up. You will need to enter identifying information and agree to the terms of service. You will need to verify your email address before continuing. Twitter will walk you through a setup wizard, and ask you to follow five or more people. This is optional, though the website doesn’t give you an option to skip it. Search for “#ASRM2017” if you wish to follow the messages at the conference, and search for “@ReprodMed” if you also wish to follow ASRM’s Twitter feed. Otherwise, at this point, if you don’t want to go any further in the setup wizard, go back to www.twitter.com and independently update your profile page and if desired, add a photo. Other Twitter users like to see photos of tweeters.

**INSTALL A TWITTER APPLICATION ON YOUR MOBILE DEVICE**

One option for using Twitter is to install a Twitter app on your mobile device. Go to https://twitter.com/download or to the app store and select your device. If you do not wish to install an app for Twitter, you can still use Twitter within your web browser.

**SENDING A TWEET TO THE ASRM 2017 TWITTER WALL**

You can do this within the Twitter app on your mobile device, or on the Twitter website. On the website, you can post a tweet by clicking on Home and then type inside the center box. You are limited to 140 characters in a single tweet. At the end of each message, in order for your message to appear on the Twitter wall, you must put #ASRM2017 at the end, such as:

```
Awesome! The #ASRM2017 Plenaries are being translated into Spanish and Mandarin Chinese #ASRMLovesItsMembers
```

```
or
```

```
The #ASRM2017 Mobile App has a locate me function. I really need this if I want to make it to the members meeting on time! #TCB
```

**TWITTER ETIQUETTE**

All incoming tweets are monitored by ASRM staff, and those tweets that show up with the hashtag #ASRM2017 and that pass moderation will be posted to the Twitter Wall. In order for a tweet to pass moderation, the following guidelines should be kept in mind:

• Messages must be about Congress content or activities.
• Messages cannot contain personal information.
• Messages cannot personally attack another person.
• Messages that ASRM considers unprofessional will not be displayed on the Twitter Wall.

We hope you’ll join us in tweeting the ASRM 2017 Scientific Congress!

You can use the hashtag #ASRM2017 for Instagram too!

Use the hashtags #Access2Care and #Access2IVF too!
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td>7:00 am - 7:45 am</td>
<td>Opening Ceremony Continental Breakfast</td>
</tr>
<tr>
<td>7:45 am - 8:45 am</td>
<td>Opening Ceremony</td>
</tr>
<tr>
<td>8:45 am - 9:30 am</td>
<td><strong>CME</strong> Plenary: President’s Guest Lecture: The Importance of Reproductive Autonomy in Ensuring Global Access to Health</td>
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<tr>
<td>9:30 am - 10:15 am</td>
<td><strong>CME</strong> Plenary: Herbert H. Thomas Lecture: Pioneers of IVF in America</td>
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<tr>
<td>10:15 am - 11:00 am</td>
<td>Break / Exhibits / Expo Theater</td>
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<tr>
<td>11:00 am - 12:00 pm</td>
<td>MHPG Clinical Session: The Practitioner as Researcher</td>
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<tr>
<td>11:00 am - 12:30 pm</td>
<td>Scientific Congress Prize Paper Session 1</td>
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<tr>
<td>12:30 pm - 1:30 pm</td>
<td>Break / Lunch / Exhibits / Expo Theater</td>
</tr>
<tr>
<td>1:30 pm - 2:30 pm</td>
<td><strong>CME</strong> Interactive Sessions</td>
</tr>
<tr>
<td>2:30 pm - 3:15 pm</td>
<td>MHPG Clinical Session: What Does It Mean to Let People Know?: Issues of Disclosure in Donor-assisted Reproduction</td>
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<tr>
<td>3:15 pm - 4:00 pm</td>
<td>Break / Exhibits / Expo Theater</td>
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<tr>
<td>4:00 pm - 5:30 pm</td>
<td>Symposia</td>
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<tr>
<td>5:30 pm</td>
<td>Video Session 1</td>
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<td>Time</td>
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<tr>
<td>6:00 am</td>
<td>8th Annual ASRM 5K Run / Walk</td>
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<td>7:00 am – 8:45 am</td>
<td>Women's Council Breakfast</td>
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<tr>
<td>7:00 am - 8:45 am</td>
<td>Poster Abstract Session and Continental Breakfast</td>
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<tr>
<td>8:45 am - 9:30 am</td>
<td>Plenary: Why Being Really Smart Doesn’t Protect You from Believing Weird Things</td>
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<tr>
<td>9:30 am - 10:15 am</td>
<td>Plenary: Camran Nezhat, M.D. Lectureship in Innovations in Medicine Lecture: Cell and Gene Therapies in Reproductive Medicine</td>
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<tr>
<td>10:15 am - 11:00 am</td>
<td>Break / Exhibits / Expo Theater</td>
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<tr>
<td>11:00 am - 12:30 pm</td>
<td>Scientific Congress Prize Paper Session 2</td>
</tr>
<tr>
<td>12:30 pm - 1:30 pm</td>
<td>Expert Encounter: Difficult Management Cases in Male Infertility: From the Laboratory to the Bedside</td>
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<td>1:30 pm - 2:30 pm</td>
<td>Updates on Managing “Gray” and Abnormal Results with Preimplantation Genetic Testing</td>
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<tr>
<td>2:30 pm - 3:15 pm</td>
<td>Plenary: From Egg to Embryo: A Peripatetic Journey</td>
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<td>3:15 pm - 4:00 pm</td>
<td>Break / Exhibits / Expo Theater</td>
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<tr>
<td>4:00 pm - 5:30 pm</td>
<td>Symposia: Menopause Keynote Lecture: Prevention and Intervention of Postmenopausal Women</td>
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<tr>
<td>4:00 pm - 5:30 pm</td>
<td>Video Session 2</td>
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CME = Continuing Medical Education
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<tr>
<th>Time</th>
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<tr>
<td>7:00 am - 8:30 am</td>
<td>Poster Abstract Session and Continental Breakfast</td>
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<tr>
<td>8:30 am - 9:15 am</td>
<td>Plenary: But, I Saw It On TV!: The Media Coverage Of Women's Health Issues</td>
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<tr>
<td>9:15 am - 9:45 am</td>
<td>ASRM Members’ Meeting and Congress Prize Presentation</td>
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<tr>
<td>9:45 am - 10:30 am</td>
<td>Plenary: SRS Lecture: Uterine Transplantation: Lessons Learned</td>
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<td>10:30 am - 11:00 am</td>
<td>Break / Exhibits / Expo Theater</td>
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<td>11:00 am - 12:00 pm</td>
<td>MHPG Clinical Session: Utility of Projective Assessment in the Psychological Evaluation of Gestational Carriers</td>
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<td>11:00 am - 12:30 pm</td>
<td>Oral Abstract Sessions</td>
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<td>12:30 pm - 1:30 pm</td>
<td>Break / Lunch / Exhibits / Expo Theater</td>
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<tr>
<td>1:30 pm - 2:30 pm</td>
<td>Surgical Tutorial: Surgical Treatment of Septate Uterus</td>
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<td>1:30 pm - 2:30 pm</td>
<td>Interactive Sessions</td>
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<td>1:30 pm - 2:30 pm</td>
<td>Follow the Double Helix: How to Intertwine Genetic Counseling and Your Fertility Practice</td>
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<td>Unexplained Recurrent Pregnancy Loss: Controversies in Management</td>
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<td>DNA Law: What Is It and Where Is It Going in Assisted Reproductive Technology?</td>
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<td>Emotional Needs of Women with Polycystic Ovary Syndrome and Impact on Weight Management</td>
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<td>Preserving Future Reproductive Function in Males and Females: Adolescence and Beyond</td>
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<td>Preimplantation Genetic Testing Platforms: Everything You Have Wanted to Know but Were Afraid to Ask</td>
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<tr>
<td>2:30 pm - 3:15 pm</td>
<td>Keynote: SSR Exchange Keynote Lecture</td>
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<td>Keynote: Contraception Keynote Lecture: Rational Design of Contraception Based on Molecular Genetics</td>
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<tr>
<td>3:15 pm - 3:30 pm</td>
<td>Break</td>
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<tr>
<td>3:30 pm - 5:00 pm</td>
<td>Symposium</td>
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<td>Just Relax and It Will Happen: A Debate on the Relationship between Stress and Infertility</td>
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<td>Changing Culture, Changing Process: Corporate IVF and Patient Care</td>
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<td>Uterine Transplant: Technical and Ethical Issues</td>
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<td>FDA Symposium: Contraceptive Products and an Update on Assisted Reproductive Technology Devices</td>
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<td>MEFS Symposium: Fertility Preservation: Contemporary Interests</td>
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<td>ISAR Symposium: Polycystic Ovary Syndrome and Fertility: Do We Have It Right?</td>
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<td></td>
<td>Laboratory Management: Risk, Reporting, and Relations</td>
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</tbody>
</table>
2017 Scientific Congress Daily Schedule

Plenary lectures will be translated simultaneously into Spanish and Mandarin Chinese for members of the audience.

Daily Schedule Key to Abbreviations

Affiliated Societies
SART  Society for Assisted Reproductive Technology
SMRU  Society for Male Reproduction and Urology
SRBT  Society of Reproductive Biologists and Technologists
SREI  Society for Reproductive Endocrinology and Infertility
SRS  Society of Reproductive Surgeons

Professional Groups
ARM  Association of Reproductive Managers
LPG  Legal Professional Group
MHPG  Mental Health Professional Group
NPG  Nurses’ Professional Group

Special Interest Groups
AESIG  Androgen Excess Special Interest Group
CAMSIG  Complementary and Alternative Medicine Special Interest Group
CSIG  Contraception Special Interest Group
ChSIG  Chinese Special Interest Group
EndoSIG  Endometriosis Special Interest Group
EPSIG  Early Pregnancy Special Interest Group
ERSIG  Environment and Reproduction Special Interest Group
FPSIG  Fertility Preservation Special Interest Group
FSIG  Fibroids Special Interest Group
GCSIG  Genetic Counseling Special Interest Group
HDSIG  Health Disparities Special Interest Group
IRMSIG  Imaging in Reproductive Medicine Special Interest Group
MOISIG  Menopause and Ovarian Insufficiency Special Interest Group
NutriSIG  Nutrition Special Interest Group
PAGSIG  Pediatric and Adolescent Gynecology Special Interest Group
PGDSIG  Preimplantation Genetic Diagnosis Special Interest Group
PSSIG  Physician-Scientists’ Special Interest Group
RISIG  Reproductive Immunology Special Interest Group
RMSCBSIG  Regenerative Medicine and Stem Cell Special Interest Group
TSIG  Turkish Special Interest Group
WC  Women’s Council

Partner Groups
AE-PCOS Society  Androgen Excess and Polycystic Ovary Syndrome Society
ALMER  Latin American Association for Reproductive Medicine
AMMR  Mexican Association of Reproductive Medicine
ASPIRE  Asia Pacific Initiative in Reproduction
CSRM  Chinese Society of Reproductive Medicine
ESHRE  European Society of Human Reproduction and Embryology
ISAR  Indian Society for Assisted Reproduction
JSAR  Japan Society of Assisted Reproduction
MEFS  Middle East Fertility Society
SSR  Society for the Study of Reproduction
## 2017 Scientific Congress Daily Schedule

### Sunday, October 29, 2017

- **8:00 am - 3:45 pm**  
  SREI Members’ Retreat

- **1:00 pm - 5:00 pm**  
  Poster Setup

- **3:00 pm - 5:00 pm**  
  Workshop  
  Personal Finance for Physicians  
  Stuart S. Howards, M.D.  
  University of Virginia

- **5:00 pm – 6:00 pm**  
  Members’ Meetings  
  • Nurses’ Professional Group

- **5:15 pm - 6:30 pm**  
  Members’ Meetings  
  • Androgen Excess Special Interest Group  
  • Contraception Special Interest Group  
  • Environment and Reproduction Special Interest Group  
  • Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Special Interest Group  
  • Preimplantation Genetic Diagnosis Special Interest Group

- **5:30 pm - 6:30 pm**  
  Members’ Meetings  
  • Mental Health Professional Group

- **6:00 pm - 7:30 pm**  
  Members’ Meetings  
  • Society of Reproductive Biologists and Technologists

### Monday, October 30, 2017

- **7:00 am - 7:45 am**  
  Breakfast  
  Opening Ceremony Continental Breakfast

- **7:45 am - 8:45 am**  
  CME Plenary  
  President's Guest Lecture: The Importance of Reproductive Autonomy in Ensuring Global Access to Health Care  
  Endowed by a 1987 grant from Ortho Women’s Health  
  Richard J. Paulson, M.D. (Introducer)  
  Cecile Richards, B.A.  
  Planned Parenthood Federation of America

- **9:00 am - 1:00 pm**  
  Poster Setup

- **9:30 am - 10:15 am**  
  CME Plenary  
  Herbert H. Thomas Lecture: Pioneers of IVF in America  
  Endowed by a 1990 grant from TAP Pharmaceutical  
  Richard J. Paulson, M.D. (Moderator)  
  University of Southern California  
  Alan H. DeCherney, M.D.  
  Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH  
  Lucinda Veeck Gosden, M.L.T., D.Sc. (Hon)  
  Weill Cornell Medicine - Center for Reproductive Medicine  
  Zev Rosenwaks, M.D.  
  Weill Cornell Medical School, Retired  
  Don P. Wolf, Ph.D.  
  Oregon Health and Science University  
  Richard P. Marrs, M.D.  
  California Fertility Partners

- **11:00 am - 12:00 pm**  
  MHPG Clinical Session  
  The Practitioner as Researcher  
  University of Canterbury

- **11:00 am - 12:30 pm**  
  Scientific Congress Prize Paper Session 1

- **11:00 am - 12:30 pm**  
  Oral Abstract Sessions  
  - Male Reproduction and Urology: Traveling Scholars  
  - Access to Care 1  
  - Contraception and Family Planning 1  
  - Reproductive Endocrinology  
  - Reproductive Surgery and Procedures  
  - Male Factor  
  - Preimplantation Genetic Testing 1  
  - ART: Clinical 1  
  - Embryo Biology and Stem Cells  
  - Leiomyoma 1  
  - Environment and Reproduction  
  - Fertility Preservation 1  
  - Reproductive Immunology  
  - Outcome Predictors: ART 1

- **12:00 pm - 1:30 pm**  
  Expert Encounters

- **12:30 pm - 1:30 pm**  
  Break/Lunch

- **12:30 pm - 2:00 pm**  
  Resident Learning Session  
  Resident Learning Session  
  Lora Shahine, M.D.  
  Pacific NW Fertility  
  Lauren Nervi, M.S.N., R.N., N.P.  
  Reproductive Medicine Associates of New Jersey

### All Days

- **11:00 am - 12:30 pm**  
  Plenary lectures will be translated simultaneously into Spanish and Mandarin Chinese for members of the audience.

- **-**  
  Ticketed event
Interactive Session
Case Presentations
Uterine Lining Improvement: Optimizing Success Rates of Frozen Embryo Transfer and Fresh Cycles: Traditional Therapies and Complementary and Alternative Medicine
Jennifer E. Mersereau, M.D.
University of North Carolina
Juan Antonio Garcia-Velasco, M.D.
IVI Madrid
Coleen Smith, R.N., D.A.O.M.
Point of Origin Acupuncture

Interactive Session
Case Presentations
Stump the Audience: Interesting and Unusual Cases in Pediatric and Adolescent Gynecology
Beth W. Rackow, M.D.
Columbia University Medical Center
Carol Wheeler, M.D.
Women & Infants Hospital
Baylor College of Medicine

Interactive Session
Case Presentations
Testicular versus Ejaculated Sperm Should Be Used for Intracytoplasmic Sperm Injection (ICSI) in Cases of Recurrent ICSI Failure Due to Sperm DNA Fragmentation
Armand Zini, M.D.
McGill University
Sandro C. Esteves, M.D., Ph.D.
ANDROFERT, Referral Center for Male Reproduction
Mark Sigman, M.D.
Brown University

Interactive Session
Case Presentations
Use of Mitochondrial DNA Assessment as an Adjunct to Preimplantation Genetic Screening
Frank L. Barnes, Ph.D.
Zouves Fertility Center
Nathan R. Treff, Ph.D.
Genomic Prediction, Inc.
Dagan Wells, Ph.D.
University of Oxford

Interactive Session
Case Presentations
Translating Science into Practical Advice for Patients: Environment and Dietary Research
Irene Souter, M.D.
Harvard Medical School, Massachusetts General Hospital
Carmen Messerlian, Ph.D.
Harvard T.H. Chan School of Public Health
Audrey Gaskins, Sc.D.
Harvard T.H. Chan School of Public Health

Interactive Session
Case Presentations
Imaging of the Early Pregnancy and Its Pitfalls
Laura Detti, M.D.
University of Tennessee Health Science Center
Michael J. Heard, M.D.
The Heard Clinic
Julierut Tantibhedhyangkul, M.D.
Cleveland Clinic

Interactive Session
Case Presentations
Contraceptives in Obese Women?
Robert A. Wild, M.D., Ph.D., M.P.H.
Oklahoma University Health Sciences Center
Kathleen M. Hoeger, M.D., M.P.H.
University of Rochester
Lee P. Shulman, M.D.
Feinberg School of Medicine of Northwestern University

Interactive Session
Debate
Fertility Options for Men with HIV Desiring Conception with an Uninfected Partner: A Review of Recent CDC Publications
Jennifer F. Kawwass, M.D., F.A.C.O.G.
Emory Reproductive Center
John T. Brooks, M.D.
Centers for Disease Control and Prevention

Interactive Session
Debate
What Does It Mean to Let People Know?: Issues of Disclosure in Donor-assisted Reproduction
Nancy Kaufman, L.C.S.W.
Private Practice, New York City
Nancy Freeman-Carroll, Psy.D.
Private Practice, New York City

Plenary
AUA Bruce Stewart Memorial Lecture: Finding Your Niche: Stem Cell Plasticity in the Drosophila Testis
Supported by a grant from the American Urological Association
Erika Matunis, Ph.D.
Johns Hopkins University School of Medicine

Lecture
David and Rosemary Adamson Lecture on Excellence in Reproductive Medicine: Comparative Aspects of Reproductive Technologies in Exotic Species and Humans Endowed by Advanced Reproductive Care, Inc.
Pierre Comizzoli, D.V.M., Ph.D.
Smithsonian Conservation Biology Institute

Break
2017 Scientific Congress Daily Schedule

Plenary lectures will be translated simultaneously into Spanish and Mandarin Chinese for members of the audience.

4:00 pm - 5:30 pm  Symposium  CME
Fresh versus Frozen Embryo Transfer in Women with Polycystic Ovary Syndrome: What Is the Evidence and What Are the Mechanisms?
Richard S. Legro, M.D.
Penn State University College of Medicine
Zi-Jiang Chen, M.D., Ph.D.
Center for Reproductive Medicine, Shandong University
G. Wright Bates, Jr., M.D.
University of Alabama at Birmingham

Dieter Egli, Ph.D. (Chair)
Columbia University
Mary Herbert, Ph.D.
Newcastle University
Jianhong Zhu, M.D., Ph.D.
Fudan University Huashan Hospital

4:00 pm - 5:30 pm  Symposium  CME
Intracytoplasmic Sperm Injection (ICSI): Past, Present, and Future
Gianpiero D. Palermo, M.D., Ph.D.
Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine
Zev Rosenwaks, M.D.
Weill Cornell Medicine - Center for Reproductive Medicine
Nigel Pereira, M.D.
Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine

4:00 pm - 5:30 pm  Symposium  CME
Transgender Fertility Treatment and Preservation in Gender Dysphoric Adolescents and Young Adults: Medical, Legal, and Psychological Concerns and Considerations
Jamie M. Joseph, Ph.D.
Weston Cognitive Behavior Therapy and Evaluation
Paula Amato, M.D.
Oregon Health and Science University
Judith Daar, J.D.
Whittier Law School

4:00 pm - 5:30 pm  Symposium  CME
Effect of Environment, Diet, and Lifestyle on Male and Female Fertility
Lauren Nervi, M.S.N., R.N., N.P.
Reproductive Medicine Associates of New Jersey
Lora Shahine, M.D.
Pacific NW Fertility
Michael L. Eisenberg, M.D.
Stanford University

4:00 pm - 5:30 pm  Symposium  CME
KY Cha Symposium in Stem Cell Technology and Reproductive Medicine: Changing and Exchanging Genomes
Supported by the Asia-Pacific Biomedical Research Foundation

4:00 pm - 5:30 pm  Symposium  CME
Intracytoplasmic Sperm Injection (ICSI): Past, Present, and Future
Gianpiero D. Palermo, M.D., Ph.D.
Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine
Zev Rosenwaks, M.D.
Weill Cornell Medicine - Center for Reproductive Medicine
Nigel Pereira, M.D.
Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine

4:00 pm - 5:30 pm  Symposium  CME
ESHRE Symposium: Genomic Editing in the Germ Line: Progress in Science Sparks the Ethical Debate
Bjorn Heindreckx, Ph.D.
Ghent University Hospital
Ben Davies, Ph.D.
University of Oxford
Guido de Wert, Ph.D.
Maastricht University

4:00 pm - 5:30 pm  Symposium  CME
AMMR Symposium: Cirugía o Reproducción Asistida en México: Sigue la Controversia
Raymundo Preciado-Ruiz, M.D.
Hospital Angeles del Pedregal
Rosa Martha Luna Rojas, M.D.
Reproductive Medicine Associates of New York
Julio de la Jara, M.D.
Mexican Council of Gynecology and Obstetrics
Oliver Cruz, M.D.
Instituto Nacional de Perinatología

4:00 pm - 5:30 pm  Symposium  CME
C Saying the Ethical Debate
Bjorn Heindreckx, Ph.D.
Ghent University Hospital
Ben Davies, Ph.D.
University of Oxford
Guido de Wert, Ph.D.
Maastricht University

4:00 pm - 5:30 pm  Symposium  CME
CSRM Symposium: Hot Topics in Reproductive Medicine
Huang Guoning, M.D.
Chongqing Obstetrics and Gynaecology Hospital, CSRM, President-Elect
Sun Yingpu, M.D.
CSRM, President
Hu Yali, M.D., Ph.D.
CSRM, Vice President of Nanjing Drum Tower Hospital, the Affiliated Hospital of Nanjing University Medical School

4:00 pm - 5:30 pm  Symposium  CME
ASPIRE Symposium: Advances in Understanding Oocyte Function and Structure
Umeharu Ohto, Ph.D.
Graduate School of Pharmaceutical Science, The University of Tokyo
Atsushi Tanaka, Ph.D.
Saint Mother Hospital
Chi-Ruey Tzeng, M.D., M.P.H.
Taipei Medical University
David K. Gardner, Ph.D.
University of Melbourne

4:00 pm - 5:30 pm  Symposium  CME
Health Insurance Portability and Accountability Act (HIPAA): New Requirements and Audits
Lisa Duran, B.S.
Reconceived
Lisa A. Rinehart, J.D., R.N., B.S.N.
LegalCare Consulting
Lindsey M. McBain, B.A.
Reproductive Medicine Associates of New Jersey

4:00 pm - 5:30 pm  Video Session 1
Tuesday, October 31, 2017

6:00 AM
8th Annual ASRM 5K Run / Walk

7:00 am - 8:45 am
Women’s Council Breakfast

7:00:00 am - 8:45 am
Poster Abstract Session and Continental Breakfast

8:45 am - 9:30 am
Plenary
Why Being Really Smart Doesn’t Protect You from Believing Weird Things
Endowed by a 1990 grant from Astra-Zeneca
Michael Shermer, Ph.D.
Skeptic Magazine

9:30 am - 10:15 am
Plenary
Camran Nezhat, M.D.
Lectureship in Innovations in Medicine Lecture: Cell and Gene Therapies in Reproductive Medicine
Endowed by a 2011 Gift from Camran Nezhat, M.D.
Dr. Camran Nezhat pioneered techniques of video-assisted endoscopic surgery, which revolutionized modern day surgery. He along with his brothers, Drs. Farr and Ceana Nezhat, performed some of the most advanced procedures with these techniques for the first time, thus opening the vistas for endoscopic surgeons all over the world.
Shoukhrat Mitalipov, Ph.D.
Oregon Health and Science University

10:15 am - 11:00 am
Break

11:00 am - 12:30 pm
Scientific Congress Prize Paper Session 2
1:30 pm - 2:30 pm Interactive Session
Panel Discussion
Updates on Managing “Gray” and Abnormal Results with Preimplantation Genetic Testing
Dawn A. Kelk, Ph.D., H.C.L.D.
Yale Fertility Center
James A. Grifo, M.D., Ph.D.
NYU Langone Fertility Center

1:30 pm - 2:30 pm Interactive Session
Panel Discussion
Endometrial Gene Analysis: What Do We Learn and How to Apply in Clinical Practice
Joanne Kwak-Kim, M.D.
Rosalind Franklin School of Medicine and Science
Kenneth Beaman, Ph.D.
Rosalind Franklin University
Nathalie Ledee, M.D., Ph.D.
MatriceLAB Innove, Hôpital Saint Louis, Paris
Steven L. Young, M.D., Ph.D.
University of North Carolina School of Medicine

1:30 pm - 2:30 pm Interactive Session
Case Presentations
Anovulation in Polycystic Ovary Syndrome: A Complementary and Integrative Medicine Approach - Acupuncture, Herbs, and Nutritional Supplements
Elisabet Stener-Victorin, Ph.D.
Karolinska Institute
Coleen Smith, D.A.O.M., L.Ac., F.A.B.O.R.M.
Point of Origin Acupuncture
Sadhna Singh, D.A.O.M., L.Ac.
Eastern Harmony Clinic

1:30 pm - 2:30 pm Interactive Session
Debate
Does Endometriosis Impact In Vitro Fertilization Outcomes?
Stacey A. Missmer, Sc.D.
Michigan State University

1:30 pm - 2:30 pm Interactive Session
CME
ARS
Panel Discussion
Updates on Managing “Gray” and Abnormal Results with Preimplantation Genetic Testing
Dawn A. Kelk, Ph.D., H.C.L.D.
Yale Fertility Center
James A. Grifo, M.D., Ph.D.
NYU Langone Fertility Center

1:30 pm - 2:30 pm Interactive Session
CME
ARS
Debate on the Increasing Utilization of Micromanipulation: Intracytoplasmic Sperm Injection and Assisted Hatching
Jennifer F. Knudtson, M.D.
University of Texas Health Science Center at San Antonio
Denny Sakkas, Ph.D.
Boston IVF
Levent Keskintepe, Ph.D., H.C.L.D.
Sher Institute for Reproductive Medicine Las Vegas, LLC

1:30 pm - 2:30 pm Interactive Session
CME
ARS
Debate
Menopause Interactive Session: Is Anti Müllerian Hormone a Valuable Diagnostic Tool for Reproductive Function and Menopause?
Nanette Santoro, M.D.
University of Colorado School of Medicine
Irene Su, M.D., M.S.C.E.
University of California, San Diego
Frank Stanczyk, Ph.D.
University of Southern California Keck School of Medicine

1:30 pm - 2:30 pm Interactive Session
Family Planning Fellows Showcase
Family Planning Fellows Research Presentations
Family Planning Fellows Showcase: Emerging Research in Contraception (in Cooperation with the Society of Family Planning)
Ghazaleh Moayedi, D.O.
University of Hawai‘i, John A. Burns School of Medicine
Antoinette Nguyen, M.D., M.P.H.
University of North Carolina School of Medicine

2:30 pm - 3:15 pm Keynote
Menopause Keynote Lecture: Prevention and Intervention in Postmenopausal Women
David F. Archer, M.D.
Eastern Virginia Medical School

3:15 pm - 4:00 pm Break
4:00 pm - 5:30 pm  
**CME Symposium**  
The “Trials” of an ART Case: Anatomy of a Lawsuit  
Nidhi Desai, J.D.  
Desai & Miller  
Thomas R. Schlesinger, J.D.  
Paule, Camazine & Blumenthal, P.C.  
Michael W. Vernon, Ph.D., H.C.L.D., E.L.D.  
West Virginia University

4:00 pm - 5:30 pm  
**CME Symposium**  
Facilitating Contact between Donors and Donor-conceived People  
Lauri Pasch, Ph.D.  
University of California, San Francisco  
Joanna Scheib, Ph.D.  
University of California, Davis  
University of Canterbury

4:00 pm - 5:30 pm  
**CME Symposium**  
Menopause Symposium: New Tools in the Armamentarium of Treatment Strategies for Diminished Ovarian Reserve, Early Menopause, and Premature Ovarian Insufficiency: Diagnostic Tests, Personalized Medicine, and Targeted Therapies  
Amber Cooper, M.D., M.S.C.I.  
Centers for Reproductive Medicine and Wellness  
Robert F. Casper, M.D.  
University of Toronto  
Piraye Beim, Ph.D.  
Celmatix, Inc.

4:00 pm - 5:30 pm  
**CME Symposium**  
Health, Supplements, and Adjuvant Therapies: Is There a Balance?  
Jennifer M. Wood, R.N., B.S.N.  
Shady Grove Fertility Center  
LaTasha B. Craig, M.D.  
University of Oklahoma Health Science Center

4:00 pm - 5:30 pm  
**CME Symposium**  
Howard and Georgeanna Jones Symposium on Advanced Reproductive Technology: Composition of Culture Media and Potential Effects on Offspring  
Endowed by a 2010 educational grant from EMD Serono, Inc.  
David K. Gardner, Ph.D.  
University of Melbourne  
Andrew J. Watson, Ph.D.  
Western University  
Denny Sakkas, Ph.D.  
Boston IVF

4:00 pm - 5:30 pm  
**CME Symposium**  
Access to Care: Simplification of Assisted Reproductive Technologies  
Kevin Doody, M.D., H.C.L.D.  
Center for Assisted Reproduction  
Jan Gerris, M.D., Ph.D.  
Ghent University Hospital

4:00 pm - 5:30 pm  
**CME Symposium**  
ABOG Foundation - Kenneth J. Ryan Ethics Symposium: Egg Freezing as an Emerging Frontier in Reproductive Medicine: Navigating the Clinical, Ethical, and Legal Challenges."  
Supported by a 2013 endowment from the American Board of Obstetrics and Gynecology  
Elizabeth Ginsburg, M.D.  
Brigham and Women’s Hospital  
Louise P. King, M.D., J.D.  
Harvard Medical School/Beth Israel Deaconess Medical Center  
June Carbone, J.D.  
University of Minnesota Law School

4:00 pm - 5:30 pm  
**ARS**  
ALMER Symposium: Manejo del Factor Uterino Absoluto: Gestación por Substitución y Trasplante Uterino  
Sergio Papier, M.D.  
President, ALMER

4:00 pm - 5:30 pm  
**CME Symposium**  
A Path to Increased Engagement for Physicians  
Brad J. T. Senstra, M.H.A.  
Seattle Reproductive Medicine  
Marianne M. Kreiner, M.S.  
Seattle Reproductive Medicine

4:00 pm - 5:30 pm  
**CME Symposium**  
Japan Society for Assisted Reproduction (JSAR) Symposium: The Clinical Importance of Frozen Embryo Transfer (FET) procedures in Japan versus Assisted Reproductive Technology (ART) approaches in the United States  
Tetsunori Mukaida, M.D.  
Hiroshima HART Clinic  
Fumitoshi Koga, M.D.  
Koga Fertility Clinic  
James A. Grifo, M.D., Ph.D.  
NYU Langone Fertility Center

4:00 pm - 5:30 pm  
**Video Session 2**

5:30 pm - 6:15 pm  
**Members’ Meetings**
- Society for Reproductive Endocrinology and Infertility (SREI)
- Society for Male Reproduction and Urology
- Chinese Special Interest Group
- Endometriosis Special Interest Group
- Early Pregnancy Special Interest Group
- Imaging in Reproductive Medicine Special Interest Group
- Legal Professional Group
Wednesday, November 1, 2017

7:00 am - 8:30 am
Poster Abstract Session and Continental Breakfast

8:30 am - 9:15 am
CME
Plenary
But, I Saw It On TV!: The Media Coverage Of Women’s Health Issues
Endowed by a 1992 grant from EMD Serono, Inc.
Jennifer Ashton, M.D., M.S., F.A.C.O.G.
Englewood Hospital; Chief Women’s Health Correspondent, ABC News

9:15 am - 9:45 am
ASRM Members’ Meeting & Congress Prize Presentation

9:45 am - 10:30 am
CME
SRS Lecture: Uterine Transplantation: Lessons Learned
Endowed by a 1990 grant from Ethicon Endo-Surgery, Inc.
Tommaso Falcone, M.D., F.R.C.S.C., F.A.C.O.G.
Cleveland Clinic

10:30 am - 11:00 am
Break

11:00 am - 12:30 pm
CME
Oral Abstract Sessions
• Access to Care 2
• Cryopreservation & Frozen Embryo Transfer
• Luteal Support & Implantation

11:00 am - 12:00 pm
MHPG Clinical Session
Utility of Projective Assessment in the Psychological Evaluation of Gestational Carriers
Mary P. Riddle, Ph.D.
Pennsylvania State University

12:30 pm - 1:30 pm
Break/Lunch

12:30 pm - 1:30 pm
CME
Surgical Tutorial
Surgical Treatment of Septate Uterus
Samantha M. Pfeifer, M.D.
Weill Cornell Medical College
John Preston Parry, M.D., M.P.H.
University of Mississippi Medical Center
Jeffrey M. Goldberg, M.D.
Cleveland Clinic

12:30 pm - 2:00 pm
Lunch Symposium
Lipiodol HSG and Infertility: Emerging Data Supported by an educational grant from Guerbet

12:30 pm - 2:00 pm
Interactive Session
Case Presentations
DNA Law: What Is It and Where Is It Going in Assisted Reproductive Technology?
Lisa A. Rinehart, J.D., R.N., B.S.N.
LegalCare Consulting
Susan Crockin, J.D.
Crockin Law & Policy Group, Georgetown University Law Center
Gary L. Barton, Ph.D.
Igenomix US

12:30 pm - 2:00 pm
Interactive Session
Panel Discussion
Unexplained Recurrent Pregnancy Loss: Controversies in Management
Sony Sierra, M.D., M.Sc., F.R.C.S.C., G.R.E.I.
TRIO Fertility
Mary Stephenson, M.D., M.Sc.
University of Illinois of Chicago
Carl A Laskin, M.D.
TRIO Fertility, University of Toronto

12:30 pm - 2:00 pm
Interactive Session
Panel Discussion
Emotional Needs of Women with Polycystic Ovary Syndrome and Impact on Weight Management
Shelley Lee, Ph.D.
NYU Fertility Center
Kathleen M. Hoeger, M.D., M.P.H.
University of Rochester
Dian Shepperson-Mills, M.A.
The Endometriosis and Fertility Clinic
2017 Scientific Congress Daily Schedule

1:30 pm - 2:30 pm Interactive Session
Case Presentations
Preserving Future Reproductive Function in Males and Females: Adolescence and Beyond
Karine Chung, M.D., M.S.C.E.
USC Keck School of Medicine
Mary K. Samplaski, M.D.
USC Keck School of Medicine
Leslie A. Appiah, M.D.
University of Kentucky College of Medicine

1:30 pm - 2:30 pm Interactive Session
Panel Discussion
Preimplantation Genetic Testing Platforms: Everything You Have Wanted to Know but Were Afraid to Ask
Amy E. T. Sparks, Ph.D., H.C.L.D.
University of Iowa Hospitals and Clinics
Mandy Katz-Jaffe, Ph.D.
Colorado Center for Reproductive Medicine
Alan Handyside, M.A., Ph.D.
Illumina

2:30 pm - 3:15 pm Keynote
SSR Exchange Keynote Lecture: Defining the Mechanisms Regulating Mammalian Spermatogonial Development
Christopher B. Geyer, Ph.D.
Brody School of Medicine at East Carolina University

2:30 pm - 3:15 pm Keynote
Contraception Keynote Lecture: Rational Design of Contraception Based on Molecular Genetics
Jurrien Dean, M.D.
National Institute of Diabetes and Digestive and Kidney Diseases, NIH

3:15 pm - 3:30 pm Break

3:30 pm - 5:00 pm Symposium
Just Relax and It Will Happen: A Debate on the Relationship between Stress and Infertility
Angela K. Lawson, Ph.D.
Northwestern University
Alice D. Domar, Ph.D.
Boston IVF

3:30 pm - 5:00 pm Symposium
Changing Culture, Changing Process: Corporate IVF and Patient Care
Jeanette R. Tomasino, M.S., R.N.C.
Northwell Center for Human Reproduction
Gary L. Harton, Ph.D.
Igenomix US
Margaret Swain, J.D., R.N.
Private Practice, Baltimore

3:30 pm - 5:00 pm Symposium
Uterine Transplant: Technical and Ethical Issues
Ruth Farrell, M.D., M.A., F.A.C.O.G.
Cleveland Clinic
Tommaso Falcone, M.D., F.R.C.S.C., F.A.C.O.G.
Cleveland Clinic
Antonio R. Gargiulo, M.D.
Brigham and Women’s Hospital

3:30 pm - 5:00 pm Symposium
FDA Symposium: Contraceptive Products and Assisted Reproduction Technology (ART) Devices
Michael T. Bailey, Ph.D.
Center for Devices and Radiological Health, US Food and Drug Administration
Ronald J. Orleans, M.D., F.A.C.O.G.
Center for Drug Evaluation and Research, US Food and Drug Administration
Monica D. Garcia, Ph.D.
Center for Devices and Radiological Health, US Food and Drug Administration

Yun-shang Piao, Ph.D., R.A.C.
Center for Devices and Radiological Health, US Food and Drug Administration

3:30 pm - 5:00 pm Symposium
MEFS Symposium: Fertility Preservation: Contemporary Interests
University of South Alabama
Mostafa I. Abuzeid, M.D.
IVF Michigan Rochester Hills
Sherman Silber, M.D.
Infertility Center of St. Louis
Seang Lin Tan, M.B.B.S., M.B.A.
McGill University

3:30 pm - 5:00 pm Symposium
ISAR Symposium: Polycystic Ovary Syndrome and Fertility: Do We Have It Right?
Gynaecworld: The Center for Women’s Health and Fertility
Ameet Patki, M.D.
Fertility Associates
Sadhana Desai, M.D., F.R.C.O.G., F.I.C.S.
Fertility Clinic and IVF Centre, Mumbai

3:30 pm - 5:00 pm Symposium
Laboratory Management: Risk, Reporting, and Relations
Colin Thomas, M.H.A.
Columbia University Center for Women’s Reproductive Care
G. David Ball, Ph.D., H.C.L.D.
Seattle Reproductive Medicine
C. Brent Barrett, Ph.D., H.C.L.D.
Boston IVF

Plenary lectures will be translated simultaneously into Spanish and Mandarin Chinese for members of the audience.
Continuing Education/CME Sessions

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The Premier Supporters of the ASRM 2017 Scientific Congress:

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ASRM Continuing Education Programs

The goal of ASRM is to sponsor educational activities that provide learners with the tools needed to conduct research, practice the best medicine, and provide the best, most current care to patients.

ASRM adheres to the Essentials and Policies of the Accreditation Council for Continuing Medical Education (ACCME). CME activities must address specific, documented, clinically important gaps in physician knowledge, competence, or performance; be documented to be effective at increasing physician knowledge, competence, performance, or outcomes; and conform to the ACCME Standards for Commercial Support.

All planners and presenters disclose commercial and financial relationships pertaining to reproductive medicine. These disclosures were reviewed by the Subcommittee for Standards for Commercial Support of the ASRM CME Committee and the Executive Program Committee, which resolved perceived potential conflicts of interest.

The following may receive honoraria and/or discounted or free registration: Plenary, Symposia, and Interactive Session speakers, and Pre-Congress faculty. Honoraria are not provided for Roundtable presenters, Oral and Poster Abstract presenters, and Video presenters.

Disclosures of faculty and presenters for the Pre-Congress and Scientific Congress may be in a presentation slide, printed material, or oral statement, and will be printed in the ASRM Final Program. Abstract authors’ disclosures will be printed in the 2017 Program. Roundtable and Expert Encounter presenters should provide a copy of their disclosure to participants at their table.

CME activities

Indicates Audience Response System (ARS) will be used during session.

ARS Audience Response Sessions

Use your personal mobile device to respond to questions.

Respond using
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Learn more at http://scientific.asmcongress.org/ScientificProgram/AudienceResponseSystemARS.aspx or in the ASRM App.

Full instructions provided in each session.
How to Claim Continuing Medical Education /Continuing Education Credits

For Pre-Congress Courses:
• Attend your course.
• Complete an evaluation and a post-course assessment using a web link emailed to you 1 day after the course.
• Print your certificate.

For the Scientific Congress:
• Attend the Congress sessions of your choice.
• Complete an evaluation and a post-Congress assessment for the sessions you attended using a web link emailed to you 1 day after the Congress.
• Print your certificate.

The Accreditation Council for Continuing Medical Education (ACCME)
The American Society for Reproductive Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

ASRM 2017 Scientific Congress
Designation Statement
The American Society for Reproductive Medicine designates this live activity for a maximum of 15.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ASRM 2017 Pre-Congress Program
Designation Statement
The American Society for Reproductive Medicine designates Pre-Congress courses 1-20 for a maximum of 6.5 AMA PRA Category 1 Credits™ per course. Courses 21 and 22 are approved for a maximum of 4.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The American College of Obstetricians and Gynecologists
The American College of Obstetricians and Gynecologists has assigned 16 Cognates to the Scientific Congress; 7 Cognates each to Pre-Congress Courses 1–6 and 8–20, and 4 Cognates each to Courses 21 and 22.

American Board of Bioanalysis (ABB)
The American Society for Reproductive Medicine has been approved to provide Professional Enrichment Education Renewal (PEER) credit through the American Board of Bioanalysis for this event. Up to 0.65 PEER CEUs (6.75 hours each) will be recognized for Pre-Congress Courses 1, 4, 7, 10, 11, 12, 13, 17, 18, 19, and 20. Approval for up to 14.5 hours or 1.45 CEUs is pending for the Scientific Congress.

Nursing Credits: National Association of Nurse Practitioners in Women’s Health (NPWH)
Pre-Congress Course 16: Decisions, Decisions: A Framework to Help Patients Confront the Many Tough Choices in Reproductive Medicine has been evaluated and approved by the Continuing Education Approval Program of the National Association of Nurse Practitioners in Women’s Health for 6.5 contact hours of continuing education credit including 0.75 contact hours of pharmacology content. NPWH Activity no. 17-09.

American Psychological Association (APA)
The Mental Health Professional Group (MHPG) of the American Society for Reproductive Medicine is approved by the American Psychological Association to sponsor continuing education for psychologists. MHPG maintains responsibility for this program and its content. CE credits will be available for Pre-Congress Courses 6 and 17; MHPG Symposia; MHPG Clinical Sessions; and other selected sessions.

National Association of Social Workers (NASW)
Pre-Congress Courses 06 and 17 are Approved by the National Association of Social Workers (Approval #s 886496548-8589 and 886496548-8201) for 6.5 continuing education contact hours each.

National Society of Genetic Counselors (NSGC)
The National Society of Genetic Counselors (NSGC) has authorized the American Society for Reproductive Medicine to offer up to 2.7 CEUs or 27.25 Category 1 contact hours for select sessions in the ASRM 2017 Scientific Congress and Pre-Congress Courses 1, 4, and 16. The American Board of Genetic Counseling (ABGC) accepts CEUs approved by NSGC for purposes of recertification. Participants requesting NSGC CEUs will have a service fee of $30 added to their meeting registration to cover payment to the National Society of Genetic Counselors for the filing and awarding of CEU certificates.

Final date to claim credit is December 31, 2017. Questions? education@asrm.org
ASRM 2017 PRE-Congress Program

SATURDAY, OCTOBER 28, 2017

PC01 Preimplantation Genetic Testing: Toward Next-generation In Vitro Fertilization
Developed in Cooperation with SART, SRBT, and PGDSIG

Faculty
Svetlana Rechitsky, Ph.D. (Chair)
Reproductive Genetic Innovations LLC
Dagan Wells, Ph.D.
University of Oxford
James Grifo, M.D., Ph.D.
NYU Langone Medical Center
Dawn A. Kelk, Ph.D., H.C.L.D.
Yale University

Needs Assessment and Description
Single-embryo transfer requires a rigorous pre-selection of embryos for transfer, with the genetic contents representing one of the major factors for predicting in vitro fertilization (IVF) outcome. The introduction of next-generation technologies in preimplantation genetic testing further confirms that more than half of preimplantation embryos in IVF patients of advanced reproductive age are chromosomally imbalanced. As only 10% of recognized pregnancies are aneuploid, it is obvious that the majority of chromosomal imbalances are not surviving implantation, contributing significantly to low implantation and pregnancy rates. So it is not surprising that at least one third of IVF centers in the United States are utilizing preimplantation testing to avoid transfer of aneuploid embryos and improve assisted reproductive technology (ART) efficiency, which is still far from perfect. However, despite compelling evidence of aneuploidy impact on reproductive outcome, there are still reported failures to achieve such an improvement. This may be due to limitations of available diagnostic technology, invasiveness of the biopsy procedures, and differences in patient selection and interpretation of the results in pre-selection of embryos for transfer. These limitations must be addressed in light of recent progress in the next-generation technologies, along with the discussion of possible approaches to overcome them. An emerging problem in pre-selection of embryos for transfer is a high rate of genetic instability throughout preimplantation development, such as chromosomal mosaicism and segmental aneuploidy. While more research is clearly needed to investigate the actual origin and clinical...
significance of these phenomena, the best policies in a clinical setting are yet unclear. This live course, designed for obstetric/gynecologic clinicians, specially physicians, laboratory scientists and technologists, genetics professionals, nurses, and legal advisors, will examine the current diagnostic problems, as well as advantages and disadvantages of available technologies to better utilize the advances of preimplantation genetic testing in a wider ART application.

ACGME Competency
Medical Knowledge
Patient Care

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Summarize the requirements and implications of the introduction of preimplantation testing as part of IVF.
2. Define standardized terminology and guidelines for good practice of preimplantation testing for ART patients.
3. Explain the limitations and advantages of introduction of next-generation technologies for preimplantation genetic testing and clinical relevance of the genetic instability detected by these sensitive techniques.

PC02  Treating with Cell-based Therapies What Cannot Be Treated with Drugs
Developed in Cooperation with RMSCBSIG

Faculty
Carlos Simón, M.D., Ph.D. (Chair)
Valencia University, INCLIVA; Igenomix
Margot Damaser, Ph.D.
Lerner Research Institute
Kyle Orwig, Ph.D.
University of Pittsburgh School of Medicine
Rene Reijo Pera, Ph.D.
Montana State University

Needs Assessment and Description
Regenerative medicine offers the potential for replacement or repair of different types of cells within damaged tissues or the tissues themselves, typically through cell therapy or tissue engineering. Stem cells are critical to these approaches. However, many patients are seeking innovative treatments involving stem cells from various sources including reproductive tissues. Physicians and other caregivers are frequently confronted with patients requesting cell therapies for menopause, ovarian failure, infertility, and other diseases; frequently, these patients are encouraged to participate in unproven “stem cell/tissue therapies.” The US Food and Drug Administration and other professional associations are trying to discourage these unapproved and unwarranted therapies while still maintaining enthusiasm for the development of reliable regenerative medicine research. While most of these breakthroughs are highly promising from a research perspective, and typically are successful using inbred strains of certain mouse models, the gap between the announcement of a breakthrough in lay publications and its actual successful translation to the clinic as a responsible and reliable therapy can take many years. This live course is designed for a wide variety of clinicians, researchers, and advisors in obstetrics/gynecology, urology, genetics, pediatrics, surgery, and oncology, including physicians, laboratory scientists and technicians, genetic counselors, and mental health, nursing, and legal professionals, and will address emerging stem-cell therapies and tissue-engineering approaches as they apply to reproductive and urology disorders, review clinically relevant animal studies, as well as outcomes of clinical trials, and provide insight into the long process of safely translating them to routine clinical practice.

ACGME Competency
Medical Knowledge
Patient Care
Systems-based Practice

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Summarize potential regenerative tissue therapies and their applications in regenerative medicine, urology, and reproductive medicine.
2. Discuss stem-cell research in progress for generation of artificial gametes.
3. Summarize potential cell therapies in the management of secretory azoospermia, Asherman’s syndrome, and urological disorders.
4. Discuss the potential application of regenerative medicine for fertility preservation in males and females.
PC03  Hormonal Contraception over the Reproductive Lifespan  
Developed in Cooperation with CSIG, MOISIG, and PAGSIG

Faculty
Lisa Haddad, M.D., M.S., M.P.H. (Co-chair)  
Emory University School of Medicine
Robert A. Wild, M.D., Ph.D., M.P.H. (Co-chair)  
Oklahoma University Health Sciences Center
Beth W. Rackow, M.D.  
Columbia University Medical Center
Xiomara Santos, M.D.  
Orlando Health

Needs Assessment and Description
Unintended pregnancy remains a significant public health burden. Appropriate hormonal contraceptive use requires an understanding of benefits and risks. Misconceptions, particularly regarding patient selection and optimal choice, continue to limit appropriate use. This live course is designed for physicians and allied health professionals who provide contraceptive care for adolescent, reproductive-age, and perimenopausal women and provides fundamental tools to appropriately counsel, initiate, and discontinue (when and how) contraception for women throughout their lifespan. Hormonal mechanisms of action and physiologic bleeding in these patients will be reviewed, and using case-based discussion, participants will apply United States Medical Eligibility Criteria for Contraceptive Use and select hormonal contraceptives for women with complex medical conditions. Discussion will include the return of fertility upon discontinuation of contraceptives, impact of hormonal contraceptives on chronic disease states (cancer prevention, atherosclerosis), bone development with depot medroxyprogesterone acetate in early and late reproductive years, and lipid screening through the lifespan. Best practices in contraceptive care for women with endometriosis and primary ovarian insufficiency will be presented along with the effects of surgical treatment.

ACGME Competency  
Patient Care

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Discuss unique contraceptive concerns for women in adolescence and reproductive years, and through menopause.
2. Select optimum contraceptive options for women with a variety of medical conditions using the latest data and tools.
3. Effectively counsel women regarding hormonal contraceptive advantages and disadvantages.
Genetic Screening and Evaluation of Gamete Donors: An Overview of Current Guidelines and Trends
Developed in Cooperation with GCSIG, LPG, and MHPG

Faculty
Amy Vance, M.S., L.C.G.C. (Chair)
Bay Area Genetic Counseling
Lauren Isley, M.S., L.C.G.C.
Counsyl
Claudia Pascale, Ph.D.
The Institute for Reproductive Medicine and Sciences at Saint Barnabas
Lisa A. Rinehart, J.D., R.N., B.S.N.
LegalCare Consulting, Inc.

Needs Assessment and Description
The 2013 ASRM Ethics Committee opinion “Informing offspring of their conception by gamete and embryo donation” supports gamete providers in establishing criteria for donor eligibility based on genetic test results or findings that may be associated with a heritable disorder. However, specific methods and protocols to identify these genetic risks have not been established, and practices are variable in the gamete industry. The aim of this live, interprofessional course is to cover a variety of issues related to genetic screening and evaluation of semen and oocyte donors. Designed for reproductive medicine clinicians, endocrinologists, nurses, genetic counselors, third-party coordinators, legal professionals, mental health professionals, and reproductive endocrinology and infertility practice managers, this course will address several different clinical and legal aspects of the donor genetic screening process, including personal and family history evaluations, mental health evaluations, genetic testing, consent, and newly identified risks related to long-term follow-up of donors and donor-conceived individuals. The 2015 ASRM gap-analysis data indicate an educational need for topics related to semen and oocyte-donor screening.

ACGME Competency
Patient Care

Interprofessional Competency
Interprofessional Teamwork and Team-based Care
Interprofessional Communication

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Describe the different aspects of gamete-donor screening that are crucial to make a determination of eligibility for a donor.
2. Identify existing professional guidelines related to gamete-donor screening and detect when these guidelines may differ from current practices.
3. Summarize basic information about genetic-carrier screening for donors and intended parents.
4. Discuss the roles of the various health-care professionals required to effectively screen gamete donors and identify strategies for interprofessional communication and team-based care.
Leiomyomas: Pregnancy Loss, Health Disparities, and Therapeutic Options
Developed in Cooperation with SRS, FSIG, EPSIG, and HDSIG

PC05

Needs Assessment and Description
Uterine leiomyomas are present in 70%–80% of women by the end of their reproductive years and are the most frequent cause for hysterectomy. In this live course, participants will learn about the structural and molecular mechanisms by which leiomyomas interact with the endometrium to result in implantation failure, pregnancy loss, and the need for in vitro fertilization (IVF). This information will be placed into the context of differences in racial predilection. In addition, participants will learn about the latest advances in medical management and advances in surgical intervention, including the role of laparoscopic and robotic surgery morcellation and US Food and Drug Administration regulation, all with the goal to minimize pregnancy loss, diminish symptoms, and improve IVF outcomes. The course is designed for a wide range of health-care professionals, including general obstetric/gynecologic practitioners, infertility specialists, primary-care practitioners, urologists, gynecologic oncology specialists, maternal-fetal medicine specialists, nurse midwives, nurse practitioners, nurse specialists in various gynecologic subspecialties, and the lay population.

ACGME Competency
Medical Knowledge
Patient Care
Systems-based Practice

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Assess the impact of leiomyomas on implantation, pregnancy, and assisted reproductive technology.
2. Discuss the role that race plays in the development of fibroids, symptoms associated with the disease, and outcomes of therapy.
3. Identify therapies that may provide therapeutic benefit to women suffering from fibroids.

Faculty
William H. Catherino, M.D., Ph.D. (Chair)
Uniformed Services University
Jeffrey M. Goldberg, M.D.
Cleveland Clinic
Ayman Al-Hendy, M.D., Ph.D.
Augusta University
Sacha Krieg, M.D., Ph.D., F.A.C.O.G.
Oregon Health and Science University
PC06 Understanding Endometriosis: Medical Overview, Old and New Diagnostics, Psychological Support Interventions, Nutritional Guidelines, and Best Care Practices
Developed in Cooperation with EndoSIG and MHPG

Faculty
Julia T. Woodward, Ph.D. (Chair)
Duke University Health System
Bruce A. Lessey, M.D., Ph.D.
Greenville Health System - University of South Carolina
School of Medicine
Danielle A. Kaplan, Ph.D.
NYU School of Medicine
Dian Shepperson Mills, M.A.
The Endometriosis and Fertility Clinic

Needs Assessment and Description
Endometriosis is a common, but often misunderstood, disease affecting women across the lifespan. Yet many clinicians and other care providers are not familiar with the etiology, diagnosis, treatment options, and complications of endometriosis. The disease may significantly impact quality of life and daily functioning. In some cases, exacerbation of symptoms may impact relationships, social and work activities, and sexual functioning, as well as affect fertility. Up to 85% of unexplained subfertility is due to undiagnosed endometriosis and there is an 11-year lag in diagnosis that is only growing in the setting of assisted reproductive technology.

This live interprofessional course is designed to enable mental health professionals, medical practitioners, nurses, and allied health-care providers to utilize best-care practices, clarify common misconceptions and odd aspects of the disease, identify old and new diagnostic procedures including biomarkers for diagnosis, provide effective techniques for quality-of-life management and pain assessment, utilize psychological interventions for symptom relief, and recommend nutritional guidelines. New data on endometriosis as a cause of infertility and recurrent pregnancy failure will be presented.

ACGME Competency
Medical Knowledge
Patient Care
Interpersonal and Communication Skills

Interprofessional Competency
Interprofessional Teamwork and Team-based Care

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Review the diagnosis and symptoms of endometriosis and identify common misconceptions, odd aspects, and new biomarkers of the disease.
2. Discuss endometriosis as a cause of infertility and recurrent pregnancy failure.
3. Assess quality of life, pain management, and psychosocial functioning in women with endometriosis.
4. Describe how psychological interventions including cognitive behavioral therapy, mindfulness-based cognitive therapy, meditation, and stress management skills can be used to lessen symptoms of endometriosis-related discomfort and distress.
5. Discuss the role of nutrition and the effects of environmental toxins in endometriosis care.
6. Utilize a team-based approach to integrate comprehensive care practices for women with endometriosis.
PC07  
Approach to Comprehensively Manage Your Male Clients’ Needs: From Sexual Dysfunction and Poor Semen Quality to Genetic, Psychological, and Aging Issues  
Developed in Cooperation with SMRU, SRS, SRBT, and MHPG

Faculty  
Peter T. K. Chan, M.D., C.M., M.Sc., F.R.C.S.I.C., (Chair)  
McGill University Health Center  
Paul R. Shin, M.D.  
Urologic Surgeons of Washington  
Dolores J. Lamb, Ph.D.  
Baylor College of Medicine  
William D. Petok, Ph.D.  
Thomas Jefferson University, Sidney Kimmel Medical College

Needs Assessment and Description  
The significance of optimizing male reproductive status in maximizing the overall success of assisted reproduction has been gradually recognized. In reality, men are less health oriented when compared with female partners. Particularly when it comes to potentially embarrassing health issues such as infertility and sexual dysfunction, men are often unwilling to face the relevant issues to explore solutions to resolve problems early on. Simultaneously, due to a poorly recognized knowledge gap, health-care professionals in reproductive medicine are generally not well equipped to handle the wide spectrum of men’s health issues ranging from psychosocial stress, poor sperm quality, sexual dysfunction, to male-related genetic issues. As a result, male partners’ needs in reproductive care are often ignored. A well-coordinated interprofessional approach, through the collaborative efforts of a multidisciplinary team of health-care professionals including nurses, embryologists, andrologists, urologists, reproductive endocrinologists, and mental health professionals, is the key to successful management of these couples.

In this live course, a panel of expert male reproductive medicine professionals will present management strategies for male-related bio-psycho-social issues in a series of challenging cases with the goal to optimize male reproductive health, leading ultimately to improved assisted reproductive outcomes and patient satisfaction. Topics will include: tips on psychosocial counseling of the male partner before and after assisted reproduction; how to optimize male sexual and reproductive health; various men’s health issues related to aging, lifestyle, metabolic status, and environmental hazards; tips on surgical sperm retrieval; an advanced approach to evaluate sperm quality at the molecular levels; how to select best sperm for intracytoplasmic sperm injection using various new approaches on the horizon; and how to integrate other health-care professionals to build an effective multidisciplinary team.

ACGME Competency  
Patient Care

Interprofessional Competency  
Interprofessional Teamwork and Team-based Care  
Interprofessional Communication

Learning Objectives  
At the conclusion of this course, participants should be able to:
1. Describe the indications of various evaluation approaches to common men’s physical and mental health issues seen in patients undergoing fertility care.
2. Outline counseling, medical, and surgical management strategies to enhance the general and reproductive health of the male partner in infertile couples.
3. Discuss ways to optimize the quality of sperm to be used with assisted reproduction to minimize reproductive failure.
4. Develop team-based strategies for multidisciplinary care and communication for these patients.
PC08 Growing Your Reproductive Endocrinology and Infertility Practice in a Competitive Marketplace  Developed in Cooperation with ARM

Faculty
Brad J. T. Senstra, M.H.A. (Chair)
Seattle Reproductive Medicine
F. Richard Dietz, Jr., M.B.A.
Boston IVF
Sheri Raymer, B.S.P.H., M.H.A.
IntegraMed
Lindsey McBain, B.A.
Reproductive Medicine Associates of New Jersey
Sara Mooney, B.A.
Seattle Reproductive Medicine

ACGME Competency
Systems-based Practice

Learning Objectives
1. Assess growth opportunity in a practice market.
2. Utilize proven strategies to grow capacity within their practice.
3. Identify advantages and pitfalls of merging with or acquiring another practice.

Needs Assessment and Description
The fertility-care market is growing throughout the United States and internationally. As a result, reproductive endocrinology and infertility (REI) practices need to increase their capacity or face increasing competition in their market. Practice administrators and managers face many challenges as they grow to meet this demand and contend with increasing competition. This live course is designed to help reproductive medicine physicians, allied health professionals, and business administrators develop tools to grow an REI practice in a competitive market by sharing ideas and processes, and potentially join forces with others to meet this increasing demand.
PC09 Scientific Manuscript Coaching: Maximize Your Likelihood of Publication in Fertility and Sterility® Developed in Cooperation with Fertility and Sterility®

Faculty
Antonio Pellicer, M.D. (Co-chair)  
Instituto Valenciano de Infertilidad  
Craig S. Niederberger, M.D. (Co-chair)  
University of Illinois at Chicago  
Nicolás Garrido Puchalt, Ph.D., M.Sc.  
Instituto Universitario IVI Valencia  
Steven R. Lindheim, M.D., M.M.M.  
Wright State University Booshoff School of Medicine  
Kurt Barnhart, M.D.  
University of Pennsylvania  
Anne Z. Steiner, M.D., M.P.H.  
University of North Carolina  
Richard S. Legro, M.D.  
Penn State University College of Medicine

Needs Assessment and Description
Publication of studies in reproductive medicine is central to advancement in the field. Fertility and Sterility® currently rejects approximately 80% of submitted manuscripts, often due to insufficiently designed studies, unsuitable analyses, incomplete checklists or submission requirements, and other addressable issues. Although much literature is available regarding how to write and submit scientific papers, interactive learning is required to educate authors. This course addresses that need based on communication among authors, reviewers, and editors as documented in Fertility and Sterility’s electronic peer-review system, EES. In this live course, physicians and scientists in reproductive medicine and biology will learn from the editors of Fertility and Sterility the keys to designing a good study and effectively communicating its results, as well as strategies for critically evaluating manuscripts.

Students will have the opportunity on the following day to discuss their manuscripts in one-on-one sessions with a Fertility and Sterility editor, who will provide individualized feedback. Note that a single, full manuscript must be submitted to Fertility and Sterility before September 30, 2017, and appointments will be filled on a first-come, first-served basis.

ACGME Competency
Professionalism

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Describe the different types of study designs, appropriate analyses, relevant checklists, disclosure procedures, and submission processes for reproductive medical communications.
2. Evaluate critically the scientific merit and value of a submitted manuscript.
3. Explain what constitutes ethical behavior in writing, reviewing, and publishing a scientific work in reproductive medicine.
4. Specify the various media resources available for readers, authors, and reviewers to interact in the communication of reproductive medical science.
PC10  Current Fertility Preservation and Its Future
Developed in Cooperation with ChSiG

Faculty
Huai L. Feng, Ph.D., H.C.L.D. (Chair)
New York-Presbyterian Health System Affiliate Weill Cornell Medical College
Jie Qiao, M.D., Ph.D.
Peking University Third Hospital
Zi-Jiang Chen, M.D., Ph.D.
Shandong University
Ge Lin, M.D., Ph.D.
Reproductive and Genetic Hospital of Citic-Xiangya

Needs Assessment and Description
Fertility preservation plays an important role in assisted reproductive medicine, particularly for cancer patients facing gonadotoxic therapy. Great progress has been achieved in techniques for oocyte vitrification, sperm and egg banking, ovary cryopreservation and transplantation, preservation of uterine function and uterine transplantation, assessments for oocyte quality and ovarian reserve, and their potential applications in in vitro fertilization clinical treatments. This live course for reproductive medicine practitioners, clinicians, scientists, and technologists will provide an update on multiple aspects of fertility preservation technology, introduce promising new techniques, and identify clinical strategies for achieving optimal patient outcomes.

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Explain the necessity and indications for male fertility preservation and its current status.
2. Describe strategies to preserve the function of the uterus in young women, using experiences in China of abortion at young ages, and the use of intrauterine devices and cesarean section.
3. Discuss oocyte cryopreservation methods and classifications of vitrification devices and kits.
4. Explain the advancement of ovarian preservation and transplantation, limiting factors in their success, and options in the strategy and safety of ovarian tissue cryopreservation.
5. Introduce a new source for egg banking from laparoscopically retrieved immature oocytes using the technique of in vitro maturation.
6. Describe the physiological changes in antimüllerian hormone (AMH) across the lifespan, and identify reference ranges for women in childhood, adolescence, reproductive age, and advanced age.
7. Explore the association between AMH and assisted reproductive technology (ART) outcomes and the predictive value of AMH in older women, and determine age boundaries for women during ART treatment using AMH as a marker for ovarian reserve and a possible surrogate measure of reproductive aging.
8. Describe possible endogenous and exogenous factors responsible for oocyte aging, and explore the cellular and molecular changes along with oocyte aging.
9. Discuss potential strategies to improve oocyte quality in older women via decreasing meiotic chromosomal aberrations, enhancing mitochondrial functions and increasing expression of antioxidant genes.

ACGME Competency
Medical Knowledge
Patient Care
SUNDAY, OCTOBER 29, 2017

PC11 Emerging Therapeutic Tools in the Assisted Reproductive Technology Laboratory
Developed in Cooperation with SRBT

Faculty
T. Arthur Chang, Ph.D., H.C.L.D. (Co-chair)
University of Texas Health Science Center

Rebecca L. Krisher, Ph.D. (Co-chair)
Colorado Center for Reproductive Medicine

Carlos Simón, M.D., Ph.D.
Valencia University, INCLIVA; Igenomix

Justin St. John, Ph.D.
Hudson Institute of Medical Research

Kiho Lee, Ph.D.
Virginia Polytechnic Institute and State University

Needs Assessment and Description
In recent years, rapid progress of technology in multiple areas of reproductive medicine, as well as novel technologies originally developed outside reproductive laboratories, have shown great potential that laboratory scientists and physicians may be able to utilize in the very near future. Emerging therapeutic tools, some with great promise while others carry a higher degree of uncertainty, will bring breakthroughs to our understanding of reproductive biology, and at the same time enhance the toolbox available for the laboratory to improve embryo quality and clinical outcomes. Stem cells, including embryonic stem cells (ESCs) and induced pluripotent stem cells (iPSCs), have been credible candidates to derive artificial gametes in vitro and formulate reproductive tissues in vitro or in vivo. The field of mitochondrial function study and replacement for therapeutic and reproductive purposes has seen steady progress under strict regulation and supervision. Gene editing (for example, clustered regularly interspaced short palindromic repeats [CRISPR]) has become one of the fastest growing areas in biomedical science in the past few years. In addition, extended period embryo culture may shed new light on our knowledge of implantation mechanisms and explore paths toward increasing embryo competence. This live course for all clinicians and health-care professionals in reproductive medicine is designed to thoroughly discuss and address the current status, feasibility, and concerns regarding applications of these quickly evolving technologies in reproductive biology. Participants will have an opportunity to brainstorm possibilities to meet technical and ethical standards of professions.

ACGME Competency
Medical Knowledge
Patient Care

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Identify the need for new laboratory technologies to implement better embryo quality and improve clinical outcomes.
2. Describe the scientific basis and technical development of key emerging cellular and molecular reproductive technologies.
3. Discuss potential technical obstacles and ethical concerns regarding clinical application of new technologies.
PC12  Etiology, Implication, and Management of Preclinical Loss
Developed in Cooperation with EPSIG

Faculty
William H. Kutteh, M.D., Ph.D., H.C.L.D. (Chair)
Vanderbilt University School of Medicine
Mary D. Stephenson, M.D., M.Sc.
University of Illinois at Chicago
Marius Meintjes, Ph.D., D.V.M., H.C.L.D.
Frisco Institute for Reproductive Medicine
Bruce A. Lessey, M.D., Ph.D.
Greenville Health System - University of South Carolina
School of Medicine

Needs Assessment and Description
With close monitoring of pregnancies achieved through assisted reproductive technology (ART), and the availability of over-the-counter pregnancy tests, preclinical pregnancies and preclinical losses are being documented more frequently. Therefore, a thorough knowledge of laboratory factors that alter embryo quality combined with an understanding of factors affecting implantation and early embryonic development is essential for clinicians and scientists involved in reproduction. Faculty of this course will present some of the latest research in the fields of reproductive molecular biology, genetics, embryology, and immunology. The knowledge of such research will be applicable to the management of preclinical loss following ART and recurrent preclinical miscarriage. This live course is designed as an update on endometrial receptivity, endometrial-embryonic interactions, and the genetics of early pregnancy and will be of benefit to a wide variety of health-care professionals, including physicians, laboratory professionals, nurses, and other allied health-care providers.

ACGME Competency
Medical Knowledge
Patient Care

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Review the epidemiology of preclinical versus clinical loss.
2. Describe the molecular and immunological basis of endometrial receptivity and implantation.
3. Outline the genetics of preclinical loss including the frequency and distribution of cytogenetic abnormalities, and the origins of aneuploidy/polyploidy.
4. Critically evaluate the management of recurrent preclinical miscarriage and preclinical loss following ART.
PC13  Practical Management of Polycystic Ovary Syndrome: From Fertility to Long-term Health
Developed in Cooperation with AESIG, and AE-PCOS Society

Faculty
Kathleen M. Hoeger, M.D., M.P.H. (Chair)
University of Rochester
Heather Huddleston, M.D.
University of California, San Francisco
Anuja Dokras, M.D., Ph.D.
University of Pennsylvania
Deborah B. Horn, D.O., M.P.H.
University of Texas, Houston

Needs Assessment and Description
Polycystic ovary syndrome (PCOS) is the most common reproductive endocrine disorder in women. It has a worldwide prevalence of at least 10%. Many women with PCOS struggle with concerns related to weight issues as well as experiencing difficulties with menstrual control and infertility. Diagnosis is often delayed and there is variable approach to the workup in clinical practice. There is a need for practical office-based diagnostic and management strategies that are evidence based. Practitioners will benefit from a comprehensive multidisciplinary approach to the management of PCOS to provide the latest information on hormonal therapy, fertility treatment, and weight-loss strategies. This live course for physicians, nurse practitioners, nurses, psychologists, nutritionists, fellows, and residents will address questions regarding practical management of clinical situations in PCOS. This will include the proper diagnostic evaluation, assessment of metabolic status, use of hormonal therapy for menstrual control, evidence-based fertility treatment, and weight-loss strategies.

ACGME Competency
Medical Knowledge
Patient Care
Interpersonal and Communication Skills

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Review the diagnostic criteria for PCOS and apply them to all ages of population.
2. Counsel women with PCOS on the best weight-loss approaches.
3. Apply the best evidence-based approach to fertility and hormonal management in PCOS.
Ultrasound Imaging to Improve Fertility and Pregnancy Outcomes
Developed in Cooperation with IRMSIG and AIUM

Faculty
Laura Detti, M.D. (Chair)
University of Tennessee Health Science Center
Laurel Stadtmauer, M.D., Ph.D.
Jones Institute for Reproductive Medicine
Michael Heard, M.D.
The Heard Institute
James M. Shwayder, M.D., J.D.
University of Mississippi Medical Center

Needs Assessment and Description
This live course is aimed at closing the practice gap between “what we see on the ultrasound screen” and interpretation of the images to optimize patients’ fertility, pregnancy, and overall health. The course will provide a comprehensive overview of the use of ultrasound of the female pelvis for physicians, nurses, and ultrasonographers actively involved in gynecology, reproductive medicine, infertility, and early pregnancy. The course will fulfill Continuing Medical Education requirements for American Institute of Ultrasound in Medicine credentialing. The course will emphasize the use, interpretation, and applications of 3-D imaging, volume acquisition, and Doppler flow calculation. It will describe performance and optimization of special techniques, such as sonohysterography, for the assessment of uterine cavity morphology and tubal patency. A multidisciplinary approach with radiologists, reproductive endocrinologists, and gynecologists will ensure broad coverage of the discussed topics. Participants will be encouraged to actively take part in case presentations and discussions and will have the opportunity for hands-on simulation in manipulating 3-D images.

ACGME Competency
Patient Care

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Summarize the appropriate use of ultrasonography in the evaluation of benign pelvic pathology, müllerian anomalies, and infertility.
2. Discuss the importance of 3-D ultrasonography and Doppler blood-flow assessment in gynecology as well as in reproductive medicine and infertility.
3. Evaluate tubal patency by using ultrasound techniques such as sonohysterography.
4. Critically assess early pregnancy imaging to discern normal from abnormal and ectopic pregnancy.
Müllerian Anomalies and Infertility and Reproductive Consequences: Evaluation and Surgical Management

Faculty
Samantha M. Pfeifer, M.D. (Chair)
Weill Cornell Medical College
Joseph Sanfilippo, M.D., M.B.A.
University of Pittsburgh
Staci E. Pollack, M.D., M.S.
Montefiore Medical Center/Albert Einstein College of Medicine

Needs Assessment and Description
Müllerian anomalies are rare conditions encompassing anatomical variations in uterine, cervical, and vaginal development. These anomalies may be asymptomatic but can also lead to pain, infertility, and other reproductive dysfunction. Most physicians and allied health professionals are not exposed to these conditions during training and as such have little experience in diagnosis and surgical management. With advances in minimally invasive surgical techniques as well as assisted reproductive technology, surgical management of these anomalies is still evolving. Reproductive surgeons are ideally suited to care for these individuals as they have surgical expertise in the preservation of reproductive organs as well as knowledge regarding fertility treatment options. This live course is designed for reproductive endocrinologists, reproductive surgeons, adolescent specialists, and allied health professionals who care for women of reproductive age and want to further their knowledge regarding the consequences of müllerian anomalies with respect to infertility and reproduction, as well as diagnostic strategies and surgical management. The course will address the diagnosis and surgical management of common and rare müllerian anomalies utilizing newer diagnostic modalities and surgical techniques. The focus of the lectures will also highlight consequences of these anomalies including their effect on fertility and reproduction. Presenting the diagnosis and management of müllerian anomalies will enhance understanding of these conditions for all health-care providers, and thereby facilitate treatment. In addition, familiarizing the participants with surgical techniques to correct these anomalies will further their skills and broaden the role of the reproductive surgeon.

ACGME Competency
Patient Care

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Discuss the diagnosis of müllerian anomalies presenting in women of reproductive age.
2. Describe options for treating uterine and vaginal agenesis.
3. Illustrate surgical techniques for treating anomalies that cause clinical conditions such as recurrent pregnancy loss, dyspareunia, dysmenorrhea, and infertility.
Decisions, Decisions: A Framework to Help Patients Confront the Many Tough Choices in Reproductive Medicine
Developed in Cooperation with NPG, LPG, GCSIG, and SART

Faculty
Erin A. Yontz, M.S., A.P.R.N., C.N.P. (Chair)
Kettering Health Network
Susan L. Crockin, J.D.
Crockin Law & Policy Group, PLLC
Jason M. Franasiak, M.D., T.S. (A.B.B.)
Reproductive Medicine Associates of New Jersey, Thomas Jefferson University
Jill M. Fischer, M.S., C.G.C.
Long Island University – Post

Needs Assessment and Description
From the initial decision to seek specialty care to making difficult decisions about the most delicate of procedures, patients undergoing assisted reproductive technology (ART) procedures are constantly being presented with choices. Throughout fertility treatment as they struggle to build their families, every patient must make many decisions, some of which may have distressing consequences.

Gap analysis indicates that professionals need education to better assist patients in a variety of areas including poor response and efficacy of adjunctive treatments, avoidance of multiple births without sacrificing pregnancy rates, disputes in embryo disposition, role and technical limitations of preimplantation genetic screening (PGS) results, and implications of and appropriate counseling for fertility preservation.

This live, interprofessional course for physicians, nurses, and genetics and legal professionals will explore these topics and build a framework with which to guide patients through the corresponding complicated and oftentimes paradoxical decisions throughout the course of treatment.

ACGME Competency
Patient Care
Interpersonal and Communication Skills

Interprofessional Competency
Interprofessional Teamwork and Team-based Care
Interprofessional Communication

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Identify appropriate elements in the treatment of poor responders and associate the efficacy of adjunctive treatments which may be employed in plan of care.
2. Discuss the various options around frozen embryo disposition, including issues related to abandonment, donation, and consent vs agreement.
3. Explain elements of the nursing role in patient choice during ART treatment including fertility preservation for social or medical reasons.
4. Discuss the goals, techniques, limitations, and interpretation of PGS and carrier screening and examine the complex choices faced when patients consider both.
5. Utilize a team-based approach to integrate comprehensive care practices.
Needs Assessment and Description
The objective of this live, interprofessional course is to present the best practice protocols for mental health professionals, legal practitioners, and medical practitioners working in third-party reproduction. ASRM and ESHRE have published clear guidelines for third-party reproductive care, including screening of donors, gestational carriers, and psychoeducational consultations with intended parents. Practice settings for third-party services vary from academic faculties or “in house,” where a clinician is a member of a multidisciplinary medical team, to contractors in a private practice setting engaged by one or more medical practices or commercial agencies. Legal professionals often provide services to all parties involved. The legal issues are complicated and require specific expertise in this area of law. It is hoped that the model of ethics, legal concerns, and standards of care presented in this course will encourage all practitioners to incorporate best practices in their interaction and treatment of oocyte donors, gestational carriers, and intended parents.

Course attendees will be presented information on inclusive best care practices for the medical care, psychoeducation, screening, legal protection, and ongoing support for gamete donors, gestational carriers, and intended parents. The goal of these best care practices is to maximize success and ensure safety in third-party reproduction in an ethical context.

ACGME Competency
Professionalism
Systems-based Practice

Interprofessional Competency
Interprofessional Teamwork and Team-based Care

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Implement the following best practice protocols:
   • Medical screening protocols, medical management of cycles for donors, gestational carriers, and intended parents.
   • Psychological assessment and psychoeducation of gestational carriers, oocyte donors, and intended parents with case study examples of ethical issues related to third-party reproduction.
   • Relevant legal concerns and case studies involving oocyte donors, gestational carriers, and intended parents, including discussion on recent and ongoing legislation which focuses on protection of all third-party participants and implications for future offspring.
   • Psychoeducation for donors including review of risk factors: ovarian hyperstimulation syndrome, ovarian torsion, and current research on potential risks of cancer.
   • Concerns in disclosure and non-disclosure.
   • Appropriate legal representations, key contract provisions, and the ethics of informed consent for all third-party participants.
   • Future implications for donors, gestational carriers, and intended parents, including the possible discovery of new medical or genetic information from or about offspring or donors, and potential contacts with offspring and intended parents through case studies.

2. Develop team-based strategies for multidisciplinary care.
PC18 The Central Role of Cryopreservation in Assisted Reproductive Technology
Developed in Cooperation with ESHRE

Faculty
Giovanni Coticchio, Ph.D. (Chair)
Biogenesis Reproductive Medicine Centre
Aisling Ahlström, Ph.D.
Sahlgrenska University Hospital
Claus Yding Andersen, D.M.Sc., M.Sc.
University of Copenhagen
Arne Sunde, Ph.D.
St. Olav’s University Hospital

ACGME Competency
Medical Knowledge

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Summarize the fundamental concepts of cryopreservation applied to reproductive cells.
2. Appraise successes, limitations, and possible developments of sperm and oocyte cryopreservation.
3. Discuss the different options for embryo cryopreservation.
4. Describe the versatility and current performance of cryopreservation in oncofertility.
5. Explain the fundamental role of embryo cryopreservation to assure efficacy and safety in ART.

Needs Assessment and Description
The application of cryopreservation in modern assisted reproductive technology (ART) requires appreciation of capabilities and limitations of the different methodological approaches, also in consideration of the diversity among reproductive cells. If applied appropriately, cryopreservation can offer a multiplicity of advantages and opportunities, impacting the safety, efficacy, efficiency, and ethics of ART procedures. However, complete awareness of the importance and performance of cryopreservation perhaps has not been achieved, as suggested by the high incidence of multiple pregnancies and low proportion of babies born from cryopreserved embryos in many countries. Therefore, efforts are required to spread further knowledge on performance and versatility of cryopreservation. This live course for clinical embryologists, technologists, and reproductive clinicians will provide a comprehensive overview of cryopreservation, providing crucial information for its successful use in ART.
Faculty
Johnny T. Awwad, M.D. (Co-chair)
American University of Beirut Medical Center
Botros Rizk, M.D., H.C.L.D., F.A.C.O.G., F.A.C.S., M.A.,
F.R.C.O.G., F.R.C.S.(Co-chair)
University of South Alabama
Marcelle I. Cedars, M.D.
University of California, San Francisco
Siladitya Bhattacharya, M.B.B.S., M.D., F.R.C.O.G.
University of Aberdeen

Needs Assessment and Description
The practice of transferring multiple embryos to the uterus for the purpose of enhancing implantation in humans has caused a dramatic surge in multiple births across the world, and significant increase in neonatal morbidity and mortality, maternal pregnancy-related health complications, and associated short- and long-term financial and psychological burden. The challenge we face today is to be able to replace into the uterus a single embryo without compromising final outcome. Another challenge is the premature adoption of several technological innovations in the practice of assisted reproduction long before any evidence of direct benefit to patients’ final outcome has occurred. This course is designed for physician specialists in reproductive endocrinology and infertility and allied health professionals, embryologists, and scientists in reproductive medicine. The course will use an active learning style, which consists of a team-based, problem-oriented approach that is highly interactive, allowing sufficient time for thought exchange and experience sharing. Participants will receive a comprehensive update on contemporary practices originally designed for the purpose of enhancing the efficiency and safety of in vitro fertilization (IVF) practice. Faculty will conduct a critical appraisal of the ability of these novel techniques and technologies to support the birth of a healthy singleton with minimal maternal and fetal risks. Specifically, the course will discuss the value of ovarian biomarkers, morphokinetics, freeze-all policy, preimplantation genetic screening (PGS) for all, and molecular markers of endometrial receptivity in improving the efficiency of embryo selection and implantation. It will also review strategies of final follicle maturation, luteal support, and elective single-embryo transfer (eSET).

ACGME Competency
Patient Care
Practice-based Learning and Improvement

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Summarize the usefulness of biomarkers in designing ovarian stimulation protocols and appraise evidence on the clinical impact of biomarkers on final IVF outcome.
2. Describe the morphokinetic events associated with in vitro embryo development and assess the clinical benefits of time-lapse imaging on improving embryo selection.
3. Contrast the advantages and limitations of the freeze-all policy in IVF practice and evaluate the cost-effectiveness of this policy in selected and unselected couples.
4. Identify the benefits and shortcomings of PGS-for-all in standard IVF practice and explore the strengths and weaknesses of the technology in improving final IVF outcome.
5. Discuss the principles of molecular screening for endometrial receptivity and explore the cost-effectiveness of screening for failed IVF cycles.
6. Describe the physiologic events associated with gonadotropin-releasing hormone agonist trigger of follicle maturation and design protocols to optimize success without compromising safety.
7. Explain the physiologic events associated with the window of implantation and explore the clinical value of luteal interventions beyond conventional progesterone supplementation.
8. Summarize the evidence on the outcome of eSETs and develop strategies to implement eSET in an IVF program.
9. Identify the need to establish quality measures of efficiency and safety in IVF programs and develop key performance indicators of efficiency and safety in IVF programs.
Developed in Cooperation with AMMR and ALMER

Profesorado:
Carlos E. Sueldo, M.D. (Preside)
Universidad de California, San Francisco-Fresno
Carlos Simón, M.D., Ph.D.
Universidad of Valencia, INCLIVA; Igenomix
Miguel Angel Checa, M.D., Ph.D.
Hospital del Mar, Barcelona
Sergio Oehninger, M.D., Ph.D.
EVMS - Instituto Jones de Medicina Reproductiva
Benjamin Sandler, M.D.
Reproductive Medicine Associates of New York/Icahn School of Medicine at Mount Sinai

Descripción del curso
La gran cantidad de investigación y estudios clínicos en el campo de las técnicas de reproducción asistida (TRA) representa desafíos constantes para que tanto los clínicos como los científicos puedan determinar los abordajes óptimos en la atención clínica diaria. Este curso evaluará conceptos y controversias innovadoras con énfasis en los principios biológicos y aspectos clínicos del diagnóstico, evaluación y opciones de tratamiento en los pacientes que llevan a cabo tratamientos de reproducción asistida. Aplicando conceptos clave y empleando técnicas de vanguardia, los especialistas serán capaces de mejorar sus decisiones de tratamiento así como optimizar los pronósticos en sus pacientes. Este curso será presentado en español y esta principalmente dirigido a especialistas en infertilidad y endocrinología, biólogos y embriólogos.

Competencia ACGME
Evaluación y cuidados clínicos
Aprendizaje basado en la práctica

Objetivos de Aprendizaje
Al finalizar el curso los participantes podrán:
1. Argumentar las controversias en la práctica diaria de TRA así como los pronósticos en la investigación y ensayos clínicos de varias áreas del tratamiento.
2. Describir manejos clínicos óptimos en TRA para pacientes con diferentes reservas ováricas.
3. Explorar el papel de las técnicas más recientes tanto de diagnóstico como de tratamiento en TRA.
PC21  Procedure and Technique for Embryo Transfer in Humans  
(half-day hands-on course – morning with the ASRM Embryo Transfer Simulator)

Faculty
Alan S. Penzias, M.D. (Chair)  
Harvard Medical School; Boston IVF  
Kristin Bendikson, M.D.  
University of Southern California  
David Frankfurter, M.D.  
The George Washington University  
Thomas L. Toth, M.D.  
Massachusetts General Hospital/Harvard Medical School  
Julie Lamb, M.D.  
Pacific NW Fertility  
Mamie McLean, M.D.  
Alabama Fertility Specialists  
James H. Segars, M.D.  
Johns Hopkins School of Medicine  
G. Wright Bates, Jr., M.D.  
University of Alabama at Birmingham  
George A. Hill, M.D.  
Nashville Fertility Center  
James P. Toner, M.D., Ph.D.  
Atlanta Center for Reproductive Medicine  
Keith A. Ray, B.A.  
American Society for Reproductive Medicine

ACGME Competency  
Patient Care

Learning Objectives  
At the conclusion of this course, participants should be able to:  
1. Describe the steps of an embryo transfer procedure in humans.  
2. Discuss best practice for embryo transfer in humans.  
3. Implement the hands-on experience gained with the embryo transfer simulator in practice.

Needs Assessment and Course Description
Reproductive health professionals receive training in various aspects of assisted reproductive technology and other infertility treatment procedures. There is, however, a widespread gap in training in embryo transfer. There currently is no standardized embryo transfer procedure or method for training professionals entering the field. The objective of this live course for reproductive health professionals who perform embryo transfer procedures is to learn the common best practices in embryo transfer and practice embryo transfer techniques using a virtual reality-based simulator. Learners will use modules of progressive difficulty to develop motor and cognitive skills for performing embryo transfer. The hands-on portion of the course will provide virtually simulated operative steps with increasing levels of complexity, and will store performance metrics for all users for export in standard data formats. The goal is for practitioners to improve their embryo transfer technique.
PC22  Procedure and Technique for Embryo Transfer in Humans
(half-day hands-on course – afternoon with the ASRM Embryo Transfer Simulator)

Faculty
Alan S. Penzias, M.D. (Chair)
Harvard Medical School; Boston IVF
Kristin Bendikson, M.D.
University of Southern California
David Frankfurter, M.D.
The George Washington University
Thomas L. Toth, M.D.
Massachusetts General Hospital/Harvard Medical School
Julie Lamb, M.D.
Pacific NW Fertility
Mamie McLean, M.D.
Alabama Fertility Specialists
James H. Segars, M.D.
Johns Hopkins School of Medicine
G. Wright Bates, Jr., M.D.
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Needs Assessment and Course Description
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ACGME Competency
Patient Care

Learning Objectives
At the conclusion of this course, participants should be able to:
1. Describe the steps of an embryo transfer procedure in humans.
2. Discuss best practice for embryo transfer in humans.
3. Implement the hands-on experience gained with the embryo transfer simulator in practice.

Do you know a resident attending the Scientific Congress?

Participants of the ASRM Resident Education Program will attend a flipped-classroom, interactive learning session, led by experts in reproductive medicine and medical education (boxed lunch provided), and a related symposium.

This ASRM-sponsored program (no additional cost to participants) is open to the first 100 residents who opt in at the time they register for the Scientific Program using a dialogue box that will open during the registration process.

Questions? Email Jessica Goldstein at jgoldstein@asrm.org.
NEEDS ASSESSMENT AND DESCRIPTION

The theme of the 2017 Scientific Congress of the American Society for Reproductive Medicine is “Advancing Reproductive Medicine to Build Healthy Families.” The scope of reproductive medicine is broad, ranging from puberty to menopause and including males and females, while having a focus that is both molecular and macroscopic. Family building through the utilization of reproductive medicine for resolution of infertility or fertility preservation will be explored at this Congress. The program is balanced between science at the cellular level and application of clinical care in family-building strategies. This live program is designed for physicians, nurses, andrology and embryology laboratory personnel, genetic counselors, social workers, practice and laboratory managers, as well as specialists in mental health, law, and ethics to advance exemplary medical care and disseminate cutting-edge research. These goals will be addressed by a wide array of educational activities.

The Continuing Medical Education/Continuing Education (CME/CE) portion of the Scientific Congress will include plenary lectures, symposia, and interactive sessions interweaving the theme of the annual Congress. Plenary lectures will feature exceptional speakers covering a wide range of themes in reproductive research and clinical medicine including: translating of animal science to clinical care; exploring the cellular transitions from ovum to embryo; investigating the role of cell and gene therapies in reproductive medicine; designing contraception based on molecular genetics; re-examining uterine transplantation surgery; strategies for communicating medical knowledge; and reflecting on the history of in vitro fertilization in America. Congress symposia will provide more in-depth coverage of basic and clinical subjects. Topics range from ethics of genomic germ-line editing, assisted reproductive technology (ART) in the patient with polycystic ovary syndrome (PCOS), the environmental influence of diet and lifestyle on fertility and the role of adjuvant and complementary therapies, epigenetic influences of culture media, leiomyosarcoma diagnosis, counseling and legal implications of family building through third parties, the relationship between stress and infertility, ethical and technical issues with uterine transplantation, transgender fertility treatment, ART legal cases, access to care through simplified ART, regulatory pathways for reproductive devices, and updates on the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

The interactive sessions cover a wide range of stimulating topics and are meant to be a forum for discussion and interaction, including topics such as mitochondrial DNA assessment, early pregnancy imaging, the role of micromanipulation in ART, donor disclosure, complementary and alternative medicine approaches to PCOS, fertility preservation in adolescence, and the role of evolving and novel tests and therapies. Supplementing the CME/CE program will be non-CME/CE events, including Roundtable Luncheons and Expert Encounters that will provide opportunities for in-depth discussion with experts in small-group settings as well as oral and poster scientific abstract presentations that enable investigators to present cutting-edge scientific research in reproductive medicine and biology.

The 2017 Scientific Congress should provide ample opportunity for learning, improvement of clinical competence and skills, and potential scientific collaboration.

LEARNING OBJECTIVES

At the conclusion of the Scientific Congress, participants should be able to:

1. Discuss how the extensive range of reproductive technologies from the cellular level to clinical application impact family building.
2. Propose strategies that simplify technology, reduce costs, and broaden accessibility to ART care.
3. Describe the relevance of genetics and genomics to reproductive care.
4. Apply the latest scientific advances in embryo biology and assessment to the optimization of embryo transfer.
5. Summarize current knowledge of endometriosis, fibroids, menopause, contraception, and PCOS.
6. Explain the ethical, legal, and psychosocial ramifications of third-party reproduction.
7. Select appropriate treatments for reproductive dysfunctions in females and males at different ages throughout life—childhood, adolescence, adulthood, and reproductive senescence.

ACGME COMPETENCIES

- Interpersonal and Communication Skills
- Medical Knowledge
- Patient Care
- Practice-based Learning and Improvement
- Professionalism
- Systems-based Practice

INTERPROFESSIONAL COMPETENCIES

- Values/ethics for Interprofessional Practice
- Roles/responsibilities
- Interprofessional Communication
- Teams and Teamwork
- Interprofessional Teamwork and Team-based Care
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President’s Guest Lecture: The Importance of Reproductive Autonomy in Ensuring Global Access to Health Care

Endowed by a 1987 grant from Ortho Women’s Health

Richard J. Paulson, M.D. (Introducer)

Cecile Richards, B.A.
Planned Parenthood Federation of America

Needs Assessment and Description
Increasing access to reproductive health care and education in the United States and across the globe is paramount to bettering the health and lives of all women, men, and young people.

Planned Parenthood has been a witness to this central truth throughout its 100-year history. From the campaign to create the first birth-control pill and the efforts to make it legal, to the 1973 Supreme Court decision on Roe v. Wade, each event has brought us closer to reproductive autonomy. And today, technologies and innovative delivery models are allowing health-care providers to reach those who might not have access to reproductive health care and information.

Yet, stigma and systemic barriers prevent people from accessing the reproductive health care they need. Many people who already face significant barriers to accessing health care — especially people of color, people with low incomes, as well as people who live in rural areas — are most impacted.

This session is for anyone interested in issues of access to reproductive care for both men and women in the United States and across the globe. It will focus on barriers that restrict access to reproductive health care and information and how to protect and advocate for reproductive health care.

Learning Objectives
At the conclusion of this presentation, participants should be able to:
1. Summarize the importance and impact of access to reproductive health care and information.
2. Identify barriers to reproductive health care and information as we advocate for reproductive autonomy.
3. Discuss opportunities to protect and increase access to reproductive health care and information.

ACGME Competency
Systems-based Practice
Professionalism
Herbert H. Thomas Lecture: Pioneers of IVF in America

Endowed by a 1990 grant from TAP Pharmaceutical

Richard J. Paulson, M.D. (Moderator)

Alan H. DeCherney, M.D.
Eunice Kennedy Shriver National Institute of Child
Health and Human Development, NIH

Zev Rosenwaks, M.D.
Weill Cornell Medicine - Center for Reproductive
Medicine

Lucinda Veeck Gosden, M.L.T., D.Sc. (Hon)
Weill Cornell Medical School, Retired

Don P. Wolf, Ph.D.
Oregon Health and Science University
Richard P. Marrs, M.D.
California Fertility Partners

Needs Assessment and Description
Following the first US IVF birth in 1981, more than 1 million babies have been born in the United States. The once-revolutionary technology has now become an integral part of reproductive medicine, spurring the development of even more advanced technologies and devices. The early phase of any field is perhaps the most exciting time, with new findings appearing on an almost daily basis. Many of the details of the early findings get lost in the rapid advances in the field. The speakers in this session all experienced the very early times of IVF, and will share anecdotes and lessons that may have been lost in the intervening time.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Review the historical progress of IVF in America.
2. Discuss challenges that had to be overcome to make IVF a reality today.

ACGME Competency
Professionalism
Monday, October 30, 2017
2:30 pm - 3:15 pm

Plenary 3

AUA Bruce Stewart Memorial Lecture: Finding Your Niche: Stem-cell Plasticity in the Drosophila Testis

Supported by a grant from the American Urological Association

Daniel H. Williams, Sr., M.D. (Introducer)

Erika Matunis, Ph.D.
Johns Hopkins University School of Medicine

Needs Assessment and Description
Stem cells regenerate adult tissues. Although hematopoietic stem cells have been used therapeutically for decades, recent advances in the ability to generate pluripotent stem cells in vitro by reprogramming differentiated somatic cells have heightened the interest in using stem cells to regenerate nearly all types of tissues. However, to optimize therapeutic approaches, a solid understanding of how endogenous stem cells within adult tissues are regulated, and how they respond to injury is needed. Stem-cell behavior within most mammalian tissues is challenging to observe and manipulate, but work using the fruit fly Drosophila melanogaster as a model system to understand the fundamental principles of spermatogonial stem-cell biology has revealed several general principles of stem-cell biology. This session is intended for a broad audience of clinicians.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Explore the basic biology of stem cells in general, and spermatogonial stem cells in fly and mammalian testes more specifically.
2. Demonstrate how genetic tools and live imaging reveal the secret lives of stem cells within intact tissues.
3. Describe how this work has shown us the general principles of how stem-cell microenvironments, or niches, regulate stem-cell behavior.

ACGME Competency
Medical Knowledge
Tuesday, October 31, 2017
8:45 am - 9:30 am

Plenary 4

Why Being Really Smart Doesn't Protect You from Believing Weird Things

Endowed by a 1990 grant from Astra-Zeneca

Richard J. Paulson, M.D. (Introducer)

Michael Shermer, Ph.D.
Skeptic Magazine

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Think critically about claims related to science and medicine and determine if they are pseudoscience or related to alternative medicine.
2. Convince people who believe false claims related to science and medicine (for example, vaccinations cause autism; genetically modified [GMO] foods are dangerous and unhealthy; or fluoridated water causes cancer, lowers IQ, and is a conspiracy by the government and chemical industry to follow the best science.

ACGME Competency
Professionalism

Tuesday, October 31, 2017
9:30 am - 10:15 am

Plenary 5

Camran Nezhat, M.D. Lectureship in Innovations in Medicine Lecture: Cell and Gene Therapies in Reproductive Medicine

Endowed by a 2011 gift from Camran Nezhat, M.D.

Dr. Camran Nezhat pioneered techniques of video-assisted endoscopic surgery, which revolutionized modern day surgery. He along with his brothers, Drs. Farr and Ceana Nezhat, performed some of the most advanced procedures with these techniques for the first time, thus opening the vistas for endoscopic surgeons all over the world.

Rebecca Z. Sokol, M.D., M.P.H. (Introducer)
Shoukhrat Mitalipov, Ph.D.
Oregon Health and Science University

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Review the current state of cell and gene therapy in assisted reproductive technology.

ACGME Competency
Medical Knowledge
From Egg to Embryo: A Peripatetic Journey

Plenary 6

Tuesday, October 31, 2017
2:30 pm - 3:15 pm

Endowed by a 1992 grant from Wyeth

Christos Coutifaris, M.D., Ph.D. (Introducer)

Richard Schultz, Ph.D.
University of California, Davis

Needs Assessment and Description
Meiotic drive is a violation of Mendel’s first law that chromosomes segregate randomly during female meiosis. Chromosome segregation is a central process for producing a euploid egg capable of supporting development to term of a normal child. The target audience will be clinicians and laboratory personnel who are treating human infertility who will likely have an intrinsic interest in how chromosomes segregate during meiotic maturation.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Explain the three requirements for nonrandom chromosome segregation during meiotic maturation: asymmetric cell division, an asymmetric meiosis I (MI) spindle, and an intrinsic difference between chromosomes in their ability to orient on the MI spindle, and an intrinsic difference between chromosomes in their ability to orient on the MI spindle.
2. Describe asymmetric cell division inherent in female meiosis, how the MI spindle is asymmetric with respect to microtubule composition, and that centromere strength correlates with alignment of chromosomes on the MI spindle that is a consequence of spindle asymmetry.

ACGME Competency
Medical Knowledge

But, I Saw It On TV!: The Media Coverage Of Women’s Health Issues

Plenary 7

Wednesday, November 1, 2017
8:30 am - 9:15 am

Endowed by a 1992 grant from EMD Serono, Inc.

Richard J. Paulson, M.D. (Introducer)

Jennifer Ashton, M.D., M.S., F.A.C.O.G.
Englewood Hospital; Chief Women’s Health Correspondent, ABC News

Needs Assessment and Description
Media coverage of scientific research plays a major role in shaping public opinion and influencing medical practice. When a health practice or position is controversial or evolving, such as with Routine Pelvic Examinations Guidelines and Breast Cancer Screenings, it is important that a balanced picture of the scientific literature be reported. This plenary session for all health-care professionals will examine how media portrays women and presents research on women’s health.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Discuss media portrayal of women and women’s health.
2. Describe barriers to accurately presenting research findings so that it can be understood by the general public.

ACGME Competency
Interpersonal and Communication Skills
Plenary 8

SRS Lecture: Uterine Transplantation: Lessons Learned

Endowed by a 1990 grant from Ethicon Endo-Surgery, Inc.

Ceana H. Nezhat, M.D. (Introducer)

Tommaso Falcone, M.D., F.R.C.S.C., F.A.C.O.G.
Cleveland Clinic

Needs Assessment and Description
Options for women with uterine factor infertility (UFI), a condition that affects women who have an absent or nonfunctioning uterus, have included surrogacy and adoption. Recent success with living-donor uterus transplantation has opened a potential third option for women with UFI. This session for physicians, nurses, ethicists, and biologists will address important ethical, clinical, and technical issues before this experimental procedure becomes a clinical reality.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Discuss uterus transplant–recipient selection and preparation.
2. Describe the challenges of living versus deceased donor protocols.
3. Review the anatomic technical considerations for uterus transplantation.

ACGME Competency
Patient Care
Monday, October 30, 2017
2:30 pm - 3:15 pm

David and Rosemary Adamson Lecture on Excellence in Reproductive Medicine: Comparative Aspects of Reproductive Technologies in Exotic Species and Humans

Endowed by Advanced Reproductive Care, Inc.

Owen K. Davis, M.D. (Introducer)

Pierre Comizzoli, D.V.M., Ph.D.
Smithsonian Conservation Biology Institute

Needs Assessment and Description
Finding reliable and cost-effective animal models can greatly enhance success in identifying disease mechanisms and genetic pathways, potentially cutting years off drug-testing regimes and development of new treatment strategies. Lessons learned over the last decades in wildlife reproductive biology (either from wild or captive populations) are highly relevant to the advancement of human health and fertility. The substantial amount of scholarly knowledge generated by multispecies and comparative approaches is critical to better understand and mitigate complex issues in human reproduction (fertility, contraception, impact of environmental changes). Likewise, there are specific components of the rapidly emerging field of fertility preservation in men and women that are highly compatible with preserving valuable genomes of individuals or populations of threatened wildlife. Besides the more classical approaches focusing on sperm and oocyte freezing, strategies associated with gonadal tissue cryopreservation and in vitro culture are especially attractive to better protect and extend fertility. This presentation will provide valuable information to a broad range of participants, including students of the sciences, biologists, and reproductive health professionals interested in fertility preservation.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Discuss how wild animal species represent reliable and cost-effective animal models that can greatly enhance success in identifying reproductive mechanisms, potentially cutting years off testing and development of new treatment strategies.
2. Describe the relevance of human fertility preservation to wildlife species preservation (development of new tools, similarity of some biological traits, sharing of the same environment).

ACGME Competency
Medical Knowledge
Menopause Keynote Lecture: Prevention and Intervention in Postmenopausal Women

Anne Z. Steiner, M.D., M.P.H. (Introducer)

David F. Archer, M.D.
Eastern Virginia Medical School

Needs Assessment and Description
Menopause occurs at an average age of 52 and is a well known and obvious sign of aging. Menopausal women have lived approximately 60% of their life based on the average life expectancy of 85 years. This is a propitious time to address preventive health and medical interventions to reduce disease burden and enhance functionality. Yet health-care providers often miss opportunities to emphasize preventive health care for these women. Individual counseling is needed on lifestyle, hormone therapy, anti-aging interventions, and methods to maintain function for postmenopausal women. The use of postmenopausal hormone therapy has been found to improve quality of life for women with significant menopausal symptoms. Diet modifications with weight control and exercise are known factors that can improve physical function and reduce disease occurrence. An integrative approach for these interventions would include an objective evaluation of the women individually with a specific plan based on this assessment. There is an unmet need for a convenient and easy measure of wellness that can be used for counseling. Physicians have relied on their clinical experience to identify biologic age, which embraces physical function, and concurrent medical disease and their impact on the woman’s quality of life. The role of counseling regarding lifestyle changes as part of a preventive health strategy is difficult and time-consuming, as is counseling on the use of exogenous hormones.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Explain the impact of weight and physical activity on health maintenance in aging women.
2. Use a simple quantitative assessment in evaluating a woman’s biologic age.
3. Counsel on efficacy, safety, and improvement in quality of life with the use of hormone therapy.

ACGME Competency
Patient Care
Keynote

SSR Exchange Keynote Lecture: Defining the Mechanisms Regulating Mammalian Spermatogonial Development

Peter N. Schlegel, M.D. (Introducer)

Christopher B. Geyer, Ph.D.
Brody School of Medicine at East Carolina University

Needs Assessment and Description
Research will be presented on molecular and cellular changes that are stimulated downstream of retinoic acid, which is the driver of mammalian spermatogonial differentiation. These changes are largely unknown, but are clearly essential to prepare male germ cells for meiotic initiation. This session is designed to inform clinicians and basic scientists about the factors driving development of the premeiotic male germ-cell population, also known as spermatogonia.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Define the different subtypes of spermatogonia and how they function to provide sufficient meiotic spermatocytes.
2. Assess the current state of knowledge on the role of retinoic acid signaling in male germ-cell development.

ACGME Competency
Medical Knowledge

Keynote

Contraception Keynote Lecture: Rational Design of Contraception Based on Molecular Genetics

(Jurrien Dean, M.D.
National Institute of Diabetes and Digestive and Kidney Diseases, NIH

Needs Assessment and Description
Improved reproductive choice requires more robust options for contraception. The current world population (7.2 billion) is expected to increase to 9.6–12.3 billion by 2100 giving immediacy to the discovery of innovative and effective contraceptive strategies. Tremendous advances have been made in understanding the molecular genetics of gametogenesis and sperm-egg recognition in the reproductive tract. This session for reproductive health clinicians and scientists will provide insight into the translation of these advances in basic science to the clinic with promises for improved contraceptive options for patients wishing to restrict procreation.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Review recent advances in the molecular biology of gametogenesis and gamete recognition.
2. Examine the potential for intervention in these processes to prevent fertility and afford future patients novel strategies for contraception.

ACGME Competency
Medical Knowledge
Fresh versus Frozen Embryo Transfer in Women with Polycystic Ovary Syndrome: What Is the Evidence and What Are the Mechanisms?

Richard S. Legro, M.D. (Chair)
Penn State University College of Medicine
Zi-Jiang Chen, M.D., Ph.D.
Center for Reproductive Medicine, Shandong University
G. Wright Bates, Jr., M.D.
University of Alabama at Birmingham

Needs Assessment and Description
Embryo cryopreservation is an important component of assisted reproduction. Success rates with frozen embryo transfer (FET) often are comparable or better than rates with fresh embryo transfer. A freeze-all protocol offers benefit to some patient populations, including women with polycystic ovary syndrome (PCOS) who typically have a high-yield response to ovarian stimulation. While freeze-all protocols reduce risk for ovarian hyperstimulation syndrome (OHSS), data show some increased risks in FET pregnancies. This session will focus on the risk/benefit ratio of elective “freeze-all” embryo strategies in this group of patients. The target audience are IVF physicians and nurses who treat patients with PCOS and have an interest in best practices to achieve optimal outcomes for mother and infant.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Discuss the effects of freeze-all strategies on the risk of OHSS in women with PCOS.
2. Estimate the amount of birth-weight difference in infants of women with PCOS who deliver after FET.

ACGME Competency
Practice-based Learning and Improvement
Transgender Fertility Treatment and Preservation in Gender Dysphoric Adolescents and Young Adults: Medical, Legal, and Psychological Concerns and Considerations

Jamie M. Joseph, Ph.D. (Chair)
Weston Cognitive Behavior Therapy and Evaluation
Paula Amato, M.D.
Oregon Health and Science University
Judith Daar, J.D.
Whittier Law School

Needs Assessment and Description
Often the desired medical treatment of gender dysphoria leads to infertility and necessitates a need for reproductive specialists across disciplines to collaborate on, treat, and consult with patients before, during, and after medical interventions for gender confirmation. There are a variety of fertility and reproductive options available for gender-diverse people. Information gleaned from fertility preservation in adolescents and young adults with cancer can be a starting point for the transgender population, but there are distinct differences between these groups that need to be researched and explored for decision making and treatment implications. Ethical and legal considerations related to transgender family building and access to care need to be considered. This symposium will assist mental health professionals, physicians, embryologists, lawyers, nurses, and other clinic and administrative staff to provide appropriate care for transgender patients.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Describe the impact of medical interventions in gender dysphoria treatment on fertility for adolescents and young adults whose reproductive and sexual function/anatomy will be affected.
2. Summarize the fertility preservation and reproductive options for transgender adolescents and adults.
3. Discuss ethical and legal considerations related to transgender fertility preservation in adolescents and young adults.
4. Describe psychological and welfare concerns for adolescents and young adults with gender dysphoria in relation to their desire for biological fertility, capacity to make medical decisions, cognitive conceptualization of present vs future, and decision making in light of their psychological functioning and level of distress.
5. Discuss ethical and legal considerations related to access to infertility care and parentage issues for transgender patients.

ACGME Competency
Patient Care
Professionalism
Symposium

Effect of Environment, Diet, and Lifestyle on Male and Female Fertility

Lauren Nervi, M.S.N., R.N., N.P. (Chair)
Reproductive Medicine Associates of New Jersey
Lora Shahine, M.D.
Pacific NW Fertility
Michael L. Eisenberg, M.D.
Stanford University

Needs Assessment and Description
Clinicians are often asked to advise about the effects of various environmental chemicals, dietary choices, and lifestyle practices on male and female fertility. Patients often ask about factors that may optimize fertility. They also frequently ask which toxins, foods, physical exercise, or lifestyle practices they should avoid due to a possible adverse effect on human reproduction. Currently, there are no uniform counseling guidelines or evidence-based recommendations available; however, there is an increasing body of evidence regarding these topics. This symposium will review current research regarding these topics in order to improve clinicians’ ability to counsel patients appropriately. The target audience consists of various reproductive medicine health professionals, such as nurses, advanced practice providers, physicians, and nutritionists.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Identify evidence regarding the role of environmental chemicals, diet, and lifestyle on male and female fertility.
2. Counsel patients on how they can potentially optimize reproductive function through dietary intervention, lifestyle practices, and avoidance of exposure to environmental toxins.

ACGME Competency
Patient Care
Interpersonal and Communication Skills
KY Cha Symposium in Stem Cell Technology and Reproductive Medicine: Changing and Exchanging Genomes

Supported by the Asia-Pacific Biomedical Research Foundation

Dieter Egli, Ph.D. (Chair)
Columbia University
Mary Herbert, Ph.D.
Newcastle University
Jianhong Zhu, M.D., Ph.D.
Fudan University Huashan Hospital

Learning Objectives

At the conclusion of this session, participants should be able to:
1. Differentiate between genetic modification and alteration of genetic-inheritance patterns.
2. Define the difference between mitochondrial and nuclear genomes.
3. Determine what is not yet known, and what knowledge will be required, before techniques altering the germ line can be used clinically.

ACGME Competency
Medical Knowledge

Needs Assessment and Description

The human genome contains numerous variants and polymorphisms that make us who we are, while others can increase the risk to develop a specific disease. As the knowledge and understanding of the human genome increases, so do opportunities to use this knowledge to advance human health. While some see the major advantage of such genetic knowledge in somatic therapies, there is also an ongoing discussion on the use of novel technologies that can alter the inheritance of disease-causing variants. Emerging technologies allow alteration of the genetic-inheritance pattern by replacing mutant mitochondria in eggs. More recently it was shown that it is possible to directly edit the genome of human embryos. However, there are significant hurdles related to questions regarding the efficacy, safety, and regulation of these technologies. This session, for physicians, scientists, researchers, and others interested in how assisted reproduction can help prevent disease caused by mutations in the human genome, is designed to increase knowledge of the human genome and its inheritance and of techniques in development that can alter the germ line.
Symposium

Intracytoplasmic Sperm Injection (ICSI): Past, Present, and Future

Gianpiero D. Palermo, M.D., Ph.D. (Chair)
Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine
Zev Rosenwaks, M.D.
Weill Cornell Medicine - Center for Reproductive Medicine
Nigel Pereira, M.D.
Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine

Needs Assessment and Description
The year 2017 marks the 25th anniversary of the pioneering of intracytoplasmic sperm injection (ICSI), a technique that has enabled millions of couples to achieve parenthood. This occasion presents an opportunity to summarize all the benefits accrued from ICSI, as well as its current status and future evolution. The material presented in this symposium focuses on all clinicians and researchers involved in reproductive medicine.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Present a historical perspective regarding the inception of ICSI.
2. Summarize the current status and safety of ICSI, as well as future applications.

ACGME Competency
Patient Care

ESHRE Symposium: Genomic Editing in the Germ Line: Progress in Science Sparks the Ethical Debate

Björn Heindryckx, Ph.D. (Chair)
Ghent University Hospital
Ben Davies, Ph.D.
University of Oxford
Guido de Wert, Ph.D.
Maastricht University

Needs Assessment and Description
The technology of genomic editing has become fast, inexpensive, and very precise with the advent of the clustered regularly interspaced short palindromic repeats/Cas gene (CRISPR/Cas) technology. Hence, genomic editing in embryos or gametes is very accessible for researchers in the field of assisted reproductive technology. At the same time, the possibility of future applications in the human germ line raises serious concerns, both on the scientific and ethical level. If a technique can help avoid serious genetic disorders or give us more insight into the early processes of human development in a safe and effective way, would this be acceptable? Discussion with relevant experts and stakeholders is needed. This session is meant for clinical and laboratory scientists, reproductive geneticists, embryologists, and clinicians.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Assess safety risks when applying genomic editing in the germ line.
2. Identify the scientific and/or clinical needs for using genomic editing in embryos or gametes.

ACGME Competency
Medical Knowledge
AMMR Symposium: Cirugía o Reproducción Asistida en México: Sigue la Controversia

Presented in Spanish

Raymundo Preciado-Ruiz, M.D. (Chair)
Hospital Angeles del Pedregal
Rosa Martha Luna Rojas, M.D.
Reproductive Medicine Associates of New York
Julio de la Jara, M.D.
Mexican Council of Gynecology and Obstetrics
Oliver Cruz, M.D.
Instituto Nacional de Perinatología

Needs Assessment and Description
El deseo por ser padres, se puede quebrantar si existe un problema de infertilidad. En México y diferentes partes del mundo, se calcula que hasta un 15% de las parejas son infértiles, de ellas un 30% pueden necesitar técnicas reproductivas de alta complejidad y un 25% una técnica quirúrgica, motivo de la importancia de la siguiente sesión para actualizar la información médica para ginecólogos, biólogos de la reproducción y cirujanos laparoscopistas.

A couple’s desire to procreate can be disrupted whenever an infertility problem arises. In Mexico, as in other countries, up to 15% of couples are considered infertile, with as many as 30% requiring assisted reproductive techniques and up to 25% requiring surgical interventions. This session will present the latest medical information to surgeons, laparoscopists, and specialists in reproductive medicine on the benefits and differences between assisted reproductive and surgical techniques in the infertile couple.

Learning Objectives
Al final de esta sesión, los participantes deberán ser capaces de:
1. Discute la información más actual en cuanto a los ventajas y desventajas entre tratamientos quirúrgicos y de reproducción asistida en la pareja infértil. Discuss the latest information regarding the benefits and differences between surgical treatment.

ACGME Competency
Patient Care

CSRM Symposium: Hot Topics in Reproductive Medicine

Huang Guoning, M.D. (Chair)
Chongqing Obstetrics and Gynaecology Hospital, CSRM, President-Elect
Sun Yingpu, M.D.
CSRM, President
Hu Yali, M.D., Ph.D.
CSRM, Vice President of Nanjing Drum Tower Hospital, the Affiliated Hospital of Nanjing University Medical School.

Needs Assessment and Description
This presentation will update interested health-care professionals and policy makers on a broad range of aspects of assisted reproductive technology (ART) in China, including research, practice, education, management, and policy.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Discuss the status of ART in China with attention to policy and ethics.

ACGME Competency
Professionalism
ASPIRE Symposium: Advances in Understanding Oocyte Function and Structure

Umeharu Ohto, Ph.D. (Chair)
Graduate School of Pharmaceutical Science, The University of Tokyo
Atsushi Tanaka, Ph.D. (Chair)
Saint Mother Hospital
Chii-Ruey Tzeng, M.D., M.P.H.
Taipei Medical University
David K. Gardner, Ph.D.
University of Melbourne

Needs Assessment and Description
Specific binding of sperm and oocyte essential for mammalian fertilization is mediated by a specific receptor pair: IZUMO 1 on the sperm side and JUNO on the oocyte side. This session will provide clinicians, scientists, and researchers with clarification of the crystal structure of this receptor pair as an important step toward understanding an essential phase of fertilization and how this understanding can contribute to the development of new therapeutic interventions, particularly for contraceptives.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Explain the essential interactions between sperm and egg.
2. Discuss the receptor-based development of contraceptive therapy.

ACGME Competency
Medical Knowledge

Health Insurance Portability and Accountability Act (HIPAA): New Requirements and Audits

Lisa Duran, B.S. (Chair)
Reconceived
Lisa A. Rinehart, J.D., R.N., B.S.N.
LegalCare Consulting
Lindsey M. McBain, B.A.
Reproductive Medicine Associates of New Jersey

Needs Assessment and Description
One of the top regulatory issues faced daily for all medical care providers and ancillary staff is the Health Insurance Portability and Accountability Act (HIPAA). Patient privacy is at the core of all practices no matter the size or location. However, compliance with the current HIPAA and the newer Health Information Technology for Economic and Clinical Health Act (HITECH) regulations has become more and more extensive over the years. In 2016, the US Health and Human Services Office for Civil Rights (OCR) began its next phase of audits of covered entities and their business associates. This means that all providers are at risk of being subject to a HIPAA audit. These audits will be a mix of desk and onsite audits, which are mandatory and can carry monetary fines. This symposium will provide some information to help understand and prepare for OCR audits.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Implement tips and techniques to ensure that employees are trained properly on HIPAA compliance.
2. Utilize tools for managers to prepare and avoid OCR audits.

ACGME Competency
Systems-based Practice
SYMPOSIA

Tuesday, October 31, 2017
4:00 pm - 5:30 pm

Symposium

Leiomyoma? Leiomyosarcoma? How Can I Tell?

Shannon K. Laughlin-Tommaso, M.D., M.P.H. (Chair)
Mayo Clinic
Maureen P. Kohi, M.D.
University of California, San Francisco
Evan R. Myers, M.D., M.P.H.
Duke University Medical Center

Needs Assessment and Description
The risk of unsuspected sarcoma among women with leiomyomata is a heated controversy across the United States. Although technology is improving, there is no standard of care for diagnosis of leiomyosarcoma; thus, more providers are turning to maximally invasive surgery to remove leiomyomata despite greater risks. This symposium for surgeons, radiologists, advanced practice providers, and nurses caring for women with leiomyomata or abnormal uterine bleeding will address the diagnostic accuracy of current testing, the future of diagnosis, and the costs associated with misdiagnosis and overtreatment.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Assess the availability and limitations of the diagnostic tools for preoperative screening for leiomyosarcoma based on patient risk factors.
2. Select the safest and most cost-effective treatment options for leiomyomata based on diagnostic testing.

ACGME Competency
Patient Care

Tuesday, October 31, 2017
4:00 pm - 5:30 pm

Symposium

The "Trials" of an ART Case: Anatomy of a Lawsuit

Nidhi Desai, J.D. (Chair)
Desai & Miller
Thomas R. Schlesinger, J.D.
Paule, Camazine & Blumenthal, P.C.
Michael W. Vemon, Ph.D., H.C.L.D., E.L.D.
West Virginia University

Needs Assessment and Description
This session will explore what happens when a series of unfortunate events leads to a breakdown in patient care and/or trust among participants in an in vitro fertilization treatment cycle, and eventually to a lawsuit. It is designed for anyone working with embryos in a fertility center, nurses, physicians, embryologists, practice managers, and health professionals in reproductive care. The session will also explore the status of an embryo, and what happens when disagreements arise between the parties who control the embryos. It will also broaden the lens outside of the United States to see how other countries are reacting to these growing issues.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Discuss how embryos are treated legally and medically.
2. Explain the broader implications of the specific controversies that have arisen in this arena.

ACGME Competency
Professionalism
Facilitating Contact between Donors and Donor-conceived People
Lauri Pasch, Ph.D. (Chair)
University of California, San Francisco
Joanna Scheib, Ph.D.
University of California, Davis
Ken Daniels, ONZM, B.A., M.A. (Hons), Dip. Soc. Sci,
University of Canterbury

Needs Assessment and Description
Research indicates interest among some donor-conceived people and donors in having contact. This session for clinicians and allied health professionals involved in third-party reproductive care will outline the characteristics of existing approaches to facilitating contact in a manner which respects the needs and goals of all parties. We will address the perspective of the fertility clinics, donor agencies and sperm banks, and individual practitioners, and describe what is known about the relative benefits, risks, and challenges of each approach. New research will be presented about who is interested in making contact, what the goals of contact are, what concerns they express, and how they feel about having contact. Skills and tools for the professional involved in this work will be discussed.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Outline the characteristics of existing approaches to facilitating contact between donor-conceived people and donors.
2. Describe research findings concerning who is interested in making contact, what the goals of contact are, what concerns they express, and how they feel about having contact.
3. Demonstrate professional skills and develop tools needed for this work.

ACGME Competency
Interpersonal and Communication Skills
Menopause Symposium: New Tools in the Armamentarium of Treatment Strategies for Diminished Ovarian Reserve, Early Menopause, and Premature Ovarian Insufficiency: Diagnostic Tests, Personalized Medicine, and Targeted Therapies

Amber Cooper, M.D., M.S.C.I. (Chair)
Centers for Reproductive Medicine and Wellness
Robert F. Casper, M.D.
University of Toronto
Piraye Beim, Ph.D.
Celmatix, Inc.

Needs Assessment and Description
Primary ovarian insufficiency (POI) is characterized by a cessation of normal ovarian function before the age of 40 and affects approximately 1% of women of reproductive age. As with menopause, POI is associated with elevated levels of follicle-stimulating hormone and deficiencies in ovarian hormones such as antimüllerian hormone and estrogen. These hormonal abnormalities reflect a poor ovarian reserve, and POI patients have limited fertility treatment or preservation options by the time they are diagnosed. Earlier detection of women at risk for POI or diminished ovarian reserve would increase options for fertility preservation or family building at a younger age. Genomics is revolutionizing how disease is diagnosed, treated, and prevented. There is growing evidence about genetic markers associated with premature decline in ovarian function; however, most of these markers are not well known or utilized by physicians. This session for reproductive endocrinologists, clinicians, and research scientists will address how closer monitoring of at-risk women would allow for more timely intervention with hormone replacement and other therapies aimed at addressing other health issues associated with premature decline in ovarian function.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Summarize evidence of genetic markers associated with diminished ovarian reserve, early menopause, and POI.
2. Discuss what constitutes strong evidence for clinical validity of genetic markers used in diagnostic tests.
3. Identify the biological pathways most often disrupted in women experiencing premature decline in ovarian reserve and function.

ACGME Competency
Patient Care
Practice-based Learning and Improvement
**Symposium**

**Health, Supplements, and Adjuvant Therapies: Is There a Balance?**

Jennifer M. Wood, R.N., B.S.N. (Chair)
Shady Grove Fertility Center
Angela Thyer, M.D.
Seattle Reproductive Medicine
LaTasha B. Craig, M.D.
University of Oklahoma Health Science Center

**Needs Assessment and Description**
This session is designed to provide physicians, advanced practice providers, and nurses with current information regarding supplements and adjuvant therapies for fertility treatment. With the current trend toward holistic medicine, providers and clinical staff find themselves in need of accurate information to provide patients for treatment while striking a balance between complementary medicine and fertility treatment.

**Learning Objectives**
At the conclusion of this session, participants should be able to:
1. Summarize current trends in supplementation.
2. Provide patients with better understanding, expectations, and safety of adjuvant therapies.

**ACGME Competency**
Patient Care
Interpersonal and Communication Skills

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**Howard and Georgeanna Jones Symposium on Advanced Reproductive Technology: Composition of Culture Media and Potential Effects on Offspring**

Endowed by a 2010 educational grant from EMD Serono, Inc.

David K. Gardner, Ph.D. (Chair)
University of Melbourne
Andrew J. Watson, Ph.D.
Western University
Denny Sakkas, Ph.D.
Boston IVF

**Needs Assessment and Description**
With the birth of over 5 million children through in vitro fertilization (IVF) worldwide, it is important to consider how conditions used for assisted conception relate to outcomes at birth, and indeed throughout the life of the child. This session, designed for practitioners of human IVF, particularly physicians and embryologists, will review the effects of embryo culture on the physiology and gene expression of the preimplantation mammalian embryo and discuss how this may be related to the outcomes of human assisted conception.

**Learning Objectives**
At the conclusion of this session, participants should be able to:
1. Summarize the relationship between embryo culture conditions and IVF outcomes.
2. Compare data from animal models and their relevance for human IVF.
3. Decide which offspring outcome parameters to assess.
4. Discuss other factors that have a potential impact on offspring.

**ACGME Competency**
Medical Knowledge
Tuesday, October 31, 2017
4:00 pm - 5:30 pm

Symposium

Access to Care: Simplification of Assisted Reproductive Technologies

Kevin Doody, M.D., H.C.L.D. (Chair)
Center for Assisted Reproduction
Jan Gerris, M.D., Ph.D.
Ghent University Hospital

Needs Assessment and Description
In vitro fertilization (IVF) is frequently required to overcome infertility. The IVF process has evolved over the last four decades in many ways that have led to dramatic improvements in the likelihood of success. This evolution of clinical and laboratory practice has resulted in increased complexity of the process, which in turn has resulted in increased burden to the patient, clinical team, and embryology team. This burden is manifested by high time requirements to the patient for cycle monitoring and high infrastructure and human resource requirements for the IVF program. Although IVF as currently practiced has relatively high success and increasingly low risks, the accompanying complexity reduces access to care. This interactive session for clinicians and scientists involved in assisted reproductive technology (ART) will address these issues and consider approaches to streamlining the IVF process without significant compromise to safety and efficacy.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Critically evaluate existing protocols in effort to simplify the delivery of ART care.
2. Discuss the evidence basis for “micro-management” of ovarian stimulation for IVF.
3. Identify new approaches to predicting and monitoring the ovarian response to gonadotropins.

ACGME Competency
Patient Care
Systems-based Practice
Tuesday, October 31, 2017
4:00 pm - 5:30 pm

Symposium

ABOG Foundation - Kenneth J. Ryan Ethics Symposium: Egg Freezing as an Emerging Frontier in Reproductive Medicine: Navigating the Clinical, Ethical, and Legal Challenges.

Supported by a 2013 endowment from the American Board of Obstetrics and Gynecology

Elizabeth Ginsburg, M.D. (Chair)
Brigham and Women’s Hospital
Louise P. King, M.D., J.D.
Harvard Medical School/Beth Israel Deaconess Medical Center
June Carbone, J.D.
University of Minnesota Law School

Needs Assessment and Description
Ethical issues arise in various settings during fertility treatment. Many clinicians and staff have no ongoing education on ethics; others have none. As a result, clinicians are often unsure about what to do when it comes to both limited access to oocyte cryopreservation treatment, and counseling patients about treatment. This session, for clinicians, nurses, embryologists, and counseling staff who work with patients who plan elective oocyte cryopreservation, will provide an overview of basic frameworks in ethical reasoning and those specific to the topic of oocyte preservation. Cases will help attendees understand how to apply these frameworks to reach consistent ethical solutions in their clinical care.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Clarify clinical parameters for safe and ethical oocyte preservation, including age parameters and antimüllerian hormone level, among others.
2. Determine ethical counseling parameters regarding counseling and specifically around success rates.
3. Explore financial concerns related to this for-profit medical service and ethical issues surrounding this aspect of care.

ACGME Competency
Patient Care
Professionalism

Tuesday, October 31, 2017
4:00 pm - 5:30 pm

Symposium

ALMER Symposium: Manejo del Factor Uterino Absoluto: Gestación por Substitución y Trasplante Uterino

Presented in Spanish

Sergio Papier, M.D. (Chair)
President, ALMER
J. Ricardo Loret de Mola, M.D.
Southern Illinois University School of Medicine
Cesar Diaz Garcia, M.D., M.P.H.
Associate Professor, Department of Pediatrics, Gynecology, and Obstetrics - University of Valencia

Needs Assessment and Description
El simposio está dirigido a profesionales de la medicina reproductiva para conocer el manejo actual del factor uterino absoluto (FUA).

Learning Objectives
Al final de esta sesión, los participantes deberán ser capaces de:
1. Discutir las limitaciones éticas y legales de la Gestación por Sustitución.
2. Resumir los aspectos médicos, éticos y legales del Trasplante Uterino.

ACGME Competency
Patient Care
### A Path to Increased Engagement for Physicians

**Brad J.T. Senstra, M.H.A. (Chair)**  
*Seattle Reproductive Medicine*  
Marianne M. Kreiner, M.S.  
*Shady Grove Fertility*  
Sara Mooney, B.A.  
*Seattle Reproductive Medicine*

#### Needs Assessment and Description

A critical factor in the success of a reproductive medicine practice lies in an organization’s ability to engage its physicians and employees. This session will provide practical strategies to engage physicians to achieve results that create a positive environment for patients and staff.

#### Learning Objectives

At the conclusion of this session, participants should be able to:

1. Define physician engagement.  
2. Describe strategies to enhance physician engagement.

#### ACGME Competency

Systems-based Practice

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### Japan Society for Assisted Reproduction (JSAR)

**Symposium: The Clinical Importance of Frozen Embryo Transfer (FET) Procedures in Japan versus Assisted Reproductive Technology (ART) Approaches in the United States**

Tetsunori Mukaida, M.D. (Chair)  
*Hiroshima HART Clinic*  
Fumitoshi Koga, M.D.  
*Koga Fertility Clinic*  
James A. Grifo, M.D., Ph.D.  
*NYU Langone Fertility Center*

#### Needs Assessment and Description

In 2014, the National Assisted Reproductive Technology (ART) Registry of Japan reported 393,745 ART cycles, consisting of 92,269 (23.4%) with in vitro fertilization (IVF), 144,247 (36.6%) with intracytoplasmic sperm injection (ICSI), and 157,229 (39.9%) with frozen-embryo transfer (FET). These ART cycles resulted in a total of 47,722 live births, as follows: 5,025 births from IVF cycles (11%), 5,702 from ICSI cycles (12%), and 36,595 from FET cycles (77%). Seventy-seven percent of the total ART births were derived from FET procedures (39.9% of the total ART cycles). These figures indicate that FET procedures have become the preeminent clinical method employed, over and above all other ART procedures currently in use in Japan. This trend is likely to develop, and includes several procedures that involve a freeze-all approach, thus avoiding fresh transfer. Two primary causes for this trend are, first, the development of vitrification techniques as a high-survival, viable tool for cryopreservation and second, the pursuit of single-embryo transfer (SET) with controlled endometrial cycles with hormone replacement. In the United States, the establishment of FET procedures will become increasingly necessary to ART, as well as preimplantation genetic screening (PGS) with vitrified blastocysts after trophectoderm biopsy. Accordingly, ART practitioners, physicians, and scientists working in ART need to know the latest approaches for vitrified blastocyst transfer to improve clinical outcomes, and compare these with the alternative approaches to ART currently employed in the US.

#### Learning Objectives

At the conclusion of this session, participants should be able to:

1. Discuss the changes in basic ART strategies and the development and improvement of cryopreservation methods for human blastocysts.  
2. Describe how to integrate PGS techniques, including trophectoderm biopsy, into a vitrified human blastocyst transfer program.

#### ACGME Competency

Patient Care
Wednesday, November 1, 2017
3:30 pm - 5:00 pm

Symposium

Just Relax and It Will Happen: A Debate on the Relationship between Stress and Infertility

Angela K. Lawson, Ph.D. (Chair)
Northwestern University
Alice D. Domar, Ph.D.
Boston IVF

Needs Assessment and Description
“Just relax. It will happen.” is a phrase commonly heard by women struggling to get pregnant. Although the statement is likely intended to let women know that others are optimistic about their chances of having a baby, at its core the statement blames women for being too stressed to conceive. For generations, many have believed that psychological stress causes physiological changes that interfere with a woman’s chances of conceiving. Although anecdotal stories of women relaxing and getting pregnant have been widely shared, research examining the role of stress in the etiology of infertility is limited. What little research exists does not provide a clear picture of the relationship between stress and infertility. If, as hypothesized, psychological stress/distress can interfere with fertility, then it could be argued that activities that produce a relaxation response could improve pregnancy chances. Indeed, multiple studies have examined the positive effects of relaxation or relaxing activities and the cessation of stress-inducing activities (e.g., fertility treatment) on both fertility and the reduction of emotional distress. However, the results of these studies are inconsistent. Because controversy exists regarding the relationship (or lack thereof) between stress and infertility, inconsistency in counseling patients regarding the need for stress reduction is rampant. This live session will address the biological and psychological issues in stress and infertility and will provide direction to providers (mental health providers, physicians, nurses, and other clinic staff) for how to address these issues with patients.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Discuss the biological plausibility of psychological stress as a cause of infertility.
2. Describe the biological and psychological research relevant to a relationship between stress and infertility.
3. Provide appropriate patient counseling regarding stress and infertility.

ACGME Competency
Patient Care
Interpersonal and Communication Skills
Changing Culture, Changing Process: Corporate IVF and Patient Care

Jeanette R. Tomasino, M.S., R.N.C. (Chair)
Northwell Center for Human Reproduction
Gary L. Harton, Ph.D.
Igenomix US
Margaret Swain, J.D., R.N.
Private Practice, Baltimore

Needs Assessment and Description
According to the Centers for Disease Control and Prevention’s 2006–2010 National Survey of Family Growth, 12% of American women of reproductive age (7.3 million women) or their husbands or partners sought fertility services in their lifetime. The fertility industry is thriving despite the lack of reliable coverage and equal access. The US fertility market today is estimated to be between $3–$4 billion, comprising medications and assisted reproductive technology services. Demand is forecasted to grow 4% for the next several years. This session will provide physicians, nurses, and allied health professionals with information addressing the driving factors of aging, increased prevalence of obesity, and cultural shifts that impact the economics of fertility.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Summarize elements of growth in the fertility industry.
2. Identify barriers to equal access of fertility treatment.
3. Explain the impact on care in patients with and without fertility benefits.

ACGME Competency
Systems-based Practice

Reproductive Surgery Symposium: Uterine Transplant: Technical and Ethical Issues

Ruth Farrell, M.D., M.A., F.A.C.O.G. (Chair)
Cleveland Clinic
Tommaso Falcone, M.D., F.R.C.S.C., F.A.C.O.G.
Cleveland Clinic
Antonio R. Gargiulo, M.D.
Brigham and Women's Hospital

Needs Assessment and Description
This session will address the technical and ethical considerations encountered while developing and conducting uterine transplantation research. Leaders in the field of assisted reproductive technology and uterine transplantation will discuss the medical, surgical, and ethical aspects of uterine transplantation, including the advances and disadvantages of living versus deceased donor models, recipient selection, and pregnancy management.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Discuss the ethical issues central to the development and conduct of research in uterine transplantation.
2. Define the distinctions between living and deceased donor models of uterine transplantation.

ACGME Competency
Professionalism
Medical Knowledge
FDA Symposium: Contraceptive Products and Assisted Reproduction Technology (ART) Devices

Michael T. Bailey, Ph.D. (Chair)  
Center for Devices and Radiological Health, US Food and Drug Administration  
Ronald J. Orleans, M.D., F.A.C.O.G.  
Center for Drug Evaluation and Research, US Food and Drug Administration  
Monica D. Garcia, Ph.D.  
Center for Devices and Radiological Health, US Food and Drug Administration  
Yun-shang Piao, Ph.D., R.A.C.  
Center for Devices and Radiological Health, US Food and Drug Administration

 Needs Assessment and Description  
The development and regulation of new drugs and devices falls under a complex oversight process within the US Food and Drug Administration’s (FDA) Center for Drug Evaluation and Research and Center for Devices and Radiological Health. Oversight and regulation covers many steps, from investigational studies during drug and device development to marketing approval and post-marketing surveillance for new and existing drugs and devices. This three-part session for clinicians, scientists, and industry representatives will discuss the FDA regulatory process to guide product development and approval of contraceptive drugs and combination products, such as male and female condoms, diaphragms, cervical caps, and permanent female sterilization devices, as well as assisted reproductive technology (ART) products, such as media and embryo transfer catheters.

 Learning Objectives  
At the conclusion of this session, participants should be able to:  
1. Explain the FDA regulatory process for product development and approval of contraceptive drugs and combination products, and product development and marketing applications for contraceptive devices and ART devices.  
2. Identify when an Investigational New Drug (IND) Application is required for studies involving human subjects and how to initiate the IND application process.  
3. Summarize the New Drug Application (NDA) review process for contraceptive drugs and combination products.  
4. Describe the 510(k) and premarket approval review process for contraceptive devices.  
5. Discuss the type, preparation, and review process of regulatory submissions for ART devices.

ACGME Competency  
Systems-based Practice
MEFS Symposium: Fertility Preservation: Contemporary Interests
University of South Alabama
Mostafa I. Abuzeid, M.D.
IVF Michigan Rochester Hills
Sherman Silber, M.D.
Infertility Center of St. Louis
Seang Lin Tan, M.B.B.S., M.B.A.
McGill University

Needs Assessment and Description
Despite the increasing survival of younger women with cancer and the increasing proportion of women delaying childbirth, there is limited awareness about options for fertility preservation. In addition, the need for establishing new scientific protocols for vitrification and ovarian freezing is overdue. Ovarian cortex tissue freezing is a simple, quick method for preserving fertility in young women or girls about to undergo sterilizing chemotherapy for cancer or autoimmune disease. The results after thaw and transplant back to the patient years later are quite robust (over a 75% live-baby rate just by spontaneous pregnancy). There has been no re-introduction of cancer caused by these transplants, with the exception of leukemias. Finally, studying the ovarian cortex of these cases sheds light on the heretofore mysterious mechanism of primordial follicle recruitment. This session for reproductive endocrinologists and infertility specialists, obstetricians/gynecologists, attending physicians and residents, nurses, and allied health practitioners who work in the field of reproductive medicine will explore the role of surgery for fertility preservation. The surgical approaches for different diseases in women of reproductive age will be emphasized.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Highlight lack of awareness about and current needs for fertility preservation for medical and non-medical populations.
2. Summarize recent changes in surgery for fertility preservation, with respect to indications, contraindications, and reproductive outcomes.
3. Discuss newer options for ovarian freezing and transplantation.
4. Describe techniques for ovarian tissue vitrification, thawing, and transplantation of tissue.
5. Explain the mechanism of fetal follicle arrest and adult follicle recruitment.
6. Highlight the advantages and protocols for in vitro maturation.

ACGME Competency
Patient Care
Wednesday, November 1, 2017
3:30 pm - 5:00 pm

Symposium

ISAR Symposium: Polycystic Ovary Syndrome and Fertility: Do We Have It Right?
Gynaecworld: The Center for Women’s Health and Fertility
Ameet Patki, M.D.
Fertility Associates
Sadhan Desai, M.D., F.R.C.O.G., F.I.C.S.
Fertility Clinic & IVF Centre, Mumbai

Needs Assessment and Description
Polycystic ovary syndrome (PCOS) is the most common gynecological endocrinopathy and a leading cause of anovulatory infertility. Lifestyle modifications and weight restriction have been shown to benefit all aspects of PCOS, including fertility. Infertility due to PCOS is a subject of extensive research and controversy. Management of infertility related to anovulation in PCOS requires patience, as there is a very fine line between non-responders and over-responders to ovarian stimulation. This presentation provides reproductive medicine and allied health clinicians with information on how a combination of reproductive and metabolic treatments improve results in women with this multifaceted disorder.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Describe the relationship between antimüllerian hormone (AMH) and ovarian response to gonadotropins and assess if AMH values can suggest an initiation dose of gonadotropins.
2. Discuss treatment strategies and modifications to ovulation induction, if any, in different PCOS phenotypes, focusing on lean vs obese patients.
3. Address the problems of hyperstimulation with gonadotropins by judicious use of adjuvants to improve ovulation induction, manage obesity, and prevent multiple pregnancies to optimize the results of assisted reproductive technology in PCOS patients.

ACGME Competency
Patient Care

Wednesday, November 1, 2017
3:30 pm - 5:00 pm

Symposium

Laboratory Management: Risk, Reporting, and Relations
Colin Thomas, M.H.A. (Chair)
Columbia University Center for Women’s Reproductive Care
G. David Ball, Ph.D., H.C.L.D.
Seattle Reproductive Medicine
C. Brent Barrett, Ph.D., H.C.L.D.
Boston IVF

Needs Assessment and Description
The in vitro fertilization laboratory is a critical part of every infertility clinic and understanding how best to manage quality markers is key to success. Quality control protocols must be implemented to assure positive laboratory outcomes. This session for laboratory managers, practice managers, nurses, and physicians will also address the importance of lab risk management.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Identify areas in the laboratory where errors are more likely to occur and how to establish an effective quality management system for minimizing errors.
2. Communicate and follow up on errors with colleagues and management to foster an environment of collaboration and learning, if errors occur.

ACGME Competency
Systems-based Practice
Monday, October 30, 2017
1:30 pm - 2:30 pm

Interactive Session

**Uterine Lining Improvement: Optimizing Success Rates of Frozen Embryo Transfer and Fresh Cycles: Traditional Therapies and Complementary and Alternative Medicine**

Case Presentations

Jennifer E. Mersereau, M.D. (Chair)
University of North Carolina
Juan Antonio Garcia-Velasco, M.D.
IVI Madrid
Coleen Smith, R.N., D.A.O.M.
Point of Origin Acupuncture

**Needs Assessment and Description**
Clinicians who treat couples undergoing assisted reproductive technology (ART) can find it challenging when the endometrial thickness is not optimal. This session for physicians and allied health-care providers of infertility care aims to review evidence about thresholds that portend poor outcomes with ART and assess different strategies that attempt to improve an inadequate endometrium. We will review both traditional treatments as well as complementary alternative medicine options.

**Learning Objectives**
At the conclusion of this session, participants should be able to:
1. Define inadequate endometrial thickness and define thresholds that portend poor outcomes in ART.
2. Assess both traditional and complementary alternative treatments to improve endometrial thickness in ART.

**ACGME Competency**
Patient Care

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Monday, October 30, 2017
1:30 pm - 2:30 pm

Interactive Session

**Stump the Audience: Interesting and Unusual Cases in Pediatric and Adolescent Gynecology**

Case Presentations

Beth W. Rackow, M.D. (Chair)
Columbia University Medical Center
Carol Wheeler, M.D.
Women & Infants Hospital
Baylor College of Medicine

**Needs Assessment and Description**
Gynecologic disorders specific to the pediatric and adolescent population are uncommon in many medical practices. Reviewing and discussing some of the unique conditions seen in these young females will improve practitioners’ ability to evaluate and manage these individuals. The target audience for this session includes physicians, other health-care providers, and physicians in training.

**Learning Objectives**
At the conclusion of this session, participants should be able to:
1. Illustrate interesting cases in pediatric and adolescent gynecology.
2. Summarize the clinical evidence available to best treat the conditions discussed.

**ACGME Competency**
Patient Care
Interactive Session

Monday, October 30, 2017
1:30 pm - 2:30 pm

Testicular versus Ejaculated Sperm Should Be Used for Intracytoplasmic Sperm Injection (ICSI) in Cases of Recurrent ICSI Failure Due to Sperm DNA Fragmentation

Debate

Armand Zini, M.D. (Chair)
McGill University
Sandro C. Esteves, M.D., Ph.D.
ANDROFERT, Referral Center for Male Reproduction
Mark Sigman, M.D.
Brown University

Needs Assessment and Description

Researchers have shown that sperm DNA fragmentation is associated with male infertility and has predictive value for identifying couples with poor intracytoplasmic sperm injection (ICSI) outcomes. With the goal of optimizing ICSI pregnancy outcomes, clinicians have proposed utilizing testicular rather than ejaculated sperm for ICSI in those couples with sperm DNA fragmentation. This approach is based on the observation that in infertile men, testicular sperm have lower levels of DNA damage than ejaculated sperm. To date, a limited number of studies have reported that ICSI pregnancy outcomes are higher with the use of testicular rather than ejaculated sperm in men with sperm DNA fragmentation. Although these data are promising, there are too few studies to make firm recommendations for clinical practice. This session for male reproduction clinicians and scientists will provide a framework for decision making in clinical practice.

Learning Objectives

At the conclusion of this session, participants should be able to:
1. Summarize the biological plausibility of using testicular sperm in preference over ejaculated sperm for ICSI.
2. Discuss the role of testicular sperm retrieval for non-azoospermic infertile men and individualize groups of patients that may require ICSI (Testi-ICSI).
3. Discuss the characteristics of testicular vs ejaculated sperm in infertile men with sperm DNA fragmentation (SDF) and evidence of the benefit of Testi-ICSI.
4. Identify specific SDF testing methods and cutoff values useful for tailoring treatments and choosing the best approach.

ACGME Competency
Patient Care
Practice-based Learning and Improvement
Contraception Interactive Session: Should We Use Hormonal Contraceptives in Obese Women?

Debate

Robert A. Wild, M.D., Ph.D., M.P.H. (Chair)
Oklahoma University Health Sciences Center
Kathleen M. Hoeger, M.D., M.P.H.
University of Rochester
Lee P. Shulman, M.D.
Feinberg School of Medicine of Northwestern University

Needs Assessment and Description
The rising rate of overweight and obesity is a public health crisis in the United States and increasingly around the globe. Rates of contraceptive use are similar among women of all weights, but because contraceptive development studies historically excluded women over 130% of ideal body weight, patients and providers have a gap in understanding of contraceptive efficacy, risks, and alternatives for obese and overweight women. While we understand that one size does not fit all, it clearly behooves us to seek best evidence on this topic so that we can inform, weigh risks and benefits, and integrate hormonal choices with patient values and competing medical needs. Using a debate format presented by a team of knowledgeable, experienced, and seasoned clinician scientists, this interactive session will address the question: Should we use hormonal contraceptives in obese women? This topic is pertinent to all clinicians and public health providers.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Discuss unique contraceptive concerns for obese women desiring hormonal contraception.
2. List the risks and benefits of hormonal contraception use in obese women based on best evidence.
3. Effectively counsel obese women regarding hormonal contraceptive advantages and disadvantages.

ACGME Competency
Patient Care
Interpersonal and Communication Skills

Use of Mitochondrial DNA Assessment as an Adjunct to Preimplantation Genetic Screening

Debate

Frank L. Barnes, Ph.D. (Chair)
Zouves Fertility Center
Nathan R. Treff, Ph.D., (Speaker)
Reproductive Medicine Associates of New Jersey
Dagan Wells, Ph.D. (Speaker)
University of Oxford

Needs Assessment and Description
Mitochondrial DNA (mtDNA) copy number has been suggested to be a biomarker for the implantation potential of euploid blastocysts. Embryos with low mtDNA copy number reportedly have a better chance to implant, and there is a threshold for which embryos with a high mtDNA copy number never implant. This observation is inconsistent among assisted reproductive technology (ART) laboratories as reported in the literature. This session for reproductive medicine clinicians, laboratory professionals, and researchers will explore the role of mtDNA in improving ART and pregnancy outcomes.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Define the meaning of mtDNA copy number.
2. Discuss the relevance of mtDNA copy number in selecting euploid embryos for transfer.

ACGME Competency
Medical Knowledge
Translating Science into Practical Advice for Patients: Environment and Dietary Research  
**Case Presentations**

Irene Souter, M.D. (Chair)  
*Harvard Medical School, Massachusetts General Hospital*  
Carmen Messerlian, Ph.D.  
*Harvard T.H. Chan School of Public Health*  
Audrey Gaskins, Sc.D.  
*Harvard T.H. Chan School of Public Health*

**Needs Assessment and Description**
Accumulating epidemiologic evidence associates phthalates with adverse reproductive health in humans, including infertility, implantation failure, pregnancy loss, reduced clinical pregnancy rates, preterm birth, preeclampsia, and delays in child development. Various aspects of diet including certain micronutrients, food groups, and dietary patterns have also been related to markers of fecundity and fertility. This interactive session for clinicians and scientists will summarize the evidence underlying the link between endocrine-disrupting chemicals and dietary factors and reproductive health with a specific focus on how to translate the current evidence into clinical advice.

**Learning Objectives**
At the conclusion of this session, participants should be able to:
1. Summarize the evidence linking endocrine-disrupting chemicals such as phthalates and dietary factors to relevant reproductive endpoints including fecundity, fertility, and pregnancy outcomes.
2. Assess the impact of these findings on patients and clinical practice.
3. Describe strategies to educate and advise patients in a fertility clinic setting on potential ways to modify their environmental/dietary exposures.

**ACGME Competency**
Medical Knowledge  
Patient Care

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Imaging of the Early Pregnancy and Its Pitfalls  
**Case Presentations**

Laura Detti, M.D. (Chair)  
*University of Tennessee Health Science Center*  
Michael J. Heard, M.D.  
*The Heard Clinic*  
Julierut Tantibhedhyangkul, M.D.  
*Cleveland Clinic*

**Needs Assessment and Description**
Ultrasound and ultrasound-guided procedures have become an integral component in the day-to-day practice of reproductive medicine, infertility, and early pregnancy diagnosis and management. This session will provide physicians and other health-care providers who use sonography in early pregnancy with practical, problem-solving approaches to address clinical scenarios, including viable versus non-viable pregnancy, ultrasound pregnancy dating, and diagnosis of placentation in the very early pregnancy.

**Learning Objectives**
At the conclusion of this session, participants should be able to:
1. List key components of the ultrasound diagnosis of intrauterine pregnancy, biochemical pregnancy, and missed abortion.
2. Discuss the implications of abnormal chorionicity and placental location in very early pregnancy.

**ACGME Competency**
Patient Care
Interactive Session

Monday, October 30, 2017
1:30 pm - 2:30 pm

Fertility Options for Men with HIV Desiring Conception with an Uninfected Partner: A Review of Recent CDC Publications

Jennifer F. Kawwass, M.D., F.A.C.O.G. (Chair)
Emory Reproductive Center
John T. Brooks, M.D.
Centers for Disease Control and Prevention

Needs Assessment and Description
Literature and clinical experience demonstrate a need to consider conception options for HIV-discordant couples in which the male is HIV positive, who have historically experienced barriers to care. This session for all providers of fertility services will review the evolution of treatment options available to HIV-discordant couples in which the male is HIV positive, specifically focusing on recent publications from the Centers for Disease Control and Prevention regarding viral suppression with condomless timed intercourse, use of pre-exposure prophylaxis, or sperm washing with intrauterine insemination (IUI) or in vitro fertilization (IVF).

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Identify all options available to HIV-discordant couples (in which the male is HIV positive) desiring conception.
2. Counsel these individuals about the risks and benefits of each option.

ACGME Competency
Patient Care
Interpersonal and Communication Skills

Interactive Session

Tuesday, October 31, 2017
1:30 pm - 2:30 pm

Updates on Managing "Gray" and Abnormal Results with Preimplantation Genetic Testing
Panel Discussion

Dawn A. Kelk, Ph.D., H.C.L.D. (Chair)
Yale Fertility Center
James A. Grifo, M.D., Ph.D.
NYU Langone Fertility Center

Needs Assessment and Description
The use of preimplantation genetic testing (PGT) has increased considerably over the past decade. Technology has evolved from fluorescent in situ hybridization (FISH) to quantitative polymerase chain reaction (qPCR) and array comparative genomic hybridization (aCGH) to next-generation sequencing (NGS), resulting in evermore sensitive testing platforms. PGT has allowed for increased implantation rates and decreased miscarriage rates by transferring embryos diagnosed as euploid. However, results are not always clear-cut black and white. Recent studies documenting births of apparently normal babies following transfer of embryos diagnosed as either mosaic or aneuploid have called this technology into question. This session for physicians, embryologists, nurses, and clinical staff who work in assisted reproductive technology will inform on strategies for managing "gray" or mosaic results as well as the latest data on success rates in various populations with PGT. Attendees are encouraged to actively participate in this session and share thoughts, opinions, and suggestions in what is expected to be a lively forum.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Summarize the current technology of preimplantation genetic testing.
2. Describe how the transfer of an embryo diagnosed as mosaic or aneuploid could lead to the birth of a healthy baby.
3. Interpret and discuss the implications of various abnormal, mosaic, and "gray" results.
4. Identify strategies for use of PGT in various patient populations.
5. Establish a clinic-specific policy/standard operating procedure for managing "gray" PGT results.

ACGME Competency
Medical Knowledge
Patient Care
Endometrial Gene Analysis: What Do We Learn and How to Apply in Clinical Practice

Panel Discussion

Joanne Kwak-Kim, M.D. (Chair)
Rosalind Franklin School of Medicine and Science
Kenneth Beaman, Ph.D.
Rosalind Franklin University
Nathalie Ledee, M.D., Ph.D.
MatriceLAB Innove, Hôpital Saint Louis, Paris
Steven L. Young, M.D., Ph.D.
University of North Carolina School of Medicine

Needs Assessment and Description
Endometrial pathology has been recognized as one of the major etiologies for infertility, particularly repeated implantation failure and recurrent pregnancy loss. Various technologies have been developed for endometrial gene expression studies for endometrial receptivity in these women. However, application of this highly technical molecular assessment has not been agreed on as a standard assessment for women with repeated implantation failure or recurrent pregnancy loss. Nonetheless, prognostic screening of endometrial tissue in patients embarking on assisted reproductive technology treatment, particularly for women with repeated implantation failure and recurrent pregnancy loss, has been increasingly utilized. This interactive session for clinicians, scientists, nurse practitioners, and nurses involved in reproductive medicine will involve the audience by welcoming questions on this topic.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Review application and interpretation of endometrial gene expression study for women with recurrent pregnancy loss and repeated implantation failure.
2. Identify various state-of-the-art laboratory technologies for endometrial gene assessment, including mRNA, microRNA, and microarray methods.
3. Assess the predictability and criticize the limitation of endometrial gene assessment test.

ACGME Competency
Patient Care
Interactive Session

Anovulation in Polycystic Ovary Syndrome: A Complementary and Integrative Medicine Approach - Acupuncture, Herbs, and Nutritional Supplements

Case Presentations

Elisabet Stener-Victorin, Ph.D. (Chair)
Karolinska Institute
Coleen Smith, D.A.O.M., L.Ac., F.A.B.O.R.M.
Point of Origin Acupuncture
Sadhna Singh, D.A.O.M., L.Ac.
Eastern Harmony Clinic

Needs Assessment and Description

The incidence of polycystic ovary syndrome (PCOS) is cited as 15%–20% and constitutes a large number of women seeking treatment in the clinical setting for complaints such as oligomenorrhea or amenorrhea and infertility, hirsutism, and mental health issues. Women with PCOS are at an increased risk of developing mental health problems, metabolic syndrome including insulin resistance and type 2 diabetes, and cardiovascular problems. This session for reproductive endocrinologists, obstetricians/gynecologists, nurses, mental health professionals, and other allied health providers will explore complementary and integrative medicine approaches to PCOS, including acupuncture, herbs, and nutritional supplements.

Learning Objectives

At the conclusion of this session, participants should be able to:
1. Describe how acupuncture treatments may complement traditional treatment for improving menstrual regularity and related symptoms in women with PCOS.
2. Identify additional herbs and supplements to improve efficacy of treatments.
3. Discuss when patients should be incorporated into the complementary integrative medicine protocols.
4. Review clinical cases to illustrate improvement in fertility-related outcomes in PCOS patients.

ACGME Competency
Patient Care

Interactive Session

Does Endometriosis Impact In Vitro Fertilization Outcomes?

Debate

Stacey A. Missmer, Sc.D. (Chair)
Michigan State University
Bruce A. Lessey, M.D., Ph.D.
Greenville Health System, University of South Carolina
School of Medicine
Kurt T. Barnhart, M.D., M.S.C.E.
University of Pennsylvania

Needs Assessment and Description

There is a continued need to define the role of in vitro fertilization (IVF) and assisted reproductive technology in general for the treatment of infertility. Specifically, the question remains unresolved whether endometriosis is a major or minor cause of IVF failure. This debate for clinicians and other reproductive-care providers will address the reproductive impact of endometriosis on the embryo and fetus, reasons for failed IVF, and appropriate management.

Learning Objectives

At the conclusion of this session, participants should be able to:
1. Describe the limitations of current evidence that endometriosis has minimal impact on IVF success.
2. Review the evidence that endometriosis and inflammation are associated with infertility and loss of endometrial receptivity.
3. Address problems with study design when investigating endometriosis as a cause of infertility or pregnancy loss.

ACGME Competency
Practice-based Learning and Improvement
Tuesday, October 31, 2017
1:30 pm - 2:30 pm

Interactive Session

Debate on the Increasing Utilization of Micromanipulation: Intracytoplasmic Sperm Injection and Assisted Hatching

Debate

Jennifer F. Knudtson, M.D. (Chair)
University of Texas Health Science Center at San Antonio
Denny Sakkas, Ph.D.
Boston IVF
Levent Keskinetepe, Ph.D., H.C.L.D.
Sher Institute for Reproductive Medicine Las Vegas, LLC

Needs Assessment and Description
Micromanipulation of the gamete and embryo, including intracytoplasmic sperm injection (ICSI) and assisted hatching, has been widely applied in patients within and outside original therapeutic target groups. Pros and cons, as well as ethical concerns and technical advantages of such rapidly increasing utilization, will be addressed in this debate. The audience, including physicians, scientists, and other health-care personnel, will be encouraged to participate in this debate and provide their input from different viewpoints.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Identify indications for ICSI and assisted hatching.
2. Assess risks and benefits of ICSI and assisted hatching.

ACGME Competency
Patient Care

Tuesday, October 31, 2017
1:30 pm - 2:30 pm

Interactive Session

Menopause Interactive Session: Is Antimüllerian Hormone a Valuable Diagnostic Tool for Reproductive Function and Menopause?

Debate

Nanette Santoro, M.D. (Chair)
University of Colorado School of Medicine
Irene Su, M.D., M.S.C.E.
University of California, San Diego
Frank Stanczyk, Ph.D.
University of Southern California Keck School of Medicine

Needs Assessment and Description
The use of testing to predict fertility outcomes and anticipate menopause is not a new practice. However, advances in assay technology have now made it possible to measure distinct aspects of ovarian function and reproductive aging with more accuracy than ever before. Understanding the biological context of these tests and what they can and cannot do are critical for optimal patient care. This presentation for clinicians who care for women across the lifespan will be organized in a debate format to provide information from differing points of view.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Apply the development of ultrasensitive antimüllerian hormone (AMH) measurements to the prediction of fertility and menopause outcomes.
2. Describe the limitations of using AMH in specific patient circumstances and/or clinical conditions.

ACGME Competency
Patient Care
Interactive Session

Follow the Double Helix: How to Intertwine Genetic Counseling and Your Fertility Practice

Case Presentations

Lauri D. Black, M.S., L.C.G.C. (Chair)
Pacific Reproductive Genetic Counseling
Carolyn Givens, M.D.
Pacific Fertility Center

Needs Assessment and Description
Genetic testing plays an increasing role in patient care in the assisted reproductive technology (ART) setting, presenting the need for cohesive and consistent communication among health-care professionals. This dynamic interactive session will be led by a genetic counselor and reproductive endocrinologist with years of experience working together to provide genetic services in an ART clinic. The session will provide perspectives from the presenters’ experiences and elicit a discussion of potential benefits, challenges, and solutions to incorporating genetic counseling services into your practice.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Review various ways in which genetic counseling services can be incorporated into a fertility clinic.
2. Discuss genetic counseling services in an ART setting from the perspective of a reproductive endocrinologist and a genetic counselor.
3. Identify resources to integrate genetic counseling into a fertility clinic that has no or little previous experience with such services.

ACGME Competency
Patient Care

Interactive Session

Unexplained Recurrent Pregnancy Loss: Controversies in Management

Case Presentations

Sony Sierra, M.D., M.Sc., F.R.C.S.C., G.R.E.I. (Chair)
TRIO Fertility
Mary Stephenson, M.D., M.Sc.
University of Illinois and Chicago
Carl A Laskin, M.D.
TRIO Fertility, University of Toronto

Needs Assessment and Description
This session for general obstetricians/gynecologists, reproductive endocrinologists, and other health-care professionals will review the common presentation and management of unexplained recurrent early pregnancy loss through case studies. Currently controversial management options will be introduced including progesterone supplementation, alloimmune therapy (intravenous fat emulsion, intravenous immunoglobulin), aspirin therapy with and without heparin, and close monitoring/supportive care.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Initiate an evidence-based diagnostic screening protocol for evaluation of recurrent early pregnancy loss.
2. Discuss the level of evidence of options for the management of unexplained recurrent early pregnancy loss.
3. Make informed clinical decisions regarding their own practice and the management of their patients.

ACGME Competency
Patient Care
Wednesday, November 1, 2017
1:30 pm - 2:30 pm

Interactive Session

DNA Law: What Is It and Where Is It Going in Assisted Reproductive Technology?
Panel Discussion

Lisa A. Rinehart, J.D., R.N., B.S.N. (Chair)
LegalCare Consulting

Susan Crockin, J.D.
Crockin Law & Policy Group, Georgetown University Law Center

Gary L. Harton, Ph.D.
Igenomix US

Needs Assessment and Description
Advances in the identification of DNA and genetic technologies are increasingly available and accepted in both public and private settings—genetic analysis, personal genome sequencing, and genetic manipulation are now easier and less costly. However, genetic advances, when applied to the practice of reproductive medicine, raise numerous legal and ethical issues that have not been clearly addressed in current law. Designed for all reproductive medicine health practitioners, this seminar will address the present legal climate surrounding DNA and reproductive medicine. Current and future genetic technologies will be presented, and the legal responses (in case law or legislation), as applicable to assisted reproductive technology, will be discussed.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Explain the basic tenets of genetic analysis.
2. Identify current and evolving genetic technologies available, implications for their use in assisted reproductive technology, and their limitations.
3. Describe the legal issues that genetic technologies bring, including discrimination, liability for failure to detect or warn, and implications for family law.
4. Discuss the potential impact of expanded genetic application in law and medicine.

ACGME Competency
Medical Knowledge
Professionalism
Emotional Needs of Women with Polycystic Ovary Syndrome and Impact on Weight Management
Case Presentations

Shelley Lee, Ph.D. (Chair)
NYU Fertility Center
Kathleen M. Hoeger, M.D., M.P.H.
University of Rochester
Dian Shepperson-Mills, M.A.
The Endometriosis and Fertility Clinic

Needs Assessment and Description
Polycystic ovary syndrome (PCOS) is the most common endocrine disorder affecting up to 15% of women of reproductive age. Results from international patient and physician surveys indicate gaps in knowledge and care for this disorder. Correction of digestion and reduction of environmental toxin load are key aspects of PCOS management. Women report that their most significant concerns with PCOS are difficulty conceiving, weight problems, and sexual dysfunction. They also report high levels of frustration, anxiety, and sadness with their diagnosis. This interactive session will focus on helping healthcare professionals working with women with PCOS understand their patients’ emotional experience, and provide training for quality-of-life interventions and dietary guidelines to help with weight management.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Discuss the impact of PCOS on mood disorders and the potential benefit of lifestyle intervention on improvement in health-related quality of life.
2. Counsel women with PCOS regarding dietary and lifestyle interventions, through sound food choices and nutritional supplements to control blood sugar and hormone balances, support weight management, and improve fertility outcomes.
3. Employ skill-building techniques of cognitive reframing, resilience training, and meditation to assist patients with PCOS to improve quality of life.

ACGME Competency
Patient Care
Interactive Session

Preserving Future Reproductive Function in Males and Females: Adolescence and Beyond  
Case Presentations

Karine Chung, M.D., M.S.C.E. (Chair)  
USC Keck School of Medicine  
Mary K. Samplaski, M.D.  
USC Keck School of Medicine  
Leslie A. Appiah, M.D.  
University of Kentucky College of Medicine

Needs Assessment and Description
As awareness about fertility preservation has increased among our pediatric and oncology colleagues, more adolescent males and females who are facing threats to fertility are being referred to reproductive specialists to provide options to preserve future reproductive function. Management of the adolescent and young adult age group requires knowledge about the unique needs of this population. This interactive session will present the audience of reproductive specialists with some challenging cases and will offer an evidence-based approach, which clinicians can incorporate into their practice.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Identify potential indications for fertility preservation in adolescents, including cancer treatments, mosaic Turner syndrome, Klinefelter syndrome, ejaculatory dysfunction, androgenic steroid use.
2. Describe the evaluation prior to fertility preservation to determine feasibility.
3. Discuss options and review current literature on fertility preservation treatment options in adolescents and young adults.

ACGME Competency
Patient Care

Interactive Session

Preimplantation Genetic Testing Platforms: Everything You Have Wanted to Know but Were Afraid to Ask  
Panel Discussion

Amy E.T. Sparks, Ph.D., H.C.L.D. (Chair)  
University of Iowa Hospitals and Clinics  
Mandy Katz-Jaffe, Ph.D.  
Colorado Center for Reproductive Medicine  
Alan Handyside, M.A., Ph.D.  
Illumina

Needs Assessment and Description
All too often the acronyms for genetic tests are tossed around without an understanding of their molecular methods or test development and design, and then data are analyzed to arrive at a diagnosis. We will discuss each test’s capabilities and limitations as well as the interpretation of report results. This session is for clinicians and laboratorians who seek a better understanding of the analytical platforms used for preimplantation genetic testing (PGT).

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Describe the differences among analytical platforms commonly used for PGT.
2. Appreciate the differences among genetic laboratories to determine which has implemented best practices to provide accuracy in reporting.

ACGME Competency
Practice-based Learning and Improvement
MHPG Clinical Session

The Practitioner as Researcher

University of Canterbury

Needs Assessment and Description

Clinical practice and research are frequently portrayed as two separate fields of endeavor. This presentation challenges such a viewpoint. When practitioners ask themselves why or how something has happened they are in effect adopting a basic premise of research—the inquiring mind. A central focus of the presentation for clinicians and researchers in health professions will be how to capitalize on and develop the “inquiring mind culture” as a component of the busy practitioner’s work. Core components to be addressed will include professional values, confidence, and skills.

Learning Objectives

At the conclusion of this session, participants should be able to:
1. Discuss how professionals can integrate and develop an “inquiring mind culture” into their practice.
2. Identify how professional values, confidence, and skills enable this goal to be achieved.

ACGME Competency

Professionalism

Family Planning Fellows Showcase

Family Planning Fellows Showcase: Emerging Research in Contraception (in cooperation with the Society of Family Planning)

Ghazaleh Moayedi, D.O. (Chair)  
University of Hawai‘i, John A. Burns School of Medicine  
Antoinette Nguyen, M.D., M.P.H.  
University of North Carolina School of Medicine  
Diana Crabtree Sokol, M.D.  
University of Southern California  
Carolyn Michelle Ross, M.D.  
Northwestern University  
Holly Bullock, M.D., M.P.H.  
University of Hawaii

Needs Assessment and Description

Current fellows in the Society of Family Planning conduct rigorous and innovative research addressing all aspects of contraception provision and access. This session will review research findings to address gaps in knowledge in the field of contraception. The intended audience of this session is any physician or allied health professional interested in learning about current research in contraception.

Learning Objectives

At the conclusion of this session, participants should be able to:
1. Identify some of the current gaps in knowledge regarding contraception.
2. Describe ongoing research addressing gaps in knowledge regarding contraception.

ACGME Competency

Practice-based Learning and Improvement
What Does It Mean to Let People Know?: Issues of Disclosure in Donor-assisted Reproduction

Nancy Kaufman, L.C.S.W.
Private Practice, New York City

Needs Assessment and Description
Since 2013, ASRM ethical guidelines have included a recommendation for disclosure to offspring created using donor-assisted reproduction. However, there is no actual system in place to facilitate this recommendation or to offer support and specific tools, as families try to implement this decision. Coupled with unresolved feelings about donor assistance, disclosure is often delayed. Recent research finds that patients display difficulty with the disclosure process and heightened levels of anxiety when disclosure is delayed. Every individual/family who undergoes a donor cycle must decide how to share information about their child's conception; therefore, the opportunity to resolve disclosure decisions exists at every stage of the process. Utilizing clinical material, this session for mental health, nursing, and medical practitioners will demonstrate that, with the help of ongoing individual and group supportive psychotherapy, comfort levels regarding disclosure are increased when parents resolve complex feelings regarding the necessity of choosing donor-assisted reproduction.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Explain the ASRM guidelines for disclosure in donor-assisted reproduction.
2. Identify four stages of decision making that are helpful for patients to successfully pass through as they resolve their choice of donor-assisted conception.
3. Assess how individual and group psychodynamic therapy can facilitate the disclosure process.

ACGME Competency
Interpersonal and Communication Skills
Professionalism
MHPG Clinical Session

What Does It Mean to Let People Know?: Issues of Disclosure in Donor-assisted Reproduction

Nancy Freeman-Carroll, Psy.D.
Private Practice, New York City

Needs Assessment and Description
Since 2013, ASRM ethical guidelines have included a recommendation for disclosure to offspring created using donor-assisted reproduction. However, there is no actual system in place to facilitate this recommendation or to offer support and specific tools, as families try to implement this decision. Coupled with unresolved feelings about donor assistance, disclosure is often delayed. Recent research finds that patients display difficulty with the disclosure process and heightened levels of anxiety when disclosure is delayed. Every individual/family who undergoes a donor cycle must decide how to share information about their child’s conception; therefore, the opportunity to resolve disclosure decisions exists at every stage of the process. Utilizing clinical material, this session for mental health, nursing, and medical practitioners will demonstrate that, with the help of ongoing individual and group supportive psychotherapy, comfort levels regarding disclosure are increased when parents resolve complex feelings regarding the necessity of choosing donor-assisted reproduction.

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ACGME Competency
Interpersonal and Communication Skills
Professionalism

MHPG Clinical Session

Ethical Aspects of Embryo Donation

Laura Covington, M.S.W., L.I.C.S.W. (Chair)
Shady Grove Fertility
Erica J. Mindes, Ph.D., Covington & Hatkin and Associates
Meryl B. Rosenberg, J.D.
ART Parenting

Needs Assessment and Description
Embryo donation is an increasingly appealing family-building option for many patients still struggling with infertility, while presenting significant ethical, emotional, and psychosocial dilemmas for those choosing to donate their excess embryos. Mental health professionals play an important role in helping guide patients as they make this decision for embryo donation no matter if known, anonymous, or conditional. This clinical session will help mental health practitioners explore the ethical implications of embryo donation and how they can team with medical and legal professionals to mitigate ethical challenges.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Explain the definition of embryo donation and different related types such as known, anonymous, and conditional.
2. List different ethical challenges that can arise and the roles of providers in embryo donation.

ACGME Competency
Interpersonal and Communication Skills
Professionalism
Telesurgery: Resection of Cesarean Section Scar by Hysteroscopic and Laparoscopic Approaches

Supported by STORZ

Moderated by:
Bala Bhagavath, M.B.B.S.
Emilio Fernandez, M.D.
Ceana M. Nezhat, M.D.
Camran Nezhat, M.D., F.A.C.O.G., F.A.C.S. (Chair)
Camran Nezhat Institute
Azedeher Nezhat, M.D.
Stanford University Medical Center
Rene Charles, M.D.
Adventist Medical Center

Needs Assessment and Description
To the detriment of our patients, the cesarean-section (C-section) scar defect, synonymous with uteroperitoneal fistula, niche, and isthmocele, continues to be underdiagnosed and undertreated. The defect is a thinning and indentation of the myometrium at the site of C-section hysterotomy on the anterior uterine wall. With increasing rates of C-sections worldwide, the incidence of the C-section scar defect and its associated symptoms and risks such as pain, bleeding, secondary infertility, or ectopic scar pregnancy are on the rise. Infertility specialists and general obstetrician-gynecologists should be comfortable diagnosing and either surgically resecting the niche or referring the patient to a skilled surgeon who can do so. This live telesurgery will demonstrate the hysteroscopic and laparoscopic diagnosis as well as surgical excision and repair of the C-section scar defect.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Describe the hysteroscopic and laparoscopic diagnosis as well as surgical excision and repair of the C-section scar defect.
2. Determine when and how a hysteroscopic vs laparoscopic niche resection is indicated.

ACGME Competency
Patient Care

Utility of Projective Assessment in the Psychological Evaluation of Gestational Carriers

Mary P. Riddle, Ph.D.
Pennsylvania State University

Needs Assessment and Description
Current guidelines for the psychological evaluation of gestational carriers recommend a clinical interview and psychological testing. At present, personality assessments most frequently include the administration of either the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) or the Personality Assessment Inventory (PAI). Research has shown that gestational carriers tend toward a defensive test-taking style, which increases the difficulty of interpreting these tests. This session for mental health professionals will discuss using projective assessment techniques such as the thematic apperception test (TAT), house-tree-person (HTP) test, and incomplete sentences in conjunction with objective assessment. Projective testing can be a method to bypass psychological defensiveness in order to evaluate gestational carriers more thoroughly and effectively.

Learning Objectives
At the conclusion of this session, participants should be able to:
1. Describe the history, administration, and interpretation of various methods of projective assessment and explain how these can be utilized as part of the psychological evaluation process.
2. Explore case studies including assessment techniques and discuss how projective testing can be useful in the determination of the psychological appropriateness of potential gestational carrier candidates.

ACGME Competency
Interpersonal and Communication Skills
Surgical Tutorial

Surgical Treatment of Septate Uterus

Samantha M. Pfeifer, M.D.
Weill Cornell Medical College
John Preston Parry, M.D., M.P.H.
University of Mississippi Medical Center
Jeffrey M. Goldberg, M.D.
Cleveland Clinic

Needs Assessment and Description

Septate uterus is a müllerian anomaly associated with poor reproductive outcomes in some but not all cases. Questions arise regarding when to repair a septate uterus and whether repair will improve reproductive outcomes such as infertility, miscarriage, and preterm birth. In addition, it is not clear which method of repair is associated with better outcomes. This session for reproductive surgeons, obstetrician-gynecologists, and other clinicians discusses the discrepancies in diagnostic criteria for septate uterus, surgical methods to correct a partial or complete uterine septum, and available data evaluating risks, benefits, and success of these procedures.

Learning Objectives

At the conclusion of this session, participants should be able to:
1. Contrast the ASRM and ESHRE-ESGE definitions of a septate uterus.
2. Explain surgical methods to correct a partial and a complete uterine septum.
3. Review data evaluating outcomes following surgical correction of a septate uterus.

ACGME Competency

Patient Care
Assisted Reproductive Technology Track

Monday, October 30

9:30 am – 10:15 am  Plenary
Herbert H. Thomas Lecture: Pioneers of IVF in America
Richard J. Paulson, M.D. (Moderator)
University of Southern California
Alan H. DeCherney, M.D.
Eunice Kennedy Shriver National Institute of Child
Health and Human Development, NIH
Zev Rosenwaks, M.D.
Weill Cornell Medicine - Center for Reproductive Medicine
Lucinda Veeck Gosden, M.L.T., D.Sc. (Hon)
Weill Cornell Medical School, Retired
Don P. Wolf, Ph.D.
Oregon Health and Science University
Richard P. Marrs, M.D.
California Fertility Partners

11:00 am – 12:30 pm  Oral Abstract Presentations
ART: Clinical 1 Oral Abstract Session
Outcome Predictors: ART 1 Oral Abstract Session

12:30 pm – 1:30 pm  Roundtable Discussions
Diminished Ovarian Reserve and Assisted Reproductive Technology
Orhan Bukulmez, M.D.
University of Texas Southwestern Medical Center
Strategies to Minimize the Monitoring Burden of Assisted Reproductive Technology
Kathleen Doody, M.D.
Center for Assisted Reproduction
Maximizing Reproductive Potential
Eric Surrey, M.D.
Colorado Center for Reproductive Medicine
In Vitro Fertilization Patients with Premature Ovarian Failure
Zi-Jiang Chen, M.D., Ph.D.
Shandong University
Approach to the Patient with Premature Ovarian Insufficiency Who Wants to Conceive with Her Own Eggs
Mindy Christianson, M.D.
Johns Hopkins University School of Medicine

1:30 pm – 2:30 pm  Interactive Session
Uterine Lining Improvement: Optimizing Success Rates of Frozen Embryo Transfer and Fresh Cycles: Traditional Therapies and Complementary and Alternative Medicine
Jennifer E. Mersereau, M.D. (Chair)
University of North Carolina
Juan Antonio Garcia-Velasco, M.D.
IVI Madrid
Coleen Smith, R.N., D.A.O.M.
Point of Origin Acupuncture

2:30 pm – 3:15 pm  Lecture
David and Rosemary Adamson Lecture on Excellence in Reproductive Medicine: Comparative Aspects of Reproductive Technologies in Exotic Species and Humans
Pierre Comizzoli, D.V.M., Ph.D.
Smithsonian Conservation Biology Institute

4:00 pm – 5:30 pm  Symposia
Fresh versus Frozen Embryo Transfer in Women with Polycystic Ovary Syndrome: What Is the Evidence and What Are the Mechanisms?
Richard S. Legro, M.D. (Chair)
Penn State University College of Medicine
Zi-Jiang Chen, M.D., Ph.D.
Center for Reproductive Medicine, Shandong University
G. Wright Bates, Jr., M.D.
University of Alabama at Birmingham
Intracytoplasmic Sperm Injection (ICSI): Past, Present, and Future
Gianpiero D. Palermo, M.D., Ph.D. (Chair)
Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine
Zev Rosenwaks, M.D.
Weill Cornell Medicine - Center for Reproductive Medicine
Nigel Pereira, M.D.
Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine
CSRM Symposium: Hot Topics in Reproductive Medicine
Huang Guoning, M.D. (Chair)
Chongqing Obstetrics and Gynaecology Hospital, CSRM, President-Elect
Sun Yingpu, M.D.
CSRM, President
Hu Yali, M.D., Ph.D.
CSRM, Vice President of Nanjing Drum Tower Hospital, the Affiliated Hospital of Nanjing University Medical School
Assisted Reproductive Technology Track

Tuesday, October 31

7:00 am – 8:45 am  Posters
ART Poster Sessions:
Sperm Biology
Oocyte Biology
Oocyte Maturation
Ovarian Function
Fertilization
Embryo Biology
Embryo Culture
Cryopreservation and Frozen Embryo Transfer - Clinical & Laboratory: ART
Cryopreservation
Embryo Transfer
Procedures and Techniques - Clinical & Laboratory: ART
ART Laboratory
Sperm Preparation

11:00 am – 12:30 pm  Oral Abstract Presentations
ART: Clinical 2
ART Procedures
Outcomes – Perinatal

12:30 pm – 1:30 pm  Roundtable Discussions
Laboratory Quality Assurance: Using Society for Assisted Reproductive Technology (SART) Outcomes to Troubleshoot Your Own Outcomes
Marybeth Gerrity, Ph.D., M.B.A.
Reproductive Biology Resources, Inc.

Is There a Role for Assisted Reproductive Technology in Treating Recurrent Pregnancy Loss?
William Kutteh, M.D., Ph.D., H.C.L.D.
Vanderbilt University Medical Center

Frozen-Thawed Eggs: How Do They Compare to Fresh Donor and Non-donor Egg Cycles?
Michael Lee, M.S.
Fertility Solutions

1:30 pm – 2:30 pm  Interactive Session
Debate on the Increasing Utilization of Micromanipulation: Intracytoplasmic Sperm Injection and Assisted Hatching
Jennifer F. Knudtson, M.D. (Chair)
University of Texas Health Science Center at San Antonio
Denny Sakkas, Ph.D.
Boston IVF
Levent Keskinetepe, Ph.D., H.C.L.D.
Sher Institute for Reproductive Medicine Las Vegas, LLC

4:00 pm – 5:30 pm  Symposia
The “Trials” of an ART Case: Anatomy of a Lawsuit
Nidhi Desai. J.D. (Chair)
Desai & Miller
Thomas R. Schlesinger, J.D.
Paule, Camazine & Blumenthal, P.C.
Michael W. Vernon, Ph.D., H.C.L.D., E.L.D.
West Virginia University

Howard and Georgeanna Jones Symposium on Advanced Reproductive Technology: Composition of Culture Media and Potential Effects on Offspring
David K. Gardner, Ph.D. (Chair)
University of Melbourne
Andrew J. Watson, Ph.D.
Western University
Denny Sakkas, Ph.D.
Boston IVF

JSAR Symposium: The Clinical Importance of Frozen Embryo Transfer (FET) Procedures in Japan versus Assisted Reproductive Technology (ART) Approaches in the United States
Tetsunori Mukaida, M.D. (Chair)
Hiroshima HART Clinic
Fumitoshi Koga, M.D.
Koga Fertility Clinic
James A. Grifo, M.D., Ph.D.
NYU Langone Fertility Center

Reproductive Managers’ Symposium II: Revenue Cycle Management – Global Pricing
Lisa Duran, B.S. (Chair)
Reconceived
Lawrence Jay Friedman
IntegraMed
Sheldon B. Josephs, F.A.C.H.E.
Reproductive Science Center of the San Francisco Bay Area
Assisted Reproductive Technology Track

Wednesday, November 1

7:00 am – 8:45 am  Posters
ART Poster Sessions:
Other: ART: Clinical
Outcome Predictors - Clinical: ART

11:00 am – 12:30 pm  Oral Abstract Presentations
Cryopreservation and Frozen Embryo Transfer
ART: Clinical 3
Outcomes - Laboratory Indicators
Outcomes - SET & Multiple Births

12:30 pm – 1:30 pm  Roundtable Discussions  
In Vitro Fertilization Strategies for Patients with Polycystic Ovary Syndrome
Angeline Beltsos, M.D.
Vios Fertility Institute
Home Ultrasound Monitoring for Assisted Reproductive Technology
Jan Gerris, M.D., Ph.D.
Ghent University Hospital
Implementation of Intravaginal Embryo Culture Systems
Martin Langley, B.S.
Center for Assisted Reproduction
Clinical Utility of Sperm DNA Fragmentation Testing
Ashok Agarwal, Ph.D., H.C.L.D.
Cleveland Clinic Foundation
Patient Safety in the In Vitro Fertilization Lab
Anthony Anderson, D.Sc.
RMA Texas
Oocyte Vitrification: Techniques and Quality Control/Quality Assurance
Wayne Caswell, B.S.
Donor Egg Bank
Mitochondria and Reproduction: Possibilities for Testing and Treatment
Emre Seli, M.D.
Yale University

1:30 pm – 2:30 pm  Interactive Session  
DNA Law: What Is It and Where Is It Going in Assisted Reproductive Technology?
Lisa A. Rinehart, J.D., R.N., B.S.N. (Chair)
LegalCare Consulting
Susan Crockin, J.D.
Crockin Law & Policy Group, Georgetown University Law Center
Gary L. Horton, Ph.D.
Igenomix US

3:30 pm – 5:00 pm  Symposia
Changing Culture, Changing Process: Corporate IVF and Patient Care
Jeanette R. Tomasino, M.S., R.N.C. (Chair)
Northwell Center for Human Reproduction
Gary L. Horton, Ph.D.
Igenomix US
Margaret Swain, J.D., R.N.
Private Practice, Baltimore

Laboratory Management: Risk, Reporting, and Relations
Colin Thomas, M.H.A. (Chair)
Columbia University Center for Women’s Reproductive Care
G. David Ball, Ph.D., H.C.L.D.
Seattle Reproductive Medicine
C. Brent Barrett, Ph.D., H.C.L.D.
Boston IVF
Contraception Track

Monday, October 30

11:00 am – 12:30 pm Oral Abstract Presentations
Contraception and Family Planning 1 Oral Abstract Session

12:30 pm – 1:30 pm Roundtable Discussions
Tackling Difficult Intrauterine Device Removals
Ghazaleh Moayedi, D.O.
University of Hawaii

1:30 pm – 2:30 pm Interactive Session
Contraception Interactive Session: Should We Use Hormonal Contraceptives in Obese Women?
Robert A. Wild, M.D., Ph.D., M.P.H. (Chair)
Oklahoma University Health Sciences Center
Kathleen M. Hoeger, M.D., M.P.H.
University of Rochester
Lee P. Shulman, M.D.
Feinberg School of Medicine of Northwestern University

Tuesday, October 31

7:00 am – 8:45 am Posters
Contraception/Family Planning Poster Session

11:00 am – 12:30 pm Oral Abstract Presentations
Contraception and Family Planning 2 Oral Abstract Session

12:30 pm – 1:30 pm Roundtable Discussions
Manual Vacuum Aspiration in an Outpatient Setting
Steven Gay, M.D.
Emory University

Wednesday, November 1

1:30 pm – 2:30 pm Interactive Session
Family Planning Fellows Showcase: Emerging Research in Contraception (in Cooperation with the Society of Family Planning)
Ghazaleh Moayedi, D.O.
University of Hawai‘i, John A. Burns School of Medicine
Antoinette Nguyen, M.D., M.P.H.
University of North Carolina School of Medicine
Diana Crabtree Sokol, M.D.
University of Southern California
Carolyn Michelle Ross, M.D.
Northwestern University
Holly Bullock, M.D., M.P.H.
University of Hawaii

2:30 pm – 3:15 pm Keynote
Contraception Keynote Lecture: Rational Design of Contraception Based on Molecular Genetics
Jurrien Dean, M.D.
National Institute of Diabetes and Digestive and Kidney Diseases, NIH

3:30 pm – 5:00 pm Symposium
FDA Symposium: Contraceptive Products and Assisted Reproduction Technology (ART) Devices
Michael T. Bailey, Ph.D.
Center for Devices and Radiological Health, US Food and Drug Administration
Ronald J. Orleans, M.D., F.A.C.O.G.
Center for Drug Evaluation and Research, US Food and Drug Administration
Monica D. Garcia, Ph.D.
Center for Devices and Radiological Health, US Food and Drug Administration
Yun-shang Piao, Ph.D., R.A.C.
Center for Devices and Radiological Health, US Food and Drug Administration
Reproductive Surgery Track

Monday, October 30

7:00 am – 8:45 am  Posters
Reproductive Surgery Poster Session

11:00 am – 12:30 pm  Oral Abstract Presentations
Reproductive Surgery and Procedures Abstract Session

12:30 pm – 1:30 pm  Roundtable Discussions  Adenomyosis: Surgical Correction
Keith Isaacson, M.D.
Harvard Medical School

Vasectomy Reversal: Tips and Tricks
Sheldon Marks, M.D.
International Center for Vasectomy Reversal

4:00 pm – 5:30 pm  Video Abstract Session
Management of Severe Symptomatic Endometriosis
Ceana Nezhat, M.D.
Nezhat Medical Center

Tuesday, October 31

12:30 pm – 1:30 pm  Roundtable Discussions  Klinefelter Syndrome
Kelly Chiles, M.D.
George Washington University

Hysteroscopic Treatment of Asherman Syndrome: Surgical Pearls
Steven Lindheim, M.D.
Wright State University

4:00 pm – 5:30 pm  Video Abstract Session
Endometriosis: When to Operate
Salli Tazuke, M.D.
CCRM San Francisco

Wednesday, November 1

9:45 am – 10:30 am  Plenary
SRS Lecture: Uterine Transplantation: Lessons Learned
Tommaso Falcone, M.D., F.R.C.S.C., F.A.C.O.G.
Cleveland Clinic

11:00 am – 12:30 pm  Telesurgery
Resection of Cesarean Section Scar by Hysteroscopic and Laparoscopic Approaches
Camran Nezhat, M.D., F.A.C.O.G., F.A.C.S. (Chair)
Camran Nezhat Institute
Azedeh Nezhat, M.D.
Stanford University Medical Center
Rene Charles, M.D.
Adventist Medical Center

12:30 pm – 1:30 pm  Roundtable Discussions  When to Operate on Fibroids for Fertility
Bala Bhagavath, M.B.B.S.
Strong Fertility Center, University of Rochester Medical Center

3:30 pm – 5:00 pm  Symposium
Reproductive Surgery Symposium:
Uterine Transplant: Technical and Ethical Issues
Ruth Farrell, M.D., M.A., F.A.C.O.G.
Cleveland Clinic
Tommaso Falcone, M.D., F.R.C.S.C., F.A.C.O.G.
Cleveland Clinic
Antonio R. Gargiulo, M.D.
Brigham and Women's Hospital

Anthony Imudia, M.D.
University of South Florida

Laparoscopic Myomectomy for the Reproductive Surgeon: When and How

Anthony Imudia, M.D.
University of South Florida
Menopause Track

Tuesday, October 31

7:00 am – 8:45 am  Posters
Menopause Poster Session

1:30 pm – 2:30 pm  Interactive Session
Menopause Interactive Session:
Is Antimüllerian Hormone a Valuable Diagnostic Tool
for Reproductive Function and Menopause?
Nanette Santoro, M.D. (Chair)
University of Colorado School of Medicine
Irene Su, M.D., M.S.C.E.
University of California, San Diego
Frank Stanczyk, Ph.D.
University of Southern California Keck School of Medicine

2:30 pm – 3:15 pm  Menopause Keynote Lecture:
Prevention and Intervention in Postmenopausal Women
David F. Archer, M.D.
Eastern Virginia Medical School

3:30 pm – 5:00 pm  Symposium
Menopause Symposium: New Tools in the Armamentarium of Treatment Strategies for Diminished Ovarian Reserve, Early Menopause, and Premature Ovarian Insufficiency: Diagnostic Tests, Personalized Medicine, and Targeted Therapies
Amber Cooper, M.D., M.S.C.I. (Chair)
Centers for Reproductive Medicine and Wellness
Robert F. Casper, M.D.
University of Toronto
Piraye Beim, Ph.D.
Celmatix, Inc.

Wednesday, November 1

11:00 am – 12:30 pm  Oral Abstract Presentations
Late-breaking Abstract Session
Genetics Track

Monday, October 30

11:00 am – 12:30 pm Oral Abstract Presentations
Preimplantation Genetic Testing 1 Abstract Session
Prize Paper 1 Abstract Session
Male Factor Abstract Session
Embryo Biology and Stem Cells Abstract Session

12:30 pm – 1:30 pm  Roundtable Discussions
How to Handle “New Genetic Information” Regarding Gamete Donors
Amy Vance, M.S., L.C.G.C.
Bay Area Genetic Counseling
Workup When Euploid Blastocysts Fail to Implant
Eric Forman, M.D.
RMA of New Jersey
Toward Comprehensive Preimplantation Genetic Diagnosis
Svetlana Rechitsky, Ph.D.
Reproductive Genetic Innovations
What Tests to Include in Expanded Carrier Screening
William Butler, M.D.
Mercer University School of Medicine, Navicent Health
Miscarriage Chromosome Testing: Pearls for Practice
Mary Stephenson, M.D., M.Sc.
University of Illinois at Chicago
Screening Genético en Todos los Casos?
Marcelo Barrionuevo, M.D.
IVF Florida Reproductive Associates

1:30 pm – 2:30 pm Interactive Session
Use of Mitochondrial DNA Assessment as an Adjunct to Preimplantation Genetic Screening
Frank L. Barnes, Ph.D. (Chair)
Zouves Fertility Center
Nathan R. Treff, Ph.D.
Genomic Prediction, Inc.
Dagan Wells, Ph.D.
University of Oxford

4:00 pm – 5:30 pm Symposia
ESHRE Symposium: Genomic Editing in the Germ Line: Progress in Science Sparks the Ethical Debate
Björn Heindryckx, Ph.D. (Chair)
Ghent University Hospital
Ben Davies, Ph.D.
University of Oxford
Guido de Wert, Ph.D.
Maastricht University

4:00 pm – 5:30 pm Symposia
KY Cha Symposium in Stem Cell Technology and Reproductive Medicine: Changing and Exchanging Genomes
Dieter Egli, Ph.D. (Chair)
Columbia University
Mary Herbert, Ph.D.
Newcastle University
Jianhong Zhu, M.D., Ph.D.
Fudan University Huashan Hospital
Genetics Track

Tuesday, October 31

9:30 am – 10:15 am  Plenary
Camran Nezhat, M.D. Lectureship in Innovations in Medicine Lecture: Cell and Gene Therapies in Reproductive Medicine
Shoukhrat Mitalipov, Ph.D.
Oregon Health and Science University

11:00 am – 12:30 pm  Oral Abstract Presentations
Reproductive Genetics – PGT Outcomes and Counseling Abstract Session
Male Reproduction and Urology: Clinical 1 Abstract Session

12:30 pm – 1:30 pm  Roundtable Discussions
What Can Preimplantation Genetic Screening Really Tell Us about Embryo Mosaicism?
Allison Hebner, B.A., M.S.
Stanford University
Fragile X Premutation: Premature Ovarian Insufficiency and Beyond
Satu Kuokkanen, M.D., Ph.D.
Albert Einstein College of Medicine
New Developments in Preimplantation 24-Chromosome Aneuploidy Testing
Dagan Wells, Ph.D.
Oxford University
On Which Patients Is Preimplantation Genetic Screening Best Used?
G. David Ball, Ph.D., H.C.L.D.
Seattle Reproductive Medicine
Preimplantation Genetic Screening: Methods and Indications
David Cohen, M.D.
Institute for Human Reproduction
Klinefelter Syndrome
Kelly Chiles, M.D.
George Washington University

1:30 pm – 2:30 pm  Interactive Session
Updates on Managing “Gray” and Abnormal Results with Preimplantation Genetic Testing
Dawn A. Kelk, Ph.D., H.C.L.D. (Chair)
Yale Fertility Center
James A. Grifo, M.D., Ph.D.
NYU Langone Fertility Center

1:30 pm – 2:30 pm  Interactive Session
Endometrial Gene Analysis: What Do We Learn and How to Apply in Clinical Practice
Joanne Kwak-Kim, M.D. (Chair)
Rosalind Franklin School of Medicine and Science
Kenneth Beaman, Ph.D.
Rosalind Franklin University
Nathalie Ledee, M.D., Ph.D.
MatriceLAB Innov, Hôpital Saint Louis, Paris
Steven L. Young, M.D., Ph.D.
University of North Carolina School of Medicine
Genetics Track

Wednesday, November 1

7:00 am – 8:45 am  Posters
Reproductive Genetics Poster Session

11:00 am – 12:30 pm  Oral Abstract Presentations
Preimplantation Genetic Testing - Mosaicism Abstract Session
Nursing Abstract Session

12:30 pm – 1:30 pm  Expert Encounter  Mosaicism
Nathan Treff, Ph.D.
Genomic Prediction, Inc.

12:30 pm – 1:30 pm  Roundtable Discussions  Implementing an Expanded Carrier Screening Program in Fertility Clinics
Andria Besser, M.Sc.
NYU Langone Fertility Center
Preimplantation Genetic Testing Workflow and Communication among the In Vitro Fertilization Lab, Preimplantation Genetic Testing Lab, and Clinicians
T. Arthur Chang, Ph.D., H.C.L.D.
University of Texas Health Science Center
Mosaicism in Preimplantation 24-chromosome Aneuploidy Testing
Carmen Rubio, Ph.D.
Igenomix

1:30 pm – 2:30 pm  Interactive Session  Follow the Double Helix: How to Intertwine Genetic Counseling and Your Fertility Practice
Lauri D. Black, M.S., L.C.G.C. (Chair)
Pacific Reproductive Genetic Counseling
Carolyn Givens, M.D.
Pacific Fertility Center

1:30 pm – 2:30 pm  Interactive Session  Preimplantation Genetic Testing Platforms: Everything You Have Wanted to Know but Were Afraid to Ask
Amy E.T. Sparks, Ph.D., H.C.L.D. (Chair)
University of Iowa Hospitals and Clinics
Mandy Katz-Jaffe, Ph.D.
Colorado Center for Reproductive Medicine
Alan Handyside, M.A., Ph.D.
Illumina
Endometriosis Track

Monday, October 30

12:30 pm – 1:30 pm  Roundtable Discussions
Managing Chronic Pelvic Pain in Women Trying to Conceive
Rebecca Flyckt, M.D.
Cleveland Clinic

Tuesday, October 31

7:00 am – 8:45 am  Posters
Endometriosis Poster Session

11:00 am – 12:30 pm  Oral Abstract Presentations
Endometriosis 1 Abstract Session

12:30 pm – 1:30 pm  Roundtable Discussions
Endometriosis, Antimüllerian Hormone, and Assisted Reproductive Technology
Linnea Goodman, M.D.
RMA New Jersey
Management of Severe Symptomatic Endometriosis
Ceana Nezhat, M.D.
Nezhat Medical Center

1:15 pm – 2:15 pm  Interactive Session
Does Endometriosis Impact In Vitro Fertilization Outcomes?
Stacey A. Missmer, Sc.D.
Michigan State University
Bruce A. Lessey, M.D., Ph.D.
Greenville Health System, University of South Carolina School of Medicine
Kurt T. Barnhart, M.D., M.S.C.E.
University of Pennsylvania

Wednesday, November 1

11:00 am – 12:30 pm  Oral Abstract Presentations
Endometriosis 2 Abstract Session
Luteal Support and Implantation Abstract Session
Fibroids Track

**Monday, October 30**

11:00 am – 12:30 pm  Oral Abstract Presentations
Leiomyoma 1 Abstract Session

12:30 pm – 1:30 pm  Roundtable Discussions
New Medical Treatments for Uterine Fibroids
William Catherino, M.D., Ph.D.
Uniformed Services University of the Health Science

4:00 pm – 5:30 pm  Video Abstract Session

**Tuesday, October 31**

7:00 am – 8:45 am  Posters
Leiomyoma Poster Session

11:00 am – 12:30 pm  Oral Abstract Presentations
Leiomyoma 2 Abstract Session

12:30 pm – 1:30 pm  Roundtable Discussions
Obstetric Complications of Uterine Fibroids
Bradley Hurst, M.D.
Carolina HealthCare System

4:00 pm – 5:30 pm  Symposia
Leiomyoma? Leiomyosarcoma?
How Can I Tell?
Shannon K. Laughlin-Tommaso, M.D., M.P.H.
Mayo Clinic
Maureen P. Kohi, M.D.
University of California, San Francisco
Evan R. Myers, M.D., M.P.H.
Duke University Medical Center

4:00 pm – 5:30 pm  Video Abstract Session

**Wednesday, November 1**

11:00 am – 12:30 pm  Oral Abstract Presentations
Access to Care 2 Abstract Session
Late-breaking Abstract Session

12:30 pm – 1:30 pm  Roundtable Discussions
When to Operate on Fibroids for Fertility
Bala Bhagavath, M.B.B.S.
Strong Fertility Center, University of Rochester Medical Center

How to Get a Large Fibroid Out of a Small Incision
Stephanie Estes, M.D., F.A.C.O.G.
Penn State Health

Laparoscopic Myomectomy for the Reproductive Surgeon: When and How
Anthony Imudia, M.D.
University of South Florida
LGBTQ Track

Monday, October 30

11:00 am – 12:30 pm  Oral Abstract Presentations
Late-breaking Abstract Session

12:30 pm – 1:30 pm  Roundtable Discussions
Exploring the Psychosocial and Legal Aspects of LGBTQ Family Building: A Primer for the Medical, Legal, and Mental Health Practitioner
Kim Bergman, Ph.D.
Growing Generations

4:00 pm – 5:30 pm  Symposia
Transgender Fertility Treatment and Preservation in Gender Dysphoric Adolescents and Young Adults: Medical, Legal, and Psychological Concerns and Considerations
Jamie M. Joseph, Ph.D.
Weston Cognitive Behavior Therapy and Evaluation
Paula Amato, M.D.
Oregon Health and Science University
Judith Daar, J.D.
Whittier Law School

Tuesday, October 31

7:00 am – 8:45 am  Posters
LGBTQ Poster Session

11:00 am – 12:30 pm  Oral Abstract Presentations
Health Disparities Abstract Session

12:30 pm – 1:30 pm  Roundtable Discussions
How to Be an LGBTQ-friendly Fertility Medical Practice
Samuel Pang, M.D.
IVF New England
Resident Education Program Track

Purpose
ASRM is committed to facilitating and promoting the education of reproductive health professionals at all levels. As part of this mission, the Society develops and coordinates educational activities for resident physicians in training in reproductive medicine. This program also emphasizes understanding of complex topics, interaction with other disciplines, and psychosocial sequelae and ethical concerns in human reproduction. Residents are exposed to a variety of interactive educational methods and have an opportunity to network and interact with faculty experts in the specific topic for the day.

Description
ASRM has organized a series of educational sessions coupled with corresponding scientific symposia. On each day of the Scientific Congress (Monday, Tuesday, Wednesday), there will be an interactive educational presentation that is topically related to a symposium on each of those days. The activities will be evidence-based, free from bias, and independent of commercial influence. The discussions, which will utilize several different learning pedagogies, will require advance independent study of articles, videos, or handouts relevant to the topic of ~20-30 minutes.

Procedure
1. The track is open to residents in obstetrics and gynecology or urology who have preregistered.
2. Registrants will receive an email 2 weeks in advance of the Scientific Congress with a link to the reference reading materials for each daily session.
3. On each day of the Scientific Congress, registrants will gather for a luncheon learning session (lunch provided) with a prominent medical educator and a speaker from the day’s corresponding subject symposium. Each day will employ an interactive learning modality that will require a small amount of advance preparation: question-and-answer discussion of clinical cases and team-based learning.
4. Registrants will attend the afternoon symposium corresponding to the day’s learning session.

Schedule

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<td>Resident Learning Session:</td>
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<tr>
<td>Facilitator: Rebecca Usadi, M.D. (Medical Education Committee Member)</td>
<td>Facilitator: Alice Rhoton-Vlasak, M.D. (Medical Education Committee Member)</td>
<td>Facilitator: (Medical Education Committee Member)</td>
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<tr>
<td>4:00 pm – 5:30 pm</td>
<td>4:00 pm – 5:30 pm</td>
<td>3:30 pm – 5:00 pm</td>
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<td>Symposium: Effect of Environment, Diet, and Lifestyle on Male and Female Fertility</td>
<td>Symposium: Egg Freezing as an Emerging Frontier in Reproductive Medicine: Navigating the Clinical, Ethical, and Legal Challenges</td>
<td>Symposium: Uterine Transplant: Technical and Ethical Issues</td>
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</table>

Brought to you by the ASRM Undergraduate, Graduate, Medical, and Postgraduate Education Committee, Ann J. Davis, M.D., Chair
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PRESENTERS/PLANNERS AND SPOUSE/PARTNER DISCLOSURES INDEX

All presenters and planners at the 2017 ASRM Scientific Congress and Pre-Congress Courses were required to disclose all commercial and financial relationships with manufacturers, distributors, or marketers of goods or services used to treat patients. These disclosures were reviewed and potential conflicts of interest resolved by the Subcommittee on Standards of Commercial Support of the Continuing Medical Education Committee. Presenters and planners with anything to disclose are listed below along with any relationships their partners/spouses disclosed.

Adeleye, Amanda
Carrot, Unpaid Medical Advisor to Carrot, a fertility benefits organization

Al-Hendy, Ayman
NIH, Grant recipient; Bayer, Paid consultant; Allergan, Paid consultant; Repros, Grant recipient; AbbVie, Grant recipient; Myovant, Paid consultant

Archer, David F.
AbbVie, Paid consultant; AbbVie, Grant recipient; TherapeuticsMD, Paid consultant; TherapeuticsMD, Grant recipient; Bayer Healthcare, Paid consultant; Bayer Healthcare, Grant recipient; Agile Pharmaceuticals, Paid consultant; Exeltis/CHEMO France, Paid consultant; Endoceutics, Paid consultant; Endoceutics, Grant recipient; TEVA/HR Pharma, Paid consultant; Glenmark, Grant recipient; Symbio, Grant recipient; Shionogi, Grant recipient; Radius, Grant recipient

Awwad, Johnny T.
Rovi Pharmaceuticals - Research grant (does not apply to this CME), Grant recipient; Merck Serono - Educational grant (does not apply to this CME), Grant recipient; Ferring Pharmaceutical - Research grant (does not apply to this CME), Grant recipient; IBSA - Educational grant (does not apply to this CME), Grant recipient

Ball, G. David
EMD Serono, Paid consultant

Banker, Manish
Ferring, Honoraria; MSD Organon, Honoraria; Merck Serono, Grant recipient

Beltsos, Angeline N.
Merck Pharmaceuticals, Speakers bureau; EMD Serono Pharmaceuticals, Speakers bureau; Ferring Pharmaceuticals, Speakers bureau; Diclegis, Speakers bureau; Good Start Genetics, Paid consultant; Optum, Paid consultant; OvaScience, Paid consultant; Progeny, Paid consultant

Bendikson, Kristin
Theralogix, Paid consultant

Besser, Andria
Counsyl, Inc., Provide part-time post-test telephone counseling (paid per consult)

Bhagavath, Balja
Hologic, Paid consultant; Halt Medical, Investigator - part of a multi-center trial; Myovant, Investigator - part of a multi-center trial

Bhattacharya, Siladitya
Various, Department has received funds from pharmaceutical companies for seminars. Secondly, I have been an invited speaker at conferences and meetings which have been supported by pharmaceutical companies

Black, Lauri D.
Illumina, Speakers bureau; Good Start Genetics, Genetic counseling advisory board

Brady, Paula
RubiconMD, Paid consultant

Casper, Robert
OvaScience, Inception-Lifebank, Circadian-Zirclight, TRIO Fertility, Direct stockholder; AbbVie, Allergan, Bayer, EMD-Serono, Ferring, Merck, OvaScience, Pfizer, Paid consultant; TRIO Fertility, Circadian-Zirclight, Inception-Lifebank, Company officer; Up-to-Date, Teva, Royalties; Fertility and Sterility, Editorial editor

Caswell, Wayne
Irvine Scientific, Paid consultant

Catherino, William H.
Allergan, Paid consultant; Allergan, Grant recipient; American Board of Obstetrics and Gynecology, Honoraria Spouse; EMD Serono, Full-time company employee; Bayer, Paid consultant; American Society for Reproductive Medicine, Paid consultant
<table>
<thead>
<tr>
<th>Name</th>
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<td>Cedars, Marcelle</td>
<td>Ferring Pharmaceutical, Research support - investigator - initiated</td>
</tr>
<tr>
<td>Coates, Alison</td>
<td>Oregon Reproductive Medicine, Full-time company employee</td>
</tr>
<tr>
<td>Cooper, Amber R.</td>
<td>Celmatix, Inc, Scientific advisory board; Progenity, Speakers bureau</td>
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<tr>
<td>Coticchio, Giovanni</td>
<td>Angelini Spain, Speakers bureau; Merck Pharmaceuticals, Speakers bureau; excemed, Speakers bureau</td>
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<tr>
<td>Damaser, Margot S.</td>
<td>Acorda Therapeutics, Grant recipient; Novartis Pharmaceuticals Corp., Paid consultant</td>
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<tr>
<td>Domar, Alice D.</td>
<td>TriAde, Company officer; FertiCalm, Company officer; Merck, Speakers bureau; Ferring, Paid consultant; Merck, Paid consultant; UptoDate, Paid consultant</td>
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<tr>
<td>Doody, Kathleen</td>
<td>INVO Bioscience, Direct stockholder</td>
</tr>
<tr>
<td>Doody, Kevin</td>
<td>INVO Bioscience, Direct stockholder; Finox Pharmaceuticals, Paid consultant; Ferring Pharmaceuticals, Paid consultant; Ferring Pharmaceuticals, Speakers bureau</td>
</tr>
<tr>
<td>Eisenberg, Michael</td>
<td>Sandstone Diagnostics, Direct stockholder; Reprovantage, Direct stockholder; Glow, Advisor; EmbraceHer, Direct stockholder; Gilead, Paid consultant</td>
</tr>
<tr>
<td>Estes, Stephanie J.</td>
<td>Medrobotics, Paid consultant; Abbvie, Principal investigator of Abbvie sponsored research trials</td>
</tr>
<tr>
<td>Feng, Huai L.</td>
<td>Reprobiotech Corp, Company officer; New York Egg Bank, Company officer</td>
</tr>
<tr>
<td>Fischer, Jill</td>
<td>Recombine, Direct stockholder; Phosphorus, Direct stockholder</td>
</tr>
<tr>
<td>Forman, Eric J.</td>
<td>Ferring Pharmaceuticals, Speakers bureau</td>
</tr>
<tr>
<td>Fox, Silvia Schneider</td>
<td>Merck, Speakers bureau</td>
</tr>
<tr>
<td>Gardner, David K.</td>
<td>Vitrolife AB, Grant recipient</td>
</tr>
<tr>
<td>Gianaroli, Luca</td>
<td>S.I.S.Me.R. srl, Direct stockholder</td>
</tr>
<tr>
<td>Givens, Carolyn</td>
<td>Merck, Paid consultant</td>
</tr>
<tr>
<td>Hammond, Karen</td>
<td>CenseoHealth, Independent contractor; Abbvie, Speakers bureau</td>
</tr>
<tr>
<td>Harton, Gary L.</td>
<td>Igenomix, Full-time company employee</td>
</tr>
<tr>
<td>Handside, Alan</td>
<td>Direct stockholder, Illumina; Part-time employee Blue Genome LTD, subsidiary of Illumina</td>
</tr>
<tr>
<td>Heard, Michael</td>
<td>Houston Board Review, Company officer; Sigma Tau Pharmaceuticals, Paid consultant; Abbvie Pharmaceuticals, Speakers bureau; Therapeutics MD/ VitaMedMD, Speakers bureau; Duchesnay, Speakers bureau; The Caduceus Theater, Company officer; Legacy Community Health, Part-time employee Ultrasound Clinic Supervisor; The Heard Institute, Full-time company employee</td>
</tr>
<tr>
<td>Heindryckx, Bjorn</td>
<td>Ferring, Grant recipient; Special Research Fund from Ghent University (Bijzonder Onderzoeksfonds, BOF), Grant recipient; FWO-Vlaanderen (Flemish fund for scientific research), Grant recipient</td>
</tr>
<tr>
<td>Horn, Deborah B.</td>
<td>Novo Nordisk, Paid consultant; Novo Nordisk, Speakers bureau; Orexigen, Paid consultant; Orexigen, Speakers bureau; Optifast, Paid consultant</td>
</tr>
<tr>
<td>Hotaling, James M.</td>
<td>Nanonc, SpermDx, Andro360, StreamDx, Own equity in 4 early-stage start-up companies, none have any commercial products on the market at this time; MiMedix, Paid consultant</td>
</tr>
<tr>
<td>Name</td>
<td>Disclosures</td>
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<tr>
<td>Huff, Robert</td>
<td>Reproductive Medicine Associates of Texas, Company officer; Imagen Fertility, Company officer; FertilityTech.org, Executive chair</td>
</tr>
<tr>
<td>Hullender Rubin, Lee</td>
<td>Portland Acupuncture Studio LLC, Company officer</td>
</tr>
<tr>
<td>Isley, Lauren J.</td>
<td>Counsyl, Full-time company employee</td>
</tr>
<tr>
<td>Joseph, Jamie M.</td>
<td>Weston Cognitive Behavior Therapy &amp; Evaluation, Owner / solo licensed psychologist of this private practice</td>
</tr>
<tr>
<td>Kaye, Leah A.</td>
<td>Ferring Pharmaceuticals, Inc., Grant recipient</td>
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<tr>
<td>Kimble, Thomas</td>
<td>Merck Pharmaceuticals, Speakers bureau; Mithra Pharmaceuticals, Grant recipient; Merck Pharmaceuticals, Grant recipient; Allergan, Grant recipient; Agile, Grant recipient; Chemo, Grant recipient</td>
</tr>
<tr>
<td>King, Louise P.</td>
<td>OvaScience, Company pays my hospital for my time as ethics consultant</td>
</tr>
<tr>
<td>Krisher, Rebecca</td>
<td>Serono, Grant recipient; Ferring, Grant recipient; Irvine, Honoraria</td>
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<td>Langley, Martin</td>
<td>INVO Bioscience Inc., Direct stockholder</td>
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<tr>
<td>Laskin, Carl A.</td>
<td>GlaxoSmithKline Pharma, Honoraria</td>
</tr>
<tr>
<td>Laughlin-Tommaso, Shannon K.</td>
<td>UpToDate, Author, fibroid articles (receive royalties); HALT medical, Member, data safety monitoring board for ULTRA trial</td>
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<tr>
<td>Lee, Michael</td>
<td>Cook Medical, Speakers bureau</td>
</tr>
<tr>
<td>Legro, Richard S.</td>
<td>Ogeda, Paid consultant; Bayer, Paid consultant; AbbVie, Paid consultant; Fractyl, Paid consultant; Ferring, Grant recipient</td>
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<tr>
<td>Lessey, Bruce A.</td>
<td>Pfizer, Paid consultant; Pfizer, Grant recipient; AbbVie, Paid consultant</td>
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<tr>
<td>Lipshultz, Larry I.</td>
<td>American Medical Systems, Speaker; Endo Pharmaceuticals, Speaker/consultant; Aytu Bioscience, Consultant; AbbVie, Consultant; Lipocine, Consultant</td>
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<tr>
<td>Luna Rajas, Rosa Martha</td>
<td>Speaker for Merck Serono, Honoraria; Speaker for Ferring, Honoraria</td>
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<tr>
<td>Marks, Sheldon H.F.</td>
<td>Sharpoint, formerly Surgical Specialties, Speakers bureau; Arizona Andrology Laboratory and Cryobank, Owner of in-house andrology laboratory, Arizona Andrology Laboratory and Cryobank</td>
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<tr>
<td>Marshall, Erica E.</td>
<td>Allergan, Attended advisory board meeting</td>
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<tr>
<td>Matt, Dennis</td>
<td>Good Start Genetics, Paid consultant</td>
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<tr>
<td>McMahon, Eileen</td>
<td>Merck Canada, Honoraria</td>
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<td>Meintjes, Marius</td>
<td>Vitrolife AB, Paid consultant</td>
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<tr>
<td>Mindes, Erica</td>
<td>Vericel, Inc, Paid consultant; Cartiheal Inc, Paid consultant; Aesculap, Inc, Paid consultant; Orthospace, Inc, Direct stockholder</td>
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<tr>
<td>Missmer, Stacey A.</td>
<td>AbbVie, Paid consultant</td>
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<tr>
<td>Myers, Evan R.</td>
<td>Merck, Inc (HPV vaccines), Paid consultant; Millendo Pharmaceuticals, Chair, DSMB, phase II studies of treatment for PCOS; Allergan, IN, Paid consultant</td>
</tr>
<tr>
<td>Nagy, Zsolt Peter</td>
<td>MEBNA / Prelude, Direct stockholder; EMD Serono, Paid consultant; Origio / CooperSurgical, Paid consultant; Watermark / Allergan, Paid consultant</td>
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<td>Nezhat, Ceana</td>
<td>Karl Storz Endoscopy, Paid consultant; Plasma Surgical, Paid consultant; SurgiQuest, Paid consultant; Lumenis, Paid consultant; Novuzon Surgical, Paid consultant; AbbVie, Paid consultant</td>
</tr>
</tbody>
</table>
Niederberger, Craig  American Urological Association, Update series editor; Ferring, Grant recipient; Nexhand, Company officer

Ohl, Dana A.  Endo, Grant recipient; Pfizer, Paid consultant; Coloplast, Paid consultant

Pal, Lubna  AMAG pharmaceutical, Paid consultant; GLG, Paid consultant

Palermo, Gianpiero D.  Irvine Scientific, Royalties

Pang, Samuel C.  NEEB, LLC, Direct stockholder; Prelude Fertility, Direct stockholder

Pellicer, Antonio  IGennomix, Direct stockholder

Penizas, Alan  OvaScience, Company advisor; ReproSource, Company advisor

Pfeifer, Samantha  Thesan, Paid consultant; Regeneron, Paid consultant; Theralogix, Paid consultant

Racowsky, Catherine  Life Global Group, Paid consultant; UpToDate, Honoraria; World Health Organization, Paid consultant; EMD Serono, Honoraria

Ramasamy, Ranjith  Lipocine, Paid consultant; Beckman, Paid consultant; Direx System, Grant recipient

Rizk, Botros  Hologic, Grant recipient; AbbVie, Honoraria; AbbVie, Grant recipient; Boston scientific, Honoraria

Sakkas, Denny  Ferring, Grant recipient; Origio, Scientific advisory board; Allergan, Trial advisory board; INVO Biosciences, Direct stockholder

Santoro, Nanette  Menogenix Inc, Stock options

Segars, James  Biospecifics, Inc, PI for a phase 1-2 clinical trial; American Board of Obstetrics and Gynecology, Board director; Bayer, As a lead investigator for a phase 3 clinical trial; Allergan, As a possible PI for a phase 3 clinical trial; Society for Reproductive Investigation, Presidential nominee, Company officer

Seifer, David  Rutgers Medical School/ MGH licensing agreement with Beckman-Coulter, Co-inventor of AMH as a method of determining ovarian reserve; Women’s Integrated Network, Paid consultant

Sharara, Fady  MAP Diagnostics, Company officer; Ferring Pharmaceuticals, Speakers bureau

Shin, Paul R.  Absorption pharmaceuticals, Direct stockholder

Shulman, Lee Philip  Merck, Sera, Sequenom, Vermillion, Bayer, Allergan, Mithra, AMAG, Teva, Natera, Paid consultant; Bayer, Sequenom, Mithra, AMAG, Allergan, Honoraria; Mithra, Grant recipient

Shwayder, James M  GE Ultrasound, Speakers bureau

Silverberg, Kaylen  AbbVie, Counsyl Corporation, Speakers bureau; Good Start Genetics, Illumina, Myriad Laboratories, Paid consultant; Ovation Genetics, Direct stockholder; Illumina, Finox, Halt Medical, Grant recipient

Simón, Carlos  Igenomix SL, Direct stockholder; Igenomix SL, Patent inventor: Gene expression profile as an endometrial receptivity marker (ERA)

St. John, Justin  OvaScience Inc Waltham US, Paid consultant; OvaScience Inc Waltham US, Grant recipient; Australian Pork Ltd Australia, Grant recipient; MitoStock Pty Ltd (a cattle and pig cloning company), Director; Winston Foundation (a dog cloning company), Director

Stahl, Peter  Coloplast, Paid consultant; Theralogix, Direct stockholder

Stanczyk, Frank Z.  TherapeuticsMD, Paid consultant; Agile Therapeutics, Paid consultant; Pantarhei Bioscience, Paid consultant; Mithra Pharmaceuticals, Paid consultant

Stephenson, Mary  Cambridge University Press, Royalties from textbook, Early Pregnancy, co-editor, 2017
<table>
<thead>
<tr>
<th>Name</th>
<th>Disclosures</th>
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<tr>
<td>Stewart, Elizabeth A.</td>
<td>AbbVie, Allergan, Astellas, Bayer, GlaxoSmithKline, Gynesonics, Welltwigs, Viteava, Paid consultant; UpToDate, Honoraria</td>
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<td>Surrey, Eric</td>
<td>AbbVie Laboratories, Advisory board, speaker’s bureau, grant recipient; Ferring Laboratories (speaker’s bureau), Speakers bureau</td>
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<tr>
<td>Tanrikut, Cigdem</td>
<td>New England Cryogenic Center, Medical director - Andrology Lab</td>
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<tr>
<td>Tazuke, Salli</td>
<td>Ziva, Paid consultant</td>
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<td>Tulandi, Togas</td>
<td>AbbVie, Ad hoc advisor; Sanofi Genzyme, Ad hoc advisor; Allergan, Ad hoc advisor</td>
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<td>Vance, Amy</td>
<td>Good Start Genetics, Advisory board</td>
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<td>Walsh, Thomas James</td>
<td>Boston Scientific, Paid consultant; Coloplast, Paid consultant; Counsyl Genetics, Direct stockholder</td>
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<td>Wells, Dagan</td>
<td>Reprogenetics UK, Company officer; Illumina, Paid consultant</td>
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<td>West, Elizabeth</td>
<td>EMD Serono, Paid consultant; EMD Serono, Speakers bureau</td>
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<td>Widra, Eric A.</td>
<td>Counsyl, Paid consultant; Resolve, Board member; Embryo Options, Direct stockholder; Capex MD, Direct stockholder; Capex MD, Board member</td>
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<td>Wild, Robert A.</td>
<td>AMGEN, Paid consultant; QUEST laboratories, Grant recipient; NICHD, Grant recipient</td>
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<td>Witt, Barry</td>
<td>Natera, Paid consultant</td>
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<tr>
<td>Wood, Jennifer M.</td>
<td>EMD Serono, Speakers bureau; Coalesce MedCom, Paid consultant</td>
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<tr>
<td>Worilow, Kathryn Colonna</td>
<td>LifeAire Sytems, LLC, Company officer</td>
</tr>
<tr>
<td>Young, Steven L.</td>
<td>UNC School of Medicine, I am co-inventor on a technology for testing for endometriosis and/or endometrial receptivity currently licensed to Cicero Diagnostics and marketed as “ReceptivaDx”</td>
</tr>
<tr>
<td>Yurttas Beim, Piraye</td>
<td>Celmatix Inc, Company officer</td>
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<td>Zini, Armand</td>
<td>YAD-Tech Neutraceticals, Direct stockholder</td>
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</table>
Non-CME Educational Sessions

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TICKETED EVENTS
Ticketed events listed in the daily schedule are marked with a icon.

SUNDAY, OCTOBER 29, 2017
8:00 am – 3:45 pm
Society for Reproductive Endocrinology and Infertility (SREI) Members’ Retreat
$250 Fee

Do you want to improve your REI Practice? The SREI Members’ Retreat is a 1-day non-CME course that will focus on strategies to keep your practice healthy and growing. Topics covered will include: marketing your practice, prevention of patient dropout, improvement of patient and personnel satisfaction, and ways to ensure the future of your practice. Also, included will be opportunities to improve personal and professional satisfaction, with discussions on implementing research, teaching, and current literature into everyday practice.

3:00 pm – 5:00 pm
Personal Finance for Physicians Workshop
Stuart S. Howards, M.D.
University of Virginia
$25 Fee

In this non-CME workshop, attendees will receive objective advice and education regarding personal finances (practice finances will not be covered). Topics will include the following: insurance, legal considerations, investments (general principles), retirement investments and planning, savings for college expenses, and estate planning.

TUESDAY, OCTOBER 31, 2017
6:00 am
8th Annual ASRM 5K Run / Walk
Sponsored by EMD Serono
$50 Fee

7:00 am – 8:45 am
Women’s Council Breakfast
$40 Fee

12:30 pm – 1:30 pm
Lunch Symposium
$10 Fee, includes boxed lunch

More than a Mother by Merck KGaA, Darmstadt, Germany in partnership with Africa Fertility Society: Challenges and Solutions to Improve Access to Regulated and Cost-effective Fertility Care in Africa
Hon. Sarah Opendi, Minister of State of Health, Uganda
Hon. Joyce Lay, Member of Parliament, Kenya
Prof. Oladapo Ashiru, President of Africa Fertility Society
Prof. Joe Leigh Simpson, Immediate Past President of IFFS
Dr. Kamin Riso, Chairperson of International Institute for Training and Research in Reproductive Health, IIRRH, India
Dr. Rasha Kelej, Chief Social Officer and Vice President of Merck KGaA, Darmstadt, Germany

Discussion of capacity building of fertility care in Africa with special focus on embryology training and its impact on improving access to fertility care in Africa.

Discussion of different challenges and solutions to improve access to regulated, cost-effective, and safe fertility care in the continent.

An infertile woman from Kenya will share her experience about lack of access to information and fertility care and how this affected her life.

WEDNESDAY, NOVEMBER 1, 2017
12:30 pm - 2:00 pm
Lunch Symposium
$10 Fee, includes boxed lunch

Lipiodol HSG and Infertility: Emerging Data
Supported by an educational grant from Guerbet
Join us for a luncheon symposium entitled, Lipiodol HSG and Infertility: Emerging Data. Dr. Benjamin Mol will present Tubal Flushing with Oil- or Water-Soluble Contrast Medium: Results of the H2Oil Trial.
Dr. Neil Johnson will present Lipiodol Uterine Bathing or Tubal Flushing - Overview of Evidence up to 2017.
These informal non-CME sessions are designed for interaction and exchange with recognized experts in their field. Bring your questions and discussion ideas, and be prepared to engage while you enjoy a boxed lunch during the session. Sign up now for this ticketed event. Limited registration.

**Monday, October 30, 2017**
12:30 pm – 1:30 pm  
$40 each, includes lunch

**Embryonic and Uterine Checkpoints Needed for a Successful Pregnancy**
Carlos Simón, M.D., Ph.D.  
University of Valencia, INCLIVA; Igenomix  
Catherine Racowsky, Ph.D.  
Brigham and Women’s Hospital

**What Research Will Reproductive Endocrinologists Do in the Future?**
Alan H. DeCherney, M.D.  
Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health

**Tuesday, October 31, 2017**
12:30 pm – 1:30 pm  
$40 each, includes lunch

**Difficult Management Cases in Male Infertility: From the Laboratory to the Bedside**
Dolores J. Lamb, Ph.D.  
Baylor College of Medicine  
Larry I. Lipshultz, M.D.  
Baylor College of Medicine

**Challenge the Skeptic**
Michael Shermer, Ph.D.  
Skeptic Magazine

**Wednesday, November 1, 2017**
12:30 pm – 1:30 pm  
$40 each, includes lunch

**Mosaicism**
Nathan Treff, Ph.D.  
Genomic Prediction, Inc.

**Women’s Health in the Media - Challenges and Opportunities**
Jennifer Ashton, M.D., M.S., F.A.C.O.G.  
Englewood Hospital  
Chief Women’s Health Correspondent, ABC News

**WHAT’S NEW AT THIS YEAR’S CONGRESS**

1. We’ve brought back lunch! There is now a designated time, 12:30-1:30 pm, for either a ticketed lunchtime activity or for you to grab lunch and network with colleagues. We offer several non-CME activities at that time including Roundtable Discussions, industry-supported offerings, and our new Expert Encounters.

2. What’s an Expert Encounter? This is your opportunity to ask questions and have a dialogue and lunch with an expert on select topic areas. Space is limited and these will sell out, so book your slot early!

3. We’ve added even more roundtable discussions.

4. Tuesday Lunch Symposium: More than a Mother by Merck KGaA, Darmstadt, Germany in partnership with Africa Fertility Society Lunch Symposium

5. Wednesday Lunch Symposium: Lipiodol HSG and Infertility: Emerging Data, supported by an educational grant by Guerbet

6. Our meeting app is improved and the best ever!

7. We will have a Pre-Congress course, as well as roundtables and symposia, in Spanish.

8. PosterPlus - a new service in our Poster Sessions that utilizes mobile devices to access 1- to 2- minute video presentations highlighting the abstract data. Powered by PosterTalks. Supported by Merck.

9. It’s Halloween with several spooktacular evening activities. And it’s Día de los Muertos, when San Antonio embraces the day to remember loved ones who have departed. Plan to join in this colorful celebration on Tuesday evening with music and dance, along with a drum and puppet procession through downtown San Antonio.
Roundtable Luncheons
Monday, Tuesday, and Wednesday
12:30 pm – 1:30 pm
$55 Fee/day

A Conversation with Louise Brown
Monday, October 30, 2017
7:00 pm – 8:00 pm
On the 40th anniversary of the groundbreaking medical procedures that would lead to her birth, join ASRM, our President, Richard Paulson, M.D., and the first IVF baby, Louise Brown, for "A Conversation with Louise Brown" in the Henry B. Gonzalez Convention Center, Room 006, River Level.

Purchase your ticket(s) now as limited seating is available. Your ticket ($100 USD each) includes a signed copy of Ms. Brown’s book, My Life as the World’s First Test-Tube Baby.

Tickets may be purchased onsite during the Congress at the registration desk or the door, if seating is still available.
Join Us for

More than A Mother

What are you doing for lunch on Tuesday in San Antonio? The More than a Mother program, hosted by Merck, Germany and the African Fertility Society will open your eyes to some amazing challenges facing infertile women and couples in Africa and other lower income parts of the world. Come hear an infertile Kenyan woman share the isolation and taboo she experienced for not being able to become pregnant. Listen to the Ugandan Minister of Health, a member of the Kenyan parliament, and African and international infertility leaders provide their local solutions. This is a ticketed event with box lunch provided.

VISIT REGISTRATION FOR YOUR $10 TICKET.

Don't Miss

Lipiodol HSG and Infertility: Emerging Data

During the ASRM 2017 Scientific Congress & Expo

Do you have plans for lunch on Wednesday in San Antonio?

Join us for a luncheon symposium entitled, Lipiodol HSG and Infertility: Emerging Data. Dr. Benjamin Mol will present Tubal Flushing with Oil- or Water-Soluble Contrast Medium: Results of the H2Oil Trial. Dr. Neil Johnson will present Lipiodol Uterine Bathing or Tubal Flushing - Overview of Evidence up to 2017.

This symposium is a ticketed event with box lunch provided, and is supported by an independent educational grant from Guerbet.

VISIT REGISTRATION FOR YOUR $10 TICKET
Monday, October 30, 2017

ANDROGEN EXCESS
RTM01
Patient-centered Care for Polycystic Ovary Syndrome
Emily Jungheim, M.D.
Washington University

ASSISTED REPRODUCTIVE TECHNOLOGY
RTM02
Diminished Ovarian Reserve and Assisted Reproductive Technology
Orhan Bukulmez, M.D.
University of Texas Southwestern Medical Center

RTM03
Strategies to Minimize the Monitoring Burden of Assisted Reproductive Technology
Kathleen Doody, M.D.
Center for Assisted Reproduction

RTM04
Maximizing Reproductive Potential
Eric Surrey, M.D.
Colorado Center for Reproductive Medicine

CHINESE REPRODUCTIVE MEDICINE
RTM05
In Vitro Fertilization Patients with Premature Ovarian Failure
Zi-Jiang Chen, M.D., Ph.D.
Shandong University

COMPLEMENTARY & INTEGRATIVE MEDICINE
RTM06
Incorporating Integrative Medicine into Your Reproductive Practice
Peter Harvey, L.Ac., M.S.O.M., F.A.B.O.R.M.
Eastern Healing

CONTRACEPTION
RTM07
Tackling Difficult Intrauterine Device Removals
Ghazaleh Moayedi, D.O.
University of Hawaii

EARLY PREGNANCY
RTM08
Progesterone Support in Early Pregnancy
Vicki Schnell, M.D.
Center of Reproductive Medicine

EDUCATION MODALITIES
RTM09
Winning the Teaching Game: How to Give Interactive and Engaging Lectures
Ranjith Ramasamy, M.D.
University of Miami

ENDOMETRIOSIS
RTM10
Managing Chronic Pelvic Pain in Women Trying to Conceive
Rebecca Flyckt, M.D.
Cleveland Clinic

ENVIRONMENT AND REPRODUCTION
RTM11
Interactions between Environmental Chemicals and Diet in Human Fertility
Jorge Chavarro, M.D., D.Sc.
Harvard T.H. Chan School of Public Health

FERTILITY PRESERVATION
RTM12
Update on Culturing Human Spermatogonial Stem Cells for Oncofertility
James Hotaling, M.D.
University of Utah

FIBROIDS
RTM13
Fertility Preservation in Men
Puneet Masson, M.D.
University of Pennsylvania

RTM14
New Medical Treatments for Uterine Fibroids
William Catherino, M.D., Ph.D.
Uniformed Services University of the Health Science

GENETIC COUNSELING
RTM15
How to Handle “New Genetic Information” Regarding Gamete Donors
Amy Vance, M.S., L.C.G.C.
Bay Area Genetic Counseling

HEALTH DISPARITIES
RTM16
Selective Progesterone Receptor Modulators for Fertility Preservation in Patients with Uterine Fibroids
Ayman Al-Hendy, M.D., Ph.D.
Augusta University

IMAGING
RTM17
Ultrasound Screening and Baseline Assessment in Infertility
Amanda Skillem, M.D.
RMA of Texas, University of Texas Dell Medical School

LGBTQ
RTM18
Exploring the Psychosocial and Legal Aspects of LGBTQ Family Building: A Primer for the Medical, Legal, and Mental Health Practitioner
Kim Bergman, Ph.D.
Growing Generations
ROUNDTABLE DISCUSSIONS

LEGAL

RTM19
Embryo Disputes: Legal Uses of Consents and Contracts
Melissa Brisman, J.D.
Melissa B. Brisman, Esq., LLC, Reproductive Possibilities, LLC

RTM20
Legal Updates on Third-party Reproduction
Heather Ross, J.D.
Ross & Zuckerman, LLP

MALE REPRODUCTION AND UROLOGY

RTM21
Intracytoplasmic Sperm Injection (ICSI) Outcomes and Sperm Source
Joseph Alukal, M.D.
New York University School of Medicine

RTM22
Effect of Environment, Diet, and Lifestyle on Sperm Parameters
Michael L. Eisenberg, M.D.
Stanford University

RTM23
Paternal Age: Are There Limits for Assisted Reproductive Technology?
Thomas Walsh, M.D.
University of Washington

MENOPAUSE AND OVARIAN INSUFFICIENCY

RTM24
Approach to the Patient with Premature Ovarian Insufficiency Who Wants to Conceive with Her Own Eggs
Mindy Christianson, M.D.
Johns Hopkins University School of Medicine

MENTAL HEALTH

RTM25
Infertility to Adoption
Carolyn Berger, L.C.S.W.
Private Practice, Westchester & NYC

REPRODUCTIVE BIOLOGY AND TECHNOLOGY

RTM33
Noninvasive Embryo Selection
Charles Bormann, Ph.D.
Massachusetts General Hospital

RTM34
Quality Control/Quality Assurance in the Era of Freeze-all Cycles
Alison Coates, B.Sc.
Oregon Reproductive Medicine

RTM35
Streamlining Workflow in the In Vitro Fertilization Lab
Dawn Kelk, Ph.D., H.C.L.D.
Yale University

REPRODUCTIVE IMMUNOLOGY

RTM38
How to Manage Repeated Implantation Failure
Joanne Kwak-Kim, M.D., M.P.H.
Rosalind Franklin University of Medicine and Science

REPRODUCTIVE MANAGERS

RTM39
Simplified IT Solutions Every Fertility Center Can’t Live Without
Bob Huff
RMA of Texas

NURSES

RTM27
How to Hold onto Your Newbies: Improving Nurse Retention
Danielle Burke, B.S.N., R.N.
RMA of New Jersey

RTM28
The Utilization of Advanced Practice Providers in a Reproductive Medicine Practice
Shana Perman, P.A.-C
Shady Grove Fertility

NUTRITION

RTM29
Translating Nutrition Research into Clinical Advice
Christina Boots, M.D.
Northwestern University

PREIMPLANTATION GENETIC DIAGNOSIS

RTM30
Workup When Euploid Blastocysts Fail to Implant
Eric Forman, M.D.
RMA of New Jersey

RTM31
Toward Comprehensive Preimplantation Genetic Diagnosis
Svetlana Rechitsky, Ph.D.
Reproductive Genetic Innovations

REGENERATIVE MEDICINE AND STEM CELL BIOLOGY

RTM32
Stem Cell Therapy for Urinary Incontinence
Margot Damaser, Ph.D.
Cleveland Clinic
ROUND TABLE DISCUSSIONS

**Tuesday, October 31, 2017**

**ACCESS TO CARE**

**RTT01**
Disparities in Access to Fertility Services
Paula Amato, M.D.
Oregon Health and Science University

**COMPLEMENTARY & INTEGRATIVE MEDICINE**

**RTT07**
Pre-pregnancy Preparation
Lee Rubin, D.A.O.M., L.Ac., F.A.B.O.R.M.
Portland Acupuncture Studio

**CONTRACEPTION**

**RTT08**
Manual Vacuum Aspiration in an Outpatient Setting
Steven Gay, M.D.
Emory University

**EARLY PREGNANCY**

**RTT09**
Cytokine Levels in Predicting Early In Vitro Fertilization Pregnancy Outcome
Steven Spandorfer, M.D.
Cornell University

**ENDOMETRIOSIS**

**RTT10**
Endometriosis, Antimüllerian Hormone, and Assisted Reproductive Technology
Linnea Goodman, M.D.
RMA New Jersey

**ENVIRONMENT AND REPRODUCTION**

**RTT11**
The Developmental Origins of Health and Disease (DOHaD) Perspective and In Vitro Fertilization
Paolo Rinaudo, M.D., Ph.D.
University of California, San Francisco

**FERTILITY PRESERVATION**

**RTT12**
Fertility Preservation in Children: Oncology and Beyond
Leslie Appiah, M.D.
University of Kentucky College of Medicine

**REPRODUCTIVE SURGERY**

**RTM40**
Patient Engagement and Managing Patient Concerns
Colin Thomas, M.H.A.
Columbia University Center for Women’s Reproductive Care

**RTM41**
Adenomyosis: Surgical Correction
Keith Isaacson, M.D.
Harvard Medical School

**RTM42**
Vasectomy Reversal: Tips and Tricks
Sheldon Marks, M.D.
International Center for Vasectomy Reversal

**RTM43**
Management of Severe Symptomatic Endometriosis
Ceana Nezhat, M.D.
Nezhat Medical Center

**SPANISH REPRODUCTIVE MEDICINE**

**RTM44**
Screening Genético en Todos los Casos?
Marcelo Barrionuevo, M.D.
IVF Florida Reproductive Associates

**TURKISH REPRODUCTIVE MEDICINE**

**RTM45**
Ovarian Aging and Fertility Preservation in Women with BRCA Mutations and Breast Cancer
Kutluk Oktay, M.D., Ph.D.
New York Medical College

**ANDROGEN EXCESS**

**RTT02**
Dietary Interventions in Women with Polycystic Ovary Syndrome
Marla Lujan, Ph.D.
Cornell University

**ASSISTED REPRODUCTIVE TECHNOLOGY**

**RTT03**
Laboratory Quality Assurance: Using Society for Assisted Reproductive Technology (SART) Outcomes to Troubleshoot Your Own Outcomes
Marybeth Gerrity, Ph.D., M.B.A.
Reproductive Biology Resources, Inc.

**RTT04**
Is There a Role for Assisted Reproductive Technology in Treating Recurrent Pregnancy Loss?
William Kutteh, M.D., H.C.L.D.
Vanderbilt University Medical Center

**CHINESE REPRODUCTIVE MEDICINE**

**RTT06**
Oocyte Cryopreservation
Huai Feng, Ph.D., H.C.L.D.
New York-Presbyterian Health System Affiliate Weil Cornell Medical College

**COMPLEMENTARY & INTEGRATIVE MEDICINE**

**RTT07**
Pre-pregnancy Preparation
Lee Rubin, D.A.O.M., L.Ac., F.A.B.O.R.M.
Portland Acupuncture Studio
ROUNDTABLE DISCUSSIONS

FIBROIDS
RTT13
Obstetric Complications of Uterine Fibroids
Bradley Hurst, M.D.
Carolinas HealthCare System

LEGAL
RTT19
Compassionate Transfer of Embryos: Patient Requests and Provider Duties
Judith Daar, J.D.
Whittier Law School

RTT20
Legal Issues Specific to Fertility Preservation
Nidhi Desai, J.D.
Desai & Miller

GENETIC COUNSELING
RTT14
What Can Preimplantation Genetic Screening Really Tell Us about Embryonic Mosaicism?
Alleigh Hebner, M.S., L.C.G.C.
Stanford University IVF/ART Program

HEALTH DISPARITIES
RTT15
Ethnic Disparities and Assisted Reproductive Technology Outcome
Fady Sharara, M.D.
Virginia Center for Reproductive Medicine

IMAGING
RTT16
Ultrasound Evaluation of Uterine Septum: When Are Patients Surgical Candidates?
Laura Detti, M.D.
University of Tennessee at Memphis

INDIAN REPRODUCTIVE MEDICINE
RTT17
Premature Progesterone Rise: Its Significance
Manish Banker, M.D.
Nova IVI Fertility

LGBTQ
RTT18
How to Be an LGBTQ-friendly Fertility Medical Practice
Samuel Pang, M.D.
IVF New England

MALE REPRODUCTION AND UROLOGY
RTT21
Management of the Cryptozoospermic/Azoospermic Patient
Martin Kathrins, M.D.
Brigham & Women's Hospital

RTT22
When to Consider Donor Sperm in the Setting of Severe Male Factor
Robert M. Coward, M.D.
University of North Carolina

RTT23
Oncofertility (Including Prepubertal Banking Options and Use of Sperm Post Cancer Treatment)
Daniel Williams, M.D.
University of Wisconsin

NURSES
RTT27
(Donor) Age Is Only a Number: A Comparison of Oocyte Donors
Susan Welgos, R.N.
RMA of New Jersey

RTT28
Incorporating Integrative Medicine into Your Reproductive Endocrinology Practice
Meike L. Uhler, M.D.
Oregon Reproductive Medicine

PEDIATRIC AND ADOLESCENT GYNECOLOGY
RTT29
Polycystic Ovary Syndrome in Adolescents
Xiomara Santos, M.D.
Orlando Health

PHYSICIAN-SCIENTISTS
RTT30
Being a Reproductive Endocrinology and Infertility Academician Today: Opportunities and Challenges
Zafer Merhi, M.D.
NYU School of Medicine

PREIMPLANTATION GENETIC DIAGNOSIS
RTT31
New Developments in Preimplantation 24-Chromosome Aneuploidy Testing
Dagan Wells, Ph.D.
Oxford University

MENOPAUSE AND OVARIAN INSUFFICIENCY
RTT24
Fragile X Premutation: Premature Ovarian Insufficiency and Beyond
Satu Kuokkanen, M.D., Ph.D.
Albert Einstein College of Medicine

MENTAL HEALTH
RTT25
Is Telemental Health an Appropriate Tool to Work with When It Comes to Helping Create Families?
Lauren Berman, Ph.D.
Fertility Psychology Center of Atlanta

RTT26
Getting Off the Fertility Roller Coaster: How to Help Patients Make the Decision to End Treatment
Ariadna Cymet-Lanski, Psy.D.
Fertility Centers of Illinois

NURSES
RTT27
(Donor) Age Is Only a Number: A Comparison of Oocyte Donors
Susan Welgos, R.N.
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Being a Reproductive Endocrinology and Infertility Academician Today: Opportunities and Challenges
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PREIMPLANTATION GENETIC DIAGNOSIS
RTT31
New Developments in Preimplantation 24-Chromosome Aneuploidy Testing
Dagan Wells, Ph.D.
Oxford University
REGENERATIVE MEDICINE AND STEM CELL BIOLOGY

RTT32
Stem-cell Therapy in Asherman Syndrome
Carlos Simón, M.D., Ph.D.
University of Valencia

REPRODUCTIVE BIOLOGY AND TECHNOLOGY

RTT33
On Which Patients Is Preimplantation Genetic Screening Best Used?
G. David Ball, Ph.D., H.C.L.D.
Seattle Reproductive Medicine

RTT34
Embryo Culture Medium
Rebecca Krisher, Ph.D.
Colorado Center for Reproductive Medicine

RTT35
Frozen-Thawed Eggs: How Do They Compare to Fresh Donor and Non-donor Egg Cycles?
Michael Lee, M.S.
Fertility Solutions

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

RTT36
Preimplantation Genetic Screening: Methods and Indications
David Cohen, M.D.
Institute for Human Reproduction

RTT37
When to Use Clomiphene and When to Use Letrozole
Richard Legro, M.D.
Pennsylvania State University

RTT38
Society for Reproductive Endocrinology and Infertility (SREI) Forum
Craig Sweet, M.D.
Embryo Donation International, P.C.

REPRODUCTIVE MANAGERS

RTT39
Compensation Structures for Partner, Employer, and Contracted Physicians
Matt Richardson, M.B.A.
Reproductive Partners Medical Group

RTT40
Top Five Risk-management Issues in a Fertility Practice
Lisa A. Rinehart, J.D., R.N., B.S.N.
LegalCare Consulting, Inc.

REPRODUCTIVE SURGERY

RTT41
Klinefelter Syndrome
Kelly Chiles, M.D.
George Washington University

RTT42
Hysteroscopic Treatment of Asherman Syndrome: Surgical Pearls
Steven Lindheim, M.D.
Wright State University

RTT43
Endometriosis: When to Operate
Salli Tazuke, M.D.
CCRM San Francisco

SPANISH REPRODUCTIVE MEDICINE

RTT44
Selección Espérmatica: Necesidad o Moda?
Pedro Cuapio Padilla, M.S.
Hisparep (Mexico) Clinic of Assisted Reproduction, Spanish Hospital

TURKISH REPRODUCTIVE MEDICINE

RTT45
Management of Refractory Endometriosis
Serdar Bulun, M.D.
Northwestern University

Wednesday, November 1, 2017

ACCESS TO CARE

RTW01
Access to Care for Male Fertility Patients
Ajay Nangia, M.B.B.S.
University of Kansas Medical Center

ANDROGEN EXCESS

RTW02
Adjunctive Therapies for Polycystic Ovary Syndrome
Rebecca Usadi, M.D.
Carolinas Healthcare System

ASSISTED REPRODUCTIVE TECHNOLOGY

RTW03
In Vitro Fertilization Strategies for Patients with Polycystic Ovary Syndrome
Angeline Beltsos, M.D.
Vios Fertility Institute

RTW04
Home Ultrasound Monitoring for Assisted Reproductive Technology
Jan Gerris, M.D., Ph.D.
Ghent University Hospital

RTW05
Implementation of Intravaginal Embryo Culture Systems
Martin Langley, B.S.
Center for Assisted Reproduction

EARLY PREGNANCY

RTW06
Pathologic Evaluation of Early and Recurrent Pregnancy Loss
Harvey Kliman, M.D., Ph.D.
Yale University School of Medicine
FERTILITY PRESERVATION

RTW07
Fertility Preservation: Maximizing Outreach and Patient Resources for Your Program
Janet Bouknight, M.D., M.S.C.E.
Alabama Fertility Specialists

MENTAL HEALTH

RTW14
A Rabbi, a Priest, and a Therapist Walk Into a Fertility Clinic: Integrating Spirituality in the Emotional Support of Fertility Patients
Silvia Schneider Fox, Psy.D.
Fertility Resilience

GENETIC COUNSELING

RTW08
Implementing an Expanded Carrier Screening Program in Fertility Clinics
Andria Besser, M.Sc.
NYU Langone Fertility Center

LEGAL

RTW09
Access to Care: Military Benefits and Financing Strategies
Margaret Swain, J.D., R.N.
Private Practice, Baltimore

RTW10
Writing Policies regarding Disposing of Abandoned Embryos
Richard B. Vaughn, J.D.
International Fertility Law Group Inc.

MALE REPRODUCTION AND UROLOGY

RTW11
Testosterone Replacement/Male Rejuvenation and Impacts on Fertility
Kathleen Hwang, M.D.
The Alpert Medical School of Brown University

RTW12
Methods of Surgical Sperm Extraction and Implications for Success
Mary Samplaski, M.D.
University of Southern California

RTW13
Medical Management of Male Infertility
Landon Trost, M.D.
Mayo Clinic

RTW20
Mosaicism in Preimplantation 24-chromosome Aneuploidy Testing
Carmen Rubio, Ph.D.
Igenomix

MENTAL HEALTH

RTW15
Using the TIP TOP Program to Help Children Conceived through Ovum and Sperm Donation Manage the Disclosure of Their Genetic Information
Lisa Schuman, L.C.S.W.
RMA of Connecticut

NUTRITION

RTW16
When Your Egg Donor Returns to Your Clinic as an Infertility Patient
Karen Hammond, D.N.P., N.P.
Alabama Fertility Specialists

RTW17
Initiating Research and Quality Improvement Projects to Improve Patient Care
Eleanor Stevenson, Ph.D., R.N.
Duke University School of Nursing

NURSES

RTW18
Nutrition and…the Endometrium?
Patricia Jimenez, M.D.
University of Texas Southwestern Medical School

PREIMPLANTATION GENETIC DIAGNOSIS

RTW19
Preimplantation Genetic Testing Workflow and Communication among the In Vitro Fertilization Lab, Preimplantation Genetic Testing Lab, and Clinicians
T. Arthur Chang, Ph.D., H.C.L.D.
University of Texas Health Science Center

RECONGENEVE MEDICINE

RTW21
Using Stem-cell Models to Examine Environmental Exposure Impacts on Fertility and Developmental Origins of Human Disease
Charles Easley, Ph.D.
University of Georgia

REPRODUCTIVE BIOLOGY AND TECHNOLOGY

RTW22
Clinical Utility of Sperm DNA Fragmentation Testing
Ashok Agarwal, Ph.D., H.C.L.D.
Cleveland Clinic Foundation

RTW23
Patient Safety in the In Vitro Fertilization Lab
Anthony Anderson, D.Sc.
RMA Texas

RTW24
Oocyte Vitrification: Techniques and Quality Control/Quality Assurance
Wayne Caswell, B.S.
Donor Egg Bank

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

RTW25
When to Operate on Fibroids for Fertility
Bala Bhagavath, M.B.B.S.
Strong Fertility Center, University of Rochester Medical Center
RTW26
Emergency Ovulation Induction for Fertility Preservation
Larisa Gavrilova-Jordan, M.D.
Augusta University

RTW27
Clinical Significance of Diminished Ovarian Reserve
David B. Seifer, M.D.
The Geisel School of Medicine at Dartmouth

REPRODUCTIVE MANAGERS

RTW28
How Digital Media and Mobile Are Changing the Way Patients Interact with Your Practice
Griffin Jones, B.A.
Fertility Bridge

RTW29
Staff Engagement
Hayley Rothblum
Arizona Associates for Reproductive Health

REPRODUCTIVE SURGERY

RTW30
How to Get a Large Fibroid Out of a Small Incision
Stephanie Estes, M.D., F.A.C.O.G.
Penn State Health

RTW31
Laparoscopic Myomectomy for the Reproductive Surgeon: When and How
Anthony Imudia, M.D.
University of South Florida

RTW32
Indications for Varicocele Repair
Cigdem Tanrikut, M.D., F.A.C.S.
Massachusetts General Hospital

SPANISH REPRODUCTIVE MEDICINE

RTW33
La Donación de Gametos en México: Cuándo y a Quién.
(Gamete donation in México: When and to Whom)
Silvio Cuneo-Pareto, M.D.
CONCIBE Reproducción Asistida, Mexico City

TURKISH REPRODUCTIVE MEDICINE

RTW34
Mitochondria and Reproduction: Possibilities for Testing and Treatment
Emre Seli, M.D.
Yale University
VIDEO SESSIONS

Monday, October 30, 2017  4:00 pm - 5:30 pm

Video Session 1

Moderators: Dana A. Ohl, Marius Meintjes, and Antonio R. Gargiulo

**V-1  4:00 PM**

TRANSABDOMINAL FOLLICULAR ASPIRATION FOR OOCYTE RETRIEVAL: A CASE PRESENTATION AND STEP-BY-STEP TUTORIAL  
K. W. Keefe,1 E. I. Lewis,1 P. Bortoletto,1 A. R. Gargiulo2; 1Brigham and Women’s Hospital, Boston, MA, 2Center for Infertility and Reproductive Surgery, Brigham and Women’s Hospital, Boston, MA

**OBJECTIVE:** To provide a step-by-step description of our published technique of the transabdominal approach to follicular aspiration illustrated though the case of a 35 year-old woman with cervical cancer who had undergone a laparoscopic ovarian transposition to the upper abdomen.

**METHODOLOGY:** The patient is placed in the dorsal supine position with an empty bladder. General intravenous anesthesia is administered. A chlorohexadine solution is used for skin preparation, which is then completely washed off the abdomen. A sterile needle guide is attached to a sterilely draped abdominal ultrasound probe (GE Logiq E9 with transabdominal probes: S1-5 MHz, C2-9 MHz, C1-6 MHz or L9 MHz; GE Healthcare, Chicago, IL). The ultrasound operator places the probe over the ovary where it was best visualized in the abdomen. Under ultrasound guidance, a standard 17-gauge retrieval needle (Cook IVF, Spencer, IN) is inserted by the surgeon through the skin using the needle guide. Each ovary typically requires multiple punctures. The puncture sites are covered with sterile bandages.

**CONCLUSIONS:** Transabdominal approach to follicular aspiration for oocyte retrieval is a proven, safe alternative to donor egg for patients whose ovaries are not accessible transvaginally. This is the first available video tutorial for this technique.

**V-2  4:07 PM**

ASSESSMENT OF CHROMOSOME INTEGRITY IN HUMAN EMBRYOS USING A LIVE-CELL IMAGING SYSTEM  
M. Tokoro,1 K. Yamagata,2 N. Fukunaga,1 Y. Asada3; 1Asada Ladies Clinic Medical Corporation, Nagoya, Japan, 2Faculty of Biology-Oriented Science and Technology, Kindai University, Kinokawa, Wakayama, Japan

**OBJECTIVE:** We aimed to assess chromosome integrity based on the visualization of chromosome segregation during the 1-cell to blastocyst stage in human embryos using live-cell imaging technology.

**METHODOLOGY:** Human embryos were used for research after informed consent was obtained from the patients. Embryos were microinjected with mRNA encoding the mCherry protein fused with histone H2B using a piezo manipulator. Chromosome segregation was monitored in these embryos from the 1-cell stage to the blastocyst stage using live-cell imaging technology; 51 images in the Z-axis and color images were captured at 15 min intervals using a CV1000 box-type confocal microscopic system (Yokogawa Electric Corporation, Tokyo, Japan).

**CONCLUSIONS:** In this live-cell imaging study, three types of ACS were detected: lagging and misaligned chromosomes, and micronuclei. The frequency of micronuclei was highest in the divisions that occurred until the 8-cell stage. Among the 75 embryos that were observed using live-cell imaging, Normal chromosome segregation (NCS) was observed in 15 embryos (20%). Conversely, ACS was observed in 60 embryos (80%) in divisions from the 1-cell to the 8-cell stage. In addition, the frequency of ACS during 1- to 2-cell division changed according to age. We observed chromosome segregation during interphase, which we were unable to observe previously using normal microscopy. These results suggest that ACS may be related to developmental arrest or miscarriages, because its frequency increased with the patient’s age. We may be able to evaluate embryo quality in greater detail using live-cell imaging compared with embryo morphology or developmental time.

**V-3  4:15 PM**

LOLA, THE EGG.  
L. C. Piccolo, T. Piccolo; Umbigo Fertilidade Assistida, Vila Velha, ES, Brazil

The day Lola gets to be ovulated finally arrived! She’s so excited about it that she even had a nightmare it was happening when she was already too old! But, thanks God, it was just a nightmare! She wakes up very scared and gives us a talk about the relationship between age and fertility. She reminds us we today have the opportunity to freeze our eggs so we have a chance to conceive later in life using our young eggs. She tells us a little how the ovary works - regarding egg’s aging - and then she gets all ready for the big moment of her life: getting out of her follicle!
**V-4 4:21 PM**

**ROBOTIC SINGLE-SITE ADENOMYOMECTOMY WITH FLEXIBLE CO₂ LASER.** A. R. Gargiulo; Center for Infertility and Reproductive Surgery, Brigham and Women’s Hospital, Boston, MA

OBJECTIVE: To describe a technique for robot-assisted laparoscopic excision of focal uterine adenomyosis through a single umbilical incision. We present the recent case of a highly symptomatic patient in which symptom resolution and subsequent successful pregnancy were achieved following this operation. METHODOLOGY: Uterine-sparing surgery for adenomyosis appears to be feasible and satisfactory when complete excision is achieved (Grimbizis GF et al. Fertil Steril 2014; 101(2): 472-87). The most appropriate indication for conservative surgery at this time is to address adenomyosis-related symptoms in women who have not completed childbearing (Alabiso G et al. J Minim Invasive Gynecol 2016; 23(4):476-88). Robotic adenomyomectomy has been described by our team (Barton SE and Gargiulo AR. J Robotic Surg 2013; 7: 157-162). A case series with good long-term clinical outcome has recently been published (Chong GO et al. Gynecol Obstet Invest, 2016; 81: 346-52). Single-site robotic myomectomy has been described by our team (Lewis EI et al. Fertil Steril 2015 May;103(5):1370-7); we now illustrate an adaptation of this technique for the excision of focal adenomyosis. We describe the case of a 41-year-old patient with recurrent pregnancy, menorrhagia and dysmenorrhea, and a 5-cm anterior adenomyoma diagnosed on MRI. Our technique employs standard single-site robotic instrumentation with wristed needle drivers, and features a flexible CO₂ laser as our only energy tool. A classic technique of complete adenomyomectomy is carried out with this set-up through a single 2.5 cm vertical incision contained within the umbilicus. Operative outcomes, in terms of functional uterine reconstruction, cosmetic results and obstetrical performance, are also illustrated in our video.

CONCLUSIONS: Adenomyomectomy remains a procedure of unclear clinical efficacy and reproductive outcomes; however, it may have a role in the conservative surgical treatment of symptomatic women who have not completed childbearing. Robotic assistance provides us with the ability to perform adenomyomectomy in a minimally invasive fashion, while remaining true to all microsurgical principles. Our video demonstrates for the first time the safe use of single-site robotics in the treatment of adenomyosis.

**V-5 4:29 PM**

**COMPREHENSIVE PELVIC FLOOR PHYSICAL THERAPY FOR MEN WITH IDIOPATHIC CHRONIC PELVIC PAIN SYNDROME: A PROSPECTIVE STUDY.** L. F. Savio,1 T. Masterson,2 J. Masterson,2 R. Ramasamy2; 1Department of Urology, University of Miami Miller School of Medicine, Department of Urology, University of Miami Miller School of Medicine, Miami, FL, 2Department of Urology, OBJECTIVE: Male Chronic Pelvic Pain Syndrome (CPPS) is a heterogeneous constellation of symptoms that causes significant impairment and is often challenging to treat. In this prospective study, we evaluated men with CPPS who underwent comprehensive pelvic floor physical therapy program for symptom improvement. We used the previously validated modified NIH-Chronic Prostatitis Symptom Index (NIH-CPSI) to measure outcomes.

METHODOLOGY: We included 14 men who underwent physical therapy for idiopathic CPPS from October 2015 to October 2016. Men with clearly identifiable causes of pelvic pain, such as previous surgery, chronic infection, trauma, prostatitis and epididymitis were excluded. Treatment included manual therapy of pelvic floor and abdominal musculature; therapeutic exercises; biofeedback and electrical stimulation. NIH-CPSI questionnaires were collected at initial evaluation, every subsequent 10th visit, and discharge. Higher scores reflect worse symptoms. Previous validation of the modified NIH-CPSI calculated a reduction of 7 points to robustly predict being a treatment responder (sensitivity 100%, specificity 76%) and a change in 4 points to predict modest response.

CONCLUSIONS: Male CPPS is difficult to treat and often requires a multimodal approach. Comprehensive pelvic floor physical therapy may be an effective treatment option for select patients. A larger study with a control group is needed to validate the routine use of pelvic floor rehabilitation in men with CPPS and predict characteristics of men who would respond to therapy.

**V-6 4:45 PM**

**BOWEL ENDOMETRIOSIS: SAFE ENDOSCOPIC EXCISION OF DEEP INFILTRATING EXTRA-GENITAL ENDOMETRIOSIS.** R. Falik, A. Li, A. Nezhat, C. Nezhat; Center for Special Minimally Invasive and Robotic Surgery, Palo Alto, CA

OBJECTIVE: The purpose of this film is to demonstrate the various surgical techniques for treatment of bowel endometriosis.
METHODOLOGY: Surgery is the cornerstone for treatment of bowel endometriosis in patients who are clinically symptomatic. The laparoscopic approach is the ideal mode of incision as it has been shown to be equally safe as open surgery and results in fewer intra-operative and post-operative complications. Several techniques are employed in particular circumstances and choice of technique varies depending on site of disease and level of bowel lumen involvement. Here, we demonstrate techniques including shaving of the lesion, disc excision of the lesion, segmental bowel resection, and appendectomy. Historically, segmental resection was advocated as the treatment of choice for endometriosis at all levels of the bowel. However, disc resection and the shave technique are safe, minimally-invasive treatment options that should additionally be considered. In addition, we also demonstrate surgical management of multi-organ involvement of deeply infiltrative endometriosis. Examples of foundational surgical techniques, including hydro-dissection and use of the CO2 laser, are shown as well.

CONCLUSIONS: Techniques for surgical management of bowel endometriosis include shaving of the lesion, disc excision of the lesion, and segmental bowel resection. Shave excision and disc resection should be advocated whenever possible.

V-7 4:54 PM
LAPAROSCOPIC APPROACH TO ENDOMETRIOSIS OVERLying THE URETER. N. C. Llarena,1 T. Falcone2; 1Obstetrics & Gynecology, Cleveland Clinic Foundation, Cleveland, OH, 2Ob/Gyn, Cleveland Clinic, Cleveland, OH

Endometriosis may affect the urinary tract in up to 6% of cases. This video describes a laparoscopic approach to the excision of endometriosis overlaying the ureter. We demonstrate a retroperitoneal pelvic sidewall dissection in a patient with pelvic pain who desired conservative surgical management of her endometriosis. The ureter is identified and followed through its course in the pelvis. Relevant nearby structures, including the umbilical artery, uterine artery, and iliac arteries, are clearly seen. After bilateral ureterolysis, the video features dissection of the pararectal space in the setting of complete posterior cul de sac obliteration due to endometriosis.

V-8 5:00 PM
LAPAROSCOPIC TREATMENT OF URETERAL ENDOMETRIOSIS: WITH AND WITHOUT ROBOTIC ASSISTANCE. R. C. Falik,1 D. H. Copeland,2,1 A. Li,1 A. Nezhat,1 C. Nezhat1; 1Center for Special Minimally Invasive and Robotic Surgery, Palo Alto, CA, 2School of Medicine, University of California, San Francisco, CA

OBJECTIVE: Endometriosis most often affects the pelvic organs, but the most common sites of extragenital endometriosis are the intestine and urinary tract. While bladder endometriosis mimics cystitis in presentation, ureteral endometriosis is usually silent. Rarely, ureteral endometriosis can result in silent kidney loss if stricture reaches a critical level. Medical management of deeply infiltrating lesions of the urinary tract poses a high risk of failure. Laparotomy for treatment of endometriosis is inferior due to decreased visualization and increased morbidity. We consider laparoscopic excision the gold standard for treatment of ureteral endometriosis. In a case involving endometriosis, a gynecologic surgeon should be prepared to proceed at the very least with laparoscopic ureterolysis.

METHODOLOGY: In this video, we classify multiple forms of urinary tract endometriosis and describe successful laparoscopic excisional management strategies. First, demonstrating without robotic assistance, we show ureterolysis of extrinsic (superficial) disease of the ureter. Next we demonstrate how to release a “choked” ureter, constricted by endometriosis, and then ureteroureterostomy for intrinsic (deeply invasive) endometriosis necessitating excision of a segment of ureter. Finally we demonstrate ureterolysis and peritoneal stripping with robotic assistance. Throughout the cases, we demonstrate the use and safety of the CO2 laser for excision and vaporization of endometriotic lesions as well as the role of hydro-dissection in protecting the ureter and other vital structures from harm.

CONCLUSIONS: This video compilation demonstrates various presentations of ureteral endometriosis and successful laparoscopic management strategies with and without robotic assistance.

V-9 5:07 PM
CANCER ARISING FROM ENDOMETRIOSIS. E. C. Dun,1 K. Davis,2 C. Nezhat1; 1Obstetrics, Gynecology, and Reproductive Science, Yale School of Medicine, New Haven, CT, 2School of Medicine, Emory University, Atlanta, GA, 1Atlanta Center for Minimally Invasive Surgery, Atlanta, GA
OBJECTIVE: The video presents a 78 year-old G1P1 female with a history of endometriosis who presented with post-coital vaginal bleeding. She had a history of a total abdominal hysterectomy at the age of 46 due to pelvic pain, and later underwent bilateral salpingo-oophorectomy and treatment of endometriosis at the age of 56 due to continued pain. She was on hormonal supplementation with transdermal estrogen. Preoperative examination and imaging revealed a 5 cm friable mass at the vaginal cuff and a smaller pelvic mass in the left pelvic sidewall.

METHODOLOGY: The patient underwent small diameter laparoscopy using a multi-puncture technique. The left pelvic sidewall mass near the left ureter was carefully resected and found to be endometriosis on final pathology. The vaginal cuff mass was also resected and determined to be endometriosis juxtaposed with well-differentiated endometrioid adenocarcinoma.

CONCLUSIONS: Although not fully elucidated, there is a strong relationship between endometriosis and ovarian cancer. Therefore, among patients with a history of endometriosis, continued regular gynecologic follow up is recommended not only for recurrence but also for possible malignant transformation.

V-10 5:13 PM
SEGMENTAL BLADDER RESECTION FOR TREATMENT OF BLADDER ENDOMETRIOSIS: WITH AND WITHOUT ROBOTIC ASSISTANCE. R. C. Falik,1 D. H. Copeland,2 A. Li,1 A. Nezhat,1 C. Nezhat1; 1Center for Special Minimally Invasive and Robotic Surgery, Palo Alto, CA, 2School of Medicine, University of California, San Francisco, CA

OBJECTIVE: In this video, we demonstrate the presentation, workup, and laparoscopic treatment of deeply infiltrating endometriosis of the bladder. Although advanced laparoscopic management of extensive extragenital endometriosis has been reported by this author’s group since the 1980s, it is still not a widespread practice or skill. The most common sites of extragenital endometriosis are the intestines and urinary tract. Medical management of deeply infiltrating lesions of the urinary tract poses a high risk of failure. Laparotomy for treatment of endometriosis is inferior due to decreased visualization and increased morbidity. We consider laparoscopic excision to be the gold standard for treatment of bladder endometriosis.

METHODOLOGY: We demonstrate two cases of laparoscopic segmental bladder resection of deeply infiltrating endometriosis, one performed with robotic assistance and one without. In both types of cases, cystoscopy is routinely performed to guide the operative cystotomy. Complete excision of the deeply infiltrating endometriosis is required, with a 5mm margin. Following the excision, bilateral stents are placed the ureters, and the bladder is closed with 4-0 through-and-through PDS in one or two layers. A piece of omentum is placed on the closure to prevent fistula formation. Cystoscopy is then performed to ensure bladder wall and ureteral integrity. Finally, a foley catheter is left in place until cystourethrogram is performed at followup.

CONCLUSIONS: This video compilation demonstrates two cases of deeply infiltrating endometriosis of the bladder and successful laparoscopic segmental resection performed with and without robotic assistance. Working with or without robotic assistance, the operative surgeon must be comfortable and adept at laparoscopic suturing of the bladder. We hope demonstration of these surgical techniques will help more patients benefit from minimally invasive surgical approaches for treatment of bladder endometriosis.
Video Session 2

Tuesday, October 31, 2017  4:00 pm - 5:30 pm

Moderators: Bala Bhagavath and Ceana Nezhat

V-11 4:00 PM
DISSECTING A FIBROID PSEUDOCAPSULE.  A. Kotlyar,¹ T. Falcone²; ¹Ob/Gyn and Women’s Health Institute, The Cleveland Clinic Foundation, Cleveland, OH, ²Ob Gyn, Cleveland Clinic, Cleveland, OH

OBJECTIVE: To describe the fibroid pseudocapsule and its role in facilitating laparoscopic removal of a uterine fibroid.

METHODOLOGY: This video describes how the pseudocapsule is a distinct fibro-vascular network surrounding a fibroid. By dissecting below the level of the pseudocapsule, one can potentially limit intra-operative blood loss during laparoscopic myomectomy. We demonstrate, using intra-operative footage from myomectmies from two separate patients, how identifying a well-defined fibroid pseudocapsule enables blunt dissection of the myoma while minimizing blood loss.

CONCLUSIONS: The fibroid pseudocapsule is a distinct fibrovascular sheath that provides a blood supply to a uterine myoma. To minimize blood loss during minimally invasive myomectomy, it is essential dissect beneath the pseudocapsule and excise the myoma from this vascular sheath.

V-12 4:05 PM
ROBOTIC EXCISION OF OVARIAN DERMOID CYSTS IN AN ENDOSCOPIC POUCH: FOSTERING THE PRACTICE OF CONTAINED TISSUE EXTRACTION IN GYNECOLOGIC SURGERY.  A. R. Gargiulo; Center for Infertility and Reproductive Surgery, Brigham and Women’s Hospital, Boston, MA

OBJECTIVE: To describe a technique for robot-assisted laparoscopic excision of ovarian dermoid cysts within an endoscopy specimen pouch. We analyze video footage of two surgical cases with different size dermoid cysts.

METHODOLOGY: Excision of ovarian dermoid cysts is mostly performed laparoscopically. Current evidence indicates that: 1) spillage of cyst material during laparoscopic dermoid cystectomy is extremely common; 2) such spillage carries the potential of iatrogenic chemical peritonitis; 3) dermoid cystectomy performed within an endoscopic specimen pouch can prevent this complication (Kondo W et al. BJOG 2010 Jul;117(8):1027-30). The available evidence should persuade surgeons to remove most dermoid cysts in a containment system. However, technical challenges do exist in conventional laparoscopy that may limit the adoption of this contained extraction technique. We propose that certain ergonomic features of robot-assisted surgery (namely, the ability to operate effectively within restricted spaces) offer the potential to make this operation approachable to more surgeons. Our technique employs standard robotic instrumentation and laparoscopically deployed specimen pouches. Two cases of fully contained dermoid cyst excisions, performed within a 10-cm diameter and a 15-cm diameter endoscopic specimen pouches, are illustrated. In both cases, the affected adnexa are placed inside the pouch, and the entire tumor dissection is performed so that intraperitoneal spillage of cyst fluid and other material is avoided.

CONCLUSIONS: Current evidence suggests that excision of dermoid cysts in a contained system can prevent the rare complication of chemical peritonitis. This video provides the first description of a robot-assisted excision of ovarian dermoid cysts carried out completely within an endoscopic specimen pouch. We also elaborate on certain aspects of robot-assisted surgery that may make this operation easier to adopt compared to its conventional laparoscopic counterpart.

V-13 4:12 PM
REVERSE VESICOUTERINE FOLD DISSECTION FOR TOTAL LAPAROSCOPIC HYSTERECTOMY.  C. Nezhat,¹ R. C. Falik,¹ A. Li,¹ D. H. Copeland,²¹ A. Nezhat¹; ¹Center for Special Minimally Invasive and Robotic Surgery, Palo Alto, CA, ²School of Medicine, University of California, San Francisco, CA

OBJECTIVE: A critical step in performing total laparoscopic hysterectomies is adequately developing the vesicovaginal plane and mobilizing the bladder to create space for proper closure of the vaginal cuff. In patients with a history of Cesarean section, endometriosis, or anterior myomectomy, adhesions can develop that distort anatomy, prolong operating time, and increase risk of inadvertent cystotomy. Traditional techniques approach vesicouterine adhesions in a superior to inferior fashion, carefully dissecting the bladder off of the
uterus. Using this conventional technique, incidental cystotomy may be 7.5 times more likely to occur in women with scarring at the vesicouterine junction.

METHODOLOGY: We have developed a “reverse” inferior to superior vesicouterine fold dissection technique to mobilize the bladder. This technique utilizes pneumoperitoneum and blunt dissection within the broad ligament to visualize a new anatomical plane, lateral to the vesicocervical ligaments. By extending from this “new space” latero-medially across the anterior aspect of the cervix, we develop a connection inferior to the vesicouterine adhesions. Then, using an inferior to superior sweeping motion, one can readily dissect free the scarred bladder and expose the cervical cuff for safe colpotomy.

CONCLUSIONS: Utilizing the reverse vesicouterine fold technique in hundreds of patients, we have dramatically reduced our operating time and have never experienced an incidental cystotomy. In this video series we demonstrate the technique in one straightforward and one complex case with vesicouterine adhesions. Reverse vesicouterine fold dissection is a useful alternative and controlled technique for laparoscopic hysterectomy in patients both with and without vesicouterine adhesions.

V-14 4:20 PM

NOVEL TECHNIQUE FOR SAFE LAPAROSCOPIC REMOVAL OF VERY LARGE OVARIAN CYSTS. D. H. Copeland,1,2 R. C. Falik,2 A. Li,2 A. Nezhat,2 C. Nezhat2; 1School of Medicine, University of California, San Francisco, CA, 2Center for Special Minimally Invasive and Robotic Surgery, Palo Alto, CA

OBJECTIVE: Removal of very large ovarian cysts can be challenging given their size and the strong impetus to limit any spillage of cyst contents. Even when benign, such cases are commonly performed via a large midline laparotomy. In this video, we demonstrate a no-spill technique for the minimally invasive removal of a very large ovarian cyst that does not have characteristics concerning for malignancy.

METHODOLOGY: In order to optimize our surgical view, the camera is placed in a sub-xiphoid 5 mm port. We apply one suction tubing directly to the 12mm umbilical trochar’s insufflation port. The suction is sufficient to form a tight seal with the wall of the cyst. The wall of the cyst is secured using two grasping forceps. Using the trochar blade, we puncture the cyst. The trochar is removed and a 10mm suction probe is placed directly into the cyst. All the while, the suction on the cyst wall remains, creating a tight seal, and no cyst fluid escapes. As the fluid continues to drain, the port and suction probe can be further advanced together into the cyst to rapidly drain the cyst contents. After drainage, the cyst can more easily be grasped and carefully placed into an endobag for any remaining drainage followed by removal via the umbilical port or a mini-laparotomy incision. Once removed, the specimen is evaluated and sent for frozen section. If malignancy were to be detected, surgical staging should be performed either laparoscopically or by laparotomy.

CONCLUSIONS: Demonstrated in this video, the utilization of the sub-xiphoid laparoscopic entry approach helps to prevent premature cyst rupture. Later, the application of suction through umbilical trochar’s insufflation port, ensures a tight seal with the wall of the cyst, permitting controlled puncture and drainage of the cyst contents. We hope our technique will allow for more patients to benefit from a safe minimally-invasive removal of large adnexal cysts.

V-15 4:24 PM

A RARE UTERINE LEIOMYOMA IN AN ADOLESCENT PATIENT. C. E. Hur,1 A. Kotlyar,1 S. Ricci,1 R. Flyckt2; 1OB/GYN, Cleveland Clinic Foundation, Cleveland, OH, 2Cleveland Clinic, Beachwood, OH

OBJECTIVE: Uterine leiomyomas are extremely rare in adolescent females (less than 18 years of age) with only 19 cases reported between 1965 and 2014. The primary aim of this video is to discuss a rare case of a 14-year-old gravida zero female with a 9cm intramural fibroid, including presentation, diagnosis and management. Additionally, there is a review of the literature on uterine leiomyomas in this population.

METHODOLOGY: The literature review was performed by searching keywords “adolescents” and “uterine leiomyomas” or “uterine fibroids” in the National Center for Biotechnology Information (NCBI) database at the U.S. National Library of Medicine (NLM). Surgical video was requested from the operation and diagnostic imaging was obtained from the electronic medical record.

CONCLUSIONS: While fibroids are rare in this group, it is important that they be included as part of the differential diagnosis for pelvic masses. Although there is limited data at this time, it appears fibroids behave similarly in this population when compared to older women. However, the presentation suggests a difference in tumor biology which must be taken into consideration. It is reassuring to see that surgical management can be approached similarly in adolescents as in adult women. An optimal treatment has not yet been defined, but myomectomy has many clear advantages, especially in preserving fertility for these young women.
SECOND-LOOK LAPAROSCOPY IN A PATIENT WITH AGENESIS OF THE UTERINE ISTHMUS.

A Richards, J. L. Phy, J. Huang; Obstetrics and Gynecology, Texas Tech University Health Science Center, Lubbock, TX

OBJECTIVE: To describe a primary cervico-uterine anastomosis procedure performed on a 15-year-old girl with agenesis of the uterine isthmus.

METHODOLOGY: A 15-year-old girl, G0, was referred for primary amenorrhea, pelvic pain of three-year duration, and suspected Müllerian anomaly. MRI exam showed a uterine body with hematometra, a normal cervix, normal ovaries, and free fluid in the pelvis. Both kidneys and renal collecting systems were normal. After options were discussed, a two-staged approach was planned: (1) use laparoscopy and vaginoscopy to determine the feasibility of primary anastomosis, and (2) if feasible, perform primary anastomosis via laparotomy. The laparoscopy showed hyperemic pelvic organs, an enlarged, soft uterine body with a blind end, as well as extensive superficial endometriotic implants involving the pelvis, upper abdomen, and the diaphragm. An incision was made at the uterine fundus to evacuate 80 mL of old blood. Vaginoscopy (using a hysteroscope) confirmed a normal appearing cervix, which was sounded to 4 cm. The cervix easily reached the lowest point of the uterine body when pushed cephalad. Six weeks later a laparotomy was performed via a Pfannenstiel incision. Dilute Vasopressin was used to facilitate the dissection of the pelvic peritoneum between the bladder and the lower uterine body and to minimize bleeding when blind ends of the uterus and the cervix were trimmed. The cervical canal was dilated to French #15 using a metallic dilator; the lowermost point of the endometrial canal was identified by passing a metallic uterine sound through an incision at the uterine fundus. The anastomosis was completed in two layers as shown in the video. For the first layer, two 2-0 Vicryl® sutures were combined into one; for the second layer, two regular 2-0 Vicryl® sutures were used in two half circles, anteriorly and posteriorly, respectively. An inflated #12 Foley catheter was kept in the uterine cavity for five days to keep the cervical canal open. Postoperative pelvic MRI showed the uterine body and the cervix were connected. Second-look laparoscopy showed decreased endometriotic implants and no blood in the pelvis. Second-look hysteroscopy confirmed normal cervical canal connected to a normal uterine cavity. The site of anastomosis was barely recognizable were it not for residual suture material. The patient had monthly periods and was pain free nine months after the anastomosis.

CONCLUSIONS: 1) Agenesis of the uterine isthmus is a rare Müllerian anomaly. 2) Primary anastomosis restores the normal anatomy, alleviates symptoms, and may confer normal reproductive function in the future. 3) Neither the ASRM nor the ESHRE/ESGE classification system has a category to include this anomaly. 4) Recognizing this distinct anomaly, assigning it to a separate category in the classification system raises awareness of this unique anomaly.

LAPAROSCOPIC EXCISION OF TYPE I AND TYPE II ENDOMETRIOMAS.

F. Farrimond,1 R. C. Falik,2 A. Li,1 A. Nezhat,1 C. Nezhat1; 1Center for Special Minimally Invasive and Robotic Surgery, Palo Alto, CA, 2Center for Special Minimally Invasive and Robotic Surgery, Santa Clara, CA

OBJECTIVE: Endometriosis, the presence of endometrial tissue outside of the uterine cavity, is a common cause of pelvic pain and infertility, affecting approximately 10% of women. Endometriosis frequently affects the ovaries, where it causes cysts called endometriomas. Our group has described two types of histologically distinct endometriomas: Type I endometriomas arise from implants of endometrial tissue on the ovaries with subsequent invagination and bleeding into the ovarian stroma resulting in formation of a small, densely adherent cyst. In contrast, type II endometriomas arise from invasion of endometrial tissue into a previously existing functional or luteal cyst. Management of endometriomas with hormonal therapy or with surgical cyst aspiration results in high rates of recurrence. Complete excision of endometriomas, in contrast to conservative management, is associated with decreased recurrence, greater improvement of pelvic pain, and resolution of infertility.

METHODOLOGY: In this video, we demonstrate a minimally invasive, laparoscopic approach to excision of Type I and Type II endometriomas. Type I endometriomas are smaller, often less than five centimeters, with densely adherent capsules due to associated fibrosis and adhesions, requiring piecemeal excision of the cyst wall. Type II endometriomas are usually larger, with a clearer plane between the cyst and the ovary which facilitates easier removal.

CONCLUSIONS: Minimally invasive surgery is an ideal way to manage endometriomas. In both Type I and Type II endometrioma excisions, we recommend removal the endometrioma capsule in its entirety to decrease risk of recurrence, while persevering the ovarian tissue as much as possible in order to protect ovarian reserve.
V-18  4:56 PM
ENDOMETRIOMA: FROM PATHOGENESIS TO TREATMENT.
T. Luu,1 T. Falcone2; 1Cleveland Clinic Foundation, Cleveland, OH, 2Ob/Gyn, Cleveland Clinic, Cleveland, OH

OBJECTIVE: Describe the pathogenesis, therapeutic implications, and surgical treatment techniques for endometriomas.

METHODOLOGY: Video description of the laparoscopic removal of a large left ovarian endometrioma via ovarian cyst wall stripping. The pathogenesis of endometriomas are described via animation of two theories: progressive invagination of the ovarian cortex at the site of endometrial implants and the theory of coelemic metaplasia. The surgical technique of cyst wall excision is demonstrated with emphasis on the use of intraovarian suturing for hemostasis and ovarian preservation.

CONCLUSIONS: The pathogenesis of endometriomas have implications for surgical management. Attention should be made during surgical treatment to preserve ovarian function.

V-19  5:05 PM
SURGICAL MANAGEMENT OF COMPLETE UTERINE/ VAGINAL SEPTUM WITH DUPLICATION OF THE CERVIX.
M. P. Dougherty,1 S. J. Morin,2 L. Doherty,3 M. Bohrer,4 S. Leary,5 R. T. Scott, Jr.,6 L. R. Goodman7; 1Ob/Gyn, Rutgers Robert Wood Johnson Medical School, North Brunswick, NJ, 2Reproductive Medicine Associates of New Jersey, Basking Ridge, NJ, 3Ob/Gyn, RMA NJ, Freehold, NJ, 4Ob/Gyn, RMANJ, Morristown, NJ, 5Monmouth University, West Long Branch, NJ, 6REI, RMANJ, IVI RMA Global, Sidney Kimmel Medical College, Thomas Jefferson University, Basking Ridge, NJ, 7RMANJ, Bedminster, NJ

OBJECTIVE: Uterine anomalies are relatively common entities. The most common of which are uterine septae which are often associated with infertility, pregnancy loss, and other obstetric complications and poor outcomes. This video is meant to describe a novel surgical approach to septoplasty.

METHODOLOGY: vaginal and hysteroscopic approach to septoplasty.

CONCLUSIONS: This case depicts a novel approach which utilizes the duplicated cervix to assist in targeted transection of a uterine septum. In addition, using a plastic needle guide juxtaposed the hysteroscopic scissors aids and stabilization of the septum during excision facilitating safe take down. This approach will hopefully help to enhance efficacy and safety of uterine septal transection.

V-20  5:13 PM
TECHNIQUES FOR SAFE AND EFFICIENT LAPAROSCOPIC ENTRY.  A. Li,1 R. C. Falik,1 D. H. Copeland,2,1 G. M. Razavi,1 A. Nezhat3; 1Center for Special Minimally Invasive and Robotic Surgery, Palo Alto, CA, School of Medicine, University of California, San Francisco, CA

OBJECTIVE: Given its critical importance and potential for harm, initial laparoscopic port placement is considered one of the most essential teaching objectives in a surgeon’s technical training. It is often considered the most challenging and potentially injurious aspect of laparoscopy with over 50% of laparoscopic injury to the bowel and major vessels occurring during this initial step.

METHODOLOGY: This video highlights important basic surgical techniques for different closed laparoscopic entry methods and introduces the LapCap2, a novel pneumoperitoneum-creation assist device that aids in decreasing the number of attempts needed to obtain intra-abdominal access. Techniques described include access using the Veress needle alone, direct trocar entry with video assistance, direct trocar entry without video assistance, and Veress needle entry with LapCap2 assistance.

CONCLUSIONS: An array of closed entry methods exist, including but not limited to direct insertion of trochar prior to pneumoperitoneum, direct insertion of trochar prior to pneumoperitoneum with a direct-entry camera system, or Veress entry from a variety of locations including the umbilicus, left upper quadrant, or even through the vagina. This video offers nuanced suggestions on safe and efficient techniques for abdominal entry. The surgeon may choose, for example, to employ primarily the Veress entry but in cases of subumbilical pathology he or she may use the left upper quadrant with or without direct-visual assistance. And finally, the LapCap2 can be added to the gynecologist’s armamentarium as a device that can be used to assist in safe laparoscopic entry and can be employed to help teach insufflation technique, especially at teaching institutions.
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Prize Paper Session

**SCIENTIFIC CONGRESS PRIZE PAPER SESSION 1**

The first six papers are candidates for the ASRM Scientific Congress Prize Paper Awards. Six additional candidates will be presented during the Prize Paper Candidates’ session on Tuesday.

Moderators: David Seifer and Sangita Jindal

**11:00 AM O-1**

**MTOR INHIBITION PROLONGS REPRODUCTIVE LONGEVITY IN A MURINE MODEL OF PHYSIOLOGIC OVARIAN AGING.**

K. N. Goldman,1 D. Chenette,2 L. Larkin,3 J. Grifo,1 D. L. Keefe,4 R. J. Schneider1; 1NYU Langone Medical Center, NY, NY, 2Yale University, New Haven, CT, 3NYU School of Medicine, NY, NY.

**11:15 AM O-2**

**EPIGENETIC DRIVERS OF PRETERM BIRTH.**

J. Ghosh,1 Y. Lan,1 S. Senapati,1 C. Sapienza,1 C. Coutifaris,1 M. A. Mainigi1; 1University of Pennsylvania, Philadelphia, PA, 2Fels Institute for Cancer Research and Molecular B, Temple University, Philadelphia, PA.

**11:30 AM O-3**

**REPRODUCTIVE HEALTH RISK DUE TO SEXUAL AND COMBAT-RELATED TRAUMA IN US VETERANS.**

G. Ryan,1,2 M. Thoma,3 J. E. Stem,4 M. Mengeling,2 A. O’Shea,2 C. H. Syrop,1 K. Stewart,2 J. Torner,5 B. Van Voorhis,5; 1Obstetrics and Gynecology, University of Iowa Carver College of Medicine, Iowa City, IA, 2CADRE, Iowa City, IA, 3Family Science, School of Public Health, College Park, MD, 4Obstetrics and Gynecology, Dartmouth-Hitchcock, Lebanon, NH, 5Epidemiology, College of Public Health, Iowa City, IA.

**11:45 AM O-4**

**EFFECT OF NUMBER OF EMBRYOS TRANSFERRED AND EMBRYO TRANSFER HISTORY ON RISK FOR PREECLAMPSIA.**

C. K. Sites,1 D. Wilson,2 D. Bernson,3 Y. Zhang; 1Obstetrics and Gynecology, Baystate Medical Center, Springfield, MA, 2Epidemiology and Biostatistics, Baystate Medical Center, Springfield, MA, 3Massachusetts Department of Public Health, Boston, MA, 4Division of Reproductive Health, CDC, Mathematical Statistician, Chamblee, GA.

**12:00 PM O-5**

**STUDY OF THE POSSIBLE ROLE OF INTERLEUKIN-6 (IL-6) ON EMBRYO IMPLANTATION IN MICE.**

S. Galal,1 A. A. Mahmoud,1 H. Aly,1 R. Mehanna,1 H. Sallam2; 1Medical Physiology, Alexandria Faculty of Medicine, Alexandria, Egypt, 2Obstetrics and Gynaecology, Alexandria Faculty of Medicine, Alexandria, Egypt.

**12:15 PM O-6**

**INFERTILITY & MORTALITY.**

N. C. Stentz,1 N. Koelper,1 M. D. Sammel,2 K. T. Barnhart,3 O. L. Nicolais,3 S. Senapati4; 1Reproductive Endocrinology & Infertility, University of Pennsylvania, Philadelphia, PA, 2Biostatistics, Epidemiology and Informatics, Univ. of Pennsylvania, Perelman School of Medicine, Philadelphia, PA, 3University of Pennsylvania, Philadelphia, PA, 4Obstetrics & Gynecology, Reproductive Endocrinology, University of Pennsylvania, Philadelphia, PA.
Monday, October 30, 2017 11:15 am - 12:45 pm

Oral Abstract Sessions

Male Reproduction and Urology: Traveling Scholars
Access to Care 1
Contraception and Family Planning 1
Reproductive Endocrinology
Reproductive Surgery and Procedures
Male Factor
Preimplntation Genetic Testing 1
ART: Clinical 1
Embryo Biology and Stem Cells
Leiomyoma 1
Environment and Reproduction
Fertility Preservation 1
Reproductive Immunology
Outcome Predictors: ART 1

MALE REPRODUCTION AND UROLOGY: TRAVELING SCHOLARS

Moderators: Joe Alukal and Dan Williams

11:00 AM O-7 RESIDENTIAL DISTANCE TO MAJOR ROADWAYS AND SEMEN QUALITY AMONG MEN ATTENDING A FERTILITY CLINIC. F. Nassan,1 A. J. Gaskins,2 C. Tanrikut,2 R. Hauser,4 J. E. Chavarro6; 1Environmental Health, Harvard T.H. Chan School of Public Health, Boston, MA, 2Department of Nurtition, Harvard T.H. Chan School of Public Health, Boston, MA, 3Urology, Massachusetts General Hospital, Boston, MA, 4Harvard Chan School of Public Health, Boston, MA, 5Department of Nutrition, Harvard School of Public Health, Boston, MA.

11:15 AM O-8 HIGH DEGREE OF HETEROGENICITY IN SSEA4 POSITIVE HUMAN SPERMATOGONIA. R. Flannigan,1 A. Mielnik,2 A. Bolaykov,3 F. Khani,3 B. D. Robinson,4 P. N. Schlegel,2 W. Wright,5 D. Paduch6; 1Urology, Weill Cornell Medicine, New York, NY, 2Urology, Weill Cornell Medicine, New York, NY, 3Biochemistry & Molecular Biology, John Hopkins University, Baltimore, MD, 4Dept of Urology, Weill Cornell Medical College, New York, NY.

11:30 AM O-9 SUBCUTANEOUS LEYDIG STEM CELL AUTOGRFT IN MICE: A NOVEL APPROACH TO INCREASE SERUM TESTOSTERONE. H. Arora,1 J. M. Hare,2 R. Ramasamy3; 1Urology, University of Miami, Miami, FL, 2ISCI, University of Miami, Miami, FL, 3University of Miami, Miami, FL.

11:45 AM O-10 UNDERSTANDING SEMINAL PLASMA PROTEOMIC SHIFTS BROUGHT UPON BY DIVERSE BIOLOGICAL CONDITIONS. P. Intasqui,1 M. P. Antoniassi,1 M. Camargo,1 V. Carvalho,2 R. Bertolla1; 1Sao Paulo Federal University, Sao Paulo, Brazil, 2Fleury Group, Sao Paulo, Brazil.

12:00 PM O-11 COMPARISON OF THE RELATIVE EFFICIENCY OF ICSI AND EXTENDED CULTURE WITH EPIDIDYMAL SPERM VERSUS TESTICULAR SPERM IN PATIENTS WITH OBSTRUCTIVE AZOOSPERMIA. S. J. Morin,1 C. R. Juneau,1 S. A. Neal,1 J. N. Landis,2 R. T. Scott, Jr.,3 J. M. Hofaling3; 1IVI/RMA, Thomas Jefferson University, Basking Ridge, NJ, 2FEC Labs, Basking Ridge, NJ, 3University of Utah, Salt Lake City, UT.

12:15 PM O-12 HIGH-RESOLUTION PHENOTYPING OF SPERMATOCYGENIC DEFECTS USING SINGLE-CELL RNA SEQUENCING. M. Jung,1 J. Rusch,1 A. Usmani,1 S. Ahmad,1 D. Conrad2; 1Genetics, Washington University in St. Louis, St Louis, MO, 2Genetics, Washington University School of Medicine, St. Louis, MO.
ACCESS TO CARE 1

Moderators: Sheryl van der Poel and Amanda Adeleye

11:00 AM O-13 INCREASE ACCESS TO CARE WITH INVOCELL. F. Arredondo, E. Williams, D. Taylor, U. Balthazar, A. S. Browne, A. R. Anderson; Reproductive Medicine Associates of Texas, San Antonio, TX.


11:30 AM O-15 COUNSELING PATIENTS ON REPRODUCTIVE AGING (RA) AND ELECTIVE FERTILITY PRESERVATION (EFP)- A SURVEY OF OBSTETRICIANS AND GYNECOLOGISTS (OB/GYN) EXPERIENCE, APPROACH, AND KNOWLEDGE. R. Fritz, 1 S. Klugman, 1 H. Lieman, 1 J. Schulkin, 2 L. Taucuk, 2 E. Buyuk; 1Albert Einstein College of Medicine, Bronx, NY, 2American College of Obstetrics and Gynecology, Washington, DC.

11:45 AM O-16 THE IMPACT OF STATISTICAL RELIABILITY ADJUSTMENT ON ASSISTED REPRODUCTIVE TECHNOLOGY OUTCOME MEASURES AND RANKINGS. R. M. Beverley, M. N. Menke, J. A. Harris; Department of Obstetrics, Gynecology, and Reproductive Sciences, Magee-Womens Hospital, University of Pittsburgh, Pittsburgh, PA.

12:00 PM O-17 DO HEALTH INSURANCE INFERTILITY BENEFITS IMPACT THE EMPLOYEE/EmployER RELATIONSHIP. B. L. Collura, 1 D. Adamson; 1RESOLVE: The National Infertility Association, McLean, VA, 2Palo Alto Medical Foundation Fertility Physicians of Northern California, San Jose, CA.

12:15 PM O-18 PUBLIC ATTITUDES IN THE U.S. TOWARD INSURANCE COVERAGE FOR IVF AND THE PROVISION OF INFERTILITY SERVICES TO LOWER INCOME PATIENTS. J. R. Ho, 1 L. Aghajanova, 2 E. Mok-Lin, 2 J. R. Hoffman, 2 J. F. Smith, 2 C. N. Herndon; 1USC Keck School of Medicine, Los Angeles, CA, 2University of California San Francisco, San Francisco, CA, 3Alta Bates IVF Program, Berkeley, CA.

CONTRACEPTION AND FAMILY PLANNING 1

Moderators: Lisa Haddad and Jamie Dubaut

11:00 AM O-19 DEVELOPING A REVERSIBLE IMMUNOCONTRACEPTIVE VACCINE AGAINST HUMAN SPERM. G. D. Smith, 1 D. Lai, 1 J. Oscherwitz, 2 K. Cease; 1Ob/Gyn, University of Michigan, Ann Arbor, MI, 2Internal Medicine, University of Michigan, Ann Arbor, MI.

11:15 AM O-20 EFFECTS OF COADMINISTRATION OF VAGINAL MICONAZOLE NITRATE ON THE PHARMACOKINETICS AND ABSORPTION OF THE NESTORONE AND ETHINYL ESTRADIOL CONTRACEPTIVE VAGINAL RING. R. B. Merkatz, 1 K. Simmons, 2 N. Kumar, 1 B. Variano, 3 M. Plagianos, 1 K. Roberts, 2 L. Han, 4 G. Creasy; 1Population Council, New York, NY, 2Centers for Disease Control and Prevention, Atlanta, GA, 3Population Council, Rye, NY, 4OHSU, Portland, OR.

11:30 AM O-21 ACCEPTABILITY AND ADHERENCE TO USE OF THE NESTORONE®/ETHINYLESTRADIOL CONTRACEPTIVE VAGINAL RING: A COMPARISON OF AUDIO COMPUTER-ASSISTED SELF-INTERVIEWS AND FACE TO FACE INTERVIEWS. M. Plagianos, 1 B. Stifani, 2 R. Merkatz, 1 C. S. Vieira; 1Population Council, New York, NY, 2Albert Einstein College of Medicine / Montefiore Medical Center, Bronx, NY, 3Obstetrics and Gynecology, University of Sao Paulo, Ribeirao Preto, Brazil.

11:45 AM O-22 BLEEDING AND SPOTTING WITH 180 DAYS' CONTINUOUS USE OF A COMBINED NESTORONE/ESTRADIOL CONTRACEPTIVE VAGINAL RING. A. E. Burke, 1 B. A. Chen, 2 A. Murthy, 3 C. Dart, 4 D. F. Archer;
ORAL ABSTRACTS

11:15 AM O-26 SERUM VITAMIN D (OHD) LEVELS ARE CORRELATED WITH EMBRYONIC ANEUPLOIDY. J. M. Franasiak,1 R. T. Scott, Jr.,1 E. E. Lara Molina,2 A. Pellicer,1,2 IVI/RMANJ, Thomas Jefferson University, Basking Ridge, NJ, 2Egg Donation Unit, IVI Barcelona, Instituto Valenciano de Infertilidad, Barcelona, Spain, Reproductive Medicine, Instituto Valenciano de Infertilidad (IVI), Valencia, Spain.

11:30 AM O-27 VITAMIN D REDUCES A KINASE ANCHORING PROTEIN 13 (AKAP13) mRNA EXPRESSION IN FIBROID CELLS. C. I. Cross,1 P. Driggers,1 M. Malik,2 J. Segars,1 Gyn/Ob, Johns Hopkins University School of Medicine, Baltimore, MD, OBG, Uniformed Services University of the Health Sciences, Bethesda, MD.

11:45 AM O-28 COST-EFFECTIVENESS OF GONADOTROPHINS COMPARED TO CLOMIPHENE CITRATE IN ANOVULATORY WOMEN WHO HAD NOT CONCEIVED AFTER SIX OVULATORY CYCLES WITH CLOMIPHENE CITRATE. E. M. Bordewijk,1 N. Weiss,1 P. G. Hompes,2 F. van der Veen,1 B. W. Mol,3 Obstetrics & Gynaecology, The University of Adelaide, North Adelaide, Australia.

12:00 PM O-29 EXPRESSION OF GENES GOVERNING OVULATION AND STEROIDOGENESIS IS AFFECTED BY HIGH FAT DIET IRRESPECTIVE OF OBESITY. N. M. Hohos, K. Cho, D. Swindle, A. J. Polotsky, M. E. Skaznik-Wikiel; OB/GYN, University of Colorado Denver, Aurora, CO.

12:15 PM O-30 THE EFFECTS OF AGE, LIFESTYLE, AND ENVIRONMENT ON LONGITUDINAL ANTI-MULLERIAN HORMONE LEVELS IN A POPULATION-BASED COHORT OF REPRODUCTIVE-AGED WOMEN. M.
Lanham,\textsuperscript{1} S. Harlow,\textsuperscript{2} C. Karvonen-Gutierrez,\textsuperscript{2} J. F. Randolph\textsuperscript{1}; \textsuperscript{1}Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI; \textsuperscript{2}University of Michigan, Ann Arbor, MI.

\section*{REPRODUCTIVE SURGERY AND PROCEDURES}

\textbf{Moderators:} Divya Shah and Rony Elias

\textbf{11:00 AM O-31 IMPACT OF PATIENT RACE ON SURGICAL PRACTICE AND PERIOPERATIVE MORBIDITY FOLLOWING MYOMECTOMY.} N. C. Stentz,\textsuperscript{1} L. Cooney,\textsuperscript{2} M. D. Sammel,\textsuperscript{3} D. Shah; \textsuperscript{1}Reproductive Endocrinology & Infertility, University of Pennsylvania, Philadelphia, PA; \textsuperscript{2}OB-GYN, Fellow, Reproductive Endocrinology, Philadelphia, PA; \textsuperscript{3}Biostatistics, Epidemiology and Informatics, Univ. of Pennsylvania, Perelman School of Medicine, Philadelphia, PA.

\textbf{11:15 AM O-32 A SURVEY OF PUBLIC OPINION IN THE UNITED STATES REGARDING UTERINE TRANSPLANTATION.} E. Hariton, P. Bortoletto, R. H. Goldman, L. V. Farland, E. S. Ginsburg, A. R. Gargiulo; Dept of Obstetrics & Gynecology, Brigham & Women’s Hospital and Harvard Medical School, Boston, MA.

\textbf{11:30 AM O-33 A RANDOMIZED CONTROLLED TRIAL OF ORAL DICLOFENAC POTASSIUM FOR ANALGESIC CONTROL DURING OFFICE Hysteroscopy.} A. Abbas,\textsuperscript{1} A. Alzarga,\textsuperscript{2} A. M. Abdelkader,\textsuperscript{3} Y. Khamis,\textsuperscript{3} O. M. Shaaban,\textsuperscript{1} S. S. Ali,\textsuperscript{1} A. Nasr; \textsuperscript{1}Assiut Women’s Health Hospital, Assiut University, Assiut, Egypt; \textsuperscript{2}Obstetrics & Gynecology, Sirte University, Sirte, Libyan Arab Jamahiriya; \textsuperscript{3}Obstetrics and Gynecology, Beni Suef University, Beni Suef, Egypt.

\textbf{11:45 AM O-34 EFFECT OF ORAL DICLOFENAC POTASSIUM PLUS CERVICAL LIDOCAINE CREAM ON PAIN PERCEPTION DURING HYSTEROSALPINGOGRAPHY.} A. Abbas,\textsuperscript{1} W. M. Wagdy,\textsuperscript{2} S. S. Ali,\textsuperscript{1} M. K. Ali,\textsuperscript{1} O. S.

\section*{MALE FACTOR}

\textbf{Moderators:} Gianpiero Palermo and Takumi Takeuchi

\textbf{11:00 AM O-37 SPERM AGING CALCULATOR: DNA METHYLATION-BASED ASSESSMENT OF “GERM LINE AGE” AND POTENTIAL RESEARCH AND CLINICAL APPLICATIONS.} T. Jenkins, K. Aston, D. Carrell; University of Utah, Salt Lake City, UT.

\textbf{11:15 AM O-38 SEMEN PARAMETERS ARE ASSOCIATED WITH ALTERATIONS IN THE SPERM EPIGENOME OF INFERTILE MEN.} M. Abbasi,\textsuperscript{1} L. Williamson,\textsuperscript{2} P. J. Turek,\textsuperscript{3} A. Horsager,\textsuperscript{4} P. J. Uren; \textsuperscript{1}Data Science, Episona, Pasadena, CA; \textsuperscript{2}Episona, Inc., Pasadena, CA; \textsuperscript{3}The Turek Clinic, San Francisco, CA; \textsuperscript{4}Episona, Pasadena, CA.
ORAL ABSTRACTS

11:30 AM  O-39  THE EMBRYONIC METHYLOME AND SUBSEQUENT TRANSCRIPTOME IS DIRECTLY IMPACTED BY MALE FACTOR INFERTILITY.  M. Denomme Tignanelli,1 B. R. McCallie,1 K. Booher,2 W. B. Schoolcraft,1 M. Katz-Jaffe1; 1Colorado Center for Reproductive Medicine, Lone Tree, CO, 2Zymo Research Corporation, Irvine, CA.

11:45 AM  O-40  LEUKOCYTE TELOMERE LENGTH AND RISK OF NON-OBSTRUCTIVE AZOOSPERMIA IN HAN CHINESE MEN.  Q. Yang,1 X. Luo,1 Y. Sun2; 1Assistant, Zhengzhou, China, 2Reproductive Medical Center, the First Affiliated Hospital of Zhengzhou Univers, Zhengzhou, China.

12:00 PM  O-41  REVISITING ANEUPLOIDY CHARACTERISTICS OF SURGICALLY RETRIEVED SPERMATOZOA BY DNA SEQUENCING (NGS).  S. Cheung, P. Xie, Z. Rosenwaks, G. D. Palermo; Reproductive Medicine, Weill Cornell Medicine, New York, NY.

12:15 PM  O-42  GENETIC OUTCOMES OF CONCEPTION IN MEN WITH ELEVATED SPERM ANEUPLOIDY.  T. P. Kohn,1 A. W. Pastuszak2; 1Baylor College of Medicine, Houston, TX, 2Scott Department of Urology, Baylor College of Medicine, Houston, TX.

PREIMPLANTATION GENETIC TESTING 1

Moderators: Kangpu Xu and Sara Babcock-Gilbert

11:00 AM  O-43  GLOBAL MULTICENTER RANDOMIZED CONTROLLED TRIAL COMPARING SINGLE EMBRYO TRANSFER WITH EMBRYO SELECTED BY PREIMPLANTATION GENETIC SCREENING USING NEXT-GENERATION SEQUENCING VERSUS MORPHOLOGIC ASSESSMENT.  S. Munne,1 B. Kaplan,2 J. L. Frattarelli,3 M. Gysler,4 T. J. Child,5 G. Nakhuda,6 F. N. Shamma,7 K. Silverberg,8 T. Kalista,9 K. Oliver,9 M. Katz-Jaffe,10 D. Wells,11 T. Gordon,12 S. Willman13; 1CooperGenomics, Livingston, NJ, 2FCI, Highland Park, IL, 3Fertility Institute of Hawaii, Honolulu, HI, 4The Reproductive Care Centre, Mississauga, ON, Canada, 5Oxford Fertility, Oxford, United Kingdom, 6Olive Fertility Centre, Vancouver, BC, Canada, 7REI, IVF Michigan, Bloomfield Hills, MI, 8Texas Fertility Center, Austin, TX, 9Illumina, Inc., San Francisco, CA, 10Colorado Center for Reproductive Medicine, Lone Tree, CO, 11Reprogenetics, Oxford, United Kingdom, 12CooperGenomics, London, United Kingdom, 13Reproductive Science Center, Orinda, CA.

11:15 AM  O-44  EXPERIENCE WITH A TARGETED NEXT GENERATION SEQUENCING (TNGS) PLATFORM FOR COMPREHENSIVE CHROMOSOME SCREENING (CCS) ON OVER 16,000 EMBRYO BIOPSIES.  J. M. Eccles,1 A. Iturriaga,1 H. M. Garmsey,1 J. N. Landis,1 Y. Zhan,1 R. T. Scott, Jr.,2 N. Treff,2 R. S. Zimmerman1; 1The Foundation for Embryonic Competence, Basking Ridge, NJ, 2REI, RMANJ, IVI RMA Global, Sidney Kimmel Medical College, Thomas Jefferson University, Basking Ridge, NJ, 3IVI/RMA, Basking Ridge, NJ.

11:30 AM  O-45  PGS ANALYSIS OF OVER 100,000 BLASTOCYSTS USING HIGH RESOLUTION NEXT GENERATION SEQUENCING (NGS) ACHIEVES ONGOING PREGNANCY WITH FEWER TRANSFERS AND TOTAL MISCARRIAGES COMPARED TO NON-PGS CYCLES.  S. M. Maxwell, D. H. McCulloh, H. Lee, A. S. Berkeley, J. Grifo; OB/GYN, New York University Fertility Center, New York, NY.

PLATFORM FOR DETECTION OF TRIPLOIDY IN HUMAN BLASTOCYSTS. D. Marin,1,2 R. S. Zimmerman,3 X. Tao,3 Y. Zhan,3 R. T. Scott, Jr.,1,2 N. Treff1,2 1IVI/RMA, Basking Ridge, NJ, 2Thomas Jefferson University, Philadelphia, PA, 3Foundation for Embryonic Competence, Basking Ridge, NJ.

12:15 PM O-48 THE INNER CELL MASS CONFIRMS DELETION SYNDROMES DETECTED IN TROPHECTODERM BIOPSIES. M. Katz-Jaffe, S. McReynolds, K. de Klerk, L. N. Henry, J. C. Parks, S. McCormick, W. B. Schoolcraft; Colorado Center for Reproductive Medicine, Lone Tree, CO.

ART: CLINICAL 1

Moderators: Eric Widra and Mike Reed

11:00 AM O-49 HIGHLY PURIFIED HUMAN MENOTROPIN (HP-HMG) VERSUS RECOMBINANT FOLLICLE STIMULATING HORMONE (RFSH) IN HIGH RESPONDERS UNDERGOING IN VITRO FERTILIZATION (IVF): MEGASET-HR TRIAL OUTCOMES. C. A. Witz,1 K. Doody,2 J. Park,3 Y. Seifu,4 K. O’Brien,2 V. Yankov,4 P. W. Heiser4; 1Houston Fertility Institute, Houston, TX, 2Center for Assisted Reproduction, Bedford, TX, 3Carolina Conceptions, Raleigh, NC, 4Ferring Pharmaceuticals, Inc., Parsippany, NJ.

11:15 AM O-50 R-FSH TOTAL DOSE IS NEGATIVELY ASSOCIATED TO LIVE BIRTH RATE: A RETROSPECTIVE ANALYSIS. S. Hamamah,1 p. barriere,2 C. Avril,3 J. POULY4; 1ART/PGD department, Montpellier, France, 2CHU Nantes, Nantes, France, 3Clinique Mathilde, Rouen, France, 4Unite de PMA, CHU Estaing, CLERMONT FERRAND, France.

11:30 AM O-51 A RANDOMIZED CONTROLLED TRIAL WITH ADDITION OF LETROZOLE AS AN ADJUNCT TO FSH IN HIGH RESPONDERS IN STIMULATED IVF CYCLES SHOW NEGATIVE IMPACT OF OVARIAN STIMULATION ON THE ENDOMETRIUM. X. Yang; Reproductive Centre, Institute of Reproduction & Stem Cell Engineering, Central South University, ChangSha, China.

EMBRYO BIOLOGY AND STEM CELLS

Moderators: Kyle Orwig and Carlos Simón

11:00 AM O-55 GENE EDITING IN HAPLOID HUMAN EMBRYONIC STEM CELLS USING CRISPR/CAS9. L. Z. Safier, M. V. Zuccaro, R. Lobo, D. Egli; Columbia University Medical Center, New York, NY.
11:15 AM O-56 TELOMERE REPROGRAMMING IN HUMAN EMBRYOS IS MEDIATED BY A CHROMOSOMAL RECOMBINATION MECHANISM. L. G. Robinson, Jr.,1 F. H. Wang,2 Y. G. Kramer,3 R. N. Pimentel,4 P. A. Navarro,5 D. C. Gonullu,6 L. Wang,7 D. L. Keefe8; 1Ob/Gyn, NYU Langone Medical Center, New York, NY, 2NYUMC, New York, NY, 3NYU Fertility Center, New York, NY, 4OB/GYN, New York University Research Scientist, Specialist in Human Reproduction, Goiania, Brazil, 5Department of Obstetrics and Gynecology, Faculty o. Ribeirao Preto, Brazil, 6Tel Aviv University Sackler Faculty of Medicine, Ankara, Turkey, 7Ob/Gyn, Medical Student, New York, NY, 8ObGyn, New York University Langone Medical Center, New York, NY.

LEIOMYOMA 1

Moderators: Digna Velez Edwards and Kristen Van Heertum

11:00 AM O-61 LONG TERM OUTCOMES IN A RANDOMIZED CONTROLLED TRIAL OF UTERINE ARTERY EMBOLIZATION AND MR-GUIDED FOCUSED ULTRASOUND: THE FIRST STUDY. S. K. Laughlin-Tommaso,1 A. L. Weaver,2 L. E. Vaughan,3 V. Jacoby,4 E. A. Stewart5; 1OB/GYN, Mayo Clinic, Rochester, MN, 2Division of Biomedical Statistics and Informatics, Rochester, MN, 3Division of Biomedical Statistics and Informatics, Mayo Clinic, Rochester, MN, 4OB/GYN, UCSF, San Francisco, CA, 5Obstetrics and Gynecology, Mayo Clinic, Rochester, MN.


11:30 AM O-63 ELAGOLIX TREATMENT IN WOMEN WITH HEAVY MENSTRUAL BLEEDING ASSOCIATED WITH UTERINE FIBROIDS: EVIDENCE FROM A PHASE 2B RANDOMIZED TRIAL. M. Diamond,1 A. M. Soliman,2 J. Gao,2 C. Owens,2 K. Chwalisz,3 D. F. Archer; 1Augusta University, Augusta, GA, 2AbbVie Inc., 3AbbVie Inc., North Chicago, IL, 4Department of Obstetrics & Gynecology, Eastern Virginia Medical School, Norfolk, VA.
A. S. Lukes, P. Gee, T. Kimble, R. Kroll, M. Mallick, A. Chan, V. Sniukiene, L. P. Shulman; Case Western Reserve School of Medicine, Cleveland, OH, Medical University of South Carolina, Charleston, SC, Carolina Women’s Research & Wellness Center, Durham, NC, Willowbend Health & Wellness, Frisco, TX, Eastern Virginia Medical School, Norfolk, VA, Seattle Women’s, Seattle, WA, Allergan plc, Jersey City, NJ, Northwestern University, Feinberg School of Medicine, Chicago, IL.

12:00 PM O-65 QUALITY OF LIFE WITH ULIPRISTAL ACETATE (UPA) TREATMENT OF SYMPTOMATIC UTERINE FIBROIDS (UF): VENUS II STUDY. R. Kroll, J. H. Liu, D. Soper, A. S. Lukes, P. Gee, T. Kimble, M. Mallick, P. Gillard, A. Harrington, V. Sniukiene, L. P. Shulman; Seattle Women’s, Seattle, WA, Case Western Reserve School of Medicine, Cleveland, OH, Medical University of South Carolina, Charleston, SC, Carolina Women’s Research & Wellness Center, Durham, NC, Willowbend Health & Wellness, Frisco, TX, Eastern Virginia Medical School, Norfolk, VA, Seattle Women’s, Seattle, WA, Allergan plc, Jersey City, NJ, Northwestern University, Feinberg School of Medicine, Chicago, IL.

12:15 PM O-66 ULIPRISTAL ACETATE (UPA) TREATMENT OF SYMPTOMATIC UTERINE FIBROIDS (UF): VENUS II SUBGROUP ANALYSES BY RACE AND BMI. D. Soper, A. S. Lukes, P. Gee, T. Kimble, R. Kroll, M. Mallick, A. Chan, V. Sniukiene, L. P. Shulman, J. Liu; Medical University of South Carolina, Charleston, SC, Carolina Women’s Research & Wellness Center, Durham, NC, Willowbend Health & Wellness, Frisco, TX, Eastern Virginia Medical School, Norfolk, VA, Seattle Women’s, Seattle, WA, Allergan plc, Jersey City, NJ, Northwestern University, Feinberg School of Medicine, Chicago, IL, Case Western Reserve School of Medicine, Cleveland, OH.


11:15 AM O-68 PLACENTAL WEIGHT IN RELATION TO MATERNAL AND PATERNAL PHTHALATE EXPOSURE. C. Messerlian, G. Christou, I. Dimitriadi, J. B. Ford, R. Hauser, I. Souter; Environmental Health, Harvard T.H. Chan School of Public Health, Boston, MA, Obstetrics and Gynecology, Massachusetts General Hospital Fertility Center, Boston, MA.

11:30 AM O-69 ADVANCED GLYCATION END PRODUCTS UPREGULATE INSULIN RECEPTOR SUBSTRATE-1 (IRS-1) IN GRANULOSA CELLS. Z. Merhi, K. Thornton, J. N. Bennett-Toomey, J. D. Hennebold, E. Buyuk; NYU School of Medicine, New York, NY, Reproductive Medicine Associates of New York, New York, NY, Division of Reproductive & Developmental Sciences, ONPRC/ OHSU, Beaverton, OR, Reproductive & Developmental Sciences, Oregon National Primate Research Center, Beaverton, OR, Albert Einstein College of Medicine / Montefiore M, Bronx, NY.
11:45 AM  O-70  THE INFLUENCE OF MATERNAL PHTHALATE EXPOSURE UPON ADULT MALE REPRODUCTIVE FUNCTION.  R. Hart,1 H. Frederiksen,2 D. A. Doherty,3 J. Keelan,4 N. E. Skakkebaek,2 N. Minaee,3 D. Handelsman,5 J. Newnham,4 J. Dickinson,6 C. Pennell,4 R. J. Norman,7 K. Main; 1Division of Obstetrics and Gynaecology, University of Western Australia & Fertility Specialists of Western Australia, Perth, Australia, 2University Department of Growth and Reproduction and EDMaRC, Rigshospitalet, Department of Growth and Reproduction, Copenhagen, Denmark, 3Division of Obstetrics and Gynaecology, Women and Infants Research Foundation, Perth, Australia, 4Division of Obstetrics and Gynaecology, University of Western Australia & Women and Infants Research Foundation, Perth, Australia, 5ANZAC Research Institute, Concord Hospital, Sydney, Australia, 6Division of Obstetrics and Gynaecology, University of Western Australia, Perth, Australia, 7Robinson Research Institute, University of Adelaide, Tranmere, Australia.

11:00 AM  O-73  RAPAMYCIN PREVENTS CYCLOPHOSPHAMIDE INDUCED OVER ACTIVATION OF THE PRIMORDIAL FOLLICLE POOL IN MICE.  L. Zhou; 1Department of Obstetrics and Gynecology, Reproductive Medicine, Sun Yat-Sen Memorial Hospital, Guangzhou, China.

11:15 AM  O-74  MEASURING IMPACT OF CHEMOTHERAPY UPON AMH AND FERTILITY IN BREAST CANCER AND LYMPHOMA PATIENTS RELATIVE TO NORMAL CONTROLS- 5-YEAR MULTICENTRE STUDY.  K. Palinska-Rudzka,1 G. Lockwood,2 J. Milner,2 T. Ghobara,3 G. Hartshorne1; 1Warwick Medical School, University of Warwick, Coventry, United Kingdom, 2Midland Fertility, Tamworth, United Kingdom, 3Subspecialist in Reproductive Medicine and Surgery, University Hospital Coventry and Warwickshire, Coventry, United Kingdom.

11:30 AM  O-75  FERTILITY PRESERVATION DOES NOT PROLONG NEOADJUVANT CHEMOTHERAPY START BUT PATIENTS STILL PERCEIVE A DELAY.  J. Letourneau,1 N. Sinha,2 P. Xiong,3 E. Harris,4 E. Gomes,1 C. Chin-Yu,1 E. Mok-Lin,5 M. Cedars,6 M. Rosen7; 1UCSF Reproductive Endocrinology, UCSF, San Francisco, CA, 2UCSF, San Ramon, CA, 3UCSF OB/GYN, REI, Clinical Research Coordinator, Merced, CA, 4UCSF Women’s Health, San Francisco, CA, 5UCSF, San Francisco, CA, 6Obstetrics, Gynecology and MD, 7Epidemiology Branch, Division of Intramural Population Health Research, Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, Rockville, MD, 8Biostatistics and Epidemiology, University of Massachusetts Amherst, AMHERST, MA, 9Obstetrics and Gynecology, University of Utah, Salt Lake City, UT.
Reproductive Sciences, University of California, San Francisco, San Francisco, CA, 1University of California, San Francisco, San Francisco, CA.

11:45 AM O-76 NOVEL TECHNOLOGY IDENTIFIES SIGNIFICANT RISE IN SUBLETHAL SINGLE STRAND DNA DAMAGE IN OOCYTES FOLLOWING CHEMOTHERAPY EXPOSURE WHICH CORRELATES WITH INCREASED FETAL MALFORMATIONS AND PREGNANCY FAILURE. O. Kashi,1 D. Meirow2; 1Fertility Preservation Center, Tel Hashomer Hospital, Tel Aviv, Israel, 2Fertility Preservation Center, Tel Hashomer Hospital, Ramat Gan, Israel.

12:00 PM O-77 LIQUID TUMOR PATIENTS SHOW EQUIVALENT OVARIAN RESERVE AND RESPONSE TO IVF STIMULATION COMPARED TO A SOLID TUMOR UNDERGOING FERTILITY PRESERVATION. V. Gunnala, M. Irani, G. Schattman, Z. Rosenwaks; Reproductive Medicine, The Ronald O. Perelman and Claudia Cohen CRM, Weill Cornell Medicine, New York, NY, New York, NY.

12:15 PM O-78 INFLUENCE OF THE TYPE OF CANCER ON OVARIAN STIMULATION RESPONSE IN A FERTILITY PRESERVATION PROGRAM. H. Creux,1 P. Monnier,2 F. Oliviero,3 W. Son,4 W. Buckett5; 1Centre d’Assistance Medicale a la Procreation, Bordeaux, France, 2Obstetrics and Gynecology, MUHC Reproductive Center, Montreal, QC, Canada, 3Sante Publique, Service d’Information Medicale, Bordeaux, France, 4Reproductive Centre, McGill University Health Centre, Montreal, QC, Canada, 5McGill University, Montreal, QC, Canada.

11:15 AM O-80 ASSOCIATION OF A FAMILY HISTORY OF AUTOIMMUNE DISEASE WITH TIME TO PREGNANCY, PREGNANCY LOSS, AND LIVE BIRTH RATE. T. C. Plowden,1,2 M. T. Connell,1,2 P. Mendola,2 K. Kim,2 C. Nobles,2 B. D. Wilcox,3 D. L. Kuhr,2 R. M. Silver,4 E. Schisterman,2 S. L. Mumford5; 1PRAE, NICHD, NIH, Bethesda, MD, 2Diphr, NICHD, NIH, Bethesda, MD, 3Dept of Clinical Sciences, Geisinger Commonwealth School of Medicine, Scranton, PA, 4Ob/Gyn, University of Utah, Salt Lake City, UT.

11:30 AM O-81 RAPID FLOW CYTOMETRIC ASSESSMENT OF UTERINE RECEPTIVITY BY EVALUATION OF EPITHELIAL B3 INTEGRIN EXPRESSION IN PROGESTERONE PRIMED ENDOMETRIAL BIOPSIES. C. Philip,1 C. Harrity,1 J. Kennedy,2 K. Marron3; 1Obstetrics and Gynaecology, Beaumont Hospital, Dublin, Ireland, 2Obstetrics and Gynaecology, SIMS Clinic, Dublin, Ireland, 3Obstetrics and Gynaecology, SIMS Clinic, Dublin, Ireland.

11:45 AM O-82 ENDOMETRIUM IL-22 EXPRESSION DURING IMPLANTATION WINDOW IS ASSOCIATED WITH ABNORMAL ENDOMETRIUM IMMUNE PROFILE. S. V. Dambaeva,1 D. Katukurundage,1 M. D. Salazar Garcia,2 A. M. Skariah,2 A. Gilman-Sachs,1 C. Coulam,1 J. Kwak-Kim,2 K. Beamam1; 1Clinical Immunology Laboratory, Rosalind Franklin University of Medicine and Science, North Chicago, IL, 2Reproductive Medicine Center, Rosalind Franklin University of Medicine and Science, Vernon Hills, IL.

12:00 PM O-83 SERUM LEVELS OF PTX3 AND SFLT-1 PREDICT THE OUTCOMES OF FROZEN-THAWED EUPLOID EMBRYO TRANSFER CYCLES. M. Irani, D. Nasioudis, V. Gunnala, S. S. Witkin, S. D. Spandorfer; The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medicine, New York, NY.
12:15 PM  O-84  ZIKA VIRUS EXHIBITS TROPISM TO THE OVARY AND INCREASES FOLLICULAR APOPTOSIS IN A MOUSE MODEL.  D. E. Broughton,1  S. Scheaffer,1  M. E. Skaznik-Wikel,2  J. Halabi,1  J. Govero,3  E. Caine,3  M. Diamond,3  K. Moley1; 1Obstetrics and Gynecology, Washington University in St. Louis, St. Louis, MO, 2OB/GYN, University of Colorado Denver, Aurora, CO, 3Medicine, Washington University in St. Louis, St. Louis, MO.

11:00 AM  O-85  TO FREEZE OR NOT TO FREEZE: THAT IS THE QUESTION...TAKING ARMS AGAINST THE SEA OF REPRODUCTIVE AGING THROUGH AUTOLOGOUS OOCYTE CRYOPRESERVATION (OC).  N. Noyes,1  S. Druckenmiller,2  C. McCaffrey,3  P. Labelia,4  F. Licciardi,5  J. Grifo6; 1OB GYN, New York University School of Medicine, New York, NY, 2Obstetrics and Gynecology, NYU School of Medicine, New York, NY, 3OB/Gyn, NYU Fertility Center, New York, NY, 4OB/Gyn, NYU Fertility Center, Pelham Manor, NY, 5OB/GYN, New York University Langone Medical Center, New York, NY, 6NYU Langone Fertility Center, NY, NY.


11:30 AM  O-87  BIRTHWEIGHT IN INFANTS FOLLOWING BLASTOCYST TRANSFER COMPARED TO CLEAVAGE STAGE TRANSFER.  J. F. Litzky,1  S. Boulet,3  N. Esfandiar,3  Y. Zhang,2  D. M. Kissin,2  R. N. Theiler,3  C. J. Marsit; 1Epidemiology, Geisel School of Medicine at Dartmouth, Lebanon, NH, 2Division of Reproductive Health, Centers for Disease Control and Prevention, Atlanta, GA, 3Ob-Gyn and Pathology, Geisel School of Medicine at Dartmouth, Lebanon, NH, 4Ob-Gyn, Geisel School of Medicine at Dartmouth, Lebanon, NH, 5Department of Environmental Health, Rollins School of Public Health, Emory, Atlanta, GA.

11:45 AM  O-88  FROZEN EMBRYO TRANSFER ASSOCIATED WITH INCREASED BIRTHWEIGHT BUT DECREASED RATE OF LOW BIRTHWEIGHT IN US FULL-TERM SINGLETON INFANTS CONCEIVED 2007-2014.  J. F. Litzky,1  S. Boulet,3  N. Esfandiar,3  Y. Zhang,2  D. M. Kissin,2  R. N. Theiler,3  C. J. Marsit; 1Epidemiology, Geisel School of Medicine at Dartmouth, Lebanon, NH, 2Division of Reproductive Health, Centers for Disease Control and Prevention, Atlanta, GA, 3Ob-Gyn and Pathology, Geisel School of Medicine at Dartmouth, Lebanon, NH, 4Ob-Gyn, Geisel School of Medicine at Dartmouth, Lebanon, NH, 5Department of Environmental Health, Rollins School of Public Health, Emory, Atlanta, GA.

12:00 PM  O-89  PERINATAL OUTCOMES ARE SIMILAR IN BLASTOCYST COMPARED TO CLEAVAGE STAGE FROZEN-THAWED EMBRYO TRANSFERS: A SARTCORS STUDY.  E. C. Holden,1  B. N. Kashani,1  S. Morelli,2  D. Alderson,3  S. K. Jindal,4  P. G. McGovern; 1Obstetrics, Gynecology and Women’s Health, Rutgers - New Jersey Medical School, Newark, NJ, 2University Reproductive Associates, Hasbrouck Heights, N.J, 3University Reproductive Biostatistics and Epidemiology Services Center, Rutgers University, Piscataway, NJ, 4Obstetrics, Gynecology and Women’s Health, Albert Einstein College of Medicine, Bronx, NY, 5Montefiore’s Institute for Reproductive Medicine and Health, Hartsdale, NY.

12:15 PM  O-90  DECREASED CLINICAL PREGNANCY AND LIVE BIRTH RATES AFTER SHORT INTERVAL FROM DELIVERY TO SUBSEQUENT ASSISTED REPRODUCTION ATTEMPT: AN ANALYSIS OF 51,997 SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY (SART) CYCLES.  M. Quinn, M. Rosen, H. Huddleston, M. Cedars, V. Y. Fujimoto; University of California, San Francisco, San Francisco, CA.
11:00 AM O-91 RESIDENTIAL PROXIMITY TO MAJOR ROADWAYS AND IN VITRO FERTILIZATION OUTCOMES. A. J. Gaskins,1 J. E. Hart,2 J. E. Chavarro,1 F. Laden,2 J. B. Ford,2 I. Souter,3 R. Hauser2; 1Department of Nutrition, Harvard T.H. Chan School of Public Health, Boston, MA, 2Department of Environmental Health, Harvard T.H. Chan School of Public Health, Boston, MA, 3Obstetrics Gynecology/REI Division, Harvard Medical School & Massachusetts General Hospital, Boston, MA.

11:15 AM O-92 INCREASED RISK OF CANCER AMONG MEN WITH PEYRONIE’S DISEASE. A. W. Pastuszak,1 T. P. Kohn,2 M. Eisenberg3; 1Scott Department of Urology, Baylor College of Medicine, Houston, TX, 2Baylor College of Medicine, Houston, TX, 3Urology, Stanford University, Stanford, CA.

11:30 AM O-93 RSIY-11: DISCOVERY AND EVALUATION OF A NOVEL PEPTIDE AND ITS RELATION TO SPERM MOTILITY. R. Fritz, S. Zaghi, A. Mukherjee, L. Fricker, I. Agalliu, K. Davies; Albert Einstein College of Medicine, Bronx, NY.

11:45 AM O-94 A NEW IN VITRO TEST TO EVALUATE FOLLICULAR SURVIVAL AFTER CRYOPRESERVATION. S. G. Kristensen, Q. Liu, C. Y. Andersen; Laboratory of Reproductive Biology, University Hospital of Copenhagen, Copenhagen, Denmark.

12:00 PM O-95 SHORT INTERPREGNANCY INTERVAL (IPI) IS ASSOCIATED WITH PRETERM DELIVERY IN SINGLETON LIVE BIRTHS FROM A NATIONAL COHORT UNDERGOING ASSISTED REPRODUCTIVE TECHNOLOGY (ART). M. Quinn, H. Huddleston, M. Rosen, M. Cedars, V. Y. Fujimoto; University of California, San Francisco, San Francisco, CA.

12:15 PM O-96 MEIOTIC SPINDLE TRANSFER OVERCOMES EMBRYO DEVELOPMENTAL ARREST IN COMPROMISED OOCYTES: PROOF OF CONCEPT IN THE MOUSE MODEL. N. L. Costa-Borges,1 E. Mestres,1 I. Miguel-Escalada,2 R. Basalmeda,3 M. Garcia,1 I. Vanrell,1 J. Gonzalez,3 G. Calderon4; 1R&D Center, Embryotools, Barcelona, Spain, 2Genomic-programming Laboratory, IDIBAPS, Barcelona, Spain, 3PCB-PRBB Animal Facility Alliance, Barcelona, Spain, 4Embryotools, Barcelona, Spain.
ASRM 2017 SCIENTIFIC CONGRESS :: FINAL PROGRAM

ORAL ABSTRACTS

Tuesday, October 31, 2017 11:15 am - 12:45 pm

Oral Abstract Sessions

Health Disparities
Endometriosis 1
Male Reproduction and Urology
Reproductive Endocrinology and Gynecology
Reproductive Biology - Animal Studies
ART: Clinical 2
ART Procedures
Embryo Culture
Reproductive Genetics - PGT Outcomes and Counseling
Mental Health
Leiomyoma 2
Contraception and Family Planning 2
Polycystic Ovary Syndrome And Androgen Excess
Outcomes - Perinatal

HEALTH DISPARITIES

Moderators: Wael Salem and Erica Marsh

11:00 AM O-97 BRIDGING THE GAP: NATIONAL UTILIZATION OF EMERGENCY SERVICES BY TRANSGENDER PATIENTS. M. B. Moravek, R. M. Baker, E. E. Marsh, J. F. Randolph; Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI.

11:15 AM O-98 INFERTILITY KNOWLEDGE AND BELIEFS AMONG AFRICAN AMERICAN WOMEN IN AN URBAN COMMUNITY. A. Wiltshire,1 D. McCarthy-Keith,1 F. Yan2; 1Obstetrics and Gynecology, Morehouse School of Medicine, Atlanta, GA, 2Community Health & Preventive Medicine, Morehouse School of Medicine, Atlanta, GA.

11:30 AM O-99 SERUM BDNF AND IGF-1 LEVELS PREDICT IVF OUTCOME IN CAUCASIAN BUT NOT AFRICAN AMERICAN WOMEN. S. Elder,1 M. Irani,1 D. Nasioudis,2 S. S. Witkin,2 S. D. Spandorfer1; 1The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medicine, New York, NY, 2Department of Obstetrics and Gynecology, Weill Cornell Medicine, New York, NY.

11:45 AM O-100 EARLY HCG TRENDS IN IVF SINGLETONS VARY BY ETHNICITY: A COMPARISON OF ASIAN AND CAUCASIAN WOMEN UNDERGOING FRESH IVF-ET. K. Hancock,1 A. G. Kelly,2 N. Pereira,3 J. Lekovich,3 P. Chung,3 Z. Rosenwaks3; 1Obstetrics and Gynecology, Weill Cornell Medicine, New York, NY, 2Weill Cornell Medical College, New York, NY, 3The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, New York, NY.

12:00 PM O-101 FACTORS BEYOND INSURANCE COVERAGE THAT ARE ASSOCIATED WITH IN VITRO FERTILIZATION DROPOUT. D. E. Broughton, A. Eskew, M. Schulte, K. Omurtog, E. Jungheim; Obstetrics and Gynecology, Washington University in St. Louis, St. Louis, MO.

12:15 PM O-102 ASIAN ETHNICITY IS AN INDEPENDENT DETERMINANT OF OVARIAN RESERVE AND RESPONSE IN WOMEN UNDERGOING FRESH IVF-ET CYCLES. A. G. Kelly,1 K. Hancock,2 N. Pereira,3 J. Lekovich,3 P. Chung,3 Z. Rosenwaks3; 1Weill Cornell Medical College, New York, NY, 2Department of Obstetrics and Gynecology, Weill Cornell Medical College, New York, NY, 3The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, New York, NY.

ENDOMETRIOSIS 1

Moderators: Bruce Lessey and Alexis Greene

11:00 AM O-103 ENDOMETRIOSIS ALTERS ANXIETY, DEPRESSION AND PAIN PERCEPTION AS WELL AS BRAIN ELECTROPHYSIOLOGY AND GENE EXPRESSION IN MICE. R. Mamillapalli, X. Gao, H. S. Taylor; Obstetrics, Gynecology and Reproductive Sciences, Yale University School of Medicine, New Haven, CT.
11:15 AM O-104 GENERAL PAIN, PELVIC REGIONAL PAIN, GASTROINTESTINAL AND AFFECTIVE SYMPTOMS ARE COMMON AMONG WOMEN WITH ENDOMETRIOSIS-RELATED PAIN AND MAY AFFECT STUDY RETENTION DURING CLINICAL TRIALS. O. Muneyyirci-Delale,1 C. Charles,1 N. Sinaii,2 M. Dalloul,1 V. Mniarji,3 P. Stratton†; 1OB/GYN, SUNY Downstate Medical Center, Brooklyn, NY, 2National Institutes of Health, Bethesda, MD, 3SUNY Downstate Medical Center, Brooklyn, NY, 4PRAE, NICHD, NIH, Bethesda, MD.

11:30 AM O-105 SERUM MICRORNAS USED TO DIAGNOSE ENDOMETRIOSIS PRIOR TO SURGICAL DIAGNOSIS: A PROSPECTIVE STUDY. S. Moustafa, M. Burn, V. A. Flores, S. E. Nematian, E. Cosar, H. S. Taylor; Obstetrics, Gynecology, and Reproductive Sciences, Yale School of Medicine, New Haven, CT.

11:45 AM O-106 EFFECT OF INFLAMMATORY ENVIRONMENT ON DEVELOPMENT OF ENDOMETRIOSIS IN MURINE MODEL. T. Toloubeydokhti,1 L. Zhang,1 K. Bruner-Tran,2 K. G. Osteen,2 A. Duleba†; 1Reproductive Medicine, University of California, San Diego, La Jolla, CA, 2Department of Obstetrics and Gynecology, Vanderbilt University Medical Center, Nashville, TN.

12:00 PM O-107 DIFFERENTIAL EXPRESSION OF KISSPEPTIN AND ITS RECEPTOR IN EUTOPIC AND ECTOPIC ENDOMETRIUM OF WOMEN WITH AND WITHOUT ENDOMETRIOSIS. A. O. Abdelkareem,1,2 A. Ait-Allah,1 S. M. Rasheed,1 Y. A. Helmy,1 C. Aliaire,2 B. Peng,2 P. Yong,2 M. A. Bedaiwy†; 1Obstetrics and Gynecology, Faculty of Medicine, Sohag University, Sohag, Egypt, 2Department of Obstetrics and Gynecology, University of British Columbia, BC Women’s Hospital, Vancouver, BC, Canada.

12:15 PM O-108 LONG-TERM EFFECT OF ELAGOLIX ON THE ENDOMETRIUM: RESULTS FROM TWO PHASE 3 EXTENSION STUDIES IN WOMEN WITH ENDOMETRIOSIS-ASSOCIATED PAIN. B. A. Lessey,1 M. P. Diamond,2 S. Agarwal,3 P. Dmowski,4 W. R. Duan,5 J. W. Thomas,5 K. Chwalisz5; 1Obstetrics & Gynecology, Reproductive Endocrinology & Infertility, Greenville Health System, Greenville, SC, 2Augusta Univ., Augusta, GA, 3Center for Endometriosis Research & Treatment, UCSD, La Jolla, CA, 4Institute for the Study & Treatment of Endometriosis, Oak Brook, IL, 5AbbVie, North Chicago, IL.

11:00 AM O-109 TRENDS IN DIAGNOSIS AND MANAGEMENT OF VARICOCELES AMONG U.S. MEN. C. Guercio,1 D. Patil,2 A. Mehta3; 1Emory University School of Medicine, Atlanta, GA, 2Emory Urology, Sr. Biostatistician, Atlanta, GA, 3Emory University, Atlanta, GA.

11:15 AM O-110 PATERNAL AGING OVER A NATURAL LIFETIME IS DIRECTLY ASSOCIATED WITH GENETIC AND EPIGENETIC ALTERATIONS IN THE MALE GAMETE. M. Katz-Jaffe, J. C. Parks, B. R. McCallie, M. Denonme Tignanelii, W. B. Schoolcraft; Colorado Center for Reproductive Medicine, Lone Tree, CO.


11:45 AM O-112 METABOLIC AGE VERSUS CHRONOLOGIC AGE EFFECT ON THE GONADAL STATE. A. Majzoub,1 R. A. Talib,2 O. Canguven,1 H. Elbardisi,1 M. M. Arafa,1 K. Khalafalla,2 S. S. Alsaid1; 1Urology, Hamad Medical Corporation, Doha, Qatar, 2Hamad Medical Corporation, Doha, Qatar.

12:00 PM O-113 CHILDREN OF MEN EXPOSED TO CHEMOTHERAPY HAVE NORMAL FECUNDITY. B. Patel,1 H. Meeks,2 Y.
Wan,2 E. B. Johnstone,1 M. Glenn,3 J. M. Hotaling,4 K. Smith2; 1Obstetrics & Gynecology, University of Utah, Salt Lake City, UT, 2Huntsman Cancer Institute, Salt Lake City, UT, 3Hematology and Hematologic Malignancies, Huntsman Cancer Institute, Salt Lake City, UT, 4University of Utah, Salt Lake City, UT.

12:15 PM O-114 WHOLE EXOME SEQUENCING IDENTIFIES GENES AND PATHWAYS WITH POTENTIAL INVOLVEMENT IN PEYRONIE’S AND DUPUYTREN’S DISEASES. A. W. Pastuszak; Scott Department of Urology, Baylor College of Medicine, Houston, TX.

12:00 PM O-119 QUANTITY VERSUS QUALITY: DO PATIENTS WITH DIMINISHED OVARIAN Reserve (DOR) AND POOR RESPONSE TO STIMULATION ALSO EXHIBIT POOR BLASTULATION AND INCREASED ANEUPLOIDY? S. J. Morin,1 G. Patounakis,2 C. R. Juneau,1 S. A. Neal,1 R. T. Scott, Jr.,1 E. Seli3; 1IVI/RMA, Thomas Jefferson University, Basking Ridge, NJ, 2IVI/RMA, Lake Mary, FL, 3Yale University, New Haven, CT.

12:15 PM O-120 A RANDOMIZED, PLACEBO-CONTROLLED PILOT STUDY TO DETERMINE THE EFFECT AND DURATION OF ACIDFORM GEL (AMPHORA) ON VAGINAL PH. K. R. Culwell,1 M. Griffiss,2 S. Nayak,3 A. Avery,4 D. Friend; 1Evofem Biosciences, San Diego, CA, 2Clinical RM, Hinkley, OH, 3Johns Hopkins Bayview Medical Center, Baltimore, MD, 4MetroHealth, Cleveland, OH.

REPRODUCTIVE ENDOCRINOLOGY AND GYNECOLOGY

Moderators: Erica Johnstone and Lubna Pal

11:00 AM O-115 ENDOMETRIAL FLUID TRANSCRIPTOMICS AS A NEW NON-INVASIVE DIAGNOSTIC METHOD OF UTERINE RECEPTIVITY. F. Vilella,1 D. Bolumar,2 D. Blesa,2 M. Clemente-Ciscar,2 A. Rincón,2 D. Valbuena,2 C. Simon2; 1Igenomix / INCLIVA / Stanford University, Valencia, Spain, 2Igenomix, Valencia, Spain, 3Obs/Gyn Dept., Valencia University/INCLIVA; Igenomix; Ob/Gyn Dept., Stanford University; Ob/Gyn Dept., Baylor College of Medicine, Valencia, Spain.

11:15 AM O-116 INTERGENERATIONAL EFFECTS OF CHEMOTHERAPY ON FECUNDITY: BOTH MALE AND FEMALE CHILDREN BORN TO WOMEN EXPOSED TO CHEMOTHERAPY HAVE FEWER CHILDREN. B. Patel,1 H. Meeks,2 Y. Wan,2 E. B. Johnstone,1 M. Glenn,3 K. Smith,2 J. M. Hotaling4; 1Obstetrics & Gynecology, University of Utah, Salt Lake City, UT, 2Huntsman Cancer Institute, Salt Lake City, UT, 3Hematology and Hematologic Malignancies, Huntsman Cancer Institute, Salt Lake City, UT, 4University of Utah, Salt Lake City, UT.

11:30 AM O-117 PRE-CONCEPTION ALLOSTATIC LOAD IS NOT ASSOCIATED WITH DIMINISHED OVARIAN Reserve AMONG WOMEN WITH UNEXPLAINED INFERTILITY. W. Vitek,1 E. S. Barrett,2 O. Mbowe,3 S. W. Thurston,3 N. Santoro,4 M. P. Diamond; 1University of Rochester Medical Center, Rochester, NY, 2Department of Epidemiology, Rutgers University School of Public Health, Piscataway, NJ, 3Department of Biostatistics and Computational Biology, University of Rochester Medical Center, Rochester, NY, 4Obstetrics and Gynecology, University of Colorado School of Medicine, Aurora, CO, 5NICHCD Cooperative Reproductive Medicine Network, Augusta, GA.
R. Fraietta,2 D. P. Braga,4 A. P. Cedenho5; 1Department of Surgery, Division of Urology, Human Reproduction Section, Sao Paulo Federal University, Sao Paulo, Brazil, 2Department of Surgery, Division of Urology, Human Reproduction Section, Sao Paulo Federal University, Sao Paulo, Brazil, 3Department of Surgery, Division of Urology, Human Reproduction Section, Sao Paulo Federal University, Sao Paulo, Brazil, 4Department of Surgery, Division of Urology, Human Reproduction Section, Sao Paulo Federal University, Sao Paulo, Brazil.

11:15 AM O-122 DYNAMICS OF GROWTH AND DIFFERENTIATION FACTOR-9 AND INHIBIN B PRODUCTION IN MACAQUE DEVELOPING FOLLICLES DURING 3-DIMENSIONAL CULTURE. A. Ting,1 R. L. Stouffer,2 M. B. Zelinski,1 G. Savjani,3 B. Kalra,3 A. Kumar3; 1Division of Reproductive & Developmental Sciences, Oregon National Primate Research Center, Beaverton, OR, 2ONPRC, OHSU, Beaverton, OR, 3Ansh Labs, Webster, TX.

11:30 AM O-123 EVALUATION THE EFFECT OF MOUSE BLASTOCYST VITRIFICATION ON OFFSPRING BEHAVIOR & FERTILITY. F. Guo,1,2 H. Sun,1 Y. Gao; 1Reproductive Medicine, Nantong University Affiliated Hospital, Nantong, China, 2Experimental Animal Center, Nantong University, Nantong, China.

11:45 AM O-124 TELOMERIC REPEAT-CONTAINING RNA (TERRA) IS ACTIVATED DURING EARLY MOUSE DEVELOPMENT, FROM 2-CELL TO BLASTOCYST STAGES, IN A CELL CYCLE-DEPENDENT MANNER. F. H. Wang,1 P. A. Navarro,2 L. G. Robinson,3 Y. G. Kramer,4 R. N. Pimentel,5 R. A. Raaljabi,6 D. L. Keefe7; 1Department of Obstetrics and Gynecology, NYUMC, New York, NY, 2Department of Obstetrics and Gynecology, Faculty of Ribeirao Preto, Brazil, 3Ob/Gyn, NYU Langone Medical Center, New York, NY, 4NYU Fertility Center, New York, NY, 5OB/GYN, New York University Research Scientist, Specialist in Human Reproduction, Goiania, Brazil, 6Reproductive Endocrinology and Infertility, NYU New York University, New York, NY, 7ObGyn, New York University Langone Medical Center, New York, NY.

12:00 PM O-125 METABOLIC IMAGING USING FLIM ACCURATELY DETECTS MITOCHONDRIAL DYSFUNCTION IN MOUSE OOCYTES. T. Wang,1 T. Sanchez,2 M. Zhang,1 E. Esencan,3 D. Sakkas,4 D. Needleman,2 E. Seli; 1Obstetrics, Gynecology & Reproductive Science, Yale University, New Haven, CT, 2Department of Molecular and Cellular Biology, Harvard University, Cambridge, MA, 3Yale University School of Medicine, New Haven, CT, 4Boston IVF, Waltham, MA.

12:15 PM O-126 SEMEN PARAMETERS DURING ZIKA VIRUS INFECTION IN THE OLIVE BABOON (PAPIO ANUBIS). J. P. Dubaut,1 S. Gurung,2 M. R. Trammell,1 D. Myers,2 D. Reuter,1 A. Preno,3 M. T. Zavy,1 J. F. Papin3; 1Obstetrics and Gynecology, REI, University of Oklahoma HSC, Oklahoma City, OK, 2Obstetrics and Gynecology, MFM, University of Oklahoma HSC, Oklahoma City, OK, 3Comparative Medicine, University of Oklahoma HSC, Oklahoma City, OK.

ART: CLINICAL 2
Moderators: Ginny Ryan and Angela Kelley

11:00 AM O-127 ASSISTED REPRODUCTIVE TECHNOLOGY & RISK OF CHILDHOOD CANCER. B. Luke,1 M. B. Brown,2 L. G. Spector3; 1Obstetrics, Gynecology, and Reproductive Biology, Michigan State University, East Lansing, MI, 2Biostatistics, University of Michigan, Ann Arbor, MI, 3Pediatrics, University of Minnesota, Minneapolis, MN.

11:30 AM O-129 FRAGILE X PREMUTATION CARRIERS WITH MID-RANGE CGG REPEAT SIZE AND REDUCTION IN AGG INTERRUPTIONS DEMONSTRATE MORE PROFOUNDLY DIMINISHED OVARIAN RESERVE. J. Lekovich, L. Man, K. Xu, D. Lilienthal, N. Pereira, Z. Rosenwaks, J. Gerhardt; The Ronald O. Perelman and Claudia Cohen CRM, Weill Cornell Medicine, New York, NY.

11:45 AM O-130 INSULIN-LIKE GROWTH FACTOR-1 AND SOLUBLE FMS-LIKE TYROSINE KINASE-1 PROSPECTIVELY PREDICT CANCELLED IVF CYCLES. D. Nasioudis, F. M. Kreines, E. Minis, M. Irani, S. S. Witkin, S. D. Spandorfer; 1Department of Obstetrics and Gynecology, Weill Cornell Medicine, New York, NY, 2Weill Cornell Medicine, New York, NY, 3Reproductive Endocrinology and Infertility, Weill Cornell Medicine, New York, NY.

12:00 PM O-131 AMH AS A PREDICTOR OF LIVE BIRTH FOLLOWING ASSISTED REPRODUCTIVE TECHNOLOGY: AN ANALYSIS OF 85,062 FRESH AND THAWED CYCLES FROM THE SART CORS DATABASE FOR 2012 & 2013. R. Tal, D. Seifer, E. Wantman, V. L. Baker, O. Tal; 1Obstetrics, Gynecology & Reproductive Sciences, Yale University School of Medicine, New Haven, CT, 2Reproductive Endocrinology & Infertility, Dartmouth-Hitchcock Medical Center, Lebanon, NH, 3Redshift Technologies, Inc., New York, NY, 4Division of REI, Department of Obstetrics and Gynecology, Stanford University, Stanford, CA, 5Business, Conestoga College, Kitchener, ON, Canada.

12:15 PM O-132 TRIGGERING OVULATION WITH GONADOTROPIN-RELEASING HORMONE AGONIST (GNRHα) AND MODIFIED LUTEAL SUPPORT: HORMONAL CHARACTERISTICS, EMBRYOLOGICAL AND CLINICAL OUTCOME. B. Martazanova, N. Mishieva, I. Korneeva, V. Smolnikova, A. Abubakirov; 1Department of Preservation & Restoration of Reproductive Function, Research Centre of Obstetrics, Gynaecology and Perinatology named after academician V.I. Kulakov, Moscow, Russian Federation, 2Research Center for Obstetrics, Gynecology and Perinatology, Moscow, Russian Federation.

ART PROCEDURES

Moderators: Donna Session and Jay Huber


11:15 AM O-134 A RANDOMIZED CONTROLLED TRIAL COMPARING THREE DIMENSIONAL AUTOMATED VOLUME MEASUREMENT AND TWO DIMENSIONAL MANUAL TRACKING OF FOLLICULAR DEVELOPMENT DURING IN-VITRO- FERTILIZATION (IVF) CYCLES. N. Malhotra; Obstetrics and Gynecology, All India Institute of Medical Sciences, New Delhi, India.


11:45 AM O-136 AUTOMATIC VS MANUAL VITRIFICATION OF HUMAN OOCYTES. PRELIMINARY RESULTS OF THE FIRST RANDOMISED CONTROLLED TRIAL USING SIBLING OOCYTES. M. Sole, N. Polyzos, C.
ORAL ABSTRACTS

12:00 PM O-137 IN VITRO DEVELOPMENT OF HUMAN OOCYTES RECONSTRUCTED BY SEQUENTIAL TRANSFER OF GERMINAL VESICLE AND MII SPINDLE. H. Liu, Z. Lu, M. Yang, Z. Liu, Z. Merhi, J. Blazek, J. Zhang; 1Darwin Life and New Hope Fertility Center, New York, NY, 2New Hope Fertility Center, New York, NY, 3NYU School of Medicine, New York, NY, 4Research and Development, Genesis Genetics, Houston, TX.

12:15 PM O-138 TECHNIQUE TO ASCERTAIN THE CHROMOSOMAL CONTENT OF THE INNER CELL MASS WITHOUT COMPROMISING EMBRYO DEVELOPMENT. D. Matt, S. Purcell, A. Jones, C. Williams, B. Wilkerson, J. Collier, R. Locksley; 1Virginia IVF and Andrology Center, Richmond, VA, 2Reproductive Medicine and Surgery Center of Virginia, Charlottesville, VA, 3Ovation, Nashville, TN, 4Reproductive Medicine and Surgery Center of Virginia, PLC, Charlottesville, VA, 5VA IVF, Richmond, VA.

12:15 PM O-139 THE LO2 TRIAL, PHASE I: A PAIRED RANDOMIZED CONTROLLED TRIAL (RCT) COMPARING BLASTULATION RATE IN ULTRA-LOW (2%) VS. LOW (5%) OXYGEN IN EXTENDED CULTURE (EC). S. J. Morin, D. J. Kaser, C. R. Juneau, S. A. Neal, K. Upham, T. Tao, Y. Zhan, R. T. Scott, Jr.; 1IVI/RMA, Thomas Jefferson University, Basking Ridge, NJ, 2IVI/RMA, Basking Ridge, NJ.


11:15 AM O-142 METABOLIC IMAGING TO ASSESS MITOCHONDRIAL FUNCTION IN HUMAN EMBRYOS CULTURED IN LOW VS. ULTRA-LOW OXYGEN TENSION. T. Sanchez, D. Needleman, C. Racowsky; 1Department of Molecular and Cellular Biology, Harvard, Cambridge, MA.

11:30 AM O-143 MALE PARTNER AGE IN RELATION TO TIME TO BLASTOCYST FORMATION: A TIME-LAPSE STUDY. M. Arvizu, I. Dimitriadis, G. Christou, C. Tannikut, C. L. Bormann, R. Hauser, J. E. Chavarro; 1Nutrition, Harvard T.H. Chan School of Public Health, Boston, MA, 2Massachusetts General Hospital, Boston, MA, 3Obstetrics and Gynecology, Massachusetts General Hospital, Boston, MA, 4Urology, Massachusetts General Hospital, Boston, MA, 5Brigham and Women’s Hospital, Boston, MA, 6Harvard Chan School of Public Health, Boston, MA, 7Obstetrics Gynecology/REI Division, Harvard Medical School-Massachusetts General Hospital, Boston, MA, 8Department of Nutrition, Harvard School of Public Health, Boston, MA.

11:45 AM O-144 EFFECT OF ANTIOXIDANT ADDITION TO EMBRYO CULTURE ANTIOXIDANT ADDITION TO EMBRYO CULTURE. F. Inoue; R&D, Kitazato Corporation, Fuji, Shizuoka, Japan.

EMBRYO CULTURE

Moderators: Dawn Kelk and William Roudebush

11:00 AM O-139 THE LO2 TRIAL, PHASE I: A PAIRED RANDOMIZED CONTROLLED TRIAL (RCT) COMPARING BLASTULATION RATE IN ULTRA-LOW (2%) VS. LOW (5%) OXYGEN IN EXTENDED CULTURE (EC).

12:15 PM O-144 EFFECT OF ANTIOXIDANT ADDITION TO EMBRYO CULTURE ANTIOXIDANT ADDITION TO EMBRYO CULTURE.
REPRODUCTIVE GENETICS - PGT OUTCOMES AND COUNSELING

Moderators: Andria Besser and Semra Kahraman


11:15 AM O-146 ABILITY TO DETECT ANEUPLOIDY FROM CELL FREE DNA COLLECTED FROM MEDIA IS DEPENDENT ON THE STAGE OF DEVELOPMENT OF THE EMBRYO. M. Lane,1 D. L. Zander-Fox,2 H. Hamilton,2 M. J. Jasper,1 B. L. Hodgson,4 M. Fraser,5 F. Bell2; 1Monash IVF Group, Dulwich, Australia, 2Repromed, Dulwich, Australia, 3RHS Ltd, Thebarton, Australia, 4Reproductive Health Science, Thebarton, Australia, 5Reproductive Health Science Ltd, Thebarton, Australia.

11:30 AM O-147 THE EFFECT OF EMBRYO BIOPSY ON PERINATAL OUTCOMES: AN ANALYSIS OF SART CORS. J. D. Kort,1 B. Behr,1 E. Wantman,2 V. L. Baker1; 1Division of REI, Department of OB/GYN, Stanford University, Stanford, CA, 2Redshift Technologies, Inc., New York, NY.


12:00 PM O-149 AN OPT-OUT APPROACH TO EXPANDED CARRIER SCREENING (ECS) INFORMS PATIENT AND CLINICIAN DECISION MAKING AND IDENTIFIES MORE PREIMPLANTATION GENETIC DIAGNOSIS (PGD) APPROPRIATE CASES. P. B. Parker,1 D. J. Kaser,2 T. Molinaro,2 R. T. Scott, Jr.; IVI/RMANJ, Thomas Jefferson University Hospital, Philadelphia, PA, 2IVI/RMANJ, Thomas Jefferson University, Basking Ridge, NJ.

12:15 PM O-150 COUNSELING EXPERIENCE WITH INCIDENTAL CANCER GENES IN EXPANDED CARRIER SCREENING. K. K. Wong, L. Buchheit, K. Ready, E. W. Denne, K. E. Kaseniit, C. G. Artieri, D. Muzzey; Counsyl, South San Francisco, CA.

MENTAL HEALTH

Moderators: Lindsay Childress-Beatty and Susan Klock

11:00 AM O-151 ASSESSMENT OF SOCIETY ASSISTED REPRODUCTIVE TECHNOLOGY (SART) FERTILITY CLINIC WEBSITES ON MENTAL HEALTH AND COMPLEMENTARY MEDICINE RESOURCES. T. Zore,1,2 N. Joshi,1,2 S. B. Schon,3 P. Masson,4 J. L. Chan2; 1Obstetrics and Gynecology, University of California Los Angeles, Los Angeles, CA, 2OB/GYN, Division REI, Cedars-Sinai Medical Center, Los Angeles, CA, 3University of Michigan, Ann Arbor, MI, 4University of Pennsylvania, Philadelphia, PA.

11:15 AM O-152 FACTORS ASSOCIATED WITH FAMILY BUILDING IN CANCER SURVIVORS. J. R. Ho,1 J. R. Gorman,2 B. W. Whitcomb,3 J. M. Bouknight,4 I. Su,5 K. Chung; 1USC Keck School of Medicine, Los Angeles, CA, 2Oregon State University, Corvallis, OR, 3Univ. of Massachusetts Amherst, Amherst, MA, 4Univ. of Alabama Birmingham, Birmingham, AL, 5UC San Diego, San Diego, CA.

11:30 AM O-153 INFORMATION SHARING MOTIVATIONS PREDICT CHANGE IN ADJUSTMENT OF CHILDREN CONCEIVED VIA ASSISTED REPRODUCTION. M. Chen,1 R. Arocho,2 M. A. Ruetter1; 1University of Minnesota, St. Paul, MN, 2Ohio State University, Columbus, OH.

11:45 AM O-154 ‘AGE IS JUST A NUMBER:’ HOW CELEBRITY-DRIVEN MAGAZINES MISREPRESENT FERTILITY AT ADVANCED REPRODUCTIVE AGES. S. Willson,1 K. N.
Golden2; 1New York University School of Medicine, New York, NY, 2New York University Langone Medical Center, New York, NY.

12:00 PM O-155 OPIOID PRESCRIBING PATTERNS AFTER EGG RETRIEVAL. P. Bortoletto1, M. Prabhu2, E. Garry3, K. F. Huybrechts4, R. M. Anchan1, B. T. Bateman1; 1Brigham and Women’s Hospital, Boston, MA, 2Massachusetts General Hospital, Boston, MA, 3University of North Carolina at Chapel Hill, Chapel Hill, NC, 4Division of Pharmacoepidemiology and Pharmacoeconomics, Brigham and Women’s Hospital, Boston, MA.

12:15 PM O-156 QUALITY OF LIFE AND DEPRESSION IN POLYCYSTIC OVARY SYNDROME. E. A. Greenwood1, L. Pasch1, R. S. Legro2,3 M. Cedars4, H. Huddleston1; 1UCSF, San Francisco, CA, 2Penn State University College of Medicine, 3Reproductive Medicine Network, New Haven, CT, 4UCSF, San Francisco, CA.

LEIOMYOMA 2

Moderators: Akhil Shah and Elizabeth Stewart

11:00 AM O-157 REGULATION OF PD-1 AND LEPTIN RECEPTOR EXPRESSION BY ESTROGEN THROUGH AKT3 IN HUMAN UTERINE FIBROIDS. A. El Andaloussi1, A. Al-Hendy2; 1Ob/Gyn, Augusta University, Augusta, GA, 2OB/GYN, Dept of Obstetrics & Gynecology, Augusta, GA.

11:15 AM O-158 A CONTROLLED TRIAL ON UTERINE FIBROIDS TREATMENT COMPARING AROMATASE INHIBITOR PLUS GNRH ANALOGUE VERSUS ULIPRISTAL ACETATE. F. Scarpellini1, M. Sbracia2; 1CERM, Rome, Italy, 2CERM-Hungaria, Roma, Italy.

11:30 AM O-159 SYNERGISTIC EFFECTS OF SIMVASTATIN AND ULIPRISTAL ACETATE ON UTERINE LEIOMYOMA. M. Malik1, W. H. Catherino1, A. Laknaur2, M. Ali2, A. Al-Hendy3, J. Segars3, M. A. Borahay4; 1OB/GYN, Uniformed Services University of the Health Sciences, Bethesda, MD, 2OB/GYN, Augusta University, Augusta, GA, 3OB/GYN, Johns Hopkins School of Medicine, Baltimore, MD, 4Obstetrics and Gynecology, Johns Hopkins University, Baltimore, MD.

11:45 AM O-160 VITAMIN D SYNERGIZES THE ANTIPROLIFERATIVE, APOPTOTIC, ANTI-FIBROTIC AND ANTI-INFLAMMATORY EFFECTS OF ULIPRISTAL ACETATE AGAINST HUMAN UTERINE FIBROIDS. M. Ali1,2 A. Laknaur1, S. M. Shaheen2, N. A. Sabri, A. Al-Hendy1; 1OB/GYN Department, Augusta University, Augusta, GA, 2Clinical Pharmacy Department, Ain Shams University, Cairo, Egypt.

12:00 PM O-161 ULIPRISTAL ACETATE TREATMENT ACTS THROUGH MEMBERS OF THE CA2+/CALCINEURIN/NFAT SIGNALING PATHWAY AFFECTING LEIOMYOMA HYDRATION HOMEOSTASIS. J. L. Britten1, M. Malik1, T. D. Lewis2, X. Zhang3, W. H. Catherino4; 1Obstetrics and Gynecology, Uniformed Services University of the Health Sciences, Bethesda, MD, 2Reproductive Endocrinology & Infertility, National Institutes of Health, Bethesda, MD, 3Collaborative Health Initiative Research Program, USUHS, Bethesda, MD, 4Reproductive and Adult Endocrinology, NICHD, NIH, Bethesda, MD.

12:15 PM O-162 ULIPRISTAL ACETATE REGULATES PERILIPIN-2 GENE EXPRESSION THROUGH PROGESTERONE RECEPTOR ISOFORM B IN UTERINE LEIOMYOMA CELLS. I. Okeigwe1, S. Bulun2, P. Yin3; Obstetrics & Gynecology, Northwestern University, Chicago, IL.
CONTRACEPTION AND FAMILY PLANNING 2

Moderators: Thomas Kimble and Jessica McLaughlin

11:00 AM O-163 PERCEPTION OF FERTILITY POTENTIAL IS ASSOCIATED WITH CONTRACEPTIVE BEHAVIOR IN FEMALE YOUNG ADULT CANCER SURVIVORS. T. N. Hadnott,1 A. C. Medica,1 S. Stark,1 B. W. Whitcomb,2 I. Su1; 1UC San Diego, La Jolla, CA, 2Biostatistics and Epidemiology, University of Massachusetts Amherst, Amherst, MA.

11:15 AM O-164 SURGICAL STERILIZATION USE IN A CONTEMPORARY COHORT OF U.S. MEN AND WOMEN. A. I. Khan,1 D. Patil,2 J. F. Kawwass,3 V. Zholudev,4 A. Mehta; 1Emory School of Medicine, Atlanta, GA, 2Emory Urology, Sr. Biostatistician, Atlanta, GA, 3Reproductive Endocrinology and Infertility, Emory University Reproductive Center (& CDC), Atlanta, GA, 4Urology, Emory University, Atlanta, GA, Georgia, 5Emory University, Atlanta, GA.

11:30 AM O-165 SCREENING ANTI-TUMOR DRUGS TO IDENTIFY CANDIDATES FOR DEVELOPMENT INTO NOVEL NON-HORMONAL CONTRACEPTIVES. C. Hanna,1 S. Yao,1 J. Jensen2; 1Department of OB/GYN, OHSU, Portland, OR, 2Division of Reproductive and Developmental Sciences, Oregon National Primate Research Center, Beaverton, OR.

11:45 AM O-166 SELECTED EFFICACY AND BLEEDING/SPOTTING OUTCOMES FROM THE SECURE TRIAL: A PHASE 3 STUDY OF AG200-15, AN INVESTIGATIONAL WEEKLY TRANSDERMAL CONTRACEPTIVE PATCH. A. Nelson,1 A. M. Kaunitz,2 R. Kroll,3 J. A. Simon,4 A. N. Poindexter,5 J. A. Chiodo,6 L. Flood,6 E. I. Garner6; 1Los Angeles Biomedical Research Institute, Los Angeles, CA, 2University of Florida College of Medicine-Jacksonville, Jacksonville, FL, 3Los Angeles Biomedical Research Institute, Los Angeles, CA, 4University of Florida College of Medicine-Jacksonville, Jacksonville, FL, 5Seattle Women’s, Seattle, WA, 6George Washington University School of Medicine, Washington, DC, 7Baylor College of Medicine, Houston, TX, 8Agile Therapeutics, Princeton, NJ.

12:00 PM O-167 EFFECT OF CERVICAL GLYCERYL TRINITRATE CREAM ON PAIN PERCEPTION DURING COPPER T 380A IMPLANT INSERTION. A. Abbas,1 E. Ragb,1 Y. Khamis,2 A. Abdelkader,1 O. M. Shaaban,3 A. Nasr; 1Assiut Women’s Health Hospital, Assiut University, Assiut, Egypt, 2Beni Suef University, Beni Suef, Egypt, 3Faculty of Medicine, Assiut University, Assiut, Egypt.

12:15 PM O-168 EFFECTS OF TRANSCERVICAL ADMINISTRATION OF AN IODINE SCLEROSING AGENT IN BABOONS. J. Jensen,1 S. Yao,2 C. Hanna,3 E. C. Mishler,4 O. D. Slayden5; 1Department of OB/GYN, OHSU, Portland, OR, 2Division of Reproductive and Developmental Sciences, Oregon National Primate Research Center, Beaverton, OR, 3Division of Reproductive and Developmental Science, Oregon National Primate Research Center, Beaverton, OR, 4Reproduction, OHSU, Beaverton, OR, 5Division of Reproductive & Developmental Sciences, Oregon National Primate Research Center, Beaverton, OR.

POLYCYSTIC OVARY SYNDROME AND ANDROGEN EXCESS

Moderators: Marla Lujan and Juha Tapanainen

11:00 AM O-169 PARADOXICAL INFLAMMATORY RESPONSES INVOLVING LIPOPOLYSACCHARIDE (LPS) IN MONONUCLEAR CELLS (MNC) OF LEAN VERSUS OBESE WOMEN WITH POLYCYSTIC OVARY SYNDROME (PCOS) ARE LINKED TO HYPERANDROGENISM. E. Hobeika,1 R. Considine,2 A. J. Acton,2 F. Gonzalez1; 1Obstetrics and Gynecology, University of Illinois at Chicago College of Medicine, Chicago, IL, 2Medicine, Indiana University School of Medicine, Indianapolis, IN.

11:15 AM O-170 VITAMIN D DEFICIENCY IS ASSOCIATED WITH POOR REPRODUCTIVE OUTCOMES IN PCOS BUT NOT UNEXPLAINED INFERTILITY. S. Butts,1 D. Seifer,2 S. Senapati,3 N. C. Koelper,4 R. S. Legro,5 M. P. Diamond6; 1Obstetrics and Fertility, Steven and Alexandra Cohen Children’s Hospital at Lenox Hill, New York, NY, 2Seifer Fertility, New York, NY, 3Fertility & Reproductive Health, Butler Hospital, Providence, RI, 4Obstetrics and Gynecology, Morehouse School of Medicine, Atlanta, GA, 5Obstetrics, Yale University School of Medicine, New Haven, CT, 6Obstetrics and Gynecology, Yale University, New Haven, CT.
and Gynecology, Perelman School of Medicine, Philadelphia, PA,
2Dartmouth-Hitchcock Medical Center, Lebanon, NH, 3Obstetrics & Gynecology, Reproductive Endocrinology, University of Pennsylvania, Philadelphia, PA, 4Obstetrics and Gynecology, Center for Research on Reproduction and Women’s Health, Perelman School of Medicine, UPENN, Philadelphia, PA, 5Penn State University College of Medicine, Lead investigator of PPCOS II for Reproductive Medicine Network, Hershey, PA, 6Augusta University, Lead investigator of AMIGOS for Reproductive Medicine Network, Augusta, GA.

11:30 AM O-171 INSULIN RESISTANCE AND ANTI-MULLERIAN HORMONE IMPACT DEPRESSION RISK IN PCOS. E. Greenwood, 1N. Santoro, 2R. S. Legro, 3M. Cedars, 4H. Huddleston; 1OBGYN, UCSF, San Francisco, CA, 2Obstetrics and Gynecology, University of Colorado School of Medicine, Aurora, CO, 3Penn State University College of Medicine, Hershey, PA, 4Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, CA, 5University of California at San Francisco School of Medicine, San Francisco, CO.

11:45 AM O-172 ELEVATED TESTOSTERONE IN THE PRESENCE OR ABSENCE OF A WESTERN-STYLE DIET ATTENUATES MMP26, TIMP3 AND GLUCOSE TRANSPORTER EXPRESSION IN THE MACAQUE SECRETORY ENDOMETRIUM. O. D. Slayden, 1C. A. True, 2C. V. Bishop, 3R. L. Stouffer; 1Division of Reproductive & Developmental Sciences, Oregon National Primate Research Center, Beaverton, OR, 2Division of Cardiometabolic Health, ONPRC, Beaverton, OR.

12:00 PM O-173 ELEVATED ANDROGEN AND/OR CONSUMPTION OF A WESTERN-STYLE DIET HAS DETERIMENTAL EFFECTS ON RHESUS MONKEY OVULATORY FOLLICLES AND OOCYTES. C. V. Bishop, C. Hanna, C. Ramsey, T. Reiter, B. Daughtry, S. Chavez, J. D. Hennebold, R. L. Stouffer; Division of Reproductive & Developmental Sciences, Oregon National Primate Research Center, Beaverton, OR.

12:15 PM O-174 CHRONICALLY ELEVATED ANDROGEN WITH OR WITHOUT A WESTERN-STYLE DIET REDUCES THE PREGNANCY RATE AND EARLY PLACENTAL VASCULARIZATION IN YOUNG ADULT RHESUS MONKEYS. C. V. Bishop, E. Mishler, D. Takahashi, C. True, O. D. Slayden, R. L. Stouffer; Division of Reproductive & Developmental Sciences, Oregon National Primate Research Center, Beaverton, OR.

OUTCOMES - PERINATAL

Moderators: William Kutteh and Amber Cooper

11:00 AM O-175 HOW MUCH DOES THE UTERUS MATTER? PERINATAL OUTCOMES ARE IMPROVED WHEN DONOR OOCYTE EMBRYOS ARE TRANSFERRED TO GESTATIONAL CARRIERS COMPARED TO INTENDED PARENT RECIPIENTS: AN ANALYSIS OF THE 2014 SART DATA. T. Segal, 1K. Kim, 2S. L. Mumford, 3J. M. Goldfarb, 1R. S. Weinerman; 1Reproductive Endocrinology and Infertility, University Hospitals/UH Fertility Center, Beachwood, OH, 2NICHD, Bethesda, MD, 3NICHD, NIH, Rockville, MD.

11:15 AM O-176 PERINATAL OUTCOMES IN AUTOLOGOUS VERSUS DONOR EGG RECIPIENT (DER) CYCLES IN OLDER PATIENTS: ANALYSIS OF 156,873 CYCLES REPORTED TO SART CORS. M. G. Vega, 1S. Zaghi, 2E. Buyuk, 3S. K. Jindal, 4B. Yu; 1Department of Obstetrics & Gynecology & Women’s Health, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, NY, 2Albert Einstein College of Medicine, Bronx, NY, 3Albert Einstein College of Medicine / Montefiore M, Bronx, NY, 4ObGyn and Women’s Health, Montefiore’s Institute for Reproductive Medicine and Health, Hartsdale, NY, 5OBGYN, University of Washington, Seattle, WA.
11:30 AM O-177 ASSISTED REPRODUCTIVE TECHNOLOGY
WITH DONOR SPERM: NATIONAL TRENDS
AND PERINATAL OUTCOMES. S. A.
Gerkowicz,¹ S. Crawford,² H. Hipp,¹ S.
Boulet,² D. M. Kissin,² J. F. Kawkass;²
¹Division of Reproductive Endocrinology
and Infertility, Emory University, Atlanta,
GA. ²Division of Reproductive Health,
Centers for Disease Control and
Prevention, Atlanta, GA.

11:45 AM O-178 RISK OF SEVERE MATERNAL MORBIDITY:
A US STUDY IN SEVEN STATES. B. Luke,¹
M. B. Brown,² L. G. Spector;¹ Obstetrics,
Gynecology, and Reproductive Biology,
Michigan State University, East Lansing,
MI. ²Biostatistics, University of Michigan,
Ann Arbor, MI.

12:00 PM O-179 OUTCOMES OF CESAREAN SECTION AND
VAGINAL DELIVERIES IN ART-TREATED,
SUBFERTILE AND FERTILE WOMEN. J.
E. Stern,¹ C. Liu,² H. J. Cabral,³ E. G.
Richards,⁴ C. Coddington,⁴ H. Diop,²
S. A. Missmer;³¹Dartmouth-Hitchcock,
Lebanon, NH. ²Mass Department of
Public Health, Boston, MA. ³Boston
University, Boston, MA. ⁴Mayo Clinic,
Rochester, MN. ⁵Michigan State
University, Grand Rapids, MI.

12:15 PM O-180 FACTORS ASSOCIATED WITH THE
INCREASED RISK OF CESAREAN
DELIVERY IN ART PREGNANCIES. J.
E. Stern,¹ C. Liu,² H. J. Cabral,³ E.
G. Richards,⁴ C. Coddington,⁴ S.
A. Missmer,³ H. Diop;²¹Dartmouth-
Hitchcock, Lebanon, NH. ²Mass
Department of Public Health, Boston,
MA. ³Boston University, Boston, MA.
⁴Mayo Clinic, Rochester, MN. ⁵Michigan
State University, Grand Rapids, MI.
Wednesday, November 1, 2017

11:15 am - 12:45 pm

Oral Abstract Sessions

ACCESS TO CARE 2

Moderators: Andrea Stein and Joe Letourneau

11:00 AM O-181 AUTOMATED SMARTPHONE-BASED SYSTEM FOR SEMEN ASSESSMENT THROUGH THE HYALURONIC BINDING ASSAY. M. Kanakasabapathy,1 P. Thirumalaraju,1 V. Yogesh,1 V. Natarajan,1 C. L. Bormann,2 P. Bhownick,2 C. Veiga,2 J. C. Petrozza,2 H. Shafiee1; 1Medicine, Brigham and Women’s Hospital, Harvard Medical School, Cambridge, MA, 2Obstetrics and Gynecology, Massachusetts General Hospital, Harvard Medical School, Boston, MA.

11:15 AM O-182 SMARTPHONE-BASED OPTICAL SYSTEM FOR SPERM VIABILITY TESTING. C. L. Bormann,1 M. Kanakasabapathy,2 P. Thirumalaraju,1 V. Yogesh,2 V. Natarajan,2 J. Demick,1 A. Blanchard,1 J. C. Petrozza,1 H. Shafiee2; 1Obstetrics and Gynecology, Massachusetts General Hospital, Harvard Medical School, Boston, MA, 2Obstetrics, Brigham and Women’s Hospital, Cambridge, MA.

11:30 AM O-183 PORTABLE SEMEN ANALYZER FOR AUTOMATED, RAPID MEASUREMENT OF SPERM MOTILITY AND CONCENTRATION. M. Kanakasabapathy,1 P. Thirumalaraju,1 V. Yogesh,1 V. Natarajan,1 C. L. Bormann,2 J. C. Petrozza,2 H. Shafiee1; 1Medicine, Brigham and Women’s Hospital, Harvard Medical School, Cambridge, MA, 2Obstetrics and Gynecology, Massachusetts General Hospital, Harvard Medical School, Boston, MA.

11:45 AM O-184 CLERGY COUNSELING AND MEDICAL HELPSEEKING AMONG INFERTILE U.S. WOMEN. S. C. Collins,1 E. Chan2; 1Department of Obstetrics, Gynecology, and Reproductive Sciences, Yale University School of Medicine, New Haven, CT, 2Department of Sociology, Yale University, New Haven, CT.

12:00 PM O-185 AN ASSESSMENT OF EMERGENCY DEPARTMENT VISITS FOR OVARIAN HYPERSTIMULATION SYNDROME (OHSS): HAVE WE IMPROVED? A. S. Kelley,1 S. B. Schon,2 E. S. Constance,1 R. M. Baker,3 K. Bak,1 E. E. Marsh1; 1Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI, 2Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI, 3Obstetrics and Gynecology, University of Michigan Medicine, Ann Arbor, MI.

12:15 PM O-186 UTILIZATION OF EMERGENCY DEPARTMENT SERVICES IN THE US AMONGST WOMEN WITH UTERINE FIBROIDS (2006-2014). M. C. Rosenbaum,1 A. A. Cole,2 L. J. Green,3 R. Waymann,2 L. L. Feuerbachcs,4 R. M. Baker,1 E. E. Marsh1; 1Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI, 2University of Michigan, Ann Arbor, MI, 3OB/GYN, University of Michigan, Ann Arbor, MI, 4Nursing, Ambulatory Care Services, Michigan Medicine, Ann Arbor, MI.
CRYOPRESERVATION AND FROZEN EMBRYO TRANSFER

Moderators: Barry Witt and Lea Kaye

11:00 AM  O-187 FROZEN TRANSFER IS SUPERIOR TO FRESH TRANSFER OF SCREENED, EUPLOID EMBRYOS.  A. Wang,1 Q. Zhang,2 K. Hunter Cohn,2 L. M. Westphal,3 C. A. Benadiva,4 A. B. Copperman,5 J. E. Hirshfeld-Cytron,6 M. P. Leondires,7 G. Letterie,8 J. Nulsén,9 P. Yurttas Beim; 1Obstetrics & Gynecology, Stanford University School of Medicine, Menlo Park, CA, 2Celmatix Inc, New York, NY, 3OB/GYN, Stanford University, Stanford, CA, 4REI, University of Connecticut, Farmington, CT, 5Obstetrics and Gynecology, RMANY-Mount Sinai, New York, NY, 6Fertility Centers of Illinois, Chicago, IL, 7RMA of CT, Norwalk, CT, 8Seattle Reproductive Medicine, Seattle, WA, 9Center for Advanced Reproductive Services, Farmington, CT.

11:15 AM  O-188 FROZEN EMBRYO TRANSFERS ARE ASSOCIATED WITH ALTERATIONS IN WNT5A METHYLATION.  S. Senapati,1 Y. Lan,1 J. Ghosh,1 C. Sapienza,2 C. Coutifaris,1 M. A. Mainigi1; 1University of Pennsylvania, Philadelphia, PA, 2Fels Institute for Cancer Research and Molecular B, Temple University, Philadelphia, PA.

11:30 AM  O-189 HIGHER SERUM LEVELS OF IGF-1 IS ASSOCIATED WITH A HIGHER RATE OF PREGNANCY LOSS FOLLOWING FROZEN-THAWED EUPLOID EMBRYO TRANSFER CYCLES.  M. Irani, D. Nasioudis, S. S. Waitkin, S. D. Spandorfer; The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medicine, New York, NY.

11:45 AM  O-190 PLATELET-RICH PLASMA ADMINISTRATION HAS BENEFIT FOR INFERTILE WOMEN WITH THIN ENDOMETRIUM IN FROZEN BLASTOCYST-STAGE EMBRYOS TRANSFER PROGRAM.  Y. Chang,1 J. Li,1 X. Li,1 X. Yang,2 X. Liang1; 1The Sixth Affiliated Hospital of Sun Yat-Sen University, Guangzhou, China, 2Reproductive Medicine Centre, The Sixth Affiliated Hospital of Sun Yat-Sen Unive, Guangzhou, China.

12:00 PM  O-191 PREVALENCE OF A HEALTHY BIRTH FOLLOWING IN VITRO FERTILIZATION WITH FRESH VERSUS CRYOPRESERVED DONOR OOCYTES IN THE UNITED STATES: A 2012-2014 NATIONAL STUDY.  J. L. Eaton,1 T. Truong,2 Y. Li,2 A. J. Polotsky3; 1Division of Reproductive Endocrinology and Infertility, Duke University Medical Center, Durham, NC, 2Department of Biostatistics and Bioinformatics, Duke University Medical Center, Durham, NC, 3University of Colorado, Aurora, CO.

MALE REPRODUCTION

Moderators: David Guo and Kathleen Hwang

11:00 AM  O-193 SPERM DNA FRAGMENTATION INDEX INFLUENCES ASSISTED REPRODUCTIVE TECHNOLOGY OUTCOME: A GLOBAL SYSTEMIC REVIEW AND THOROUGH META-ANALYSIS.  C. Deng,1 T. Li,1 Y. Xie,2 Y. Guo,1 Q. Yang,2 X. Liang,1 C. Deng,2 G. Liu1; 1Center of Reproductive Medicine, The Sixth Affiliated Hospital of Sun Yat-sen University, Guangzhou, China, 2Department of Urology, The First Affiliated Hospital of Sun Yat-sen University, Guangzhou, China.

11:15 AM  O-194 MICROFLUIDIC SORTING SELECTS SPERM FOR CLINICAL USE WITH REDUCED DNA DAMAGE COMPARED TO DENSITY GRADIENT CENTRIFUGATION IN SPLIT SEMEN SAMPLES.  M. Quinn,1 T. Chinnasamy,2 M. Miansarigavzan,2 L. Jalalian,1 M. Cedars,1 U. Demirci,2 M. Rosen1; 1University of California, San Francisco, San Francisco, CA, 2Stanford University, Palo Alto, CA.

11:30 AM  O-195 SEMEN PARAMETERS AND INTRAUTERINE INSEMINATION (IUI) PERFORMANCE CHARACTERISTICS: RELATION TO LIVE-BIRTH RATE IN OVARIAN STIMULATION (OS)-IUI TREATMENTS IN A MULTICENTER TRIAL.  K. R. Hansen,1 R. M. Coward,2
11:45 AM O-196 USING AN IN-HOME SEMEN TESTING SYSTEM TO EVALUATE TOTAL SPERM COUNT AND TIME TO CONCEPTION: A PILOT STUDY. G. Sommer,1 A. Wesselink,2 T. Trinidad,1 U. Schaff,1 M. Eisenberg,2 E. E. Hatch,2 L. A. Wise2; 1Sandstone Diagnostics, Livermore, CA, 2Epidemiology, Boston University School of Public Health, Boston, MA.

11:00 AM O-199 VITRIFIED BLASTOCYST TRANSFER (FBT) CYCLES USING ONLY VAGINAL PROGESTERONE REPLACEMENT HAVE INFERIOR ONGOING PREGNANCY RATES (OPR): A PLANNED INTERIM ANALYSIS OF A THREE-ARM RANDOMIZED CONTROLLED NON-INFERIORITY TRIAL (RCT). K. Devine,1 K. S. Richter,1 E. A. Widra,1 J. L. McKeeby2; 1Shady Grove Fertility Center, Washington, DC, 2Research, Shady Grove Fertility Center, Rockville, MD.

11:15 AM O-200 SUBCUTANEOUS PROGESTERONE IS EVALUATED BETTER BY PATIENTS PERFORMING EMBRYO TRANSFER IN SUBSTITUTED CYCLES. RESULTS OF A RANDOMIZED CONTROLLED TRIAL. J. Llacer,1 E. M. Garcia-Hernandez,1 B. Moliner,1 L. Luque,1 R. Bernabeu,1 J. Ten2; 1Reproductive Medicine, Instituto Bernabeu, Alicante, Spain, 2Embryology, Instituto Bernabeu, Alicante, Spain.

11:30 AM O-201 BIRTH WEIGHT DIFFERENCES OF TERM SINGLETONS AFTER FROZEN OR FRESH EMBRYO TRANSFER: WHAT DOES PLACENTAL HISTOLOGY REVEAL? N. Pereira,1 R. N. Baergen,2 A. G. Kelly,3 K. P. Pryor,4 R. Elias,1 Z. Rosenwaks1; 1The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, New York, NY, 2Pathology, Weill Cornell Medicine, New York, NY, 3Weill Cornell Medical College, New York, NY, 4Obstetrics & Gynecology, Weill Cornell Medicine, New York, NY.

11:45 AM O-202 ENDOMETRIOSIS REDUCES GRANULOCYTE COLONY STIMULATING FACTOR RECEPTOR (GCSFR) EXPRESSION: A MECHANISM REDUCING GCSF-MEDIATED STROMAL ADRENOMEDULIN EXPRESSION. S. L. Young,1 H. S. Hoff,1 B. C. Matson,2 V. Fitz,1 L. Yuan,1 B. A. Mathyk,1 B. A. Lessey,3 K. M. Caron4; 1Obstetrics & Gynecology, UNC School of Medicine, Chapel Hill, NC, 2UNC, Chapel Hill, NC, 3Obstetrics & Gynecology, Greenville Health System, Greenville, SC, 4Cell Biology & Physiology, UNC, Chapel Hill, NC.
M. Matthews, 4 R. S. Usadi, 5 J. McCall, 6 B. S. Hurst7; 1Carolinas Medical Center, Charlotte, NC, 2Center for Outcomes Research and Evaluation, Carolinas Medical Center, Charlotte, NC, 3Department of OB/GYN, Carolinas Healthcare System, Charlotte, NC, 4Carolinas Healthcare System, Charlotte, NC, 5Reproductive Endocrinology and Infertility, Carolinas Healthcare, Charlotte, NC, 6Obstetrics and Gynecology, Carolinas Medical Center, Charlotte, NC, 7Ob/Gyn, Carolinas HealthCare System, Charlotte, NC.

12:15 PM O-204 MICRORNAS IN BLASTOCYST CULTURE MEDIUM AS NONINVASIVE BIOMARKERS FOR ASSESSING THE IMPLANTATION POTENTIAL OF HUMAN EMBRYOS. I. I. Rangelov, 1 D. A. Parvanov, 2 G. S. Stamenov, 1 G. I. Tzankova, 1 R. P. Kaneva, 3 D. L. Kachakova, 3 T. A. Chaushev; 1Nadezhda Women’s Health Hospital, Sofia, Bulgaria, 2Research, Nadezhda Women’s Health Hospital, Sofia, Bulgaria, 3Medical Chemistry and Biochemistry, Molecular Medicine Center, Medical Faculty, Medical University - Sofia, Sofia, Bulgaria.

FERTILITY PRESERVATION 2

Moderators: Leslie Appiah and Stephanie Rothenberg

11:00 AM O-205 BRCA MUTATION BREAST CANCER PATIENTS SHOW EQUIVALENT OVARIAN RESERVE AND RESPONSE TO IVF STIMULATION COMPARED TO BRCA NEGATIVE PATIENTS AND OTHER MALIGNANCIES UNDERGOING FERTILITY PRESERVATION. V. Gunnala, M. Irani, G. Schattman, Z. Rosenwaks; Reproductive Medicine, The Ronald O. Perelman and Claudia Cohen CRM, Weill Cornell Medicine, New York, NY.

11:15 AM O-206 BRCA 1/2 GENE MUTATIONS DO NOT AFFECT THE CAPACITY OF CUMULO-OOCYTE-COMPLEXES TO MATURE IN VITRO IN BREAST CANCER CANDIDATES FOR FERTILITY PRESERVATION. M. Grynberg, 1 J. Raad, 2 C. Sifer, 3 N. Sermondade, 4 C. Sonigo; 1Reproductive Medicine and Fertility Preservation, Hôpital Jean Verdier, BONDY, France, 2Reproductive Medicine, MD, Paris, France, 3IVF Unit, University Hospital Jean Verdier, Bondy, France, 4Service Biologie de la Reproduction - CECOS, Hopital Jean Verdier, Bondy, France, 5Department of Reproductive Medicine, Jean Verdier Hospital, Bondy, France.


11:45 AM O-208 HEMATOLOGICAL CANCERS IN YOUNG WOMEN AND SUBSEQUENT INFERTILITY DIAGNOSIS: A POPULATION-BASED COHORT STUDY. M. P. Velez1,2 N. N. Baxter, 3 L. Rodriguez, 4 K. Lajkosz, 5 A. Korkidakis, 1 M. Green2; 1Obstetrics and Gynecology, Queen’s University, Kingston, ON, Canada, 2Public Health Sciences, Queen’s University, Kingston, ON, Canada, 3Department of Surgery, St. Michael’s Hospital, Toronto, ON, Canada, 4Canadian Cancer Trials Group, Queen’s University, Kingston, ON, Canada, 5ICES Queen’s, Queen’s University, Kingston, ON, Canada, 6Family Medicine, Queen’s University, Kingston, ON, Canada.

12:00 PM O-209 IT TAKES A VILLAGE: CHARACTERISTICS OF AND BARRIERS TO PEDIATRIC FERTILITY PRESERVATION PROGRAMS WITHIN THE PEDIATRIC INITIATIVE

12:15 PM O-216 THE PERKS OF GOING TARGETED: SAMPLE CONTAMINATION, DNA FINGERPRINTING AND CHROMOSOMAL MOSAICISM ACCURATELY PREDICTED BY TARGETED NGS-BASED COMPREHENSIVE CHROMOSOME SCREENING. D. Marin,1,2 R. S. Zimmerman,3 C. Jalas,3 Y. Zhan,3 A. Lonczak,3 R. T. Scott, Jr.,1,2 N. Treff1,2; IVI/RMA, Basking Ridge, NJ, 2Thomas Jefferson University, Philadelphia, PA, 3Foundation for Embryonic Competence, Basking Ridge, NJ.
11:15 AM O-218 FOLLICULAR FLUID (FF) PHENOL CONCENTRATIONS AND EARLY IN VITRO FERTILIZATION (IVF) OUTCOMES AMONG WOMEN SEEKING FERTILITY CARE. I. Dimitriadis,¹ L. Minguez-Alarcon,² P. Williams,³ I. Souter,⁴ T. L. Toth,⁵ J. B. Ford,⁶ R. Hauser⁷; ¹Massachusetts General Hospital, Boston, MA, ²Harvard T H Chan School of Public Health, Boston, MA, ³Biostatistics and Epidemiology, Harvard T. H. Chan School of Public Health, Boston, MA, ⁴Obstetrics Gynecology/REI Division, Harvard Medical School-Massachusetts General Hospi, Boston, MA, ⁵OB/GYN, Massachusetts General Hospital, Boston, MA, ⁶Environmental Health, Harvard T.H. Chan School of Public Health, Boston, MA, ⁷Harvard Chan School of Public Health, Boston, MA.

11:30 AM O-219 EXPOSURE TO AMBIENT AIR POLLUTION AND LIVE BIRTH OUTCOMES IN WOMEN UNDERGOING IN VITRO FERTILIZATION. S. M. Quraishi,¹ L. Piepmeier,¹ M. d. Hinckley,² K. S. Richter,² B. Yee,⁴ P. C. Lin,³ G. Neal-Perry,⁶ J. Kaufman,¹ A. Hajat¹; ¹University of Washington, Seattle, WA, ²Reproductive Science Center, San Ramon, CA, ³Research, Shady Grove Fertility Center, Rockville, MD, ⁴Reproductive Partners Medical Group, Redondo Beach, CA, ⁵Seattle Reproductive Medicine, Seattle, WA, ⁶Obstetrics and Gynecology, University of Washington, Seattle, WA.

11:45 AM O-220 PREDICTIVE FACTORS FOR ADHERENCE TO STUDY PROTOCOL IN INFERTILITY TREATMENT TRIALS. L. Engmann,¹ F. Sun,² E. Eisenberg,³ C. Coutifaris,⁴ H. Zhang,³ N. Santoro,⁴ R. M. Network⁵; ¹Obstetrics and Gynecology, Division of REI, University of Connecticut Health Center, Farmington, CT, ²School of Public Health, Yale University, New Haven, CT, ³NICHID, Bethesda, MD, ⁴University of Pennsylvania, Philadelphia, PA, ⁵Yale School of Public Health, New Haven, CT, ⁶Obstetrics and Gynecology, University of Colorado School of Medicine, Aurora, CO, ⁷Eunice Kennedy Shriver NICHID, Bethesda, MD.

12:00 PM O-221 TRACKING IMPLANTED EMBRYOS USING CELL-FREE FETAL DNA FROM MATERNAL CIRCULATION AT 9 WEEKS GESTATION BY TARGETED NGS. X. Tao,¹ Y. Zhan,¹ R. T. Scott III,¹ J. L. Bedard,¹ R. T. Scott, Jr.,² N. Treff³; ¹FEC, Basking Ridge, NJ, ²IVI/RMA, Thomas Jefferson University, Basking Ridge, NJ, ³IVI/RMA, Rutgers-RWJ, Basking Ridge, NJ.


OUTCOMES - LABORATORY INDICATORS
Moderators: Melanie Clemmer and Dennis Matt

11:00 AM O-223 KEY PERFORMANCE INDICATORS SCORE (KPIS SCORE) BASED ON CLINICAL AND LABORATORIAL PARAMETERS CAN ESTABLISH BENCHMARKS FOR INTERNAL QUALITY CONTROL IN AN IVF/ICSI PROGRAM. J. G. Franco Jr.,¹ J. C. Petersen,¹ A. L. Mauri,¹ L. D. Vagnini,²
A. Renzi,2 B. Petersen,2 M. Matilla,1 V. Comar,1 J. Ricci,1 F. Dieamant,1,2 R. Baruffi,1,2 J. B. Oliveira1,2; 1Center for Human Reproduction Prof. Franco Jr, Ribeirao Preto, Brazil, 2Paulista Center for Diagnosis Research and Training, Ribeirao Preto, Brazil.

11:15 AM O-224 STRATEGIC IMPLEMENTATION OF ICSI LEADS TO HIGHER SUCCESS RATES THAN ROUTINE ICSI. A. M. Peterson,1 V. Libby,2 S. N. Babayev,1 S. Zhang,3 K. Doody; 1OB/GYN, UT Southwestern Medical Center, Dallas, TX, 2UT Southwestern Medical Center, Dallas, TX, 3Department of Clinical Sciences, University of Texas Southwestern Medical Center, Dallas, TX, 4Center for Assisted Reproduction, Bedford, TX.

11:30 AM O-225 RISK FACTORS FOR MONOZYGOTIC TWINNING IN IVF: A MULTICENTER COHORT STUDY. D. A. Vaughan,1 E. Cleary,2 A. Penzias,3 D. Sakkas; 1Ob/Gyn, Tufts Medical Center, Boston, MA, 2Center for Integration of Science and Industry, Bentley University, Waltham, MA, 3Boston IVF / Harvard Medical School, Waltham, MA.

11:45 AM O-226 HOW DO PATIENT AND IN VITRO FERTILIZATION (IVF) CYCLE CHARACTERISTICS IMPACT BLASTULATION RATES? AN ANALYSIS OF 70,968 BLASTOCYST CYCLES FROM THE SART REGISTRY. K. S. Acharya,1 C. Jones,1 S. Keyhan,1 C. R. Acharya,2 S. J. Muasher; 1Duke University Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, Durham, NC, 2Department of Surgery, Duke University Medical Center, Durham, NC.

12:00 PM O-227 WITHDRAWN


ENDOMETRIOSIS

Moderators: Stacy Missmer and Katherine Palmerola

11:00 AM O-229 TRANSCRIPTION FACTOR 21 REGULATES ESTROGEN RECEPTOR-BETA AND STEROIDOGENTIC FACTOR-1 EXPRESSION VIA UPSTREAM STIMULATORY FACTOR-2 IN ENDOMETRIOSIS. Q. Xue, P. Wu, Y. Zhou, C. Zeng, X. Li, Z. Dong; Peking University First Hospital, Beijing, China.

11:15 AM O-230 ESTROGEN RECEPTOR BETA (ER-β) KNOCKOUT HAS DECREASED ATTACHMENT OF ENDOMETRIAL EPITHELIAL CELLS IN A MURINE MODEL. V. Purusothaman, J. F. Knudtson, M. Tellez Santos, P. A. Binkley, N. K. Krishnegowda, R. S. Schenken, R. R. Tekmal; Department of Obstetrics and Gynecology, University of Texas Health Science Center at San Antonio, San Antonio, TX.

11:30 AM O-231 DIRECT HEALTHCARE UTILIZATION AND COSTS ASSOCIATED WITH ENDOMETRIOSIS AMONG WOMEN WITH MEDICAID INSURANCE. A. M. Soliman,1 E. Surrey,2 M. Bonafede,3 J. K. Nelson,4 J. B. Vora,1 S. Agarwal; 1AbbVie Inc, North Chicago, IL, 2Colorado Center for Reproductive Medicine, Lone Tree, CO, 3Truven Health Analytics, an IBM Company, Brentwood, NH, 4Truven Health Analytics, An IBM Company, Ann Arbor, MI, 5Reproductive Medicine, UCSD, La Jolla, CA.

11:45 AM O-232 LONG-TERM EFFECT OF ELAGOLIX ON BONE MINERAL DENSITY: RESULTS FROM TWO PHASE 3 EXTENSION STUDIES IN WOMEN WITH ENDOMETRIOSIS-ASSOCIATED PAIN. D. F. Archer,1 N. Watts,2 C. Gallagher,3 E. Surrey,4 N.
Leyland,5 W. R. Duan,6 B. Schwefel,4 P. M. Peloso,4 K. Chwalisz;4 1Department of Obstetrics & Gynecology, Eastern Virginia Medical School, Norfolk, VA, 2Mercy Health Osteoporosis and Bone Health Services, Cincinnati, OH, 3Creighton University, Omaha, NE, 4Colorado Center for Reproductive Medicine, Lone Tree, CO, 5McMaster University, Hamilton, ON, Canada, 6AbbVie, Inc., North Chicago, IL.

12:00 PM O-233 LONG-TERM SAFETY AND EFFICACY OF ELAGOLIX TREATMENT IN WOMEN WITH ENDOMETRIOSIS-ASSOCIATED PAIN: PRIMARY RESULTS FROM TWO PHASE 3 EXTENSION STUDIES. E. Surrey,1 H. S. Taylor,2 L. C. Giudice,3 S. Singh,4 M. S. Abrao,5 B. A. Lessey,6 W. R. Duan,7 P. M. Peloso,7 B. Schwefel,7 K. Chwalisz;7 1Colorado Center for Reproductive Medicine, Lone Tree, CO, 2Yale School of Medicine, New Haven, CT, 3Obstetrics, Gynecology & Reproductive Sciences, UCSF, San Francisco, CA, 4Obstetrics, Gynecology & Reproductive Sciences, Univ. of Ottawa, Ottawa, ON, Canada, 5Obstetrics & Gynecology, Sao Paulo Univ, Sao Paulo, Brazil, 6Obstetrics & Gynecology, Reproductive Endocrinology & Infertility, Greenville Health System, Greenville, SC, 7AbbVie, North Chicago, IL.

12:15 PM O-234 MAINTENANCE OF ENDOMETRIOSIS-ASSOCIATED PAIN REDUCTION AND QUALITY OF LIFE IMPROVEMENT IN PHASE 3 EXTENSION STUDIES WITH ELAGOLIX. H. S. Taylor,1 N. Johnson,2 B. Carr,3 N. Leyland,4 T. Rechberger,5 W. R. Duan,6 P. M. Peloso,6 A. M. Soliman,6 B. Schwefel,4 K. Chwalisz;4 1Yale School of Medicine, New Haven, CT, 2Robinson Research Institute, Univ. of Adelaide, Adelaide, Australia, 3Univ. of Texas Southwestern Medical Center, Dallas, TX, 4McMaster Univ., Hamilton, ON, Canada, 5Medical Univ. in Lublin, Lublin, Poland, 6AbbVie, North Chicago, IL.

OUTCOMES - SET AND MULTIPLE BIRTHS

Moderators: Eric Foreman and Rachel Mejia

11:00 AM O-235 THE IMPACT OF ELECTIVE SINGLE (ESET) AND DOUBLE (DET) EMBRYO TRANSFERS ON LIVE AND ASSOCIATED MULTIPLE BIRTH RATES FOR FRESH AND FROZEN/THAWED TRANSFERS: RESULTS FROM A LARGE REAL-WORLD DATABASE. K. S. Richter,1 G. Mottla,2 B. Kaplan,3 G. Ball,4 B. Hayward,5 M. C. Mahony;6 1Research, Shady Grove Fertility Center, Rockville, MD, 2Shady Grove Fertility Center, Belcher Pavilion, Annapolis, MD, 3Fertility Centers of Illinois, Chicago, IL, 4IVF Labaratory, Seattle Reproductive Medicine Center, Seattle, WA, 5EMD Serono, Inc., Rockland, MA.


11:45 AM O-238 LIVE BIRTH AND MULTIPLE BIRTH RATES IN DONOR OOCYTE CYCLES USING ELECTIVE SINGLE EMBRYO TRANSFER VS DOUBLE EMBRYO TRANSFER IN UNITED STATES IN-VITRO-FERTILIZATION CLINICS. V. Klenov,1 S. Boulet,2 R. Mejia,1 D. M. Kissin,2 E. Munch,3 A. Mancuso,1 B. Van Voorhis;1 1University of Iowa, Iowa City, IA, 2Centers for Disease Control and Prevention, Atlanta, GA, 3Texas Fertility Center, San Antonio, TX.
12:00 PM O-239 MEDICAL COSTS OF LIVE BIRTHS FROM ELECTIVE SINGLE EMBRYO TRANSFER VS DOUBLE EMBRYO TRANSFER IN DONOR OOCYTE CYCLES. V. Klenov,1 S. Boulet,2 R. Mejia,1 D. M. Kissin,2 B. Van Voorhis1; 1University of Iowa, Iowa City, IA, 2Centers for Disease Control and Prevention, Atlanta, GA.

12:15 PM O-240 MORPHOLOGY OF THE BLASTOCYSTS IS THE SINGLE MOST IMPORTANT FACTOR AFFECTING CLINICAL PREGNANCY RATES IN IVF PGS CYCLES WITH SINGLE EMBRYO TRANSFERS. O. Barash, K. Ivani, N. Huen, S. Willman, L. Weckstein; Reproductive Science Center of the San Francisco Bay Area, San Ramon, CA.

11:00 AM O-241 SEMEN REGURGITATION DURING INTRAUTERINE INSEMINATION PROCEDURE DOES NOT LOWER PREGNANCY RATES. L. B. Craig,1 K. W. Bibens,1 C. L. Jarshaw,1 J. D. Peck2; 1Section of REI; Dept of Ob/Gyn, University of Oklahoma Health Science Center, Oklahoma City, OK, 2Dept of Biostatistics and Epidemiology, OU Health Sciences Center, Oklahoma City, OK.


11:30 AM O-243 IS THERE A DIFFERENCE IN SUSTAINED IMPLANTATION RATE (SIR) IN PATIENTS WHO ELECT A GENDER PREFERENCE VERSUS THOSE WHO SELECT THE BEST QUALITY EMBRYO FOR TRANSFER WHEN UTILIZING PREIMPLANTATION GENETIC SCREENING (PGS)? C. V. Whitehead,1 T. L. Metzgar,1 B. Rana,1 C. F. Lopes,1 C. R. Juneau,1 S. J. Morin,2 M. D. Werner,1 R. T. Scott, Jr.2; 1IVI/RMA, Basking Ridge, NJ, 2IVI/RMA, Thomas Jefferson University, Basking Ridge, NJ.

11:45 AM O-244 WHAT DO CAREER MOTIVATED YOUNG WOMEN UNDERSTAND ABOUT ELECTIVE OOCYTE CRYOPRESERVATION AND WHERE DO THEY RECEIVE THEIR INFORMATION? E. L. Stevenson,1 J. Chang,1 M. Hurf2; 1Duke University School of Nursing, Durham, NC, 2Duke University Health System, Durham, NC.

12:00 PM O-245 DOES BODY MASS INDEX (BMI) IMPACT THE LIKELIHOOD OF A SUBJECT PARTICIPATING IN A RESEARCH STUDY FOCUSED ON BODY COMPOSITION? T. L. Metzgar,1 C. V. Whitehead,1 C. F. Lopes,1 B. Rana,1 C. R. Juneau,2 S. J. Morin,2 M. D. Werner,1 R. T. Scott, Jr.2; 1IVI/RMA, Basking Ridge, NJ, 2IVI/RMA, Thomas Jefferson University, Basking Ridge, NJ.


OBESITY AND METABOLISM

11:00 AM O-247 HIGH FAT DIET RESULTS IN OVARIAN GENE DYSREGULATION INDEPENDENT OF OBESITY: RNA SEQUENCING REVEALS EXPRESSION CHANGES CONSISTENT WITH DE NOVO INFLAMMATION AND APOPTOSIS. N. M. Hohos, K. Cho, D. Swindle, A. J. Polotsky, M. E. Skaznik-Wikel; OB/GYN, University of Colorado Denver, Aurora, CO.
11:15 AM O-248 SEVERE MATERNAL MORBIDITY AFTER IVF IN OVERWEIGHT OR OBESE WOMEN. N. Dayan, D. Fell, M. Velez, H. Wang, Y. Guo, K. Spitzer, C. A. Laskin; McGill University Health Centre, Montreal, QC, Canada, Childrens Hospital of Eastern Ontario Research Institute, Ottawa, ON, Canada, Queen’s University, Kingston, ON, Canada, Trio Fertility, Toronto, ON, Canada, Medicine; Obstetrics & Gynecology, Trio Fertility, Toronto, ON, Canada.

11:30 AM O-249 OPTIMAL WEIGHT GAIN IN WOMEN WITH THE DIAGNOSIS OF INFERTILITY: IS THE OPTIMAL WEIGHT RANGE TRULY OPTIMAL FOR SUCH PATIENTS? R. Jeelani, J. Dai, G. Vilchez, A. O. Awonuga, H. M. Abu-Soud; REI, Wayne State University, Royal Oak, MI, OB/GYN, Wayne State University, Detroit, MI, University of Missouri - Kansas City, Kansas City, MO, Obstetrics and Gynecology, Wayne State University, Southfield, MI, Ob/Gyn, Wayne State University, Detroit, MI.

11:45 AM O-250 PRE-CONCEPTION ALLOSTATIC LOAD IS ASSOCIATED WITH PREGNANCY OUTCOMES, BUT NOT FERTILITY, AMONG WOMEN WITH UNEXPLAINED INFERTILITY. W. Vitek, E. S. Barrett, O. Mbowe, N. Santoro, M. P. Diamond; University of Rochester Medical Center, Rochester, NY, Obstetrics and Gynecology, University of Rochester, Rochester, NY, Department of Biostatistics and Computational Biology, University of Rochester Medical Center, Rochester, NY, Obstetrics and Gynecology, University of Colorado School of Medicine, Aurora, CO, for the NICHD Cooperative Reproductive Medicine Network, Augusta, GA.


EARLY PREGNANCY

11:00 AM O-253 THE ROLE OF GNRH ANTAGONISTS IN A NOVEL PRIMARY ECETOPICT PREGNANCY CELL MODEL. B. Peng, L. Abdellatif, C. Klausen, P. Leung, M. A. Bedaiwy; Department of Obstetrics & Gynaecology, University of British Columbia, BCCHR, Vancouver, BC, Canada.

11:15 AM O-254 ANTIMÜLLERIAN HORMONE AND MISCARRIAGE IN SPONTANEOUSLY CONCEIVED PREGNANCIES. B. M. Lyttle, A. Z. Jukic, A. Z. Steiner; Obstetrics and Gynecology, Division of Reproductive Endocrinology, University of North Carolina, Chapel Hill, NC, Yale School of Public Health, New Haven, CT, Obstetrics and Gynecology, University of North Carolina, Chapel Hill, NC.

11:30 AM O-255 NON-VISUALIZED PREGNANCY LOSSES (NVPLS): DIAGNOSTIC FACTORS AND REPRODUCTIVE OUTCOME IN A COHORT OF 1064 PATIENTS WITH RECURRENT PREGNANCY LOSS (RPL). M. S. Iews, M. Elgendi, A. O. Abdelkareem, F. AbdelHafez, A. Hashem, D. Bloomenthal, C. Williams, M. A. Bedaiwy; Obstetrics and Gynecology, BC Women’s Hospital, Vancouver, BC, Canada, Obstetrics and Gynecology, South Valley University, Qena, Egypt, Obstetrics and Gynecology, Faculty of Medicine, Sohag University, Sohag, Egypt, Obstetrics and Gynecology, Assiut University, Assiut, Egypt.
11:45 AM O-256 ADVANCED PATERNAL AGE INCREASES THE RISK OF SPONTANEOUS ABORTION. E. J. Chang,1 K. Bendikson,2 B. T. Nguyen1; 1LAC+USC Medical Center, Los Angeles, CA, 2USC Fertility, Los Angeles, CA.

12:00 PM O-257 TEMPORAL TRENDS IN SEVERE MORBIDITY ASSOCIATED WITH ECTOPIAN PREGNANCY REQUIRING HOSPITALIZATION. S. Lisonkova,1 Q. Wen,2 L. Abdellatif,2 S. Alfaraj,2 P. Yong,2 M. A. Bedaiwy3; 1University of British Columbia, Vancouver, BC, Canada, 2Obstetrics and Gynaecology, University of British Columbia, Vancouver, BC, Canada, 3Department of Obstetrics and Gynecology, BC Women’s Hospital, Vancouver, BC, Canada.

12:15 PM O-258 PATERNAL DEVELOPMENTAL TCDD EXPOSURE DISRUPTS PLACENTAL FUNCTION IN A SUBSEQUENT ADULT PREGNANCY IN A MURINE MODEL. K. Bruner-Tran,1 T. Ding,1 R. L. Lister,1 K. G. Osteen1; 1Women’s Reproductive Health Research Center, Vanderbilt University Medical Center, Nashville, TN, 2VA Tennessee Valley Healthcare System, Nashville, TN.

REPRODUCTIVE BIOLOGY 2
Moderators: Kristen Ivani and Liesl Nel-Themaat

11:00 AM O-259 BLASTOCOEEL CELL-FREE DNA, A MARKER OF EMBRYONIC QUALITY. K. N. Rule,1 R. J. Chosed,1 T. A. Chang,2 R. D. Robinson,2 J. D. Winingier,3 W. Roudebush1; 1Biomedical Sciences, University of South Carolina School of Medicine Greenville, Greenville, SC, 2Obstetrics and Gynecology, University of Texas Health Science Center San Antonio, San Antonio, TX, 3Department of Obstetrics & Gynecology, Wake Forest University School of Medicine, Winston-Salem, NC.

11:15 AM O-260 DIFFERENTIATION OF THE HUMAN GONAD - SEX SPECIFIC DIFFERENCES IN THE TEMPORAL EXPRESSION OF KEY GENES IN FETAL OVARY AND TESTIS. L. S. Mamsen,1 S. G. Kristensen,2 A. Larsen,3 R. H. Olesen,3 C. Y. Andersen2; 1Laboratory of Reproductive Biology, Rigshospitalet University Hospital, Copenhagen, Denmark, 2Laboratory of Reproductive Biology, University Hospital of Copenhagen, Copenhagen, Denmark, 3Department of Biomedicine - Pharmacology, Aarhus University, Aarhus C, Denmark.

11:30 AM O-261 COMPREHENSIVE TRANSCRIPTOME CHARACTERIZATION OF HUMAN BLASTOCYSTS FOR NORMALS AND EVERY KNOWN KARYOTYPE. F. Licciardi,1 Y. G. Kramer,2 T. Lakhang,3 Y. Zhang,4 A. Tsirigos,5 A. Heguy6; 1OBGYN, New York University Langone Medical Center, New York, NY, 2NYU Fertility Center, New York, NY, 3NYU School of Medicine, Manhattan, NY, 4NYU Medical Center, New York, NY, 5Pathology, New York University Langone Medical Center, New York, NY, 6NYU School of Medicine, New York, NY.

11:45 AM O-262 DISTINCT SPATIOTEMPORAL EXPRESSION OF FOXO1 IN PERIIMPLANTATION MOUSE UTERUS AND REDUCED EMBRYO IMPLANTATION AFTER ITS FUNCTIONAL BLOCKAGE. D. Adiguzel,1 P. Sahin,1 S. Ozkavukcu,2 C. Celik-Ozenci1; 1Histology and Embryology, Akdeniz University Faculty of Medicine, Antalya, Turkey, 2Center for Assisted Reproduction, Dep. of Obstetrics and Gynecology, Ankara University School of Medicine, Ankara, Turkey.

12:00 PM O-263 A-KINASE ANCHORING PROTEIN-13 (AKAP13) MAY BE REQUIRED FOR PROTEIN KINASE A (PKA)-MEDIATED AROMATASE EXPRESSION IN GRANULOSA CELLS. K. C. Cayton Vaught, P. Driggers, J. Segars; Department of Gyn/Ob, Johns Hopkins School of Medicine, Baltimore, MD.

12:15 PM O-264 TOPOLOGY OF MYOMETRIAL STEM CELLS IN HUMAN UTERUS: IMPLICATIONS FOR SURGIO-PATHOLOGICAL DISTRIBUTION OF UTERINE FIBROID SUBTYPES. L. Prusinski,1 A. Al-Hendy1; 1Dept of Obstetrics & Gynecology, Augusta University, Augusta, GA, 2Grupo de Investigacion de Medicina Reproductiva, Instituto de Investigacion Sanitario La Fe, PhD, Paterna (Valencia), Spain.

12:15 PM O-264 TOPOLOGY OF MYOMETRIAL STEM CELLS IN HUMAN UTERUS: IMPLICATIONS FOR SURGIO-PATHOLOGICAL DISTRIBUTION OF UTERINE FIBROID SUBTYPES. L. Prusinski,1 A. Al-Hendy1; 1Dept of Obstetrics & Gynecology, Augusta University, Augusta, GA, 2Grupo de Investigacion de Medicina Reproductiva, Instituto de Investigacion Sanitario La Fe, PhD, Paterna (Valencia), Spain.
Wednesday, November 1, 2017
11:15 am - 12:45 pm

Late-breaking Oral Abstract Sessions

Moderators: Denny Sakkas, Judy Stern

11:00 AM O-265 FREEZING OF ALL EMBRYOS IN IN VITRO FERTILIZATION (IVF) IS BENEFICIAL IN HIGH RESPONDERS, BUT NOT NORMAL AND LOW RESPONDERS: AN ANALYSIS OF 82,935 CYCLES FROM THE SART REGISTRY. K. S. Acharya,1 C. R. Acharya,2 S. J. Li,1 K. C. Bishop,1 D. J. Rabum,1 S. J. Muasher1; 1Duke Fertility Center, Duke University Obstetrics and Gynecology, Durham, NC, 2Dept. Of Surgery, Duke University Medical Center, Durham, NC


11:30 AM O-267 FERTILITY PRESERVATION FOR TRANSGENDER FEMALES AFTER GENDER AFFIRMING TREATMENT IS EFFECTIVE. A. Adeleye,1 G. M. Reid,2 E. Mok-Lin,3 J. F. Smith4; 1University of California San Francisco, San Francisco, CA, 2Andrology, San Francisco, CA, 3UCSF, San Francisco, CA, 4Urology, University of California, San Francisco, SF, CA

11:45 AM O-268 PRETERM BIRTH, PREECLAMPSIA AND MISCARRIAGE CAN BE PREDICTED FROM PERIPHERAL BLOOD THROUGHOUT THE FIRST TRIMESTER WITH HIGH RELIABILITY. E. E. Winger, J. L. Reed; Laboratory for Reproductive Medicine & Immunology, San Francisco, CA

12:00 PM O-269 PROLONGED ESTROGEN DEPRIVATION IS ASSOCIATED WITH INCREASED CARDIOVASCULAR DISEASE RISK AMONG WOMEN WITH PRIMARY OVARIAN INSUFFICIENCY. J. Christ,1,2 M. Gunning,2 G. Palla,3 R. Eijkemans,4 C. B. Lambalk,5 J. S. Laven,6 B. Fauser7; 1Cleveland Clinic Foundation, Cleveland, OH, 2University Medical Center, Utrecht, Utrecht, Netherlands, 3University of Pisa Medical Center, Pisa, Italy, 4Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, Netherlands, 5Obstetrics & Gynecology, VU University Medical Center, Amsterdam, Netherlands, 6Div. Reproductive Medicine, Dept OB/GYN, Erasmus Medical Center, Rotterdam, Netherlands

12:15 PM O-270 AUTOLOGOUS GRAFTING OF FROZEN AND THAWED PREPUBERTAL TESTICULAR TISSUE PRODUCES FUNCTIONAL SPERM IN Rhesus Macaques. A. Fayomi,1 K. Peters,2 M. Sukhwani,3 C. Ramsey,4 C. Hanna,5 J. D. Hennebold,6 K. E. Orwig7; 1Department of Obstetrics, Gynecology and Reproductive sciences, University of Pittsburgh School of Medicine, Pittsburgh, PA, 2Magee Womens Research Institute, Pittsburgh, PA, 3Ob Gyn, Magee-Womens Research Institute, Pittsburgh, PA, 4Assisted Reproductive technology Core, Oregon Health and Science University, Beaverton, OR, 5Division of Reproductive and Developmental Science, Oregon National Primate Research Center, Beaverton, OR, 6Reproductive & Developmental Sciences, Oregon National Primate Research Center, Beaverton, OR, 7Ob/Gyn and Reproductive Sciences, University of Pittsburgh, Pittsburgh, PA.
### Poster Sessions

**Access to Care**  
**LGBTQ**  
**Health Disparities**  
**Menopause**  
**Contraception/Family Planning**  
**Male Factor**  
**Sperm Biology**  
**Oocyte Biology**  
**Oocyte Maturation**  
**Ovarian Function**  
**Fertilization**  
**Embryo Biology**  
**Embryo Culture**  
**Cryopreservation and Frozen Embryo Transfer**  
**Cryopreservation**  

**Fertility Preservation**  
**Regenerative Medicine and Stem-cell Biology**  
**Endometriosis**  
**Leiomyoma**  
**Reproductive Surgery**  
**Reproductive Endocrinology: Clinical**  
**Reproductive Endocrinology: Research**  
**Reproductive Endocrinology**  
**Ovarian Reserve**  
**Ovarian Stimulation**  
**Embryo Transfer**  
**Procedures and Techniques-Clinical and Laboratory: ART**  
**ART Laboratory**  
**Sperm Preparation**

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ACCESS TO CARE

P-1 IVF COVERAGE BY EMPLOYER’S INDUSTRY AND IMPACT ON PATIENT PERCEPTION OF THEIR EMPLOYER. J. Anderson, A. Rodriguez; FertilityIQ, San Francisco, CA.

P-2 INFERTILITY EXPERIENCE AND ACCESS TO CARE: A PROSPECTIVE STUDY OF WOMEN IN MEXICO. L. V. Farland,1 S. A. Missmer,2 M. Lajous,3 R. Lopez-Ridaura,3 J. E. Chavarro,4 M. S. Rice4; 1Dept. of Obstetrics and Gynecology, Brigham & Women’s Hospital and Harvard Medical School, Boston, MA, 2Obstetrics, Gynecology and Reproductive Biology, Michigan State University, Grand Rapids, MI, 3Center for Pop. Health Research, National Institute of Public Health, Cuernavaca, Mexico, 4Department of Nutrition, Harvard School of Public Health, Boston, MA, 5Dept. of Medicine, Massachusetts General Hospital and Harvard Medical School, Boston, MA.

P-3 INTERNET SEARCH PATTERNS FOR IVF SERVICES IN THE UNITED STATES--THE COST FACTOR. K. A. Smith, M. P. Trolice; University of Central Florida College of Medicine, Orlando, FL.

P-4 PATIENT ATTITUDES TOWARDS THE USE OF AUTOLOGOUS CRYOPRESERVED EMBRYOS FOR FERTILITY TREATMENT. O. S. Adenuga,1 E. A. Duthie,1 A. Cooper,1 J. B. Davis,1 K. D. Schoyer,1 J. Sandlow,1 E. Y. Strawn,1 K. E. Flynn1; 1Medical College of Wisconsin, Milwaukee, WI, 2Duke University, Durham, NC, 3Reproductive Medicine Associates of New York, New York, NY.

P-5 KNOWLEDGE AND ATTITUDES REGARDING ELECTIVE OOCYTE CRYOPRESERVATION IN MEDICAL STUDENTS AND UNDERGRADUATES. A. Mahesan,1 S. Mundt,2 L. Smith,2 L. Stadtmauer1; 1Jones Institute for Reproductive Medicine, Norfolk, VA, 2Old Dominion University, Norfolk, VA.

P-6 SIMPLIFIED CULTURE CONDITIONS: COMPARING INVOCELL CULTURE DEVICE TO IN VITRO CULTURE. A. R. Anderson, D. Taylor, E. A. Williams, F. Arredondo; Reproductive Medicine Associates of Texas, San Antonio, TX.

P-7 NJ MEDICAID PATIENTS HAVE LIMITED ACCESS TO PROVIDERS FOR REPRODUCTIVE ENDOCRINE CARE. E. C. Holden,1 B. N. Kashani,1 S. J. Bhatt,1 M. Cho,1,2 P. G. McGovem1; 1Obstetrics, Gynecology and Women’s Health, Rutgers - New Jersey Medical School, Newark, NJ, 2Reproductive Endocrinology and Infertility, University Reproductive Associates, Hasbrock Heights, NJ.

P-8 NOWHERE ELSE TO TURN: NATIONAL EMERGENCY DEPARTMENT (ED) VISITS FOR FEMALE INFERTILITY. M. B. Moravek,1 R. M. Baker,1 M. Xu,1 E. B. Mahany,1 F. Aydiner,1 J. M. Dupree,2 E. E. Marsh1; 1Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI, 2Urology and Obstetrics/Gynecology, University of Michigan, Ann Arbor, MI.

P-9 PUBLIC SUPPORT IN THE UNITED STATES FOR INTERGENERATIONAL OOCYTE DONATION. P. Bortoletto, L. V. Farland, E. S. Ginsburg, R. H. Goldman; Obstetrics & Gynecology, Brigham and Women’s Hospital, Boston, MA.

P-10 RACIAL STRATIFICATION IN INFERTILE MEN SEEKING REPRODUCTIVE CARE: THE CHICAGO EXPERIENCE. R. Abou Ghayda, T. Bakare, S. Ohlander, R. Pagani, C. Niederberger; Urology, University of Illinois at Chicago, Chicago, IL.

P-11 UTILIZATION OF AND REGIONAL DIFFERENCES IN EMERGENCY DEPARTMENT SERVICES AMONG WOMEN WITH POLYCYSTIC OVARIAN SYNDROME (PCOS). E. B. Mahany, R. M. Baker, S. B. Schon, E. E. Marsh, Y. R. Smith; Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI.

P-12 AMH LEVELS IN A COHORT OF PATIENTS DURING INITIAL WORK UP: DIMINISHED OVARIAN RESERVE OFTEN MISCLASSIFIED AS UNEXPLAINED INFERTILITY. A. Gil,1 A. Davila,1 I. Obeso,1 A. E. Aguilar1; 1IECH Fertility Center, Monterrey, Mexico, 2Obstetrics, Gynecology & Reproductive Sciences, Yale Fertility Center & Fertility Preservation, New Haven, CT.

P-13 LEVERAGING ONLINE PATIENT REVIEWS TO IMPROVE QUALITY OF CARE: ART-SPECIFIC INSIGHTS FOR PRACTICE ADMINISTRATORS AND PHYSICIANS. Y. Kizawa; Columbia University, New York, NY.

P-14 OPPORTUNITIES FOR EXPANDING ACCESS TO CARE IN REPRODUCTIVE MEDICINE VIA SOCIAL MEDIA. N. M. Crawford1, F. Hasselhof2, E. A. Evans-Hoeker3; 1Austin Fertility Institute, Austin, TX, 2Aultman Ob/Gyn, Austintown, OH, 3Obstetrics and Gynecology, Carilion Clinic, Virginia Tech Carilion SOM, Roanoke, VA.
P-15  SOCIAL MEDIA IN TODAY’S MEDICAL PRACTICE: THE MISMATCH BETWEEN CURRENT PHYSICIAN USAGE AND CONSUMER PREFERENCES.  N. M. Crawford, 1 F. Hasselhof, 2 E. A. Evans-Hoeker; 1 Austin Fertility Institute, Austin, TX, 2 Aultman Ob/Gyn, Austintown, OH.

P-16  NATURAL FERTILITY: EVALUATING SOCIAL MEDIA AS AN OUTREACH TO IMPROVE EDUCATION AND ACCESS TO CARE.  N. M. Crawford, 1 F. Hasselhof, 2 E. A. Evans-Hoeker; 1 Austin Fertility Institute, Austin, TX, 2 Aultman Ob/Gyn, Austintown, OH.

P-17  PREIMPLANTATION GENETIC SCREENING (PGS) UTILIZATION IS INCREASED IN PATIENTS WITHOUT IN VITRO FERTILIZATION INSURANCE COVERAGE.  A. Schwartz, 1 C. R. Juneau, 2 G. Patounakis, 3 D. J. Kaser, 4 T. Molinaro, 5 M. Maguire, 6 R. T. Scott, Jr.; 1 Saint Barnabas Medical Center, Livingston, NJ, 2 IVI/RMA, Thomas Jefferson University, Basking Ridge, NJ, 3 Reproductive Medicine Associates of Florida, Lake Mary, FL, 4 Reproductive Medicine Associates of New Jersey, Basking Ridge, NJ, 5 RMANJ, Basking Ridge, NJ, 6 RMA-NJ, Basking Ridge, NJ, 7 REI, RMANJ, IVI RMA Global, Sidney Kimmel Medical College, Thomas Jefferson University, Basking Ridge, NJ.

P-18  PREVALENCE OF INFERTILITY IN CHINA: A POPULATION BASED STUDY.  Z. Zhou, 1 D. Zheng, 1 H. Wu, 1 R. Li, 1 S. Xu, 2 Y. Kang, 3 Y. Cao, 4 X. Chen, 5 Y. Zhu, 4 S. Xu, 2 Z. Chen, 4 B. W. Mol, 7 J. Qiao'; 1 Department of Obstetrics and Gynecology, Reproductive Medical Center, Peking University Third Hospital, Beijing, China, 2 Reproductive Medical Center, The Second Hospital of Hebei Medical University, Shijiazhuang, China, 3 Reproductive Medical Center, Maternal and Children’s Health Hospital of Fujian Province, Fuzhou, China, 4 Department of Obstetrics and Gynecology, Reproductive Medical Center, First Affiliated Hospital of Anhui Medical University, Hefei, China, 5 Reproductive Medical Center, Affiliated Hospital of Inner Mongolia Medical University, Hohhot, China, 6 Department of Reproductive Endocrinology, Women’s Hospital, School of Medicine, Zhejiang University, Hangzhou, China, 7 Population and Family Planning Research Institute of Heilongjiang Province, Harbin, China.

P-19  ASSOCIATIONS BETWEEN MILITARY SERVICE CHARACTERISTICS, FEMALE INFERTILITY, AND DELAYED CONCEPTION.  R. M. Beverley, 1 S. Borrello, 2, 3 J. A. Harris, 1 F. E. Sileanu, 2 M. K. Mor, 2 X. Zhao, 2 M. N. Menke; 1 Department of Obstetrics, Gynecology, and Reproductive Sciences, University of Pittsburgh, Pittsburgh, PA, 2 Center for Health Equity Research and Promotion, VA Pittsburgh Healthcare System, Pittsburgh, PA, 3 Division of General Internal Medicine, University of Pittsburgh School of Medicine, Pittsburgh, PA.

LGBTQ

P-20  ARE WOMEN IN SAME-SEX RELATIONSHIPS OFFERED FERTILITY SERVICES BY CATHOLIC-AFFILIATED CLINICS? A MYSTERY CALLER STUDY.  L. E. Delamater, 1 S. M. Takimoto, 2 M. Guiahi, 3 K. N. Goldman; 1 University of Colorado, Aurora, CO, 2 OB/GYN, Saint Joseph Hospital, Denver, CO, 3 New York University Langone Medical Center, New York, NY.


P-22  FERTILITY PRESERVATION (FP) REFERRAL AND FOLLOW-UP IN MALE-TO-FEMALE (MTF) AND FEMALE-TO-MALE (FTM) TRANSGENDER PATIENTS.  A. P. Schellbe, 1 A. R. Fisher, 1 E. Jungheim; 1 Obstetrics and Gynecology, Barnes-Jewish Hospital, St. Louis, MO, 2 Obstetrics and Gynecology, Washington University, St. Louis, MO, 3 Pediatric Endocrinology, St. Louis Children’s Hospital, St. Louis, MO.

P-23  FUTURE DOCS: HOW MEDICAL STUDENTS VIEW LGBT FAMILY BUILDING AND Evolve WITH EDUCATIONAL OPPORTUNITIES.  A. Braverman, 1 V. Short, 2 K. Lackritz, 2 E. R. Leubner; 1 Thomas Shandong Provincial Hospital Affiliated to Shandong University, Jinan, China, 2 Obstetrics & Gynaecology, The University of Adelaide, North Adelaide, Australia.
P-24 EVALUATING MEDICAL STUDENTS’ PREPAREDNESS TO WORK WITH THE LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) POPULATION. E. R. Leubner, A. Braverman; Thomas Jefferson University, Philadelphia, PA.


P-26 ONGOING PREGNANCY RATES (OPR) FROM 30,000 SINGLE VS. DOUBLE INTRAUTERINE INSEMINATION (IUI) CYCLES ACCORDING TO SPERM SOURCE, SEXUAL ORIENTATION AND PARTNER STATUS. B. C. Monseur,1 J. M. Fransasiak,2 L. Sun,3 R. T. Scott, Jr.,2 D. J. Kaser; 1Thomas Jefferson University, Philadelphia, PA, 2IVI/RMA, Thomas Jefferson University, Basking Ridge, NJ, 3Foundation for Embryonic Competence, Basking Ridge, NJ.

P-27 LATENT AND GENITAL TUBERCULOSIS IN THE INFERTILE POPULATION IN US - EXPERIENCE AT AN ACADEMIC FERTILITY CENTER IN THE NORTH EAST UNDERSCORES A NEED FOR VIGILANCE. R. Tal,1 M. Simoni,2 L. Pal; 1Obstetrics, Gynecology & Reproductive Sciences, Yale School of Medicine, New Haven, CT, 2Obstetrics & Gynecology, Yale-New Haven Hospital, New Haven, CT.

P-28 VITAMIN D LEVELS AND IVF OUTCOMES IN WOMEN OF DIFFERENT ETHNIC GROUPS. C. Chatzicharalampous,1 M. Saketos,2 L. Sung,3 J. Stelling,4 J. Jackman,2 M. A. Bray5; 1Genetics and Genomic Sciences, Icahn School of Medicine at Mount Sinai, New York, NY, 2Obstetrics and Gynecology, The Brooklyn Hospital Center, Brooklyn, NY, 3Obstetrics & Gynecology, Yale-New Haven Hospital, New Haven, CT, 4Obstetrics & Gynecology, Stony Brook Medicine, Stony Brook, NY, 5Obstetrics & Gynecology, Stony Brook Medicine, Stony Brook, NY.

P-29 SPERM ANEUPLOIDY IS ASSOCIATED WITH WORSE GENERAL HEALTH IN INFERTILE MEN. T. P. Kohn,1 A. W. Pastuszak2; 1Baylor College of Medicine, Houston, TX, 2Scott Department of Urology, Baylor College of Medicine, Houston, TX.

P-30 IDENTITY AND FERTILITY DISTRESS: THE EFFECT OF RACE, RELIGION, AND SOCIOECONOMIC STATUS ON COPING WITH MALE INFERTILITY. E. Noncent,1 A. K. Lawson,2 G. Mendoza,3 R. E. Brannigan,4 E. E. Marsh; 1Northwestern University, Feinberg School of Medicine, Chicago, IL, 2Northwestern University, Chicago, IL, 3Stretch School of Medicine- Loyola University, Maywood, IL, 4Urology, Northwestern University, Feinberg School of Medicine, Chicago, IL, 5Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI.

P-31 EVALUATION OF QUALIFICATION CRITERIA FOR ASSISTED REPRODUCTIVE TECHNOLOGY AMONG INFERTILE COUPLES AFTER EXPANSION TO VETERANS. J. S. Jue, R. Ramasamy; Department of Urology, University of Miami Miller School of Medicine, Miami, FL.

P-32 GESTATIONAL CARRIERS: THE DEMOGRAPHICS BEHIND A FREQUENTLY OVERLOOKED POPULATION. A. Kaing,1 E. W. Scibetta,1 S. L. Gaw,2 R. Rao,1 Y. Afshar,1 C. S. Han,3 L. D. Platt; 1Ob/Gyn, University of California, Los Angeles, Los Angeles, CA, 2Ob/Gyn, University of California, San Francisco, San Francisco, CA, 3Ob/Gyn, University of California, Los Angeles, Los Angeles, CA.

P-33 THE POOR QUALITY OF WOMEN’S SLEEP NEGATIVELY INFLUENCES FERTILIZATION RATES IN ASSISTED REPRODUCTIVE TECHNOLOGY. S. Akamatsu,1 J. Otsuki,1 M. Fujii,1 N. Enatsu,2 Y. Tsuji,1 T. Iwasaki,1 M. Shiotani; 1Kobe Women’s Clinic, Kobe, Hyogo, Japan, 2Kobe City Medical Center West Hospital, Kobe, Hyogo, Japan.

P-34 ASSISTED REPRODUCTIVE TECHNOLOGY OUTCOMES IN AFRO-CARIBBEAN PATIENTS. A. Wiltshire,1 C. Roman-Rodriguez,2 L. Ghidini,3 L. M. Brayboy; 1Department of Obstetrics and Gynecology, Morehouse School of Medicine, Atlanta, GA, 2Department of Obstetrics and Gynecology, Women & Infants Hospital, Providence, RI, 3Department of Obstetrics and Gynecology, Women and Infants Hospital/Alpert Medical School, Providence, RI.
MENOPAUSE

P-35 RISK FACTORS FOR PREMATURE OR EARLY MENOPAUSE: A COMPARATIVE STUDY BETWEEN UNITED STATES AND SOUTH KOREAN WOMEN. S. Choe,¹ Y. Kim,¹ I. Kang,¹ C. Sim,¹ J. Heo,¹ Y. Koh,¹ M. Koong,² T. K. Yoon,³ D. Park,⁴ Y. Lee,⁴ J. Kim,⁴ M. Kim⁴; ¹CHA University, College of Medicine, Seoul, Korea, Republic of, ²CHA University School of Medicine, Seoul, Korea, Republic of, ³Gangnam Medical Center, College of Medicine, Seoul, Korea, Republic of, ⁴Gangnam CHA Infertility Center, Seoul, Korea, Republic of. ⁵CHA Fertility Center, Seoul, Korea, Republic of, ⁶CHA University, Seoul, Korea, Republic of, ⁷CHA Fertility Center, Seoul Station, Seoul, Korea, Republic of.

CONTRACEPTION/FAMILY PLANNING

P-36 A NOVEL CONTRACEPTIVE VAGINAL RING RELEASING NESTORONE AND ESTRADIOL DOSED CONTINUOUSLY: PHARMACOKINETICS FROM A DOSE FINDING STUDY. A. Edelman,¹ R. Sitruk-Ware,² N. Kumar,³ J. Jensen¹; ¹Ob/Gyn, OHSU, Portland, OR, ²Population Council, New York, NY, ³Center for Biomedical Research, Population Council, New York, NY.

P-37 THE EFFECTS OF THE ETONOGESTREL 0.12MG/ETHINYL ESTRADIOL 0.015MG VAGINAL RING (NUVARING®) ON INFLAMMATORY BIOMARKERS. T. Kimble,¹ A. Thurman,¹ R. Fichorova,² D. Archer¹; ¹CONRAD/Eastern Virginia Medical School, Norfolk, VA, ²Brigham and Women’s Hospital, Harvard Medical School, Boston, MA.

P-38 CONTRACEPTIVE CHOICE AMONG YOUNG CANCER SURVIVORS: WHAT DO PATIENTS VALUE? T. N. Hadnott,¹ S. Stark,¹ A. C. Medica,¹ B. W. Whitcomb,² I. Su²; ¹UC San Diego, La Jolla, CA, ²Biostatistics and Epidemiology, University of Massachusetts Amherst, Amherst, MA.

P-39 CONTRACEPTIVE CHOICES AND MENSTRUAL PATTERNS IN HIGH LEVEL FEMALE ATHLETES. L. E. Verrilli¹, M. Landry¹, H. Blanchard²; ¹Department of Obstetrics and Gynecology, University of Wisconsin, Madison, WI, ²School of Medicine and Public Health, University of Wisconsin, Madison, WI.

P-40 AN UPDATE: LONG ACTING REVERSIBLE CONTRACEPTION KNOWLEDGE, PERCEPTIONS AND PRACTICES AMONG CURRENT US OBSTETRICS AND GYNECOLOGY RESIDENTS. J. C. Dawkins,¹ G. K. Lewis,¹ E. O. Thomas¹ A. Harrington²; ¹Obstetrics and Gynecology, Rochester Regional Health, Rochester, NY, ²Obstetrics and Gynecology, University of Rochester Medical Center, Rochester, NY.

P-41 EVALUATION OF A NOVEL UTERINE SOUND SPARING APPROACH FOR COPPER INTRAUTERINE DEVICE INSERTION. A. Abbas, M. K. Ali, O. S. Abdalmageed, A. H. Yoce, A. M. Abdelkader, O. M. Shaaban; Assiut Women’s Health Hospital, Assiut University, Assiut, Egypt.

P-42 CAN THE RESPONSE TO THREE MONTHS IBUPROFEN IN CONTROLLING HEAVY MENSTRUAL BLEEDING WITH COPPER INTRAUTERINE DEVICE BE PREDICTED AT BASELINE VISIT? A. Abbas, M. K. Ali, A. H. Yoce, O. S. Abdalmageed, O. M. Shaaban; Assiut Women’s Health Hospital, Assiut University, Assiut, Egypt.

P-43 LEVONORGESTREL CONTRACEPTIVE PATCH CONFERRED NO SIDE EFFECT PROFILE DIFFERENCES IN WOMEN OF DIFFERENT RACIAL BACKGROUNDS. A. D. Greene,¹ K. Barnhart,² B. Chen,³ J. Jensen,⁴ S. B. Teol,⁵ C. L. Westhoff,⁶ C. Dart,⁷ M. A. Thomas¹; ¹Obstetrics and Gynecology, University of Cincinnati, West Chester, OH, ²UPenn, Philadelphia, PA, ³Obstetrics & Gynecology, Magee-Women’s Hospital, Pittsburgh, PA, ⁴Department of OB/GYN, OHSU, Portland, OR, ⁵University of Colorado, Aurora, CO, ⁶Obstetrics & Gynecology, Columbia University Medical Center, New York, NY, ⁷Health Decisions CRO+, Durham, NC.

P-44 NON-WHITE RACE IS ASSOCIATED WITH INCREASED RATES OF EMERGENCY CONTRACEPTION USE IN YOUNG ADULT CANCER SURVIVORS. A. C. Medica,¹ S. S. Stark,² T. N. Hadnott,² I. Su,² B. W. Whitcomb²; ¹University of California San Diego, La Jolla, CA, ²Reproductive Endocrinology and Infertility, UCSD, San Diego, CA.

MALE FACTOR

P-45 GENETIC SCREENING BY SEQUENCING TECHNOLOGY TO PREDICT EMBRYO DEVELOPMENTAL COMPETENCE OF THE MALE GAMETE. S. Cheung, Z. Rosenwaks, G. D. Palermo; Reproductive Medicine, Weil Cornell Medicine, New York, NY.
P-46 A THOROUGH GENETIC ASSESSMENT ON THE AGING MALE GAMETE. S. Cheung, Z. Rosenwaks, G. D. Palermo; Reproductive Medicine, Weill Cornell Medicine, New York, NY.

P-47 I. THE IMPACT OF AGE UPON ROUTINE SEMEN ANALYSIS AND SPERM KINEMATIC PARAMETERS. G. M. Estofan,1 G. L. Veron,2 A. D. Tissera,3 D. E. Estofan,1 R. I. Molina,2 M. H. Vazquez-Levin2; 1CIGOR, Cordoba, Argentina, 2Instituto de Biologia y Medicina Experimental, National Research Council of Argentina (CONICET), Buenos Aires, Argentina, 3Laboratorio de Andrologia y Reproduccion (LAR), Cordoba, Argentina.

P-48 EFFECT OF ADVANCED PATERNAL AGE ON REPRODUCTIVE OUTCOME IN COUPLES USING AN EGG DONOR. K. Zohni,1,2,3 C. Li,4,5 S. Moskovtsev,3,1 I. G. Tapia,1 P. Rubio,1 R. Ruiz de Assin,1 A. Thiel,1 X. Li,2 B. Kolb,1 J. Nelson,1 J. M. Norian,1 J. G. Wilcox,1 T. T. Tan1; 1HRCFertility, Pasadena, CA, 2Nexgenomix, Pasadena, CA.

P-49 ADVANCED PATERNAL AGE DOES NOT AFFECT EMBRYO ANEUPLOIDY RATE IN EGG DONOR CYCLES. L. G. Tapia,1 P. Rubinol,1 R. Ruiz de Assin,1 A. Thiel,1 X. Li,2 B. Kolb,1 J. Nelson,1 J. M. Norian,1 J. G. Wilcox,1 T. T. Tan1; 1HRCFertility, Pasadena, CA, 2Nexgenomix, Pasadena, CA.

P-50 TOTAL MOTILE SPERM COUNT IS NEGATIVELY CORRELATED WITH FERTILIZATION RATE BUT NOT BLASTULATION, EUPLOIDY, OR IMPLANTATION IN ICSI CYCLES. S. J. Morin,1 C. R. Juneau,1 S. A. Neal,1 R. T. Scott, Jr.,2 J. M. Hotaling3; 1IVI/RMA, Thomas Jefferson University, Basking Ridge, NJ, 2REI, IVI/RMA, Thomas Jefferson University, Basking Ridge, NJ, 3University of Utah, Salt Lake City, UT.

P-51 TERATOZOOSPERMIA IS ASSOCIATED WITH THE EMBRYO ANEUPLOIDY AND LEADS TO THE SEX RATIO imbalance. Y. Kiseleva,1 A. Abubakirov2; 1Biology, Embryology, the Research Center for Obstetrics, Gynecology and Perinatology, Moscow, Russian Federation, 2Reproductive Endocrinology, Moscow, Russian Federation.

P-52 PREGNANCY OUTCOMES IN MEN EVALUATED FOR SPERM ANEUPLOIDY - A GRADED-MODEL OF RISK. T. P. Kohn,1 A. W. Pastuszak1; 1Baylor College of Medicine, Houston, TX, 2Scott Department of Urology, Baylor College of Medicine, Houston, TX.

P-53 DOES THE EXTRA X IN KLINFEHLER SYNDROME (KS) PATIENTS ORIGINATE ONLY PATERNALLY? A. Tanaka,1 M. Nagayoshi,1 I. Tanaka,1 T. Yamaguchi,1 T. Ichiyama,1 M. Ohno,1 S. Watanabe2; 1Saint Mother Hospital, Kitakyusyu, Japan, 2Anatomical Science, Hiroaki University Graduate School of Medicine, Hiroaki, Japan.

P-54 CLINICAL VALIDATION OF A HOME TEST KIT FOR SEMEN QUALITY ANALYSIS; COMPARISON WITH GOLD STANDARD I.E. CONVENTIONAL SPERM COUNTING. V. Garcia-Laez,1 D. Castello,1 A. Gabrielsen,2 M. Meseguer1; 1IVI Valencia, Valencia, Spain, 2Ciconia Fertility Clinic, Højbjerg, Denmark, 3Clinical Embryology, Valencia, Spain.

P-55 MAGNETIC ACTIVATED SORTING SELECTION (MACS) OF NON-APOPTOTIC SPERM (NAS) IMPROVES ONGOING PREGNANCY RATES IN HOMOLOGOUS INTRUTERINE INSEMINATION (IUI). L. Romany,1 R. Rivera Egea,1 M. Meseguer1, B. Aparicio-Ruiz,3 J. Remohi4, N. Garrido5; 1Clinical Embryology, Valencia, Spain, 2Andrology Laboratory, Instituto Universitario IVI Valencia, Valencia, Spain, 3IVI Valencia, Valencia, Spain, 4Human Reproduction Unit, Instituto Valenciano de Infertilidad, Valencia, Spain, 5Instituto Universitario IVI, Valencia, Spain.

P-56 MACS (MAGNETIC ACTIVATED CELL SORTING) BEFORE OR AFTER DENSITY GRADIENT CENTRIFUGATION FOR SEMINAL CRYOPRESERVATION. T. S. Bertelli,1 M. Da Broi2; 1Human Reproduction Department, Ribeirao Preto Medical School (FMRP) - USP, Ribeirao Preto, Brazil, 2University of Sao Paulo, Ribeirao Preto, Brazil, 3Obstetrics and Gynecology, University of Sao Paulo, Ribeirao Preto, Brazil.

P-57 SPERM SELECTION WITH HYALURONIC ACID (PICSI) IMPROVES LBR IN IVF TREATMENTS. L. Alegre,1 N. Garrido,1 M. Munoz,2 M. de los Santos,1 J. Remohi Gimenez,3 M. Meseguer1; 1IVI Valencia, Valencia, Spain, 2IVI Alicante, Alicante, Spain.

P-58 HOW LONG DOES IT TAKE TO ACHIEVE PREGNANCY WITH AZOOSPERMIA UNDERGOING TESTICULAR SPERM EXTRACTION AND INTRACYTOPLASMIC SPERM INJECTION (TES-ICSI)? A. Nagano,1 S. Mizuta,1 K. Yamaguchi,1 Y. Takaya,1 K. Kitaya,1 Y. Takeuchi,1 H. Matsubayashi,1 T. Ishikawa1; 1Reproduction Clinic Osaka, Osaka, Japan, 2Reproduction Clinic Tokyo, Minatoku, Tokyo, Japan.
P-59 SPERM RETRIEVAL RATES (SRR) AND CLINICAL OUTCOMES AFTER TESTICULAR SPERM EXTRACTION (TESE) IN THE ETIOLOGY OF AZOOSPERMIA. N. Okutani, S. Mizuta, K. Yamaguchi, Y. Takaya, K. Kitaya, T. Takeuchi, H. Matsubayashi, T. Ishikawa; Reproduction Clinic Osaka, Osaka, Japan, Reproduction Clinic Tokyo, Minatoku, Tokyo, Japan.

P-60 OUTCOME OF ICSI USING PENTOXIFYLLINE OR THEOPHYLLINE TO IDENTIFY VIABLE SPERMATOZOA IN PATIENTS WITH ALL IMMOBILE SPERMATOZOA. M. Javed, O. Abdulrazzak, H. Sufyan; IVF, Thuriah Medical Center, Riyadh, Saudi Arabia.

P-61 THE OUTCOMES OF INTRACYTOPLASMIC SPERM INJECTION (ICSI) USING SPERMATOZOA WITH Y CHROMOSOME MICRODELETION. T. Ishikawa, K. Yamaguchi, T. Takeuchi, K. Kitaya, H. Matsubayashi; Reproduction Clinic Osaka, Osaka, Japan, Reproduction Clinic Tokyo, Minatoku, Tokyo, Japan.

P-62 RELATIONSHIP BETWEEN CANNABIS AND MALE REPRODUCTIVE HEALTH: A SYSTEMATIC REVIEW. M. J. Rogers, S. Rajanahally, W. G. Brisbane, K. Ostrowski, T. S. Lendvay, T. J. Walsh; Urology, University of Washington, Seattle, WA.

P-63 THE IMPACT OF SEMEN PARAMETERS CONSIDERING NUMBER OF DOMINANT FOLLICLES OR ENDOMETRIAL THICKNESS ON THE OUTCOME OF INTRAUTERINE INSEMINATION FOLLOWING SUPEROVULATION WITH CLOMIPHENE CITRATE. M. Irani, V. Lu, S. Chow, D. Keating, S. Elder, Z. Rosenwaks, G. D. Palermo; The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medical College, New York, NY, Weill Cornell Medical College, New York, NY.

P-64 WITHDRAWN

P-65 ABERRATIONS IN SPERM DNA METHYLATION PATTERNS OF MALES SUFFER FROM INFERTILITY PROBLEMS. M. M. Laqqan, Y. Alkhaled, M. Hammadeh; Obstetrics & Gynecology, Saarland University, Germany, Homburg, Germany.

P-66 MUTATION IN ZFP92 GENE IS ASSOCIATED WITH NOA. X. Zhuang, P. Liu; Department of Obstetrics and Gynecology, Reproductive Medicine Center, Peking University Third Hospital, Beijing, China, Embryologist, Beijing, China.


P-68 ADVERSE EFFECTS OF CHRONIC HEPATITIS B VIRUS (HBV) INFECTION ON HUMAN SPERM QUALITY. J. Zheng, J. Jin; Reproductive Medicine Center, The First Affiliated Hospital of Wenzhou Medical University, Wenzhou, China.

P-69 THE PREDICTIVE VALUE OF PLASMA AMH, SERUM INHB FOR THE FERTILITY RATE IN IVF. R. Hu; Reproductive Medicine Center, General Hospital of Ningxia Medical University, Yinchuan, China.

P-70 PREDICTING THE ABILITY TO RETRIEVE SPERM IN AZOOSPERMIC MEN UNDERGOING SURGICAL SPERM EXTRACTION: A PROSPECTIVE COHORT STUDY. M. Le, T. D. Lewis, D. T. Nguyen, V. Q. Truong, N. Huy, C. Thanh, A. DeCherney, M. J. Hill; Obstetrics and Gynecology, infertility, University of Medicine and Pharmacy, Hue, Viet Nam, Reproductive Endocrinology & Infertility, National Institutes of Health, Bethesda, MD, Obstetric and Gynecology, University of Medicine and Pharmacy, Hue, Viet Nam, OB/GYN, University of Medicine and Pharmacy, Hue, Viet Nam, Obstetrics & Gynecology, University of Medicine and Pharmacy, Hue, Viet Nam, Eunice Kennedy Shriver National Institute of Child, Bethesda, MD, NIH, Bethesda, MD.

P-71 NORMAL PREOPERATIVE FOLLICLE-STIMULATING HORMONE LEVEL IS ASSOCIATED WITH IMPROVEMENT IN SEMEN PARAMETERS FOLLOWING MICROSURGICAL VARICOCELECTOMY. L. Ji, M. Owyong, S. Shabtaie, R. Ramasamy; University of Miami, Miami, FL, University of Miami Miller School of Medicine, Miami, FL.

P-67 OUTCOME OF MICRO SURGICAL SUBINGUINAL VARICOCELECTOMY IN MEN WITH NONOBSTRUCTIVE AZOOSPERMIA. M. M. Arata, H. Elbardsi, A. Majzoub, S. S. Alsaid; Urology, Hamad Medical Corporation, Doha, Qatar, Andrology, Cairo University Hospital, Cairo, Egypt.
P-73 DO SERUM CONCENTRATIONS OF ZINC, COPPER, CHLORIDE AND SEX HORMONES AFFECT SPERMATOGENESIS IN NORMAL KARYOTYPIC AZOOSPERMIC MEN UNDERGOING ICSI? A. El-Damen, Y. Magdi; 1IVF Unit, Nile Badrawi Hospital, Cairo, Egypt, 2IVF Laboratory, Sunrise Fertility Center, Giza, Egypt. 3, Senior Embryologist, El Nada Gynecology and Infert, Banha, Egypt, 4IVF Laboratory, Al-Yasmeen Fertility and Gynecology Center, Banha, Egypt.

P-74 THE SPERM ACROSOME REACTION RESPONSE TO PROGESTERONE: ASSOCIATES WITH SPERM DNA DAMAGE AND HAS A BETTER PREDICTING VALUE FOR IVF THAN THAT RESPONSE TO THE IONOPHORE. J. Jin, J. Zheng; Reproductive Medicine Center, The First Affiliated Hospital of Wenzhou Medical University, Wenzhou, China.

P-75 CHROMOSOMAL DEFECTS (CD) OF IVF-OBTAINED EMBRYOS CORRELATE WITH DNA FRAGMENTATION INDEX (DFI) AND ANEUPLOIDIES IN SPERM OF LOW-FERTILE MALE PATIENTS. I. Zhylkova, O. Feskov, O. Fedota; 1Clinic of Professor Feskov A.M., Kharkiv, Ukraine, 2V.M. Karazin National University, Kharkiv, Ukraine.

P-76 ADOPTING SPERM CHROMATIN FRAGMENTATION TO STEER TOWARD THE APPROPRIATE ART TREATMENT. A. Parrella, S. Chow, N. Pereira, M. Goldstein, Z. Rosenwaks, G. D. Palemo; 1Reproductive Medicine, Weill Cornell Medicine, New York, NY, 2Male Reproductive Medicine and Urology, Weill Cornell Medicine, New York, NY.

P-77 THE WEAK CORRELATIONS BETWEEN SPERM DNA FRAGMENTATION ASSAYS SUGGEST THAT CHROMATIN PACKAGING IS COMPLEX. M. C. San Gabriel, N. Haddad, C. E. Pedraza, L. Vingataramin, C. LeSaint, F. Bissonnette, I. Kadoch, A. Zini; 1Surgery Division of Urology, McGill University, Montreal, QC, Canada, 2Clinique OVO, Montreal, QC, Canada, 3Reproductive Endocrinology and Infertility, Centre Hospitalier Universitaire de Montreal, Montreal, QC, Canada.

P-78 EFFECT OF SPERM DNA FRAGMENTATION OVER PREIMPLANTATION EMBRYO DEVELOPMENT: CLINICAL AND BIOLOGICAL ASPECTS. C. Alvarez Sedo, M. Bilinski, D. Lorenzi, H. Uriondo, F. Noblia, V. Longobucco, E. Ventimiglia, F. Nodar; CEGYR (Reproductive Medicine and Genetics), Buenos Aires, Argentina.

P-79 RELATIONSHIP BETWEEN SEMEN PARAMETERS AND SPERM DNA FRAGMENTATION. L. M. Ganzer, J. M. Sad Larcher, V. I. Avramovich, A. D. Tissera, G. M. Estofan; 1Tocoginecology-Reproductive Endocrinology, Hospital Privado Universitario Cordoba, Cordoba, Argentina, 2Tocoginecology-Reproductive Endocrinology, Hospital Privado Universitario de Cordoba, Cordoba, Argentina, 3Tocoginecology, Hospital Privado Universitario Cordoba, Cordoba, Argentina, 4Andrology Laboratory, L.A.R., Cordoba, Argentina, 5Fertility- Reproductive Endocrinology, CIGOR, Cordoba, Argentina.

P-80 THE CLINICAL UTILITY OF SPERM DNA FRAGMENTATION: A SURVEY BASED STUDY OF FERTILITY SPECIALISTS. A. Majzoub, A. Agarwal, 2S. Esteves; 1Urology, Hamad Medical Corporation, Doha, Qatar, 2Urology, Cleveland Clinic, Cleveland, OH, 3ANDROFERT, Campinas, Brazil.

P-81 A META ANALYSIS TO STUDY THE EFFECTS OF BODY MASS INDEX ON SPERM DNA FRAGMENTATION INDEX IN REPRODUCTIVE AGE MEN. R. Sharma, A. Agarwal, A. Harlev, S. C. Esteves; 1Health Services, St. Joseph’s University, Philadelphia, PA, 2Urology, Cleveland Clinic, Cleveland, OH, 3Fertility and IVF Unit, Soroka Medical center, Soroka Medical Center, Ben-Gurion University, Beer Sheva, Israel, 4ANDROFERT - Andrology and Human Reproduction Clinic, Campinas, Brazil.

SPERM BIOLOGY

P-82 OXIDATION-REDUCTION POTENTIAL: A NEW MARKER OF OXIDATIVE STRESS AND SPERM QUALITY. R. Sharma, A. Agarwal, S. Gupta, Z. Cakar, S. Wang, E. S. Sabanegh; 1American Center for Reproductive Medicine, Cleveland Clinic, Cleveland, OH, 2Urology, Cleveland Clinic, Cleveland, OH.

P-83 DISRUPTED SPERM MIRNA EXPRESSION PROFILES REVEALED A FINGERPRINT OF IMPAIRED SPERMATOGENESIS IN OLIGOZOOSPERMA MALES. N. I. McCubbin, B. R. McCallie, J. C. Parks, W. B. Schookraft, M. Katz-Jaffe; Colorado Center for Reproductive Medicine, Lone Tree, CO.

P-84 DETERMINING EMBRYO DEVELOPMENTAL COMPETENCE BY MEASURING EXPRESSIVITY OF THE PATERNAL GENOME. N. Pereira, S. Cheung, A. Parrella, C. O’Neill, N. Nikprelevic,
P-85 PROTEOMIC ANALYSIS REVEALS BAG6 AND HIST1H2BA ARE POTENTIAL SPERM BIOMARKER CANDIDATES IN INFERTILE MEN WITH PRIMARY AND SECONDARY INFERTILITY. P. Intasqui,1,2 A. Agarwal,1 R. Sharma,1 L. Samanta,1,3 E. S. Sabanegh,4 R. Bertolla2; 1American Center for Reproductive Medicine, Cleveland Clinic, Cleveland, OH, 2Department of Surgery, Division of Urology, Sao Paulo Federal University, Sao Paulo, Brazil, 3Department of Zoology, Ravenshaw University, Cuttack, India, 4Urology, Cleveland Clinic, Cleveland, OH.


P-87 THE IMPACT OF PROMESCENT® ON HUMAN SPERM. P. K. Kavoussi,1 M. Sutton,2 C. Hunn,3 R. B. Summers-Colquitt,3 H. Chen,3 K. M. Kavoussi,4 S. K. Kavoussi5; 1Reproductive Urology, Austin Fertility & Reproductive Medicine / Westlake IVF, Austin, TX, 2Andrology Laboratory, Austin Fertility & Reproductive Medicine / Westlake IVF, Austin, TX, 3Embryology, Austin Fertility & Reproductive Medicine / Westlake IVF, Austin, TX, 4Reproductive Endocrinology and Infertility, Austin Fertility & Reproductive Medicine / Westlake IVF, Austin, TX, 5Reproductive Endocrinology & Infertility, Austin Fertility & Reproductive Medicine/ Westlake IVF, Austin, TX.

P-88 DIFFERENTIALLY EXPRESSED PROTEINS INVOLVED IN ACETYLATION OF SPERMATOZOA IN INFERTILE MEN WITH UNILATERAL AND BILATERAL VARICOCELE. M. Panner Selvam,1 A. Agarwal1, R. Sharma,1 S. B. Willard3, B. Gopalan,3 E. S. Sabanegh4; 1American Center for Reproductive Medicine, Cleveland Clinic, Cleveland, OH, 2Research Core Services, Proteomics Core, Cleveland, OH, 3Org Corporation, Plano, TX, 4Urology, Cleveland Clinic, Cleveland, OH.

P-89 DIFFERENTIAL SPERM PROTEOMIC PROFILE BETWEEN SPERM SAMPLES ACHIEVING PREGNANCY OR NOT IN INTRACYTOPOLASMIC SPERM INJECTION (ICSI) CYCLES IN OOCYTE DONATION PROGRAM. R. Rivera Egea,1 N. Sota,2 M. Meseguer,3 F. Dominguez,4 J. Remohi Gimenez,5 N. Garrido6; 1Andrology Laboratory, Instituto Universitario IVI Valencia, Valencia, Spain, 2Embryologist, Baraïn, Spain, 3Clinical Embryology, Valencia, Spain, 4Research, FIV-INCLIVA, Valencia, Spain, 5IVI Valencia, Valencia, Spain, 6Fundación IVI, Valencia, Spain.

P-90 PROTAMINES RATIO (P1/P2) IN SPERMATOZOA AS BIOMARKER FOR MALE INFERTILITY. H. Amor,1,2 A. Zeyad,1 H. Ben Ali,2 M. Hammadeh1; 1Obstetrics and Gynecology, Saarland University, Homburg, Germany, 2Laboratory of Molecular Biology, Cytogenetic & Reproductive Medicine, Monastir University, Monastir, Tunisia.

P-91 EFFECT OF OBESITY ON GLOBAL SPERM METHYLATION AND GENE IMPRINTING. J. Zhu; Peking University Third Hospital, Beijing, China.

P-92 DOES ELEVATED SPERM DNA DAMAGE AFFECT EMBRYOLOGICAL AND CLINICAL OUTCOMES IN A DONOR OOCYTE PROGRAMME? C. Philip,1 C. Harrity,1 S. Pace,2 J. Kennedy,2 K. Marron2; 1Beaumont Hospital, Dublin, Ireland, 2SIMS Clinic, Dublin, Ireland.

OOCYTE BIOLOGY

P-93 OOCYTE VITRIFICATION IS A STRATEGICAL OPTION FOR PATIENTS WHO UNDERGO AUTOLOGOUS MITOCOCHNDRIAL TRANSFER DUE TO POOR OOCYTE/EMBRYO QUALITY AND POOR OVARIAN RESPONSE. A. Koike,1 Y. Morimoto,1 S. Hashimoto,2 Y. Miyamoto,1 T. Inoue,1 A. Fukuda2; 1HORAC Grand Front Osaka Clinic, Osaka, Japan, 2IVF Namba Clinic, Osaka, Japan, 3IVF Osaka Clinic, Higashi-Osaka, Japan.

P-94 REDUCED MRNA LEVELS OF THE FMR1 GENE AND CHANGES OF GENE EXPRESSION OF CYP19 AND FSHR IN INFERTILE WOMEN WITH LOW (CGG1<26) REPEATS. Q. Wang,1 V. A. Kushnir,1,2 S. Darmon,1 D. H. Barad,1 Y. Wu,1 L. Zhang,1 D. Albertini,1 N. Gleicher1,3,4; 1Center for Human Reproduction, New York, NY, 2Wake Forest School of Medicine, Winston-Salem, NC, 3Rockefeller University, New York, NY, 4Medical University Vienna, Vienna, Austria.
P-95 THE CORRELATION STUDY BETWEEN SRY-BOX17 AND THE DEVELOPMENT OF HUMAN FEMALE GERM CELLS. Q. Mai,1 Y. Luo,1 K. Huang2; 1The Reproductive Medicine Centre of the First Affiliated Hospital of Sun Yat-sen University, Guangzhou, China, 2None, Guangzhou, China.

P-96 TELOMERE LENGTH AND ANDROGEN RECEPTOR OR FSH RECEPTOR MESSENGER RNA AS BIOMARKERS FOR OOCYTE AMD EMBRYO QUALITY IN ART CYCLES. T. Lee,1,2 C. Lee,1 M. Lee,2,3 C. Huang3; 1Department of Obstetrics and Gynecology, Chung Shan Medical University Hospital, Taichung, Taiwan, 2Institute of Medicine, Chung Shan Medical University, Taichung, Taiwan, 3Lee Women’s Hospital, Taichung, Taiwan.

P-97 MICRO-RNA SEQUENCING OF INDIVIDUAL HUMAN OOCYTES. R. Pasquariello,1,2 B. Badaoui,3 A. Ermisch,1 E. E. Paulson,4 S. McCormick,1 J. P. Barfield,1 W. B. Schoolcraft,1 P. J. Ross,4 R. L. Krisher; 1Colorado Center for Reproductive Medicine, Lone Tree, CO, 2Colorado State University, Fort Collins, CO, 3Mohammed V University, Rabat, Morocco, 4UC Davis, Davis, CA.

P-98 REGULATION OF ANTI-MULLERIAN HORMONE (AMH) BY OOCYTE SPECIFIC GROWTH FACTORS IN HUMAN CUMULUS GRANULOSA CELLS. E. Hobeika,1 S. M. Convissar,2 M. Armouti,2 M. A. Fierro,1 N. Winston,1 H. Scoccia,1 A. M. Zamah1, C. Stocco2; 1Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, University of Illinois at Chicago, Chicago, IL, 2Department of Physiology and Biophysics, University of Illinois at Chicago, Chicago, IL.

P-99 MITOCHONDRIAL FUNCTION AND MT-DNA CONTENT ARE ASSOCIATED WITH THE POOR QUALITY OF OOCYTES FROM PATIENTS OF ADVANCED MATERNAL AGE. R. L. Krisher, R. Pasquariello, A. Ermisch, S. McCormick, W. B. Schoolcraft; Colorado Center for Reproductive Medicine, Lone Tree, CO.

P-100 IN VITRO MATURATION (IVM) OF HUMAN OOCYTES WITHOUT HCG ADMINISTRATION AND EMPLOYING A PRE-IVM PERIOD OF MEIOTIC ARREST IS A VAILABLE CLINICAL TREATMENT OPTION. R. L. Krisher, R. Kile, L. A. Munkwitz, C. B. Pospisil, A. Schneiderman, L. Reed, A. Shreeve, S. McCormick, W. B. Schoolcraft; Colorado Center for Reproductive Medicine, Lone Tree, CO.

P-101 EFFECT OF MELATONIN ON DEVELOPMENTAL COMPETENCE OF DENUDED HUMAN OOCYTES DURING IN VITRO MATURATION. R. Matsunaga,1 S. Watanabe,1 W. Mita,1 M. Miura,1 Y. Kobayashi,1 N. Yamanaka1, M. Kamihata,1 A. Kuwahata,1 M. Ochi,1 T. Horiuchi2; 1Ochi Yume Clinic Nagoya, Nagoya, Japan, 2Department of Life Sciences, Pref. University of Hiroshima, Shobara, Japan.

P-102 PROPORTIONAL OOCYTE NUCLEAR MATURATION IN RELATION TO ICSI OUTCOME. A. Parrella, S. Chow, S. Cheung, C. O’Neill, Z. Rosenwaks, G. D. Paleermo; Reproductive Medicine, Weill Cornell Medicine, New York, NY.

P-103 APPLICATION OF A NOVEL TYRAMINE SUBSTITUTED HYALURONAN GEL FOR CULTURE OF MOUSE PRE-ANTRAL FOLLICLES. P. K. Gill, M. Spangler, A. Upadhye, N. Desai, T. Brown; OB-GYN, Cleveland Clinic, Beachwood, OH.

OVARIAN FUNCTION

P-104 VITAMIN D3 ACTIONS ARE DOSE- AND STAGE-DEPENDENT DURING Rhesus Macaque Folliculogenesis. J. Xu,1,2 M. S. Lawson,1 Y. Du,1,3 O. Tkachenko,1 D. Seifer,1 J. D. Hennebold1,2; 1Oregon National Primate Research Center, Oregon Health & Science University, Beaverton, OR, 2School of Medicine, Oregon Health & Science University, Portland, OR, 3Department of Reproductive Medicine, Tianjin Center Hospital of Gynecology Obstetrics, Tianjin, China.

FERTILIZATION

P-105 EFFECT THE SPERM SELECTION MAGNIFICATION (400X VS 1,200X) ON FERTILIZATION RESULTS AND EMBRYO DEVELOPMENT IN HUMAN PIEZO-ICSI. K. K. Hiraoka,1 Y. Otsuka,1 T. Ishikawa2, K. Kawai1, T. Harada2; 1Kameda Medical Center, Kamogawa-shi, Chiba, Japan, 2Kameda IVF Clinic Makuhari, Mihama-ku, Chiba, Japan.

P-106 ARTIFICIAL OOCYTE ACTIVATION IMPROVES LATER EMBRYONIC DEVELOPMENT IN PATIENTS WITH A HISTORY OF IMPAIRED FERTILIZATION.
P-107 Elimination of a policy of empiric antibiotic therapy for male patients prior to collection for IVF results in no diminution in fertilization rate. S. J. Morin, C. R. Juneau, S. A. Neal, R. T. Scott, Jr., E. J. Forman; 1IVI/RMA, Thomas Jefferson University, Basking Ridge, NJ, 2REI, IVI/RMA, Thomas Jefferson University, Basking Ridge, NJ.

P-108 The chromosome 11 olfactory receptor gene cluster is a candidate reproductive partner-specific compatibility locus. R. Subaran, S. Munne; 1Recombine, New York, NY, 2CooperSurgical, Trumbull, CT, 3CooperGenomics, Livingston, NJ.


P-110 Clinical value of the newly developed nomogram predicting the fertilization outcome in assisted reproductive technology (ART). Y. Yokota, N. Enatsu, K. Furuhashi, K. Kishi, Y. Tsuji, J. Otsuki, Y. Matsumoto, S. Kokeguchi, M. Shiotani; 1Hanabusa Women’s Clinic, Kobe Hyogo, Japan, 2Urology, Kobe City Medical Center West Hospital, Kobe City, Japan.

P-111 Time-lapse imaging reveals delayed development of embryos carrying unbalanced chromosomal translocations. H. Amir, S. Barbash Hazan, Y. Kalma, T. Cohen, T. Frumkin, M. Malcov, A. Reches, J. Hasson, F. Azem, D. Ben-Yosef; The Tel Aviv Sourasky Medical Center, Tel Aviv, Israel.


P-113 Lower embryonal mitochondrial DNA content is associated with better quality embryos. A. M. Klimczak, L. E. Pacheco, N. Massahi, J. P. Richards, W. G. Kearns, A. F. Saad, J. Crochet; 1Ob/Gyn, University of Texas Medical Branch, Galveston, TX, 2AdvaGenix, Rockville, MD, 3Center of Reproductive Medicine, Webster, TX.

P-114 The value in retaining non-pronuclear (0PN) zygotes for extended culture. M. K. Catala, K. R. Sieren, K. Silverberg, M. D. VerMilyea; 1Ovation Fertility, Austin, TX, 2Texas Fertility Center, Austin, TX.

P-115 Ultra-low (2%) oxygen tension positively affects blastocyst quality. A. F. Ferrieres-Hoa, A. Gala, D. Haouzi, K. Roman, S. Hamamah; 1ART/PGD Department, CHRU Montpellier, Montpellier Cedex 5, France, 2Chu Montpellier, Montpellier, France, 3U1203 - IRMB - CHRU Montpellier, Montpellier, France, 4ART/PGD Department, Montpellier, France.


P-117 Importance of multinucleation at the two-cell stage in embryo development. S. Arrones-Olmo, A. Genoves, I. Martinez, I. Cuevas; Reproductive Medicine Unit, Hospital General Universitario de Valencia, Valencia, Spain.

P-118 A deep dive into the human blastocyst: gene based sex differences in human embryos and the assessment of aneuploidy by transcriptome analysis - progress and limitations. N. Resetkova, A. Groff, D. Sakkas, A. Penzias, J. L. Rinn, K. Eggan; 1REI, Boston IVF / Beth Israel Deaconess Medical Center, Boston, MA, 2Systems Biology, Stem Cell
and Regenerative Biology, Harvard University, Cambridge, MA, 3Boston IVF, Waltham, MA, 4Boston IVF / Harvard Medical School, Waltham, MA, 5Stem Cell and Regenerative Biology, Harvard University, Cambridge, MA, 6Harvard University, Cambridge, MA.

P-119 OOCYTE TELOMERASE LEVELS CORRELATE WITH BLASTOCYST DEVELOPMENT. J. D. Kort,1 A. Garbuzov,2 J. Arand,3 B. Behr,1 S. Artandi2; 1Stanford Fertility and Reproductive Medicine Center, Stanford, CA, 2Hematology, Stanford University, Stanford, CA, 3Pediatrics Cancer Biology, Stanford University, Stanford, CA.


P-121 NRF2 REGULATES FEMALE GERM CELL MEIOSIS INITIATION. X. Qiu, B. Yao; Nanjing Jinling Hospital, Nanjing, China.


P-123 BIOCOMPATIBLE NANOPARTICLE PLGA IS A NOBLE SAFE DELIVERY SYSTEM FOR EMBRYO DEVELOPMENT AND NEXT GENERATIONS. H. Song,1 Y. Kim,1 J. Park,1 M. Park,1 S. Lyu,2 Y. Koh,2 J. Heo,2 D. Lee,1 K. Park; 1Biomedical Science, CHA University, Seongnam, Korea, Republic of, 2Fertility Center of CHA Gangnam Medical Center, CHA University, Seoul, Korea, Republic of.

P-124 ZIDOVUDINE INHIBITS TELOMERE ELONGATION, INCREASES THE TRANSPOSABLE ELEMENT LINE-1 COPY NUMBER AND COMPROMISES MOUSE EMBRYO DEVELOPMENT. P. A. Navarro,1,2 F. H. Wang,2 L. G. Robinson,2 R. N. Pimentel,2 R. A. Radjabi,2 Y. G. Kramer,2 D. L. Keeffe; 1Ob/Gyn, Faculty of Medicine of Ribeirão Preto, USP, Ribeirão Preto, Brazil, 2Ob/Gyn, NYU, New York, NY.

P-125 THE EFFECTS OF DIHYDROTESTOSTERONE ON MOUSE EARLY EMBRYONIC DEVELOPMENT. N. R. Chappell, H. Sangi-Haghpeykar, W. E. Gibbons, C. S. Blesson; Obstetrics and Gynecology, Baylor College of Medicine, Houston, TX.

P-126 TOWARD CLINICAL USE OF MITOCHONDRIAL REPLACEMENT THERAPY. C. Fischer,1 R. Prosser,2 K. Engelstad,1 R. Lobo,3 M. V. Sauer,2 D. Egli; 1Columbia University Medical Center, New York, NY, 2Ob/Gyn, Columbia University, New York, NY, 3Columbia University College of Physicians and Surgeons, New York, NY.

P-127 HISTONE MODIFICATIONS ARE INVOLVED WITH CHROMOSOME CHAOS IN ADVANCED MATERNAL AGE HUMAN BLASTOCYSTS. B. R. McCallie,1,2 S. McCormick,1 D. K. Griffin,2 W. B. Schoolcraft,1 M. Katz-Jaffe; 1Colorado Center for Reproductive Medicine, Lone Tree, CO, 2School of Biosciences, Canterbury, United Kingdom.

P-128 ASSESSMENT OF DNA METHYLATION IN HUMAN EMBRYOS. X. Tao,1 Y. Zhan,1 K. Scott,1 R. T. Scott, Jr.,2 E. Seli; 1FEC, Basking Ridge, NJ, 2IVF/RMA, Thomas Jefferson University, Basking Ridge, NJ, 3Yale University, New Haven, CT.


P-130 DOES THE BLASTOCYST COLLAPSE RESPOND TO A BIOLOGICAL NEED? THE ANALYSIS OF 1,952 EMBRYOS BY TIME-LAPSE CAN GIVE AN ANSWER. M. Esbert,1 A. Marconetto,1 S. R. Soares,2 M. Quera,1 J. Molina,1 M. Florensa,1 A. Ballesteros,3 M. Meseguer; 1IVF Laboratory, IVI Barcelona, Barcelona, Spain, 2Biològics - IVI Madrid, Madrid, Spain, 3Gynecologist- IVI Lisboa, Lisboa, Portugal, 4Biologist, IVI Barcelona, Barcelona, Spain, 5Embryologist- IVI Valencia, Valencia, Spain.

P-131 COMPARISON OF BLASTOCYST ANEUPLOID RATE AMONG SINGLE-STEP MEDIA FOR HUMAN ART. W. A. Wun,1 Z. Liu,1 T. V. Pham,1 G. M. Grunert,2 S. Chauhan,2 L. Schenk,2 R. Mangal,2 E. Kovanci,2 R. D. Dunn; 1IVF Lab, Houston, 2Ob/Gyn, Columbia University, New York, NY.
Fertility Specialists, Houston, TX, 2Houston Fertility Specialists, Houston, TX, 3Houston Fertility Specialist, Sugarland, TX, 4Houston Fertility Specialists, Houston, TX.

P-132 DO EMBRYO TIME-LAPSE PARAMETERS PREDICT EUPLOID EMBRYO TRANSFER OUTCOMES? M. A. Drejza, 1 J. D. Kort, 2 B. Behr; 1Poznan University of Medical Sciences Clinical Hospital, Poznan, Poland, 2Stanford Fertility and Reproductive Health Center, Palo Alto, CA.

P-133 CORRELATION BETWEEN THE NUMBER OF CULTURED HUMAN EMBRYOS AND EMBRYO DEVELOPMENT IN THE WOW CULTURE DISH SYSTEM. H. Watanabe; Asada Ladies Clinic Medical Corporation, Nagoya, Japan.


P-136 FREQUENT INCUBATOR OPENINGS HAVE NO EFFECT ON BLASTOCYST DEVELOPMENT RATE. D. Matt, 1 D. P. Graff, 1 J. Collier, 2 B. Wilkerson; 1Virginia IVF and Andrology Center, Richmond, VA, 2VA IVF, Richmond, VA.

P-137 THE EFFECT OF SPERM DNA DAMAGE ON THE QUANTITATIVE SECRETOMÉ OF MURINE BLASTOCYSTS. E. G. La Turco, 1 D. A. Montani, 2 A. A. de Melo, 3 R. Fraietta, 2 D. P. Braga, 4 A. P. Cedeno; 1Department of Surgery, Division of Urology, Human Reproduction Section, Sao Paulo Federal University, Sao Paulo, Brazil, 2Department of Surgery, Division of Urology, Human, Sao Paulo Federal University, Sao Paulo, Brazil, 3Chromosome Genomic Medicine, Sao Paulo/Sao Paulo, Brazil, 4Fertility Medical Group, Sao Paulo, Brazil.

P-138 BIOCHEMICAL PREGNANCY CAN BE PREDICTED BY NON-INVASIVE ANALYSIS FROM METABOLOMOMIC PROFILES OF BLASTOCYSTS. I. Anduaga Marchetti, 1 E. de la Rosa, 2 V. Martinez, 1 M. Martinelli, 3 C. Sanchez Sarmiento, 1 E. Fernandez; 1Nascentis, Especialistas en Fertilidad, Cordoba, Argentina, 2University of Gerona, Girona, Spain, 3National University of Cordoba, Cordoba, Argentina, 4Catholic University of Cordoba, Cordoba, Argentina.

P-139 CAN CULTURE MEDIUM AFFECT MORPHOKINETICS, EMBRYO DYSMORPHISMS AND EUPLOIDY RATE? N. Desai, R. Flyckt, C. M. Austin; OB-GYN, Cleveland Clinic, Beachwood, OH.


P-142 CULTURING EMBRYOS TO DAY 7: A VIABLE OPTION FOR IVF PATIENTS? H. J. Werland, 1 M. VertMilyea, 2 K. Silverberg; 1IVF Lab, Ovation Fertility, Austin, TX, 2Ovation Fertility, Austin, TX, 3Texas Fertility Center, Austin, TX.

P-143 EARLY DAY 2 HATCH-ALL TECHNIQUE IMPROVES EMBRYO DEVELOPMENT AND PREGNANCY OUTCOME. G. A. Abdo, M. R. Goodwin, A. G. Abdo, F. Sharara; Virginia Center for Reproductive Medicine, Reston, VA.

P-144 WITHDRAWN

P-145 COHORT EMBRYO SELECTION (CES): A QUICK AND SIMPLE METHOD FOR SELECTING CLEAVAGE STAGE EMBRYOS THAT WILL BECOME HIGH QUALITY BLASTOCYSTS (HQB). I. Dimitriadis, 1 G. Christou, 2 K. Dickinson, S. McLellan, 1 M. Brock, I. Souter, 3 C. L. Bornmann; 1Massachusetts General Hospital, Boston, MA, 2Obstetrics and Gynecology, Massachusetts General Hospital, Boston, MA, 3Obstetrics Gynecology/REI Division, Harvard Medical School-Massachusetts General Hospi, Boston, MA.
P-146 HYPOXIA PROMOTES BLASTOCYST HATCHING AND IMPLANTATION BY REGULATION OF E-CADHERIN AND LIFR EXPRESSION VIA HIF-2α IN MOUSE BLASTOCYST CULTURED IN VITRO. Y. Ma,1 C. Chen,2 C. Tzeng; 1Center for Reproductive Medicine & Sciences, Taipei, Taiwan, 2Department of Obstetrics & Gynecology, Taipei Medical University Hospital, Taipei, Taiwan.

P-147 OXYGEN TENSION INFLUENCES MOUSE EMBRYO DEVELOPMENT WHEN VARIES IN CONCENTRATION. M. S. Isews,1,2 A. Hashem,1 F. AbdelHafez,2 A. O. Abdelkareem,2 B. Peng,3 M. A. Bedaiwy2; 1Obstetrics and Gynecology, South Valley University, Qena, Egypt, 2Department of Obstetrics and Gynecology, BC Women’s Hospital, Vancouver, BC, Canada, 3Assiut University, Assiut, Egypt, 4Obstetrics and Gynecology, Faculty of Medicine, Sohag University, Sohag, Egypt, 5Department of Obstetrics & Gynaecology, University of British Columbia, CRF, Vancouver, BC, Canada.

P-148 THE LIPID PROFILE OF MURINE BLASTOCYST CELLS ORIGINATED FROM IN VITRO FERTILIZATION AND NATURAL FERTILIZATION AS A QUALITY CONTROL TOOL FOR EMBRYO CULTURE. D. F. Moriyama,1 D. A. Montani,1 A. Rodrigues-Oliveira,2 D. Oliveira-Silva,2 R. Fraietta,1 E. G. Lo Turco1; 1Department of Surgery, Division of Urology, Human Reproduction Section, Sao Paulo Federal University, Sao Paulo, Brazil, 2Institute of Environmental, Chemical and Pharmaceutical Sciences, Sao Paulo Federal University, Diadema, Brazil.

P-149 DEVELOPMENT OF A CLINIC-SPECIFIC PREDICTIVE EMBRYOKINETIC MODEL IN AN ACADEMIC CENTER. L. Yang,1 M. Peavey,1 K. Kaskar,1 N. R. Chappell,1 L. Zhu,2 D. Devlin,3 C. T. Valdes,1 T. L. Woodard,1 P. W. Zarutskie,1 W. E. Gibbons1; 1Department of OB/GYN, Baylor College of Medicine, Houston, TX, 2Rice University, Houston, TX, 3Translational Bio & Mol Medicine, Baylor College of Medicine, Houston, TX.

P-150 CALCIUM IONOPHORE TREATMENT AFTER ICSI IMPROVES BLASTOCYST DEVELOPMENT FOR MALE FACTOR INDICATIONS AS WELL AS PATIENTS WITH ONLY A HISTORY OF POOR BLASTOCYST DEVELOPMENT. S. McCormick, R. Smith, C. Pospisil, N. I. McCubbin, W. B. Schoolcraft, M. Katz-Jaffe; Colorado Center for Reproductive Medicine, Lone Tree, CO.

P-151 HUMAN EMBRYO DEVELOPMENT CHARACTERISTICS MAY AFFECT LIVE BIRTH SEX RATIO: A TIME-LAPSE STUDY. B. Huang, L. Jin; Reproductive Medical Center, Tongji Hospital, Wuhan, China.

P-152 TRANSFERRING FROZEN-THAWED EMBRYOS AT THE BLASTOCYST STAGE SIGNIFICANTLY IMPROVES PREGNANCY OUTCOMES COMPARED TO CLEAVAGE STAGE: A SARTCORS ANALYSIS OF OVER 250,000 FET CYCLES OVER A DECADE. B. N. Kashani,1 E. C. Holden,1 S. Morelli,1,2 D. Alderson,3 S. K. Jindal,4 P. G. McGovern1,2; 1Obstetrics, Gynecology and Women’s Health, Rutgers - New Jersey Medical School, Newark, NJ, 2University Reproductive Associates, Hasbrouck Heights, NJ, 3Rutgers University Biostatistics and Epidemiology Services Center, Rutgers, The State University of New Jersey, Piscataway, NJ, 4ObGyn and Women’s Health, Montefiore’s Institute for Reproductive Medicine and Health, Hartsdale, NY.

P-153 COMPARISON OF FROZEN EMBRYO TRANSFER DURING A NATURAL CYCLE OR HORMONE SUPPLEMENTED CYCLE. A. B. Shah,1 L. Stadtmauer,2 G. F. Celia,3 J. D. Gordon,4 M. DiMattina4; 1Jones Institute for Reproductive Medicine EVMS, Norfolk, VA, 2Jones Institute for Reproductive Medicine, Norfolk, VA, 3Ob/Gyn, Eastern Virginia Medical School, Norfolk, VA, 4Dominion Fertility, Arlington, VA.

P-154 IT IS VALUE THAT BLASTOCYSTS FROM RESCUE ICSI OF 1-DAY-OLD OOCYTES BE CRYOPRESERVED AND SUBSEQUENTLY USED IN FROZEN-THAWED CYCLES. M. Li, P. Liu; Reproductive Medical Center, Peking University Third Hospital, Beijing, China.


P-156 FROZEN VERSUS FRESH EMBRYO TRANSFER IN OVULATORY WOMEN. Z. Chen,1 Y. Shi,2 H. Zhang,3 Z. Wang,2 J. Li,2 R. S. Legro4; 1Shandong University, Jinan, China, 2Center for Reproductive Medicine, University of Connecticut Health Center, Farmington, CT, 3Ob/Gyn, Eastern Virginia Medical School, Norfolk, VA, 4Center for Reproductive Medicine, University of Connecticut Health Center, Farmington, CT.
Medicine, Shandong Provincial Hospital Affiliated to Shandong University, Jinan, China, 3Yale School of Public Health, New Haven, CT, 4Penn State University College of Medicine.

P-157 ELEVATED ESTRADIOL IN FROZEN-THAWED EMBRYO TRANSFERS CYCLES AND PERINATAL RISK. A. Sokalska, M. A. Mainigi, J. Vresilovic, S. Senapati; Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, University of Pennsylvania, Philadelphia, PA.

P-158 OUTCOMES OF NEONATES BORN FOLLOWING TRANSFER OF FROZEN-THAWED CLEAVAGE EMBRYOS WITH BLASTOMERE LOSS: A MULTICENTER PROSPECTIVE STUDY IN CHINA. Y. Wu, C. Li, H. Huang; The International Peace Maternity & Child Health Hospital, Shanghai, China.

P-159 WOMEN OVER 37 HAVE SUPERIOR PREGNANCY RATES WITH FROZEN COMPARED WITH FRESH EMBRYO TRANSFERS - AN ANALYSIS OF 43,5765 CYCLES FROM THE NATIONAL ART SURVEILLANCE SYSTEM (NASS). J. Keenan, 1E. Marshall, 2E. Heidel 3; 1Obstetrics and Gynecology, Division of Reproductive Endocrinology, University of Tennessee Graduate School of Medicine, Knoxville, TN, 2West Virginia University School of Medicine, Morgantown, WV, 3Surgery, University of Tennessee Graduate School of Medicine, Knoxville, TN.

P-160 ELECTIVE FROZEN VERSUS FRESH EMBRYO TRANSFER IN ANTAGONIST CYCLE IN NORMO- RESPONDERS: A RANDOMISED STUDY. K. D. Nayar, R. Ahuja, M. Singh, M. Gupta, G. Kant, N. Sharma, D. Nayar; Akanksha IVF Centre, New Delhi, India.

P-161 FROZEN EMBRYO TRANSFER IS ASSOCIATED WITH A HIGHER LIVE BIRTH RATE USING GESTATIONAL CARRIERS: AN ANALYSIS OF THE 2014 SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY (SART) DATA. T. Segal, 1K. Kim, 2S. L. Mumford, 3J. M. Golafar, 1R. S. Weinerman 1; 1Reproductive Endocrinology and Infertility, University Hospitals/ UH Fertility Center, Beachwood, OH, 2NICHD, Bethesda, MD.

P-162 A HURDLE IN THE EGG FREEZING RACE: COMPARISON OF DONOR AND AUTOLOGOUS OOCYTE CRYOPRESERVATION (OC) OUTCOMES. S. Druckenmiller, 1P. Labelle, 2S. DeVore, 3J. Grifo, 4B. Hodes-Wertz, 5N. Noyes; 1Obstetrics and Gynecology, NYU School of Medicine, New York, NY, 2ob/gyn, NYU Fertility Center, Pelham Manor, NY, 3NYU, New York, NY, 4NYU Langone Fertility Center, NY, NY, 5Ob/Gyn, NYU Langone Medical Center, New York, NY, 4OB GYN, New York University School of Medicine, New York, NY.


P-164 FROZEN VERSUS FRESH EMBRYO TRANSFER IN AUTOLOGOUS AND DONOR IVF CYCLES: A SART REVIEW. N. Doyle, 1M. J. Hill, 1K. Devine, 2A. H. DeCherney, 2M. Levy; 1Reproductive Endocrinology and Infertility, National Institute of Health, Bethesda, MD, 2Shady Grove Fertility, Rockville, MD.

P-165 THE EFFECT OF VAGINAL ESTRADIOL ON LIVE BIRTH IN PREPARATION OF THE ENDOMETRIUM IN FET CYCLES. N. Doyle, 1T. Parikh, 1A. A. Eubanks, 2A. DeCherney, 2M. W. Healy, 1B. Yaeger, 2J. M. Csokmay, 2M. J. Hill 1; 1Reproductive Endocrinology and Infertility, National Institute of Health, Bethesda, MD, 2Walter Reed National Military Medical Center, Bethesda, MD.

P-166 DELAYED BLASTOCYST DEVELOPMENT DOSE NOT INFLUENCE THE OUTCOME OF VITRIFIED WARMED TRANSFER CYCLES. W. Choi, 1J. Eum, 1S. Kim, 1M. Kim, 1S. Bang, 1M. Kim, 1D. Lee, 2J. Ko, 2W. Lee; 1Fertility Center of CHA Gangnam Medical Center, Seoul, Korea, Republic of, 2Department of Biomedical Science, College of Life Science, CHA University, Gyeonggi-do, Korea, Republic of.

P-167 INCREASED UTILIZATION OF BLASTOCYST FROZEN EMBRYO TRANSFERS OVER TIME AND SPACE: A SARTCORS STUDY. E. C. Holden, 1B. N. Kashani, 1S. Morelli, 2D. Alderson, 3S. K. Jindal, 4,5 P. G. McGovern 2, 1OBstetrics, Gynecology and Women’s Health, Rutgers - New Jersey Medical School, Newark, NJ, 2Reproductive Endocrinology and Infertility, University Reproductive Associates, Hasbrouck Heights, NJ, 3Rutgers University Biostatistics and Epidemiology Services Center, Rutgers University, Piscataway, NJ, 4Montefiore’s Institute for Reproductive
Medicine and Health, Hartsdale, NY, 3Obstetrics, Gynecology and Women’s Health, Albert Einstein College of Medicine, Bronx, NY.

P-168 DONOR EGG BANKING & EGG EFFICIENCY: WHAT IS AN OPTIMUM NUMBER PER EGG LOT? J. Lim,1 N. Doyle,2 M. Stratton,3 J. Doyle,1 J. Graham,1 A. H. DeCherney,4 H. Hayes,3 W. Caswell,2 M. Levy,1 M. J. Tucker1; 1Shady Grove Fertility, Rockville, MD, 2National Institute of Health, Bethesda, MD, 3Donor Egg Bank USA, Rockville, MD, 4Eunice Kennedy Shriver National Institute of Child, Bethesda, MD.


P-170 COMPARISON OF OPEN AND CLOSED DEVICES IN HUMAN OVARIAN TISSUE VITRIFICATION. Y. Sugishita,1 E. Taylan,2 T. Kawahara,3 N. Suzuki,4 K. H. Oktay5; 1New York Medical College, Valhalla, NY, 2Obstetrics and Gynecology, New York Medical College, Valhalla, NY, 3OBGYN, White Plains, NY, 4Obstetrics and Gynecology, St. Marianna University School of Medicine, Kawasaki, Japan, 5Obstetrics & Gynecology, NY Medical College, Valhalla, NY.

P-171 A SINGLE “UNIVERSAL WARMING PROTOCOL” FOR VITRIFIED HUMAN EMBRYOS: A RANDOMIZED CONTROLLED STUDY. L. Parmegiani, A. Amon, S. Bernardi, M. Filicori, G. Cognigni; GynePro Medical Centers, Bologna, Italy.

P-172 EFFECT OF VITRIFICATION (VF) DEVICE SYSTEM AND SOLUTION ON POSTWARMING VIABILITY OF RE-VITRIFIED HUMAN BLASTOCYSTS: A RANDOMIZED CROSS OVER STUDY. M. C. Schiewe,1 C. Gibbs,2 R. VanTol,1 K. Howard,2 J. M. Howard,2 A. Jones,2 M. R. Freeman,2 S. Zozula1; 1Ovation Fertility, Newport Beach, CA, 2Ovation Fertility, Nashville, TN.

P-173 VITRIFICATION CAUSES A REDOX IMBALANCE IN MII HUMAN IN VITRO AGED AND “GOOD” OOCYTES BUT APPARENTLY CAN BE COUNTERACTED BY THE ANTIOXIDANT CROCIN. M. Nohales,1 G. Sevillano Almerich,1 A. Coello,1 C. Tatone,2 G. Di Emidio,1 A. Cobo,1 M. de los Santos1; 1IVI Valencia, Valencia, Spain, 2Università degli Studi dell’Aquila, L Aquilla, Italy, 3Dept. of Life, Health and Environmental Sciences, University of L’Aquilla, L’Aquilla, Italy.


CRYOPRESERVATION

P-175 OOCYTE DYSMORPHISMS ARE NOT ASSOCIATED WITH POST WARMING SURVIVAL, FERTILIZATION AND EMBRYO DEVELOPMENT IN OWN OOCYTES VITRIFICATION CYCLES. A. Coello,1 E. Sanchez,1 P. Campos,1 B. Vallejo,1 M. Meseguer2, A. Cobo1; 1IVI Valencia, Valencia, Spain, 2Clinical Embryology, Valencia, Spain.

P-176 SINGLE HUMAN SPERMATOZOOON FREEZING TECHNIQUE FOR CRYPTOZOOSPERMIA OR NON-OBSTRUCTIVE AZOOSPERMIA PATIENTS. A. Tanaka,1 M. Nagayoshi,1 I. Tanaka, T. Yamaguchi,1 T. Ichiyama,1 M. Ohno,1 S. Watanabe2; 1Saint Mother Hospital, Kitakyusyu, Japan, 2Anatomical Science, Hiroaki University Graduate School of Medicine, Hiroaki, Japan.

P-177 CRYOPRESERVATION IN THE PERIPUBESCENT MALE, A SINGLE INSTITUTION EXPERIENCE. J. Doolittle,1 D. P. Johnson,2 J. Sandlow1; 1Urology, Medical College of Wisconsin, Milwaukee, WI, 2Department of Urology, Urology, Milwaukee, WI.


P-179 ANALYSIS OF IMPLANTATION AND CLINICAL PREGNANCY IN REPEATED IMPLANTATION FAILURE UNDERGOING FROZEN TRANSFER USING TRANSFER MEDIA WITH GRANULOCYTE MACROPHAGE COLONY STIMULATING FACTOR OR HYALURONAN. S. Wasim, R. Chattopadhyay,2 S. Ghosh,3 S. K. Goswami,4 S. Sharma,5 S. Bathwai,1 E. Subramani,6 B. Chakravarty7; 1Obstetrics & Gynaecology, Fellow of Reproductive Medicine, Kolkata, India, 2Reproductive Medicine, Embryologist,
Kolkata, India, 3 Assisted Reproduction, Consultant, Kolkata, India, 4 Reproductive Medicine, Consultant, Kolkata, India, 5 ART, Consultant, Kolkata, India, 6 Obstetrics & Gynaecology, Research Scientist, Kolkata, India, 7 Reproductive Medicine, Director, Kolkata, India.

P-180 DOES MICRO-DROP SIZE MATTER? VITRIFIED OOCYTE SURVIVAL IS AFFECTED BY THE VOLUME OF WARMING MEDIA DROPLETS. M. Arifova,1 M. W. Surrey,2,1 H. Danzer,2,1 S. Ghadir,2,1 W. Chang,2,1 C. J. Alexander,2,1 A. L. Akopians,2,1 J. Barratt,2,1 1 ART Reproductive Center, Beverly Hills, CA, 2 Southern California Reproductive Center, Beverly Hills, CA.

P-181 COMPARABLE REPRODUCTIVE OUTCOMES IN OPEN VERSUS CLOSED OOCYTE VITRIFICATION SYSTEMS: A PROSPECTIVE, PAIRED STUDY ON THE SAME GENETIC BACKGROUND AND STIMULATION PROTOCOL. A. Pujol,1 M. Zamora,2 A. Obradors,3 D. García,2 A. Rodríguez,2 R. Vassena2; 1 Centro de Infertilidad y Reproduccion Humana (CIRH), Barcelona, Spain, 2 Clinica EUGIN, Barcelona, Spain, 3 FIV Obradors, Girona, Spain.

P-182 A NEW ULTRA-RAPID WARMING DEVICE FOR VITRIFIED OOCYTES AND EMBRYOS. P. Patrizio,1 Y. Natan,2 P. E. Levi-Setti,3 M. Leong,4 A. Arav5; 1 Obstetrics, Gynecology & Reproductive Sciences, Yale Fertility Center & Fertility Preservation, New Haven, CT, 2 FertilSafe Ltd., Ness Ziona, Israel, 3 Dept. Gynecology, Division of Gynecology and Reproductive Medicine, Humanitas Fertility Center, Humanitas Research Hospital, Rozzano (Milan), Italy, 4 The Womens Clinic, Hong Kong, Hong Kong, 5 CEO Fertilesafe, Ness Ziona, Israel.

P-183 HUMAN SEMEN PARAMETERS THAT PREDICT SPERM DNA INTEGRITY AFTER CRYOPRESERVATION. G. D. Smith,1 W. R. Parker,2 L. Keller,1 Y. Li,3 A. Brady,1 S. Leibo4; 1 Ob/Gyn, University of Michigan, Ann Arbor, MI, 4 Urology, Poughkeepsie, NY, 3 Biostatistics, University of Michigan, Ann Arbor, MI, 4 University of New Orleans, New Orleans, LA.


P-187 LETROZOLE SUPPLEMENTATION DURING OVARIAN STIMULATION ALTERS OOCYTE MATURATION RATES IN BREAST CANCER CANDIDATES FOR FERTILITY PRESERVATION. M. Grynberg,1 C. Sonigo2; 1 Department of Reproductive Medicine and Fertility Preservation, Hôpital Jean Verdier, Bondy, France, 2 Department of Reproductive Medicine, Jean Verdier Hospital, Bondy, France.

P-188 GONADOTROPIN-RELEASING HORMONE ANALOGS FOR GONADAL PROTECTION DURING GONADOTOXIC CHEMOTHERAPY: A SYSTEMATIC REVIEW AND META-ANALYSIS. N. Sofiyeva,1,2 T. Siepmann,2,3 K. Barlinn,3 B. Ata,4 E. Seli1; 1 Yale University, New Haven, CT, 2 Center for Clinical Research and Management Education, Dresden International University, Dresden, Germany, 3 Department of Neurology, University Hospital Carl Gustav Carus, Technische Universität Dresden, Dresden, Germany, 4 Obstetrics and Gynecology, Koc University School of Medicine, Istanbul, Turkey.

P-189 REPRODUCTIVE KNOWLEDGE AND DECISION-MAKING AMONG THE OOCYTE CRYOPRESERVATION PATIENT POPULATION. M. Shapiro,1 N. C. Stentz,2 L. W. Milman,3 C. Gracia,4 S. Senapati5; 1 Obstetrics and

P-190 SINGLE-INCISION LAPAROSCOPIC SURGERY (SILS) FOR OVARIAN TISSUE CRYOPRESERVATION ENABLES HIGHER TISSUE VOLUME EXTRACTION AND EARLIER CHEMOTHERAPY INITIATION COMPARED TO STANDARD MULTIPORT LAPAROSCOPY. A. Revel,1 N. Schachter-safrai,2 H. H. Chill,2 G. Karavani4; 1Reproductive Medicine and IVF Unit, Reproductive Medicine and IVF Unit, Zeriffin, Israel, 2Obstet and Gynecology, Hadassah Medical Center, Jerusalem, Israel, 3Reproductive Medicine and IVF Unit, Zeriffin, Israel, 4Obstetrics and Gynecology, Hadassa- Hebrew University Medical Center, Jerusalem, Israel.

P-191 SYSTEMATIC REVIEW OF FEMALE FERTILITY RISK FOR BREAST CANCER NEOADJUVANT/ADJUVANT THERAPIES: IMPLICATIONS FOR FERTILITY PRESERVATION COUNSELING. J. R. Walter,1 S. Xu,2 R. Daly,3 S. Tsai1; 1Obstetrics and Gynecology, Northwestern University, Chicago, IL, 2Dermatology, Dermatology, Chicago, IL, 3Solid Tumor Oncology, Memorial Sloan Kettering Cancer Center, New York City, NY, 4Feinberg School of Medicine, Chicago, IL.

P-192 MEDICAL EGG FREEZING, FINANCIAL PRESSURE, AND THE STATE: RESULTS FROM THE FIRST BINATIONAL COMPARISON OF THE U.S. AND ISRAEL. M. C. Inhorn,1 D. Carmeli,2 L. M. Westphal,3 J. Doyle,4 N. Gleicher,5 D. Meirow,6 H. Raanani,7 M. Dinfield,8 P. Patrizio9; 1Anthropology, Yale University, New Haven, CT, 2Nursing, University of Haifa, Haifa, Israel, 3OB/GYN, Stanford University, Stanford, CA, 4Ob/GYN, Stanford University, Stanford, CA, 5Shady Grove Fertility Reproductive Science Center, Rockville, MD, 6Center for Human Reproduction, New York, NY, 7Ob/Gyn, Sheba Medical Center, Tel Hashomer, Israel, 8Sheba MC, Ramat Gan, Israel, 9OB/GYN, Reproductive Endocrinology-IVF, Haifa, Israel, 2Obstetrics, Gynecology & Reproductive Sciences, Yale Fertility Center & Fertility Preservation, New Haven, CT.

P-193 ESTIMATION OF REPRODUCTIVE SUCCESS ACCORDING TO AGE, NUMBER OF OOCYTES AND ETIOLOGY IN ELECTIVE OR ONCOLOGICAL FERTILITY PRESERVATION (FP) PATIENTS. A. Cobo,1 M. Meseguer,7 A. Coello,3 E. Sanchez,1 J. Garcia Velasco,3 J. Remohi,4 A. Pellicer5; 1IVI Valencia, Valencia, Spain, 2Clinical Embryology, Valencia, Spain, 3IVI Madrid, Madrid, Spain, 4Human Reproduction Unit, Instituto Valenciano de Infertilidad, Valencia, Spain, 5Obstetrics, Gynecology and Reproductive Medicine, Instituto Valenciano de Infertilidad (IVI), Valencia, Spain.

P-194 EFFECT OF CANCER TREATMENT ON FEMALE REPRODUCTIVE OUTCOMES. C. Sasaki,1 N. Aono,2 Y. Nakajo,1 H. Hattori,1 Y. Tanaka,1 H. Inoue,1 M. Koizumi,1 M. Toya,1 T. Hashimoto2; 1Kyono ART Clinic, Sendai, Miyagi, Japan, 2Kyono ART Clinic Takanawa, Minatoku, Tokyo, Japan.

P-195 BACK-TO-BACK RANDOM START OVARIAN STIMULATION PRIOR TO CHEMOTHERAPY RESULTS IN A DOUBLING OF OOCYTE YIELD. J. Letourneau,1 N. Sinha,2 E. Harris,3 E. Gomes,1 C. Chin-Yu,1 E. Mok-Lin,4 H. Cakmak,5 M. Cedars,6 M. Rosen6; 1UCSF Reproductive Endocrinology, UCSF, San Francisco, CA, 2UCSF, San Ramon, CA, 3UCSF Women’s Health, San Francisco, CA, 4UCSF, San Francisco, CA, 5University of California, San Francisco, San Francisco, CA, 6Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, CA.

P-196 LONG TERM RESULTS WITH VITRIFICATION COMPARED TO SLOW FREEZE OF OVARIAN TISSUE. S. J. Silber, M. J. Derosa, J. Pineda; Infertility Center of St. Louis, St. Louis, MO.

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P-198 FERTILITY PRESERVATION FOR GATA2 PATIENTS. J. R. Zolton,1 T. Parikh,1 J. Pilgrim,1 D. D. Hickstein,2 S. M. Holland,3 M. J. Hill,1 A. DeCherney1; 1Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, Bethesda, MD, 2National Cancer Institute, Bethesda, MD, 3National Institute of Allergy and Infectious Diseases, Bethesda, MD.

P-199 HOW DO COUPLES MAKE FERTILITY PRESERVATION DECISIONS WHEN WOMEN ARE UNDERGOING CANCER TREATMENT? A QUALITATIVE STUDY. A. Mathur,1 A. S. Hoffman,2 L. A. Covarrubias,3 R.
P-200  FERTILITY PRESERVATION (FP) IN BREAST CANCER PATIENTS DOES NOT DELAY TIME TO CANCER TREATMENT. M. Pavone,1 M. B. Moravek,2 A. K. Lawson,3 S. Klock,4 R. Confino,5 K. N. Smith,6 R. R. Kazer7; 1Obstetrics and Gynecology, Northwestern Medicine, Chicago, IL, 2Ob/Gyn, University of Michigan, Ann Arbor, MI, 3Northwestern University, Chicago, IL, 4Ob/Gyn, Northwestern University Feinberg School of Medicine, Chicago, IL, 5Northwestern Medicine, Chicago, IL, 6Ob/GYN, Northwestern Medicine, Chicago, IL, 7OB/GYN, Northwestern University, Chicago, IL.


P-203  ASSISTED REPRODUCTIVE TECHNOLOGY (ART): HOW DO ONCOFERTILITY PATIENTS DIFFER? J. Rubin,1 B. Zhou,1 H. Sangi-Haghpeykar,1 D. Holman,2 T. L. Woodard3; 1Obstetrics and Gynecology, Baylor College of Medicine, Houston, TX, 2The University of Texas MD Anderson Cancer Center, Houston, TX.

P-204  FERTILITY PRESERVATION (FP) IS SUCCESSFUL PRIOR TO BONE MARROW TRANSPLANT (BMT) AND DOES NOT WORSEN OUTCOMES. M. B. Moravek,1 R. Confino,2 K. N. Smith,2 R. R. Kazer,2 A. K. Lawson,3 M. Pavone; 1Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI, 2Obstetrics and Gynecology, Northwestern University, Chicago, IL.

P-205  MEASURING REPRODUCTIVE CONCERNS AMONG YOUNG ADULT MALE CANCER SURVIVORS: PRELIMINARY RESULTS. J. R. Gorman,1 I. Su,2 M. Hsieh3; 1Oregon State University, Corvallis, OR, 2UC San Diego, San Diego, CA.


P-207  WHAT DO WOMEN WITH CANCER NEED TO MAKE DECISIONS ABOUT FERTILITY PRESERVATION? T. L. Woodard,1,2 A. S. Hoffman,3 L. Covarrubias,4 A. Mathur,5 A. Bradford,6 R. J. Volk; 1Gynecologic Oncology and Reproductive Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX, 2Obstetrics and Gynecology, Baylor College of Medicine, Houston, TX, 3Health Services Research, The University of Texas MD Anderson Cancer Center, Houston, TX, 4The University of Texas MD Anderson Cancer Center, Houston, TX, 5MD Anderson Cancer Research Center, Houston, TX, 6Baylor College of Medicine, Houston, TX.

P-208  OVARIAN TISSUE CRYOPRESERVATION (OTC) IN PREPUBERTAL GIRLS AND YOUNG WOMEN: AN ANALYSIS OF PARENTS’ AND PATIENTS’ DECISION-MAKING. C. Sullivan-Pyke,1 C. Carlson,2 M. Prewitt,1 C. Gracia,1 J. Ginsberg2; 1University of Pennsylvania, Philadelphia, PA, 2Division of Oncology, The Children’s Hospital of Philadelphia, Philadelphia, PA.

P-209  ASSOCIATION OF GERMLINE BRCA MUTATIONS WITH IMPAIRED FERTILITY PRESERVATION CYCLE OUTCOMES. V. Turan,1 F. Moy,2 K. H. Oktay3; 1Obstetrics & Gynecology, Yeni Yuzyil
P-210 ALTERNATIVES TO HYSTERECTOMY IN SURGICAL MANAGEMENT OF UTERINE FIBROIDS: AN EQUIVALENCE ANALYSIS OF SINGLE-SITE AND MULTIPORT MYOMECTOMY. E. E. Tappy,1 G. Moawad,2 E. D. Abi Khalil,1 J. Paek3; 1Obstetrics and Gynecology, George Washington University Hospital, Washington, DC, 2George Washington University Hospital, Washington, DC, 3Obstetrics and Gynecology, Ajou University School of Medicine, Suwon, Korea, Republic of.

P-211 A NON-INVASIVE METHOD FOR ASSESSING OOCYTE COMPETENCY. C. E. Wessels,1 L. Penrose,2 S. Prien3; 1Animal Science, Texas Tech University, Lubbock, TX, 2Department of Obstetrics and Gynecology, Texas Tech University Health Sciences Center, Lubbock, TX, 3Ob/Gyn, Texas Tech University Health Sciences Center, Lubbock, TX.

P-212 OVARIAN CORTEX TISSUE DONATION DURING ROUTINE OBSTETRICAL AND GYNECOLOGIC PROCEDURES. J. Johnson,1 M. McLaughlin,2 R. Anderson,3 E. Telfer3; 1Department of Obstetrics and Gynecology, University of Colorado-Denver, Aurora, CO, 2Institute of Cell Biology and Centre for Integrative Physiology, University of Edinburgh, Edinburgh, United Kingdom, 3MRC Centre for Reproductive Health, The Queen’s Medical Research Institute, Edinburgh, United Kingdom.

P-213 ASSESSMENT OF FERTILITY CLINIC WEBSITES ON OOCYTE CRYOPRESERVATION (OC). T. Zore,1,2 N. Joshi,1,2 S. B. Schon,3 P. Mason,4 J. L. Chan5; 1Obstetrics and Gynecology, University of California Los Angeles, Los Angeles, CA, 2OB/GYN, Division REI, Cedars-Sinai Medical Center, Los Angeles, CA, 3OB/GYN, Division REI, Cedars-Sinai Medical Center, Los Angeles, CA, 4University of Michigan, Ann Arbor, MI, 5University of Pennsylvania, Philadelphia, PA.

P-214 IDENTIFYING EGG FREEZING DECISION-MAKING FACTORS TO INFORM THE DEVELOPMENT OF A DECISION AID APP CALLED ‘FRZMYEGGS’. S. Yee,1 D. Gordon,2 C. L. Librach1,2; 1CReAte Fertility Centre, Toronto, ON, Canada, 2University of Toronto, Toronto, ON, Canada, 3Women's College Hospital, Toronto, ON, Canada.

P-215 THE IMPORTANCE OF ACCOUNTING FOR PATIENT VARIABILITY IN PREDICTIVE MODELS OF LIVE BIRTH AFTER ELECTIVE OOCYTE CRYOPRESERVATION. L. Ramirez,1 J. U. Klein,1 U. Franco2; 1Extend Fertility, New York, NY, 2Boston Children’s Hospital / Harvard University, Boston, MA.

P-216 OOCYTE SURVIVAL POST VITRIFICATION IN WOMEN OLDER THAN 35 YEARS. K. Rangel,1 J. C. Rosales,2 R. Santos,3 I. Obeso,4 A. E. Aguilar5; 1IECH Fertility Center, Monterrey, Mexico, 2REI, IECH Fertility Center, Monterrey, Mexico, 3Infertility, Instituto para el Estudio de la Concepcion Humana, Monterrey, Mexico, 4Fertility Center, Monterrey, Mexico, 5Reproductive Medicine, Centro de Fertilidad IECH, Monterrey, Mexico.

P-217 A SURVEY OF WOMEN WHO CRYOPRESERVED OOCYTES FOR NON-MEDICAL INDICATIONS. A. Seyhan,1 O. Dundar,1 B. Uruna,1 K. Yakin2; 1Repro Endo Specialist, Istanbul, Turkey, 2Department of OBGYN Koc University School of Medicine, Istanbul, Turkey, 3Obstetrics and Gynecology, Koc University School of Medicine, Istanbul, Turkey.

P-218 REPRODUCTIVE PLANNING IN WOMEN UNDERGOING ELECTIVE EGG FREEZE. E. A. Greenwood, L. Pasch, H. Huddleston; UCSF, San Francisco, CA.

P-219 EMOTIONAL EXPERIENCE AND DECISION SATISFACTION IN WOMEN UNDERGOING ELECTIVE OOCYTE CRYOPRESERVATION. E. A. Greenwood, J. Hastie, L. Pasch, H. Huddleston; UCSF, San Francisco, CA.

P-220 COMPARING OVARIAN STIMULATION PROTOCOLS IN WOMEN UNDERGOING ELECTIVE OOCYTE CRYOPRESERVATION. L. D. Michielis,1 J. A. Politch,1 V. A. Escott,2 W. Kuohung1; 1Obstetrics and Gynecology, Boston University School of Medicine, Boston, MA, 2Software Development, PracticeHwy.com, Inc., Coppell, TX.

P-221 DECIPHERING THE SPERM PROTEINS ASSOCIATED WITH INFERTILITY IN MEN WITH HODGKIN’S DISEASE USING MASS SPECTROMETRY AND IN SILICO METHODOLOGIES. A. Agarwal,1 P. N. Pushparaj,2 G. Ahmad,1,3,4 M. Abu-Elmagd,2 M. Assiadi,5 E. S. Sabanegh,5 R. Sharma1; 1American Center for Reproductive Medicine, Cleveland Clinic, Cleveland, OH, 2Center of Excellence in Genomic Medicine Research,
Jeddah, Saudi Arabia, College of Medicine, Prince Sattam Bin Abdulaziz University, Riyadh, Saudi Arabia, Physiology, University of Health Sciences, Lahore, Pakistan, Urology, Cleveland Clinic, Cleveland, OH.

P-222 DECODING THE SPERM PROTEINS RELATED TO REPRODUCTIVE FUNCTION IN PATIENTS WITH NON-SEMINOMATOUS GERM CELL TUMOUR (NSGCT) BY HIGH THROUGHPUT PROTEOMICS. A. Agarwal, P. N. Pushparaj, G. Ahmad, M. Abu-Elmagd, M. Assidi, E. S. Sabanegeh, R. Sharma; Urology, Cleveland Clinic, Cleveland, OH.

P-223 CO-TRANSPLANTATION OF MENSTRUAL STROMAL CELL AND PLATELET-RICH PLASMA IMPROVES ASHERMAN’S SYNDROME IN RAT MODEL. S. Zhang, J. Tan, P. Li; Shengjing Hospital affiliated to China Medical University, Shenyang, China.

P-224 DISCARDED HUMAN ENDOMETRIUM AS A STABLE SOURCE OF INDUCED PLURIPOTENT STEM CELLS FOR ERYTHROID DIFFERENTIATION AND AUTOLOGOUS TRANSFUSION. J. Park, H. Kim, S. Cho, J. Kim, B. Lee; Obstetrics and Gynecology, Gangnam Severance Hospital, Seoul, Korea, Republic of.

P-225 HIGHER ABUNDANCE OF STEM CELLS IN HUMAN MYOMETRIAL TISSUE FROM AFRICAN AMERICANS MAY CONTRIBUTE TO THE ETHNIC DISPARITY OF UTERINE FIBROIDS. L. Prusinski, A. Mas, A. Al-Hendy; Augusta University, Augusta, GA.


P-227 DIFFERENT ANGIOGENIC POTENTIALS OF MESENCHYMAL STEM CELLS DERIVED FROM UMBILICAL ARTERY, UMBILICAL VEIN AND WHARTON’S JELLY. L. Xu, H. Sun, L. Ding; Affiliated Drum Tower Hospital of Nanjing University Medical School, Nanjing, China.

REGENERATIVE MEDICINE AND STEM-CELL BIOLOGY

P-228 HIGH THROUGHPUT SCREENS USING VIABLE FLUORESCENT ESC REPORTERS OF STRESS FORCED DECREASED POTENCY AND INCREASED DIFFERENTIATION TO THE FIRST LINEAGE IDENTIFY EMBRYOTOXIC AND NONEMBRYOTOXIC DRUGS. E. Puscheck, E. Louden, D. Rappolee; OB/GYN, Wayne State University School of Medicine, Detroit, MI.

P-229 A SIMPLE METHOD TO GENERATE GERM CELLS FROM MALE EMBRYONIC STEM CELLS. M. Irani, V. Lu, A. Parrella, S. Chow, B. Chin, O’Neill, S. Cheung, G. D. Palermo; The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medicine, New York, NY.

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P-232 TRANSCRIPTOME ANALYSIS OF ENDOMETRIAL STROMA-LIKE ORGANOID DIFFERENTIATED FROM HUMAN INDUCED PLURIPOTENT STEM CELLS. K. Miyazaki, M. T. Dyson, J. S. Coon, T. Maruyama, S. Bulun; Obstetrics and Gynecology, Northwestern University Feinberg School of Medicine, Chicago, IL.

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ENDOMETRIOSIS

P-233 ENDOMETRIOSIS IS ASSOCIATED WITH RISK OF OVARIAN, ENDOMETRIAL, CERVICAL AND THYROID CANCER. G. Lai,1 C. Tzeng2; 1School of Public Health, Taipei Medical University, Taipei, Taiwan, 2Taipei Medical University, Taipei, Taiwan.

P-234 LIPOPHILIC BUT NOT HYDROPHILIC STATINS INHIBIT GROWTH AND REDUCE INVASIVENESS OF HUMAN ENDOMETRIAL STROMAL CELLS. A. Sokalska,1 A. Duleba2; 1Department of Obstetrics and Gynecology, University of Pennsylvania, Division of Reproductive Endocrinology and Infertility, Philadelphia, PA, 2Department of Reproductive Medicine, Division of Reproductive Endocrinology and Infertility, University of California, San Diego, La Jolla, CA.

P-235 IVF/ET OUTCOMES FROM AFFECD AND UNAFFECTED OVARIIES WITH UNILATERAL ENDOMETRIOMAS. A. Takashima, N. Takeshita; Obstetrics and Gynecology, Toho Medical Center Sakura Hospital, Chiba, Japan.

P-236 PREGNANCY OUTCOMES IN FROZEN EMBRYO TRANSFERS IN WOMEN WITH ENDOMETRIOSIS: A RETROSPECTIVE COHORT STUDY. J. Turocy,1 L. V. Farland,2 E. Yanushpolsky2; 1Integrated Residency Program in Obstetrics & Gynecology, Brigham & Women’s Hospital / Massachusetts General Hospital, Boston, MA, 2Obstetrics & Gynecology, Brigham & Women’s Hospital and Harvard Medical School, Boston, MA.

P-237 ASSOCIATIONS IN BETWEEN ENDOMETRIOSIS AND ANEUPLOIDY IN KOREAN INFERTILITY PATIENTS. J. M. Park,1 S. Chon,2 Y. Sim2; 1OB/GYN, Gachon University Gil Hospital, Incheon, Korea, Republic of, 2Gachon University Gil Hospital, Incheon, Korea, Republic of.

P-238 HUMAN LEUKOCYTE ANTIGEN-C GENOTYPING IS ASSOCIATED WITH ENDOMETRIOSIS BY REGULATION OF NATURAL KILLER CELL ACTIVITY. Y. Chou,1 Y. Chen,2 C. Tzeng2; 1Department of Obstetrics & Gynecology, Taipei Medical University, Center for Reproductive Medicine, Taipei Medical University Hospital, Taipei, Taiwan, 2Center for Reproductive Medicine, Taipei Medical University Hospital, Taipei, Taiwan.

P-239 AN EXPLORATORY, PARALLEL-GROUP, COMPARATIVE STUDY OF PRE-SURGICAL THERAPY WITH DIENOGEST OR LEUPRORELIN IN LAPAROSCOPIC CYSTECTOMY OF ENDOMETRIAL CYSTS; 5 YEARS OF FOLLOW-UP. M. Takenaka, T. Furui, K. Morishige; Obstetrics and Gynecology, Gifu University School of Medicine, Gifu, Japan.

P-240 IMPACT OF ENDOMETRIOSIS ON IN VITRO FERTILIZATION OUTCOMES OF YOUNG PATIENTS WITH DIMINISHED OVARIAN RESERVE. Y. Li, W. Zhao; Sixth Affiliated Hospital of Sun Yat-sen University, Guangzhou, China.

P-241 THE ROLE OF ESTROGEN RECEPTOR BETA IN DEVELOPMENT OF THE EARLY ENDOMETRIOTIC LESION. J. F. Knudtson, Y. Liu, M. Tellez Santos, R. Vadlamudi, R. R. Tekmal, R. S. Schenken; Obstetrics and Gynecology, University of Texas Health Science Center at San Antonio, San Antonio, TX.

P-242 DIAGNOSIS OF ENDOMETRIOSIS BY OPTICAL COHERENCE TOMOGRAPHY AND TWO PHOTON LUMINESCENCE. A. G. Cabe,1 J. E. McLaughlin,2 A. E. Estrada,3 T. Hoyt,1 X. Yang,1 P. T. Valente,2,4 B. Cox,2 T. E. Milner,2,3 M. D. Feldman,1 R. D. Robinson2; 1Cardiology, University of Texas Health Science Center at San Antonio, San Antonio, TX, 2Obstetrics and Gynecology, University of Texas Health Science Center at San Antonio, San Antonio, TX, 3Obstetrics and Gynecology, University of Texas at Austin, Austin, TX, 4Pathology, University of Texas Health Science Center at San Antonio, San Antonio, TX, 2Obstetrics and Gynecology, Seven Oaks Women’s Center, Methodist Hospital, San Antonio, TX.

P-243 COMBINED TREATMENT OF OVARIAN ENDOMETRIOMAS: ASSESSMENT OF EFFICACY AND INFLUENCE ON OVARIAN RESERVE STATUS. S. Solskyy,1 A. Chubatyy,1 V. Solskyy2; 1Chair of OB/GYN #2, National Medical University, Kiev, Ukraine, 2Institute of Pediatrics, Obstetrics and Gynecology Academy of Medical Sciences of Ukraine, Kiev, Ukraine.

P-244 DYSREGULATED GENES INVOLVED IN IMPLANTATION FAILURE IN WOMEN WITH ENDOMETRIOSIS. K. D. Nayar, M. Saxena, M. Singh, R. Ahuja, M. Gupta, G. Kant, N. Sharma, D. Nayar; Akanksha IVF Centre, New Delhi, India.

P-245 EUTOPIC ENDOMETRIUM METABOLIC PROFILE REVEALS POTENTIAL BIOMARKERS FOR EARLY DIAGNOSIS OF ENDOMETRIOSIS. J. Li,1 P. Chen,2 X. Liang1; 1Sixth Hospital of Sun Yat-sen University, Guangzhou, China, 2First Hospital of Sun Yat-sen University, Guangzhou, China.
P-246 ANTRAL FOLLICLE RESPONSIVENESS TO FSH ADMINISTRATION ASSESSED BY THE FOLLICULAR OUTPUT RATE (FORT) IS NOT ALTERED IN ENDOMETRIOSIS PATIENTS. T. Tadros, T. Isnard, B. Tarasconi, J. Ayoubi, D. de Ziegler, R. Fanchin; Center of Reproductive Medicine, Hospital Foch, Suresnes, France.

P-247 DIFFERENTIAL TRANSCRIPT PROFILE OF CUMULUS CELLS OF INFERTILE WOMEN WITH AND WITHOUT INITIAL ENDOMETRIOSIS. C. M. da Luz, J. Meola, M. Da Broi; Obstetrics and Gynecology, Human Reproduction Division, Faculty of Medicine of Ribeirao Preto, University of São Paulo, Rio de Janeiro, Brazil, 2Obstetrics and Gynecology, Human Reproduction Division, Faculty of Medicine of Ribeirao Preto, University of São Paulo, Brazil, 3University of São Paulo, Ribeirão Preto, Brazil.

P-248 CRH EXPRESSION IN FOLLICULAR FLUID PATIENTS WITH ENDOMETRIOSIS. J. Lee, B. Yun, S. Seo, S. Cho, B. Lee, Y. Choi; Obstetrics and Gynecology, Severance Hospital Yonsei University College of Medicine, Seoul, Korea, Republic of, 2Obstetrics and Gynecology, Gangnam Severance Hospital, Yonsei University College of Medicine, Seoul, Korea, Republic of.

P-249 THE EFFECT OF SURGERY ON PRE- AND POST-OPERATIVE INFLAMMATORY CYTOKINE LEVELS IN PATIENTS WITH PERITONEAL ENDOMETRIOSIS AND ENDOMETRIOMAS. A. Kottiyr, L. R. Goodman, J. Harwalkar, M. Gupta, M. Radeva, T. Falcone; 1Ob/Gyn and Women’s Health Institute, The Cleveland Clinic Foundation, Cleveland, OH, 2RMANJ, Bedminster, NJ, 3Department of Clinical Endocrinology, The Cleveland Clinic Foundation, Cleveland, OH, 4Clinical Pathology [LL3-149], Cleveland Clinic, Cleveland, OH, 5Cleveland Clinic, Cleveland Clinic, Cleveland, OH, 6Ob/Gyn, Cleveland Clinic, Cleveland, OH.

P-247 POSTER PRESENTATIONS & ABSTRACTS

P-250 DIFFERENTIAL TRANSCRIPT PROFILE OF CUMULUS CELLS OF INFERTILE WOMEN WITH AND WITHOUT INITIAL ENDOMETRIOSIS WHO UNDERWENT OVARIAN STIMULATION. C. M. da Luz, J. Meola, M. Da Broi, L. F. Silva, J. R. Placa, W. A. Silva Jr, R. A. Ferriani, P. A. Navarro; 1Human Reproduction Division, Faculty of Medicine of Ribeirao Preto, University of Sao Paulo, Obstetrics and Gynecology, Ribeirao Preto, Brazil, 2Laboratory of Molecular Genetics and Bioinformatics, Faculty of Medicine of Ribeirao Preto, University of São Paulo, Ribeirão Preto, Brazil.

P-251 DEPRESSION AND QUALITY OF LIFE IN PATIENTS WITH ENDOMETRIOSIS AND INFERTILITY - A COMPARISON BETWEEN GROUPS. L. P. Mori, F. L. Vilarino, M. A. Pádua, V. M. Zaia, C. P. Barbosa; 1Faculdade de Medicina do ABC, Santo André, Brazil, 2Clinica Synesis, São Paulo, Brazil.

P-252 HORMONAL SUPPRESSION AFTER HYSTERECTOMY DOES NOT AFFECT REOPERATION FREE SURVIVAL RATES. T. Luu, R. Flyckt, T. Falcone; 1Cleveland Clinic Foundation, Cleveland, OH, 2Cleveland Clinic, Beachwood, OH, 3ob gyn, Cleveland Clinic, Cleveland, OH.

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LEIOMYOMA

P-253 ULIPRISTAL ACETATE DECREASES LEIOMYOMA EXTRACELLULAR MATRIX THROUGH UPREGULATION OF NUCLEAR RECEPTOR SUBFAMILY 4 MEMBERS. T. D. Lewis, M. Malik; 1L. J. Britten, W. H. Catherino; 1Reproductive Endocrinology & Infertility, National Institutes of Health, Bethesda, MD, 2OBG, Uniformed Services University of the Health Scienc, Bethesda, MD, 3Obstetrics and Gynecology, Uniformed Services University of the Health Scienc, Bethesda, MD.

P-254 PREGNANCIES OUTCOMES IN INFERTILE PATIENTS AFTER TREATMENT WITH ULIPRISTAL ACETATE (UA): PRELIMINARY ACADEMIC ART REFERRAL CENTER EXPERIENCE. P. E. Levi-Setti, F. Cirillo, V. Canesi, E. Zannoni, G. E. Mulazzani, P. Patrizio; 1Dept. of Gynecology, Division of Gynecology and Reproductive Medicine, Fertility Center, Humanitas Research Hospital, Rozzano, Milan, Italy, 2Obstetrics, Gynecology & Reproductive Sciences, Yale Fertility Center & Fertility Preservation, New Haven, CT.

P-255 LEIOMYOMA CHEMOCлетор ACTINUE DIGESTS LEIOMYOMA STEM CELLS (BMSCS) THROUGH INCREASED CXCL12 SECRETION. I. Moridi, R. Mammillapalli, J. Kayani, P. Kodaman, H. S. Taylor; 1Department Obstetrics and Gynecology, Yale School of Medicine/Icahn School of Medicine at Mount Sinai, New Haven, CT, 2Obstetrics, Gynecology and Reproductive Sciences, Research, New Haven, CT, 3Department Obstetrics and Gynecology, Yale School of Medicine, New Haven, CT.
P-256 HYPOVITAMINOSIS D EXACERBATES DNA DAMAGE LOAD AND GENETIC INSTABILITY IN HUMAN UTERINE FIBROIDS WHICH IS AMELIORATED BY VITAMIN D3 TREATMENT. M. Ali,1,2 Q. Yang,3,4 S. M. Shaheen,1 N. A. Sabri,1 A. Al-Hendy2; 1OB/GYN Department, Augusta University, Augusta, GA, 2Clinical Pharmacy Department, Ain Shams University, Cairo, Egypt, 3Division of Hematology/Oncology, Boston Children’s Hospital, Boston, MA, 4Pediatrics Department, Harvard Medical School, Boston, MA.

P-257 ANALYSIS OF ADVERSE EVENTS WITH UTERINE ARTERY EMBOLIZATION REPORTED TO THE MANUFACTURER AND USER FACILITY DEVICE EXPERIENCE DATABASE. A. A. Armstrong, Z. Al-Safi; Obstetrics and Gynecology, University of California Los Angeles, Los Angeles, CA.

P-258 ROLE OF PD-L1 IN THE IMMUNOSURVEILLANCE OF HUMAN UTERINE FIBROIDS INFLAMMATION. A. El Andaluossi,1 P. I. Igboeli,1 A. Al-Hendy2; 1Obstetrics & Gynecology, Augusta University, Augusta, GA, 2OB/GYN, Dept of Obstetrics & Gynecology, Augusta, GA.

P-259 INFLUENCE OF MYOMECTOMY IN PRECONCEPTION PERIOD ON THE COURSE AND OUTCOME OF UPCOMING PREGNANCY IN NULLIPAROUS WOMEN. V. Solskyy,1 S. Solskyy2; 1Institute of Pediatrics, Obstetrics and Gynecology Academy of Medical Sciences of Ukraine, Kiev, Ukraine, 2Chair of OB/GYN #2, National Medical University, Kiev, Ukraine.

P-260 PREDICTORS OF POST-OPERATIVE ADMISSION FOR MINIMALLY INVASIVE MYOMECTOMIES. H. Young,1 E. D. Abi Khalil,1 P. Tyan,1 D. E. Park,2 M. V. Vargas,3 C. Q. Marfori,1 G. Moawad1; 1Obstetrics and Gynecology, The George Washington University, Washington University Medical Center, Washington, DC, 2Epidemiology and Biostatistics, The George Washington University, Washington, DC, 3Department of Obstetrics and Gynecology, Division, George Washington University Medical Center, Washington, DC.

P-261 REDUCED PORT ROBOTIC MYOMECTOMY: FEASIBILITY AND SAFETY. H. Young,1 P. Tyan,1 E. Abi Khalil1; 1OB/GYN Department, Augusta University, Augusta, GA, 2Department of Obstetrics and Gynecology, The George Washington University, Washington, DC.

P-262 EFFECTS OF MYOMAS AND MYOMECTOMY ON ASSISTED REPRODUCTIVE TECHNOLOGY OUTCOMES. C. N. Fortin, C. Hur, M. Radeva, T. Falcone; Obstetrics, Gynecology, and Women’s Health Institute, Cleveland Clinic, Cleveland, OH.

P-263 CONTEMPORARY TREATMENT PATTERNS FOR SYMPTOMATIC UTERINE FIBROIDS. E. Caplan,1 A. Bowe,1 S. Reynolds,1 A. Harrington,2 P. Gillard,2 D. Van Amerongen,3 I. L. Ferrusi3; 1Comprehensive Health Insights, Inc, Louisville, KY, 2Allergan plc, Irvine, CA, 3Humana, Cincinnatti, OH.

P-264 INTERRUPTION OF MPO BINDING TO CD11B SELECTIVELY KILLS FIBROBLASTS FROM ADHESION TISSUES BUT NOT NORMAL PERITONEUM. N. M. Fletcher,1 A. O. Awonuga,1 I. Memaj,1 M. P. Diamond,2 G. M. Saed1; 1Obstetrics and Gynecology, Wayne State University, Detroit, MI, 2Augusta University, Augusta, GA.

P-265 UTERINE TRANSPLANTATION: A SURVEY OF PHYSICIANS PERCEPTIONS AND ATTITUDES. P. Bortoletto, E. Harton, L. V. Farland, R. H. Goldman, A. R. Gargiulo; Obstetrics & Gynecology, Brigham and Women’s Hospital, Boston, MA.

P-266 FERTILITY OUTCOMES AFTER MYOMECTOMY: RELATIONSHIP WITH NUMBER OF FIBROIDS REMOVED. S. Shue,1 M. Radeva,2 T. Falcone3; 1Case Western Reserve University School of Medicine, Cleveland, OH, 2Quantitative Health Sciences, Cleveland Clinic, Cleveland, OH, 3Ob Gyn, Cleveland Clinic, Cleveland, OH.

P-267 SURVEY OF ATTITUDES TOWARDS UTERINE TRANSPLANTATION AMONG REPRODUCTIVE-AGE US WOMEN: A CROSS-SECTIONAL STUDY. L. Mo,1 M. Tran,1 C. Suelo,2 C. Cortez, C. M. Sueldo3; 1Department of Obstetrics and Gynecology, University of California San Francisco Fresno, Fresno, CA, 2OB-GYN Dept, Univ. California San Francisco-Fresno, Chair and Clinical Professor, Clovis, CA, 3IVF Florida Reproductive Associates, Margate, FL.

P-268 DIRECT METHOTREXATE INJECTION INTO THE GESTATIONAL SAC FOR NONTUBAL ECTOPIC PREGNANCY: A REVIEW OF EFFICACY AND OUTCOMES FROM A SINGLE INSTITUTION. S. B.
P-269  UTERINE AUTO-TRANSPLANTATION IN THE NON-HUMAN PRIMATE WITH PRESERVATION OF THE UTERINE AND OVARIAN VASCULAR PEDICLES: MODIFIED SURGICAL APPROACH. M. N. Han,1 E. Ramirez,2 H. Ramirez,3 L. Ruvalcaba; 1OBGYN, University of California, Los Angeles, Los Angeles, CA, 2OBGYN, Community Memorial Hospital, Oxnard, CA, 3OBGYN, Uterine Transplant Inc, Pasadena, TX.

P-270  EFFICACY OF AN INTENSIVE “SURGICAL BOOT CAMP” ON LAPAROSCOPIC SUTURING PERFORMANCE AMONG REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY (REI) FELLOWS. L. R. Goodman,1 N. Yoo,2 S. Pfeifer,3 R. T. Scott, Jr.,4 D. Shah; 1IVI/RMA, Basking Ridge, NJ, 2Saint Peter’s University Hospital, New Brunswick, NJ, 3Weill Cornell Medical College, New York, NY, 4REI, RMANJ, IVI RMA Global, Sidney Kimmel Medical College, Thomas Jefferson University, Basking Ridge, NJ.

P-271  CURRENT SURGICAL EXPERIENCE AND DEFICITS IN REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY TRAINING ACROSS FELLOWSHIPS IN THE UNITED STATES. L. R. Goodman,1 Z. Khan,2 J. M. Fransasiak,3 C. R. Juneau,1 S. J. Morin,1 S. A. Neal,1 R. T. Scott, Jr.,4 J. M. Goldberg5; 1RMANJ, Thomas Jefferson University, Basking Ridge, NJ, 2Reproductive Endocrinology & Infertility, Mayo Clinic, Rochester, MN, 3Reproductive Endocrinology & Infertility, Mayo Clinic, Rochester, MN, 4IVF Unit and Reproduction Lab, Sheba Medical Center, Ramat Gan, Israel, 5Ob/Gyn, Cleveland Clinic, Cleveland, OH.

REPRODUCTIVE ENDOCRINOLOGY: CLINICAL

P-272  FOLLICLE STIMULATING HORMONE (FSH) REGULATES CYTOSKELETAL PROTEIN EXPRESSION AND CELL STRUCTURE DURING HUMAN GRANULOSA CELL DIFFERENTIATION. S. Baumgarten,1 E. Hobeika,2 N. Winston,3 M. A. Fierro,2 A. M. Zamah,4 H. Scoccia,5 C. Stocco; 1Obstetrics and Gynecology, Mayo Clinic, Rochester, MN, 2Department of Obstetrics and Gynecology, University of Illinois at Chicago, Chicago, IL, 3University of Illinois at Chicago, Chicago, IL, 4Obstetrics and Gynecology, University of Illinois at Chicago, Chicago, IL, 5Obstetrics and Gynecology, University of Illinois at Chicago, Chicago, IL.

P-273  SCREENING FOR PRE-DIABETES IN INFERTILE WOMEN: HOW PREDICTIVE IS HEMOGLOBIN A1C? A. Shapiro,1 E. C. Holden,1 P. G. McGovern,2 D. Alderson,1 S. Morelli2; 1Obstetrics, Gynecology and Women’s Health, Rutgers - New Jersey Medical School, Newark, NJ, 2University Reproductive Associates, Hasbrouck Heights, NJ.

P-274  EFFECT OF GONADOTROPHIN RELEASING HORMONE AGONIST (GNRH) - INDUCED PSEUDOMENOPAUSE ON SERUM 25-HYDROXY VITAMIN D3 LEVEL AND HEALTH RELATED QUALITY OF LIFE (HRQOL) IN ENDOMETRIOSIS. S. M. Bhattacharya,1 A. Basu,2 B. Biswas; 1Obstetrics and Gynecology, S. C. Das Memorial Medical & Research Center, KPC Medical College, Kolkata, India, 2Pathology, West Virginia University School of Medicine, Morgantown, WV.

P-275  TPO-AB COULD INCREASE MISCARRIAGE RATE OF EUTHYROID IVF WOMEN. M. Cao; Reproductive Center, Sun Yat-sen University, Guangzhou, Guangdong, China.

REPRODUCTIVE ENDOCRINOLOGY: RESEARCH

P-276  DETERMINATION OF THE OF OVULATION TIME:CHARACTERIZATION AND EVALUATION OF HORMONE LEVELS PREDICTION VALUE. E. Maman,1 A. Hourvitz,2 M. Baum3; 1IVF Unit and Reproduction Lab, Sheba Medical Center, Ramat Gan, Israel, 2IVF Unit, Herzelia Medical Center, Herzliya, Israel, 3IVF Unit and Reproduction Lab, Sheba Medical Center, Ramat Gan, Israel.

P-277  INFERTILITY ASSOCIATED WITH ELEVATIONS IN OVARIAN CANCER BIOMARKERS IN LATER LIFE. N. C. Stentz,1 N. C. Koelpner,2 M. D. Sammel,3 K. T. Barnhart,4 O. L. Nicolais,4 S. Senapati5; 1Reproductive Endocrinology & Infertility, University of Pennsylvania, Philadelphia, PA,
P-278  **CAPN7 NEGATIVELY REGULATES EMBRYO ADHESION VIA CLEAVING HOXA10.**  Q. Yan,1 R. Jiang,2 C. Huang,2 G. Yan,4 H. Sun1; 1Nanjing Drum Tower Hospital, Nanjing, China, 2The Affiliated Drum Tower Hospital of Nanjing University, Nanjing, China, 3The Affiliated Drum Tower Hospital of Nanjing University Medical School, Nanjing, China, 4The Drum Tower Hospital, Nanjing, China.

**REPRODUCTIVE ENDOCRINOLOGY**

P-279  **IMPORTANCE OF RESEARCH FOR REPRODUCTIVE ENDOCRINOLOGISTS.**  L. C. Layman,1 V. L. Baker,2 J. Robins,3 B. Hurst,4 T. M. Price5; 1Ob/Gyn, Sect REIG, Augusta, GA, 2Division of REI, Department of Obstetrics and Gynecology, Stanford University, Stanford, CA, 3Northwestern University Feinberg School of Medicine, Chicago, IL, 4Carolina HealthCare System, 5Obstetrics and Gynecology, Duke University, Durham, NC.

P-280  **THE SET PROTEIN PROMOTES ANDROGEN-PRODUCTION IN TESTICULAR LEYDIG CELLS.**  B. Zhang,1 W. Xu,2 J. Liu,3 Y. Cui4; 1Reproduction, State Key Laboratory of Reproductive Medicine, Clinical Center of Reproductive Medicine, First Affil, Nanjing, China, 2State Key Laboratory of Reproductive Medicine, Clinical Center of Reproductive Medicine, First Affil, Nanjing, China, 3Jiangsu Province Hospital, Nanjing, China, 4Clinical Center of Reproductive Medicine, First Affiliated Hospital, Nanjing Medical Univers, Nanjing, China.

P-281  **S-NITROSOGLUTATHIONE REDUCTASE (GSNOR) DEFICIENCY IMPAIRS SPERMATOGENESIS DUE TO SECONDARY HYPOGONADISM.**  T. A. Masterson,1 H. Arora,1 J. Hare,2 R. Ramasamy2; 1Urology, University of Miami, Miami, FL, 2University of Miami, Miami, FL.

P-282  **ASSESSMENT OF DIURNAL VARIATION OF STEROID HORMONES USING MASS SPECTROMETRIC ANALYSIS.**  T. Parikh,1 B. Stolze,1 J. Jonklaas,1 K. Welsh,2 M. J. Hill,1 L. S. Masika,3 A. H. DeCherney,4 S. J. Soldin; 1National Institutes of Health, Bethesda, MD, 2FDA, Silver Spring, MD, 3Department of Laboratory Medicine and Pathology, Walter Sisulu University/NHLS, Mthatha, South Africa, 4Eunice Kennedy Shriver National Institute of Child, Bethesda, MD, 5Laboratory Medicine, Clinical Center NIH, Bethesda, MD.

P-283  **EARLY HCG LEVELS DIFFER SIGNIFICANTLY IN DAY 3 VERSUS DAY 5 EMBRYO TRANSFERS AND CAN PREDICT CLINICAL INTRAUTERINE GESTATION AND SUBSEQUENT LIVE BIRTH RATES.**  M. Pasternak,1 N. Pereira,2 R. Elias,3 Z. Rosenwaks; 1Cornell Well Medical College, New York, New York, NY, 2The Ronald O. Perelman and Claudia Cohen Center fo, New York, NY, 3Weill Cornell Medical College, New York, NY, 4The Ronald O. Perelman and Claudia Cohen CRM, Weill Cornell Medical College, NYC, NY.

P-284  **ASSESSMENT OF ANTI-MULLERIAN HORMONE (AMH) LEVELS IN PREPUBERTAL CHILDREN: A CORRELATION WITH SEX MATURITY RATING.**  F. AbdelHafez,1,2 A. McPeak,3 M. H. Hassan,4 T. H. Saleem; 1University of British Columbia, Vancouver, BC, Canada, 2Department of Obstetrics and Gynecology, Assiut Women’s Health Center, Assiut, Egypt, 3Department of Obstetrics and Gynecology, University of British Columbia, Vancouver, BC, Canada, 4Biochemistry Department, Qena School of Medicine, Qena, Egypt, 5Biochemistry Department, Assiut School of Medicine, Assiut, Egypt.

P-285  **A META- ANALYSIS TO EVALUATE THE EFFECTS OF BODY MASS INDEX ON REPRODUCTIVE HORMONES IN MEN.**  R. Sharma,1 A. Agarwal,2 A. Harlev,3 S. C. Esteves,4 1Health Services, St. Joseph’s University, Philadelphia, PA, 2Urology, Cleveland Clinic, Cleveland, OH, 3Fertility and IVF Unit, Soroka Medical center, Soroka Medical Center, Ben-Gurion University, Beer Sheva, Israel, 4ANDROFERT - Andrology and Human Reproduction Clinic, Campinas, Brazil.

P-286  **PROGESTERONE CONCENTRATIONS: HOW CAN DIFFERENT IMMUNOASSAY PLATFORMS & DHEA AFFECT OUR MEASUREMENTS?**  J. Rubin,1 S. Roper,2 M. Ali,2 P. Jarwala,3 M. Sonllol,3 W. E. Gibbons,1 S. Devaraj,2 P. W. Zarutskie; 1Obstetrics
and Gynecology, Baylor College of Medicine, Houston, TX, 2Pathology and Immunology, Baylor College of Medicine, Houston, TX, 3Pathology and Immunology, Texas Children’s Hospital, Houston, TX.

**OVARIAN RESERVE**

**P-287** Young Infertile Women with Blood Type O Had a Higher Prevalence of Diminished Ovarian Reserve. J. He,1 L. Fang,2 R. Zhang,3 Y. Yu,3 Y. Li,3 Y. Sun3; 1the First Affiliated Hospital of Zhengzhou University, Zhengzhou, China, 2The First Affiliated Hospital of Zhengzhou Universal, Zhengzhou, China, 3Reproductive Medical Center, The First Affiliated Hospital of Zhengzhou University, Zhengzhou, China.

**P-288** Women with Unexplained Infertility Exhibit Lower Ovarian Reserve and Ovarian Response Compared to Age-Matched Controls. A. G. Kelly,1 N. Pereira,2 J. Lekovich,2 I. Kligman,2 Z. Rosenwaks2; 1Weill Cornell Medical College, New York, NY, 2The Ronald O. Perelman and Claudia Cohen CRM, New York, NY.

**P-289** Chronological Age is Better than Physiological Age at Predicting Likelihood of Producing Euploid Embryos. T. G. Nazem,1 L. Sekhon,1 C. Hernandez-Nieto,1 J. A. Lee,1 C. Briton-Jones,1 A. B. Copperman,2 D. E. Stein3,4; 1Reproductive Medicine Associates of New York, New York, NY, 2Obstetrics and Gynecology, RMANY-Mount Sinai, New York, NY, 3Reproductive Endocrinology, Reproductive Medicine Associates of New York, New York, NY, 4OBGYN and Reproductive Science, Icahn School of Medicine at Mount Sinai West, New York, NY.

**P-290** The Incidence of Mosaicism is Not Associated with Advanced Maternal Age or Diminished Ovarian Reserve. L. Sekhon,1 J. Feuerstein,1 T. G. Nazem,2 C. Briton-Jones,1 J. A. Lee,4 L. Grunfeld,6 A. B. Copperman8; 1Reproductive Medicine Associates New York, New York, NY, 2Touro College of Osteopathic Medicine, New York, NY, 3RMA of New York, New York, NY, 4Reproductive Medicine Associates of New York, New York, NY, 5Obstetrics and Gynecology, RMANY-Mount Sinai, New York, NY.

**P-291** Cycle Day 2 IGf-1 Levels are Predictive of Negative Pregnancy Outcome in Poor Responders. J. Lekovich,1 L. Man,1 C. Canon,2 N. Pereira,2 D. James3; 1The Ronald O. Perelman and Claudia Cohen CRM, Weill Cornell Medicine, New York, NY, 2Obstetrics and Gynecology, New York Presbyterian Hospital - Weill Cornell Medicine, New York, NY.

**P-292** Antral Follicle Count Measured after Pituitary Suppression as Predictor of Sub-Optimal Ovarian Response and Cumulative Live Birth: A Review of 1542 Long Protocol IVF / ICSI Cycles. S. Peralta,1 R. Solernou,1 F. Fabregues,1 A. Minarro,2 B. Puerto,1 J. Penarrubia,1 G. Casals,1 M. Creus,1 D. Manau,1 A. Borras,1 E. Vidal1; 1Institut Clinic of Gynecology Obstetrics and Neonatology (ICGON), Hospital Clinic, Barcelona, Spain, 2Department de Genetica, Microbiologia i Estadistica, Universitat de Barcelona, Barcelona, Spain.

**P-293** The Role of a Kinase Anchoring Protein 13 (AKAP13) in Ovarian Hippo Signaling. O. Yin,1 J. Huang,2 S. M. Ng,1 J. Segars3; 1Gynecology and Obstetrics, Johns Hopkins University School of Medicine, Baltimore, MD, 2Center of Reproductive Medicine, First Affiliated Hospital of Sun Yat-sen University, Guangdong, China, 3Department of Gyn/Ob, Johns Hopkins School of Medicine, Baltimore, MD.

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**P-295** Effect of GnRH Agonist Downregulation on Serum AMH Levels: A Prospective Cohort Study with Repeated Measurements. P. Drakopoulos,1 A. van de Vijver,1 J. Parra,1 E. Anckaert2; 1J. Schiettecatte,2 J. Smitz,1 C. Blockeel1, M. Hund,3 W. Verhagen-Kamerbeek,3 Y. He,3 H. Tournaye,1 N. P. Polyzos1; 1Center for Reproductive Medicine, UZ Brussels, Brussels, Belgium, 2Laboratory of Hormonology and Tumour Markers, UZ Brussels, Brussels, Belgium, 3Roche Diagnostics International Ltd, Rotkreuz, Switzerland.

**P-296** Do Serum Vitamin D and Anti-Mullerian Hormone Levels Correlate in Reproductive-Age Women? A. Shapiro,1,2 S. Darmon,1 D. H. Barad,1 N. Gleicher,1,3,4 V. A. Kushner1,5; 1Center for Human Reproduction, New York, NY, 2Rutgers New Jersey Medical School, Newark, NJ, 3Rockefeller University, New York, NY, 4Medical University Vienna, Vienna, Austria, 5Wake Forest School of Medicine, Winston-Salem, NC.
P-297 IS DAY 3 FOLLICLE STIMULATING HORMONE (FSH) USEFUL IN PATIENTS WITH NORMAL ANTIMULLERIAN HORMONE (AMH) AND ANTRAL FOLLICLE COUNT (AFC)? T. L. Jones, M. P. Purdy, Z. Khan, J. L. Bleess, E. A. Stewart, C. Coddington, C. C. Shenoy; Reproductive Endocrinology and Infertility, Mayo Clinic, Rochester, MN.


P-300 DOES OVARIAN RESERVE AFFECT FERTILITY OUTCOMES OF IN VITRO FERTILIZATION CYCLES FOLLOWING SINGLE IDEAL BLASTOCYST TRANSFERS? J. Jayakumaran, C. Silva, B. K. Gangrade, S. Patel; Center for Reproductive Medicine, Orlando, FL.


P-302 INDUCTION OF FOLLICLE DEVELOPMENT IN POOR RESPONDER PATIENTS BASED ON MODIFIED IN VITRO ACTIVATION (MIVA) APPROACH. A. Tanaka, M. Nagayoshi, T. Yamaguchi, T. Ichiyama, M. Shimada, K. Kawamura; 1Saint Mother Hospital, Kitakyusyu, Japan, 2Hiroshima University Graduate School of Biosphere Sciences, Higashi-Hiroshima, Japan, 3St. Marianna University School of Medicine, Kawasaki, Japan.

P-303 DISCORDANT OVARIAN RESERVE TESTING IS A PREDICTOR OF LOWER CLINICAL PREGNANCY DURING COH-IVF FERTILITY TREATMENT. W. J. Butler, K. C. Hawkins, A. Pico, A. Younis; Fertility Institute, Navicent Health, Dept of OB/GYN, Macon, GA.


P-308 THE EFFECT OF CLOMIPHENE CITRATE (CC) DOSE AND INITIATION DAY ON ENDOMETRIAL THICKNESS (ET) IN WOMEN UNDERGOING CLOMIPHENE CITRATE/INTRAUTERINE INSEMINATION (CC/IUI) CYCLES. P. Bortoletto,1 I. Dimitriadis,1 G. Christou,1 E. Harton,1 J. J. Locascio,1 J. C. Petrozza,1 I. Souter1; 1Massachusetts General Hospital Fertility Center, Boston, MA, 2Massachusetts General Hospital, Boston, MA.

P-309 LOW ESTRADIOL RESPONSES IN OOCYTE DONORS DO NOT INFLUENCE IN VITRO FERTILIZATION CYCLE OUTCOMES. K. L. Palmerola, B. J. Rudick, R. Lobo; Obstetrics & Gynecology, NYP Columbia University, New York, NY.

P-310 OOCYTE MATURATION IN EGG FREEZE CYCLES IS SIGNIFICANTLY LOWER THAN IN FRESH ICSI CYCLES: CONTRIBUTING FACTORS IN OVER 5000 CASES. D. H. McCulloh,1 D. C. Gonullu,2 C. McCaffrey,1 J. Grifo,3 N. Noyes,4 F. Licciardi5; 1Obstetrics and Gynecology, New York University Fertility Center, New York, NY, 2Tel Aviv University Sackler Faculty of Medicine, Ankara, Turkey, 3New York University Langone Medical Center, New York, NY, 4NYU School of Medicine, New York, NY, 5OBGYN, New York University Langone Medical Center, New York, NY.

P-311 THE EFFECT OF LEADING FOLLICLE SIZES ON PERCENTAGE OF USABLE GOOD-QUALITY BLASTOCYSTS FOR EMBRYO TRANSFER OR CRYOPRESERVATION. S. Anderson,1,2 D. Brasile,1,2 T. Hartlein,1 B. Gocial,1,2 M. J. Glassner,1,2 J. J. Orris1,2; 1Main Line Fertility, Bryn Mawr, PA, 2Ob/gyn, Drexel University College of Medicine, Philadelphia, PA.

P-312 MULTI-CENTER EVALUATION OF THE ACCESS AMH ASSAY TO MEASURE AMH AS AN AID IN THE PREDICTION OF POOR OVARIAN RESPONSE TO CONTROLLED OVARIAN STIMULATION. V. L. Baker,1 C. Gracia,2 M. J. Glassner,3 V. L. Schnell,4 K. Doody,5 C. Coddington,1 L. A. Marshall,7 A. J. Morales,6 M. Pavone,9 M. A. Behera,10 E. A. Zbella,11 M. M. Alper,12 B. S. Shapiro,13 J. Straseski,14 D. Broyles15; 1Division of REI, Department of Obstetrics and Gynie, Stanford University, Stanford, CA, 2University of Pennsylvania, Philadelphia, PA, 3Main Line Fertility Center, Bryn Mawr, PA, 4Center for Reproductive Medicine, Webster, TX, 5Center for Assisted Reproduction, Bedford, TX, 6Mayo Clinic, Rochester, MN, 7Pacific NW Fertility & IVF Specialists, Seattle, WA, 8Reproductive Endocrinologist, Fertility Specialists Medical Group, San Diego, CA, 9Northwestern University, Chicago, IL, 10Bloom Reproductive Institute, Scottsdale, AZ, 11Reproductive Endocrinology, Florida Fertility Institute, Clearwater, FL, 12Boston IVF/Harvard Medical School, Waltham, MA, 13Fertility Center of Las Vegas, Las Vegas, NV, 14University of Utah/ARUP Laboratories, Salt Lake City, UT, 15Beckman Coulter, Inc, Carlsbad, CA.

P-313 THE EXPERIENCE OF 152 HYPER RESPONDERS IN CORIFOLLITROPIN ALFA WITHOUT GNRH ANTAGONIST PROTOCOL: COMPARABLE INCIDENCE OF OVARIAN HYPERSTIMULATION SYNDROME WITH NORMAL RESPONDERS. M. Chuang, Y. Peng, M. Lee, Y. Huang; Stork Fertility Center, Hsinchu, Taiwan.

P-314 COMPETENCE OF MATURE OOCYTES FROM SMALL FOLLICLES IN NATURAL AND MILD STIMULATION IN VITRO FERTILIZATION. S. Osato, A. Koike, H. Ito, M. Nakata, H. Fujita, T. Abe; Shinjuku ART Clinic, Tokyo, Japan.

P-315 THE EFFECT OF DIOSMIN ON PREVENTING OVARIAN HYPERSTIMULATION SYNDROME. W. Zhu,1 T. Li,1 Y. Guo,2 C. Fang1; 1Reproductive Medicine Research Center, The Sixth Affiliated Hospital, Sun Yat—sen University, Guangzhou, China, 2Reproductive center, Reproductive Medicine Research Center, The Sixth Affiliated Hospital, Sun Yat—sen University, Guangzhou, China.

P-316 USE OF DYDROGESTERONE DURING CONTROLLED OVARIAN HYPERSTIMULATION IN NORMAL OVULATORY WOMEN TREATED FOR IN VITRO FERTILIZATION OR INTRACYTOPLASMIC SPERM INJECTION TREATMENTS. X. Zhu, Y. Fu; Shanghai 9th People’s Hospital, Shanghai, China.

P-317 PREVALENCE OF OVARIAN HYPERSTIMULATION SYNDROME (OHSS) AND HYPERCOAGULABILITY IN PATIENTS TRIGGERED BY GNRH AGONIST FOR EXCESSIVE FOLLICULAR RESPONSE: A SYSTEMATIC FOLLOW-UP. M. Peigne,1,2 M. Lober,2 V. Tintillier,4 N. Trillot,4 S. Catteau-Jonard,3,5 D. Dewailly3,5; 1Reproductive Medicine, Gynecology and Obstetrics, Bichat Hospital, APHP, Paris, France, 2Univ. Lille, UMR-S 1172 - JPArc - Centre de Recherche Jean-Pierre AUBERT, Neurosciences et Cancer, Lille, France, 3Endocrine Gynecology and Reproductive Medicine, Jeanne de Flandre Hospital, CHRU, Lille, France, 4Institute of Hematology, Pole de Biologie Pathologie et Genetique, CHRU, Lille, France, 5Faculty of Medicine, Lille 2, Lille, France.
P-318 LOW FOLLICULAR OUTPUT RATE (FORT) IS ASSOCIATED WITH HIGHER CYCLE CANCELLATION BUT SIMILAR ONGOING PREGNANCY RATES PER CYCLE COMMENCED IN NORMO-AND HYPER-RESPONDERS. S. Mumusoglu,1 I. Yarali Ozbek,2 M. Polat,2 G. Bozdag,1 L. Karakoc,1 H. Yarali1,2; 1Hacettepe University, School of Medicine, Ankara, Turkey, 2Anatolia IVF Centre, Ankara, Turkey.

P-319 WITHDRAWN

P-320 LIPOIC ACID SUPPLEMENTATION INCREASES THE EXPRESSION OF PGC-1ALPHA GENE IN GRANULOSA CELLS AND IMPROVES IVF RESULTS IN AGING WOMEN UNDERGOING IVF. C. Kim,1 J. Moon,2 Y. Jeung,1 S. Kim,1 H. Chae,1 B. Kang1; 1Obstetrics and Gynecology, College of Medicine, University of Ulsan, Asan Med, Seoul, Korea, Republic of, 2Obstetrics and Gynecology, M Fertility Center, Seoul, Korea, Republic of.

P-321 ASSOCIATION BETWEEN THE NUMBER OF RETRIEVED MATURE DONOR OOCYTES AND LIVE BIRTH IN IVF DONOR RECIPIENT CYCLES USING FROZEN DONOR EGGS. N. Doyle,1 M. J. Hill,1 W. Caswell,2 J. Lim,3 M. J. Tucker,3 M. O. Stratton,2 J. Graham,3 A. H. DeCherney,1 K. Devine,3 H. L. Hayes,2 M. Levy,3 J. Doyle1; 1TRIO Fertility Partners, Toronto, ON, Canada, 2TRIO Fertility Partners, Professor, University of Toronto, Toronto, ON, Canada.

P-322 DUAL TRIGGER VS. HCG FOR FINAL OOCYTE MATURATION. A PROSPECTIVE RANDOMIZED CONTROLLED, DOUBLE BLINDED STUDY: PRELIMINARY RESULTS. J. Haas,1 R. Bassil,1 K. Cadesky,1 R. Casper2; 1TRIO Fertility Partners, Toronto, ON, Canada, 2TRIO Fertility Partners, Professor, University of Toronto, Toronto, ON, Canada.

P-323 EFFECT OF INTERVAL BETWEEN OVULATION TRIGGER AND OOCYTE ASPIRATION IN GNRH ANTAGONIST CYCLES. 1 Park,1 K. Lee,1 H. Sun,1 J. Kim,1 H. Chi,2 S. G. Kim,1 Y. Kim,2 J. Park,2 C. S. Yoo,2 J. Jo3; 1Mamapapa&baby OBGY, Ulson, Korea, Republic of, 2Babydream Research Center, Mamapapa&baby IVF Center, Ulson, Korea, Republic of, 3Ellemedi Obstetrics and Gynecology, Changwon-si, Korea, Republic of.

P-324 ULTRA-LONG PROTOCOL INCREASES PREGNANCY RATES IN IVF WOMEN BY ELIMINATING THE PERITONEAL FLUID FROM THE CUL-DE-SAC. S. Tan,1,2,3 C. Chen,1,3 C. Chen,1 Y. Lee,1 C. Tzeng1,3; 1Center for Reproductive Medicine, Taipei Medical University Hospital, Taipei, Taiwan, 2Graduate Institute of Clinical Medicine, College of Medicine, Taipei Medical University, Taipei, Taiwan, 3Department of Obstetrics and Gynecology, School of Medicine, College of Medicine, Taipei Medical University, Taipei, Taiwan.

P-325 DUAL TRIGGER DOES NOT INCREASE OOCYTE YIELD FOR DIMINISHED OVARIAN RESERVE PATIENTS UNDERGOING MINIMAL STIMULATION IN VITRO FERTILIZATION CYCLES. J. Wu,1 B. G. Reed,1 L. Bou Nemer,1 B. Carr,2 O. Bukulmez1; 1University of Texas Southwestern Medical Center, Dallas, TX, 2UT Southwestern, Dallas, TX.

P-326 PROGESTIN PRIMED MILD STIMULATION IN POOR RESPONDERS. Q. Chen,1 Y. Che,2 Y. Wang,1 Y. Kuang1; 1Shanghai Ninth People's Hospital, Shanghai, China, 2Shanghai Institute of Planned Parenthood Research, Shanghai, China.

P-327 DURATION OF GONADOTROPIN STIMULATION IS PREDICTIVE OF IVF OUTCOME. P. Sarkar,1 L. Ying,2 S. M. Plosker,1 J. C. Mayer,1 Y. Ying,1 A. N. Imudia1; 1Reproductive Endocrinology and Infertility, University of South Florida Morsani College of Medicine, Tampa, FL, 2St. George's University, Grand Anse, Grenada.

P-328 GNRH AGONIST VERSUS HCG TRIGGER IN OVULATION INDUCTION WITH INTRAUTERINE INSEMINATION: A RANDOMIZED CONTROLLED TRIAL. M. Le,1 J. R. Zolton,2 C. Thanh,1 V. Nguyen,1 V. Q. Truong,1 N. D. Nguyen,1 A. DeCherney,2 M. J. Hill2; 1Obstetrics and Gynecology, Hue University of Medicine and Pharmacy, Hue City, Viet Nam, 2Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, Bethesda, MD.


P-330 ASSOCIATION BETWEEN FSH DOSE AND AMH LEVEL ON OOCYTE QUANTITY AND QUALITY IN GNRH ANTAGONIST CYCLES. M. S. Lee, L. V. Farland, P. Brady, C. Racowsky, D. J. Kaser; Dept of Obstetrics & Gynecology, Brigham & Women’s Hospital and Harvard Medical School, Boston, MA.
P-331  IMPACT OF THE LEVONORGESTREL INTRAUTERINE DEVICE (LNG-IUD) ON OOCYTE DONATION.
D. McQueen,1 M. L. Uhler,2 E. C. Feinberg;1
1University of California, San Diego, La Jolla, CA, 2Reproductive Endocrinology and Infertility, Fertility Centers of Illinois, Warrenville, IL, 3Northwestern University Feinberg School of Medicine, Chicago, IL.

P-332  LEVONORGESTREL INTRAUTERINE DEVICE HAS MINIMAL EFFECT ON OVARIAN STIMULATION CYCLE OUTCOMES IN OOCYTE DONORS.

P-333  PROBABILITY OF PREGNANCY WITH MONO VERSUS MULTIPLE FOLLICULOGENESIS AMONG WOMEN WITH UNEXPLAINED INFERTILITY WHO ARE UNDERGOING OVULATION WITH GONADOTROPS, CLOMIPHENE OR LETROZOLE.
T. C. Plowden,1 S. L. Mumford,2 R. A. Wild,3 M. Cedars,4 A. Z. Steiner,5 E. Eisenberg,6 J. M. Fransasiak,7 M. P. Diamond,8 N. Santoro,9 R. M. Network10;1 PRAE, NIH, Bethesda, MD, 2Obstetrics and Gynecology, University of California, San Francisco, San Francisco, CA, 3Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, CA, 4Ob/GYN, OUHSC, Oklahoma City, OK, 5Obstetrics and Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, CA, 6NICHD, NIH, Rockville, MD, 7Ob/Gyn, OUHSC, Oklahoma City, OK, 8Obstetrics and Gynecology, University of Colorado School of Medicine, Aurora, CO, 9Eunice Kennedy Shriver NICHD, Bethesda, MD.

P-334  HEMODYNAMIC CHANGES DURING CONTROLLED OVARIAN HYPERSTIMULATION.
Y. Baruch1, E. Ashwal2, J. Hasson,3 T. Avnon,4 U. Z. Amikam,5 M. Dvir1, E. Zohav,7 A. Many,6 F. Azem6;1 Lis Maternity Hospital Tel Aviv Medical Center, Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel, 2Obgyn, Rosh Haayin, IL, Israel, 3Tel Aviv Sourasky Medical Center, Tel Aviv, Israel, 4Tel Aviv Medical Center, Tel Aviv, Israel, 5Obgyn, Ramat Hasharon, Israel, 6Lis Maternity Hospital, Sackler Faculty of Medicine, Tel Aviv, Israel, 7Sackler Faculty of Medicine, Tel Aviv, Israel, 8Lis Maternity Hospital, Tel Aviv, Israel, 9Soursly Medical Center, Tel-Aviv, Israel.

P-335  ESTROGEN AND PROGESTERONE RECEPTORS SHOW DISTINCT PATTERNS IN DIFFERENTENDOMETRIAL CELLS OF OOCYTE DONORS AFTER OVARIAN STIMULATION.

EMBRYO TRANSFER

P-336  TRAINING FELLOWS TO PERFORM EMBRYO TRANSFERS: A STANDARD PROTOCOL GIVING EXCELLENT LIVE BIRTH RATES.
I. Okeigwe, J. X. Zhang, R. B. Barnes; Obstetrics & Gynecology, Northwestern University, Chicago, IL.

P-337  WHAT IS THE BEST METHODOLOGY TO TRAIN AND EVALUATE THE TRAINING OF REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY FELLOWS FOR EMBRYO TRANSFERS.
B. Kutbi1,2,3 S. Phillips,4,5 L. Lapensee4,5;1 Obstetrics and Gynecology, Faculty of Medicine, King Abdulaziz University, Jeddah, Saudi Arabia, 2Fellowship: Dept of Obstetrics & Gynecology, University of Montreal, Montreal, QC, Canada, 3Ob/Gyn, Rouen, France, 4OVO Fertility, Montreal, QC, Canada, 5University of Montreal, Montreal, QC, Canada.

P-338  EASE OF EMBRYO TRANSFER AND ITS IMPACT ON THE RATE OF PREGNANCY IN WOMEN WITH A CESAREAN SCAR.
C. Mottaz, S. Phillips, R. Hemmings; OVO Fertility, Montreal, QC, Canada.

P-339  DOES THE INTERVAL OF TIME BETWEEN HYSTEROSCOPY AND EMBRYO TRANSFER AFFECT CLINICAL OUTCOME?

P-340  DOES PLACING A SUTURE ON THE ANTERIOR LIP OF THE CERVIX ON THE DAY OF OOCYTE RETRIEVAL FACILITATE EMBRYO TRANSFER?
O. Abuzeid,1 A. Pacheco,2 D. J. Farhan,3 J. Hebert,4
P-341 NATURAL ENDOMETRIAL PREPARATION VS EXOGENOUS HORMONE SUPPLEMENTATION PRIOR TO VITRIFIED-WARMED BLASTOCYST TRANSFER. M. M. Hopeman, S. Alur-Gupta; 1Reproductive Endocrinology and Infertility, Cedars-Sinai Medical Center, Los Angeles, CA, 2Ob/Gyn, Keders-Sinai Medical Center, Los Angeles, CA, 3University of California Los Angeles, Los Angeles, CA, 4Reproductive Endocrinology and Infertility, Cedars-Sinai Medical Center, Los Angeles, CA, 5University of Michigan, Ann Arbor, MI, 6University of Pennsylvania, Philadelphia, PA.

P-342 ASSESSMENT OF SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY (SART) MEMBER CLINIC WEBSITES ON REPORTED EMBRYO TRANSFER (ET) PROCEDURES. N. Joshi, T. Zore; 1Obstetrics and Gynecology, University of California Los Angeles, Los Angeles, CA, 2Reproductive Endocrinology and Infertility, Cedars-Sinai Medical Center, Los Angeles, CA, 3University of Michigan, Ann Arbor, MI, 4University of Pennsylvania, Philadelphia, PA.

P-343 WHY DO WOMEN CHOOSE TO UNDERGO OOCYTE ASPIRATION WITHOUT SEDATION OR ANALGESIA? D. Gilboa, P. Averman, A. Nuni, R. Doron, D. Seidman; 1IVF Unit, Assuta Medical Center, Tel-Aviv, Israel, 2Department of Nursing, Tel Aviv-Yafo Academic College, Tel-Aviv, Israel, 3School to Behavioral Sciences, Tel Aviv-Yafo Academic College, Tel-Aviv, Israel, 4Department of Obstetrics and Gynecology, Chaim Sheba Medical Center, Tel-Aviv, Israel.

P-344 TO FLUSH OR NOT TO FLUSH: A RANDOMIZED CONTROLLED TRIAL COMPARING FOLLICULAR FLUSHING AND DIRECT ASPIRATION AT OOCYTE RETRIEVAL IN POOR RESPONDERS UNDERGOING IVF. N. Malhotra, D. Dolkar, R. Mahey, N. Singh; Obstetrics and Gynecology, All India Institute of Medical Sciences, New Delhi, India.

P-345 GONADOTROPIN-RELEASING HORMONE AGONIST (GNRH-A) TRIGGERING MAY IMPROVE LIVE BIRTH RATES AND REDUCE OVARIAN HYPERSTIMULATION SYNDROME (OHSS) IN ‘FREEZE-ALL’ CYCLES: TIME TO RE-THINK CONVENTIONAL TRIGGERING? M. J. Davenport, K. Sorby, T. Osianlis, V. B. MacLachlan, B. J. Vollenhoven, A. J. Talmor; 1Department of Obstetrics and Gynaecology, Monash Health, Melbourne, Australia, 2IF Partners, Chadstone Centre, Australia, 3Ritchie Centre, Monash University, Melbourne, Australia, 4Monash IVF, Victoria, Australia, 5Department of Obstetrics and Gynaecology, Monash University, Melbourne, Australia.

P-346 EXAMINATION OF EMBRYO MORPHOKINETICS IN ICSI PROCEDURE USING EPIDIDYMAL SPERM. T. Irez, N. Findikli; 1Histology & Embryology, Lecturer, Istanbul, Turkey, 2Histology and Embryology, Biruni University, Istanbul, Turkey, 3Bahceci IVF Center, Istanbul, Turkey.

P-347 TIME-LAPSE TECHNOLOGY COMBINED WITH A NOVEL AUTOMATED ANALYSIS METHOD FOR EMBRYO SELECTION; CLINICAL VALIDATION. L. Alegre, A. E. Palma, J. J. Marcos, C. Albert, R. Del Gallego, A. Pellicer, M. Meseguer; 1IVI Valencia, Valencia, Spain, 2IF Laboratory, 3IV Panama, Panama, Panama, 4IV, Biologo, Murcia, Spain, 5Hospital Universitari i Politecnic La Fe, Valencia, Spain.

P-348 AUTOMATED RECOGNITION OF ZYGOTE CYTOPLASMIC AREA (ZCA) IN TIME-LAPSE IMAGING (TLI) BASED ON DEEP CONVOLUTIONAL NEURAL NETWORK (CNN). M. Zhao, H. Li, X. Shi, Y. Chan, Luo, T. Li; 1Obstetrics & Gynaecology, The Chinese University of Hong Kong, Hong Kong, China, 2Sun Yat-sen University, Guangzhou, China, 3Guilin University of Eletronic Technology, Guilin, China.

P-349 WITHDRAWN

P-350 COMPARISON OF LABORATORY OUTCOMES BETWEEN PHYSICIANS PERFORMING TRANSVAGINAL OOCYTE RETRIEVALS. A. DeAngelis, C. Murdock, J. Hurwitz, S. Williams, M. P. Leondires; 1Ob/Gyn, Danbury Hospital, Danbury, CT, 2RMA of CT, Norwalk, CT.

P-352 CLINICAL ASPECTS OF ART ON TOTAL EMBRYO CLEAVAGE ARREST IN POOR OVARIAN RESPONSE PATIENTS. G. Oner,1 S. Kahraman;1 ART and Genetics Center of Istanbul Memorial Hospital, Istanbul, Turkey, 2Assisted Reproductive Technologies and Reproductive Genetics Center, Istanbul Memorial Hospital, Istanbul, Turkey.

P-353 REMOVAL OF AMPLICONS IN TARGETED NGS CCS: A PATHWAY TO DISCOVERY OF NOVEL EMBRYO VIABILITY BIOMARKERS. X. Tao,1 R. T. Scott, Jr,2 E. Seli;1 FEC, Basking Ridge, NJ, 3IVI/RMA, Thomas Jefferson University, Basking Ridge, NJ, 4Yale University, New Haven, CT.

ART LABORATORY

P-354 THE COMBINED USE OF TIME-LAPSE AND NEXT-GENERATION SEQUENCING IMPROVES CLINICAL OUTCOMES: RESULTS FROM A RANDOMIZED PILOT STUDY. Z. Yang,1 J. Liu,2 S. Zhang,3 Y. Kuang,4 S. Lu,5 J. P. Lin;1 Clinical Research, Zytogen, Timonium, MD, 2ART, Beijing Jia En De Yun Hospital, Beijing, China, 3REI, Sir Run Run Shaw Hospital, Zhe Jiang University, Hang Zhou, China, 4ART, Shanghai Ninth People’s Hospital, Shanghai, China, 5Yikon Genomics, Shanghai, China, 6Reproductive Fertility Center, Irvine, CA.

P-355 EFFECT OF LASER-ASSISTED THREE AREAS ZONA THINNING AT THE 8-CELL EMBRYO ON HATCHING AND PREGNANCY OUTCOME. K. Lee,1 M. Jo,2 B. Joo,3 B. Park,1 G. Ko,1 Y. Rho;1 Obstetrics and Gynecology, Pusan National University Hospital, Busan, Korea, Republic of, 2OBGY, Pusan National University, Busan Metropolitan City, Korea, Republic of, 3Healthy Aging Korean Medical Research Center, Pusan National University Hospital, Yangsan, Korea, Republic of, 4Center for Reproductive Medicine, Eroom Women’s Clinic, Busan, Korea, Republic of.


SPERM PREPARATION

P-357 SPERM QUALITY IN THE RETROGRADE FRACTION OF SEMEN COLLECTED BY RECTAL PROBE ELECTROEJACULATION IN THE OLIVE BABOON. J. P. Dubaut,1 M. R. Trammell,1 M. C. Lindgren,2 D. N. Reuter,3 A. Preno,3 D. A. Myers,1 J. F. Papin,2 M. T. Zavy;1 Obstetrics and Gynecology, University of Oklahoma HSC, Oklahoma City, OK, 2Urology, University of Oklahoma HSC, Oklahoma City, OK, 3Comparative Medicine, University of Oklahoma HSC, Oklahoma City, OK.

P-358 EVALUATION OF A NEW SPERM DENSITY GRADIENT AND SPERM WASH FOR ASSISTED REPRODUCTIVE TECHNOLOGY. H. Tomari, K. Honjo, Y. Nagata; IVF Nagata Clinic, Fukuoka, Japan.

P-359 BIOLOGICAL PROPERTIES OF MOUSE SPERMATOZOA SEPARATED BY USING THE MICROFLUIDIC SPERM SORTER. M. Kobayashi,1 A. Yoshida2;1 Kiba Park Clinic Research Center, Tokyo, Japan, 2Kiba Park Clinic, Tokyo, Japan.

P-360 RAPID MICROFLUIDIC SPERM ISOLATION FROM MICROTESE SAMPLES IN MEN WITH NON-OBSTUCTIVE AZOOSPERMIA. T. Jenkins,1 R. Samuel,1 A. Jafek,1 H. Feng,1 B. Gale,2 D. T. Carrell,3 J. M. Hotaling;1 University of Utah, Salt Lake City, UT, 2Mechanical Engineering, University of Utah, Salt Lake City, UT, 3Surgery (Urology), University of Utah School of Medicine, Salt Lake City, UT.

P-361 WHY SELECTING SPERM AT HIGH MAGNIFICATION? RESULTS FROM A PROSPECTIVE COMPARATIVE COHORT. N. Cassuto,1 D. Bouret,1 J. de Mouzon;1 ART Unit Drouot Laboratory, Paris, France, 2INSERM, Paris, France.
Wednesday, November 1, 2017

Poster Sessions

Polycystic Ovary Syndrome
Obesity and Metabolism
Nutrition
Reproductive Immunology
Imaging and Reproductive Medicine
Reproductive Genetics
Mental Health
Nursing
Male Reproduction and Urology: Clinical
Male Reproduction and Urology: Research
Oxidative Stress
Environment and Reproduction
Other: ART-Clinical
Clinical Female Infertility and Gynecology
Outcome Predictors-Clinical: ART
Luteal-phase Support
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Early Pregnancy

POLYCYSTIC OVARY SYNDROME

P-362 EMBRYOS FROM POLYCYSTIC OVARY SYNDROME (PCOS) PATIENTS REACH MORULA STAGE FASTER THAN AGE AND BODY MASS INDEX (BMI) MATCHED CONTROLS. N. R. Chappell,1 J. Shah,2 M. Peavey,1 L. Yang,1 H. Sangi-Haghpeykar,1 W. E. Gibbons,1 C. S. Blesson1; 1Obstetrics and Gynecology, Baylor College of Medicine, Houston, TX, 2UT Houston OB/GYN, Houston, TX.

P-363 INCREASED FOLLICLE RECRUITMENT AND TESTOSTERONE-RELATED ADIPOSITY CONTRIBUTE TO GRANULOSA CELL DYSFUNCTION IN LEAN POLYCYSTIC OVARY SYNDROME (PCOS) WOMEN. A. Guedikian,1 A. Y. Lee,1 T. R. Grogan,2 D. H. Abbott,2 K. Largaespada,1 G. D. Chazenbalk,1 D. A. Dumesic1; 1OB/GYN, UCLA, Los Angeles, CA, 2OB/GYN, Medicine Statistics Core, Los Angeles, CA, 3OB/GYN, Wisconsin National Primate Research Center, University of WI, Madison, Madison, WI.

P-364 THE EFFICACY OF LONG-TERM METFORMIN TREATMENT IN WOMEN WITH POLYCYSTIC OVARY SYNDROME. M. Chen,1 P. Yang,2 H. Chen,3 S. Chen,4 H. Ho5; 1National Taiwan University, Taipei, Taiwan, 2Obstetrics and Gynecology, National Taiwan University Hospital Yunlin Branch, Douliu City, Yunlin County, Taiwan, 3Obstetrics and Gynecology, National Taiwan University Hospital, Taipei, Taiwan, 4National Taiwan University Hospital, Taipei, Taiwan, 5OB/GYN, National Taiwan University Hospital, Taipei, Taiwan.

P-365 PROSPECTIVE COHORT EVALUATION OF HIRSUTISM AND ANTHROPOMETRICS IN A SOUTH EAST ASIAN PCOS POPULATION. M. Le,1 J. Pilgrim,2 C. Thanh,3 N. Huy,4 V. Q. Truong,4 A. H. DeCherney,2 M. J. Hill5; 1OB/GYN Infertility, Hue University of Medicine and Pharmacy, Hue, Viet Nam, 2NIH, Bethesda, MD, 3Obstetrics & Gynecology, Hue University of Medicine and Pharmacy, Hue, Viet Nam, 4OB/GYN, Hue University of Medicine and Pharmacy, Hue, Viet Nam.

P-366 THE ADDITION OF METFORMIN DURING OVULATION INDUCTION WITH LETROZOLE DOES NOT AFFECT PREGNANCY OUTCOME IN INFERTILE WOMEN WITH POLYCYSTIC OVARY SYNDROME. E. G. Hurley,1 S. R. Adams,2 N. Kalakota,1 J. M. Sroga Rios,3 M. Thomas4; 1OB/GYN, University of Cincinnati Medical Center, Cincinnati, OH, 2Obstetrics and Gynecology, University of Cincinnati, Cincinnati, OH, 3OB/GYN, University of Cincinnati, West Chester, OH, 4On Gyn, University of Cincinnati, West Chester, OH.

P-367 PROSPECTIVE COHORT EVALUATION OF ULTRASOUND AND REPRODUCTIVE ENDOCRINE PROFILE IN A SOUTH EAST ASIAN PCOS POPULATION. M. Le,1 J. Pilgrim,2 N. Huy,3 V. Q. Truong,3 C. Thanh,3 A. H. DeCherney,2 M. J. Hill5; 1Ob/Gyn, Infertility, Hue University of Medicine and Pharmacy, Hue, Viet Nam, 2NIH, Bethesda, MD, 3Ob/Gyn, Hue University of Medicine and Pharmacy, Hue, Viet Nam.

P-368 PROVIDER EXPERIENCES WITH LIFESTYLE MANAGEMENT IN WOMEN WITH PCOS. C. S. Huffman, D. E. Brackney, S. R. Martin; Beaver College of Health Sciences, Appalachian State University, Boone, NC.
P-369 TOWARDS STEM CELL THERAPY OF POLYCYSTIC OVARY SYNDROME (PCOS): HUMAN MESENCHYMAL STEM CELLS ENGRAFTMENT IN LETROZOLE-INDUCED PCOS MURINE MODEL. P. I. Igboeli,1 A. El Andaloussi,1 M. K. Omar,2 M. Ali,1 A. Laknaur,1 A. Al-Hendy1; Obstetrics & Gynecology, Augusta University, Augusta, GA, 2Obstetrics and Gynecology, PCO, Tanta, Egypt, 3OB/GYN, Dept of Obstetrics & Gynecology, Augusta, GA.

P-370 INTRAUTERINE PROGRAMMING OF POLYCYSTIC OVARY SYNDROME: EVIDENCE FROM CORD BLOOD GLOBAL METHYLATION ANALYSIS. L. Lambertini,1 S. R. Saul,2 A. B. Copperman,3 S. S. Hammerstad,4 Z. Yi,5 J. A. Lee,6 W. Zhang,5 Y. Tomer,7 N. Kase8; Diabetes Obesity and Metabolism Institute, Icahn School of Medicine at Mount Sinai, New York, NY, 2Endocrinology, Diabetes and Bone Diseases, Icahn School of Medicine at Mount Sinai, New York, NY, 3Obstetrics and Gynecology, RMANY-Mount Sinai, New York, NY, 4Endocrinology, Morbid Obesity and Preventive Medicine, Oslo University Hospital, Oslo, Norway, 5Institute for Personalized Medicine, Icahn School of Medicine at Mount Sinai, New York, NY, 6Reproductive Medicine Associates of New York, New York, NY, 7Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, NY, 8Obstetrics, Gynecology and Reproductive Science, Icahn School of Medicine at Mount Sinai, New York, NY.

P-371 EFFECT OF ORAL CONTRACEPTIVES OVER 1-YEAR ON CHANGE IN BODY COMPOSITION PROFILES OF WOMEN WITH POLYCYSTIC OVARY SYNDROME: A COHORT STUDY. Y. Kim; Korea University Guro Hospital, SEOUL, Korea, Republic of.

P-372 METABOLIC FEATURES OF ADULT AND ADOLESCENT FIRST-DEGREE RELATIVES OF WOMEN WITH POLYCYSTIC OVARY SYNDROME: A SYSTEMATIC REVIEW AND META-ANALYSIS. J. Chae,1 D. Lizneva,1 A. Sinitsyna,2 T. Trofimova,3 L. E. Blake,4 L. V. Suturina,3 L. Gavrilova-Jordan,1 R. Azziz,2 M. P. Diamond1; 1Dept. of OB/GYN, MCG, AU, Augusta, GA, 2Dept. of OB/GYN, MC IDK, Samara, Russian Federation, 3Department of Reproductive Health Protection, SCFHHR, Irkutsk, Russian Federation, 4Dept. of Academic Affairs, AUMS, Little Rock, AR, 5Academic Health and Hospital Affairs, SUNY, Albany, NY.

P-373 OBESITY AND SELECTED INFLAMMATORY MARKERS IN POLYCYSTIC OVARY SYNDROME (PCOS): A BMI (BODY MASS INDEX) -MATCHED CASE-CONTROL STUDY. S. M. Bhattacharya,1,2 A. Basu,3 B. Biswas; 1Obstetrics and Gynecology, S. C. Das Memorial Medical and Research Center, Kolkata, India, 2Obstetrics & Gynecology, KPC Medical College, Kolkata, India, 3Pathology, West Virginia University School of Medicine, Morgantown, WV.

P-374 COMPARISON OF METABOLIC ABNORMALITIES AMONG PCOS PHENOTYPES — A HOSPITAL-BASED STUDY. H. Li1,2 L. Li,3 D. Yang; 1Obstetrics & Gynecology, Distinct Clinic, GuangZhou, China, 2Obstetrics & Gynecology, Sun Yat-Sen Memorial Hospital, GuangZhou, China, 3Obstetrics and Gynecology, Sun Yat-sen Memorial Hospital, Sun Yat-sen Univers, Guangzhou, China, 4Memorial Hospital, Sun Yat-sen University, Guangzhou, China.

P-375 A NOVEL DEFINITION OF INSULIN RESISTANCE HELPS ELUCIDATE LUTEAL PHASE DEFECTS. R. D. Beardsley,1 J. P. Holden2; 1University of Illinois College of Medicine, Rockford, IL, 2Obstetrics & Gynecology, University of Illinois, Rockford, IL.

P-376 IRREGULAR MENSTRUAL CYCLES ARE NOT ASSOCIATED WITH CARDIOVASCULAR DISEASE; A COHORT STUDY OF 40,896 WOMEN. S. Iliadromiti, S. M. Nelson; School of Medicine, University of Glasgow, Glasgow, United Kingdom.

P-377 THE PREGNANCY OUTCOMES OF PCOS PATIENTS AT ADVANCED AGE UNDER IN VITRO FERTILIZATION IN CHINA. J. Li1 Y. Guo,1 W. Li,2 T. Lai1; 1the First Affiliated Hospital of Zhengzhou University, Zhengzhou, China, 2Zhengzhou University, Zhengzhou, China, 3Assisted Reproductive Technology, Zhengzhou, China.

P-378 THE EFFECT OF VAGINAL OVARIAN NEEDLE INJURY AS COMPARED TO LAPRASCOPIC OVARIAN DRILLING IN ANOVULATORY WOMEN WITH POLYCYSTIC OVARY SYNDROME, A SIX MONTH FOLLOW UP. M. H. Dahan,1 S. Hatirnaz,2 S. Basaranoglu,3 E. Hatirnaz,4 O. Celik,5 S. Tan; 1OB GYN, McGill University, Montreal, QC, Canada, 2OB GYN, Department of Obstetrics and Gynecology, Istanbul, Turkey, 3Private Bilge Hospital, Istanbul, Turkey, 4OB GYN, Clinart International Hospital, Trabzon, Turkey, 5OB GYN, Private Clinic, Uşak, Turkey, 6McGill University, Montreal, QC, Canada.
OBESITY AND METABOLISM

P-379  EFFECTS OF ANTHROPOMETRIC INDICES OF CENTRAL OBESITY AND METABOLIC SYNDROME ON IVF/ICSI OUTCOME.  A. Ozgu-Erdinc,¹ N. Yilmaz,² E. Isci Bostanci,¹ C. Gulerman,³ Y. Ustun¹; ¹Reproductive Endocrinology, University of Health Sciences, Ankara Dr. Zekai Tahir Burak Health Practice Research Center, Ankara, Turkey, ²Reproductive Endocrinology Department, ZTB, Ankara, Turkey, ³Zekai Tahir Burak Women's Health Education and Research Hospital, Ankara, Turkey.

P-380  FEMALE, MALE, AND JOINT COUPLE BMI ARE ASSOCIATED WITH INFERTILITY AMONG USERS OF A LARGE U.S. FERTILITY APP.  A. Lange,¹ B. Plaku-Alakbarova,² J. Yeh,¹ C. Messerlian,² T. L. Toth¹; ¹Massachusetts General Hospital Fertility Center, Boston, MA, ²Environmental Health, Harvard T.H. Chan School of Public Health, Boston, MA.

P-381  MATERNAL OBESITY IS NOT ASSOCIATED WITH INCREASED MISCARRIAGE RATES FOLLOWING EUPLOID BLASTOCYST TRANSFER.  K. L. Hornberger, A. Bartoli, A. King, N. Bachman, D. Young, D. Klepacka, W. B. Schoolcraft, M. Katz-Jaffe; Colorado Center for Reproductive Medicine, Lone Tree, CO.

P-382  OBESITY IMPAIRS SEMINAL QUALITY INDEPENDENT OF MALE AGE.  J. B. Oliveira,¹ C. G. Petersen,¹ A. L. Mauri,¹ L. D. Vagnini,² A. Renzi,² B. Petersen,² M. Matilla,¹ V. Comar,¹ A. Nicoletti,¹ F. Dieamant,¹ R. Baruffi¹; ¹Center for Human Reproduction Prof. Franco Jr, Ribeirao Preto, Brazil, ²Paulista Center for Diagnosis Research and Training, Ribeirao Preto, Brazil.

P-383  EFFECT OF CLASS 3- AND SUPER- OBESITY ON OOCYTE RETRIEVAL COMPLICATIONS AND IVF OUTCOMES.  P. A. Romanski,¹ L. V. Farland,¹ L. Tsen,² E. S. Ginsburg,¹ E. I. Lewis¹; ¹Dept of Obstetrics & Gynecology, Brigham & Women’s Hospital and Harvard Medical School, Boston, MA, ²Dept of Anesthesiology, Perioperative and Pain Medicine, Brigham & Women’s Hospital, Harvard Medical School, Boston, MA.

P-384  BMI DOES NOT AFFECT LIVE BIRTH OUTCOMES IN EUPLOID FROZEN EMBRYO TRANSFERS (FET).  L. A. Bishop,¹ C. M. Owen,² M. J. Hill,³ K. Koniareas,⁴ A. H. DeCherney,⁵ K. Devine⁶; ¹Shady Grove Fertility Reproductive Science Center, Rockville, MD, ²NIH/NICHD/PRAE, Bethesda, MD, ³NIH, Bethesda, MD, ⁴Georgetown University School of Medicine, Washington, DC, ⁵Eunice Kennedy Shriver National Institute of Child, Bethesda, MD, ⁶Shady Grove Fertility Center, Washington, DC.

P-385  A META-ANALYSIS TO EVALUATE THE EFFECTS OF BODY MASS INDEX ON SPERM PARAMETERS IN INFERTILE MEN.  R. Sharma,¹ A. Agarwal,² A. Harley,² S. C. Esteves³; ¹Health Services, St. Joseph’s University, Philadelphia, PA, ²Urology, Cleveland Clinic, Cleveland, OH, ³Fertility and IVF Unit, Soroka Medical Center, Soroka Medical Center, Ben-Gurion University, Beer Sheva, Israel, ⁴ANDROFERT - Andrology and Human Reproduction Clinic, Campinas, Brazil.

P-386  OBESITY AND ITS METABOLIC COMPLICATIONS IN IVF.  V. Smolnikova,¹ V. Gorshinova²; ¹Research Center for Obstetrics, Gynecology and Perinatology, Moscow, Russian Federation, ²Federal State Budget Institution “Research Center for Obstetrics, Gynecology and Perinatology”, Moscow, Russian Federation.

P-387  INTRAUTERINE HYPERGLYCEMIA EXPOSURE PER SE AFFECTS GLYCOLIPID METABOLISM IN SECOND GENERATION VIA EPIGENETIC MODIFICATION ON GERM CELLS.  J. Ren,¹ Z. Ming,² H. Huang,² J. Sheng¹; ¹Dept of Pathophysiology, School of Medicine, Zhejiang University, Hangzhou, China, ²The Key Laboratory of Reproductive Genetics, Ministry of Education, Hangzhou, China, ³Obstetrics and Gynecology, School of Medicine, Zhejiang University, Hangzhou, China, ⁴The International Peace Maternity and Child Health Hospital, School of Medicine, Shanghai Jiao Tong University, Shanghai, China.

P-388  THE HEPATIC EXPRESSED CIRCADIAN GENE NPAS2 INFLUENCES THE METABOLIC RESPONSE TO A RESTRICTED FEEDING DIET AND THE DEVELOPING GUT MICROBIOME.  D. O’Neill,¹ C. Stewart,² D. Chu,¹ D. Goodspeed,¹ P. Gonzalez-Rodriguez,¹ K. Aagaard¹; ¹OBGYN, Baylor College of Medicine, Houston, TX, ²Molecular Virology and Microbiology, Baylor College of Medicine, Houston, TX.

P-389  INTRAUTERINE HYPERGLYCEMIA INDUCES HEPATIC STEATOSIS IN MOUSE OFFSPRING VIA ALTERED LIPID GENE EXPRESSIONS.  Z. Ming,¹ J. Ren,¹ J. Sheng¹; ¹NIH/NICHD/PRAE, Bethesda, MD, ²School of Medicine, Zhejiang University, Hangzhou, China, ³The Key Laboratory of Reproductive Genetics, Ministry of Education, Hangzhou, China.
of Education (Zhejiang University), Hangzhou, China, \textsuperscript{3}International Peace Maternity and Child Health Hospital, School of Medicine, Shanghai Jiao Tong University, Shanghai, China.

P-390 ELEVATED BODY MASS INDEX DOES NOT IMPACT THE EFFICACY OF AROMATASE INHIBITORS (AI) FOR OVULATION INDUCTION. L. Sekhon,\textsuperscript{1} T. G. Nazem,\textsuperscript{2} D. Gounko,\textsuperscript{1} J. A. Lee,\textsuperscript{3} D. R. Godfrey,\textsuperscript{3} R. Kudesia,\textsuperscript{3} A. B. Copperman\textsuperscript{4}; \textsuperscript{1}Reproductive Medicine Associates New York, New York, NY, \textsuperscript{2}RMA of New York, New York, NY, \textsuperscript{3}Reproductive Medicine Associates of New York, New York, NY, \textsuperscript{4}Obstetrics and Gynecology, RMANY-Mount Sinai, New York, NY.

NUTRITION

P-391 VITAMIN D AND MENSTRUAL CYCLE LENGTH IN WOMEN WITH PROVEN FECUNDITY. D. L. Kuhr,\textsuperscript{1} L. Sjaarda,\textsuperscript{1} K. Kim,\textsuperscript{2} U. R. Omosigho,\textsuperscript{1} R. M. Silver,\textsuperscript{2} E. Schisterman,\textsuperscript{1} Z. Alkhalf,\textsuperscript{3} S. L. Mumford\textsuperscript{1}; \textsuperscript{1}DIPHR, NICHD, NIH, Bethesda, MD, \textsuperscript{2}OB/GYN, University of Utah, Salt Lake City, UT, \textsuperscript{3}George Mason University, Fairfax, VA.

P-392 PLASMA FATTY ACIDS AND OVULATION. S. L. Mumford,\textsuperscript{1} K. Kim,\textsuperscript{2} R. W. Browne,\textsuperscript{3} L. Sjaarda,\textsuperscript{4} M. T. Connell,\textsuperscript{5} B. Wilcox,\textsuperscript{6} U. Omosigho,\textsuperscript{7} D. L. Kuhr,\textsuperscript{8} R. M. Silver,\textsuperscript{9} N. J. Perkins,\textsuperscript{10} T. Holland,\textsuperscript{1} E. Schisterman\textsuperscript{1}; \textsuperscript{1}NICHD, NIH, Bethesda, MD, \textsuperscript{2}NICHD, Bethesda, MD, \textsuperscript{3}Biotechnical and Clinical Laboratory Sciences, University at Buffalo, Buffalo, NY, \textsuperscript{4}Epidemiology Branch, NICHD, Bethesda, MD, \textsuperscript{5}Program for Adult and Reproductive Endocrinology, NICHD, Bethesda, MD, \textsuperscript{6}Geisinger Commonwealth School of Medicine, Scranton, PA, \textsuperscript{7}NIH, Bethesda, MD, \textsuperscript{8}Division of Intramural Population Health Research, Eunice Kennedy Shriver National Institute of Child Health and Human Development, Bethesda, MD, \textsuperscript{9}Obstetrics and Gynecology, University of Utah, Salt Lake City, UT, \textsuperscript{10}NIH, Rockville, MD, \textsuperscript{11}Eunice Kennedy Shriver National Institute of Child, Rockville, MD.

REPRODUCTIVE IMMUNOLOGY

P-396 ONE DOSE OF IBUROFEN DECREASES LEVELS OF INTERLEUKINS INVOLVED IN OVULATION IN THE FOLLICULAR FLUID OF WOMEN UNDERGOING MINIMAL STIMULATION IN-VITRO FERTILIZATION. L. Bou Nemer, A. Word, B. Carr, O. Bukulmez; University of Texas Southwestern Medical Center, Dallas, TX.

P-397 STIMULATING AUTOANTIBodies DIRECTED TO THE GONADOTROPIN RELEASING HORMONE RECEPTOR ARE SENSITIVE AND SPECIFIC FOR POLYCYSTIC OVARY SYNDROME. L. B. Craig,\textsuperscript{1} A. C. Reynolds,\textsuperscript{1} H. R. Burks,\textsuperscript{1} H. Li,\textsuperscript{2} X. Yu,\textsuperscript{2} C. E. Ashton,\textsuperscript{3} M. Elkosseifi,\textsuperscript{2} D. C. Kem,\textsuperscript{2}; \textsuperscript{1}Section of REI; Dept of Ob/Gyn, University of Oklahoma Health Science Center, Oklahoma City, OK, \textsuperscript{2}Section of Endocrinology; Dept of Medicine, University of Oklahoma Health Science Center, Oklahoma City, OK, \textsuperscript{3}Dept of Pediatrics, University of Oklahoma Health Science Center, Oklahoma City, OK.

P-394 OMEGA-3 FATTY ACID SUPPLEMENTATION SIGNIFICANTLY LOWERS FSH IN YOUNG NORMAL WEIGHT WOMEN. J. L. Bauer,\textsuperscript{1} K. Kuhn,\textsuperscript{1} Z. Al-Safi,\textsuperscript{2} M. A. Harris,\textsuperscript{2} R. H. Eckel,\textsuperscript{4} A. P. Bradford,\textsuperscript{1} C. Y. Robledo,\textsuperscript{1} A. Malkhasyan,\textsuperscript{1} N. Gee,\textsuperscript{2} A. J. Polotsky\textsuperscript{1}; \textsuperscript{1}Obstetrics & Gynecology, University of Colorado School of Medicine, Aurora, CO, \textsuperscript{2}Obstetrics & Gynecology, University of California Los Angeles, Los Angeles, CA, \textsuperscript{3}Food Science and Human Nutrition, Colorado State University, Fort Collins, CO, \textsuperscript{4}Medicine, University of Colorado School of Medicine, Aurora, CO, \textsuperscript{5}Center for Health and The Environment, University of California Davis, Davis, CA.

P-395 DOES ALCOHOL INTAKE IMPACT OVARIAN RESERVE? A. Eskew,\textsuperscript{1} K. Bligard,\textsuperscript{1} D. E. Broughton,\textsuperscript{2} M. Schulte,\textsuperscript{3} C. E. Boots,\textsuperscript{4} K. M. Cipolla,\textsuperscript{5} E. Jungheim\textsuperscript{6}; \textsuperscript{1}Washington University School of Medicine, St. Louis, MO, \textsuperscript{2}Obstetrics and Gynecology, Washington University in St. Louis, St Louis, MO, \textsuperscript{3}Washington University School of Medicine, St. Louis, MO, \textsuperscript{4}Obstetrics & Gynecology, Northwestern University, Chicago, IL, \textsuperscript{5}OB/Gyn Division of Clinical Research, Washington University in St. Louis, St. Louis, MO, \textsuperscript{6}Obstetrics and Gynecology, Washington University, St. Louis, MO.
P-398 ASSOCIATION BETWEEN ENDOMETRIAL AND PERIPHERAL BLOOD IMMUNE PROFILES AND REPRODUCTIVE OUTCOME IN PATIENTS WITH RECURRENT PREGNANCY LOSS, REPEATED IMPLANTATION FAILURE AND INFERTILITY. M. D. Salazar Garcia,1 A. M. Skariah,1 Y. Hussein,1 H. El-Azzamy,2 S. V. Dambaeva,2 K. Beamam,2 A. Gilman-Sachs,2 J. Kwak-Kim1,2; 1Reproductive Medicine, Department of Obstetrics and Gynecology, Rosalind Franklin University of Medicine and Science, Vernon Hills, IL, 2Microbiology and Immunology, Rosalind Franklin University of Medicine and Science, North Chicago, IL.

P-399 EFFECT OF UTERINE IMMUNOLOGICAL TREATMENT IN COMPARISON TO ENDOMETRIAL SCRATCHING IN THE OUTCOME OF IN EGG DONATION RECIPIENTS. G. R. Tovar,1 P. Esteban,1 J. Rayward,2 L. Lopez,1 A. Izquierdo1; 1Reproductive Medicine, Procreatec, Madrid, Spain, 2Assisted Reproduction, Physician, Madrid, Spain.

P-400 SERUM INTERLEUKIN-1β AND IVF OUTCOME: A PROSPECTIVE STUDY. F. Kreines,1 D. Nasioudis,2 E. Minis,3 M. Irani,4 S. S. Witkin,5 S. D. Spandorfer6; 1Medical College, Weill Cornell Medicine, New York, NY, 2Department of Obstetrics and Gynecology, Weill Cornell Medicine, New York, NY, 3Obstetrics and Gynecology, Weill Cornell Medicine, New York, NY, 4Obstetrics and Gynecology, Weill Cornell Medicine, New York, NY, 5Obstetrics and Gynecology, Weill Cornell Medicine, New York, NY, 6Reproductive Endocrinology and Infertility, Weill Cornell Medicine, New York, NY.

P-401 THE ASSOCIATION BETWEEN SONOGRAPHICALLY DIAGNOSED ADENOMYOSIS AND IN VITRO FERTILISATION-EMBRYO TRANSFERS. H. Fernandes1,2,3 C. Higgins,4,3 B. J. Vollenhoven,4,3 F. Da Silva Costa,5,6 M. Healey4,1,2; 1Monash IVF, Richmond, VIC, Australia, 2Department of Gynaecology, The Royal Women’s Hospital, Parkville, VIC, Australia, 3Department of Gynaecology, Monash Health, Clayton, VIC, Australia, 4Department of Obstetrics and Gynaecology, Monash University, Clayton, VIC, Australia, 5Monash Ultrasound for Women, Melbourne, Australia, 6Monash University, Melbourne, VIC, Australia.

P-402 RECTAL KETOPROFEN IS NOT AN EFFECTIVE ANALGESIC DURING HYSTEROSALPINGOGRAPHY. A. Abbas,1 O. M. Shaaban,1 A. M. Abdelkader,1 S. S. Ali,1 A. Nasr,1 Y. Khamsi2; 1Assiut Women’s Health Hospital, Assiut University, Assiut, Egypt, 2Obstetrics and Gynecology, Beni Suef University, Beni Suef, Egypt.

P-403 4D VIEW TECHNOLOGY IS A USEFUL TOOL TO INCREASE DIAGNOSTIC ACCURACY OF 3D-SIS. A. Rodríguez-Fuentes,1 J. P. Rouleau,1 J. Hernandez,1 A. Palumbo1,2; 1Centro de Asistencia a la Reproducción Humana de Canarias, La Laguna, Spain, 2Department of Obstetrics and Gynecology, New York University, New York, NY.

P-404 THE ACCURACY OF 3D ULTRASOUND AND MRI IN PREDICTING THE NUMBER OF FIBROIDS REMOVED WITH ROBOT ASSISTED LAPAROSCOPIC MYOMECTOMY. L. Stadtmauer; Jones Institute for Reproductive Medicine, Norfolk, VA.

P-405 MAGNETIC RESONANCE IMAGING VIRTUAL Hysterosalpingography. INTEGRAL EVALUATION IN PATIENTS WITH SUSPECTED INFERTILITY. M. Baronio,1 P. Carrascosa,2 J. B. Carpio,2 C. Capuñay,2 J. Vallejos,2 L. Sarati,3 E. Salas,2 C. Diaz,2 S. Papier,1 M. Carro1; 1CEGYR, Buenos Aires, Argentina, 2Diagnostico Maipu, Vicente Lopez, Argentina.

P-406 BASELINE UTERINE VOLUME ASSESSMENT PREDICTS TERM SINGLETON BIRTH IN WOMEN UNDERGOING FRESH IN VITRO FERTILIZATION. N. Pereira,1 I. Tsolakian,1 A. P. Hutchinson,2 L. D. Stone,1 J. Lekovich,1 R. Elias,1 Z. Rosenwaks1; 1The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, New York, NY, 2Department of Obstetrics and Gynecology, Weill Cornell Medical College, New York, NY.

IMAGING AND REPRODUCTIVE MEDICINE

P-407 EXPERIENCE OF ROUTINE EXPANDED CARRIER SCREENING IN A HIGH VOLUME PRIVATE FERTILITY PRACTICE. L. D. Black,1 J. M. Silver,2 C. Thompson,1 C. Givens1; 1Pacific Fertility Center, San Francisco, CA, 2Stanford University Genetic Counseling Program, Stanford, CA.

P-408 EXPANDED CARRIER SCREENING REVEALS INSIGHTS INTO ENRICHMENT OF SPECIFIC DISORDERS WITHIN A REPRODUCTIVE GENOMIC
P-409 PRECONCEPTION EXPANDED CARRIER SCREENING (ECS) IS SUPERIOR TO ETHNICITY-BASED GENETIC SCREENING. A. Peyser, T. Singer, C. Mullin, S. L. Bristow, K. Onel, A. Hershlag; Hofstra Northwell School of Medicine, Manhasset, NY, Ob/Gyn, Northwell Health Fertility, Manhasset, NY, North Shore University Hospital-LIJ Health System, Manhasset, NY, Northwell Health, Manhasset, NY.


P-411 IMPLEMENTATION OF AN EXPANDED CARRIER SCREENING TEST FOR RECESSIVE GENETIC DISORDERS IN A DONOR INTRAUTERINE INSEMINATION PROGRAM. J. Rodriguez-Purata, A. Abuli, G. Palacios, M. Ballester, B. Rodriguez-Santiago, L. Armengol, F. Martinez, B. Coroleu, P. N. Barri, X. Estivill; Hospital Universitario Dexeus, Barcelona, Spain, qGenomics Laboratory, Barcelona, Spain.

P-412 THE SPECIFIC CHOICE OF MUTATIONS FOR EXPANDED CARRIER SCREENING (ECS) IS CRITICAL TO HIGH PICK-UP RATES. S. L. Bristow, A. Peyser, M. Rausch, A. Hershlag; Northwell Health, Manhasset, NY, Hofstra Northwell School of Medicine, Manhasset, NY, Northwell Health Fertility, Manhasset, NY.

P-413 EXPANDING THE NUMBER OF GENES SCREENED SIGNIFICANTLY INCREASES THE NUMBER OF PATIENTS REQUIRING PREIMPLANTATION GENETIC DIAGNOSIS (PGD). S. L. Bristow, A. Peyser, T. Singer, C. Mullin, A. Hershlag; Northwell Health, Manhasset, NY, Hofstra Northwell School of Medicine, Manhasset, NY, Ob/Gyn, Northwell Health Fertility, Manhasset, NY, North Shore University Hospital-LIJ Health System, Manhasset, NY.

P-414 RECIPIENTS’ PERSPECTIVES REGARDING EXPANDED CARRIER SCREENING OF GAMETE DONORS. E. Jackson, J. Edwards, A. Besser, L. J. Isley; University of South Carolina School of Medicine, Columbia, SC, NYU Langone Fertility Center, New York, NY, Counsyl, Los Angeles, CA.

P-415 THE RISK IS NEVER ZERO: EXPERIENCE WITH RARE RECESSIVE DISEASE DIAGNOSIS IN THE ERA OF EXPANDED CARRIER SCREENING. K. Baldwin; Genetics, California Cryobank, Los Angeles, CA.

P-416 TROPHECTODERM BIOPSY FOR PREIMPLANTATION GENETIC TESTING (PGT) FOR SICKLE CELL ANEMIA: SUCCESSFUL OUTCOME IN A DEVELOPING COUNTRY. O. A. Ashiru, R. Ogbeche, D. M. Oladimeji, E. Iloabachie, O. Osumah; IVF Unit, REI, Ikeja, Nigeria, IVF Unit, Medical ART Center, Ikeja, Nigeria, Embryology, Medical ART Center, Ikeja, Nigeria.


P-418 UNBALANCED TRANSLOCATION RATES IN PREIMPLANTATION EMBRYOS FROM COUPLES WITH BALANCED ROBERTSONIAN TRANSLOCATIONS. K. Merrion, J. E. Adsit, C. L. CHOU, K. L. Howard, D. Kijacic, M. Kiehl; Natera, Inc., San Carlos, CA.

P-419 SHOULD PREIMPLANTATION GENETIC DIAGNOSIS (PGD) BE ALWAYS COUPLED WITH PREIMPLANTATION GENETIC SCREENING (PGS)? T. Singer, B. S. Abittan, S. L. Bristow, A. Hershlag; Ob/Gyn, Northwell Health Fertility, Manhasset, NY, Hofstra Northwell School of Medicine, Great Neck, NY, Northwell Health, Manhasset, NY, Hofstra Northwell School of Medicine, Manhasset, NY.

P-420 MAPPING ALLELE WITH RESOLVED CARRIER STATE OF ROBERTSONIAN AND BALANCED TRANSLOCATION IN HUMAN PRE-IMPLANTATION EMBRYOS. J. Xu, S. Lu, Y. Sun; Reproductive Medical Center, The First Affiliated Hospital of Zhengzhou University, Zhengzhou, China, Yikon Genomics Company, Ltd, Shanghai, China.

P-421 PREIMPLANTATION GENETIC DIAGNOSIS (PGD) FOR BORDERLINE INDICATIONS INCLUDING HUMAN LEUKOCYTE ANTIGENS (HLA) MATCHING.
CANCER PREDISPOSITION, CARDIAC DISEASE AND THEIR PROPORTION IN OVERALL PGD CASES FOR SINGLE GENE DISORDERS. D. S. Baxi, A. Kuliev, T. Pakhalchuk, M. Prokhorovich, S. Rechitsky; Reproductive Genetic Innovations, Northbrook, IL.

P-422 VALIDATION OF A NOVEL COPY NUMBER VARIANT DETECTION ALGORITHM FOR CFTR FROM TARGETED NEXT GENERATION SEQUENCING DATA. K. Kosheleva, N. E. Faulkner, K. Robinson, M. A. Umbarger; Good Start Genetics, Inc., Cambridge, MA. Research and Development, Good Start Genetics, Cambridge, MA.

P-423 IDENTIFICATION OF POLYPLOID EMBRYOS USING A TARGETED NGS-BASED PREIMPLANTATION GENETIC SCREENING ASSAY. M. Zhu, D. Neitzel, M. A. Umbarger, K. Robinson, N. E. Faulkner; Good Start Genetics, Inc., Cambridge, MA.


P-429 PREVALENCE OF SEGMENTAL CHROMOSOME ABNORMALITIES IN NEXT GENERATION SEQUENCING (NGS) BASED 24-CHROMOSOME PREIMPLANTATION ANEUPLOIDY TESTING (PGD-A). S. I. Maithripala, S. Rechitsky, S. Lerner, T. Pakhalchuk, M. Prokhorovich, G. San Ramon, R. Gershman, E. Bond, A. Kuliev; Reproductive Genetic Innovations, Northbrook, IL, Molecular, Wilmette, IL, RGI, Northbrook, IL, Molecular Biologist, Northbrook, IL, Reproductive Genetics Institute, Northbrook, IL.

P-430 THE EXTENT OF CHROMOSOMAL MOSAICISM INFLUENCES THE CLINICAL OUTCOME OF IN VITRO FERTILIZATION TREATMENTS. F. Spinella, A. Biricik, M. Minasi, E. Greco, F. Fiorentino; Genoma Group, Rome, Italy, PGD, Genoma Group, Rome, Italy, Centre for Reproductive Medicine European Hospital, Rome, Italy.

P-431 RELATIONSHIP BETWEEN EMBRYO DEVELOPMENTAL COMPETENCE AND MITOCHONDRIAL DNA LEVELS. S. Rechitsky, D. Cram, D. Leigh, Y. Cao, L. Wang, Y. Yao, M. Prokhorovich, A. Kuliev; Reproductive Genetic Innovations, Northbrook, IL, Berry Genomics Corporation, Beijing, China, Next Generation Solutions, Sydney, Australia, Department of Obstetrics Gynecology, PLA General Hospital, Beijing, China.

P-432 PREGNANCY OUTCOMES FOLLOWING TRANSFER OF EMBRYOS DIAGNOSED AS CHROMOSOMALLY MOSAIC BY NEXT-GENERATION SEQUENCING (NGS). A. Besser, S. M. Maxwell;
Friedenthal, S. Munne, C. McCaffrey, J. Grifo, NYU Langone Medical Center, New York, NY, Obstetrics and Gynecology, NYU Langone Medical Center, New York, NY, CooperGenomics, Livingston, NJ.

P-433 IMPACT OF MATERNAL AGE AND DIFFERENT ANEUPLOIDY PATTERNS ON MITOCHONDRIAL DNA CONTENT. C. Rubio, A. Diez Juan, L. Rodrigo, C. Cinnioglu, I. Campos-Galindo, M. Riboldi, G. Garcia-Herrero, J. Jimenez-Almazan, C. Simon, PGS Research, IGENOMIX, Paterna (Valencia), Spain, PGD Molecular Cytogenetics, IGENOMIX, Valencia, Spain, Laboratory Director, Saratoga, CA, IGENOMIX Brasil, Sao Paulo, Brazil, IGENOMIX, Valencia, Spain, Carrier Genetic Test, Paterna, Spain, Igenomix, Paterna, Spain, Igenomix, Valencia, Spain, Igenomix US, Miami, FL, Obs/Gyn Dept., Valencia University/INCLIVA; Igenomix; Ob/Gyn Dept., Stanford University; Ob/Gyn Dept., Baylor College of Medicine, Valencia, Spain, Valencia, Spain, PGS Research, Igenomix, Paterna (Valencia), Spain.


P-436 ESTIMATION OF MOSAICISM IN A BLASTOCYST COHORT. A. Jordan, T. Escudero, S. Munne, Reprogenetics, Livingston, NJ, CooperGenomics, Livingston, NJ.


P-438 CRYOPRESERVATION AND STORAGE OF OOCYTES DO NOT INCREASE ANEUPLOIDY OR MOSAICISM IN RESULTING BLASTOCYSTS. H. Lee, D. H. McCulloh, C. McCaffrey, A. E. Spellman, N. Noyes, J. Grifo, OB/GYN, NYU Langone Fertility Center, NY, NY, NYU Langone Fertility Center, NY, NY, NYU Langone Fertility Center, New York, NY, OB/GYN, NYU Fertility Center, New York, NY, OB GYN, NYU Fertility Center, Brookfield, CT, NYU School of Medicine, New York, NY.


P-442 REBIOPSY AND PREIMPLANTATION GENETIC SCREENING (PGS) REANALYSIS FOR EMBRYOS WITH AN INITIAL NON-DIAGNOSTIC RESULT YIELDS A EUPLOID RESULT IN THE MAJORITY OF CASES. S. A. Neal,1,2 E. J. Forman,1,2,3 C. R. Juneau,1,2 S. J. Morin,1,2 T. Molinaro,1,3 L. Sun,4 R. S. Zimmerman,4 R. T. Scott, Jr.1,2,3; 1IVI/RMA, Basking Ridge, NJ, 2Thomas Jefferson University, Philadelphia, PA, 3Rutgers-Robert Wood Johnson, New Brunswick, NJ, 4Foundation for Embryonic Competence, Basking Ridge, NJ.

P-443 REPEAT BIOPSY OF CRYOPRESERVED EMBRYOS FOR PREIMPLANTATION GENETIC SCREENING (PGS) REANALYSIS DOES NOT ADVERSELY IMPACT REPRODUCTIVE POTENTIAL. S. A. Neal,1,2 E. J. Forman,1,2,3 C. R. Juneau,1,2 S. J. Morin,1,2 T. Molinaro,1,3 L. Sun,4 R. S. Zimmerman,4 R. T. Scott, Jr.1,2,3; 1IVI/RMA, Basking Ridge, NJ, 2Thomas Jefferson University, Philadelphia, PA, 3Rutgers-Robert Wood Johnson, New Brunswick, NJ, 4Foundation for Embryonic Competence, Basking Ridge, NJ.

P-444 NON-INVASIVE PREIMPLANTATION GENETIC SCREENING OF HUMAN BLASTOCYSTS. V. Kuznyetsov,1 S. Madjunkova,2 R. Antes,3 R. Abramov,4 G. Motamed,5 Z. Ibarrientos,6 C. L. Librach7; 1Preimplantation Genetics Program, CReAte Fertility Centre, Toronto, ON, Canada, 2Preimplantation Genetics, Create Fertility Centre, Toronto, ON, Canada, 3CReAte Fertility Center, Toronto, ON, Canada, 4Create Fertility Centre, Toronto, ON, Canada, 5IVF Lab, Embryologist, Toronto, ON, Canada, 6Create Fertility Centre, Toronto, ON, Canada.

P-445 NONINVASIVE CHROMOSOME SCREENING IMPROVES THE CLINICAL OUTCOMES IN FROZEN-THAWED SINGLE BLASTOCYST TRANSFER CYCLES. C. Li,1 S. Lu,2 R. Fang,1 X. Zhao3; 1Centre for Reproductive Medicine, Wuxi Maternity and Child Health Hospital, Wuxi, China, 2Clinical Research, Yikon Genomics, Shanghai, China.

P-446 HIGH EFFICACY OF NON-INVASIVE CHROMOSOME SCREENING USING SPENT CULTURE MEDIUM FOR PREIMPLANTATION GENETIC TESTING OF HUMAN EMBRYOS. L. Huang,1,2 B. Bogale,1 S. Lu,3 X. S. Xie,2,4,5 C. Racowsky,1,6; 1Dept. of Ob/Gyn, Brigham & Women’s Hospital, Boston, MA, 2Dept. of Chemistry & Chemical Biology, Harvard University, Cambridge, MA, 3Dept. of Clinical Research, Yikon Genomics Company, Ltd., Shanghai, China, 4Beijing Advanced Innovation Center for Genomics, Peking University, Beijing, China, 5Biodynamic Optical Imaging Center, School of Life Sciences, Peking University, Beijing, China, 6Harvard Medical School, Boston, MA.

P-447 PUT ON ICE, TWICE: COMPARISON OF TROPHECTODERM BIOPSY (TEBX) WITH PREIMPLANTATION GENETIC SCREENING (PGS) IN CYCLES USING PREVIOUSLY FROZEN VS. FRESH AUTOLOGOUS OOCYTES. N. Noyes1, H. Lee,2 S. Druckenmiller,3 P. Labelia,2 E. Ampeloquio,4 J. Grifo5; 1OB GYN, New York University School of Medicine, New York, NY, 2OB/GYN, NYU Langone Fertility Center, New York, NY, 3Obstetrics and Gynecology, NYU School of Medicine, New York, NY, 4OB GYN, NYU Fertility Center, Brookfield, CT, 5NYU Langone Fertility Center.

P-448 MORPHOLOGY MATTERS: INCREASED EMBRYO EUPLOIDY RATES AND PREGNANCY RATES WITH INCREASED BLASTOCYST QUALITY. F. Sharara,1,2 M. R. Goodwin,1 G. A. Abdo1; 1Virginia Center for Reproductive Medicine, Reston, VA, 2George Washington University, Washington, DC.

P-449 SOUTH ASIAN AND CAUCASIAN WOMEN UNDERGOING PGS HAVE SIMILAR OUTCOMES IN BOTH FRESH DAY 6 ET AND FET CYCLES. F. Sharara,1,2 M. R. Goodwin,1 G. A. Abdo1; 1Virginia Center for Reproductive Medicine, Reston, VA, 2George Washington University, Washington, DC.

P-450 HOW OFTEN DO PATIENTS UNDERGOING IVF WITH PREIMPLANTATION GENETIC SCREENING HAVE AN EMBRYO SEX PREFERENCE? I. Levin1, L. Sekhon,1 T. G. Nazem,1 J. A. Lee,1 N. Copperman,1 M. Bell,1 M. Daneyko,1 A. B. Copperman2; 1Reproductive Medicine Associates of New York, New York, NY, 2Obstetrics and Gynecology, RMANY-Mount Sinai, New York, NY.

P-451 SIGNIFICANT DIFFERENCES IN MISCARRIAGE RATES BETWEEN CENTERS AFTER REPLACEMENT OF EUPLOID BLASTOCYSTS TESTED BY ARRAY COMPARATIVE GENOME HYBRIDIZATION. S. S. Sawarkar1, T. Escudero2, A. Jordan2, J. Grifo3, Z. Nagy4, J. Zhang5, G. Ball6, S. H. Chen7, A. Coates8, J. Barritt9, S. Munne1; 1CooperGenomics, Livingston, NJ, 2Reprogenetics, Livingston, NJ, 3NYU Langone Medical Center, NY, 4Research, Reproductive Biology Associates, Atlanta, GA, 5New Hope Fertility Center, New York, NY, 6IVF Laboratory, Seattle Reproductive Medicine,
P-452 LIVE BIRTH RATE IS ASSOCIATED WITH INFERTILITY DIAGNOSIS FOLLOWING FET OF CHROMOSOMALLY EUPLOID BLASTOCYSTS: ANALYSIS OF 5,633 CYCLES REPORTED TO SARTCORS. F. Meng,1,2 M. Goldsammer,1,2 E. Wantman,3 S. K. Jindal1,2; 1ObGyn and Women’s Health, Montefiore’s Institute for Reproductive Medicine and Health, Hartsdale, NY, 2Albert Einstein College of Medicine, Bronx, NY, 3Redshift Technologies, Inc., New York, NY.


P-454 ROUTINE TRANSFER OF MULTIPLE EMBRYOS IS NO LONGER NECESSARY TO ACHIEVE HIGH RATES OF HEALTHY SINGLETON BIRTHS PER TRANSFER IN WOMEN UP TO 42 YEARS OLD. M. C. Schiewe,1 F. Garner,2 R. E. Anderson3 N. L. Nugent,1 J. B. Whitney,1 B. S. Shapiro2; 1IART Lab, Ovation Fertility, Newport Beach, CA, 2Ovation Fertility, Fertility Center of Las Vegas, Las Vegas, NV, 3Ovation Fertility, Southern California Center for Reproductive Medicine (SCCRM), Newport Beach, CA.

P-455 PREIMPLANTATION GENETIC SCREENING (PGS) GIVES SIMILAR PROCREATIVE ADVANTAGE IN DONOR CYCLE (DC) AND NON-DONOR CYCLE (NDC). S. W. Hong, J. Seo, J. J. Berger; CHA Fertility Center, Los Angeles, CA.

P-456 INTENTION TO TREAT (ITT) ANALYSIS IDENTIFYING PATIENT GROUPS WHO BENEFIT FROM PREIMPLANTATION GENETIC SCREENING (PGS). L. A. Murphy,1 E. A. Seidler,2 N. Resetkova,3 A. Pencias,4 K. L. Thornton,5 D. Sakkas6; 1Shady Grove Fertility, Rockville, MD, 2Reproductive Endocrinology & Infertility, BIDMC, Harvard Medical School, Boston, MA, 3Reproductive Endocrinology & Infertility, BIDMC, Harvard Medical School, Boston, MA, 4Boston IVF/Beth Israel Deaconess Medical Center, Boston, MA, 5Boston IVF / Harvard Medical School, Waltham, MA, 6Boston IVF, Waltham, MA.

P-457 COPY NUMBER VARIANT CALLING ON A 177 GENE EXPANDED CARRIER SCREENING PANEL REVEALS IMPACT OF HBB DELETIONS. K. A. Beauchamp,1 P. Grauman,1 G. J. Hogan,1 K. R. Haas,1 G. M. Gould,1 K. K. Wong,1 G. A. Lazarin,1 E. Evans,1 D. Muzzey2; 1Counsyl, South San Francisco, CA, 2Counsyl Inc., South San Francisco, CA.

P-458 EXPLORING THE CHROMOSOMAL CONCORDANCE BETWEEN Trophectoderm AND INNER CELL MASS REVEALS A 6% ‘BIOLOGICAL FALSE NEGATIVE’ RATE DURING PREIMPLANTATION GENETIC SCREENING. M. Viotti,1 A. R. Victor,1 A. Brake,1 J. Tyndall,1 A. Murphy,1 L. Lepkowsky,1 A. Lal,1 D. K. Griffin,2 C. Zouves,1 F. L. Barnes1; 1Zouves Fertility Center, Foster City, CA, 2School of Biosciences, Centre, United Kingdom.

P-459 PGS DOES NOT IMPROVE PREGNANCY OUTCOMES IN IVF CYCLES USING VITRIFIED DONOR OOCYTES. N. Doyle,1 M. J. Hill,1 J. Doyle,2 W. Caswell,3 J. Lim,2 M. J. Tucker,2 M. O. Stratton,3 J. Graham,2 A. DeCherney,1 K. Devine,2 H. L. Hayes,3 M. Levy2; 1National Institute of Health, Bethesda, MD, 2Shady Grove Fertility, Rockville, MD, 3Donor Egg Bank USA, Rockville, MD.


P-461 ANEUPLOIDY RATES IN DAY 5 VS DAY 6 BIOPSIES. J. Davie,1 D. Neitzel,2 K. Robinson,1 M. Zhu,1 N. E. Faulkner2; 1Good Start Genetics, Inc., Cambridge, MA, 2Good Start Genetics, Cambridge, MA.


P-463 DO ANEUPLOIDY RATES DIFFER IN BLASTOCYSTS BIOPSIED ON DAY 5 VS DAY 6? L. A. Bishop,1 C. M. Owen,2 G. Patounakis,3 M. J. Hill,4 K. Koniares,5 K. Devine,4 A. H. Decherney,1 J. Doyle1; 1Shady
Grove Fertility Reproductive Science Center, Rockville, MD, 2NIH/NICHD/PRAE, Bethesda, MD, 3Reproductive Medicine Associates of Florida, Lake Mary, Fl, 4NIH, Bethesda, MD, 5Georgetown University School of Medicine, Washington, DC, 6Shady Grove Fertility Center, Washington, DC, 7Eunice Kennedy Shriver National Institute of Child, Bethesda, MD.

P-464 EMBRYO EUPLOID RATE BASED ON DAY OF TROPHECTODERM BIOPSY. C. R. McCann,1 R. Halverson,2 P. S. Dudley,2 G. Ball; 1Embryology, Seattle Reproductive Medicine, Seattle, WA, 2Seattle Reproductive Medicine, Seattle, WA, 3IVF Laboratory, Seattle Reproductive Medicine, Seattle, WA.

P-465 EMBRYO EUPLOID RATE BASED ON EMBRYO QUALITY AT THE TIME OF BIOPSY. C. R. McCann,1 R. Halverson,2 P. S. Dudley,2 G. Ball; 1Embryology, Seattle Reproductive Medicine, Seattle, WA, 2Seattle Reproductive Medicine, Seattle, WA, 3IVF Laboratory, Seattle Reproductive Medicine, Seattle, WA.

P-466 DAY 6 PGS FRESH EMBRYO TRANSFER IMPROVES PREGNANCY OUTCOME AND REDUCE MISCARRIAGE RATE. G. A. Abdo, M. R. Goodwin, M. G. Abdo, F. Sharara; Virginia Center for Reproductive Medicine, Reston, VA.

P-467 NO DIFFERENCE IN EUPLOIDY RATES BETWEEN PATIENTS UNDER 35 AND OOCYTE DONORS DESPITE DIFFERENCES IN BLASTOCYST QUALITY AND DEVELOPMENTAL RATES. A. L. Broussard,1,2 R. Colver,1 L. Reuter,1 B. Bopp,1 M. Will,1 G. Adaniya; 1IVF, Midwest Fertility Specialists, Carmel, IN, 2Reproductive Clinical Science PhD 2019, Eastern Virginia Medical School, Norfolk, VA.

P-468 ANEUPLOIDY RATES IN EMBRYOS GENERATED FROM FRESH VERSUS FROZEN DONOR OOCYTES. C. Alouf, D. Neitzel, K. Robinson, M. Zhu, N. E. Faulkner; Good Start Genetics, Inc., Cambridge, MA.

P-469 COMPARISON OF OUTCOMES IN PGS CYCLES: FRESH OR FREEZE ALL? S. Kahraman, C. Pirkevi Cetinkaya; Assisted Reproductive Technologies and Reproductive Genetics Center, Istanbul Memorial Hospital, Istanbul, Turkey.

P-470 DECREASED MISCARRIAGE RATE AND INCREASED IMPLANTATION RATE BY PREIMPLANTATION GENETIC SCREENING (PGS) IN ADVANCED MATERNAL AGED WOMEN. S. Kim, C. V. Barnwell Gibson, J. L. Carrozzi, M. Chang, M. Bowling, J. Park, G. Couchman, B. Meyer; Carolina Conceptions, Raleigh, NC.

P-471 LIVE BIRTH OF EUPLOID EMBRYOS: AN UPDATE ON HOW MUCH STAGE, GRADES AND DAY OF BIOPSY MATTER. D. H. McCulloh,1 C. McCaffrey,2 H. Lee,3 N. Noyes; A. S. Berkeley,5 J. Grifo; 1Obstetrics and Gynecology, New York University Fertility Center, New York, NY, 2OB/Gyn, NYU Fertility Center, New York, NY, 3OB/GYN, New York Fertility Center, New York, NY, 4NYU School of Medicine, New York, NY, 5NYU Fertility Center, NYU School of Medicine, New York, NY, 6NYU Langone Fertility Center, NY, NY.

P-472 CONTROLLED OVARIAN HYPERSTIMULATION (COH) PARAMETERS ASSOCIATED WITH DONOR EUPLOIDY RATES. D. H. McCulloh,1 M. Allkani,2 S. Munne; 1Obstetrics and Gynecology, New York University Fertility Center, New York, NY, 2Reproductive Science Center of New Jersey, Eatontown, NJ.

P-473 ASSESSMENT OF FERTILITY CLINIC WEBSITES ON PREIMPLANTATION GENETIC SCREENING (PGS) AND PREIMPLANTATION GENETIC DIAGNOSIS (PGD). N. Joshi,1 T. Zore,1 S. B. Schon,3 P. Masson,4 J. L. Chan; 1Obstetrics and Gynecology, University of California Los Angeles, Los Angeles, CA, 2Reproductive Endocrinology and Infertility, Cedars-Sinai Medical Center, Los Angeles, CA, 3University of Michigan, Ann Arbor, MI, 4University of Pennsylvania, Philadelphia, PA.

P-474 VERSICAN AND PROSTAGLANDIN-ENDOPEROXIDE SYNTHASE 2 (PTGS2) GENE EXPRESSION IN CUMULUS CELLS AS A COMPLEMENT OF PREIMPLANTATION GENETIC TESTING: BETTER OUTCOMES FOR IN VITRO FERTILIZATION PREGNANCY. E. Lopez-Bayghen,1 E. Schaeffer,2 G. M. Ortiz Olivera,3 J. Pedraza,4 A. Ocampo-Barcenas; 1Toxicology, Cinvestav-IPN, Mexico, Mexico, 2Genetics and Molecular Biology, Cinvestav-IPN, Mexico City, Mexico, 3Lidmol and Reproductive Medicine, Instituto de Infertilidad y Genetica, Ingenes Mexico, Ciudad de Mexico, Mexico, 4FIV Lab, Instituto de Infertilidad y Genetica, Ingenes Mexico, Mexico, Mexico, 5Lidmol, Instituto de Infertilidad y Genetica, Ingenes Mexico, Mexico, Mexico.
Garrisi, S. Munne; 1CooperGenomics, Livingston, NJ, 2IRMS at Saint Barnabas, Livingston, NJ, 3Research, Reprogenetics, a CooperSurgical Company, Livingston, NJ, 4Reprogenetics, Highland Park, IL, 5Gynecology and Obstetrics, IRMS at Saint Barnabas, Livingston, NJ, 6Institute for Reproductive Medicine and Science at Saint Barnabas, Livingston, NJ.


P-477 THE IMPACT OF MITOCHONDRIAL DNA ON EMBRYO TRANSFER OUTCOMES. A. M. Klimczak, L. E. Pacheco, N. Massahi, J. P. Richards, W. G. Kearns, A. Saad, J. Crochet; 1University of Texas Medical Branch, Galveston, TX, 2AdvaGenix, Rockville, MD, 3Center of Reproductive Medicine, Webster, TX.

P-478 RE-BIOPSIED PGS EMBRYOS YIELD ACTIONABLE RESULTS. D. Neitzel, C. A. Alouf, K. Robinson, M. Zhu, N. Faulkner; Good Start Genetics, Inc., Cambridge, MA.


P-480 PRODUCTS OF CONCEPTION (POC) TESTING - COUNSELING AND MEDICAL MANAGEMENT CONSIDERATIONS FOR THE UNDER 35 CROWD. K. Merrion, M. K. Maisenbacher, M. J. Young, S. Sigurjonsson; Natera, Inc., San Carlos, CA.


P-482 GENETIC SCREENING AND TESTING IN PREGNANCIES CONCEIVED BY IN VITRO FERTILIZATION (IVF) WITH PREIMPLANTATION GENETIC SCREENING (PGS). S. Arian, L. Westerfield, H. Erfani, S. Nassef, A. Buffie, W. E. Gibbons, I. B. Van den Veyver; Obstetrics, Gynecology, and Reproductive Sciences, Baylor College of Medicine, Houston, TX, Molecular & Human Genetics, Baylor College of Medicine, Houston, TX.

P-483 WITHDRAWN


P-487 SUSTAINED IMPLANTATION RATE IS NOT IMPACTED BY INCREASING FRAGILE X PREMUTATION ALLELE SIZE. J. L. Bedard, C. Jalas, R. S. Zimmerman; 1R. T. Scott, Jr., 1FEIC, Basking Ridge, NJ, 2IVI/RMA, Basking Ridge, NJ.


P-489 ADVANCED PATERNAL AGE IS ASSOCIATED WITH A DECREASE IN FERTILIZATION RATES AND INCREASE IN BLASTOCYST SEX CHROMOSOME ANEUPLOIDY. A. Bartoli, K. L. Hornberger, A.
POSTER PRESENTATIONS & ABSTRACTS

P-490 Genome Copy Number Variations of Patients with Unexplained Recurrent Spontaneous Abortion. H. Xiang; Reproductive Medicine Center, the First Affiliated Hospital of Anhui Medical University, Hefei, China.

P-491 Formal Assessment of Egg Donors’ Family Histories by a Genetic Counselor Identifies New Risk Factors. G. Shepherd, S. Talcott Baughman, N. Peters, B. J. Bankowski, E. Barbieri, J. S. Hesla, E. Mounts; Oregon Reproductive Medicine, Portland, OR.

P-492 Recommendations for Acceptability of Gamete Donor Applicants Based on Diagnoses and Clinical Findings. L. J. Isley,1 P. Callum; 1Counsyl, South San Francisco, CA, 2California Cryobank, Los Angeles, CA.

P-493 The Correlation Between Number of Supernumerary Euploid Embryos and Live Birth Rate After Cryopreserved - Thawed Euploid Single Embryo Transfer (SET) is Age-Dependent. J. Jayakumaran, C. Silva, B. K. Gangrade, S. Patel; Center for Reproductive Medicine, Orlando, FL.

P-494 Association of Body Mass Index with Embryonic Aneuploidy in Patients Undergoing in Vitro Fertilization with Preimplantation Genetic Screening. J. Jayakumaran, S. Patel, B. K. Gangrade, C. Silva; Center for Reproductive Medicine, Orlando, FL.

P-495 Whole Exome Sequencing Identifies Novel Mutation in Anos1 in Siblings with Kallmann’s Syndrome. D. M. Lopategui,1 A. J. Griswold,2 H. Arora,3 R. Ramasamy4; 1Clinical and Translational Science Institute, University of Miami, Miami, FL, 2John P Hussman Institute for Human Genomics, University of Miami, Miami, FL, 3Urology, University of Miami, Miami, FL, 4University of Miami, Miami, FL.

P-496 Enhanced Bioinformatics and Proprietary Algorithms Developed for Next Generation Sequencing (NGS) Can Identify Balanced Translocations. P. R. Brezina,1 K. J. Tobler,2 P. Xia,3 J. Y. Maher,4 A. K. Dubey,5 W. G. Kearns6; 1Reproductive Endocrinology and Infertility, Vanderbilt University School of Medicine, Memphis, TN, 2Obstetrics and Gynecology, Womack Army Medical Center, Fayetteville, NC, 3Gynecology and Obstetrics, Johns Hopkins University School of Medicine, Lutherville, MD, 4Gynecology and Obstetrics – Reproductive Endocrinology, Johns Hopkins University School of Medicine, Lutherville, MD, 5North Carolina IVF Labs, Fayetteville, NC, 6Genetics, AdvaGenix and Johns Hopkins Medical Institute, Rockville, MD.

P-497 Enhanced Bioinformatics and Proprietary Algorithms for Next Generation Sequencing and Chromosome Analysis Can Identify ≤ 1 Mb Clinically Significant Deletions or Duplications in Preimplantation Embryos. J. Y. Maher,1 P. R. Brezina,2 K. J. Tobler,3 P. Xia,1 A. K. Dubey,4 W. G. Kearns6; 1Gynecology and Obstetrics – Reproductive Endocrinology, Johns Hopkins University School of Medicine, Lutherville, MD, 2Reproductive Endocrinology and Infertility, Vanderbilt University School of Medicine, Memphis, TN, 3Obstetrics and Gynecology, Womack Army Medical Center, Fayetteville, NC, 4North Carolina IVF Labs, Fayetteville, NC, 5Genetics, AdvaGenix and Johns Hopkins Medical Institute, Rockville, MD.

P-498 How to Give Genetic Counseling to Couples Applying for Human Leukocyte Antigen (HLA)-Matched Sibling? A Follow-Up of 520 Cycles. M. Cetinkaya, S. Kahraman; Assisted Reproductive Technologies and Reproductive Genetics Center, Istanbul Memorial Hospital, Istanbul, Turkey.

P-499 Clinical Error Rates of Next Generation Sequencing (NGS) Compared to Array Comparative Genomic Hybridization (ACGH) in Euploid Blastocysts. J. Friedenthal,1 S. M. Maxwell,2 A. W. Tieg,1 A. Besser,2 C. McCaffrey,2 S. Munne,3 N. Noyes,5 J. Grifo5; 1Obstetrics and Gynecology, NYU Langone Medical Center, New York, NY, 2OB/GYN, New York University Fertility Center, New York, NY, 3OB/GYN, New York University Fertility Center, New York, NY, 4NYU School of Medicine, New York, NY, 5NYU Langone Fertility Center.
MENTAL HEALTH

P-500 SELF-REPORTED HOME AND WORK STRESS AND TRYING TO CONCEIVE - USING BIG DATA IN THE STUDY OF INFERTILITY. C. Messerlian,1 B. Plaku-Alakbarova,1 A. Lange,2 J. Yeh,2 T. L. Toth,2 R. Hauser;1 Environmental Health, Harvard T.H. Chan School of Public Health, Boston, MA, 2Massachusetts General Hospital Fertility Center, Boston, MA.

P-501 THE EXPERIENCE OF CANADIAN GESTATIONAL CARRIERS (GC) WITH THE SURROGACY PROCESS. S. Yee,1 D. Gordon,2 Z. Shmorgun,1 S. Moskovtsev,1,2 K. Zohni,2 C. L. Librach1,2,3;1CREAte Fertility Centre, Toronto, ON, Canada, 2University of Toronto, Toronto, ON, Canada, 3Women’s College Hospital, Toronto, ON.

P-502 DEPRESSIVE SYMPTOMS, ANTIDEPRESSANT USE AND FERTILITY TREATMENT OUTCOMES. E. A. Evans-Hoeker,1 E. Eisenberg,2 R. S. Legro,3 M. P. Diamond,4 A. Z. Steiner5; Virginia Tech Carilion, Carilion Clinic, Roanoke, VA, 3NIH, Bethesda, MD, 4Penn State University College of Medicine, Hershey, PA, 5Augusta University, Augusta, GA. 4for the Reproductive Medicine Network, University of North Carolina, Chapel Hill, NC.

P-503 PRELIMINARY FINDINGS OF CONCERNS & CHALLENGES AMONG GAY FATHERS UTILIZING IVF & GESTATIONAL CARRIERS. J. Rehbein,1 K. Coyne,1 E. Kernmier,1 J. L. Madeira,2 A. S. Jaeger,3 G. Sylvestre-Margolis,4 S. R. Lindheim;1 Obstetrics & Gynecology, Wright State University, Boonshoft School of Medicine, Dayton, OH, 2Law, Indiana University, Bloomington, IN, 3Law Policy and Ethics, Santa Fe, NM, 4OB/GYN-REI, UMMC, Flowood, MS, 5Obstetrics & Gynecology, Wright State University, Dayton, OH.

P-504 ETHICAL VIEWS OF THIRD-PARTY REPRODUCTION AND ATTITUDES/UTILIZATION OF ADOPTION AMONG REPRODUCTIVE-AGED U.S. WOMEN. S. H. Bjorkman,1 E. Chan,2 S. C. Collins1; 1Department of Obstetrics, Gynecology, and Reproductive Sciences, Yale University School of Medicine, New Haven, CT, 2Sociology, Yale University, New Haven, CT.

P-505 IMPROVING INFORMED CONSENT (IC) TO IVF THROUGH A MULTIMEDIA PLATFORM (MP). K. Coyne,1 J. Rehbein,1 J. L. Madeira,2 A. S. Jaeger,3 J. P. Parry,4 G. Sylvestre-Margolis,5 S. R. Lindheim;1 Obstetrics & Gynecology, Wright State University, Boonshoft School of Medicine, Dayton, OH, 2Law, Indiana University, Bloomington, IN, 3Law Policy and Ethics, Santa Fe, NM, 4OB/GYN-REI, UMMC, Flowood, MS, 5Obstetrics & Gynecology, Wright State University, Dayton, OH.

P-506 THE FATE OF SUPERNUMERARY CRYOPRESERVED EMBRYOS: INSIGHTS INTO COUPLES’ DISPOSITION DECISIONS. K. Coyne,1 E. Luong,2 M. Lee,3 J. L. Madeira,4 A. S. Jaeger,5 J. P. Parry,6 S. R. Lindheim7; 1Wright State University, Dayton, OH, 2Obstetrics & Gynecology, Wright State University, Boonshoft School of Medicine, Dayton, OH, 3Epidemiology, Human Genetics and Environmental Sciences, University of Texas Health Science Center at Houston, School of Public Health, Houston, TX, 4Law, Indiana University, Bloomington, IN, 5Law Policy and Ethics, Santa Fe, NM, 6OB/GYN-REI, UMMC, Flowood, MS, 7Obstetrics & Gynecology, Wright State University, Dayton, OH.

P-507 CAN YOGA AFFECT IVF OUTCOMES? P. Nayar, K. D. Nayar, R. Ahuja, M. Singh, G. Kveton, N. Sharma, K. Nayar; Akanksha IVF Centre, New Delhi, India.

P-508 DO MENTAL HEALTH ASSESSMENTS OF IN-VITRO FERTILIZATION (IVF) PATIENTS DIFFER BY INFERTILITY DIAGNOSIS? A PROSPECTIVE STUDY. M. Raman,1 A. K. Lawson,1 S. Klock,1 R. Confino,1 J. E. Hirshfeld-Cytron,2 M. Pavone1; 1Northwestern University Feinberg School of Medicine, Chicago, IL, 2Fertility Centers of Illinois, Chicago, IL.

P-509 INFORM AND CONSENT TO IVF: MORE THAN JUST SIGN HERE. J. L. Madeira,1 K. Coyne,2 B. Williamson,2 J. P. Parry,3 S. R. Lindheim4; 1Law, Indiana University, Bloomington, IN, 2Obstetrics & Gynecology, Wright State University, Boonshoft School of Medicine, Dayton, OH, 3OB/GYN-REI, UMMC, Flowood, MS, 4Obstetrics & Gynecology, Wright State University, Dayton, OH.

P-510 THE IMPACT OF IN-PERSON AND ONLINE STRUCTURED YOGA PROGRAMS ON ANXIETY LEVELS IN PATIENTS AFTER IN VITRO FERTILIZATION (IVF) FAILURE: A PRELIMINARY ANALYSIS. A. E. Martini,1 K. Hammer,1 B. Heller,2 J. E. Hirshfeld-Cytron3; 1Department of Obstetrics and Gynecology, Rush University Medical Center, Chicago, IL, 2Pulling Down the Moon, Chicago, IL, 3Fertility Centers of Illinois, Chicago, IL.
P-511 WILL I EVER BE A DAD? DISTRESS, APPRAISAL AND COPING IN MALE INFERTILITY PATIENTS.
E. Noncent, 1 A. K. Lawson, 1 G. Mendoza, 2 R. E. Brannigan, 3 E. E. Marsh; 1Northwestern University, Feinberg School of Medicine, Chicago, IL, 2Stretch School of Medicine- Loyola University, Maywood, IL, 3Urology, Northwestern University, Feinberg School of Medicine, Chicago, IL, 4Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI.


P-518 A CHARACTERIZATION OF GESTATIONAL CARRIERS USING THE THEMATIC APPERCEPTION TEST.
M. P. Riddle; Department of Psychology, The Pennsylvania State University, University Park, PA.

NURSING

P-519 SIGNIFICANCE OF ENDOMETRIAL LINING DECREASE AFTER PROGESTERONE START IN SYNTHETIC FROZEN EMBRYO TRANSFER (FET) CYCLES.

MALE REPRODUCTION AND UROLOGY: CLINICAL

P-521 OFFICE-BASED MINIMALLY INVASIVE EPIDIDYMAL SPERM ASPIRATION (MIESA) FOR OBSTRUCTIVE AZOOSPERMIA (OA) RESULTS IN HIGH QUALITY CRYOPRESERVED SAMPLES AND EXCELLENT IN VITRO FERTILIZATION (IVF) OUTCOMES.
R. C. Owen, 1 J. E. Gray, 2 A. F. Fritz, 3 C. F. Boylan, 2 R. M. Coward; 1University of North Carolina, Chapel Hill, NC, 2UNC Fertility, Raleigh, NC.

P-522 PREDICTORS OF IMPROVEMENT IN SEMEN PARAMETERS IN MEN TREATED WITH CLOMIPHENE CITRATE.
D. Sharma, 1 J. Wang, 1 N. Starke, 1 P. K. Kavoussi, 2 R. A. Costabile, 1 R. Smith; 1University of Virginia, Charlottesville, VA, 2Reproductive Urology, Austin Fertility & Reproductive Medicine / Westlake IVF, Austin, TX.
P-523  CLINICAL VALUE OF ULTRASONOGRAPHIC (US) ANALYSIS OF SEMINIFEROUS TUBULES FOR PREDICTING SUCCESSFUL SPERM RETRIEVAL IN PATIENTS WITH NON-OBSTRUCTIVE AZOOSPERMIA (NOA). S. Narishio,1 T. Shio,1 K. Nakano,2 K. Yamamoto,2 G. Sukegawa,2 Y. Tsuji1; 1Urology, Tenjin Tsuji Clinic, Fukuoka City, Japan, 2Urology, Ebisu Tsuji Clinic, Shibuya, Japan.

P-524  IS LONGER BETTER? TOTAL MOTILE COUNT IMPROVES WITH LONGER ABSTINENCE PERIOD IN YOUNGER MEN. K. Van Heertum,1 G. Collins,1 K. Addae-Konadu,2 T. Segal,1 K. Khurana,2 J. M. Goldfarb,1 R. S. Weiner,1; 1University Hospitals Fertility Center, Beachwood, OH, 2Obstetrics and Gynecology, University Hospitals Cleveland Medical Center, Cleveland, OH.

P-525  PSYCHOSOCIAL CHARACTERISTICS OF MEN UNDERGOING MALE FERTILITY EVALUATIONS. S. Quallich,1 K. Lindstrom,1 M. Hadji-Moussa,1 J. M. Dupree,2 D. A. Ohi3; 1Urology, University of Michigan, Ann Arbor, MI, 2Urology and Obstetrics/Gynecology, University of Michigan, Ann Arbor, MI, 3University of Michigan, Ann Arbor, MI.

P-526  ANALYSIS OF SPERM FINDINGS WITH FNA “MAPPING” AFTER FAILED MICRODISSECTION. S. Jarvis,1 H. K. Yee,2 N. M. Thomas,3 K. C. Prasad,3 I. Cha,3 P. J. Turek2; 1Imperial College London, London, United Kingdom, 2The Turek Clinic, San Francisco and Beverly Hills, San Francisco, CA, 3Pathology, Marin Medical Laboratories, Greenbrae, CA.

P-527  DBPC STUDY SHOWED SIGNIFICANT CORRELATION OF DNA FRAGMENTATION INDEX (DFI) AND SEMINAL CARNITINE WITH PROGRESSIVE SPERM MOTILITY IN OLIGOSPERMIC MEN TREATED WITH METABOLIC ANDESSENTIAL NUTRIENTS. S. Micic,1 N. Lalic,1 N. Bojanic,2 D. Djordjevic,2 A. Virmani,3 A. Agarwal,1 Andrology, Uromedica Polyclinic, Belgrade, Serbia, 2Urologic Clinic, Clinical Center of Serbia, Belgrade, Serbia, 3Innovation, Research and Development, Sigma Tau HealthScience, Utrecht, Netherlands, 4Urology, Cleveland Clinic, Cleveland, OH.

P-528  PATIENT FACTORS INFLUENCING DECISION TO UNDERGO VASECTOMY REVERSAL. M. A. Moriarty, J. Harrell, J. Sandlow; Department of Urology, Medical College of Wisconsin, Milwaukee, WI.

P-529  DIFFERENT SPERM RETRIEVAL RATE RESULT FROM TWO TYPES OF PATHOLOGIC FEATURE IN KLINEFELTER SYNDROME DURING MICRO-TESE. J. Zhang,1 G. Liu2; 1Reproductive Center, Andrology, Guangzhou, China, 2Andrology, Reproductive Center, Sixth Affiliated Hospital of Sun Yat-Sen University, Guangzhou, China.

P-530  DO PREOPERATIVE HORMONE LEVELS PREDICT IMPROVEMENT IN SEMEN PARAMETERS FOLLOWING VASOOCLE LIGATION? D. P. Johnson,1 K. P. Zuk,2 J. Sandlow; 1Department of Urology, Urology, Milwaukee, WI, 2Department of Urology, Medical College of Wisconsin, Milwaukee, WI, 3Urology, Medical College of Wisconsin, Milwaukee, WI.

P-531  POSITIVE EFFECTS OF IN-VITRO MYO-INOSITOL SUPPLEMENTATION OF CRYOPRESERVED HUMAN SPERM ON THE OUTCOME OF CRYOPRESERVATION: A RANDOMIZED CONTROLLED TRIAL. R. Saleh,1,2 H. Assaf,1 W. Abd El Maged,1 M. Fawzy,2 M. A. Elsuity1; 1Department of Dermatology, Venereology and Andrology, Faculty of Medicine, Sohag University, Sohag, Egypt, 2Ajlal IVF Center, Ajlal Hospital, Sohag, Egypt.

P-532  SPERM SOURCE INFLUENCES THE EXTENT OF DNA FRAGMENTATION AND SHAPES REPRODUCTIVE OUTCOME. A. Parrella,1 C. O’Neill,1 S. Chow,1 M. Goldstein,2 Z. Rosenwaks,1 G. D. Palermo1; 1Reproductive Medicine, Weill Cornell Medicine, New York, NY, 2Male Reproductive Medicine and Andrology, Weill Cornell Medicine, New York, NY.

P-533  VARICOCELE-INDUCED MALE INFERTILITY - A MITOCHONDRIAL DISEASE. L. Samanta,1,2 A. Agarwal,1 R. Sharma,1 N. Swain,2 E. S. Sabanegh3; 1American Center for Reproductive Medicine, Cleveland Clinic, Cleveland, OH, 2Department of Zoology, Ravenshaw University, Cuttack, India, 3Urology, Cleveland Clinic, Cleveland, OH.

P-534  SUBCLINICAL VARICOCELE CORRECTION RESULTS IN IMPROVED PREGNANCY RATES: A SYSTEMATIC REVIEW AND META-ANALYSIS. T. P. Kohn,1 A. W. Pastuszak2; 1Baylor College of Medicine, Houston, TX, 2Scott Department of Urology, Baylor College of Medicine, Houston, TX.

P-535  VARICOCELE REPAIR ALTERS SPERM PROTEIN COMPOSITION. M. Camargo,1 L. Berloffa Belardin,1 P. Intasqui,2 M. P. Antoniassi,1 K. Cardozo,2 V. Carvalho,2 R. Bertolla1; 1Sao Paulo Federal University, Sao Paulo, Brazil, 2Fleury Group, Sao Paulo, Brazil.
P-536 MICROSURGICAL VARICOCELE REPAIR INDUCES SPERMATOGENESIS AMONG MEN WITH NON OBSTRUCTIVE AZOOSPERMIA: A 25 YEAR EXPERIENCE. R. Flannigan,1 P. V. Bach,2 M. Goldstein3; 1Urology, Weill Cornell Medicine, New York, NY, 2Weill Cornell Medical College, New York, NY, 3Male Reproductive Medicine, and Urology, Weill Cornell Medical College, New York Presbytery, New York, NY.

P-537 IDENTIFICATION OF SPERM PROTEINS ASSOCIATED WITH INFERTILITY IN MEN WITH SEMINOMA OF GERM CELL TUMOUR USING LTQ-ORBITRAP ELITE HYBRID MASS SPECTROMETRY SYSTEM. A. Agarwal,1 P. N. Pushparaj,2 G. Ahmad,3,4,5 M. Abu-Elmagd,2 M. Assidi,2 E. S. Sabanegh,1 R. Sharma1; 1Urology, Cleveland Clinic, Cleveland, OH, 2Center of Excellence in Genomic Medicine Research, Jeddah, Saudi Arabia, 3American Center for Reproductive Medicine, Cleveland Clinic, Cleveland, OH, 4College of Medicine, Prince Sattam Bin Abdulaziz University, Riyadh, Saudi Arabia, 5Physiology, University of Health Sciences, Lahore, Pakistan.

P-540 LARGE SCALE MRNA AND PI RNA SEQUENCING ANALYSIS OF TESTIS BIOPSIES FROM FERTILE AN INFERTILE MEN REVEALS DIFFERENCES BETWEEN MRNA AND PI RNA EXPRESSION DURING SPERMATOGENESIS CYCLE. R. Flannigan,1 A. Mielnik,2 A. Bolyakov,1 F. Khani,3 B. D. Robinson,3 P. N. Schlegel,2 D. A. Paduch4; 1Urology, Weill Cornell Medical College, New York, NY, 2Urology, Weill Cornell Medical College, New York, NY, 3Pathology, Weill Cornell Medicine, New York, NY, 4Weill Cornell Medical College, New York, NY.

P-541 ALTERATIONS IN SPERM DNA METHYLATION PATTERNS ARE ASSOCIATED WITH SEMEN PARAMETERS IN SUBFERTILE MALES. M. M. Laqqan, Y. Alkhaled, M. Hammadeh; Obstetrics & Gynecology, Saarland University, Homburg, Germany.

P-542 RITALIN A DRUG TO TREAT ATTENTION DEFICIT HYPERACTIVITY DISORDER STIMULATES HUMAN SPERM MOTILITY AND MAINTAINS VITALITY IN VITRO. A. Harlev,1 R. Henkel,2 A. Agarwal; 1Fertility and IVF Unit, Soroka Medical Center, Soroka Medical Center, Ben-Gurion University, Beer Sheva, Israel, 2Department of Medical Bioscience, University of the Western Cape, Bellville, South Africa, 3American Center for Reproductive Medicine, Cleveland Clinic, Cleveland, OH.

P-543 SUBCUTANEOUS LEYDIG STEM CELL AUTOGRIFT IN HUMAN: A NOVEL APPROACH TO INCREASE SERUM TESTOSTERONE. H. Arora,1 J. Hare,2 R. Ramasamy3; 1Urology, University of Miami, Miami, FL, 2Miami, FL, 3University of Miami, Miami, FL.

P-544 CRYPTOZOOSPERMIA. T. Bakare,1 R. Abou Ghayda,1 N. Abhyankar,1 O. Shoshany,2 C. Niederberger; 1Urology, University of Illinois, Chicago, IL, 2Urology, Tel-Aviv University, Tel-Aviv, Israel, 3University of Illinois at Chicago, Chicago, IL.

P-545 IMPACT OF DNA METHYLATION IN FERTILE AND SUBFERTILE PATIENTS ON SPERM PARAMETERS AND FERTILIZATION RATE. Y. A. Alkhaled, M. M. Laqqan, M. Hammadeh; Obstetrics & Gynecology, IVF Lab, Saarland University, Homburg, Germany.

P-546 ADVERSE EFFECTS OF PROLONGED USE OF PAUSINYSTALIA YOHIMBE ON SPERM AND REPRODUCTIVE ORGANS IN RATS. L. C. Ajonuma,1 S. A. Bamiro,1 S. L. Makanjuola2; 1Department of Physiology, Lagos State University College of
Oxidative Stress

P-550 Relationship Between Seminal Oxidation Reduction Potential and Sperm DNA Fragmentation in Infertile Men. A. Agarwal, M.M. Arafa, H. Elbardisi, A. Majzoub, S.S. Alsaid; Urology, Cleveland Clinic, Cleveland, OH, Urology, Hamad Medical Corporation, Doha, Qatar.

P-551 Oxidation Reduction Potential is a Surrogate Marker of Poor Sperm Quality. A. Agarwal, S. Wang, S. Gupta, R. Sharma, E.S. Sabanegh; American Center for Reproductive Medicine, Cleveland Clinic, Cleveland, OH, Urology, Cleveland Clinic, Cleveland, OH.

P-552 Oxidation Reduction Potential: A Reliable and Reproducible Method. A. Agarwal, M.M. Arafa, R. Chandrakumar, A. Majzoub, H. Elbardisi; American Center for Reproductive Medicine, Cleveland Clinic, Cleveland, OH, Urology, Hamad Medical Corporation, Doha, Qatar.

P-553 Multi-Center Evaluation of Oxidation Reduction Potential Assay in the Infertile Male. A. Agarwal, R. Chandrakumar, M.M. Arafa, H. Elbardisi, H. Okada, K. Suzuki, S. Homa, A. Killeen, B. Balaban, A. Ayaz, R. Saleh, A. Armagan, S. Roychoudhury, S.C. Sikka; 1American Center for Reproductive Medicine, Cleveland Clinic, Cleveland, OH, 2Urology, Hamad Medical Corporation, Doha, Qatar, 3Urology, Dokkyo Medical University, Koshigaya, Japan, 4The Doctor’s Laboratory, London, United Kingdom, 5American Hospital of Istanbul, Turkey Head of IVF, Istanbul, Turkey, 6Urology, Tulane University, New Orleans, LA, 7Andrology, Sohag University, Sohag, Egypt, 8Urology, Bezmialem Vakif University, Istanbul, Turkey.

P-554 High Seminal Oxidation Reduction Potential in Cryopreserved Semen from Infertile Men is a Marker of Poor Post-Thaw Sperm Quality. R. Saleh, A. Agarwal, M. Elsuity; 1Dermatology, Venereology and Andrology, Faculty of Medicine, Sohag University, Sohag, Egypt, 2Ajyal Hospital, Sohag, Egypt, 3Urology, Cleveland Clinic, Cleveland, OH.

P-555 Differential Expression and Localization of Ace and Map3k3 in Oxidative Stress Related Male Infertility. A. Ayaz, N. Kothandaraman, A. Agarwal, Z. Cakar, S. Sikka, J. Pasley, R. Sharma; 1American Center for Reproductive Medicine, Cleveland Clinic, Cleveland, OH, Urology, Tulane University Health Sciences Center, New Orleans, LA, Urology, Cleveland Clinic, Cleveland, OH.

P-556 Progesterone (P4) Attenuates Oxidative Stress Induced and Fas Ligand Mediated Apoptosis of Human Granulosa/Luteal (HGL) Cells by Different Mechanisms. E. Anspach Will, X. Liu, J. Peluso; University of Connecticut Health Center, Farmington, CT.

P-557 A Predictive Fertility Treatment Model Based on Oocyte Quality and Reactive Oxygen Species. R. Jeelani, S. R. Aldaheri, H. Kohan-Ghadr, S. Khan, R. T. Morris, H. M. Abu-Soud; 1 REI, Wayne State University, Royal Oak, MI, 2Wayne State University, Detroit, MI, 3Wayne State University School of Medicine, Detroit, MI, 4Oncology, Wayne State University, Detroit, MI, 5Ob/Gyn, Wayne State University, Detroit, MI.
P-558 ACROLEIN: A COMMON TOXIN IMPACTING REPRODUCTIVE POTENTIAL. R. Jeelani,1 S. R. Aldhaheri,2 S. Mikhail,3 H. Kohan-Ghadir,4 R. T. Morris,5 H. M. Abu-Soud6; 1REI, Wayne State University, Royal Oak, MI, 2Obstetrics and Gynecology, Providence Hospital/Michigan State University College of Human Medicine, Southfield, MI, 3Wayne State University School of Medicine, Detroit, MI, 4Ob/Gyn, Wayne State University, Detroit, MI.

P-559 BISPHENOL A INDUCES INFLAMMATION AND PROLIFERATION IN HUMAN ENDOMETRIAL CELLS. Y. Cho,1 M. Han,1 S. Park,2 J. Park1; 1Dong-A University Medical Center, Busan, Korea, Republic of, 2Dong A Univ., Busan, Korea, Republic of.

P-560 AN ANALYSIS OF THE EFFECTS OF PARTICULATE MATTER ON OVARIAN RESERVE. R. Grimes,1 B. Pier,2 M. McLean; 1Obstetrics and Gynecology, University of Alabama Birmingham, Birmingham, AL, 2Obstetrics and Gynecology, Division of REI, UAB, Birmingham, AL.


P-562 RELATIONSHIP BETWEEN HEAVY METAL CONCENTRATION AND NUMBER OF SPONTANEOUS ABORTION EXPERIENCES IN KOREAN WOMEN: A RETROSPECTIVE STUDY OF THE 6TH KOREAN NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY. E. Yu,1 C. Sim,1 D. Park,1 Y. Koh,1 J. Heo,1 S. Choe,1 J. Kim,1 M. Koong,1 I. Kang,1 T. K. Yoon,1 Y. Kim2; 1Department of Obstetrics and Gynecology, Fertility Center of CHA Gangnam Medical Center, CHA University, Seoul, Korea, Republic of, 2CHA Fertility Center, Seoul Station, Seoul, Korea, Republic of.

P-563 SUPRATHERAPEU TIC LEVELS OF BIOAVAILABLE VITAMIN D ARE ASSOCIATED WITH POOR IVF OUTCOMES IN ASIAN WOMEN, BUT NOT IN WHITE WOMEN. S. A. Thomas,1 R. Jeelani,1 S. R. Aldhaheiri,2 C. R. Washington,4 R. T. Morris,5 H. M. Abu-Soud6; 1Obstetrics and Gynecology, Providence Hospital/Michigan State University College of Human Medicine, Southfield, MI, 2Obgyn, The C.S. Mott Center for Human Growth and Development, Wayne State University, Detroit, MI, 3REI, Wayne State University, Royal Oak, MI, 4OGYN, Wayne State University, Detroit, MI, 5Ob/Gyn, Wayne State University, Detroit, MI.
P-569  RELATIONSHIP OF URINARY PHTHALATE CONCENTRATIONS TO FEMALE INFERTILITY DIAGNOSIS. C. K. Sites,1 P. St. Marie,2 H. Wu,3 T. Rahil,4 J. R. Pilsner5; 1Obstetrics and Gynecology, Baystate Medical Center, Springfield, MA, 2Epidemiology and Biostatistics, Baystate Medical Center, Springfield, MA, 3Environmental Health Sciences, UMass Amherst, Amherst, MA, 4Reproductive Biology/IVF, Baystate Medical Center, Springfield, MA, 5Environmental Health Sciences, School of Public Health, University of Massachusetts, Amherst, MA.

P-570  CHRONODISRUPTION AND DECREASED ANTRAL FOLLICLE COUNT. A. Eskew,1 L. Reschke,1 D. E. Broughton,2 M. Schulte,3 E. Junghaenel4; 1Washington University School of Medicine, St. Louis, MO, 2Obstetrics and Gynecology, Infertility and Reproductive Medicine Center, Washington University in St. Louis, St. Louis, MO, 3Washington University in St Louis, St Louis, MO, 4Obstetrics and Gynecology, Washington University, St. Louis, MO.

P-571  SHIFT WORK IS ASSOCIATED WITH ALTERED SEMEN PARAMETERS IN INFERTILE MEN. T. P. Kohn,1 A. W. Pastuszak2; 1Baylor College of Medicine, Houston, TX, 2Scott Department of Urology, Baylor College of Medicine, Houston, TX.


P-573  HIGH MATERNAL ESTRADIOL PROGRAMMING DYSLIPIDEMIA IN OFFSPRING VIA ALTERED LONG NON-CODING RNAs IN FETAL LIVERS. Y. Meng,1 H. Huang2; 1Department of Obstetrics and Gynecology, Anhui Medical University, Anhui Provincial Hospital, Hefei, China, 2International Peace Maternity and Child Health Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China.

P-574  AMBIENT AIR POLLUTION IS ASSOCIATED WITH SUCCESS OF IN-VITRO FERTILIZATION CYCLES: A RETROSPECTIVE STUDY IN SEOUL, KOREA. S. Choe,1 S. Kim2 Y. Jun,3 W. Lee,4 I. Kang,5 M. Koong,6 J. Heo,7 C. Sim,8 Y. Koh,9 D. Park,10 T. K. Yoon10; 1Obstetrics and Gynecology, CHA University, College of Medicine, Seoul, Korea, Republic of, 2Institute of Health & Environment, Seoul National University, Seoul, Korea, Republic of, 3Seoul National University, Seoul, Korea, Republic of, 4Ob/Gyn Dept., Gangnam CHA Hospital, Seoul, Korea, Republic of, 5Obstetrics and Gynecology, CHA University School of Medicine, Seoul, Korea, Republic of, 6CHA University School of Medicine, Seoul, Korea, Republic of, 7Fertility Center, CHA Gangnam Medical Center, Seoul, Korea, Republic of, 8Gangnam CHA Infertility Center, Gangnam CHA Hospital, Seoul, Korea, Republic of, 9Fertility Center, CHA Gangnam Medical Center, CHA University, Seoul, Korea, Republic of, 10Fertility Center, CHA Gangnam Medical Center, College of Medicine, CHA University, Seoul, Korea, Republic of.


P-576  HYPEROSMOTIC STRESS, METFORMIN, BR-DIM CAUSE AMPK-DEPENDENT ANABOLISM, GROWTH, AND STEMNESS FACTOR DECREASES MORE STRONGLY IN 2-CELL EMBRYOS THAN BLASTOCYSTS. E. Puscheck,1 A. Bolnick,2 D. Rappolee3; 1OB/GYN, Wayne State University School of Medicine, Detroit, MI, 2Obstetrics and Gynecology, Wayne State University, Detroit, MI, 3OB/GYN, Wayne State University School of Medicine, Grosse Pointe Farms, MI.

P-577  IMATINIB MAY DISRUPT EPIGENETIC REGULATION OF PLACENTAL DEVELOPMENT. W. Salem,1 C. Krapp,2 R. Paulson3 K. Chung,4 R. Nowak,4 M. S. Bartolomei,5 L. K. McGinnis6; 1OB/GYN, USC, Los Angeles, CA, 2UPENN, Philadelphia, PA, 3USC, Los Angeles, CA, 4Univ of Illinois, Urbana, IL.

P-578  PHTHALATES MAY ALTER MACROPHAGE SIGNALING TO PROMOTE A PERMISSIVE ENVIRONMENT FOR THE INITIATION OF ENDOMETRIOSIS. A. D. Greene,1 J. M. Sroga,1 M. A. Thomas,1 K. A. Burns2; 1Obstetrics and Gynecology, University of Cincinnati, Cincinnati, OH, 2Environmental Health, University of Cincinnati, Cincinnati, OH.
P-579  SEROPREVALENCE OF ZIKA VIRUS IN AN IVF CLINIC IN SÃO PAULO - BRAZIL.  M. O. Cassara,1 C. E. Busso,2 L. O. Tso,1 R. Sabato Romano,1 C. G. Rubin,2 N. Busso3; 1Human Reproduction, Projeto ALFA, São Paulo, Brazil, 2Projeto ALFA, São Paulo, Brazil, 3ALFA Project - Assisted Fertilization, São Paulo, Brazil.

P-580  KNOWLEDGE, ATTITUDES AND PRACTICES OF PATIENTS OF A FERTILITY CLINIC IN A ZIKA- ENDEMIC CARIBBEAN COUNTRY.  D. A. Dickson,1 S. Mankee-Sookram,1 N. Jess,1 C. L. Minto-Bain,2 S. Ramsewak1; 1Embryology, Trinidad & Tobago IVF and Fertility Centre, Maraval, Trinidad and Tobago, 2Trinidad & Tobago IVF & Fertility Centre, Maraval, Trinidad and Tobago.

P-581  ZIKA VIRUS AWARENESS AMONGST PATIENTS SEEKING CONCEPTION VERSUS REPRODUCTIVE ENDOCRINOLOGY PHYSICIANS.  J. M. Aly,1 S. E. Pollack,2 M. G. Vega2; 1OBGYN, Cooper University Hospital, Camden, NJ, 2OBGYN, Albert Einstein College of Medicine, Bronx, NY, Department of Obstetrics & Gynecology & Women’s Health, Montefiore Medical Center/ Albert Einstein College of Medicine, Bronx, NY.

P-582  THE IMPACT OF ZIKA VIRUS ON REPRODUCTIVE PLANNING IN AN INFERTILE POPULATION.  A. W. Tiegs,1 S. Willson1, Y. Kramer,2 D. H. McCulloh,2 C. McCaffrey,2 K. N. Goldman2; 1NYU School of Medicine, New York, NY, 2NYU Fertility Center, New York, NY.

P-583  KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING ZIKA VIRUS IN PATIENTS PRESENTING FOR INFERTILITY TREATMENT AND HEALTH CARE PROFESSIONALS.  A. Raman, J. P. Dubaut, H. R. Burks, A. Quaas; Obstetrics & Gynecology, University of Oklahoma Health Sciences Center, Oklahoma City, OK.

P-584  ZIKA VIRUS - HOW WELL DO PHYSICIANS ADHERE TO PUBLISHED GUIDELINES?  M. G. Vega,1 J. M. Aly,2 S. E. Pollack; 1Department of Obstetrics & Gynecology & Women’s Health, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, NY, 2OBGYN, Cooper University Hospital, Camden, NJ, 3OBGYN, Albert Einstein College of Medicine, Bronx, NY.

P-585  EMBRYO-ENDOMETRIAL CROSSTALK: IS TRANSFERRING A POOR QUALITY EMBRYO WITH A HIGH GRADE BLASTOCYST DETRIMENTAL?  M. T. Connell,1 J. M. Csokmay,2 A. Y. Christy,3 A. A. Eubanks,2 A. DeCherney,1 K. Devine,4 E. Levens,4 M. J. Hill1; 1NIH, Bethesda, MD, 2Walter Reed National Military Medical Center, Bethesda, MD, 3Women’s Health Services, V.A., Kensington, MD, 4Shady Grove Fertility Center, Rockville, MD.

P-586  FRESH TRANSFER COMPARED TO PRIMARY FROZEN EMBRYO TRANSFER (FET): RETROSPECTIVE ANALYSIS OF DEMOGRAPHICS, CYCLE CHARACTERISTICS AND IMPLANTATION, PREGNANCY, AND LIVE BIRTH RATES.  J. Stanhisler,1 B. Hayward,2 S. Ansari,3 M. C. Mahony,2 M. A. Fritz,1 J. E. Mersereau1; 1University of North Carolina, Chapel Hill, NC, 2EMD Serono Inc., Rockland, MA, 3Prometrika, LLC, Cambriedge, MA.

P-587  TRENDS AND CORRELATES OF MALE SEX AMONG ASSISTED REPRODUCTIVE TECHNOLOGY BIRTHS IN THE UNITED STATES.  J. L. Narvaez,1 J. Chang,2 S. Boulet,2 M. Davies,4 D. M. Kissin5; 1Department of Gynecology and Obstetrics, Emory University School of Medicine, Atlanta, GA, 2CDC, Atlanta, GA, 3Centers for Disease Control and Prevention, Atlanta, GA, 4University of Adelaide, Adelaide, Australia, 5Division of Reproductive Health, Centers for Disease Control and Prevention, Atlanta, GA.

P-588  DOES THE SEMINAL CRYOPRESERVATION INFLUENCE IN EMBRYONIC KINETICS AND CLINICAL RESULTS?  M. Martinez Morales,1 M. Meseguer,2 I. Perez-Cano,1 G. Leon,1 B. Gadea,1 M. Roldan,1 P. Hernandez-Vargas,1 N. Galindo,3 V. Legidos,3 M. Munoz5; 1IVF Laboratory, Embryology, Alicante, Spain, 2Clinical Embryology, Valencia, Spain, 3IVI Alicante, Gynecologist, Alicante, Spain.

P-590  IMPLANTATION AND LIVE BIRTHS FOLLOWING TRANSFER OF 0PN EMBRYOS IN NATURAL CYCLE IVF.  C. Potts,¹ J. D. Gordon,² M. DiMattina,² A. Florentino,² G. F. Celia⁵; ¹Inova Fairfax Hospital, Falls Church, VA, ²Dominion Fertility, Arlington, VA, ³Ob/Gyn, Eastern Virginia Medical School, Norfolk, VA.

P-591  IVF TRIGGER TYPE DOES NOT IMPACT ANEUPLOIDY RATES IN PGS EMBRYOS.  L. A. Bishop,¹ C. M. Owen,² G. Bell,³ K. Devine,⁴ K. Koniares,⁵ A. H. DeCherney,⁶ J. E. O’Brien⁷; ¹Shady Grove Fertility Reproductive Science Center, Rockville, MD, ²NIH/NICHD/PRAE, Bethesda, MD, ³Eunice Kennedy Shriver National Institute for Child Health and Human Development, Bethesda, MD, ⁴Shady Grove Fertility Center, Washington, DC, ⁵Georgetown University School of Medicine, Washington, DC, ⁶Eunice Kennedy Shriver National Institute of Child Health and Human Development, Bethesda, MD, ⁷Shady Grove Fertility, Rockville, MD.

P-592  ASSOCIATION BETWEEN AGE, ANTI-MULLERIAN HORMONE AND BIOCHEMICAL PREGNANCY LOSS.  L. A. Bernardi, N. King, J. Zhang, R. B. Barnes, J. Robins; Northwestern University Feinberg School of Medicine, Chicago, IL.

P-593  CDC REPORTED ASSISTED REPRODUCTIVE TECHNOLOGY (ART) LIVE BIRTH RATES ARE MISLEADING TO THE PUBLIC.  V. A. Kushnir,¹ J. Choi,¹ S. Darmon,¹ D. Albertini,¹ H. Barack,¹ N. Gleicher¹,¹²; ¹Center for Human Reproduction, New York, NY, ²Wake Forest School of Medicine, Winston-Salem, NC, ³Weikoff Heights Medical Center, Brooklyn, NY, ⁴Rockefeller University, New York, NY, ⁵Medical University Vienna, Vienna, Austria.

P-594  A MACHINE LEARNING ALGORITHM APPLIED TO TIME LAPSE DATA PROVIDES A ROBUST MODEL TO PREDICT EMBRYO DEVELOPMENT AND DEMONSTRATES IMPORTANT ROLES FOR MULTINUCLEATION AND CLEAVAGE TIME.  L. Wang,¹ H. Liu,² J. Zhang,² D. L. Keefe³; ¹Obstetrics and Gynecology, New York University School of Medicine, New York, NY, ²New Hope Fertility Center, New York, NY, ³ObGyn, New York University Langone Medical Center, New York, NY.

P-595  MORULA AND CAVITATING MORULA, IS IT REALLY ALMOST A BLASTOCYST?  J. Haas,¹ J. S. Meriano,² R. Bassil,² R. Casper³; ¹TRIO Fertility Partners, Toronto, ON, Canada, ²Embryology, Trio Fertility, Toronto, ON, Canada, ³University of Toronto, Toronto, ON, Canada, ⁴Professor, University of Toronto, Toronto, ON, Canada.

P-596  WHAT IS THE OPTIMAL TIMING OF EMBRYO TRANSFER WHEN THERE ARE ONLY UP TO TWO EMBRYOS AT CLEAVAGE STAGE?  J. Haas,¹ J. S. Meriano,² R. Bassil,³ R. Casper³; ¹TRIO Fertility Partners, Toronto, ON, Canada, ²Embyrology, Trio Fertility, Toronto, ON, Canada, ³TRIO Fertility Partners, University of Toronto, Toronto, ON, Canada, ⁴Professor, University of Toronto, Toronto, ON, Canada.

P-597  INTRACYTOPLASMIC SPERM INJECTION USE IN STATES WITH AND WITHOUT INSURANCE COVERAGE FOR INFERTILITY TREATMENT IN THE UNITED STATES, 2000-2014.  A. Dieke,¹ A. Mehta,² D. M. Kissin,¹ A. Nangia,² L. Warner,¹ S. Boulet¹; ¹Division of Reproductive Health, Centers for Disease Control and Prevention, Atlanta, GA, ²Department of Urology, Emory University School of Medicine, Atlanta, GA, ³Urology, University of Kansas Medical Center, Kansas City, KS.

P-598  PREGNANCY OUTCOMES FOR WOMEN WITHOUT A MALE PARTNER UNDERGOING DONOR INSEMINATION.  C. S. Ladanyi,¹ W. Y. Craig,² K. A. Maas,³ A. Penzias,³ L. Lannon⁵; ¹OB/GYN, Maine Medical Center, Portland, ME, ²Center for Outcomes Research and Evaluation, Maine Medical Center Research Institute, Scarborough, ME, ³OB/GYN - Reproductive Endocrinology and Infertility, Fertility Specialists Medical Group, San Diego, CA, ⁴Boston IVF, So. Portland, ME.

P-599  NEW RISK FACTORS FOR THE DEVELOPMENT OF ENDOMETRIAL FLUID IN STIMULATED IVF.  P. Pradervand,¹ R. Antaki,¹ A. Guedon,¹ S. Phillips,² I. Kadoch,¹ L. Lapensee¹,¹²; ¹Centre Hospitalier Universitaire de Montreal, Montreal, QC, Canada, ²VCOV Fertility, Montreal, QC, Canada.

P-600  ASSISTED REPRODUCTIVE TECHNOLOGY & RISK OF CHILDHOOD CANCER: ANALYSIS WITHIN ART BIRTHS BY PLURALITY.  B. Luke,¹ M. B. Brown,² L. G. Spector³; ¹Obstetrics, Gynecology, and Reproductive Biology, Michigan State University, East Lansing, MI, ²Biostatistics, University of Michigan, Ann Arbor, MI, ³Pediatrics, University of Minnesota, Minneapolis, MN.
P-601 FACTORS AFFECTING SEX RATIO OF OFFSPRING FROM FROZEN-TAHMED EMBRYO TRANSFER CYCLES OF IN VITRO FERTILIZATION/INTRACYTOPLASMIC SPERM INJECTION. T. Du,1,2 Y. Kuang3; 1Department of Assisted Reproduction, Shanghai Ninth People’s Hospital, Shanghai, China, 2Shanghai First Maternity and Infant Hospital, Shanghai, China.

P-602 UNIVERSAL PATERNAL RH SCREENING IN THE IVF POPULATION: A DECISION MODEL TO ASSESS COST AND EFFECT. P. Bortolotto,1 W. J. Huber,2 E. F. Werner,2 R. Alvero2; 1Brigham and Women’s Hospital, Boston, MA, 2Warren Alpert Medical School of Brown University, Women & Infants Hospital of Rhode Island, Providence, RI.

CLINICAL FEMALE INFERTILITY AND GYNECOLOGY

P-603 PERINATAL OUTCOMES AMONG SINGLETONS AFTER ASSISTED REPRODUCTIVE TECHNOLOGY VERSUS FROM NATURAL PREGNANCY. Y. Guan,1 H. Fan2; 1Reproductive Endocrinology, Zhengzhou, China, 2Reproductive Medicine Center, Reproductive Medicine, Zhengzhou, China.

P-604 INFERTILITY AND MENSTRUAL CYCLE HISTORY ARE NOT ASSOCIATED WITH MATERNAL SUBCLINICAL CARDIOVASCULAR DISEASE 4 TO 12 YEARS AFTER DELIVERY. M. N. Menke,1 B. Sun,2 J. M. Catov3; 1Obstetrics, Gynecology & Reproductive Sciences, Magee-Womens Hospital/University of Pittsburgh, Pittsburgh, PA, 2Epidemiology, University of Pittsburgh, Pittsburgh, PA.

P-605 A NOVEL CONTACT FREE SENSOR FOR THE PREDICTION OF OVULATION AND FERTILE WINDOW. E. Maman,1,2 E. M. Segal,3 Y. Hadida Sarda,3 M. Baum,1,2 A. Houvitz2; 1IVF Unit and Reproduction Lab, Sheba Medical Center, Ramat Gan, Israel, 2IVF Unit, Her ziya Medical Center, Herzliya, Israel, 3EarlySense LTD, Ramat Gan, Israel, 4IVF Unit and Reproduction Lab, Sheba Medical Center, Ramat-Gan, Israel.

P-606 GATA2 DEFICIENCY: PRE AND POST-TRANSPLANT PERSISTENCE OF HUMAN PAPILLOMA VIRUS ON CERVICAL SAMPLING. J. Pilgrim,1 J. R. Zolton,1 T. Parikh,1 M. J. Hill,1 S. M. Holland,1 D. D. Hickstein,2 A. H. DeCheney2; 1NIH, Bethesda, MD, 2ETIB, NCI, Bethesda, MD.

P-607 THE ARCUATE UTERUS: IS THERE AN IMPACT ON ART OUTCOMES AFTER EUPLOID EMBRYO TRANSFER? E. Surrey,1 M. Katz-Jaffe,1 R. L. Surrey,2 A. Small1, R. Gustofson1; 1Colorado Center for Reproductive Medicine, Lone Tree, CO, 2George Washington University School of Medicine and Health Sciences, Washington, DC.

P-608 COST EFFECTIVENESS COMPARISON OF FROZEN TAHMED BLASTOCYST STAGE EMBRYO TRANSFER IN OVULATION INDUCTION (LETROZOLE), NATURAL AND DOWN-REGULATED HORMONE REPLACEMENT CYCLES: A PROPENSITY SCORE MATCHED STUDY. J. Jayakumaran, S. Patel, B. K. Gangrade, C. Silva; Center for Reproductive Medicine, Orlando, FL.

P-609 SPONTANEOUS MISCARRIAGE FOLLOWING TRANSFER OF EUPLOID EMBRYOS. R. Rydze,1 K. Kaskar,2 R. A. Cochran,1 H. Sangi-Haghpeykar,2 W. E. Gibbons,3 P. W. Zurutksie1; 1Baylor College of Medicine, Houston, TX, 2Obstetrics and Gynecology, Baylor College of Medicine, Houston, TX, 3Department Ob/Gyn, Baylor College of Medicine, Houston, TX.

P-610 ESTABLISHING AN ALGORITHM TO PREDICT THE AGE-SPECIFIC NUMBER OF OOCYTES NEEDED TO YIELD A BLASTOCYST. M. P. Purdy,1 T. L. Jones,1 C. C. Shenoy,1 E. A. Stewart,1 M. Hathcock,2 C. Coddington; 1Obstetrics and Gynecology, Mayo Clinic, Rochester, MN, 2Biostatistics, Mayo Clinic, Rochester, MN.

P-611 WHAT PLAYS A KEY ROLE IN VITRIFIED-WARMED SINGLE BLASTOCYST TRANSFER FOR ACHIEVING PREGNANCY? A. Fukuda,1 H. Matsumoto,2 M. Iida,2 Y. Morimoto; 1Reproductive Endocrinology and Infertility, IVF Osaka Clinic, Higashiosaka City, Japan, 2IVF Osaka Clinic, Higashiosaka, Japan, 3IVF Osaka Clinic, Higashiosaka, Osaka, Japan, 4HORAC Grand Front Osaka Clinic, Osaka, Japan.

P-612 HOW DOES MORPHOLOGIC ASSESSMENT CORRELATE WITH IMPLANTATION OF EUPLOID EMBRYOS? T. G. Nazem,1 L. Sekhon,1 J. A. Lee,1 J. Overbey,2 S. Pan,2 M. Whitehouse,1 M. Duke,1 C. Briton-Jones,1 A. B. Copperman,2 D. E. Stein; 1Reproductive Medicine Associates of New York, New York, NY, 2Obstetrics, Gynecology and Reproductive Science, Icahn School of Medicine at Mount Sinai, New York,
P-613 IMPACT OF QUALITY OF THE ENTIRE EMBRYO COHORT ON IMPLANTATION POTENTIAL OF THE TRANSFERRED BLASTOCYST. P. A. Romanski, R. H. Goldman, L. V. Farland, S. Srouji, C. Racowsky; Dept of Obstetrics & Gynecology, Brigham & Women's Hospital and Harvard Medical School, Boston, MA.

P-614 NO DIFFERENCE IN RATES OF MOSAIC, NORMAL, OR ABNORMAL DIAGNOSED PGS/NGS EMBRYOS WITHIN A SINGLE IVF LABORATORY REGARDLESS OF PHYSICIAN PRACTICE LOCATION (INTERNAL VS. EXTERNAL). L. W. Sundheimer,1 A. L. Akopians,2,3 Z. Al-Safi,1 M. W. Surrey,2,3 H. Danzer,2,3 S. Ghadir,2,3 W. Chang,2,3 C. J. Alexander,2,3 J. Barritt3,2; 1Division of REI, Department of OB/GYN, University of California Los Angeles, Los Angeles, CA, 2Southern California Reproductive Center, Beverly Hills, CA, 3ART Reproductive Center, Beverly Hills, CA.

P-615 MODE OF CONCEPTION DOES NOT AFFECT BIRTH WEIGHT TO PLACENTA WEIGHT RATIOS. L. W. Sundheimer,1,2 J. L. Chan,1 R. DiPentino,1 O. Muramoto,3 E. T. Wang,1,2 J. Williams,1,2 M. D. Pisarska1,2; 1Division of REI, Department of OB/GYN, Cedars Sinai Medical Center, Los Angeles, CA, 2University of California Los Angeles School of Medicine, Los Angeles, CA, 3Department of OB/GYN, Cedars Sinai Medical Center, Los Angeles, CA.

P-616 A SIBLING EMBRYO COHORT: FREEZING PROCEDURE IS ASSOCIATED WITH A HIGHER BIRTHWEIGHT COMPARED TO FRESH EMBRYO REPLACEMENT. M. Anav,1 C. Vincens,2 A. Gala,3 A. F. Ferrières-Hoa,4 S. Hamamah5; 1ART/PGD, CHU Arnaud de Villeneuve, Montpellier, France, 2CHU ADV, Montpellier, France, 3CHU Montpellier, Montpellier, France, 4ART/PGD Department, CHRU Montpellier, Montpellier Cedex 5, France, 5MOH Holdings, Singapore, Singapore.

P-617 DOES GENDER SELECTION IN DONOR-RECIPIENT CYCLES AFFECT IVF CYCLE OUTCOMES? D. H. Barad,1 V. A. Kushner1,2 D. Albertini,1 S. Damron,1 N. Gleicher1,3,4; 1Center for Human Reproduction, New York, NY, 2Rockefeller University, New York, NY, 3Wake Forest School of Medicine, Winston-Salem, NC, 4Medical University Vienna, Vienna, Austria.

P-618 ELECTIVE SINGLE BLASTOCYST TRANSFER (ESBT) IN WOMEN OF ADVANCED MATERNAL AGE (AMA, OVER 39 YEARS) - A VIABLE OPTION? J. Hasson,1 S. Behbehani,2 T. Shavli1, W. Son,3 T. Tulandi,4 W. Buckett1; 1McGill University, Montreal, QC, Canada, 2Obstetrics and gynecology, McGill University, montreal, QC, Canada, 3McGill University, Montreal, QC, Canada, 4Obstetrics and Gynecology, McGill University, Montreal, QC, Canada.

P-619 CUMULATIVE LIVE-BIRTH RATE WITH REPEAT IN VITRO FERTILIZATION TREATMENT CYCLES OF CHINESE ADVANCED AGE WOMEN. F. Gu, S. Ruan, Y. Xu, C. Zhou; Center for Reproductive Medicine, First Affiliated Hospital, Sun Yat-sen University, Guangzhou, China.

P-620 IMPACT OF TRIGGER MEDICATION ON ANEUPLOIDY RATES. J. Thorne, L. A. Kaye, A. Bartolucci, C. A. Benadiva, J. Nulsen, L. Engmann; Dept. of Reproductive Endocrinology & Infertility, University of Connecticut Health Center, Farmington, CT.

P-621 THE ESTABLISHMENT AND EVALUATION OF NOMOGRAM MODELS TO PREDICT PREGNANCY OUTCOMES OF IVF/ICSI FRESH CYCLE TREATMENT. X. Yuan,1,2,3 Y. Yuan,1 Q. Wang,1 Y. Xu,1 J. Gao,1 Y. Li,1 C. Zhou1; 1Department of Obstetrics and Gynecology, The First Affiliated Hospital of Sun Yat-sen University, Guangzhou, China, 2Department of Obstetrics and Gynecology, National University Hospital, Singapore, Singapore, 3MOH Holdings, Singapore, Singapore.

P-622 DECLINING BIRTH RATES FROM IVF OVER THE LAST DECADE DUE TO COMMODITIZATION AND INDUSTRIALIZATION. N. Gleicher,1,2,3 D. H. Barad,1 S. Damron,1 V. A. Kushner1,4; 1Center for Human Reproduction, New York, NY, 2Rockefeller University, New York, NY, 3Medical University Vienna, Vienna, Austria, 4Wake Forest School of Medicine, Winston-Salem, NC.

P-623 DETERIORATION OF INHERENT TREATMENT PROGNOSIS OF INFERTILITY PATIENTS OVER THE LAST 5 YEARS (2012-2016). N. Gleicher,1,2,3 D. H. Barad,1 S. Damron,1 V. A. Kushner1,4; 1Center for Human Reproduction, New York, NY, 2Rockefeller University, New York, NY, 3Medical University Vienna, Vienna, Austria, 4Wake Forest School of Medicine, Winston-Salem, NC.
P-624 DOES THE EMBRYO GRADE OF A SINGLE BLASTOCYST TRANSFER, FRESH OR FROZEN, PREDICT LIVE BIRTH RATE?  A. Gentry, K. Pagidas; Obstetrics and Gynecology, University of Louisville, Louisville, KY.

P-625 METHYLENETETRAHYDROFOLATE REDUCTASE 677TT MUTATION MAY BE ASSOCIATED WITH REDUCED UTERINE ARTERY BLOOD FLOW IN INFERTILE WOMEN UNDERGOING IVF.  C. Kim, J. Moon, S. Kim, H. Chae, B. Kang, Y. Cheon; Obstetrics and Gynecology, College of Medicine, University of Ulsan, Asan Medical Center, Seoul, Korea, Republic of.

P-626 SERUM HCG VALUES ARE AS PREDICTIVE OF LIVE BIRTH AFTER SINGLE EMBRYO TRANSFER AS EARLY PREGNANCY ULTRASOUND.  N. King, L. A. Bernardi, J. Tolentino, J. Zhang, A. Lawson, R. B. Barnes; Obstetrics and Gynecology, McGaw Medical Center of Northwestern University, Chicago, IL.


P-629 ASSISTED REPRODUCTION FOR GOOD PROGNOSIS CASES: IT IS NOT NECESSARY TO USE AGGRESSIVE STIMULATION AND ICSI ACROSS THE BOARD.  J. Torres, A. Davila, P. Galiache, P. Patrizio, J. Leon, S. Alvarado; ECH Fertility Center, Monterrey, Mexico.

P-630 INTRACYTOPLASMIC SPERM INJECTION AND LOW BODY MASS INDEX INDEPENDENTLY ASSOCIATE WITH LOW FETAL BIRTH WEIGHT IN SINGLETON ART CYCLES.  Y. Li, G. Li, C. E. Broadwell, J. M. Jones, L. Boehnlein, A. Stanic-Kostic; Ob/Gyn, University of Wisconsin Madison, Madison, WI.

P-631 THE OBSTETRIC OUTCOMES OF UTERINE ANOMALIES WITH ASSISTED REPRODUCTIVE TECHNOLOGY.  J. Wang; Reproductive Medicine Center, Department of Obstetrics and Gynecology, The First Affiliated Hospital of Anhui Medical University, Hefei, China.

P-632 PROGESTERONE ELEVATION IN EARLY AND MID- FOLLICULAR PHASES IN FRESH IVF CYCLES ASSOCIATED WITH POOR CLINICAL PREGNANCY RATE.  K. W. Keefe, E. I. Lewis, L. V. Farland, E. Yanushpolsky; Brigham and Women’s Hospital, Boston, MA.


P-635 THE EFFECTS OF DOPAMINE AGONISTS ON THE EMBRYOTRANSFER DAY CYCLES IN THE SART CORS.  J. Wang; Reproductive Medicine Center, Department of Obstetrics and Gynecology, The First Affiliated Hospital of Anhui Medical University, Hefei, China.

P-636 THE IMPACT OF THE EMBRYO GRADE ON THE SUCCESS OF IVF CYCLES IN THE SART CORS.  J. Wang; Reproductive Medicine Center, Department of Obstetrics and Gynecology, The First Affiliated Hospital of Anhui Medical University, Hefei, China.
P-634 LIVE BIRTHS RATES ACROSS PROGESTERONE GROUPS IN FRESH BLASTOCYST TRANSFER CYCLES: NO IMPACT OF LOW PROGESTERONE BUT NEGATIVE IMPACT WITH ELEVATED P. Sharara,1,2 M. R. Goodwin1; 1Virginia Center for Reproductive Medicine, Reston, VA, 2George Washington University, Washington, DC.

P-635 PREDICTING PREGNANCY AFTER INTRA-UTERINE INSEMINATION (IUI): A NEW MODEL INCORPORATING PRIOR EVIDENCE. P. Arvis,1 A. Guivarc’h-Leveque,1 F. Jaffre,1 M. Bidet,1 P. Lehert2; 1Clinique La Sagesse, Rennes, France, 2Professor, Monaco, Monaco.

P-636 PREDICTIVE MODELS FOR INTRA-UTERINE INSEMINATION (IUI): RECENT META-ANALYTICAL DEVELOPMENTS NEEDED FOR SYNTHESIZING PRIOR EVIDENCE. P. Arvis,1 A. Guivarc’h-Leveque,1 F. Jaffre,1 M. Bidet,1 P. Lehert2; 1Clinique La Sagesse, Rennes, France, 2Professor, Monaco, Monaco.

P-637 PREGNANCY OUTCOMES AMONG TWINS STRATIFIED BY METHOD OF CONCEPTION, A SECONDARY ANALYSIS OF MATERNAL FETAL MEDICINE UNITS (MFMU) NETWORK DATABASE. J. Shah,1 S. Hosseini Nasab,1 H. Chen,1 N. R. Chappell,2 A. Schutt,2 H. Mendez-Figueroa1; 1Obstetrics and Gynecology, The University of Texas Health Science Center at Houston, Houston, TX, 2REI, Baylor College of Medicine, Houston, TX.

P-638 THE IMPACT OF ESTRADIOL DROP AFTER ADMINISTRATION OF OVULATORY TRIGGER ON THE SUCCESS OF DONOR OOCYTE-RECEPTIVE CYCLES. K. Hancock,1 N. Pereira,2 J. Lekovich,2 S. D. Spandorfer,2 Z. Rosenwaks2; 1Wellci Cornell Medicine, New York, NY, 2The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, New York, NY.

P-639 RELATION BETWEEN NEWBORN DATA AND BLASTOCYST QUALITY OF EITHER ICM OR TE GRADE IN FROZEN-THAWED SINGLE BLASTOCYST TRANSFER CYCLES. Y. Miyazaki,1 H. Matsumoto,1 M. Ida,1 A. Fukuda,2 Y. Morimoto3; 1IVF Osaka Clinic, Higashi Osaka, Japan, 2Reproductive Endocrinology and Infertility, IVF Osaka Clinic, Higashi Osaka, Japan, 3HORAC Grand Front Osaka Clinic, Osaka, Japan.

P-640 ASSOCIATION OF MONOZYGOTIC TWINS FOLLOWING FROZEN EMBRYO TRANSFER WITH AGE, DAY OF EMBRYO TRANSFER AND PARITY. T. Chiware,1 N. Estandiari,2 E. Mcgee,1 N. Estandiari1; 1Department of Obstetrics, Gynecology and Reproductive Sciences, University of Vermont Medical Center, Burlington, VT, 2McMaster University, Maple, ON, Canada.

P-641 LIVE BIRTHS IN WOMEN WHO INTEGRATE WHOLE SYSTEMS TRADITIONAL CHINESE MEDICINE WITH IVF: DOES AGE MATTER? L. Hullender Rubin,1 M. S. Opsahl,2 K. E. Wiemer,2 S. Mist3; 1Portland Acupuncture Studio, Portland, OR, 2Poma Fertility, Kirkland, WA, 3OB-GYN, Pathology, DHMC, Lebanon, NH.

P-642 HIGH FREQUENCY OF SLEEP DISORDERS AND OOCYTE RETRIEVAL. P. Llaneza,1 D. Llaneza,2 C. Fernandez-Ferrera3; 1Obstetric and Gynecology, Oviedo University Central Hospital, Oviedo, Spain, 2Embriology, C.E.F.I.V.A., Oviedo, Spain, 3Ginecology, Aviles, Spain.

P-643 BLASTOCYST VITRIFICATION AND PREIMPLANTATION GENETIC SCREENING (PGS) HAS FACILITATED THE ROUTINE IMPLEMENTATION OF “CRYO-ALL” CYCLES: A CHANGE IN PRACTICE MANAGEMENT BENEFITING BOTH THE PATIENTS AND LABORATORY. R. E. Anderson,1 J. B. Whitney,2 F. Garner,3 S. Zozula,4 B. Shapiro,5 M. C. Schiewe2; 1Ovation Fertility, Southern California Center for Reproductive Medicine (SCCRM), Newport Beach, CA, 2ART Lab, Ovation Fertility, Newport Beach, CA, 3Ovation Fertility, Fertility Center of Las Vegas, Las Vegas, NV.

P-644 PLOIDY STATUS IMPACTS GROWTH RATE POST-EMBRYONIC GENOME ACTIVATION. A. Kohlmeier, J. Robins, M. Pavone, J. Zhang; Northwestern University Feinberg School of Medicine, Chicago, IL.

P-645 IS CLEAVAGE STAGE MORPHOLOGY NECESSARY FOR SELECTING BLASTOCYSTS FOR TRANSFER? A. Bartolucci,1 C. A. Benadiva,2 J. Nulsen,3 E. Neuber,3 L. Engmann4; 1IVF, Center for Advanced Reproductive Services, Farmington, CT, 2REI, University of Connecticut, Farmington, CT, 3Center for Advanced Reproductive Services, Farmington, CT, 4Obstetrics and Gynecology, Division of REI, University of Connecticut Health Center, Farmington, CT.

Rosenwaks; The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medicine, New York, NY.

P-647 NON-INVASIVE SELECTION OF OPTIMAL EMBRYOS IMMEDIATELY PRIOR TO EMBRYO TRANSFER USING BIOINFOMATIC ANALYSIS OF SPECTRAL DATA FOLLOWING MATRIX ASSISTED LASER DESORPTION/IONISATION TIME OF FLIGHT MASS SPECTROMETRY. S. A. Butler, F. Sharara, J. Cooper, J. K. Iles, R. Zmuidinaite, G. A. Abdo, S. Keshavarz, R. K. Iles; MAP Sciences Ltd, Bedford, United Kingdom, 2Virginia Center for Reproductive Medicine, Reston, VA, 3George Washington University, Washington, DC, 4Department of Chemical Engineering and Biotechnology, University of Cambridge, Cambridge CB3 0AS, United Kingdom, 5Cambridge University, Cambridge, United Kingdom.

P-648 WITHDRAWN

P-649 EFFICACY OF GRANULOCYTE COLONY STIMULATION FACTOR (G-CSF) ADMINISTRATION TO IMPROVE IVF OUTCOMES: A META-ANALYSIS. E. Han, Y. Koh, J. Heo, M. Kim, H. Lee, H. Park, J. Kim, W. Lee; 1Fertility Center of CHA Gangnam Medical Center, CHA University, Seoul, Korea, Republic of, 2Fertility Center of CHA Gangnam Medical Center, CHA University, 3Fertility Center of CHA Gangnam Medical Center, CHA University, 4Fertility Center of CHA Gangnam Medical Center, CHA University, 5Fertility Center of CHA Gangnam Medical Center, CHA University, 6Fertility Center of CHA Gangnam Medical Center, CHA University, Seoul, Korea, Republic of.


P-651 THE IMPACT OF SUPRAPHYSIOLOGIC ESTRADIOL (E2) LEVEL DURING IVF ON OOCYTE / EMBRYO QUALITY AND PREGNANCY OUTCOME. P. Sarkar, A. R. Gandhi, S. M. Plasker, Y. Ying, J. Mayer, A. N. Imuda; Reproductive Endocrinology and Infertility, University of South Florida Morsani College of Medicine, Tampa, FL.

LUTEAL-PHASE SUPPORT

P-652 COMPARISON OF ONGOING PREGNANCY RATE OF FRESH EMBRYO TRANSFER CYCLES WITH CRINONE OR INTRAMUSCULAR PROGESTERONE FOR LUTEAL PHASE SUPPORT IN CHINESE POPULATION. H. Chi, J. Qiao, X. Chen, X. Wang; 1Center of Reproductive Medicine, Beijing, China, 2Center for Reproductive Medicine, Peking University Third Hospital, Beijing, China, 3Reproductive Medical Center, Affiliated Hospital of Inner Mongolia Medical University, Assisted Reproductive Technology, Huhhot, China, 4Third Affiliated Hospital of ZhangZhou University, Zhengzhou, China.

P-653 THE EFFECT OF LUTEAL SUPPORT DURATION & OTHER STIMULATION FACTORS ON LIVE BIRTH OUTCOME AFTER IVF&ICSI OF 1150 YOUNG NORMAL RESPONDERS. X. Yang; Reproductive Centre, Institute of Reproductive & Stem Cell Engineering, ChangSha HuNan, China.

P-654 COST-EFFECTIVENESS OF PROGESTERONE (P) LUTEAL SUPPORT AFTER GONADOTROPIN OVULATION INDUCTION AND INTRAUTERINE INSEMINATION (GND-IUI). K. A. Green, B. Perlman, A. DeCherney, M. J. Hill; 1Program in Reproductive and Adult Endocrinology, Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, Bethesda, MD, 2Rutgers-NJMS, Westfield, NJ.

P-655 DOES LUTEAL PHASE SUPPORT IMPROVE PREGNANCY OUTCOME IN NATURAL FROZEN-THAWED EMBRYO TRANSFER CYCLES? H. Sun, K. Lee, I. Park, J. Kim, H. Chi, S. G. Kim, Y. Kim, J. Park, J. Jo; 1Mamapapa & Baby OB&GY Clinic, Ulsan, Korea, Republic of, 2Ellemedi OB&GY Clinic, Changwon, Korea, Republic of.

P-656 DOES THE TIME OF STARTING PROGESTERONE (P4) LUTEAL SUPPORT (LS) AFFECT THE EASE OF EMBRYO TRANSFER (ET) IN LONG AGONIST PROTOCOL DOWN-REGULATED IVF CYCLES? A RANDOMIZED CONTROLLED TRIAL. M. E. Ghanem, M. H. Bedairy, I. Elbahlool, A. Shaaban, M. A. Emam, L. Al Bohgdady, A. S. Helal, A. Elmetwally; 1IVF, Mansoura Faculty of Medicine, Mansoura, Egypt, 2MIFC, Mansoura, Egypt, 3Mansoura Faculty of Medicine, Mansoura, Egypt, 4Faculty of Medicine, Alazhar University, Mansoura, Egypt, 5Obstetrics & Gynecology, Mansoura University, Mansoura, Egypt, 6Mansoura Integrated Fertility Center, Mansoura, Egypt.
POSTER PRESENTATIONS & ABSTRACTS

ENDOMETRIUM

P-657 Endometrial receptivity and pregnancy rates are higher after 7 days of progestosterone in medicated ET cycles. A. M. Propst, L. Hansard, K. Silverberg, M. Hegtevedt, N. Z. Burger, T. C. Vaughn; Texas Fertility Center, Austin, TX.

P-658 Uterine fluid lipidomic as an endometrial receptivity predictive tool. D. P. Braga,1,2,3 D. A. Montanni,3 A. S. Setti,1,2 G. Pili,4 A. Godoy,4 M. N. Eberlin,4 A. Iaconelli Jr.,1,2 E. Borges Jr.,1,2 E. G. Lo Turco3; 1Fertility Medical Group, Sao Paulo, Brazil, 2Instituto Sapientiae - Centro de Estudos e Pesquisa em Reprodução Assistida, São Paulo, Brazil, 3Disciplina de Urologia, Departamento de Cirurgia – UNIFESP, Sao Paulo, Brazil, 4Laboratório ThomSon de Espectrometria de Massas – Instituto de Química - UNICAMP, Campinas, Brazil.

P-659 Trilaminar endometrial pattern correlates with higher clinical pregnancy rates in frozen embryo transfer cycles. V. A. Flores, D. A. Kelk, P. H. Kodaman; Department of Obstetrics, Gynecology and Reproductive Sciences, Yale School of Medicine, New Haven, CT.

P-660 Endometrial cavity length, not just endometrial cavity thickness, as a predictor for live birth rate in patients using donor oocytes. C. B. Lewis,1 E. Jungheim,2 A. Arbelaez,1 M. Williams,2 A. R. Cooper1; 1Pediatric Endocrinology, Washington University, St. Louis, MO, 2Obstetrics and Gynecology, Washington University, St. Louis, MO.

P-661 The promyeloctic leukemia zinc finger transcription factor is required for human endometrial stromal cell decidualization. M. M. Szwarc,1 R. B. Lanz,1 L. Hai,1 M. C. Peavey,2 W. E. Gibbons,2 R. Kommagani,3 F. J. DeMayo,4 J. P. Lydon1; 1Molecular and Cellular Biology, Baylor College of Medicine, Houston, TX, 2Obstetrics and Gynecology, Baylor College of Medicine, Houston, TX, 3Obstetrics and Gynecology, Washington University School of Medicine, St. Louis, MO, 4Reproductive and Developmental Biology Laboratory, National Institute of Environmental Health Sciences, Research Triangle Park, NC.

P-662 Effect of local endometrial injury in proliferative phase is the same as luteal phase in unselected infertile women undergoing in vitro fertilization. Y. Liu, W. Liu; the Department of Reproductive Medicine, Beijing Obstetrics and Gynecology Hospital, Capital Medical University, Beijing, China.

P-663 Pregnancy outcomes after endometrial receptivity array in an infertile population. S. Churchill,1 I. Comstock,2 R. Lah1; 1REI, OB/GYN, Stanford University, Sunnyvale, CA, 2REI, OB/GYN, The George Washington University, Washington, DC.

P-664 Elevated progesterone on day of trigger and histopathology of endometrium in controlled ovarian stimulation. E. Patel,1 S. Reddy,1 M. Kalagar1; 1Department of Reproductive Medicine and Surgery, Sri Ramachandra Medical College, Chennai, India, 2Department of Laboratory Medicine, Vijaay Medical Center, Visakhapatnam, India.

P-665 The role of pathology in endometrial scratch specimens and the relationship to the outcome of subsequent embryo transfer. R. F. Turki,1 G. Almaldai,2 S. Tannus,3 M. H. Dahan4; 1Reproductive Endocrinology and Infertility, Reproduction Center at McGill University, Montreal, QC, Canada, 2Mcgill University, Montreal, QC, Canada, 3Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, McGill University, Montreal, QC, Canada, 4OB GYN, McGill University, Montreal, QC, Canada.

P-666 Perivascular stem cells (PVSCs) facilitates restoration of impaired endometrium leading to improvement of pregnancy outcomes in a murine model of Asherman’s syndrome. H. Song,1 M. Park,1 E. Han,2 M. Kim,2 W. Lee,2 S. Lyu2; 1Biomedical Science, CHA University, Seongnam, Korea, Republic of, 2Fertility Center of CHA Gangnam Medical Center, CHA University, Seoul, Korea, Republic of.

P-667 Pregnancy outcomes in women with recurrent pregnancy loss and recurrent implantation failure diagnosed with chronic endometritis. L. Nicholls-Dempsey1, H. Talsmat1, D. Dal Soglio,2 N. Patey,2 R. Tahir,3 E. M. Dahdouh4, C. Sylvestre5, J. Saumet5; 1University of Montreal, Montreal, QC, Canada, 2Department of Pathology, CHU Sainte-Justine,
P-668 **RAC1 SIGNALING PATHWAY IS CRUCIAL FOR ETIOLOGY OF REPEATED IMPLANTATION FAILURE (RIF).**

E. Bastu,1 T. Gunel,2 O. U. Sezerman,3 I. Demiral,4 E. Gumusoglu,2 E. Ulgen,4 M. K. Hosseini,2 F. Buyru,4 J. Yeh; 1Department of Obstetrics and Gynecology, Istanbul University School of Medicine, Istanbul, Turkey, 2Istanbul University Faculty of Science, Istanbul, Turkey, 3Department of Obstetrics and Gynecology, Acibadem University School of Medicine, Istanbul, Turkey, 4Department of Obstetrics and Gynecology, Massachusetts General Hospital, Boston, MA, 5Department of Biostatistics and Medical Informatics, Acibadem University School of Medicine, Istanbul, Turkey, 6Istanbul University School of Medicine, Istanbul, Turkey.

P-669 **ENDOMETRIAL MiRNome DURING THE IMPLANTATION WINDOWS CAN PREDICT EARLY MISCARRIAGE OR LIVE BIRTH AFTER FRESH OR FROZEN EMBRYO TRANSFER.**

L. Drissennek,1 F. Entezami,2 C. Vincens,3 D. Haouzi,5 S. Hamamah6; 1INSERM U1203, CHU Montpellier, Montpellier, France, 2IVF Laboratory Eylau-UNILABS, Clinique de La Muette-Ramsay GDS, Paris, France, 3CHU Montpellier, Montpellier, France, 4CHU ADV, Montpellier, France, 5U1203 - IRMB - CHRU Montpellier, Montpellier, France, 6ART/PGD Department, Montpellier, France.

P-670 **INCREASED EXPRESSION OF ANTIMULLERIAN HORMONE AND ITS RECEPTOR IN REPEATED IMPLANTATION FAILURE.**

X. OuYang,1 R. Hu2; 1Ningxia Medical University, Yinchuan, China, 2Reproductive Medicine Center, General Hospital of Ningxia Medical University, Yinchuan, China.

P-671 **GENES ASSOCIATED WITH NATURAL KILLER CELL-MEDIATED CYTOTOXICITY IN THE ENDOMETRIUM OF RIF PATIENTS ACCORDING TO THE LEVELS OF PERIPHERAL BLOOD NATURAL KILLER CELLS AND MENSTRUAL CYCLE.**


P-672 **PROGESTERONE IS NOT ESSENTIAL FOR INDUCTION OF IGFBP-1 IN THE SECRETORY TRANSFORMED ENDOMETRIUM.**

K. C. Wheeler,1 S. Dhal,1 O. D. Slayden,2 N. Nayak; 1Obstetrics and Gynecology, Wayne State University, Detroit, MI, 2Division of Reproductive & Developmental Sciences, Oregon National Primate Research Center, Beaverton, OR.

P-673 **INHIBITION OF HYLAURONIC ACID’S SYNTHESIS DECREASES ENDOMETRIAL CELL ATTACHMENT.**


P-674 **THE EFFECT OF TIME INTERVAL BETWEEN HYSTEROSCOPY AND FROZEN-THAWED EMBRYO TRANSFER ON PREGNANCY OUTCOME.**

X. Zhu, Y. Fu; Shanghai 9th People’s Hospital, Shanghai, China.

P-675 **ENDOMETRIAL PREPARATION FOR FET: DOES THE DURATION OF ESTRADIOL SUPPLEMENTATION MATTER?**

L. Sekhon,1 J. Feuerstein,2 T. G. Nazem,3 J. A. Lee,4 T. Mukherjee,5 B. Sandler,4 L. Grunfeld; 1Director, Delaware Institute for Reproductive Medicine, PA, Newark, DE, 2Delaware Institute for Reproductive Medicine, PA, Newark, DE.

P-676 **RECURRENCE POTENTIAL OF BENIGN MULTIPLE AND SINGLE ENDOMETRIAL POLyps IN PREMENOPAUSAL WOMEN—A PROSPECTIVE COHORT STUDY.**

F. Gu, W. Zhu, W. Guo, C. Zhou; Center for Reproductive Medicine, First Affiliated Hospital, Sun Yat-sen University, Guangzhou, China.

P-677 **IS THE ENDOMETRIUM THE KEY TO REALIZING THE TRUE BENEFITS OF PREIMPLANTATION GENETICALLY SCREENED (PGS) EMBRYOS IN FROZEN EMBRYO TRANSFER (FET) CYCLES?**

J. B. Russell,1 M. Gibbs,2 S. Pritchard,3 A. Williams,2 N. Weaver; 1Director, Delaware Institute for Reproductive Medicine, PA, Newark, DE, 2Delaware Institute for Reproductive Medicine, PA, Newark, DE.

P-678 **ENDOMETRIAL GENE EXPRESSION IN PATIENTS WITH RECURRENT IMPLANTATION FAILURE.**

I. Demiral,1,2 E. Bastu,1 T. Gunel,2 U. Sezerman,4 E. Gumusoglu,3 E. Ulgen,4 M. K. Hosseini,3 F.
P-679  EFFECT OF MIFEPRISTONE ON THE TRANSCRIPTOMIC SIGNATURE OF ENDOMETRIAL RECEPTIVITY.  L. Parameswaran Grace,1 M. Ruiz-Alonso,2 N. Boggavarapu,1 R. Navarro,2 C. V. Grothusen,1 J. Miravet-Valenciano,2 K. Gemzell-Danielsson,1 C. Simon3; 1Women’s and Children’s health, Karolinska Institutet, Stockholm, Sweden, 2Igenomix, Valencia, Spain, 3Obs/Gyn Dept., Valencia University/INCLIVA; Igenomix; Ob/Gyn Dept., Stanford University; Ob/Gyn Dept., Baylor College of Medicine, Valencia, Spain.

P-680  THE ROLE OF ENDOMETRIAL AND UTERINE VASCULAR STATUS MEASUREMENT IN PREDICTING PREGNANCY OUTCOME IN FROZEN THAWED EMBRYO TRANSFER CYCLES.  K. Lee,1 M. Jo,2 B. Park,1 G. Ko1; 1Obstetrics and Gynecology, Pusan National University Hospital, Busan, Korea, Republic of, 2OB/GY, Pusan National University, Busan Metropolitan City, Korea, Republic of.

P-681  DECAY ACCELERATING FACTOR IS SPATIOTEMPORALLY REGULATED BY OVARIAN STEROID HORMONES WITH THEIR NUCLEAR RECEPTORS IN THE MOUSE UTERUS.  J. Kim,1 M. Lee,1 M. Koong,2 I. Kang,1 H. Song1; 1CHA University, Seoul, Korea, Republic of, 2CHA University School of Medicine, Seoul, Korea, Republic of.

P-682  DOES ENDOMETRIAL MECHANICAL STIMULATION (SCRATCH TEST) IMPROVE PREGNANCY RATES IN IN VITRO FERTILIZATION CYCLES? A DOUBLE BLIND RANDOMIZED CONTROLLED TRIAL.  M. Schulte,1 D. E. Broughton,1 A. Eskew,1 C. E. Boots,2 V. Rafts,1 S. Keller,1 K. Omurtag,1 E. Junghiem,1 R. Odem,1 K. M. Cipolla1; 1Washington University in St Louis, St Louis, MO, 2Obstetrics & Gynecology, Northwestern University, Chicago, IL.

P-683  PREOVULATORY SERUM FROM IVF PROTOCOLS ALTERS EARLY DECIDUALIZATION IN ENDOMETRIAL STROMAL CELLS.  L. Chen,1 J. Wu,2 P. Keller,2 P. Jimenez,3 O. Bukulmez,4 A. Word5; 1OB/GYN, UTSW, Dallas, TX, 2UT Southwestern, Dallas, TX, 3UT Southwestern Medical Center, Dallas, TX, 4OB/GYN, UT Southwestern Medical Center, Dallas, TX, 5OBGyn, University of Texas Southwestern Medical Center, Dallas, TX.


P-686  CLUSTERING MAY PLAY AN IMPORTANT ROLE IN IMPROVING ENDOMETRIAL RECEPTIVITY WITH LOCAL INJURY OF ENDOMETRIUM IN UNEXPLAINED RECURRENT IMPLANTATION FAILURE PATIENTS.  Q. Mai, K. Huang, Y. Luo; The Reproductive Medicine Centre of the First Affiliated Hospital of Sun Yat-sen University, Guangzhou, China.

P-687  AN ENDOMETRIAL SCRATCH CAN IMPROVE PREGNANCY RATES IN NATURAL CYCLES OF WOMEN WITH UNEXPLAINED INFERTILITY GIVEN LUTEAL PHASE SUPPORT.  E. Chang,1 J. H. Check,2 J. R. Liss,2 J. Choe,2 R. Cohen3; 1Dept. OB/GYN, Philadelphia College of Osteopathic Medicine, Philadelphia, PA, 2Dept. OB/GYN, Cooper Medical School of Rowan University, Melrose Park, PA.

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P-689 RANDOMIZED CONTROLLED TRIAL EVALUATING EFFICACY OF AUTOLOGOUS PLATELET-RICH PLASMA THERAPY FOR PATIENTS WITH RECURRENT IMPLANTATION FAILURE. D. Obidniak,1 A. Gzgzyan,2 A. Feoktistov,3 D. Niauri4; 1Medical faculty, Saint-Petersburg State University, Saint-Petersburg, Russian Federation, 2Saint-Petersburg State University, Saint-Petersburg, Russian Federation, 3Medical group, Saint-Petersburg, Russian Federation, 4OB/GYN, Saint-Petersburg, Russian Federation.

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P-701 CONTRIBUTION OF EMBRYONIC CHROMOSOMAL ABNORMALITY TO THE ETIOLOGY OF ECTOPIC PREGNANCY. S. Furuya, H. Takahashi, K. Kubonoya, K. Kubonoya; Kubonoya Ob/Gyn Clinic, Kashiwa-City Chiba Prefecture, Japan.


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P-716 SERUM HUMAN CHORIONIC GONADOTROPIN (HCG) TRENDS FOLLOWING SINGLE EMBRYO TRANSFERS IN OBESE PATIENTS. P. Brady, L. V. Farland, E. S. Ginsburg; Dept of Obstetrics & Gynecology, Brigham & Women’s Hospital, Boston, MA.

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<td>Daly, R.</td>
<td>McKesson, Direct stockholder; Walgreen, Direct stockholder; CVS Caremark, Direct stockholder; Eli Lilly, Direct stockholder; Quadrant Holdings Corporation, Company officer</td>
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<tr>
<td>Darwin, T. J.</td>
<td>Igenomix USA, Full-time company employee</td>
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<td>Davie, J.</td>
<td>Good Start Genetics, Inc., Full-time company employee</td>
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<tr>
<td>Demirci, U.</td>
<td>DxNow, Co-founder, scientific advisor; Koek Biotech, Co-founder, scientific advisor; LevitasBio, Co-founder, scientific advisor</td>
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<td>Denne, E. W.</td>
<td>Counsyl, Inc., Full-time company employee</td>
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<td>Diamond, M.</td>
<td>Moderna, Paid consultant; Ova-Gene, Paid consultant; Inbios, Paid consultant; MacroGenics, Direct stockholder</td>
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<td>Diamond, M. P.</td>
<td>Advanced Reproductive Care, Board of directors, stockholder; AbbVie, Institutional contract, institutional support; Bayer, Institutional contract</td>
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<td>Diez Juan, A.</td>
<td>Igenomix, Full-time company employee</td>
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<td>Doody, K.</td>
<td>INVO Bioscience, Direct stockholder; Finox Pharmaceuticals, Paid consultant; Ferring Pharmaceuticals, Paid consultant; Ferring Pharmaceuticals, Speakers bureau</td>
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<td>Driggers, P.</td>
<td>Eisai, Inc., Speakers bureau; Novo-Nordisk, Speakers bureau; Eisai, Inc., Paid consultant; Eisai, Inc., Clinical investigator; Novo-Nordisk, Clinical investigator</td>
</tr>
<tr>
<td>Duan, W. R.</td>
<td>AbbVie, Full-time company employee</td>
</tr>
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<td>Name</td>
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<td>Dubey, A. K.</td>
<td>Advagenix, LLC, Direct stockholder</td>
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<td>Dudley, P. S.</td>
<td>Prelude Fertility, Direct stockholder; InHouse Genetics, LLC, Direct stockholder</td>
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<td>Dunn, R. D.</td>
<td>Finox, PI for one of many sites for Afolia ART Study</td>
</tr>
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<td>Dupree, J. M.</td>
<td>Blue Cross Blue Shield of Michigan, Grant recipient; Lipocine, Direct stockholder</td>
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<td>Edelman, A.</td>
<td>Merck, Trainer (nexplanon); investigator-initiated grant; Agile, Consultant; HRAPharma, Consultant</td>
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<td>Eisenberg, M.</td>
<td>Sandstone Diagnostics, Direct stockholder; Reprovantage, Direct stockholder; Glow, Advisor; EmbraceHer, Direct stockholder; Gilead, Paid consultant</td>
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<td>Evans, E.</td>
<td>Counsyl, Company officer</td>
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<td>Falco, L.</td>
<td>AVA AG, Full-time company employee</td>
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<td>Fanchin, R.</td>
<td>Merck Serono, Honoraria; MSD, Honoraria; Ferring, Honoraria; Ibsa, Honoraria</td>
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<td>Farland, L. V.</td>
<td>Smith and Nephew, Full-time company employee; Smith and Nephew, Direct stockholder</td>
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<td>Faulkner, N. E.</td>
<td>Good Start Genetics, Full-time company employee</td>
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<td>Feinberg, E. C.</td>
<td>AbbVie, Paid consultant; Natera, Paid consultant</td>
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<td>Ferrusi, I. L.</td>
<td>Allergan plc, Full-time company employee</td>
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<td>Flood, L.</td>
<td>Agile Therapeutics, Full-time company employee; Agile Therapeutics, Direct stockholder</td>
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<td>Forman, E. J.</td>
<td>Ferring Pharmaceuticals, Speakers bureau</td>
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<td>Fox, R.</td>
<td>Phosphorus, Inc., 1140 Broadway, Suite 800, New York, NY 10001, Full-time company employee; Direct stockholder</td>
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<tr>
<td>Fraser, M.</td>
<td>Reproductive Health Science Ltd, Company officer</td>
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<td>Freeman, M.</td>
<td>Ovation Fertility, Full-time company employee</td>
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<td>Friend, D. R.</td>
<td>Evofem Biosciences, Inc., Company officer</td>
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<tr>
<td>Gale, B.</td>
<td>Microsurgical Innovations, Direct stockholder; Nanonc, Direct stockholder</td>
</tr>
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<td>Gallagher, C.</td>
<td>AbbVie, Paid consultant</td>
</tr>
<tr>
<td>Gao, J.</td>
<td>AbbVie, Full-time company employee</td>
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<td>Garbarini, J. L.</td>
<td>Recombine/CooperSurgical, Full-time company employee</td>
</tr>
<tr>
<td>Garner, E. I.</td>
<td>Agile Therapeutics, Full-time company employee; Agile Therapeutics, Direct stockholder</td>
</tr>
<tr>
<td>Garry, E. M.</td>
<td>Aetion, Inc, Aetion, Inc. has clients who manufacture and sell pharmaceutical products. However, I receive no direct financial compensation from clients.</td>
</tr>
<tr>
<td>Gay, J. C.</td>
<td>Reprogenetics, a CooperSurgical Company, Full-time company employee</td>
</tr>
<tr>
<td>Gemzell-Danielsson, K.</td>
<td>Bayer AG, MSD/Merck, HRA Pharma, Exelgyn, Gedeon Richter, Actavis, NaturalCycles, Mithra, Exeltis, Ferring, Honoraria; Bayer, Grant recipient</td>
</tr>
<tr>
<td>Gibbs, C.</td>
<td>Ovation Fertility, Full-time company employee</td>
</tr>
<tr>
<td>Gillard, P.</td>
<td>Allergan plc, Full-time company employee</td>
</tr>
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</table>
Giudice, L. C.  
ASRM, Company officer; Merck Pfizer, Direct stockholder; AbbVie, Inc., Paid consultant and advisory board member; Bayer, Grant recipient; Juniper Pharmaceuticals, Advisory board member; Myovant, Advisory board member; NextGen Jane, Scientific advisory board member

Givens, C.  
Merck, Paid consultant

Gleicher, N.  
Fertility Nutraceuticals, LLC, Direct stockholder; Generation Medical Associates, PLLC, Direct stockholder; Fertility Nutraceuticals, LLC, Receive patent licensing fees; Generation Medical Associates, PLLC, Patent licensed; US Patents, NG holds patents that claim therapeutic benefits from androgen supplementation in women with LFOR and hypoandrogenism; US Patents, NG is a co-inventor on a number of FMR1 gene-related US patents and still pending patent applications, which claim diagnostic benefits; US Patents, NG is a co-inventor on three pending AMH-related patent applications; OvaNova Laboratories, Direct stockholder

Goldberg-Strassler, D.  
Reprogenetics, Full-time company employee

Goldstein, M.  
Therologix, Advisory board

Gordon, T. T.  
Cooper Genomics, Direct stockholder; Rubicon Genomics, Paid consultant

Gould, G.  
Counsyl, Full-time company employee; Counsyl, Direct stockholder

Grauman, P. V.  
Counsyl Inc., Full-time company employee; Counsyl Inc., Direct stockholder

Guivranc’h-Leveque, A.  
Ferring, Grant recipient; MSD, Grant recipient; Merck serono, Grant recipient

Haas, K.  
Counsyl Inc, Full-time company employee

Hadida Sarda, Y.  
Earlysense, Full-time company employee

Hansard, L.  
Duchesnay, Speakers bureau; Ferring Pharmaceutical, Paid consultant

Hansen, K. R.  
Roche Diagnostics, Grant recipient; Ferring International Pharmascience Center US, Grant recipient

Hare, J.  
Vestion, Inc., Direct stockholder; Heart Genomics, Direct stockholder; Biscayne Pharma, Direct stockholder; Longeveron LLC, Direct stockholder; NHLBI, Grant recipient

Harrington, A.  
Allergan plc, Full-time company employee

Hart, R.  
Western IVF, Direct stockholder; Fertility Speciliists of Western Australia, Full-time company employee; Ferring pharmaceuticals, Grant recipient; Merck Serono, Honoraria

Harton, G. L.  
Igenomix, Full-time company employee

Hartshorne, G.  
Ferring, Grant made to employing organization; Origio, Research collaborator through employing organization

Hatch, E. E.  
Merck and company, Direct stockholder

Hayes, H. L.  
Donor Egg Bank USA, Full-time company employee

Hayes, J.  
Cooper Companies, Cooper Surgical, Cooper Genomics, Full-time company employee

Hayward, B.  
EMD Serono, Inc., Full-time company employee

He, Y.  
Roche International, Company officer

Healey, M.  
Monash IVF, Direct stockholder

Heiser, P. W.  
Ferring Pharmaceuticals, Inc., Full-time company employee
<table>
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<tr>
<td>Heller, B.</td>
<td>Pulling Down the Moon, Company officer</td>
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<td>Hennebold, J. D.</td>
<td>AbbVie Pharmaceuticals, Direct stockholder; Abbott Laboratories, Direct stockholder; Omnicare, Direct stockholder; UnitedHealth Group, Direct stockholder</td>
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<td>Duchesnay, Speakers bureau</td>
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<td>RHSC, Full-time company employee</td>
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<td>Counsyl, Full-time company employee</td>
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<td>Honjo, K.</td>
<td>ORIGIO, ORIGIO® Gradient® and ORIGIO® Sperm Wash was supplied free of charge by ORIGIO</td>
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<td>Horsager, A.</td>
<td>Episona, Company officer</td>
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<td>Hotaling, J. M.</td>
<td>Nanonc, SpermDx, Andro360, StreamDx, Own equity in 4 early-stage start-up companies, none have any commercial products on the market at this time; MiMedix, Paid consultant</td>
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<td>Hourvitz, A.</td>
<td>EarlySense LTD, Paid consultant</td>
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<td>Howard, J. M.</td>
<td>Ovation Fertility, Full-time company employee</td>
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<td>Howard, K.</td>
<td>Ovation Fertility, Full-time company employee</td>
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<td>Howard, K. L.</td>
<td>Natera, Inc., Full-time company employee; Natera, Inc., Option to hold stock</td>
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<td>Hullender Rubin, L.</td>
<td>Portland Acupuncture Studio LLC, Company officer</td>
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<td>Hund, M.</td>
<td>Roche Diagnostics International Ltd, Full-time company employee; F. Hoffmann-La Roche, Direct stockholder</td>
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<td>Hunter Cohn, K.</td>
<td>Celmatix Inc, Full-time company employee</td>
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<td>Cooper Companies-Cooper Genomics, Full-time company employee</td>
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<td>Hurley, E. G.</td>
<td>Theravance Biopharma (TBPH), Innoviva, Inc. (INVA), Direct stockholder</td>
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<td>Iles, R. K.</td>
<td>MAP Sciences Ltd, Company officer; MAPSciences Ltd, Direct stockholder; MAPDiagnostics Ltd, Company officer; MAP IP Holding Ltd, Company officer; MAP IP Holding Ltd, Direct stockholder</td>
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<td>Isley, L. J.</td>
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<td>Jacoby, V.</td>
<td>Halt Medical, Grant recipient</td>
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<td>Jalas, C.</td>
<td>Foundation for Embryonic Competence, Part-time employee</td>
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<td>Recombine, a CooperSurgical Company, Full-time company employee</td>
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<td>Johnson, N.</td>
<td>AbbVie, Research funding and investigator in the research relating to this abstract; Vifor Pharma, Advisory board membership; MSD, Travel funding to conferences; Bayer Pharma (incl consultancy), Travel funding to conferences; Merck-Serono, Travel funding to conferences; Guerbet, Paid consultant</td>
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<td>Kadoch, I.-J.</td>
<td>Clinique Ovo, Clinical director; Yad-Tech, Shares holder</td>
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<td>Illumina, Inc., Full-time company employee</td>
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<td>Keshavarz, S.</td>
<td>MAP Sciences Ltd, Full-time company employee</td>
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<td>Kiehl, M.</td>
<td>Natera, Full-time company employee</td>
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<td>Kijacic, D.</td>
<td>Natera, Full-time company employee; Natera, Direct stockholder</td>
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<td>Kimble, T.</td>
<td>Merck Pharmaceuticals, Speakers bureau; Mithra Pharmaceuticals, Grant recipient; Merck Pharmaceuticals, Grant recipient; Allergan, Grant recipient; Agile, Grant recipient; Chemo, Grant recipient</td>
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<td>Konstantinidis, M.</td>
<td>Reprogenetics, CooperSurgical, Full-time company employee</td>
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<td>Besins Healthcare, Honoraria; Ferring, Honoraria; MSD, Honoraria</td>
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<td>Merck Serono, Grant recipient; Ferring, Grant recipient; Irvine, Honoraria; CFAS, Honoraria</td>
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<td>Agile, Grant recipient; Chemo, Grant recipient; Estretra, Grant recipient; Bayer, Grant recipient; Contramed, Grant recipient; Merck, Grant recipient</td>
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<td>Kuebler, F.</td>
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<td>AnshLabs, Full-time company employee</td>
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<td>Kumar, N.</td>
<td>Merck &amp; Co., Full-time company employee</td>
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<td>Kushnir, V. A.</td>
<td>US Patents, Listed as a co-inventor on a pending AMH-related patent application; CDC, Previously served as a consultant to the CDC</td>
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<td>Lane, M.</td>
<td>Vitrolife, My institution has licensed IP to them that I am one of the creators of: Monash IVF group, Employee; NHMRC, Grant recipient</td>
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<td>Lanham, M.</td>
<td>OnTrack, Company officer</td>
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<td>Dyax Inc., Direct stockholder</td>
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<td>CooperGenomics, Full-time company employee</td>
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<td>GlaxoSmithKline Pharma, Honoraria</td>
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<td>Laughlin-Tommaso, S. K.</td>
<td>UpToDate, Author, fibroid articles (receive royalties); HALT medical, Member, data safety monitoring board for ULTRA trial</td>
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<td>Counsyl, Full-time company employee</td>
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Leeners, B. Ava, Member of advisory board of Ava. Research grant together with other research groups and Ava

Legro, R. S. Ogeda, Paid consultant; Bayer, Paid consultant; Abbvie, Paid consultant; Fractyl, Paid consultant; Ferring, Grant recipient

Lehert, P. Merck-Serono, Paid consultant

Lemoine, J. Natera Inc., Full-time company employee

Lendvay, T. S. C-SATS, Inc., Company officer

Lessey, B. A. Pfizer, Paid consultant; Pfizer, Grant recipient; Abbvie, Paid consultant

Levy, M. Donor Egg Bank, USA: President, Company officer

Leyland, N. Abbvie, Bayer, Allergan, Grant recipient; Abbvie, Allergan, Bayer, Speakers bureau

Licciardi, F. Merck, Speakers bureau

Liebermann, J. Sage/Origio, Paid consultant; Vivere, Paid consultant; Irvine Scientific, Speakers bureau

Lim, J. DEBUSA, Paid consultant

Lin, P. C. Omniguide Surgical, Paid consultant; INVO Bioscience Inc., Direct stockholder

Liu, J. Decile Ten, LLC, Paid consultant; Ferring International, Paid consultant; Amgen Inc, Paid consultant

Llacer, J. Angelini Pharma, Speakers bureau; Ferring Pharmaceuticals, Speakers bureau; MSD, Paid consultant; Finox, Speakers bureau; Merck-Serono, Speakers bureau

Lu, S. Yikon Genomics, Company officer

Luke, B. Society for Assisted Reproductive Technology, Paid consultant

Lukes, A. S. Abbvie, Grant recipient; Abbvie, Paid consultant; Glaxo-Smith Kline, Paid consultant; Mirabilis Medica, Paid consultant; Hologic, Paid consultant; Bayer, Paid consultant; Agile, Grant recipient; Sequoia, Grant recipient; Therapeutics, Grant recipient; Bayer, Grant recipient; Watson, Grant recipient; Hologic, Grant recipient; Merck, Grant recipient; Amgen, Grant recipient; Glaxo-Smith Kline, Grant recipient

Mahony, M. C. EMD Serono, Inc., a business of Merck KGaA, Darmstadt, Germany, Full-time company employee

Maisenbacher, M. K. Natera, Full-time company employee

Malcuit, C. OvaScience, Inc., Full-time company employee

Mallick, M. AB Sciex, Full-time company employee

Marsh, E. E. Allergan, Attended advisory board meeting

Massey, J. UVision medical device company, Direct stockholder; OptiVia medical Device company, Direct stockholder; Uro-1 Medical Device company, Direct stockholder

Matson, B. C. Ferring Research Institute, Inc., Contract

Matt, D. Good Start Genetics, Paid consultant
McCulloh, D. H. ReproART: Georgian American Center for Reproductive Medicine, Tbilisi, Georgia, Company officer; Biogenetics Corporation, Mountainside, New Jersey, USA, Company officer; NYU Fertility Center, NYU Langone Medical Center, New York, New York, USA, Full-time company employee; Sperm and Embryo Bank of New York, New York, New York, USA, Company officer.

McGovern, P. G. University Reproductive Associates, PC, Direct stockholder; Hasbrouck Heights Surgery Center, LLC, Direct stockholder.

Mckeeby, J. L. Ferring Pharmaceutical, Speakers bureau.

Merrion, K. Natera, Inc., Full-time company employee; Natera, Inc., Option to hold stock in Natera, Inc.

Minto-Bain, C. L. Trinidad and Tobago IVF and fertility Centre Ltd, Direct stockholder; Trinidad and Tobago IVF and Fertility Centre Ltd, Full-time company employee.


Missmer, S. A. AbbVie, Paid consultant.

Mist, S. Merck, Full-time company employee.

Moawad, G. Intuitive Surgical, Speakers bureau; Applied medical, Speakers bureau.

Mol, B. W. ObsEva, Geneva, Paid consultant; Guerbet, France, Paid consultant; Merck, Germany, Paid consultant.

Molinaro, T. MERCK, Speakers bureau.

Molinaro, T. A. Merck, Paid consultant.

Monseur, B. C. Path2Parenthood, Board of directors.

Morris, R. T. Clovis Oncology, Jansen Pharmaceutical, Caris Life Sciences, Paid consultant.

Mottla, G. EMD Serono, Speakers bureau.

Munne, S. CooperGenomics, Full-time company employee.

Murthy, A. S. Merck, Honoraria; Teva, Honoraria; Bayer, Honoraria.

Muzzey, D. Counsyl Inc., 180 Kimball Way, South San Francisco, CA 94080, Full-time company employee.

Nagata, Y. ORIGIO, ORIGIO® Gradient™ and ORIGIO® Sperm Wash was supplied free of charge by ORIGIO.

Nagy, Z. P. MEBNA / Prelude, Direct stockholder; EMD Serono, Paid consultant; Origio / Cooper-Surgical, Paid consultant; Watermark / Allergan, Paid consultant.

Natan, Y. FertileSafe Ltd., Full-time company employee.

Navarro, R. IGENOMIX, Full-time company employee.

Needleman, D. Luminova, Company officer.

Neitzel, D. Good Start Genetics, Full-time company employee.


Nelson, J. Nexgenomics, LLC, Owner.
Nelson, J. K.  
Truven Health Analytics, An IBM Company, I am an employee of Truven Health Analytics, an IBM company, which routinely receives research contracts to conduct study with and on behalf of pharma and device manufacturers.

Nelson, S. M.  
Beckman Coulter, Ferring, Merck Serono, MSD, Roche, Speakers bureau; Roche Diagnostics, Ferring, Grant recipient; Besins, Ferring, MSD, Merck Serono, Roche, Paid consultant.

Niederberger, C.  
American Urological Association, Update series editor; Ferring, Grant recipient; Nexhand, Company officer.

Niknazar, M.  
Phosphorus Inc., Full-time company employee.

Norman, R.  
Merck Australia, Organiser of Merck Symposium (no remuneration); MSD, Member of educational committee SEED (no remuneration); Ferring, Member of scientific advisory group (no remuneration this year); Owner of fertility company FertilitySA, User of gondotrophins

O'Brien, K.  
Ferring Pharmaceuticals, Full-time company employee.

O'Donnell, D.  
OvaScience Inc, Full-time company employee; OvaScience Inc, Direct stockholder.

Ohl, D. A.  
Endo, Grant recipient; Pfizer, Paid consultant; Coloplast, Paid consultant.

Olberding, J.  
CooperGenomics (a CooperSurgical Company), Full-time company employee.

Oliver, K.  
Illumina, Inc., Full-time company employee.

Owens, C.  
AbbVie, Full-time company employee.

Paduch, D. A.  
AbbVie, Speakers bureau; Bayer, Paid consultant; AbbVie, Paid consultant.

Pagani, R. L.  
Reprogenetics Brazil, Direct stockholder.

Pal, L.  
AMAG pharmaceutical, Paid consultant; GLG, Paid consultant.

Palermo, G. D.  
Irvine Scientific, Royalties.

Pandian, R.  
Pan Laboratories, Irvine, CA 92618, Company officer.

Parets, S. E.  
Phosphorus Inc, Full-time company employee.

Parikh, F. R.  
Easy Surrogacy International, Partner; Firuza Parikh Fertility Centre Pvt Ltd, Partner; FertilTree International Fertility Centre, Partner.

Park, H. S.  
Genome and Company, Company officer.

Park, J.  
Ferring pharmaceuticals, Speakers bureau.

Parmegiani, L.  
Origio Denmark, Paid consultant.

Parry, J. P.  
My wife and I have a website and intellectual property rights related to the Parryscope technique, but are not presenting data related to this concept at this conference; ASRM-SRS, I am chair of the website committee for the Society of Reproductive Surgeons and coordinate literature reviews for SRS.

Patrizio, P.  
FertileSafe, Co-founder and scientific advisor.

Pellicer, A.  
IGenomix, Direct stockholder.

Peloso, P. M.  
AbbVie, Full-time company employee; AbbVie, Direct stockholder.

Penrose, L.  
Reproductive Solutions Inc., Company officer.

Penzias, A.  
OvaScience, Company advisor; ReproSource, Company advisor.

Petrozza, J. C.  
Smith and Nephew, Advisory committee.
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<td>Peyser, A.</td>
<td>Northwell Health, Full-time company employee</td>
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<td>Pfeifer, S.</td>
<td>Thesan, Paid consultant; Regeneron, Paid consultant; Theralogix, Paid consultant</td>
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<td>Pham, C.</td>
<td>Guerbet Asia Pacific Pty Ltd, a subsidiary of the Guerbet Group, Funding to conduct research on the cost-effectiveness of hysterosalpingography</td>
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<td>Platt, L.</td>
<td>General Electric Medical system, Grant recipient; General Electric Medical System, Speakers bureau</td>
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<td>Poindexter, A. N.</td>
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<td>Merck Serono, MSD, Ferring Pharmaceuticals, Besins Intenational, Speakers bureau; Merck Serono, MSD, Ferring Pharmaceuticals, Besins Intenational, Roche Diagnostics, Grant recipient</td>
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<td>Rahil, T.</td>
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<td>Ratts, V. S.</td>
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<td>Igenomix Brasil Laboratorio de Medicina Genetica Ltda., Full-time company employee</td>
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<td>Rosen, M.</td>
<td>DxNow, Unpaid member of clinical advisory board</td>
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<td>Scott, Jr., R. T.</td>
<td>Foundation for Assessment &amp; Enhancement of Embryonic Competence, Inc., Neither myself or my program get any personal benefit, Company officer</td>
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<td>Segars, J.</td>
<td>Biospecs, Inc, PI for a phase 1-2 clinical trial; American Board of Obstetrics and Gynecology, Board director; Bayer, As a lead investigator for a phase 3 clinical trial; Allergan, As a possible PI for a phase 3 clinical trial; Society for Reproductive Investigation, Presidential nominee, Company officer</td>
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<td>Seifer, D.</td>
<td>Rutgers Medical School/ MGH licensing agreement with Beckman-Coulter, Co-inventor of AMH as a method of determining ovarian reserve; Women’s Integrated Network, Paid consultant</td>
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<td>Sitruk-Ware, R.</td>
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<td>Smith, Y. R.</td>
<td>UpToDate, Reviewer - receive royalty</td>
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<td>Soliman, A. M.</td>
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<td>Stratton, P.</td>
<td>Allergan has provided a grant to my institution (NIH) for a study on which I</td>
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<tr>
<td></td>
<td>am the medically responsible investigator. I have no direct of personal</td>
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<td>profit from this grant, Grant recipient</td>
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<td>Subaran, R.</td>
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<td>Donor Egg Bank USA (California CryoBank), Direct stockholder</td>
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<td>AbbVie, Adhoc advisor; Sanofi Genzyme, Adhoc advisor; Allergan, Adhoc advisor</td>
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<td>Turek, P. J.</td>
<td>Essential Beginnings, Inc, Company officer; BioQuiddity, Inc, Medical advisory board; Healthloop.com, Medical advisory board; MandalMed, Inc, Company officer; Contraline, Inc, Company officer; Episona, Inc, Medical advisory board; Cellarity, Inc, Company officer</td>
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<td>Vieira, C. S.</td>
<td>I have served on Medical Advisory Boards and given ad hoc invited lectures for Merck and Bayer, Consulting fee</td>
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<td>Wessels, C. E.</td>
<td>Reproductive Solutions, Inc., I represented this company as a student entrepreneurial lead in the Texas Tech University iLaunch start-up contest. I did not receive payment or any financial gain</td>
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<td>Westhoff, C.</td>
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<td>Wilcox, J. G.</td>
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<td>Williams, J.</td>
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<td>Yang, L.</td>
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<td>Yang, Z.</td>
<td>ZytoGen, Company officer</td>
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<td>Yankov, V.</td>
<td>Ferring Pharmaceuticals, Full-time company employee</td>
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<td>Young, S. L.</td>
<td>UNC School of Medicine, I am co-inventor on a technology for testing for endometriosis and/or endometrial receptivity currently licensed to Cicero Diagnostics and marketed as “ReceptivaDx”</td>
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<td>Yurttas Beim, P.</td>
<td>Celmatix Inc, Company officer</td>
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Alan Copperman, M.D.
Barrett Cowan, M.D.
David Cozzolino, M.D.
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