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How effective is egg freezing as a preventative treatment for young women in securing their ability to reproduce later in life?

Women are delaying pregnancy to ever older ages, consequently many will encounter age-related infertility. Simultaneously, access to fertility preservation for social indications has rapidly increased. However, the current trend of fertility centers promoting elective egg freezing as an appropriate procedure for most single women who can afford it commoditizes this medical procedure thereby undermining the integrity of reproductive medicine and should be discouraged. An alternative approach based on reproductive life plan (RLP)-based counselling will be presented. This approach incorporates fertility assessment algorithms which often include measurement of age-specific ovarian reserve (OR) parameters allowing the identification of young women who are at increased risk for subsequent infertility. Those identified as at risk, can be counselled at still young ages to formulate a RLP and offered fertility preservation. RLP-based counselling and risk screening algorithms should therefore be integrated into routine family planning visits and fertility preservation offered primarily to at risk girls and women.

"Evidence for existence of a pituitary-adrenal-ovarian axis that controls ovarian function"

Stress and reproduction are closely intertwined. This lecture will focus on evolution of endocrine pathways which favor reproduction during times of low stress and suppress reproduction during times of high stress. Interconnections between the adrenal gland and the ovaries will be emphasized though the lifecycle, from embryonic development until menopause. The second part of this lecture will focus on disorders which affect both organs, including functional hypothalamic amenorrhea, polycystic ovary syndrome, and diminished ovarian reserve.

“HIER – Highly Individualized Egg Retrieval”

Highly Individualized Egg Retrieval (HIER), defined as age-specific early oocyte retrieval (ER), has been demonstrated to avoid premature luteinization in older women with diminished ovarian reserve (DOR) and younger women with premature ovarian aging (POA) undergoing IVF. This lecture will focus on pregnancy rates and molecular markers of premature luteinization in patients undergoing very early retrieval (VER), with hCG trigger at 13-15mm lead follicle, ER at 16.0–18.0 mm and standard retrieval (SR) at 18.5–20.5 mm.