

STUDY VISIT REPORT

The main goal for my study visit was to broaden my perspective and knowledge in Reproductive Medicine, get insight into treatment options which are so far not part of our treatment procedures at the University Hospital of Oslo and get an opportunity for future collaboration with colleagues in our field abroad. I therefore chose 2 IVF units in New York City, USA.

Center for Human Reproduction (CHR) and New York Fertility Services (NYFS) are private clinics for fertility treatment located on Manhattan. I was invited to spend as much time as I wished at these clinics during my 2 weeks study visit in New York City. During this time I participated in all treatment procedures and couple counseling. I was also included into the laboratory activities.

Both clinics are medium size IVF units, with 3-400 fresh cycles per year, including patient couples and the donor programme, in addition to the frozen/thawed transfer treatments.

The CHR also has an extensive scientific activity, the doctors being active and well known speakers and participants in international and American meetings and frequent contributors to top notch scientific publications in our field.

NYFS has an unselected patient population, i.e. treating younger and older women, of different diagnostic groups and from across the world. The clinic has one doctor in charge (Dr. Joel Batzofin), two assistant doctors, one senior embryologist, nurses and secretaries.

The CHR focuses on an older patient group, mean age being 40 years and patients with premature ovarian failure. CHR has the largest donor stall in the US. This clinic is owned and run by Dr. Norbert Gleicher. It is staffed with 3 fulltime fertility doctors, 2 embryologists, lab technicians, nurses and secretaries.

Through my study visit I have been introduced to treatment modalities that are not offered to couples in our IVF programme, i.e. the donor oocyte and donor embryo programmes, surrogacy, PGD for gender selection and assisted hatching. Knowledge of these treatment options will be of importance because some of our patients will seek treatment abroad.

I am familiar with the pretreatment examinations and bloodwork and their implications, all of which contributes to the high success rate in their IVF programmes.

During my visit at CHR I did get a thorough knowledge of the clinical perspectives and treatment options for patients with diminished ovarian reserve. This is an important and challenging medical issue in any IVF programme, also with a younger patient population and patients in our clinic will hopefully profit from this.

My contacts at CHR will allow our center to collaborate with this medical team in the future.

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