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## Patients Love ART Satellite Clinic Care

*How to save time and receive state-of-the-art care without a drive to Birmingham!*

*"WOW! for technology. The Huntsville office has made it so much easier for us!"*

Since January 1996, the ART Program has provided care for patients through our Huntsville satellite office. In July of 1999, a videoconsultation program was established to give patients in the satellite clinic the opportunity to consult with their doctor via a televideo link with Birmingham. Since the inception of this program, our patients have shared how pleased they are with the care they have received.

Several patients have written:

*"It is like talking in person. I felt comfortable and was able to see the doctor without driving to Birmingham."*

*"I feel this is a great program -- especially for those of us that don't live near Birmingham."*

*"Didn't have to drive to Birmingham and take off work, less stress."*

*"Saved a trip to Birmingham and it was like being there"*

Videoconsultations are scheduled in 15-minute or 30-minute appointments. Having access to more appointment times through the month has been much more convenient for patients receiving care. Nancy Scott, our nurse practitioner in Huntsville, provides any "hands-on" services such as ultrasounds, cultures, post-coital tests, etc.

Videoconsultations are available with your physician by calling our scheduling coordinator at 1-800-338-0758.

### *New Montgomery Satellite Office Opening Soon*

We are pleased to announce that the ART Program of Alabama is scheduled to open a satellite office in Montgomery on or around November 1, 2000. This office will be located at 440 St. Luke's Drive, Montgomery. The goal of this satellite is to make treatment for our Montgomery and South Alabama patients more convenient and cost-effective, while providing the same quality care that is available at our Huntsville satellite location.

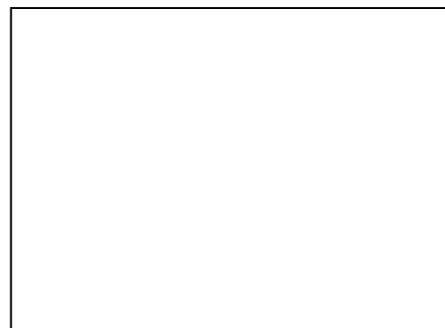
Sarah Shoemaker, certified gynecology nurse practitioner (CRNP), training in infertility with our Program, will provide services Monday - Friday for our patients. She will work closely with the ART physicians and nurses to ensure continuity of care for our infertility and IVF patients. All new patients will be seen in our Birmingham office for initial office visits. Subsequent visits with the physician can be scheduled for Montgomery via videoconsultation.

Sarah is a lifelong resident of rural Elmore County and graduated from Elmore County High School. She graduated from UAB in 1978 with a BSN degree and continued studies at UAB becoming a CRNP. Sarah also received a MPH degree from UAB in 1994.

Sarah was employed for ten years at Elmore County Hospital in Wetumpka serving as a nursing aide while still a student at UAB and later as staff ER nurse and House Supervisor. She has for the past eleven years, worked with

the State of Alabama Department of Public Health doing Family Planning and Maternity Clinics.

Sarah is excited about working at the ART Program and feels the years she and her husband, Don, spent as participants in the ART Program will be of great benefit as she assumes her new duties.



*Sarah Shoemaker*

On a daily basis, Sarah will offer the following services: ultrasounds, ovulation monitoring such as surges, post-coital tests, venipuncture for lab testing, pap smears and cultures, injection instructions and treatment assessment, counseling, as well as intrauterine inseminations.

Our Birmingham office will schedule all appointments for Montgomery. Please call 205-803-1960 or 1-800-338-0758 for any appointment to be made.

As always, we look forward to serving the needs of our Montgomery and South Alabama patients, as well as our physician network, with this extension of our Program.

## Dr. Houserman Wins Award

Congratulations to Dr. Virginia Houserman who recently received the "George Oetting Excellence in Teaching" award for her presentation entitled "What's New in Infertility: The New Egg Donor Program". Dr. Houserman gave her presentation at the Alabama State Medical Association meeting on March 4, 2000.

## Health Fairs and Seminars

### Southern Women's Show

The ART Program will again be present at the Southern Women's Show in Birmingham this year. The Show will be at the Birmingham-Jefferson Convention Complex **October 12-15, 2000**.

If you are interested in more information regarding upcoming events, please call Monica Hawk at 205-870-9784 or 1-800-476-9784.

Several organizations and companies have requested the ART Program to speak at their Lunch and Learn programs to provide information and education that participants otherwise might never be exposed to. If you are part of an organization or company that would like us to speak at your next Lunch and Learn event, please call Monica Hawk at 205-870-9784 or 1-800-476-9784.

## Success Stories on WEB

The ART Program announces plans for an upcoming feature that will be added to our WEB site at [www.artprogram.com](http://www.artprogram.com). Patient success stories will appear on a monthly basis; with these stories being written by the patient themselves. Photos will be taken of the patient and their family (we will supply the photographer). These stories and photos will then be compiled and published into a "success story" book.

We extend an invitation to those patients who would like to tell their success story for placement on our WEB page, as well as possible inclusion into a "success story" book.

If you are interested in this upcoming feature, please e-mail Monica Hawk with your story at [ART.Program@msn.com](mailto:ART.Program@msn.com). Stories will begin appearing in approximately two to three months.

## Service Awards

**Cindy Catalano** joined the ART Program on May 8, 1990 after graduating with a degree in Medical Administration from the Southern Medical Technical School of California. She is the front desk supervisor and has earned her 10-year service award.

**Sissy Casterlin** is the Endocrine Lab Supervisor and became a part of the ART Program staff on October 1, 1990. Sissy received her Medical Technology certification from Baton Rouge Technical Institute in 1981 and is registered by ASCP and A.M.T. She has been actively working as a tech for 19 years and enjoys keeping up with the "cutting edge" in technology and new ideas. Sissy has earned her 10-year service award.

**Nancy Scott** is the Nurse Practitioner in the Huntsville satellite of the ART Program. Nancy joined the Program in November of 1995. She received her BSN degree in 1985 from University of Alabama-Huntsville and her MSN degree in December 1994 from UAH and shortly thereafter earned her CRNP license. Nancy has earned her five-year service award.

## IVF Successes

January 1999 - December 1999

### **All Patients, All Protocols**

• Cycles Started	244
• Cancelled Cycles	29
• Retrievals	215
• Transfers	210
• Clinical Pregnancies	84
• Rate/cycle start	34%
• Rate/retrieval	39%
• Rate/transfer	40%
• ICSI Pregnancy Rate/retrieval	36%

- ❖ Excludes women 40 years of age and over and Clomid cycles.
- ❖ Excludes egg recipient cycles.
- ❖ Excludes cryobanking and TESA cycles.

## TESA (Testicular Epididymal Sperm Aspiration) Successes

June 1999 - May 2000

### **All Patients, All Protocols**

• Cycles Started	27
• Cancelled Cycles	4
• Retrievals	23
• Transfers	22
• Clinical Pregnancies	8
• Rate/cycle start	30%
• Rate/retrieval	35%
• Rate/transfer	36%

- ❖ Excludes Clomid cycles.
- ❖ Excludes cryobanking.
- ❖ Excludes non-obstructive azospermia

## Polycystic Ovary Syndrome/ Hyperinsulinemia- Glucophage Therapy

Polycystic ovary syndrome (PCO) is a condition in which the ovary produces an overabundance of androgenic (male type) hormone. The condition consists of chronic anovulation with absent or irregular periods and hirsutism (excessive hair growth). Numerous studies have also revealed that a high degree of insulin resistance with hyperinsulinemia is a characteristic finding in PCO. The way to diagnose hyperinsulinemia is by completing a fasting blood sugar and insulin level. Diabetes and impaired glucose tolerance can be diagnosed with a glucose tolerance test. It is important to note if you are diagnosed with any of these conditions, you may be at a higher risk for coronary artery disease and should see an internist at regular intervals. Treatment includes weight loss and/or drug therapy. A weight loss of just 10% can be very significant to improve ovulation. There are a number of programs available for weight loss. Your physician will help you decide one suitable for you.

Drug therapy may include medications, which help lower insulin levels. These drugs are not necessarily recommended for treatment of PCO or hyperinsulinemia. However, use of these drugs may improve ovulation. They are officially considered "experimental" for this use. The most commonly used drug is Glucophage.

### How does Glucophage work?

Glucophage decreases liver production of glucose and decreases intestinal absorption of glucose. Glucophage also improves the ability of major body organs to uptake glucose into the cells. Glucophage also increases the ability of ovarian cells to utilize insulin and glucose.

### When should Glucophage not be used?

Glucophage should not be used in a person who has significant evidence of kidney or liver damage. These patients may benefit from a low-carbohydrate diet instead.

It is important Glucophage be stopped prior to any surgical procedure and it should not be restarted until a person has adequate oral intake and kidney function. Glucophage should also be stopped 48 hours prior to any dye studies, such as an HSG (hysterosalpingogram) and not restarted until kidney function tests have been shown to be normal 48 hours (or more) later.

Glucophage should be withheld if a woman becomes severely dehydrated or has significant respiratory difficulty. Glucophage should not be used if a person intakes too much alcohol because lactic acidosis, a very serious and life-threatening condition, could result.

The Physicians Desk Reference also includes a warning that Glucophage may be associated with increased heart attack death. However, the study was conducted on older patients who were obviously diabetic and had failed dietary therapy.

### **What problems would occur while taking Glucophage?**

**Lactic Acidosis:** This condition is rare and accompanied by nonspecific symptoms such as malaise, muscle aches, difficulty breathing, increased sleepiness and vague abdominal distress.

**Gastrointestinal reactions:** Symptoms such as diarrhea, nausea, vomiting, abdominal bloating, excess gas and poor appetite are the most common reactions to Glucophage. These symptoms are usually transient and resolve with continued treatment.

**Metallic taste:** Approximately 3% of patients will complain of a metallic taste, which usually resolves spontaneously.

**Skin reactions:** There is no evidence that skin reaction increases with Glucophage use.

**Blood reaction:** Occasionally, a special type of anemia termed megaloblastic anemia may occur. This type of anemia is easily treated.

This concludes a brief overview regarding possible drug therapy for infertility secondary to polycystic ovarian disease. Polycystic ovarian disease is the most frequent type of ovulatory dysfunction. Glucophage therapy should further enhance fertility success.

## **Egg Donor Program**

The ART Program of Alabama continues to offer an Egg Donation Program. This program is designed to allow a woman with healthy eggs to donate some of her eggs to an infertile couple who might otherwise be unable to have a family.

The first egg donor pregnancy occurred in 1984. Since then, over 5,000 babies have been born in the U.S. as a result of donor eggs. Experience and studies have shown that offspring of donor eggs are generally healthy children with no greater risk of birth defect than all children in the general population.

### **Who Can Be an Egg Donor?**

The criteria for egg donation are understandably strict. In order to donate, a woman must be between the ages of 19 and 32. She must have two normal ovaries and regular menstrual cycles. She must not smoke or use other drugs. The donor must be comfortable with injections, as the ovulation medications are by injection. The donor must agree to physical and psychological screening provided at no cost to her.

There are two types of egg donors, anonymous and known or related.

- Anonymous egg donors wish to keep their identity confidential. The anonymous egg donor is comfortable with the understanding that her donation is totally anonymous. She will not know the outcome of her donation nor will she meet or learn the names of the recipient of her eggs.
- Known donors are women known by or related to the recipient. This type of egg donation involves free exchange of information between the donor and the recipient couple. A psychological consultation is required due to the emotional issues that may arise when donor and recipient are acquainted.

### **Who Would Want Donated Eggs?**

The recipients of donated eggs are married couples with little or no chance of having their own child. The most common reason a couple seeks an egg donor is because the woman's ovaries have stopped producing eggs too soon. She may have had her ovaries removed as a result of disease like endometriosis, cancer, benign tumors or pain. The recipient woman may carry a genetic trait that she does not want to risk passing on to a child.

Male factor infertility does not rule out the use of an egg donor. Testicular Epididymal Sperm Aspiration (TESA) and Intracytoplasmic Sperm Injection (ICSI), two of the newest treatments for male infertility may be used in combination with a donated egg. TESA involves taking sperm from the epididymis or testicle of the man and injecting the sperm (ICSI) into the egg of the woman. This procedure is done in the laboratory. Even when donated sperm is required, an egg donor may be useful.

In the past, couples with severe egg or sperm dysfunction had only two options: adoption or remaining childless. Today, egg donation, TESA and ICSI provide a third option: an opportunity for the couple to experience pregnancy and childbirth together.

### **Frequently Asked Questions**

**Q:** "I've had my tubes tied. Can I still be an egg donor?"

**A:** Yes. As long as you have two normal, healthy ovaries, you can be an egg donor. Your tubes are not necessary.

**Q:** "How can I expect to feel when I take the medicines?"

**A:** The medicines you will take to induce egg production are injections. Most women tolerate these "shots" very well, but some women experience headaches, mood swings, bloating or cramping or stinging at the injection site. Symptoms are usually mild. Egg donors are closely monitored to avoid serious problems.

**Q:** "Does it hurt when the eggs are taken?"

**A:** The egg retrieval is done in the office. The donor is sedated using IV (in the vein) medicines. There is no incision or stitches. The majority of all IVF patients, including egg donors, report minimal, if any, discomfort during the procedure.

**Q:** "Will I use up all my eggs if I donate them now?"

**A:** No, you will not use up all your eggs. Women are born with far more eggs than they can ever use in their lifetime.

**Q:** "Will donating eggs reduce the chance of me getting pregnant later in my life?"

**A:** There is no scientific evidence that donating eggs can decrease your chances of pregnancy.

**Q:** "Will I get paid for my egg?"

**A:** You are not paid for your eggs, but you are reimbursed for the time you invest in the process. If you complete the screening and are accepted as a donor you can expect to receive \$2,000.00 at the end of each completed donation cycle.

**Q:** "How much time does being an egg donor take?"

**A:** Usually up to 5 visits are needed to complete the screening process. After you are accepted as a donor and matched with a recipient, approximately 8-10 visits over an 8-week period are needed to complete one full donation cycle.

For more information about the Egg Donor Program, please contact Linda Jones at 205-870-9784 or 1-800-476-9784.

## **Egg Donor Program Results**

January 1997 – May 2000

### ***All Patients, All Protocols***

• Cycles Started	70
• Cancelled Cycles	10
• Retrievals	60
• Transfers	59
• Clinical Pregnancies	25
• Rate/cycle start	36%
• Rate/retrieval	42%
• Rate/transfer	42%

❖ Excludes Clomid cycles.

❖ Excludes cryobanking.

## **Price Increase**

Effective July 1, 2000 our Program will implement its first rate increase in three years. Please call one of our financial counselors for details and any questions you may have.

## Support Groups

### **ALABAMA**

**MOST** (Mothers of Supertwins). MOST is for couples experiencing multiple births. There is a quarterly newsletter available, as well as "new mother" packets mailed to expectant or just delivered mothers. For more information, please contact Heather Sasser, regional coordinator for Northern Alabama at 256-350-2399 or Lynn Dias, regional coordinator for Southern Alabama at 334-343-2086. Or, visit their web site at [www.mostonline.org](http://www.mostonline.org).

### **BIRMINGHAM**

**RESOLVE<sup>®</sup> of Alabama**, an infertility discussion group meets bi-monthly for educational meetings on the fourth Tuesday of each month at 6:30 p.m. The Discussion Group of chapter members meets the second Tuesday of each month at 6:30 p.m. Both meetings are held at Dawson Memorial Baptist Church in Homewood. For more information, please call 969-8803.

**Mothers of Twins** meets at Baptist Montclair Medical Center in the Nursing Auditorium on the first Tuesday of each month from 7:00-9:00p.m. Contact Edna Rush at 205-871-5558 for more information

**Marvelous Multiples** is a series of prenatal educational classes held each quarter at Brookwood Medical Center. Call Catherine Edmonds at 205-328-2958 for additional information and registration.

**Love Forever and Always** is a support group for those experiencing miscarriage, stillbirth or infant death. Call 888-893-LOVE for more information.

### **HUNTSVILLE**

**RESOLVE<sup>®</sup>** discussion group meets monthly. Call Tanya Black at 256-883-3231 for details.

**Marvelous Multiples** is a series of prenatal educational classes held at Huntsville Hospital Women's Center. Contact Kelly Johnson at 256-517-6601 for more information.

### **MONTGOMERY**

**RESOLVE<sup>®</sup>** meets monthly. Call Mollie Isaacson at 334-288-9883 for additional information.

### **Helpful WEB sites:**

[www.asrm.org](http://www.asrm.org)  
[www.INCIID.org](http://www.INCIID.org)  
[www.resolve.org](http://www.resolve.org)  
[www.obgyn.net](http://www.obgyn.net)  
[www.fertilethoughts.net](http://www.fertilethoughts.net)

To add additional support groups or more information to this list, please contact Monica Hawk at the ART Program, 205-870-9784 or 1-800-476-9784. You may also e-mail us at [ART\\_Program@msn.com](mailto:ART_Program@msn.com).