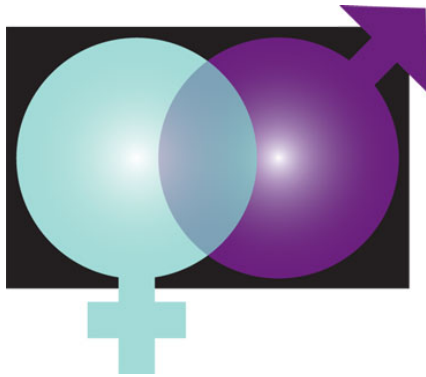


**Pacific Coast Reproductive Society
62nd Annual Meeting
March 19 to 23, 2014**

**"Sparking New Thought in Reproductive
Medicine"**

Results: As Assessed by Attendee Evaluations
Pre- and Post-test Comparative Analysis



**PACIFIC COAST
REPRODUCTIVE
SOCIETY**

**Pacific Coast Reproductive Society
62nd Annual Meeting
March 19 to 23, 2014**

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**Pacific Coast Reproductive Society
62nd Annual Meeting
March 19 to 23, 2014**

The Evaluation Process:

Attendees of the 62nd Annual Meeting were asked to complete evaluation forms to:

- Provide data for PCRS to evaluate the effectiveness of its CME activities in meeting identified educational needs (as detailed in the Final Program and on our website)
- Evaluate the effectiveness of its overall program of CME (see CME Mission Statement and Overall Objectives enclosed).

Through careful analysis of this data, gaps in participant knowledge/competence or performance are identified and needs of physicians, their teams, and allied professionals are assessed and used to plan our future CME activities.

All evaluation forms asked attendees to indicate the degree with which they agreed with specific statements, using a ranking of 1 to 5 (1 representing “Strongly Disagree” and 5 representing “Strongly Agree”). As the following pages demonstrate, our 62nd Annual Meeting was an extremely successful CME experience.

Our attendees completed 131 online evaluation surveys (up 17% versus the prior year) that covered the general overall meeting as well as each individual session. The combined forms included specific questions designed to reveal how well our planning targeted the needs of our constituents in 2014 and to provide data for our 2015 identification of gaps and needs assessment process.

Results:

As with all Continuing Medical Education, we have three major benchmarks against which we can measure success. Have we aided in the improvement of (a) competence, (b) performance, and (c) patient outcomes? The results of this evaluation process clearly show PCRS continues to successfully meet its expectations, as set forth in the CME Mission Statement, to enhance the physician’s ability to recognize, diagnose, treat, manage, and/or appropriately refer patients with reproductive disorders or diseases in a timely manner to effectively treat the patient resulting in enhanced outcomes.

	Total Responses	Positive Responses	Percentage
I gained knowledge/practice skills/experience that will increase my competence	129	127	98.5%
I gained knowledge/practice skills/experience that will improve my performance	129	123	95.4%
I gained knowledge/practice skills/experience that will improve patient outcomes	129	121	93.8%

The following pages include detailed analysis of all questions asked of our attendees as well as their comments. Ranking reports have been included that measure the overall quality of our faculty as well as the oral presentation of original scientific research.

PACIFIC COAST REPRODUCTIVE SOCIETY (PCRS)
CME MISSION STATEMENT

Vision

PCRS is a global, interactive organization championing the field of reproductive medicine.

Values: PCRS believes in...

- Support of physicians, their teams, and allied professionals
- Innovation
- Inclusiveness
- Collegiality
- Professional Development

Purpose

The Pacific Coast Reproductive Society's global commitment to exceptional patient care is embodied in the continuing medical education of physicians, their teams, and allied professionals. Promoting the highest standards of clinical practice, patient safety, and improved patient outcomes, related to the treatment of infertility, is consistent with the principles and goals of PCRS.

The Pacific Coast Reproductive Society's CME program is based on the integration of clinical practice, scientific research, and education in Assisted Reproductive Technologies (ART) Consistent with these values, the following goals of PCRS/CME are intended to:

1. Cultivate an atmosphere for thinking differently, unconventionally, or from new perspectives
2. Offer thought provoking programming enabling physicians, their teams, and allied health care professionals provide superior medical care for patients
3. Update or reinforce knowledge of current concepts, techniques or practices
4. Promote innovation in clinical practice and research
5. Foster the integration of advances in relevant scientific and clinical research ensuring clinicians access to timely and relevant information
6. Enable clinicians to recognize, practice, discuss, and apply new concepts, technologies, or practices, as they relate to the management of infertility in their specific area of clinical practice or research
7. Further the identification and recognition of ethical, psychological, and cultural patient concerns
8. Provide a forum for clinicians, academicians and other professionals in allied fields to create or renew collegial and collaborative relationships that enhance their effectiveness, promote high standards of clinical practice, patient safety, and improved patient outcomes
9. Facilitate a career-long continuum of medical education.

PCRS accomplishes these goals through its Annual Meeting, which includes multiple disciplines (in reproductive medicine) in an educational program attracting its **target audience** of regional, national and international participants including but not limited to practicing physicians, physicians in training, and scientists in training in the field of reproductive medicine representing:

- Andrology/Male Infertility
- Reproductive Endocrinology
- Obstetrics and Gynecology

Physician team members and allied health professionals representing:

- Complementary Healthcare
- Mental Health
- Nursing
- Reproductive Biologists/Laboratory Specialists
- Outside Agencies
 - Third Party Agencies
 - Genetic Laboratories

CME Content Areas

- Clinical Practice

- Basic and Clinical Science
- Advances in Technology
- Legal Issues
- Ethics
- Psychological Impact of Reproductive Conditions/Diseases
- Surgery
- Alternative/Complementary Medicine
- Practice Management
- Managed Care
- Government Regulation

Presentation topics relate to the overall theme of the meeting and are identified through needs assessment and evaluations. Additional or new topics are identified through surveys and evaluations of meeting participants, including current or advancing knowledge in the field of reproductive medicine.

Types of Activities

PCRS/CME blends a variety of learning formats to help meet learners' professional development needs and learning style through personal interaction with guest faculty, clinicians, scientists, clinical scholars, and each other in a collegial, intimate atmosphere. Sessions are designed across the spectrum of learning modalities used by individuals to process information to memory: visual (learning by seeing), auditory (learning by hearing), and kinesthetic (learning by doing).

- **Plenary Sessions** address issues of general interest to all participants.
- **Breakout Sessions** reflect the diversity of participants and include basic to advanced tracks on specific topics of interest.
- **Oral and Poster Sessions** highlight the presentation of papers based on original scientific research. Time is scheduled for Q&A/discussion after each presentation. While there is often rigorous discussion, PCRS prides itself on being a forum for researchers to present their work and develop their presentation skills in a non-threatening environment.
- **Interactive Lectures** address issues and concepts in the general scope of reproductive medicine. Faculties are requested to "talk with rather than at" learners incorporating group discussion, Q&A, and debate opportunities into their presentation.
- **Round Tables/ Forums/Panels/Debates** expose participants to different, conflicting, or controversial points of view related to specific treatments, procedures or concepts. Small group discussions allow participants to communicate their own thoughts, questions, ideas, or experiences, providing an opportunity for the sharing of information and ideas in an informal, comfortable format.
- **Hand-On Workshops** provide the opportunity for participants to become familiar with advances in technology and techniques or refine existing skills with the latest equipment and technologies.
- **Collaborative Workshops** provide the opportunity for participants to discuss hot topics, learn from peers, and share information with colleagues about issues they encounter in their daily practice in an intimate, non-threatening environment.

EXPECTED RESULTS

The ultimate goal of the PCRS CME program is to address both the learner's identified needs as well as those needs not self-identified which close gaps in practice that prevent the deliver of consistently high quality healthcare to all patients at all times.

PCRS understands physicians may not engage in self-assessment on a regular basis, hence, the need for CME planners to identify and assess new or updated protocols, treatments, theories, and tools for consistently patient-centric education. While individual physicians may not be familiar with or want to address topical social issues, PCRS believes in CME that promotes changes in attitude, competence, performance, and positive patient outcomes that enhance and increase the learner's ability to:

- Recognize,
- Diagnose,
- Treat,
- Manage, and/or

- Appropriately refer patients with reproductive disorders or diseases in a timely manner

PCRS VISION STATEMENT

Big Audacious Goal - PCRS aspires to be the premier globally recognized organization that promotes leadership, scientific excellence, best practices and innovation in productive medicine within a collegial, relaxed, and non-competitive environment.

Vivid Descriptions:

- Fellowship program directors will require their fellows to present at the PCRS annual meeting.
- Greater majority of leading reproductive medicine practitioners in the United States will be PCRS members.
- PCRS members will be leaders in all segments of reproductive medicine.
- PCRS will provide the platform for delivery of groundbreaking clinical research.
- PCRS will be a springboard for the future leaders in reproductive medicine.
- Professionals from diverse backgrounds will have unlimited opportunities and desire to champion the art, science and practice of reproductive medicine through PCRS.
- PCRS will be the preferred networking forum for reproductive medicine specialists.
- PCRS will achieve and maintain the highest level of accreditation.

**Pacific Coast Reproductive Society
62nd Annual Meeting, March 19 to 23, 2014
Reconciliation of Goals & Objectives to Documented Results**

Overall	Goals and Objectives	Measurement	Matches to stated objectives for courses:	Documented Results: Evaluation Responses								
	Identify the risks of children born with assisted conception	Knowledge Competence	ART and Perinatal Morbidity, Speaker: Kurt T. Barnhart, MD	The session met objectives stated in the program: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">0</td> <td style="text-align: center;">100.0%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	98	98	0	100.0%
Attended	Agree	Disagree	% Agree									
98	98	0	100.0%									
	Discuss how and why biomarkers of ovarian reserve have transitioned over 25+ years from a historic perspective	Knowledge Competence	Assessing Ovarian Reserve: Past, Present and Future, Speaker: David B. Seifer, MD	The session met objectives stated in the program: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td style="text-align: center;">101</td> <td style="text-align: center;">100</td> <td style="text-align: center;">1</td> <td style="text-align: center;">99.0%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	101	100	1	99.0%
Attended	Agree	Disagree	% Agree									
101	100	1	99.0%									
	Identify the different types of male infertility	Knowledge Competence	Medical Approach to the Infertile Man, Speaker: John K. Amory, MD, MPH	The session met objectives stated in the program: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td style="text-align: center;">91</td> <td style="text-align: center;">90</td> <td style="text-align: center;">1</td> <td style="text-align: center;">98.9%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	91	90	1	98.9%
Attended	Agree	Disagree	% Agree									
91	90	1	98.9%									
	Formulate a long term therapeutic plan for PCOS women with diabetes	Knowledge Competence	Staving Off Diabetes in PCOS: A Medical Endocrinologist's Perspective, Speaker: Jorge H. Mestman, MD	The session met objectives stated in the program: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td style="text-align: center;">86</td> <td style="text-align: center;">84</td> <td style="text-align: center;">2</td> <td style="text-align: center;">97.7%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	86	84	2	97.7%
Attended	Agree	Disagree	% Agree									
86	84	2	97.7%									
	Discuss current fertility preservation options	Knowledge Competence	Oncofertility 2.0: Moving Beyond Oocyte and Embryo Cryopreservation, Speaker: Mary Ellen Pavone, MD	The session met objectives stated in the program: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td style="text-align: center;">101</td> <td style="text-align: center;">100</td> <td style="text-align: center;">1</td> <td style="text-align: center;">99.0%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	101	100	1	99.0%
Attended	Agree	Disagree	% Agree									
101	100	1	99.0%									
	Assess parenting issues when women over 50 have a baby	Knowledge Competence	Parenting at an Older Age, Speakers: Richard J. Paulson, MD and Sharon Steinberg, RN	The session met objectives stated in the program: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td style="text-align: center;">94</td> <td style="text-align: center;">92</td> <td style="text-align: center;">2</td> <td style="text-align: center;">97.9%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	94	92	2	97.9%
Attended	Agree	Disagree	% Agree									
94	92	2	97.9%									
	Identify risks and benefits of extended embryo culture in IVF	Knowledge Competence	Blastocyst Culture- Enhancing SET, Speaker: Bradley J. Van Voorhis, MD	The session met objectives stated in the program: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td style="text-align: center;">95</td> <td style="text-align: center;">95</td> <td style="text-align: center;">0</td> <td style="text-align: center;">100.0%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	95	95	0	100.0%
Attended	Agree	Disagree	% Agree									
95	95	0	100.0%									
	Counsel patients about the potential use of a stimulated versus a natural cycle in conjunction with IVF	Knowledge Competence	Natural Cycle IVF, Speaker: Richard J. Paulson, MD	The session met objectives stated in the program: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td style="text-align: center;">94</td> <td style="text-align: center;">93</td> <td style="text-align: center;">1</td> <td style="text-align: center;">98.9%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	94	93	1	98.9%
Attended	Agree	Disagree	% Agree									
94	93	1	98.9%									
	Critically evaluate frozen embryo transfer	Knowledge Competence	Single Thawed Euploid Embryo Transfer, Speaker: James A. Grifo, MD, PhD	The session met objectives stated in the program: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td style="text-align: center;">57</td> <td style="text-align: center;">57</td> <td style="text-align: center;">0</td> <td style="text-align: center;">100.0%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	57	57	0	100.0%
Attended	Agree	Disagree	% Agree									
57	57	0	100.0%									
	Appraise risks associated with deviations from carrier arrangement protocols	Knowledge Competence	Complexities, Challenges and Potential Calamities in Surrogate Arrangements - Discussion Panel, Speakers: Susan Crockin, JD; Cristie Montgomery; Lauri A. Pasch, PhD	The session met objectives stated in the program: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td style="text-align: center;">75</td> <td style="text-align: center;">73</td> <td style="text-align: center;">2</td> <td style="text-align: center;">97.3%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	75	73	2	97.3%
Attended	Agree	Disagree	% Agree									
75	73	2	97.3%									

2014 PCRS Program Evaluation - Faculty Ranking

Would you be interested in hearing this speaker again at a future PCRS activity?					
Answer Options	Yes	No	% With Opinion Valued Yes	No Opinion	Response Count
Bradley J. Van Voorhis, MD	99	1	99.0%	6	106
John K. Amory, MD, MPH	86	1	98.9%	23	110
Susan Crockin, JD	71	1	98.6%	32	104
Tamara M. Tobias, ARNP	50	1	98.0%	53	104
Kurt T. Barnhart, MD	95	3	96.9%	12	110
Robert Oates, MD	82	3	96.5%	21	106
Richard J. Paulson, MD	93	4	95.9%	9	106
Michael J. Tucker, PhD	88	4	95.7%	12	104
Jeff E. Roberts, MD	76	4	95.0%	24	104
John Stevens	55	3	94.8%	46	104
James A. Grifo, MD, PhD	89	6	93.7%	9	104
R. Dale McClure, MD	44	3	93.6%	57	104
G. David Ball, PhD	90	7	92.8%	9	106
Lauri A. Pasch, PhD	44	5	89.8%	55	104
Alexander M. Quaas, MD	48	6	88.9%	66	120
Mary Ellen Pavone, MD	46	6	88.5%	68	120
Jorge H. Mestman, MD	73	10	88.0%	23	106
Cristie Montgomery	49	7	87.5%	48	104
Daniel Alan Potter, MD	40	6	87.0%	58	104
David B. Siefer, MD	79	12	86.8%	19	110
Catherine DeUgarte, MD	39	7	84.8%	74	120
Sharon Steinberg, RN	69	14	83.1%	23	106

**Pacific Coast Reproductive Society
62nd Annual Meeting
March 19 to 23, 2014**

Results Analysis:

PCRS uses multiple sources of data to identify practice gaps and assess needs including:

- Evaluations of previous PCRS CME activities
- Anecdotal comments from meeting participants and society members
- Expert and peer input
- New technology developments
- Pre and post activity surveys

Our 2014 Program Chair Paul Dudley, MD and 2014 President Joy E. Zimmerman-Golden, ANP are recognized experts in the field of Reproductive Medicine. Based on their review of the data collected from the sources above, the following practice gaps have been identified:

- **Advances in Reproductive Medicine**
The field of reproductive medicine is a blend of both clinical and basic science. A strong understanding of each is required to deliver optimal patient care. Gaps in the advancing knowledge base must be filled through specific CME activities.
- **Best Practices in Foundational Care**
Health care providers have a natural tendency to develop patterns in treating common medical conditions. Such foundational care must be regularly reviewed as a means of migrating to best practices. Ongoing education in basic reproductive medicine aims to eliminate antiquated practice patterns.
- **Open Collaboration**
Busy clinicians and researchers frequently lack opportunities for open collaboration. CME activities should encourage interaction as a means of sparking new ideas, research directives and creative solutions to common problems.

Our analysis of the data collected during the evaluation of the 2013 Annual Meeting identified the following items to be addressed in future activity planning. Changes implemented for the 2014 meeting are detailed in [Blue](#).

- Attendee comments documented in the open ended text questions included several requests for more basic science.

Future Program Chairs and planners will be encouraged to ensure the program structure includes an appropriate balance of basic science.

72.3% of the CME hours in the 2014 program were basic science.

- Increase time allotted to nursing topics. 32% of the attendees in the 2013 nursing session were practicing physicians, indicating an encouraging trend in the team approach to patient care.

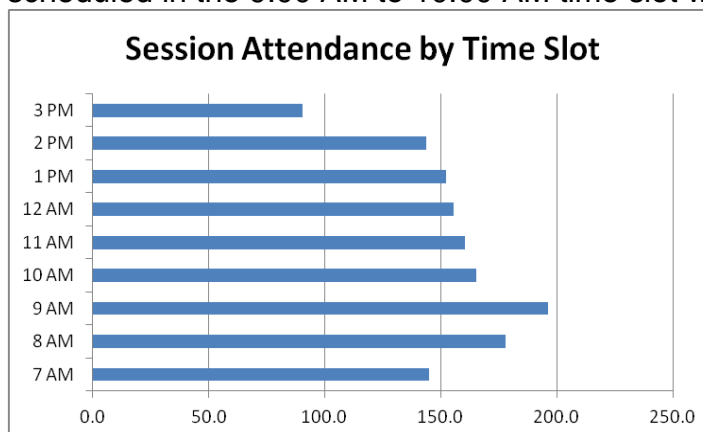
Future Program Chairs and planners will be encouraged to include sessions directed towards various members of the reproductive medical health care teams with the idea in mind that all members of the team, regardless of professional status, should find educational value.

Of the 131 individuals who completed the evaluation survey, 32.8% were not MD participants. The faculty included 15 physicians and 10 other allied healthcare professionals, a 40% mix. Those non MD attendees and faculty participated in a wide range of educational activities providing a full team approach to each topic covered.

As an example, the March 20 session *Assessing Ovarian Reserve: Past, Present and Future* was attended by 101 individuals who completed the evaluation survey, 40% of which were non MD members of reproductive medical teams.

- A suggestion submitted in response to the question on how the meeting might be improved was “hot topics . . . should be put at prime times.”

This statement inspired us to analyze the attendance data by time slot to identify our learners “prime time.” The chart below indicates that sessions identified by future planners as “hot topics” should be scheduled in the 9:00 AM to 10:00 AM time slot when possible.



The 2014 program sessions were reviewed by the Planning Committee and appropriate “hot topics” were presented in the “prime Time” 9:00 AM to 10:00 AM slots. They included:

Assessing Ovarian Reserve: Past, Present and Future

Should All Embryo Transfers Take Place at the Blastocyst State? – Debate

Optimal Treatment Paradigm for IVF, According to the Literature

Our analysis of the data collected during the evaluation of the 2014 Annual Meeting identified the following items to be addressed in future activity planning.

- Attendee comments documented in the open ended text questions included several requests related to sessions designed specifically for non physician team members and continuing education credits.

PCRS prides itself in our long standing commitment to educating medical professionals as “teams.” Educational activities that include various team members and/or educate the individuals in ways that increase their effectiveness as a team have been a significant part of our overall approach for more than two decades.

We find the comments made by our attendees to be a strong vote in favor of this approach.

PCRS will endeavor to provide all session participants, regardless of professional position, the documentation required to apply for appropriate credit. By expanding our ability to provide CME credit to physicians to include continuing educational credits for research scientists, nurses, bio-analysts, physician’s assistants, mental health professionals, etc., we can improve the educational experience for all.

- The 2014 conference schedule included 25 individual sessions, many scheduled for 40 minutes that were to be 25-30 minute presentations or lectures and a 10-15 minute period for questions and answers. Many of these sessions went over their allotted time slots, primarily due to exciting topics and enthusiastic audience participation.

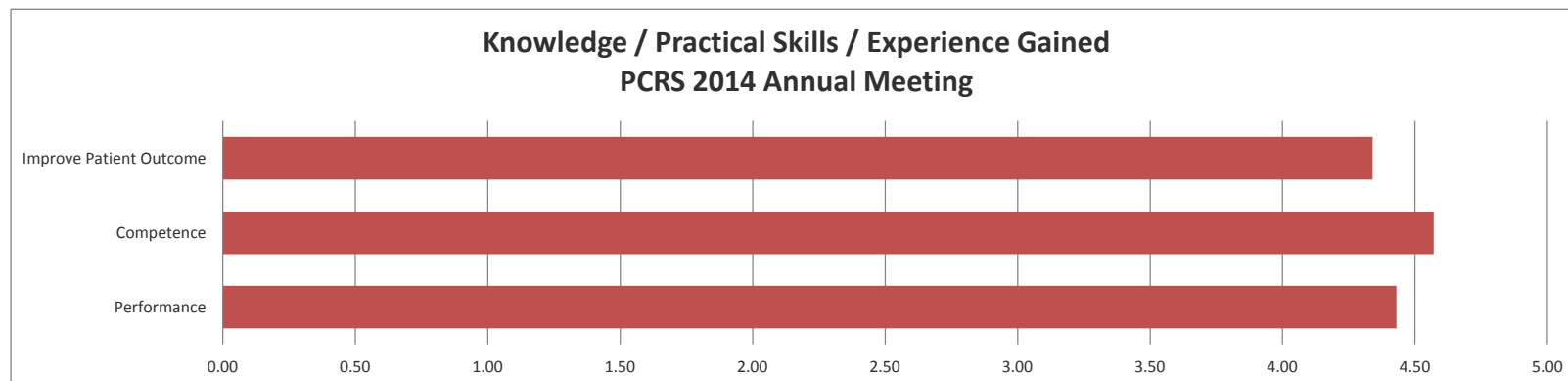
Future Program Chairs will be encouraged to expand time slots where possible to allow for appropriate question and answer periods, and keep the conference on schedule.

2014 PCRS Program Evaluation - Overall Program

As a result of attending the PCRS 2014 program I have gained knowledge/practical skills/experiences that will improve my performance.								
Answer Options	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	N/A	Rating Average	Response Count
Check one	0	0	6	62	61	2	4.43	131
<i>answered question</i>								131
<i>skipped question</i>								0

As a result of attending the PCRS 2014 program I have gained knowledge/practical skills/experiences that will increase my competence.								
Answer Options	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	N/A	Rating Average	Response Count
Check One	0	0	2	52	75	2	4.57	131
<i>answered question</i>								131
<i>skipped question</i>								0

As a result of attending the PCRS 2014 program I have gained knowledge/practical skills/experiences that will improve patient outcomes.								
Answer Options	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	N/A	Rating Average	Response Count
Check one	0	1	8	61	51	10	4.34	131
<i>answered question</i>								131
<i>skipped question</i>								0



2014 PCRS Program Evaluation - Overall Program

Please indicate any changes you plan to make in your practice as a result of information you received from the sessions and lectures you attended at this meeting that will enhance the care and well-being of your patients:

Add thyroid antibody screening, tighten TSH reference range Consider a bigger role for CCS in a select patient group

Address earlier pg planning if necessary. Add more data to male age and fertility problems for pts to have. Also add additional thyroid testing to my existing panel

As I am a Nurse Educator, I was exposed to lots of great new information and some excellent studies.

Based on this meeting, I plan to move towards offering more PGS with FET to my patients.

Be more aggressive about treating hypothyroidism in women seeking pregnancy.

Better understanding of improved outcomes in protocols. Heightened awareness of controversial areas

Better understanding of protocols

Careful evaluation of the surrogates, consider more freeze all cycles

Carefully reviewing AMH results on a donor who may have been on OC's for many years. AFC may be more valuable and not exclude a donor based on AMH alone.

Change criteria for Lupron trigger for IVF patients. Change use of methotrexate for treatment of ectopic pregnancy.

Change goal TSH value in subclinical hypothyroid patients

Check vit D level

Consideration of PGS and embryo freezing.

Considering cyro-all cycles and a more broad use of PGS

Considering extending PGS to interested patients that would benefit (older age, RPL, etc). May consider AMH more routinely in new patients

Continue to offer anonymity to sperm donors!

Counseling regarding embryo genetic assessment Counseling regarding third party reproduction

Identification of candidates for freeze all

Day 5 embryo transfer Natural cycle IVF

Discussing freeze all and day 5 transfer with my practice.

Do fewer fresh embryo transfers and more frozen transfers with PGS embryos

Evaluate thyroid dysfunction differently possibly treat thyroid dysfunction differently counseling of ivf/icse patients regarding outcomes More attention to psychological factors in egg donor cases use of natural cycle ivf protocol discussed

Evaluating day 7 blasts

Freeze all cycles, more vitrification of Eggs, learn more about impact of ART on Obstetric outcomes...

Freeze all PGS

Freezing embryos more often

Genetic testing of embryos--more discussion of older males re possible genetic problems

Great data presented on how to evaluate and treat thyroid dysfunction. Emphasis on freeze all and transfer later will add more information on how to best treat patients

Great information about FET cycles with and without PGS. More inclined to natural cycle IVF now as well. Urologists were great too! Loved the talk about maternal/fetal risk of IVF. Will adjust my consent process

I am currently not taking care of patients as I am currently in medial affairs. In my current role I educate nurses so will bring this information to those individuals.

I have gained improved actions regarding techniques of embryo transfer.

I have much more knowledge of TESA and WHO parameters for semen analysis. I was also reminded how much proactive communication can assist a patient through the ART process and obtained some tools to distribute to those I think are struggling with stress and/or anxiety.

I plan to explore introducing CCS in to our program.

I was able to network and gather ideas on how to go about taking care of international patients.

I will advise older potential fathers about the risks to children born to fathers of older age. I will use a higher "discrimination zone" for diagnosing ectopic pregnancies. Will wait to treat with Methotrexate until I am more certain it is an ectopic. I will screen my patients for Anti-thyroperoxidase antibodies. I will start patients with a higher dose of Levothyroxine (75 mcg). I will be sure to screen all PCOS pts. with a Hemoglobin A1C.

I will change some of the things I do in the OR

I will consider freeze all cycles for more patients I will check TPO antibodies with TSH

I will counsel more patients on PGS

I work in clinical research and much of the information shared at the meeting will help me as an individual as well as us as a company in designing upcoming IVF clinical trials.

I'm not the decision maker, but have more info for patients re PGS, fert preservation, freeze all.

Improved endometrial priming and assessments more judicious use of PGD

Improved thyroid screening. Developing patient education materials to encourage elective single embryo transfer. Incorporation of hCG for male factor infertility.

Inform more individuals on the Donor-Sibling Registry

It will help me incorporate the information with pt counselling

Less focus on AMH Blast,blast,blast Single embryo transfers only

Likely will go to a "freeze all" protocol. Adjust discriminatory zone for ectopics/hCG levels. Advance to complete chromosome screening when patients ask.

May do more freeze-all cycles.

Modification of Vitrification technique

More debates

More liberal with freeze all cycles. Offer complete chromosome screening.

More Lupron triggers, keep tsh at 1 in pregnancy, more freeze all cycles

More patience with managing ectopic pregnancy

More PGS, more blastocyst culture

More recommendations for use of IVF for conception.

More strongly consider blastocyst transfer

No overt changes as we are already practicing in a way that is supported by the talks.

No rush to diagnosis

None, really- just confirmed that we are on the right track

Not very applicable to me at this point because I am still resident and dont see many REI pts. However I did get knowledge that I hope to use when needed, that's for sure

Ordering TSH at preconception appointments for patients at risk

Pay attention to who might be taking testosterone

Protocols in managing hypothyroidism, optimizing practice for advanced maternal age, further shift to day 5 blastocyst transfers (already strongly emphasized)

Reevaluating the treatment of subclinical hypothyroidism.

Revise checklist for gestational carriers and discuss freeze-alls with the team

Slightly alter use of thyroxine in infertility patients. Plan to convert all PGS for aneuploidy to trophectoderm bx with vitrification of blastocysts, rather than doing some day 3 with fresh transfer and some as troph biopsies. Expand indications for PGS. Biopsy blastocysts that reach maturity as far out as day 7.

Stronger inclination to day 5 transfer More conservative on ectopic pregnancy Stronger counseling about FET No T3 for pre-pregnancy

Testing Thyroid antibodies on all patients.

The lecture on perinatal morbidity and ART will certainly alter my counselling with patients on this topic.

The use of PGD is supported by the scientific literature

Thinking about freeze all cycles.

Thinking more about stimulation protocols and treatment regimens of patients

Understand PCOS, ivf protocols, male infertility much better

Updates on thyroid

We will encourage patients whose age are over 40 to consider PGS more seriously.

Well I am a PhD with a focused interest in Reproductive Biology/Medicine as well as Male infertility and this was the drive that brought me to this meeting.

Will check progesterone levels and consider freeze all if elevated on day of hCG. Will check for antithyroid antibodies in women with elevated TSH levels.

Will check thyroid antibodies as a screen.

Will keep single embryo transfer a priority for all appropriate patients. Will consider blastocyst culture and freeze all more even for patients with fewer embryos available for IVF.

Will review increased risk of outcomes with older men. Also will discussed increased risk with multiple births.

2014 PCRS Program Evaluation - Overall Program

How do you think these changes will affect patient outcomes?

According to the data presented at the meeting it should improve outcomes.

Addressing embryo aneuploidy and endometrial issues

All around improvement!

AMH - might include more donors previously excluded Fewer multiples

As described by several speakers, I hope to increase success rates while at the same time decreasing miscarriage rates.

As Nurse Educator, no direct impact. Yes, related to indirect impact by providing nursing education.

Avoid unnecessary treatments.

Beter control of thyroid disease, better neonatal outcomes

Better and efficient quality of care.

Better individualize how to stimulate for IVF

Better outcomes

Better outcomes

Better overall live birth rates

Better pregnancy rates

Better pregnancy rates and outcomes

Better pregnancy rates, less ohss, better pregnancy outcomes

Better screening and treatment. Limiting multiples. Option for men other than clomid

Higher preg rates, fewer abortions, more single embryo transfers

Hopefully improve patient experience and pregnancy rates

Hopefully improve preg rates

Hopefully improve pregnancy outcomes

Hopefully incorporating some of these ideas will lead to increased pregnancy rates

Hopefully to improve them

I believe it will improve outcomes.

I hope it will help me counsel and educate patients better, improving their overall experience.

I will be able to provide better counseling to my IVF patients regarding evidence based outcomes.

If not improve, better understanding

Improve ability to safely transfer in most patients

Improve implantation rates, while decreasing embryo transfers in patients with poor quality embryos who should more strongly consider donor oocytes.

improve outcome-fewer miscarriages and ectopics

Improve patient outcomes

Improve PG rates and possibly outcomes

improve pregnancy outcomes

Improve pregnancy rates c IVF. Decease chance of complications c ectopic treatment.

Improve successful pregnancies/deliveries

Improved patient education and pregnancy outcomes

Improved pregnancy outcomes.

improved pregnancy rates

improved pregnancy rates/ transfer

Improvement of patient outcomes

Improves standard of care

Increase pregnancy rates

Increase success of FET

Increase the chance pregnancy and not much increase patient's financial situation. On the other, it provides more valuable information for future cycles.

Invitation should be extended to PhD and not limited to MD's as this will add to the overall knowledge of attendees.

It will allow outcomes to be more predictable.

It's very likely that the nurses that get this information will make changes to how they interact with patients with regard to counseling and teaching patients. The outcomes as a result will be better communication between the health care providers and patients

Less morbidity/mortality in IVF babies, Advance to more single embryo transfers. Fewer chemical treatments for ectopics

Less over treatment

Marginally increase pregnancy rates

May enhance the success of their cycle stimulation

More informed pts.

More pregnancies, more singleton pregnancies.

Much improved outcomes, fewer ectopics,

Not exclude a potential good donor.

Patients may be more willing to transfer a single embryo after targeted counseling.

Perhaps decrease miscarriage rates

Positive

Potentially decrease miscarriage rates for some patients

Pt. outcomes will improve and patients will have greater satisfaction

Re: PGS: Likely decrease number of transfers in older women with DOR, but help them to make decision to proceed to IVF/OD. In those that have transfers of euploid embryos, increase birth rates, decrease SAB rates.

Reduce multiple pregnancy rate. Possibly improve ongoing pregnancy rate.

Safer and more successful care

SET is the standard of care; twins/triplets significantly increase morbidity and mortality

Should result in improved patient outcomes

Studies show a great improvement

Treating the antibodies regardless of TSH results may improve miscarriage rates

Will diagnose more sub-clinical hypothyroidism and insulin resistance, better treat patients before pregnancy. Will treat fewer patients with methotrexate for "presumed" ectopics. Will have patients consider younger known sperm donors.

Will find more causes of thyroid disease.

Will make my surgery more efficient

2014 PCRS Program Evaluation - Overall Program

Please provide general comments regarding this program and suggest how it might be improved.

A nursing reception or workshop would be great. Having music playing in the background before speakers is fun and gets people energized for the next talk.

All great

Best conference around, the format and relaxed style go well together

Continue wide variety of program topics.

Devote one entire day, via concurrent sessions, to Embryology, Nurses, Fellows / MD's (and not the last day- when everyone wants to get to the pool). I heard several embryologists and nurses complain there was not enough content specific to them, to make it worth the time & expense to attend. In general- more tables in the main meeting room, slides on app and in each syllabus for ALL presenters, Nursing session and room was not good this year. (Strange and unpleasant way to access the room, could hear presonation in next room and then the take down process. It was also freezing in that room!) Tamara's presentation on ultrasound was great but the remaining topics had little applicable content and by the time the course ended there were only a handful of people left in the room. I felt bad for the presenters.

Eliminate the "psych" of being the result of a gamete donor.....totally useless for most I visited with after leaving early.

Enjoyed the discussions

Excellent conference, I appreciate the small close knit environment. I think there should be a little more break-time in the afternoon; people are going to get tired of attending meetings with no breaks with a pool close by, and this means the attendance for afternoon presentations will be less. Rather than fighting it, just try to build it in excellent format- I learned alot

Excellent meeting !

Excellent meeting of small size If lectures started a bit later than 7 am it would help attendance in the beginning Would be great to have online access to presentations that were filmed specially the breakfast symposium talks which were not available in the syllabus

Excellent meeting. No improvement needed.

Excellent overall. Too much "touchy-feely" with donor cycles/recipients for me.

Excellent program

Excellent program

Excellent program- continue this quality

Excellent program.

Excellent program. Good exchange of information. Beautiful setting

Excellent program. Lots of helpful information.

Excellent! Great speakers. Good discussions. Nice to have many topics presented.

For me personally, having the nursing session a little earlier in the conference or at least earlier on Saturday would allow me to attend the full session and make my flight home. Second time I've missed a good portion of it.

Generally a good program. I would have more of an integration between basic science and clinical medicine.

Good program

Great conference

Great location, great choice of speakers, overall very positive.

great program

Great program! Keep doing what you are doing but be sure to include more embryology and nursing topics.

Great program, great talks. I especially liked having the oral abstracts inserted into the regular programming.

Please try to secure CME credits so that our nurses are more likely to join us!

Had a very good time and the talks were great. The program ran smoothly, the venue was wonderful and I look forward to coming to this meeting again.

2014 PCRS Program Evaluation - Overall Program

Please provide general comments regarding this program and suggest how it might be improved.

Hotel catering service was poor, especially relative to other years Recommend introduction of all attendees at opening dinner (similar to fellows beer and pizza - great way to get to know other attendees)

I dont have any suggestions

I don't have any suggestions as to how it will be improved

I like the format

I missed a couple of presentation because the schedule was switched or delayed. It would be good to make announcements if this occurs so attendees can plan the day better.

I really enjoy this meeting. The quality of lectures is outstanding and pertinent, and the open atmosphere encourages free discussion and debate.

I think it is just fine.

I thought it was really great, practical. Addressing issues where the rubber meets the road?

I thought the program was excellent, but there were many speakers on the same subject.

I would have loved to had a chance to speak with other nurses that were attending or had nurses lead the nursing breakout session to get a nursing perspective during the discussion.

It was a wonderful program.

It was great. Much improved from just few years ago.

Keeping presentations running on time could use improvement

Liked the venue

Love the program, the speakers and networking, comparing how to do cycles in different places

Meeting is a great size for personal interaction with speakers & other attendees to yield plenty of opportunity for informal 'education' & debate to expand one's knowledge base. Break & social time important.

More sessions for embryologists

more vegetarian options for lunch and breakfast!

My hopes are that the meeting will be more balanced if there are hopes of attracting not only MDs and Fellows to this meeting, but also IVF Lab staff, Embryologists and Andrologists. If the meeting continues the only cater to MDs and Fellows, I don't believe Lab Directors will send their staff.

Need more embryology details... there was a lack of interaction in the audience... this led to a much more muted meeting, kind of dull Awards dinner... food was marginal at the breakfasts, not memorable, break out needs less sugary stuff more veggies

no changes

one of my favorite conferences to attend!

Overall great program. Probably let embryologists and not gynecologists talk on embryology topics?

program was good- serve less carbs- let's be healthier

Provide more lectures on specific topics and a few less general sessions.

Provide pitchers of water on the tables during conference; provide more tables/ chairs own the patio; better room temperature, it was too cold; better food quality and pool elevator didnt work on several occasions(my room was close to that elevator)

Really enjoyed PCRS. This was my first time at the conference. The venue was wonderful. The lectures were very good. Such a good experience. Will definitely be back.

see above

speakers need to not be allowed to go over time limit

thank you for moving it to March out of the Coachella weekend.

The most awesome program at PCRS yet.

2014 PCRS Program Evaluation - Overall Program

Please provide general comments regarding this program and suggest how it might be improved.

The organizers did a great job in getting good speakers and topics. HOWEVER, the implementation during the meeting was absolutely atrocious! The person "running" the meeting did not keep the speakers on time. A 35 or 40 minutes speech was still going a full hour putting the presentations in variably 35-45 minutes behind. This is unacceptable and my attention span can't take these long protracted presentations. Didactic presentations have been shown to be the worst way of learning. So if you are going to have smaller length lectures (20-30 minutes), please keep your speakers on time and emphasize ahead of time that they will be yanked from the stage if they go over.

The program was well organized with quality lectures and renown infertility experts and MD's in attendance but lectures focusing on male reproductive health were limited. I hope this could be improved in 2015 meeting

The topics were very good, and the speakers ranged from average to excellent. The biggest problem was the running of the meeting. Many of the speakers seemed to have no idea that their talk was way too long and the program chair seemed to have no control over the flow of the meeting.

There was some redundancy of talks. Also, the lunches were not of the best quality

This is a great conference. You chose very good enthusiastic well versed speakers

This is my favorite meeting. I thought the topics were terrific and the pacing of the session just right. I think that the shorter plenary sessions was better this time. I was a little disappointed that speakers were often not held very strictly to their time which didn't allow for many questions.

This is one of the best and most informative programs I've ever attended in terms of staying abreast of current trends and treatment in the area of IVF. The program is well organized and I would not change a thing just continue to provide us with a venue for sharing most current treatments and outcomes.

This was my first PCRS meeting and I had a great experience. The topics were varied and the speakers of high quality. I really enjoyed the panel sessions, more so than the single lecturer. Increasing those for future meetings might provide more interaction from the audience. In addition, there was a lot of discussion regarding GnRH Agonists, and I recommend two of my faculty members as speakers for the future: Dr. Claudio Benadiva and Dr. Lawrence Engmann.

Very interesting speakers.

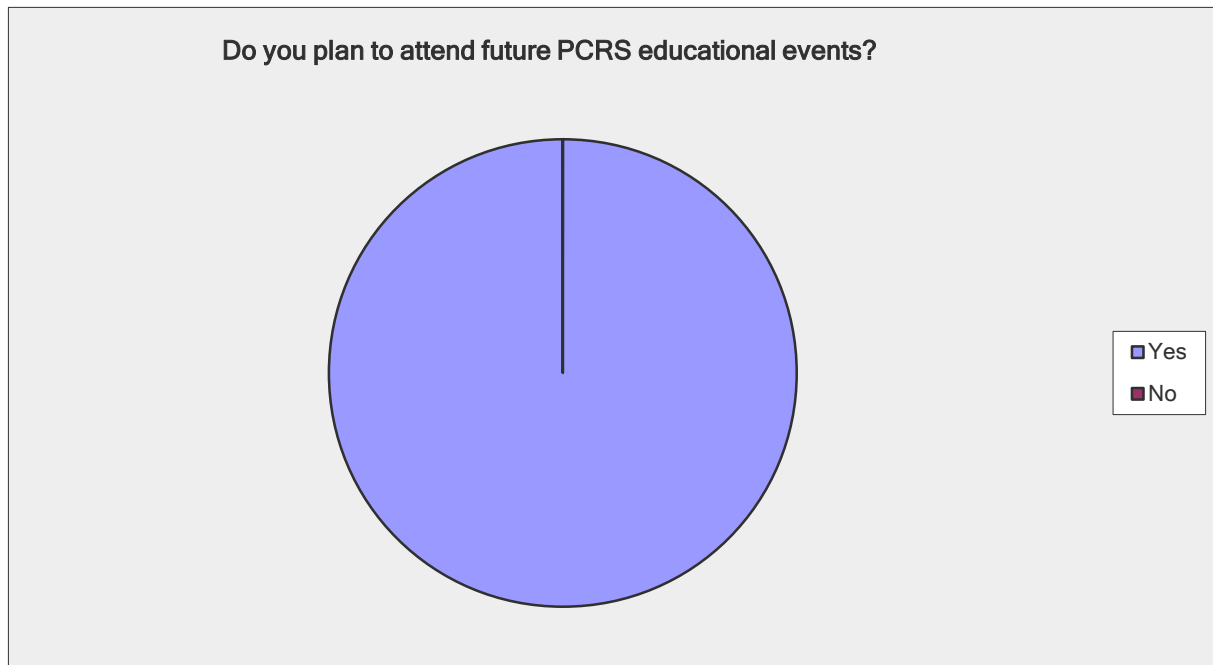
Very nice conference in size and scope.

Wonderful meeting. Debates and panels were very good, but need to make sure moderator is good.

Would like more smaller discussion groups to encourage conversation and sharing of ideas, thoughts etc.

2014 PCRS Program Evaluation

Do you plan to attend future PCRS educational events?		
Answer Options	Response Percent	Response Count
Yes	100.0%	100
No	0.0%	0
<i>answered question</i>		100
<i>skipped question</i>		31



Comments:

Yes if the program has more of a balance between MD and Embryologist interests.
It was an excellent meeting
The PCRS app is one of the most incredible things ever! Congratulations to all who were responsible!

2014 PCRS Program Evaluation - Wednesday March 19, 2014

Please respond for each session...

Was valuable learning experience?

Answer Options	Yes	No	Total Attended	% Yes
Mastering ART Procedures - Tips and Techniques (Bradley J. Van Voorhis, MD)	62	1	63	98.4%
Life After Fellowship - Discussion Panel (Catherine DeUgarte, MD; Mary Ellen Pavone, MD; Alexander M. Quaas, MD)	27	8	35	77.1%
Selecting the Initial Best Protocol for Ovarian Stimulation (David B. Seifer, MD)	54	5	59	91.5%

Matched my scope of current/potential professional activities?

Answer Options	Yes	No	Total Attended	% Yes
Mastering ART Procedures - Tips and Techniques (Bradley J. Van Voorhis, MD)	61	3	64	95.3%
Life After Fellowship - Discussion Panel (Catherine DeUgarte, MD; Mary Ellen Pavone, MD; Alexander M. Quaas, MD)	29	6	35	82.9%
Selecting the Initial Best Protocol for Ovarian Stimulation (David B. Seifer, MD)	57	2	59	96.6%

Was free of commercial bias?

Answer Options	Yes	No	Total Attended	% Yes
Mastering ART Procedures - Tips and Techniques (Bradley J. Van Voorhis, MD)	62	1	63	98.4%
Life After Fellowship - Discussion Panel (Catherine DeUgarte, MD; Mary Ellen Pavone, MD; Alexander M. Quaas, MD)	36	0	36	100.0%
Selecting the Initial Best Protocol for Ovarian Stimulation (David B. Seifer, MD)	58	1	59	98.3%

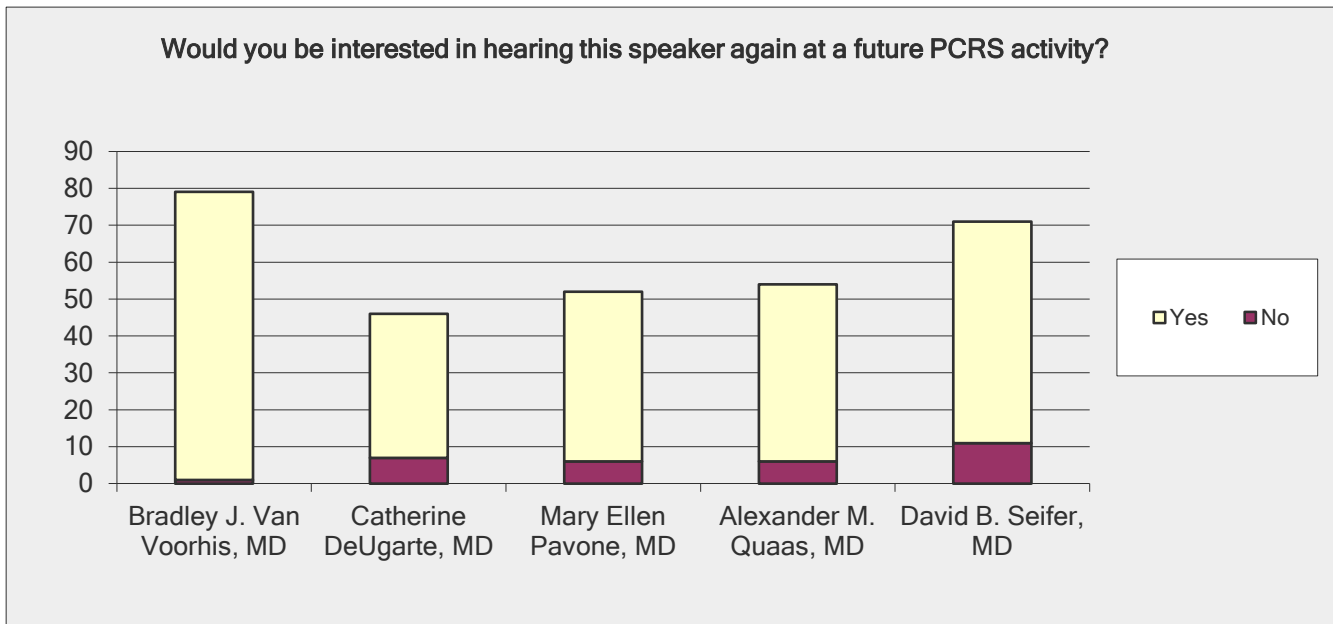
Met objectives stated in program?

Answer Options	Yes	No	Total Attended	% Yes
Mastering ART Procedures - Tips and Techniques (Bradley J. Van Voorhis, MD)	63	0	63	100.0%
Life After Fellowship - Discussion Panel (Catherine DeUgarte, MD; Mary Ellen Pavone, MD; Alexander M. Quaas, MD)	32	3	35	91.4%
Selecting the Initial Best Protocol for Ovarian Stimulation (David B. Seifer, MD)	57	2	59	96.6%

2014 PCRS Program Evaluation - Wednesday March 19, 2014

Would you be interested in hearing this speaker again at a future PCRS activity?

Answer Options	Yes	No	No Opinion	Response Count
Bradley J. Van Voorhis, MD	78	1	41	120
Catherine DeUgarte, MD	39	7	74	120
Mary Ellen Pavone, MD	46	6	68	120
Alexander M. Quaas, MD	48	6	66	120
David B. Seifer, MD	60	11	49	120
Comments				3
<i>answered question</i>				120
<i>skipped question</i>				11



Comments:

I would also like to hear John Amory talk about retinoic acid and spermatogenesis
I am not a fellow so some part of program did not apply to me.
Great speakers

2014 PCRS Program Evaluation - Thursday, March 20, 2014

Please respond for each session...

Was a valuable learning experience?

Answer Options	Yes	No	Total Attended	% Yes
ART and Perinatal Morbidity (Kurt T. Barnhart, MD)	97	1	98	99.0%
Assessing Ovarian Reserve: Past, Present and Future (David B. Siefer, MD)	96	5	101	95.0%
Medical Approach to the Infertile Man (John K. Amory, MD, MPH)	89	1	90	98.9%
Contemporary Diagnosis and Management of Ectopic Pregnancy (Kurt T. Barnhart, MD)	88	1	89	98.9%
Oral Presentations of Abstracts 1, 2, 3, 4	92	0	92	100.0%
Staving Off Diabetes in PCOS: A Medical Endocrinologist's Perspective (Jorge H. Mestman, MD)	81	4	85	95.3%
Vitrification! The Game Changer in Clinical IVF Practice (Michael J. Tucker, PhD)	91	5	96	94.8%
SART Reporting Update (G. David Ball, PhD)	82	3	85	96.5%
The Genetics of Autism and its Relationship to Paternal Age (Julian A. Martinez-Agosto, MD, PhD)	74	2	76	97.4%

Matched my scope of current/potential professional activities?

Answer Options	Yes	No	Total Attended	% Yes
ART and Perinatal Morbidity (Kurt T. Barnhart, MD)	93	5	98	94.9%
Assessing Ovarian Reserve: Past, Present and Future (David B. Siefer, MD)	95	6	101	94.1%
Medical Approach to the Infertile Man (John K. Amory, MD, MPH)	83	7	90	92.2%
Contemporary Diagnosis and Management of Ectopic Pregnancy (Kurt T. Barnhart, MD)	85	5	90	94.4%
Oral Presentations of Abstracts 1, 2, 3, 4	87	4	91	95.6%
Staving Off Diabetes in PCOS: A Medical Endocrinologist's Perspective (Jorge H. Mestman, MD)	79	6	85	92.9%
Vitrification! The Game Changer in Clinical IVF Practice (Michael J. Tucker, PhD)	91	5	96	94.8%
SART Reporting Update (G. David Ball, PhD)	80	4	84	95.2%
The Genetics of Autism and its Relationship to Paternal Age (Julian A. Martinez-Agosto, MD, PhD)	72	5	77	93.5%

2014 PCRS Program Evaluation - Thursday, March 20, 2014

Was free of commercial bias?

Answer Options	Yes	No	Total Attended	% Yes
ART and Perinatal Morbidity (Kurt T. Barnhart, MD)	98	0	98	100.0%
Assessing Ovarian Reserve: Past, Present and Future (David B. Siefer, MD)	99	2	101	98.0%
Medical Approach to the Infertile Man (John K. Amory, MD, MPH)	90	0	90	100.0%
Contemporary Diagnosis and Management of Ectopic Pregnancy (Kurt T. Barnhart, MD)	90	0	90	100.0%
Oral Presentations of Abstracts 1, 2, 3, 4	91	0	91	100.0%
Staving Off Diabetes in PCOS: A Medical Endocrinologist's Perspective (Jorge H. Mestman, MD)	86	0	86	100.0%
Vitrification! The Game Changer in Clinical IVF Practice (Michael J. Tucker, PhD)	94	2	96	97.9%
SART Reporting Update (G. David Ball, PhD)	84	0	84	100.0%
The Genetics of Autism and its Relationship to Paternal Age (Julian A. Martinez-Agosto, MD, PhD)	76	0	76	100.0%

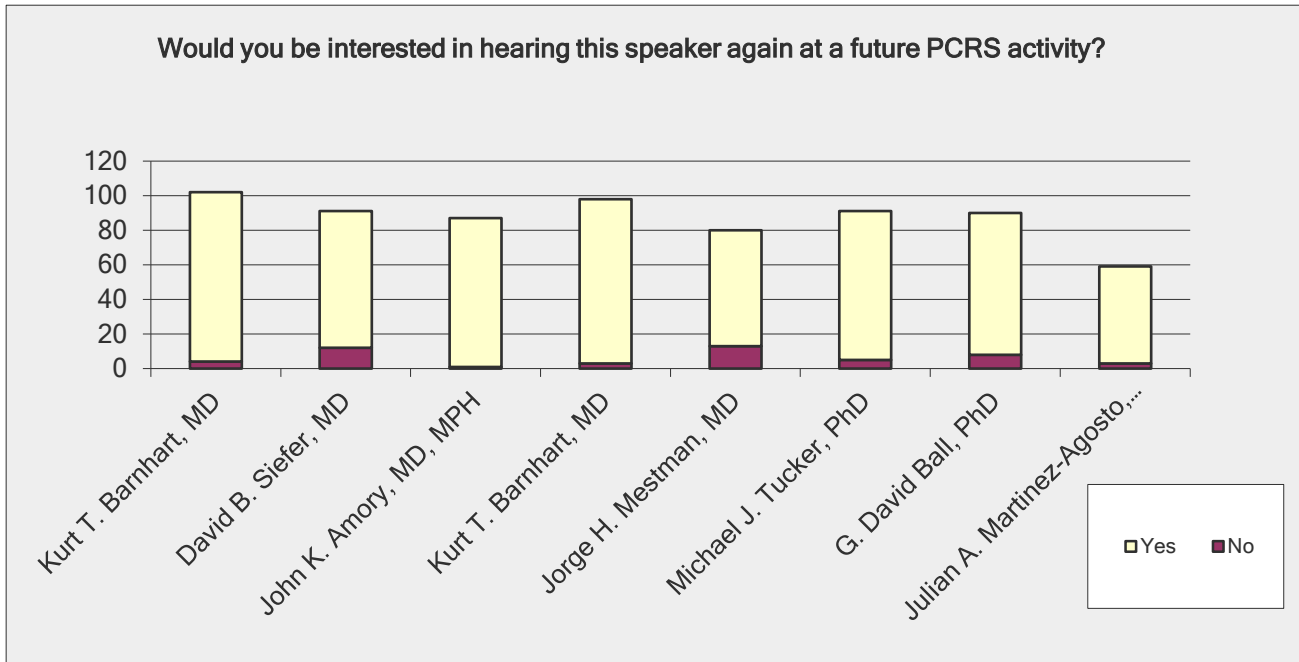
Met objectives stated in program?

Answer Options	Yes	No	Total Attended	% Yes
ART and Perinatal Morbidity (Kurt T. Barnhart, MD)	98	0	98	100.0%
Assessing Ovarian Reserve: Past, Present and Future (David B. Siefer, MD)	100	1	101	99.0%
Medical Approach to the Infertile Man (John K. Amory, MD, MPH)	90	1	91	98.9%
Contemporary Diagnosis and Management of Ectopic Pregnancy (Kurt T. Barnhart, MD)	90	0	90	100.0%
Oral Presentations of Abstracts 1, 2, 3, 4	91	0	91	100.0%
Staving Off Diabetes in PCOS: A Medical Endocrinologist's Perspective (Jorge H. Mestman, MD)	84	2	86	97.7%
Vitrification! The Game Changer in Clinical IVF Practice (Michael J. Tucker, PhD)	91	5	96	94.8%
SART Reporting Update (G. David Ball, PhD)	83	1	84	98.8%
The Genetics of Autism and its Relationship to Paternal Age (Julian A. Martinez-Agosto, MD, PhD)	76	0	76	100.0%

2014 PCRS Program Evaluation - Thursday, March 20, 2014

Would you be interested in hearing this speaker again at a future PCRS activity?

Answer Options	Yes	No	No Opinion	Response Count
Kurt T. Barnhart, MD	98	4	8	110
David B. Siefer, MD	79	12	19	110
John K. Amory, MD, MPH	86	1	23	110
Kurt T. Barnhart, MD	95	3	12	110
Jorge H. Mestman, MD	67	13	30	110
Michael J. Tucker, PhD	86	5	19	110
G. David Ball, PhD	82	8	20	110
Julian A. Martinez-Agosto, MD, PhD	56	3	51	110
Comments				3
<i>answered question</i>				110
<i>skipped question</i>				21



Comments:

I thought John Amory's talks excellent and would very much like to have him back

Dr. Amory was an engaging, interesting speaker and I appreciated both his presentations. Would definitely like to see him return again, and very well matched topic for an internal medicine doc lecturing to REI physicians

More lectures covering various aspects of male reproductive health should be considered in future meetings

2014 PCRS Program Evaluation - Friday March 21, 2014

Please respond for each session...

Was a valuable learning experience?

Answer Options	Yes	No	Total Attended	% Yes
Transitioning to Frozen Eggs Only: Practical Aspects of a Changing Donor Egg Landscape (G. David Ball, PhD)	97	2	99	98.0%
Oncofertility 2.0: Moving Beyond Oocyte and Embryo Cryopreservation (Mary Ellen Pavone, MD)	97	3	100	97.0%
Intratesticular Retinoic Acid and Spermatogenesis in Man (John K. Amory, MD, MPH)	82	2	84	97.6%
Thyroid Dysfunction in Pregnancy, are We Over Treating? (Jorge H. Mestman, MD)	88	3	91	96.7%
Oral Presentations of Abstracts 5, 6, 7, 8	93	0	93	100.0%
Parenting at an Old Age (Sharon Steinberg, RN; Richard J. Paulson, MD)	89	5	94	94.7%
Selecting the Optimal Day for Embryo Transfer (Bradley J. Van Voorhis, MD)	95	0	95	100.0%
Redefining the Golden Years: Paternal Age and Fertility (Robert Oates, MD)	78	2	80	97.5%

Matched my scope of current/potential professional activities?

Answer Options	Yes	No	Total Attended	% Yes
Transitioning to Frozen Eggs Only: Practical Aspects of a Changing Donor Egg Landscape (G. David Ball, PhD)	94	5	99	94.9%
Oncofertility 2.0: Moving Beyond Oocyte and Embryo Cryopreservation (Mary Ellen Pavone, MD)	92	8	100	92.0%
Intratesticular Retinoic Acid and Spermatogenesis in Man (John K. Amory, MD, MPH)	73	11	84	86.9%
Thyroid Dysfunction in Pregnancy, are We Over Treating? (Jorge H. Mestman, MD)	87	4	91	95.6%
Oral Presentations of Abstracts 5, 6, 7, 8	88	5	93	94.6%
Parenting at an Old Age (Sharon Steinberg, RN; Richard J. Paulson, MD)	88	6	94	93.6%
Selecting the Optimal Day for Embryo Transfer (Bradley J. Van Voorhis, MD)	89	6	95	93.7%
Redefining the Golden Years: Paternal Age and Fertility (Robert Oates, MD)	74	6	80	92.5%

2014 PCRS Program Evaluation - Friday March 21, 2014

Was free of commercial bias?

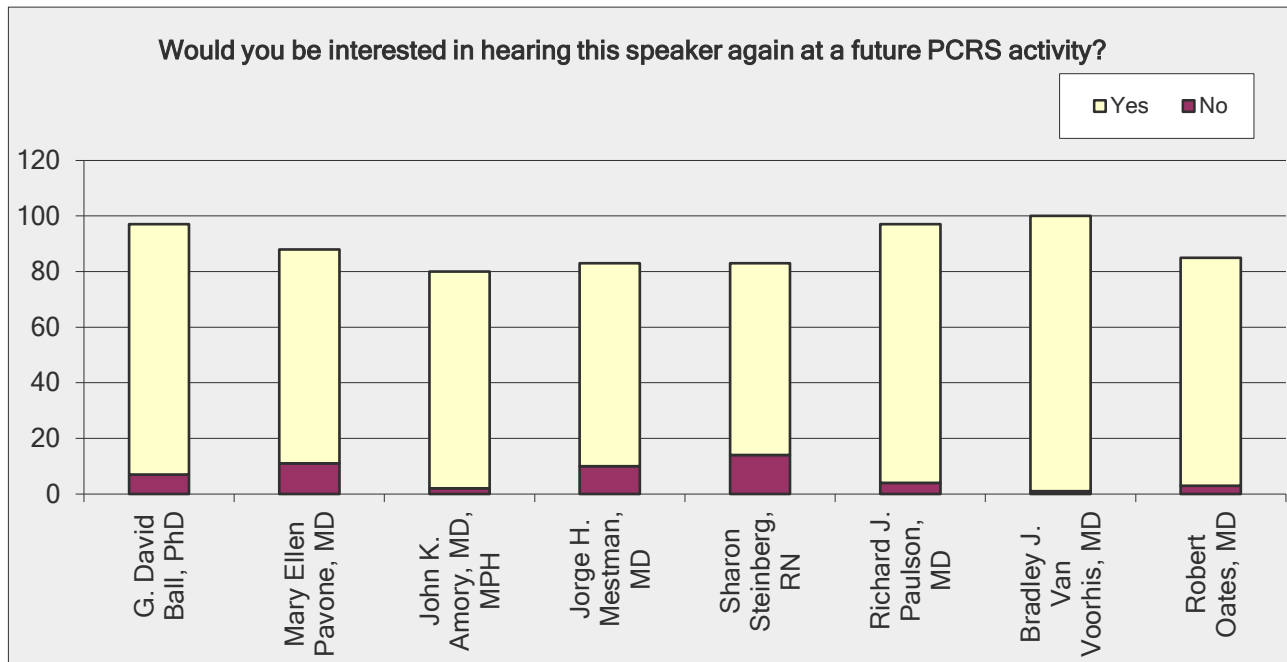
Answer Options	Yes	No	Total Attended	% Yes
Transitioning to Frozen Eggs Only: Practical Aspects of a Changing Donor Egg Landscape (G. David Ball, PhD)	99	0	99	100.0%
Oncofertility 2.0: Moving Beyond Oocyte and Embryo Cryopreservation (Mary Ellen Pavone, MD)	100	0	100	100.0%
Intratesticular Retinoic Acid and Spermatogenesis in Man (John K. Amory, MD, MPH)	83	1	84	98.8%
Thyroid Dysfunction in Pregnancy, are We Over Treating? (Jorge H. Mestman, MD)	91	0	91	100.0%
Oral Presentations of Abstracts 5, 6, 7, 8	94	0	94	100.0%
Parenting at an Old Age (Sharon Steinberg, RN; Richard J. Paulson, MD)	93	1	94	98.9%
Selecting the Optimal Day for Embryo Transfer (Bradley J. Van Voorhis, MD)	95	0	95	100.0%
Redefining the Golden Years: Paternal Age and Fertility (Robert Oates, MD)	80	0	80	100.0%

Met objectives stated in program?

Answer Options	Yes	No	Total Attended	% Yes
Transitioning to Frozen Eggs Only: Practical Aspects of a Changing Donor Egg Landscape (G. David Ball, PhD)	99	0	99	100.0%
Oncofertility 2.0: Moving Beyond Oocyte and Embryo Cryopreservation (Mary Ellen Pavone, MD)	100	1	101	99.0%
Intratesticular Retinoic Acid and Spermatogenesis in Man (John K. Amory, MD, MPH)	81	3	84	96.4%
Thyroid Dysfunction in Pregnancy, are We Over Treating? (Jorge H. Mestman, MD)	88	3	91	96.7%
Oral Presentations of Abstracts 5, 6, 7, 8	93	0	93	100.0%
Parenting at an Old Age (Sharon Steinberg, RN; Richard J. Paulson, MD)	92	2	94	97.9%
Selecting the Optimal Day for Embryo Transfer (Bradley J. Van Voorhis, MD)	95	0	95	100.0%
Redefining the Golden Years: Paternal Age and Fertility (Robert Oates, MD)	79	1	80	98.8%

2014 PCRS Program Evaluation - Friday March 21, 2014

Would you be interested in hearing this speaker again at a future PCRS activity?				
Answer Options	Yes	No	No Opinion	Response Count
G. David Ball, PhD	90	7	9	106
Mary Ellen Pavone, MD	77	11	18	106
John K. Amory, MD, MPH	78	2	26	106
Jorge H. Mestman, MD	73	10	23	106
Sharon Steinberg, RN	69	14	23	106
Richard J. Paulson, MD	93	4	9	106
Bradley J. Van Voorhis, MD	99	1	6	106
Robert Oates, MD	82	3	21	106
Comments				5
<i>answered question</i>				106
<i>skipped question</i>				25



Comments:

Rick Paulson is the most down-to-earth practical speaker who speaks from the heart back by science. He is the only one who truly understands the art of medicine!

Dr Paulson is such an excellent speaker.

Would incorporate Richard Marris into a future program

Brad Van Voorhis excellent presentations

Wonderful and enlightening

2014 PCRS Program Evaluation - Saturday, March 22, 2014

Please respond for each session...

Was a valuable learning experience?

Answer Options	Yes	No	Total Attended	% Yes
Natural Cycle IVF (Richard J. Paulson, MD)	90	4	94	95.7%
Should All Embryo Transfers Take Place at the Blastocyst State? - Debate (Jeff E. Roberts, MD; Michael J. Tucker, PhD; Bradley J. Van Voorhis, MD)	93	4	97	95.9%
Optimal Treatment Paradigm for IVF, According to the Literature (James A. Grifo, MD, PhD)	90	4	94	95.7%
Complexities, Challenges and Potential Calamities in Surrogate Arrangements - Discussion Panel (Susan Crockin, JD; Cristie Montgomery; Lauri A. Pasch, PhD)	70	5	75	93.3%
Embryology Concurrent Session (James A. Grifo, MD, PhD; John Stevens)	55	1	56	98.2%
Nursing Concurrent Session (Lauri A. Pasch, PhD; Daniel Alan Potter, MD; Jeff E. Roberts, MD; Tamara M. Tobias, ARNP)	34	1	35	97.1%
Urology Concurrent Session (Robert Oates, MD; R. Dale McClure, MD)	24	2	26	92.3%

Matched my scope of current/potential professional activities?

Answer Options	Yes	No	Total Attended	% Yes
Natural Cycle IVF (Richard J. Paulson, MD)	86	8	94	91.5%
Should All Embryo Transfers Take Place at the Blastocyst State? - Debate (Jeff E. Roberts, MD; Michael J. Tucker, PhD; Bradley J. Van Voorhis, MD)	93	4	97	95.9%
Optimal Treatment Paradigm for IVF, According to the Literature (James A. Grifo, MD, PhD)	88	6	94	93.6%
Complexities, Challenges and Potential Calamities in Surrogate Arrangements - Discussion Panel (Susan Crockin, JD; Cristie Montgomery; Lauri A. Pasch, PhD)	68	7	75	90.7%
Embryology Concurrent Session (James A. Grifo, MD, PhD; John Stevens)	54	2	56	96.4%
Nursing Concurrent Session (Lauri A. Pasch, PhD; Daniel Alan Potter, MD; Jeff E. Roberts, MD; Tamara M. Tobias, ARNP)	34	2	36	94.4%
Urology Concurrent Session (Robert Oates, MD; R. Dale McClure, MD)	24	3	27	88.9%

2014 PCRS Program Evaluation - Saturday, March 22, 2014

Was free of commercial bias?

Answer Options	Yes	No	Total Attended	% Yes
Natural Cycle IVF (Richard J. Paulson, MD)	93	1	94	98.9%
Should All Embryo Transfers Take Place at the Blastocyst State? - Debate (Jeff E. Roberts, MD; Michael J. Tucker, PhD; Bradley J. Van Voorhis, MD)	96	1	97	99.0%
Optimal Treatment Paradigm for IVF, According to the Literature (James A. Grifo, MD, PhD)	93	1	94	98.9%
Complexities, Challenges and Potential Calamities in Surrogate Arrangements - Discussion Panel (Susan Crockin, JD; Cristie Montgomery; Lauri A. Pasch, PhD)	75	2	77	97.4%
Embryology Concurrent Session (James A. Grifo, MD, PhD; John Stevens)	57	0	57	100.0%
Nursing Concurrent Session (Lauri A. Pasch, PhD; Daniel Alan Potter, MD; Jeff E. Roberts, MD; Tamara M. Tobias, ARNP)	35	2	37	94.6%
Urology Concurrent Session (Robert Oates, MD; R. Dale McClure, MD)	25	1	26	96.2%

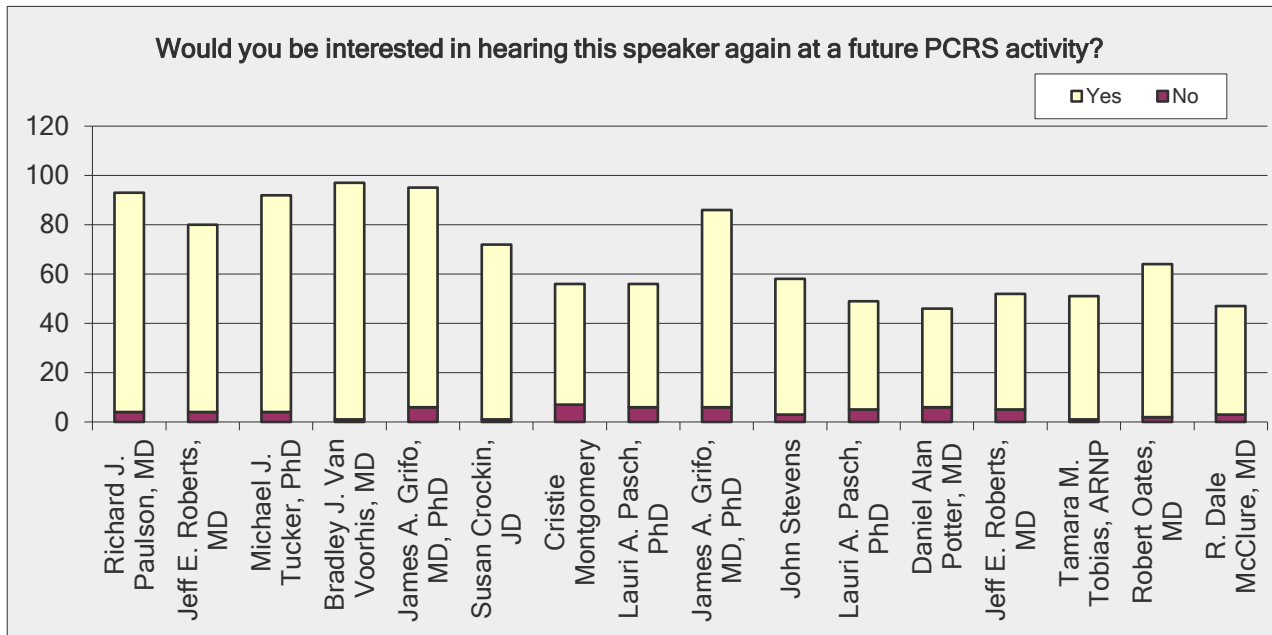
Met objectives stated in program?

Answer Options	Yes	No	Total Attended	% Yes
Natural Cycle IVF (Richard J. Paulson, MD)	93	1	94	98.9%
Should All Embryo Transfers Take Place at the Blastocyst State? - Debate (Jeff E. Roberts, MD; Michael J. Tucker, PhD; Bradley J. Van Voorhis, MD)	96	1	97	99.0%
Optimal Treatment Paradigm for IVF, According to the Literature (James A. Grifo, MD, PhD)	93	2	95	97.9%
Complexities, Challenges and Potential Calamities in Surrogate Arrangements - Discussion Panel (Susan Crockin, JD; Cristie Montgomery; Lauri A. Pasch, PhD)	73	2	75	97.3%
Embryology Concurrent Session (James A. Grifo, MD, PhD; John Stevens)	57	0	57	100.0%
Nursing Concurrent Session (Lauri A. Pasch, PhD; Daniel Alan Potter, MD; Jeff E. Roberts, MD; Tamara M. Tobias, ARNP)	36	1	37	97.3%
Urology Concurrent Session (Robert Oates, MD; R. Dale McClure, MD)	25	1	26	96.2%

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Would you be interested in hearing this speaker again at a future PCRS activity?

Answer Options	Yes	No	No Opinion	Response Count
Richard J. Paulson, MD	89	4	11	104
Jeff E. Roberts, MD	76	4	24	104
Michael J. Tucker, PhD	88	4	12	104
Bradley J. Van Voorhis, MD	96	1	7	104
James A. Grifo, MD, PhD	89	6	9	104
Susan Crockin, JD	71	1	32	104
Cristie Montgomery	49	7	48	104
Lauri A. Pasch, PhD	50	6	48	104
James A. Grifo, MD, PhD	80	6	18	104
John Stevens	55	3	46	104
Lauri A. Pasch, PhD	44	5	55	104
Daniel Alan Potter, MD	40	6	58	104
Jeff E. Roberts, MD	47	5	52	104
Tamara M. Tobias, ARNP	50	1	53	104
Robert Oates, MD	62	2	40	104
R. Dale McClure, MD	44	3	57	104
Comments				7
<i>answered question</i>				104
<i>skipped question</i>				27



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Comments:

As a physician, I found the third-party reproduction talk to be not suited to my interests, excepting the legal aspects as highlighted by the attorney Susan Crockin. I think she would be better suited to addressing a physician audience alone, and the other presenters for that session (the psychologist and the nurse) might better facilitate a nursing-only or special interest session.

Please do not bring back the team advocating anonymity in sperm donors. This was a total political agenda to hammer doctors who have been vilified by this team who really don't have a full understanding of the complexities of who has rights. They only have one point of view and are clearly not open to dialogue or other points of view. They are greatly misinformed and have a not so hidden agenda!

I enjoyed Jamie Grifo's passionate approach to his topics.

Dr Grifo was excellent and so was Tamara Tobias. Their enthusiasm and passion and knowledge resonates in their presentations!

Wonderful and enlightening

Nursing session content lacking (except Tamara).

ART and Perinatal Morbidity Questions

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Which statement regarding perinatal morbidity in children conceived with ART is TRUE?				
	Extended embryo culture has been associated with a greater risk of congenital abnormalities in children	11.4%	5.1%	
Correct	Women who conceived a singleton with IVF are at greater risk for preeclampsia compared to women who conceive without medical assistance.	29.1%	47.5%	18.4%
	Infertility treatment (without IVF) has not been associated with an increased risk of preterm labor.	7.6%	8.5%	
	While the risk of perinatal morbidity is elevated in children conceived with IVF, the risk of perinatal mortality is no different compared to children who were conceived without medical assistance.	51.9%	39.0%	
What is the estimate after conception with IVF that a woman will deliver an infant of "good perinatal outcome" (as defined by the CDC)?				
	85%	44.3%	40.7%	
	63%	13.9%	15.3%	
Correct	43%	3.8%	13.6%	9.8%
	95%	38.0%	30.5%	
Potential mechanism of action resulting in lower morbidity for children conceived with a frozen transfer (compared to a fresh transfer) includes all the following EXCEPT:				
	Epigenetic alterations	6.3%	17.0%	
	Alterations in trophoblast invasion or differentiation	7.6%	8.5%	
Correct	Selection of the hardiest embryo due to cryopreservation and thaw	15.2%	10.2%	-5.0%
	All have data to support a possible mechanism	70.9%	64.4%	

Assessing Ovarian Reserve: Past, Present and Future

		Percentage with Correct Response		
		Pre Test	Post Test	Change
AMH exerts inhibitory actions at the initial recruitment of primary follicles from the resting primordial follicle pool and at cyclic recruitment upon the sensitivity of antral follicles for FSH.				
Correct	True	66.3%	68.9%	2.6%
	False	33.8%	31.2%	
Which of the following are produced during the gonadotrophin independent portion of folliculogenesis?				
	a. Inhibin B	20.0%	24.6%	
	b. Estradiol	18.8%	13.1%	
	c. FSH	3.8%	3.3%	
Correct	d. AMH	57.5%	59.0%	1.5%
Which factors make serum FSH less desirable as a marker of ovarian reserve when compared to AMH:				
	a. Greater intracycle variability	2.5%	1.6%	
	b. Greater intercycle variability	6.3%	3.3%	
	c. Lower sensitivity	3.8%	0.0%	
	d. Indirect assessment of ovarian reserve	2.5%	1.6%	
Correct	e. All of the above	85.0%	93.4%	8.4%

Medical Approach to the Infertile Man

		Percentage with Correct Response		
		Pre Test	Post Test	Change
A young couple wants to conceive soon. For evaluation of the man, what is the most important aspect of the evaluation?				
	A. History: social and medical	16.2%	17.9%	
	B. Physical exam	1.4%	3.6%	
	C. Serum testosterone, LH and FSH	2.7%	0.0%	
Correct	D. Semen analysis	79.7%	76.8%	-2.9%
	E. Healthy bank account	0.0%	1.8%	
A 29-year old man reports no pregnancy after 16 months. His wife has regular menses every 28 days and has a 3-year old son (from a previous relationship). 2 seminal fluid analyses have revealed azoospermia (normal volume and fructose). He is otherwise healthy and takes no medications. Physical exam: 3 cm gynecomastia; normal phallus; 4 cc firm testes (normal >15 cc) Labs: Total testosterone 320 ng/dL (300-1000) FSH 55 (normal 1-7) LH 25 (normal 2-10). What is the most likely cause of his infertility?				
	A. Idiopathic spermatogenic failure	40.5%	12.5%	
Correct	B. Karyotype abnormality	28.4%	64.3%	35.9%
	C. Y chromosome microdeletion	9.5%	10.7%	
	D. Gonadotropin-producing pituitary adenoma	9.5%	5.4%	
	E. Androgen resistance	12.2%	7.1%	
A man with KS wants to know what are the chances of his being able to father a pregnancy with the latest technology. You tell him that his chances are approximately:				
	0%-should use donor sperm	9.5%	0.0%	
	20%	10.8%	1.8%	

Medical Approach to the Infertile Man

	20% with gonadotropin therapy	8.1%	7.1%	
Correct	20-40% with assisted reproductive technology	58.1%	78.6%	20.5%
	75% with assisted reproductive technology	13.5%	12.5%	

A 30-year old with a history of a resected pituitary macroadenoma wants to conceive. He has no sign of recurrent tumor, but he is hypogonadal with otherwise normal pituitary function. His wife has no detectable reproductive abnormalities. His only medication is testosterone gel daily. His physical examination is completely normal except that his testes measure 12 cc each. Off testosterone gel, his serum total T is 100 ng/dl, LH is 0.1 and FSH 0.2 (all very low) Seminal fluid analysis: no sperm In addition to stopping the testosterone gel, which of the following is the best initial therapy?

	GnRH	4.1%	3.6%	
Correct	hCG	20.3%	53.6%	33.3%
	hCG plus rhFSH	44.6%	33.9%	
	Testicular biopsy with ICSI	12.2%	5.4%	
	Clomiphene	18.9%	3.6%	

A 49-year old man reports having difficulty conceiving after 16 months of attempting. His wife has regular menses every 28-32 days and has a 3-year old son (from a previous relationship). He has borderline hypogonadism, but is not taking testosterone Physical exam: BMI 30 Normal phallus; 15 cc testes bilaterally, no varicocele Labs: Total testosterone 270 ng/dL (300-1000) FSH 3 (normal 1-11) LH 5 (normal 2-10) 2 seminal fluid analyses: [sperm] = 5 & 8 million/mL Scrotal ultrasound is normal Which of the following would you recommend?

	Testosterone	4.1%	1.8%	
	Gonadotropins hCG +/- FSH	20.3%	41.1%	
Correct	Clomiphene	44.6%	57.1%	12.6%
Correct	Anastrozole	12.2%	5.4%	-6.8%
	Vitamin E	18.9%	3.6%	

Contemporary Diagnosis and Management of Ectopic Pregnancy

	Percentage with Correct Response		
	Pre Test	Post Test	Change
Regarding the use of ultrasound in the diagnosis of women at risk of an ectopic pregnancy, which statement false?			
a) An intrauterine gestation is more often identified with ultrasound than an extrauterine gestation.	4.1%	3.8%	
Correct b) The predictive value of ultrasound in the identification of an ectopic pregnancy is the same regardless of the serum hCG value.	50.0%	58.5%	8.5%
c) Visualization of an intrauterine gestation with a yoke sac or fetal pole virtually eliminates the presence of an ectopic pregnancy in a pregnancy conceived without fertility treatment.	25.7%	28.3%	
d) The discriminatory zone should be established based on the equipment used and the expertise of the sonographer.	20.3%	9.4%	
A 53% rise in serial hCG over two days:			
a) is diagnostic of an intrauterine gestation	9.5%	9.4%	
b) eliminates the possibility of a ectopic pregnancy	1.4%	1.9%	
Correct c) is the lower limit of the rise in hCG for a potentially viable intrauterine gestation.	85.1%	86.8%	1.7%
d) is the faster rate of rise for a women with a spontaneous abortion	4.1%	1.9%	
What is the chance that a woman with the following signs and symptoms has an ectopic pregnancy? Pain and bleeding in the first trimester, an hCG of 5,000 mIU/mL, and an ultrasound that does not demonstrate an intrauterine gestation.			
Correct a) 50%	24.3%	34.0%	9.6%
b) 90%	54.1%	49.1%	
c) 10%	5.4%	3.8%	
d) 75%	16.2%	13.2%	

Staving Off Diabetes in PCOS: A Medical Endocrinologist's Perspective

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Metformin therapy is recommended for the treatment of prediabetes				
Correct	A. Yes	73.9%	78.0%	4.1%
	B. No	26.1%	22.0%	
Metabolic risks in PCOS women;				
	DIABETES	5.8%	2.0%	
	DYSLIPIDEMIA	1.5%	0.0%	
	HYPERTENSION	0.0%	2.0%	
	OBSTRUCTIVE SLEEP APNEA	0.0%	0.0%	
Correct	ALL OF THE ABOVE	92.8%	96.0%	3.3%
		Pre Test	Post Test	Change
Laboratory tests not indicated for DM diagnosis (Choose all that apply)				
	FASTING SERUM GLUCOSE	5.8%	2.0%	
	A1C	7.3%	4.0%	
Correct	5 HRS GLUCOSE TOLERANCE TEST	56.5%	58.0%	1.5%
Correct	RANDOM URINE SAMPLE	62.3%	68.0%	5.7%

Vitrification! The Game Changer in Clinical IVF Practice

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Cryopreservation utilizing 'controlled-rate slow freeze' technology involves no vitrification of intracellular water?				
	True	51.4%	64.2%	
Correct	False	48.7%	35.9%	-12.8%
Prior to vitrification becoming routine in the IVF laboratory, which ART strategy was not commonly utilized?				
	Oocyte cryopreservation	77.0%	81.1%	
	Embryo cryostorage	6.8%	1.9%	
	Pre-implantation genetic screening/diagnosis	5.4%	11.3%	
Correct	Elective limited insemination	10.8%	1.9%	-8.9%
	Cryopreserved embryo shipping	0.0%	3.8%	
Which of the following circumstances are good clinical reasons to 'freeze all' oocytes/embryos:				
	To improve clinical outcomes	0.0%	0.0%	
	Accommodation of emergent issues	2.7%	1.9%	
	To allow thorough analysis of biopsied cells	0.0%	0.0%	
	Improve efficiencies of oocyte donation	0.0%	0.0%	
	Preservation of fertility	0.0%	0.0%	
Correct	All of the above	97.3%	98.1%	0.8%

SART Reporting Update

		Percentage with Correct Response		
		Pre Test	Post Test	Change
The clinic summary reports for 2014 data from CDC and SART will be the same.				
	Yes	14.9%	28.0%	
Correct	No	85.1%	72.0%	-13.1%
Changes to the 2014 SART data clinic summary report will include:				
	Elimination of “fresh” and Frozen” cycle categories	0.0%	0.0%	
	Modification whereby FET cycles resulting from prior banking cycles can be linked	20.9%	8.0%	
	The changes in 2014 SART data will require additional data field entry	4.5%	8.0%	
	a and b only	22.4%	12.0%	
Correct	a, b and c	52.2%	72.0%	19.8%
New SART data collection fields for In Vitro Maturation and Minimal Stimulation IVF cycles to be entered only if those treatments adhere to specific definitions.				
	True	89.6%	86.0%	
Correct	False	10.5%	24.0%	13.6%

Genetic and Parental Risk Factors in Autism

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Which of the following are associated with an increased risk of autism?				
	Maternal age	4.3%	4.0%	
	Paternal age	55.7%	56.0%	
Correct	Both of the above	35.7%	40.0%	4.3%
	None of the above	4.3%	0.0%	
A family with a male child affected with autism has a risk of recurrence of autism in a future pregnancy closest to:				
	1%	18.6%	8.0%	
Correct	10%	62.9%	72.0%	9.1%
	45%	18.6%	20.0%	
	100%	0.0%	0.0%	
Autism is associated with chromosomal anomalies.				
Correct	True	20.0%	50.0%	30.0%
	False	80.0%	50.0%	

Transitioning to Frozen Eggs Only: Practical Aspects of a Changing Donor Egg Landscape

		Percentage with Correct Response		
		Pre Test	Post Test	Change
In the context of a frozen donor egg program, does your clinic anticipate a greater time requirement for donor eligibility determination and cycle outcome monitoring complexity compared with a fresh donor program?				
Correct	Yes	47.6%	45.6%	-2.0%
	No	52.4%	54.4%	
The main additional lab equipment requirement for lab transition from fresh to frozen oocyte donation program is the purchase of more liquid nitrogen tanks.				
	True	58.5%	61.4%	
Correct	False	41.5%	38.6%	-2.9%
Which of the following is most critical for successful transition from a fresh to frozen oocyte donation program?				
	Skill set of the embryologist	6.1%	0.0%	
	Appropriate equipment	0.0%	0.0%	
	Robust oocyte inventory management system	4.9%	1.8%	
	Additional laboratory personnel	0.0%	0.0%	
Correct	All of the above	87.8%	98.3%	10.5%
	None of the above	1.2%	0.0%	

Oncofertility 2.0: Moving Beyond Oocyte and Embryo Cryopreservation

		Percentage with Correct Response		
		Pre Test	Post Test	Change
There has been a successful live human birth using heterotopic ovarian tissue transplant.				
	True	82.2%	67.9%	
Correct	False	17.8%	32.1%	14.3%
Which of the following is false regarding cancer impacts on fertility?				
	Premature ovarian insufficiency is more common in cancer survivors than their siblings.	8.2%	3.6%	
	Age of the patient being exposed to chemotherapy is an important factor to consider with regards to how it will impact fertility	13.7%	8.9%	
Correct	All chemotherapeutic agents are considered “high risk” for future loss of fertility	63.0%	75.0%	12.0%
	Fertility concerns are second only to concerns about mortality in both young men and women diagnosed with cancer	15.1%	12.5%	
Which of the following is considered an experimental technique for fertility preservation in women?				
Correct	In-vitro follicle maturation	94.5%	94.6%	0.1%
	Oocyte cryopreservation	5.5%	3.6%	
	Embryo cryopreservation	0.0%	1.8%	

Intratesticular Retinoic Acid and Spermatogenesis in Man

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Vitamin A deficiency in humans leads to all of the following symptoms, except:				
	Night blindness	4.3%	9.5%	
	Male infertility	8.5%	4.8%	
Correct	Female infertility	51.1%	64.3%	13.2%
	Xerophthalmia	36.2%	21.4%	
Men with impaired spermatogenesis have lower concentrations of retinoic acid in their testes				
Correct	True	78.7%	60.5%	-18.2%
	False	2.1%	2.4%	
	Unknown	19.2%	7.1%	
Men with infertility experience increased sperm counts when treated with retinoic acid.				
	True	70.2%	73.8%	
	False	6.4%	7.1%	
Correct	Unknown	23.4%	19.1%	-4.4%

Thyroid Dysfunction in Pregnancy, are We Over Treating?

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Incidence of chronic thyroiditis in women of reproductive age				
	2%	39.3%	14.3%	
Correct	10 - 15%	53.6%	61.9%	8.3%
	35%	7.1%	23.8%	
Serum TSH after the 7th week of a normal pregnancy, as compared to pre pregnancy value is usually:				
Correct	Lower	35.7%	28.6%	-7.1%
	Unchanged	14.3%	14.3%	
	Higher	50.0%	57.1%	
Guidelines of the Endocrine Society recommend:				
	Universal thyroid screening	60.7%	71.4%	
Correct	Only in persons with risk factors for thyroid disease	39.3%	28.6%	-10.7%

Parenting at an Old Age

		Percentage with Correct Response		
		Pre Test	Post Test	Change
For women with underlying medical problems, the ASRM "strongly discourages" embryo transfer to women over the age of				
	40	0.0%	0.0%	
	45	20.0%	0.0%	
Correct	50	60.0%	100.0%	40.0%
	55	20.0%	0.0%	
The medical literature has documented an increase in parenting stress among women conceiving in their 50's				
	True	60.0%	100.0%	
Correct	False	40.0%	0.0%	-40.0%
IVF/egg donation in a 58 year old woman is...				
	established practice	0.0%	0.0%	
Correct	strongly discouraged	100.0%	0.0%	-100.0%
	a reproductive right	0.0%	100.0%	
Concerns about parenting in women over age 50 include				
	their ability to love their children	0.0%	0.0%	
Correct	their decreased stamina and increased risk of illness	100.0%	100.0%	0.0%
	their financial limitations	0.0%	0.0%	
In the United States, regulation of ART for elderly women is...				
	Too strict	0.0%	0.0%	
	Prohibits IVF/egg donation	0.0%	0.0%	
Correct	Is limited	100.0%	100.0%	0.0%

Blastocyst Culture: Enhancing SET

		Percentage with Correct Response		
		Pre Test	Post Test	Change
A meta-analysis of prospective randomized trials have shown a higher live birth rate for blastocyst transfers compared to cleavage stage transfers when controlling for the number of embryos transferred.				
	True	94.7%	98.3%	
Correct	False	5.3%	1.7%	-3.6%
In national data from the United States, compared to cleavage stage transfers, blastocyst transfers are associated with				
	higher numbers of embryos transferred	1.3%	1.7%	
Correct	a higher twin rate	59.2%	61.7%	2.5%
	a lower pre-term birth rate	34.2%	35.0%	
	a higher congenital anomaly	5.3%	1.7%	
Compared to a singleton delivery, healthcare costs of twin deliveries in the first year of life are				
	the same	0.0%	0.0%	
	twice as high	13.2%	6.7%	
Correct	five times as high	61.8%	73.3%	11.5%
	twenty times as high	25.0%	20.0%	

Redefining the Golden Years: Paternal Age and Fertility

		Percentage with Correct Response		
		Pre Test	Post Test	Change
A 64 year old male is contemplating pregnancy with his new 34 year old spouse. He is on a number of medications for his “prostate” and has a history of superficial bladder cancer. You should advise the patient that:				
	as long as he is able to have an erection, there should be no problem	6.8%	10.3%	
Correct	his alpha blocker may cause an inability to ejaculate properly	70.3%	81.0%	10.8%
	the BCG intravesical immunotherapy he received does not affect the reproductive system	8.1%	1.7%	
	the finasteride he takes has no precautions associated with it	2.7%	0.0%	
	a TURP before trying to become pregnant is his best course of action	12.2%	6.9%	
A 74 year old male and his 40 year old spouse have been trying to achieve a pregnancy for 1 year. His sperm count and motility are slightly low and he appears more frail than his stated age would suggest. You advise the couple:				
	he should begin testosterone therapy to improve his strength and vigor	6.8%	1.7%	
	results with IUI are the same as they are with “a younger man’s sperm”	5.4%	1.7%	
	his present medical history is not particularly relevant	2.7%	3.5%	
	he should have specific testing on each spermatozoa prior to use with ICSI	6.8%	6.9%	
Correct	there is an increased genetic risk of certain disorders to any offspring they conceive	78.4%	86.2%	7.8%
A 60 year old male is asking you about the telomeres in his sperm and his wife’s oocytes. You tell him that, as aging advances in females and males:				
	the telomeres in oocytes increase in length and those in sperm remain stable	2.8%	5.2%	
Correct	the telomeres in oocytes become shorter and those in sperm increase in length	14.1%	37.9%	23.9%
	the telomeres in oocytes increase in length and those in sperm become shorter	23.9%	8.6%	
	the telomeres in oocytes remain stable and those in sperm increase in length	11.3%	8.6%	
	the telomeres in oocytes become shorter and those in sperm remain stable	47.9%	39.7%	

Natural Cycle IVF

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Advantages of Natural Cycle IVF include all of the following except:				
	lower cost	8.0%	0.0%	
	less injections	4.0%	1.8%	
Correct	higher success rate	78.7%	94.6%	16.0%
	lower risk of OHSS	9.3%	3.6%	
Patients choosing Natural Cycle IVF should be counseled about all of the following except:				
	decreased cycle control	6.7%	3.6%	
	fewer oocytes retrieved	10.7%	1.8%	
	less embryos cryopreserved	1.3%	3.6%	
Correct	lower miscarriage rates	81.3%	91.1%	9.7%
Luteal support of Natural IVF cycles				
	requires lower doses of progesterone	21.3%	19.6%	
	requires higher doses of progesterone	6.7%	5.4%	
	requires both estrogen and progesterone	18.7%	17.9%	
Correct	has not been studied	53.3%	57.2%	3.8%

Should All Embryo Transfers Take Place at the Blastocyst State?

		Percentage with Correct Response		
		Pre Test	Post Test	Change
There is unanimity among reproductive medicine practitioners as to the ideal day for embryo transfer.				
	True	9.7%	8.8%	
Correct	False	90.3%	91.2%	0.9%

Most transfers in the United States take place at what stage of development?				
	day 2	1.4%	0.0%	
	day 3	58.3%	56.1%	
	day 5	31.9%	29.8%	
	day 6	0.0%	0.0%	
Correct	it's presently not tracked	8.3%	14.0%	5.7%

The implantation rate for blastocysts exceeds that of cleavage stage embryos.				
Correct	True	91.7%	94.7%	3.1%
	False	8.3%	5.3%	

Optimal Treatment Paradigm for IVF, According to the Literature

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Most IVF cycles fail due to:				
	Poor uterine environment	5.9%	7.0%	
Correct	Embryo aneuploidy	92.7%	91.2%	-1.4%
	Sperm factors	1.5%	0.0%	
	NK cell abnormalities	0.0%	1.8%	
In general, donor egg recipients employing chromosome screening can reasonably expect to have at least one euploid embryo available for transfer				
Correct	True	98.5%	100.0%	1.5%
	False	1.5%	0.0%	
Frozen embryo transfer may have distinct advantages over fresh transfer.				
Correct	True	94.1%	100.0%	5.9%
	False	5.9%	0.0%	

Complexities, Challenges and Potential Calamities in Surrogate Arrangements - Discussion Panel

		Percentage with Correct Response		
		Pre Test	Post Test	Change
A potential carrier and the intended parents she is working with tell you that they all agree that they would only terminate a pregnancy if there was a serious medical problem identified in the fetus. Is that acceptable?				
	Yes	63.0%	43.2%	
Correct	No	37.0%	56.8%	19.8%
Your patient has chosen a proven, successful carrier. To save money, they wish to rely on the carrier's previous psychological screening and legal contract. Is that acceptable?				
	Yes	7.4%	2.3%	
Correct	No	92.6%	97.7%	5.1%
A potential carrier and the intended parents tell you that they all agree they would only terminate a pregnancy if there were a serious medical problem identified in the fetus. Is that acceptable?				
	Yes	61.1%	47.7%	
Correct	No	38.9%	52.3%	13.4%
The carrier is from one state, the intended parents from another, and the medical program from a 3rd state. The coordinating program that matched the carrier and intended parents is from yet a 4th state. Delivery is planned in the carrier's home state. Is it sufficient if the attorneys representing the intended parents and carrier are licensed and practice only in the state where the matching program is based (or perhaps are also representing the coordinating program)?				
	Yes	13.0%	9.1%	
Correct	No	87.0%	90.9%	3.9%

Embryology Concurrent Session

		Percentage with Correct Response		
		Pre Test	Post Test	Change
How would you expect High Volume CCS to change your SART statistics? Check all that apply				
Correct	Fewer Fresh Cycles	37.8%	27.8%	-10.1%
	Lower Fresh Transfer Pregnancy Rates	13.5%	11.1%	
Correct	More Frozen Embryo Transfers	43.2%	38.9%	-4.4%
Correct	Higher FET Pregnancy Rates	40.5%	38.9%	-1.7%
	All of the above	59.5%	61.1%	
In which of the following situations should CCS be recommended, check all that apply				
Correct	Age > 38	62.2%	50.0%	-12.2%
Correct	Repeated implantation failures >1	46.0%	44.4%	-1.5%
	Patient request	56.8%	44.4%	
	Family Balancing	43.2%	27.8%	
Correct	History of MAB due to aneuploidy	64.9%	55.6%	-9.3%
	Diminished ovarian Reserve (DOR)	29.7%	11.1%	
	Increase patients chance of getting pregnant	32.4%	22.2%	
Correct	Combination of 3 or more of the above	81.1%	88.9%	
If your laboratory doubles the number of CCS cases performed, you should plan on doubling your staff and your incubator space.				
	True	40.5%	55.6%	

Embryology Concurrent Session

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Correct	False	59.5%	44.4%	-15.0%
Implantation rate of euploid embryos at the NYU program exceeds 40% in each SART age category but declines with age.				
	True	64.9%	38.9%	
Correct	False	35.1%	61.1%	26.0%
When all ages are combined, NYU has found the average rate of aneuploidy among biopsied blastocysts to be approximately:				
	One fifth	8.1%	5.6%	
	One third	27.0%	11.1%	
Correct	One half	48.7%	55.6%	6.9%
	Three Quarters	16.2%	27.8%	
The rate of aneuploidy among day 3 biopsies typically exceeds that seen in day 5 biopsies				
Correct	True	83.8%	83.3%	-0.4%
	False	16.2%	16.7%	

Nursing Concurrent Session

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Which term does not describe a type of uterine fibroid?				
	Subserosal	26.7%	15.4%	
	Submucosal	6.7%	7.7%	
Correct	Submural	53.3%	61.5%	8.2%
	Intramural	13.3%	15.4%	
A Functional or physiologic cyst describes a cyst in which the granulosa cells within follicle remain productive and secrete estrogen.				
Correct	True	93.3%	92.3%	-1.0%
	False	6.7%	7.7%	
The normal growth rate of a gestational sac and fetal pole in early pregnancy is:				
Correct	1 mm/day	60.0%	61.5%	1.5%
	2 mm/day	33.3%	30.8%	
	5 mm/week	6.7%	0.0%	
	10 mm/week	0.0%	7.7%	
Case Presentation: A 35-year-old married woman has completed one unsuccessful IVF cycle with 15-20 oocytes retrieved, good fertilization, single embryo transfer but no pregnancy, and one unsuccessful FET with double embryo transfer. When given the news of the failed FET, she was tearful and stated she was not sure if she could proceed any further because treatment has been too hard emotionally. In my practice, I currently would do the following in this situation:				

Nursing Concurrent Session

		Percentage with Correct Response		
		Pre Test	Post Test	Change
	Tell the patient she should see a mental health professional before proceeding with more treatment to address her depression.	6.7%	7.7%	
Correct	Talk to the patient and her partner about their experience with treatment and identify ways to make proceeding more manageable for them.	80.0%	61.5%	-18.5%
	So as not to pressure the patient, wait to hear from her about to whether she wants to proceed with more treatment.	6.7%	15.4%	
	Suggest to the fertility treatment provider that she be prescribed anti-depressants to treat her depression because depression can reduce the chance of success.	0.0%	0.0%	
	Tell the patient not to discontinue treatment because she still has a good chance of success.	6.7%	7.7%	
	Not applicable to my area of practice.	0.0%	7.7%	
Case Presentation: A 40-year-old married couple are preparing for their first IVF cycle and tell you that they are quite anxious and that the woman has a history of problems with anxiety. Even before starting treatment, she calls you frequently with questions and tells you she can't talk to anyone else about IVF. In my practice, I currently would do the following in this situation:				
	Tell the patient she needs to see a mental health professional before proceeding to address her anxiety or it could have a negative effect on the outcome of treatment.	40.0%	46.2%	
	Tell the patient she should tell her family and friends about going through IVF so they can provide support.	0.0%	0.0%	
	Tell the woman she should consider taking a leave of absence from work to reduce her stress while going through IVF.	0.0%	0.0%	
	Suggest to the fertility treatment provider that she be prescribed anti-anxiety medications.	0.0%	7.7%	
Correct	Talk to the patient and her partner about the possible positives and negatives of telling family and friends they are going through IVF.	60.0%	38.5%	-21.5%
	Not applicable to my area of practice.	0.0%	7.7%	
In the E.U which of the following is prohibited?				

Nursing Concurrent Session

		Percentage with Correct Response		
		Pre Test	Post Test	Change
	Surrogacy	26.7%	46.2%	
	Egg donation	13.3%	30.8%	
	Same sex marriage	20.0%	7.7%	
Correct	Gender selection	40.0%	15.4%	-24.6%
	PGD	0.0%	0.0%	
Reproductive laws in Canada most closely approximate laws in:				
	USA	60.0%	53.9%	
Correct	E.U.	26.7%	46.2%	19.5%
	China	13.3%	0.0%	
	Japan	0.0%	0.0%	
Internationally, egg donation is usually limited because				
	It is illegal	40.0%	15.4%	
	It must be a "known donor"	26.7%	15.4%	
Correct	Donors may not be compensated	20.0%	61.5%	41.5%
	Resulting children are considered legally belonging to the donor	13.3%	7.7%	
What is the most common reason for patients to abandon attempts at IVF?				
	Financial burden	26.7%	38.5%	
	Conflict with partner	0.0%	7.7%	
Correct	Emotional stress with process	73.3%	53.9%	-19.5%
	Pessimism about technology	0.0%	0.0%	
What is the single best predictor of outcome from medical fertility treatments?				

Nursing Concurrent Session

		Percentage with Correct Response		
		Pre Test	Post Test	Change
	Antimullerian hormone (AMH)	46.7%	30.8%	
	Follicle stimulating hormone (FSH)	0.0%	0.0%	
	Antral follicle count (AFC)	13.3%	15.4%	
Correct	Woman's age	40.0%	53.9%	13.9%
When is the time of greatest stress for IVF patients?				
	Making the decision to seek medical attention	20.0%	23.1%	
	Fertility testing and work-up process	6.7%	0.0%	
	Ovarian stimulation and self-administration of medication	6.7%	0.0%	
Correct	Awaiting the bhCG result	66.7%	76.9%	10.3%

Urology Concurrent Session

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Which of the following is not a potential indication for sperm retrieval when one encounters azospermia:				
	Prior vasectomy	0.0%	0.0%	
	Radical prostatectomy	0.0%	0.0%	
	CBAVD	0.0%	11.1%	
Correct	Testicular failure	85.7%	66.7%	-19.0%
	Spinal cord injury	14.3%	22.2%	
Testes biopsy is required prior to planned retrieval in all cases of CBAVD.				
	True	28.6%	11.1%	
Correct	False	71.4%	88.9%	17.5%
Which of the following is not an advantage of the PESA procedure:				
	Local anesthesia	14.3%	11.1%	
Correct	High sperm yield	57.1%	77.8%	20.6%
	Lower cost	28.6%	11.1%	
	Reduced operative time	0.0%	0.0%	