

**Pacific Coast Reproductive Society  
64th Annual Meeting  
March 9 to 13, 2016**

## **"New Frontiers in Reproduction and Genetics"**

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



**Pacific Coast Reproductive Society  
64th Annual Meeting  
March 9 to 13, 2016**

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**Pacific Coast Reproductive Society  
64th Annual Meeting  
March 9 to 13, 2016**

**The Evaluation Process:**

Attendees of the 64th 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 Program Syllabus)
- 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 64th Annual Meeting was an extremely successful CME experience.

Our attendees completed 151 online evaluation surveys covering 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 2016 and to provide data for our 2017 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	144	143	99.3%
I gained knowledge/practice skills/experience that will improve my performance	139	137	98.6%
I gained knowledge/practice skills/experience that will improve patient outcomes	133	130	97.7%

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.

## II) Purpose and Mission (Criterion 1)

A), B) PCRS Mission Statement with **Highlighted Results** in Terms of Changes

### 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 to 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
- Safety and Practice Management
- Advances in Technology
- Legal Issues
- Ethics
- Psychological Impact of Reproductive Conditions/Diseases
- Surgery
- Alternative/Complementary Medicine
- 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 delivery 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

**Pacific Coast Reproductive Society  
64TH Annual Meeting, March 9 to 13, 2016  
Reconciliation of Goals & Objectives to Documented Results**

Overall	Goals and Objectives	Measurement	Matches to stated objectives for courses:	Documented Results: Evaluation Responses								
	Integrate personalized approaches to healthcare in reproductive medicine	Knowledge Competence	Reproductive Precision Medicine in the 21st Century, Speaker: Dr. Linda Giudice, M.D., Ph.D.	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>128</td> <td>127</td> <td>1</td> <td>99.2%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	128	127	1	99.2%
Attended	Agree	Disagree	% Agree									
128	127	1	99.2%									
	Properly interpret results of genetic/genomic tests	Knowledge Competence	Reproductive Precision Medicine in the 21st Century, Speaker: Dr. Linda Giudice, M.D., Ph.D.	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>128</td> <td>127</td> <td>1</td> <td>99.2%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	128	127	1	99.2%
Attended	Agree	Disagree	% Agree									
128	127	1	99.2%									
	Implement the most appropriate embryo biopsy strategies in conjunction with the appropriate molecular analytical tools to maximize patient outcomes from IVF.	Knowledge Competence	Molecular Biology and ART - Present and Future, Speaker: Nathan Treff, Ph.D.	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>133</td> <td>129</td> <td>4</td> <td>97.0%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	133	129	4	97.0%
Attended	Agree	Disagree	% Agree									
133	129	4	97.0%									
	Choose and employ evidence based approaches to optimize pregnancy rates in women with endometriosis.	Knowledge Competence	Current Approach to Endometriosis-Associated Infertility, Speaker: Dr. Hugh Taylor, M.D., Ph.D.	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>115</td> <td>113</td> <td>3</td> <td>98.3%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	115	113	3	98.3%
Attended	Agree	Disagree	% Agree									
115	113	3	98.3%									
	Assess the impact of environmental exposures on oocyte and sperm quality	Knowledge Competence	Environmental and Iatrogenic Impacts on Female and Male Fertility, Speakers: Rebecca Sokol, MD, MPH and Linda Giudice, MD, PhD	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>121</td> <td>119</td> <td>2</td> <td>98.3%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	121	119	2	98.3%
Attended	Agree	Disagree	% Agree									
121	119	2	98.3%									
	Evaluate data from time lapse imaging for its potential to predict embryonic aneuploidy.	Knowledge Competence	Embryo Selection Methods - An Update on Non-invasive Evaluation Techniques, Speaker: Markus Montag, Ph.D.	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>132</td> <td>130</td> <td>2</td> <td>98.5%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	132	130	2	98.5%
Attended	Agree	Disagree	% Agree									
132	130	2	98.5%									
	Convey the fertility and perinatal consequences of a thin endometrium in counseling affected patients.	Knowledge Competence	Current Approach to Endometriosis-Associated Infertility, Speaker: Dr. Hugh Taylor, M.D., Ph.D.	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>115</td> <td>113</td> <td>2</td> <td>98.3%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	115	113	2	98.3%
Attended	Agree	Disagree	% Agree									
115	113	2	98.3%									



## 2016 Evaluation of Annual Meeting

Would you be interested in hearing this speaker again at a future PCRS activity?					
Answer Options	Yes	No	% Yes	No opinion	Response Count
Christos Coutifaris	120	0	100.0%	26	146
Richard Legro	104	0	100.0%	42	146
Markus Montag	102	0	100.0%	44	146
Eric Levens	75	0	100.0%	71	146
Kathryn Go	96	1	99.0%	49	146
Barbara Durrant	68	1	98.6%	77	146
Andrew Labarbera	75	2	97.4%	69	146
Amy Vance	69	2	97.2%	75	146
Rebecca Sokol	103	3	97.2%	40	146
Richard Reindollar	100	3	97.1%	43	146
Voorhis	106	4	96.4%	36	146
Hugh Taylor	100	4	96.2%	42	146
Jason Swain	92	4	95.8%	50	146
Dean Masserman	68	3	95.8%	75	146
LaTasha Craig	73	4	94.8%	69	146
Linda Giudice	112	7	94.1%	27	146
Mary Samplaski	80	6	93.0%	60	146
Jill Fischer	92	9	91.1%	45	146
Lauri Black	65	7	90.3%	74	146
Peter Nagy	95	12	88.8%	39	146
Nathan Teffe	92	13	87.6%	41	146
<i>answered question</i>					<b>146</b>
<i>skipped question</i>					<b>5</b>

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**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 2016 Program Chairs Richard O Burney, MD, MSc and Thomas Pool, PhD 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:

**Gaps:**

**(A) Advances in reproductive medicine**

Practitioners may lack current knowledge and skills in the use of advancing technologies in reproductive medicine and evolving treatment options applicable to successful patient outcomes. A strong understanding of these changes in technology and treatments are required to apply them to medical practice and deliver optimal patient care.

**(B) Evidence based best practices in foundational care**

Health care providers need to integrate best practice research into common practices in treating common reproductive medical conditions. Such foundational care needs to be integrated with evidence based care as a means of moving to best practices. Ongoing education in general infertility, clinical IVF, embryology, urology, andrology, practice management and genetics aims to eliminate antiquated practice patterns.

**(C) Interactive Team Approach and Collaboration**

Busy clinicians, embryologists and basic science researchers frequently lack opportunities to learn from each other. CME activities should encourage interaction as a means of generating new ideas and collaboration, research directives and creative solutions to common problems.

Our analysis of the data collected during the evaluation of the 2015 Annual Meeting identified the following items to be addressed in future activity planning. Changes implemented for the 2016 meeting are detailed in [Blue](#).

- Attendee comments documented in the open ended text questions included a request to include more oral abstract presentations by physicians currently in fellowship programs in reproductive medicine. This request was also voiced on site by several attendees.

Future Program Chairs will be encouraged to expand the number of oral presentations if it can be done without lowering the selection criteria.

The number of oral abstract presentations was increased by 50% (from 8 to 12). The 2016 evaluation data shows 92% found the oral abstract sessions to be valuable learning experiences.

- The Friday session titled “Marketing and Social Media in Today’s Fertility Practice” received the lowest rating of all sessions when attendees were asked if the material matched their scope of current/potential professional activities. Using Social Media has been an often used topic at medical conferences over the past decade and has most likely been overdone. Until some new technology or methodology comes along and creates a real need for an educational intervention, this topic should be avoided.

No social media or marketing sessions were presented at the 2016 Annual Meeting.

Analysis of the data collected during the evaluation of the 2016 Annual Meeting identified the following items to be addressed in future activity planning.

- Attendee comments included several related to the lack of a hard copy version of the syllabus and/or schedule. The mobile app and the website updates were not sufficient to meet the needs of all attendees. The ability to print syllabus pages by session on site should be reviewed as well as the potential for attendees to print a full copy of the syllabus from the website before and after the live meeting.
- Nurse, genetic counselor and IVF laboratory attendees want more sessions designed specifically for their needs. At the same time, a significant number of attendees like the larger general sessions where a variety of professionals in reproductive medicine get to interact and share information. Future program chairs should schedule sessions carefully to maintain a balance that works well for all attendees.

## 2016 PCRS Program Evaluation - Overall Program

As a result of attending the PCRS 2016 program I have gained knowledge/practical skills/experiences that will improve my performance.

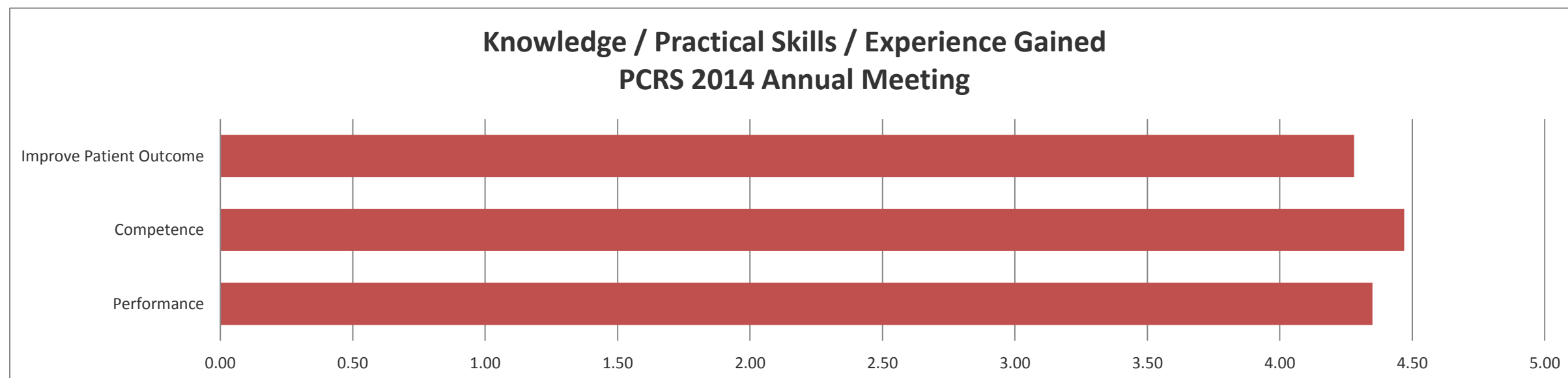
Answer Options	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	N/A	Rating Average	Response Count
Check one	0	2	11	70	67	1	4.35	151
<i>answered question</i>								151
<i>skipped question</i>								0

As a result of attending the PCRS 2016 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	1	7	63	80	0	4.47	151
<i>answered question</i>								151
<i>skipped question</i>								0

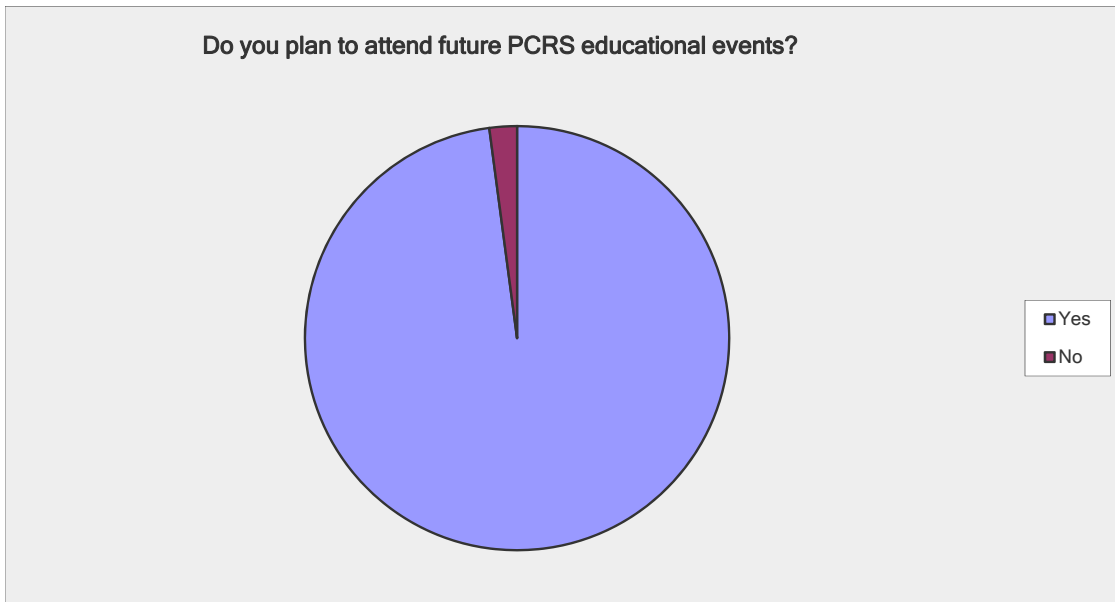
As a result of attending the PCRS 2016 program I have gained knowledge/practical skills/experiences that will improve patient outcomes.

Answer Options	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	N/A	Rating Average	Response Count
Check one	1	2	14	68	62	4	4.28	151
<i>answered question</i>								151
<i>skipped question</i>								0



## 2016 Evaluation of Annual Meeting

Do you plan to attend future PCRS educational events?		
Answer Options	Response Percent	Response Count
Yes	97.9%	141
No	2.1%	3
Comments		16
<i>answered question</i>		<b>144</b>
<i>skipped question</i>		<b>7</b>



### Comments:

A wonderful meeting that allows collegial exchange. Planning is meticulous and PCRS is wholly professional. Thank you!

Enjoyable and good interaction

Excellent meeting with excellent discussion

great educating meeting

Great meeting.

I would just like to thank the PCRS for the great meeting and the scholarship. The scholarship helped out a lot. I learned and enjoyed at the same time.

I would like to be involved more in the planning of next year's meeting.

If it fits my schedule

If the content is more varied.

It would be nice if we could register for the 2017 meeting while at the 2016 meeting and each year in the future. I think this would increase attendance, simplify things and also allow for the society to routinely collect yearly dues. I do not believe this is currently available for PCRS but is available at other meetings such as the American Urological Association meeting. I think it would be a good thing for the society.

It's very useful and give an update on IVF and infertility in in general

no comments

not sure, but probably

Not unless more RN courses are offered.

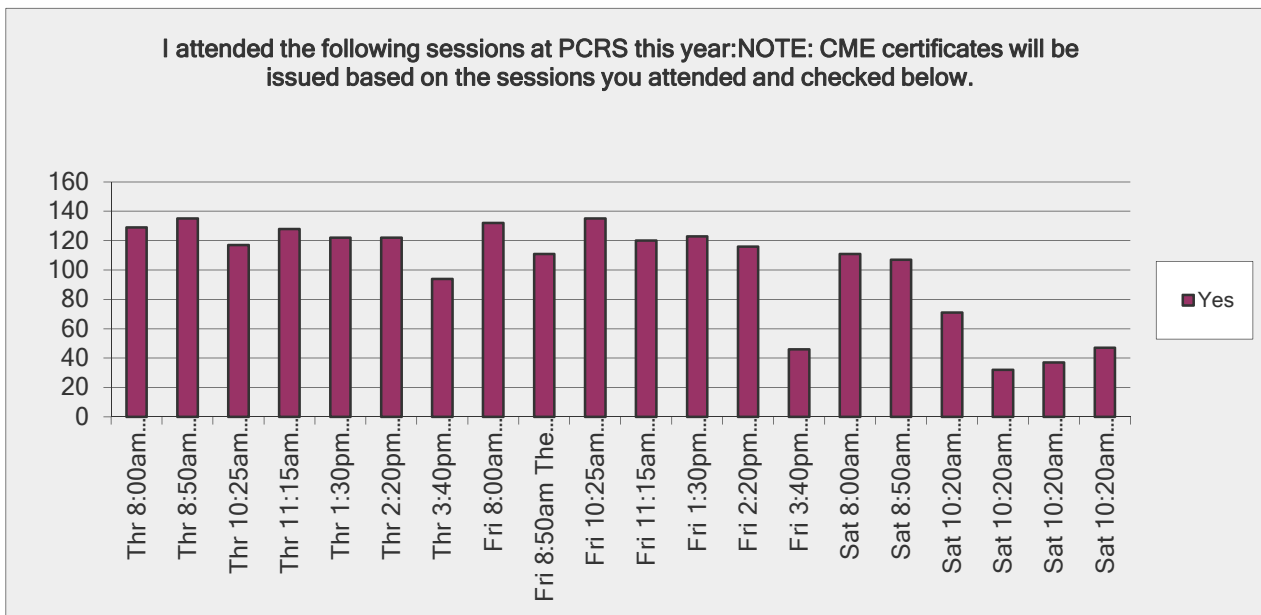
This was the worst meeting in the 20 years I have been attending. You are losing the most senior infertility experts in LA because of poor programming. Now we just come for the friendly atmosphere but even that has changed with increased regulation and overbearing security. Happy to discuss in more precise detail

Will need printed syllabus

## 2016 Evaluation of Annual Meeting

I attended the following sessions at PCRS this year:NOTE: CME certificates will be issued based on the sessions you attended and checked below.

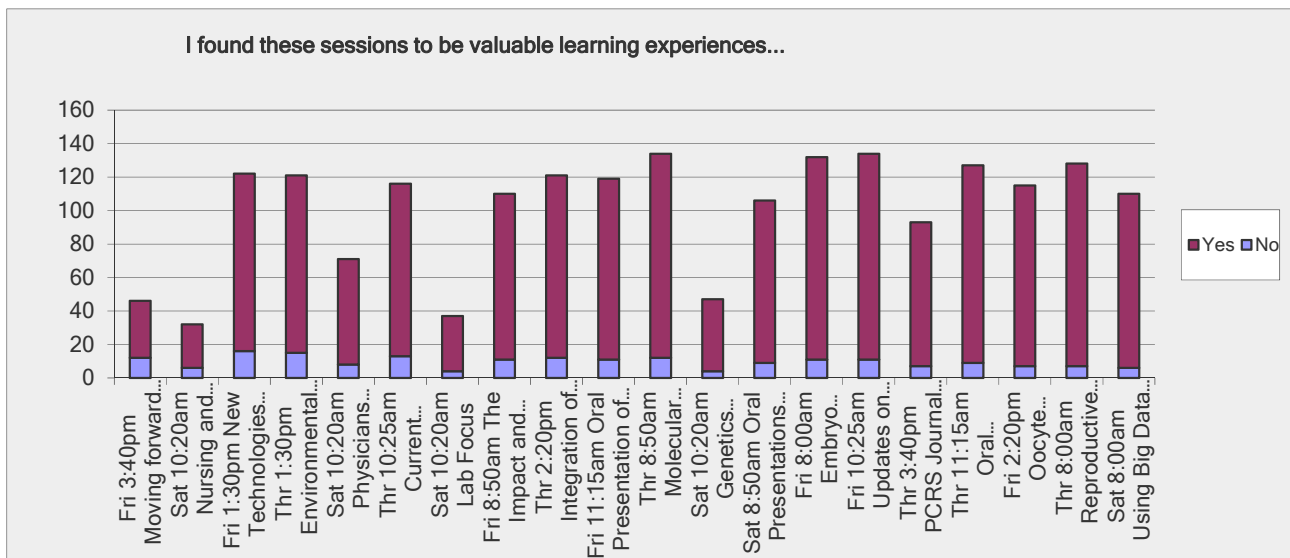
Answer Options	Yes	No	Response Count
Thr 8:00am Reproductive Precision Medicine in the 21st Century	129	9	138
Thr 8:50am Molecular Biology and ART - Present and Future	135	6	141
Thr 10:25am Current Approach to Endometriosis-Associated	117	14	131
Thr 11:15am Oral Presentation of Abstracts	128	11	139
Thr 1:30pm Environmental and Iatrogenic Impacts on Female and	122	16	138
Thr 2:20pm Integration of Reproductive Genetic Counseling into	122	11	133
Thr 3:40pm PCRS Journal Club: Clomiphene versus Letrozole	94	32	126
Fri 8:00am Embryo Selection Methods - An Update on Non-invasive	132	9	141
Fri 8:50am The Impact and Approach to the Thin Endometrium	111	19	130
Fri 10:25am Updates on Genetic Testing and Screening	135	6	141
Fri 11:15am Oral Presentation of Abstracts	120	14	134
Fri 1:30pm New Technologies in the IVF Practice	123	11	134
Fri 2:20pm Oocyte Donation, Should we be Using Fresh or Frozen	116	17	133
Fri 3:40pm Moving forward with the Access to Care Campaign.	46	37	83
Sat 8:00am Using Big Data for Personalized Medicine: Lessons	111	18	129
Sat 8:50am Oral Presentations of Abstracts	107	24	131
Sat 10:20am Physicians Focus: Navigating Obstacles of Today's	71	31	102
Sat 10:20am Nursing and REI Team Focus: Protocols and More,	32	45	77
Sat 10:20am Lab Focus	37	42	79
Sat 10:20am Genetics Focus: Testing and Counseling in the REI	47	34	81
	<i>answered question</i>		<b>148</b>
	<i>skipped question</i>		<b>3</b>



## 2016 Evaluation of Annual Meeting

I found these sessions to be valuable learning experiences...

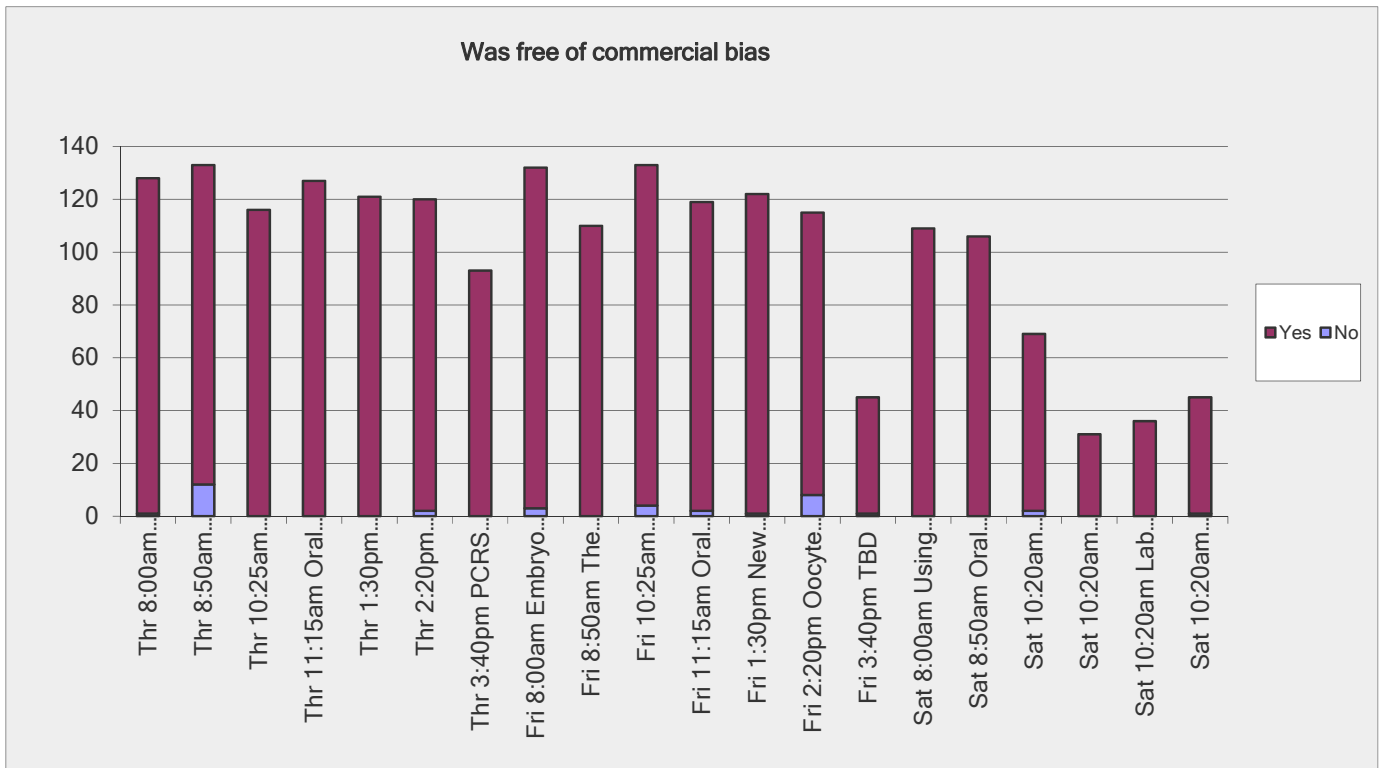
Answer Options	Yes	No	% Yes	Response Count
Fri 3:40pm Moving forward with the Access to Care Campaign. What	34	12	73.9%	46
Sat 10:20am Nursing and REI Team Focus: Protocols and More, How	26	6	81.3%	32
Fri 1:30pm New Technologies in the IVF Practice	106	16	86.9%	122
Thr 1:30pm Environmental and Iatrogenic Impacts on Female and Male	106	15	87.6%	121
Sat 10:20am Physicians Focus: Navigating Obstacles of Today's ART	63	8	88.7%	71
Thr 10:25am Current Approach to Endometriosis-Associated Infertility	103	13	88.8%	116
Sat 10:20am Lab Focus	33	4	89.2%	37
Fri 8:50am The Impact and Approach to the Thin Endometrium	99	11	90.0%	110
Thr 2:20pm Integration of Reproductive Genetic Counseling into Modern	109	12	90.1%	121
Fri 11:15am Oral Presentation of Abstracts	108	11	90.8%	119
Thr 8:50am Molecular Biology and ART - Present and Future	122	12	91.0%	134
Sat 10:20am Genetics Focus: Testing and Counseling in the REI field	43	4	91.5%	47
Sat 8:50am Oral Presentations of Abstracts	97	9	91.5%	106
Fri 8:00am Embryo Selection Methods - An Update on Non-invasive	121	11	91.7%	132
Fri 10:25am Updates on Genetic Testing and Screening	123	11	91.8%	134
Thr 3:40pm PCRS Journal Club: Clomiphene versus Letrozole	86	7	92.5%	93
Thr 11:15am Oral Presentation of Abstracts	118	9	92.9%	127
Fri 2:20pm Oocyte Donation, Should we be Using Fresh or Frozen	108	7	93.9%	115
Thr 8:00am Reproductive Precision Medicine in the 21st Century	121	7	94.5%	128
Sat 8:00am Using Big Data for Personalized Medicine: Lessons from the	104	6	94.5%	110
<i>answered question</i>				<b>145</b>
<i>skipped question</i>				<b>6</b>



## 2016 Evaluation of Annual Meeting

### Was free of commercial bias

Answer Options	Yes	No	% Yes	Response Count
Thr 8:00am Reproductive Precision Medicine in the 21st	127	1	99.2%	128
Thr 8:50am Molecular Biology and ART - Present and	121	12	91.0%	133
Thr 10:25am Current Approach to Endometriosis-	116	0	100.0%	116
Thr 11:15am Oral Presentation of Abstracts	127	0	100.0%	127
Thr 1:30pm Environmental and Iatrogenic Impacts on	121	0	100.0%	121
Thr 2:20pm Integration of Reproductive Genetic	118	2	98.3%	120
Thr 3:40pm PCRS Journal Club: Clomiphene versus	93	0	100.0%	93
Fri 8:00am Embryo Selection Methods - An Update on	129	3	97.7%	132
Fri 8:50am The Impact and Approach to the Thin	110	0	100.0%	110
Fri 10:25am Updates on Genetic Testing and Screening	129	4	97.0%	133
Fri 11:15am Oral Presentation of Abstracts	117	2	98.3%	119
Fri 1:30pm New Technologies in the IVF Practice	121	1	99.2%	122
Fri 2:20pm Oocyte Donation, Should we be Using Fresh	107	8	93.0%	115
Fri 3:40pm TBD	44	1	97.8%	45
Sat 8:00am Using Big Data for Personalized Medicine:	109	0	100.0%	109
Sat 8:50am Oral Presentations of Abstracts	106	0	100.0%	106
Sat 10:20am Physicians Focus: Navigating Obstacles of	67	2	97.1%	69
Sat 10:20am Nursing and REI Team Focus: Protocols	31	0	100.0%	31
Sat 10:20am Lab Focus	36	0	100.0%	36
Sat 10:20am Genetics Focus: Testing and Counseling in	44	1	97.8%	45
<i>answered question</i>				<b>145</b>
<i>skipped question</i>				<b>6</b>

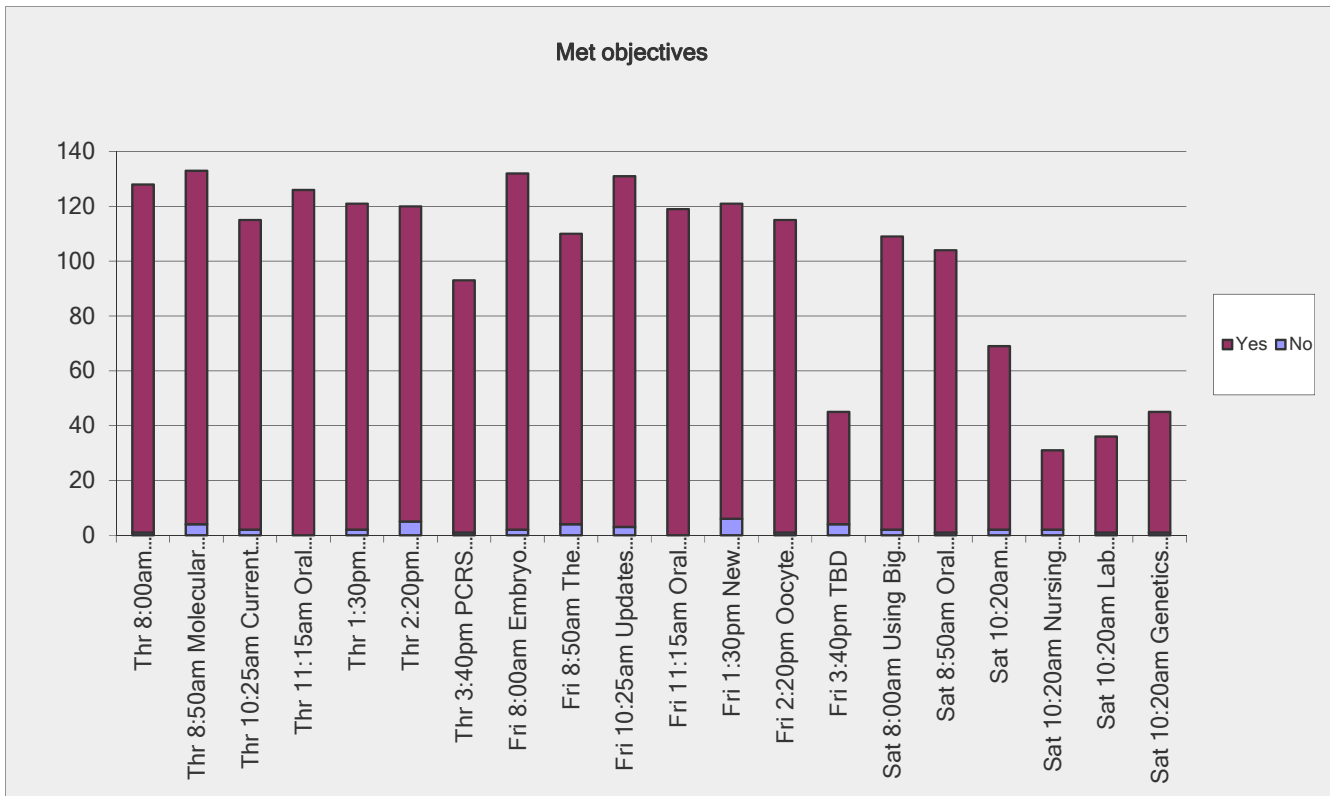




## 2016 Evaluation of Annual Meeting

### Met objectives

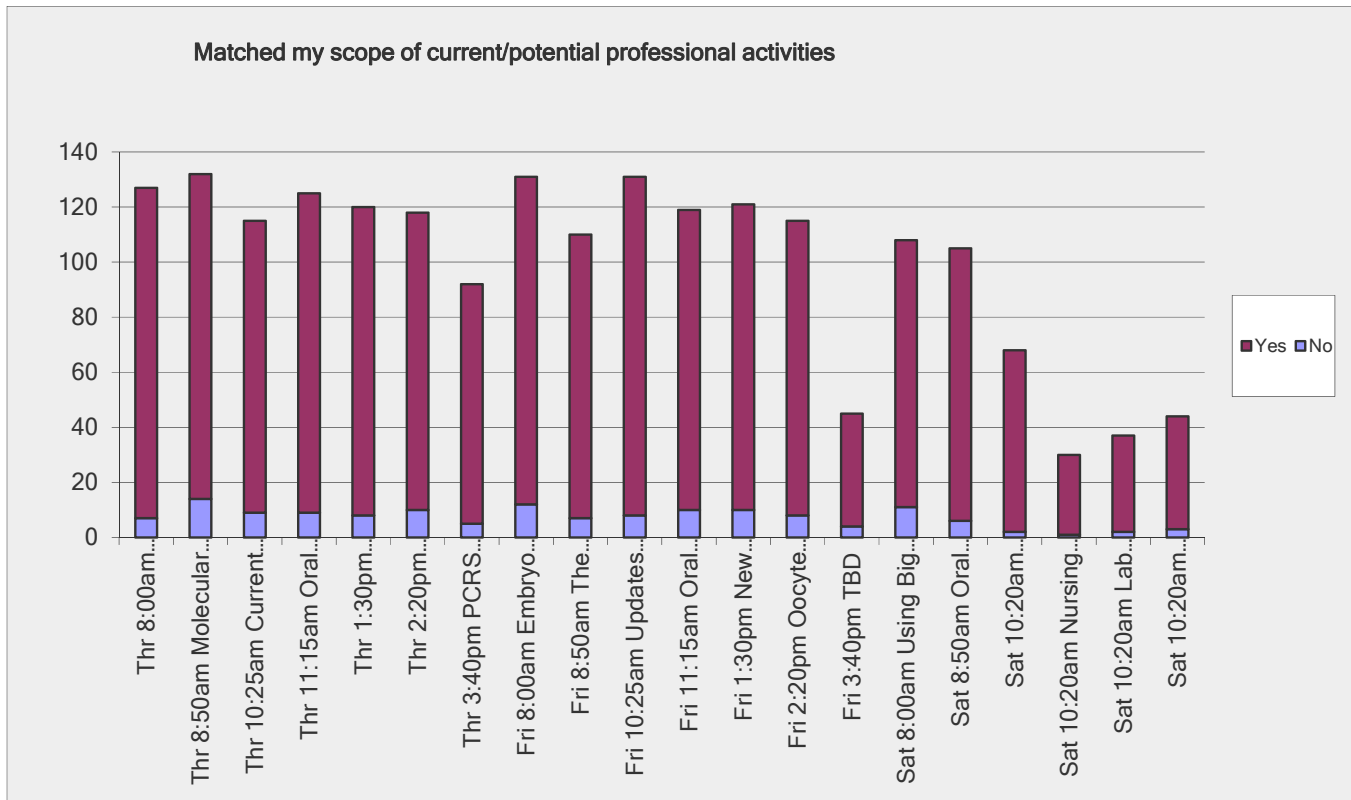
Answer Options	Yes	No	% Yes	Response Count
Thr 8:00am Reproductive Precision Medicine in the 21st	127	1	99.2%	128
Thr 8:50am Molecular Biology and ART - Present and	129	4	97.0%	133
Thr 10:25am Current Approach to Endometriosis-	113	2	98.3%	115
Thr 11:15am Oral Presentation of Abstracts	126	0	100.0%	126
Thr 1:30pm Environmental and Iatrogenic Impacts on	119	2	98.3%	121
Thr 2:20pm Integration of Reproductive Genetic	115	5	95.8%	120
Thr 3:40pm PCRS Journal Club: Clomiphene versus	92	1	98.9%	93
Fri 8:00am Embryo Selection Methods - An Update on	130	2	98.5%	132
Fri 8:50am The Impact and Approach to the Thin	106	4	96.4%	110
Fri 10:25am Updates on Genetic Testing and Screening	128	3	97.7%	131
Fri 11:15am Oral Presentation of Abstracts	119	0	100.0%	119
Fri 1:30pm New Technologies in the IVF Practice	115	6	95.0%	121
Fri 2:20pm Oocyte Donation, Should we be Using Fresh	114	1	99.1%	115
Fri 3:40pm TBD	41	4	91.1%	45
Sat 8:00am Using Big Data for Personalized Medicine:	107	2	98.2%	109
Sat 8:50am Oral Presentations of Abstracts	103	1	99.0%	104
Sat 10:20am Physicians Focus: Navigating Obstacles of	67	2	97.1%	69
Sat 10:20am Nursing and REI Team Focus: Protocols	29	2	93.5%	31
Sat 10:20am Lab Focus	35	1	97.2%	36
Sat 10:20am Genetics Focus: Testing and Counseling in	44	1	97.8%	45
<i>answered question</i>				<b>145</b>
<i>skipped question</i>				<b>6</b>



## 2016 Evaluation of Annual Meeting

### Matched my scope of current/potential professional activities

Answer Options	Yes	No	% Yes	Response Count
Thr 8:00am Reproductive Precision Medicine in the 21st	120	7	94.5%	127
Thr 8:50am Molecular Biology and ART - Present and	118	14	89.4%	132
Thr 10:25am Current Approach to Endometriosis-	106	9	92.2%	115
Thr 11:15am Oral Presentation of Abstracts	116	9	92.8%	125
Thr 1:30pm Environmental and Iatrogenic Impacts on	112	8	93.3%	120
Thr 2:20pm Integration of Reproductive Genetic	108	10	91.5%	118
Thr 3:40pm PCRS Journal Club: Clomiphene versus	87	5	94.6%	92
Fri 8:00am Embryo Selection Methods - An Update on	119	12	90.8%	131
Fri 8:50am The Impact and Approach to the Thin	103	7	93.6%	110
Fri 10:25am Updates on Genetic Testing and Screening	123	8	93.9%	131
Fri 11:15am Oral Presentation of Abstracts	109	10	91.6%	119
Fri 1:30pm New Technologies in the IVF Practice	111	10	91.7%	121
Fri 2:20pm Oocyte Donation, Should we be Using Fresh	107	8	93.0%	115
Fri 3:40pm TBD	41	4	91.1%	45
Sat 8:00am Using Big Data for Personalized Medicine:	97	11	89.8%	108
Sat 8:50am Oral Presentations of Abstracts	99	6	94.3%	105
Sat 10:20am Physicians Focus: Navigating Obstacles of	66	2	97.1%	68
Sat 10:20am Nursing and REI Team Focus: Protocols	29	1	96.7%	30
Sat 10:20am Lab Focus	35	2	94.6%	37
Sat 10:20am Genetics Focus: Testing and Counseling in	41	3	93.2%	44
<i>answered question</i>				<b>144</b>
<i>skipped question</i>				<b>7</b>



## 2016 Evaluation of Annual Meeting

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:

1. ERA testing for recurrent implantation failure patients 2. Restructure genetic testing consents with Mr Masserman 3. Use Dr Simplaski's .ppt to screen medications that may affect male infertility 4. Invest in Virta-Med ET simulator

A general ability to explain the protocols and plans for patients better

A more in depth male history upon intake.

Ability to discuss environmental influences on fertility.

Adding new protocols for ovulation induction and saving patients money with different options for genetic screening

As a nurse educator I am now better versed in current trends and recent papers and research. We will be adapting or updating several of our teaching documents regarding iatrogenic & environmental impacts on fertility, genetic counseling, oocyte donation and adjunct medications with IVF.

Assuring that genetic tests have been adequately validated before implementation into my practice.

Attempt to maintain LH ratio between 0.3-0.6.

Be more cautious of total FSH dosing, consider lower amounts for stimulation

Better able to counsel patients. More people in the REI community to discuss pt issues with

Better Informed Consent

Better knowledge base to use when counseling on PGS

Better patient care

Better QC in the IVF lab

certain technical information in counseling

Change treatment for endometriosis patients with infertility Taylor stimulation protocols use newer embryo selection techniques

Consider lowering FSH doses in ivf

Consider purchasing ready to use oocyte activation medium for my low fert ICSI cases.

Consider various PGS testing platforms

considering less aggressive stimulations

Continue to collaborate with other genetic counselors regarding genetic evaluation of gamete donors and gamete donor recipients.

Counseling my patients about mosaic embryos

Counseling regarding consents based on legal lecture

Decrease gonadotropin dosing, increase Single embryo transfer.

Discuss PGS with a different perspective.

Encouraging more freeze all cycles for high Estradiol levels

Enhanced knowledge

Expanded genetic carrier screening

Genetic counseling practices.

Gestational carrier agreement changes

I have an enhanced understanding of the complexities and nuances of proper genetic counseling for patients undergoing PGS and/or PGD.

I liked the first day lectures assigned for fellows

I plan to incorporate more discussion of PGD and PGS, and continue to advocate for inclusion of genetic counselors in practice.

I understand time lapse imaging better as well as fresh vs frozen clinical decisions that I will apply in fellowship!

I will be able to implement laboratory diagnostic procedures more efficiently.

I will be offering PGS to my IVF patients and let them make the decision. I will be utilizing the help of genetic counselors more. I will be using letrozole for anovulatory patients.

I will compile a list of drugs that can interfere with male reproduction for my patients

I will continue to be more well informed

Improve consents

Improved technique of embryo transfer, moving toward more freeze-all cycles

Improvement in endo management

Incorporate PGS/PGD into my practice. Take advantage of the use of genetic counselors

Increased PGS and use of genetic counselors

Information given to physicians regarding protocols for PCOS patients, evaluation of hazardous materials that could be impacting patient infertility, continuation of utilizing genetic counselors.

## 2016 Evaluation of Annual Meeting

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:

Introduce genetic counselling as a routine

it made an overview for what's the strength and weakness skills

It was great to hear more about male factor, particularly about medications. I usually refer the patient to their doctor to discuss medications, but this was an eye-opener and I will encourage men taking propecia to have a good discussion with their doctor in regards to this med.

Learning about adjunct therapies and their role in treatment cycles, will be able to better advise patients.

Letrozole

Letrozole cycles, discuss external toxic exposure to PTs more. Genetic counselor to be used and incorporated in practice more regularly.

Lower starting doses for stimulation cycles.

May think about changing PGD/PGS platform following presentations.

More careful use of PGS. Review of consent forms.

more eSET, more consideration of legal aspects of IVF,PGS, less use of assisted hatching

More genetic testing

More legal awareness

More use of Femara

Much debate about fresh versus frozen transfers

My patient counseling regarding genetic information has changed.

No changes immediately but obtained valuable information to consider informed changes.

No major changes; more patients will do PGS

Offer more frozen than fresh transfer.

Offer PGS/PGD to all ivf patients.

Offering every patient PGS. If they decline, documenting it.

perform PGS and single embryo transfer to improve pregnancy rate

PGS false positives

Planning doing more eSET

Prescribing Letrozole over Clomid for PCO pts

Reassessment of time lapse photography to monitor embryonic health

Re-evaluating our own lab and SRT data between D3 and D5 transfers - optimize extension to D5 based on our data of excess embryos in those who underwent D3 transfers. Reach out to Genetics and devise implementation for streamlined genetics consults for our patients.

Review consents.

Review number of embryos transferred.

See above

Strongly recommend and counsel patients on PGS, have genetic counseling available and all legal paper work in place .

Support TL micriscopy

Transition to more D5 ET. More fastidious evaluation of male medication profile. Goal stim - 10-15 oocytes.

update legal, utilize genetics counselor more

Using SART more for patients to have realistic ideas of their success

We are going to use some of products mentioned at the meeting.

Will advise patients to avoid plastics and other contaminants that may affect their fertility. Will consider suppressing known endometriosis with GnRH agonists prior to IVF treatment.

Will alter how I discuss expanded carrier screening with ovum donors.

Will consider genetic counseling more extensively

Will consider more frozen embryo transfers

With regard to genetic testing and counseling

## 2016 PCRS Program Evaluation - Overall Program

### How do you think these changes will affect patient outcomes?

1. Improved timing of window of implantation in RIF patients 2. Avoidance of meds that will decrease semen parameters 3. Improved embryo transfers by our physicians

Allow more choice regarding genetic screening

Anticipate positive outcomes

As we educate nurses in various fertility clinics with our teaching materials I'm sure there will be a downstream affect on patient outcomes.

Bette guidance and knowledge for decision making

Better discussions with patients re options

Better informed

Better informed

Better informed consent for ovum donors regarding genetic testing

Better informed patients

Better informed patients and reduce practice liability.

Better informed patients.

Better outcomes

Better overall patient experience, in some cases better outcomes.

Better preg rated

Better pregnancy rates

Better pregnancy rates

By using new tests and technique

Cost and outcone

could affect satisfaction or decision-making

Decrease twinning

embryo transfer

Expected increased pregnancy rates for PCO pts

For the better to improve knowledge and hopefully pregnancy rates.

Hopefully continued successful pregnancy rates with lower cost and side effects.

Hopefully ending in more healthy term live births

Hopefully improve

hopefully improved patient consenting

Hopefully it will allow them to be better informed prior to and following testing.

Hopefully, outcomes will improve and pregnancy rates will be higher.

Hoping for more honest discussions and more realistic expectations

i hope this will improve patient care.

I think it's important to consider the whole picture so this will greatly encompass this.

I will be able to better counsel and treat my patients and will be able to design intersting research projects for fellowship

Improve detection of chromosome abnormalities with IVF

Improve LBR while minimizing patient risk.

Improve patient decision making by improved information

Improve patient outcomes

Improve patient success rates and healthier lifestyle

Improve safety

Improved delivery rate without complication

Improved patient response to genetic testing and information received

Improved patient screening and detection of carriers

Improved pregnancy rates

Improved pregnancy rates, higher birth weight

Increase fert rates for these difficult cases.

Increase patient comfort in decision making

Increased uniformity of donor screening practices.

## 2016 PCRS Program Evaluation - Overall Program

How do you think these changes will affect patient outcomes?

It will improve pregnancy outcomes.

It will make them better informed

Less side effects

Makes us more comfortable to recommend freeze all cycles

Many positive outcomes should come from these changes noted above.

More individualized care and better outcomes.

More research based practice

More single embryo transfers

Overall I think I'll be more informed and more helpful to patients.

Patients will benefit from truly validated testing platforms -- rather than falling victim to strategies that have been brought to market too quickly.

Patients will receive more personalized care.

personalized medicine will increase success rates lower multiple birth weight and low birth weight babies

Possibly prevent premature progesterone rise.

reduce multiple pregnancy rate

Same outcome at less expense.

The embryo quality can be improved.

The patients will hopefully modify their intake of supplements, etc accordingly.

they will improve pregnancy rates and decrease multiple birth rates

They will lower the cost of care and improve patient access.

Win win situation, everybody happy

## 2016 PCRS Program Evaluation - Overall Program

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

Although some speakers presented useful information, almost all embryology speakers were wrong or 5 years behind current successful lab practice. It is difficult to identify who the current leaders are because they are in the lab creating babies at an amazing rate (close to 100 percent) and not usually out talking about it. If these few people can be identified and encouraged to speak, it would provide a very interesting and cutting edge meeting.

Amazing program and organization. Very happy

As a lab director, I would benefit from more laboratory based sessions whenever possible

As a prenatal genetic counselor, I have gained a better understanding of the processes involved in obtaining a successful pregnancy. It was very informative.

As an RNT found the break away session on Saturday the most relevant to my day to day practices, but the content learned in the rest of the conference was interesting and some will take back and discuss further with team/physicians. I especially found interesting the talk regarding using lower doses of FSH for stim protocols and plan to discuss with the providers I work with. There were some talks that I did feel a bit lost in, especially those pertaining to genomics as this is not something I am very familiar with, but they were interesting. Overall a great conference.

Avoid use of security detachment to screen for badges - diminishes relaxed collegial environment.

Conference was fantastic again as usual. Should have awards/certificates prepared for abstract winners!

Consider more endocrine topics in addition to fertility topics.

Continue to strive to have quality speakers. The speakers this week were amazing.

Did like the Omni - the service was expensive and bad.

Digital-only format was confusing & difficult to use as well as incomplete. Some printed materials (at least detailed schedule & locations) would really help.

Don't do anything, it's perfect

Enjoyed networking and learning from differ health providers perspectives: genetic, legal, pharma, and clinician scientist. I look forward to next years meeting.

Enjoyed the format.

Excellent focus on current genetic testing dilemmas.

Excellent program

Excellent program

Excellent program

Excellent program and speakers.

excellent program- no changes

Excellent program, very well organized.

Excellent program. Highly clinically relevant.

food was SUB-PAR... almost non-existent at Poster session. No "spirit" cheerleaders which was a shame. No continuous recognition of our vendors... bad business.. Very poor, horrible awards session without awards... Science was GREAT... new speakers were great... role of residents and fellows was wonderful and inviting... well done.. Presidents dinner should be an event not a description... we need to engage our past presidents and invite the faculty to participate in future meetings... send fellows, etc.

Good program

Good program, would like more debated

Great as always.

Great lication

Great meeting and well organized

Great program

Great program!

Great program!

Great topics and speakers Great genetics

Have printed program or at least a schedule recognize sponsors

I always get so much out of this program, keep up the good work!

I enjoyed this program! I have no major suggestions for its improvement.

I think it is excellent how many fellows were there and the emphasis on education

I thought the content this year was great, and I love that for the most part there are not competing sessions. I would suggest wrapping up Saturday afternoon so participants could be home by sunday afternoon.

I thought the meeting was fabulous. Keep up the good work.

## 2016 PCRS Program Evaluation - Overall Program

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

I would have liked to see additional breakout sessions during the conference with more opportunities for a discussion forum setting.

I would like a basic, dumbed down version of all the genetic testing. Despite all the talks I still don't understand the strengths and weaknesses of FISH vs aCGH vs targeted NGS vs shotgun NGS. Everyone addresses a fraction of it but never big picture (which would be helpful)

Include more for care team that is not MD specific. Add a back to basics review to pre conference

It seemed that many talks spent a significant amount of time reviewing data that was >5 years old. I'd love to see talks that are more focused on breaking research and ethical issues that arise in the field.

It was a truly outstanding program. Renowned speakers. Terrific setting. Great networking. I plan on attending every year -- provided we continue to have outstanding speakers like this year.

It was very good this year

It would be nice to open the sessions with the fellows to more of the attendees (and not just the faculty) to facilitate networking

Its a lovely, relaxed and highly informative meeting.

It's great as it is

It's very useful and improve clinical and communication skills

Lawyers are scary

Less commercial bias in some of the talks

Like to see a debate on usefulness of endometrial injury.

Loved this conference so much. Can not say how much I appreciate the staff that planned everything. It was a wonderful learning and networking experience and I hope this is the first of many years to be a part of such a wonderful conference. Thank you so much. For the fellows and residents, I believe having a long course on reproductive statistics with a fake 1000 cycle database with 600 patients donors and nondonors and spss or sas free download for the duration of the course with maybe a discount to buy it after would be incredibly helpful. Also if Ethan Wortman from SART or any research collaborator from SART could help us walk through the field selections for SART research applications because they are very confusing and then a fake database maybe from there to analyze with a statistician. I would love to be involved with helping to design this if you need help! I work with Kevin doody now doing sart research and am familiar with obstacles.

Male aspects should be a yearly lecture

More food and the poster reception.

More male infertility

More options at night for all attendees. Not just fellows. I am a nurse practitioner and I felt like this conference spoke mainly to MDs.

Need more RN breakout sessions. There was only one that was beneficial. That was a lot of money spent for me to be there and not gain much from it.

No comment. I had a great time. I didn't attend the counsyl dinner--I heard that dinner was expected to have a much greater turnout.

Overall great course

PCRS is just a nice meeting that enables sharing of ideas in a relaxed atmosphere.

Possibly more breakout sessions for nurses since laboratory information is interesting but does not necessarily help us do better patient care

Printed schedule of conference. Recognition to all of our major sponsors

Provide paper syllabus at all costs.

Suggest less "command performance "for trainees. It will give the others a chance to have them go out to dinner or other events to get to know them better. Offered but they felt they must attend since they were guests( all good, but just a thought)  
The attendee List could be searchable by last name and set up by last name instead of first name The ability to write notes next to the slides would be quite helpful there is space for putting notes there but it does not work. Faculty information should be available in terms of where the faculty are from and all the information that used to be in the printed meeting book should be able to be obtained within the app period Basically the app should replace the old written book and be just as useful and right now that is not the case. It would also be nice if hand sanitizer was included in the initial meeting bags instead of suntan lotion as I think it would be more useful to the attendees.

The badge requirements were a little extreme..



## 2016 PCRS Program Evaluation - Overall Program

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

The meeting was very well organized. Maybe I'd like to have more small sessions, in small groups so we can more interact, discuss some of the issues related to the lab.

The practical side of the presentations I attended were very good.

The program contained almost no useful information regarding male infertility. The important topics relevant to our practices were nowhere to be found. This has become a "fellows" meeting and I find no use for it as a leader in my field. Very disappointing

The program was excellent. It covered a broad array of topics ranging from basic science to clinical practice. The formats were engaging. The information presented was state-of-the-art.

There should be more bars/bartenders at the Thursday evening event; the lines were so long that not everyone got their 2 drinks.

This is a great meeting for residents interested in the REI field. I will definitely come back next year. Thank you for the scholarship :)

This is the best conference in our field. I wish the oral presentation evaluation session didn't conflict with the break out sessions. All the lectures were so important. Some of the lectures reflected financial interest of the presenter.

This meeting was very embryology and genetics focused. If you want practicing nurses to keep coming (there were many less there this year as compared to last year) more lectures that nurses would find applicable. I'd suggest a nursing break-out for an entire day or half of each day.

This was an excellent program, well - designed to include an array of disciplines and an array of perspectives. The opportunity for discussion and questions is invaluable!

Very nice environment to learn Focus on trainees The faculty was very approachable The diversity of the topics was great More time to spend with vendors (better than ASRM) Provision of food at breakfast, lunch and dinner helped with staying focussed

Very scientific, would recommend more general practice guidance

very well designed , educating meeting.

Very well organized and staff members were very friendly and helpful! Wonderful experience.

very well run, provided a lot of updated information

Wonderful program.

Would be interesting if genetic counselors were more involved in how to shape the genetic testing landscape of REI. Case presentations and testing advice would be more helpful than the general benefit of GCs in clinic.

Would have liked advanced notification that presentations would only be available electronically.

Reproductive Precision Medicine in the 21st Century, Speaker: Linda C. Giudice, MD, PhD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
<b>Precision medicine is an emerging approach for disease prevention and treatment that takes into account people's individual variations in genes, environment, and lifestyle.</b>				
<b>Correct</b>	True	97.5%	98.8%	1.3%
	False	2.5%	1.2%	
<b>The Endometrial Receptivity Array is all of the following except:</b>				
	More accurate than histologic data	25.4%	16.9%	
	Highly reproducible for endometrial data	17.2%	25.3%	
<b>Correct</b>	Based on proteomic data	38.5%	41.0%	2.5%
	Highly reproducible method for diagnosis of endometrial receptivity status	30.3%	18.1%	
<b>The Recurrent Implantation Classifier has which of the following?</b>				
<b>Correct</b>	Strong negative predictive value	24.6%	27.7%	3.1%
	High sensitivity in the validation study	25.4%	37.4%	
	Low positive predictive value in the signature discovery	23.8%	20.5%	
	Low overall accuracy	26.2%	14.5%	

Molecular Biology and ART - Present and Future , Speaker: Nathan Treff, PhD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
<b>What is a major limitation of using single embryo transfer outcomes to develop embryonic biomarkers of reproductive potential?</b>				
	Embryo specific outcomes cannot be determined	8.0%	11.3%	
<b>Correct</b>	Patient specific variables are poorly controlled for	60.7%	67.5%	6.8%
	Biomarker thresholds cannot be established	31.3%	21.3%	
<b>When two aneuploidy screening results from the same embryo disagree it is always due to mosaicism.</b>				
	True	22.3%	13.8%	
<b>Correct</b>	False	77.7%	86.3%	8.6%
<b>What is the least expensive CCS method to perform?</b>				
	qPCR	40.2%	60.0%	
	aCGH	20.5%	7.5%	
	SNP array	19.6%	10.0%	
	WGA NGS	3.6%	0.0%	
<b>Correct</b>	targeted NGS	16.1%	22.5%	6.4%

Current Approach to Endometriosis-Associated Infertility, Speaker: Hugh Taylor, MD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
<b>Pathophysiologic hallmarks of endometriosis that may impact fertility include:</b>				
	Chronic inflammation	7.5%	10.1%	
	Estrogen dependence	0.9%	1.3%	
	Progesterone resistance	1.9%	2.5%	
	a. and b.	27.4%	22.8%	
<b>Correct</b>	All of the above	67.9%	65.8%	-2.1%
<b>Which ovarian stimulation results in the best ovarian stimulation?</b>				
	Embryo development	1.9%	1.3%	
	Tubal function	8.5%	3.8%	
	Endometrial receptivity	15.1%	17.7%	
	a. and b.	2.8%	2.5%	
<b>Correct</b>	All of the above	75.5%	75.9%	0.4%

Environmental and Latrogenic Impacts on Female and Male Fertility , Speakers:  
 Rebecca Sokol, MD, MPH and Linda C. Giudice, MD, PhD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
<b>In the field of reproductive toxicology, animal studies are more definitive than clinical studies</b>				
<b>Correct</b>	True	43.0%	54.8%	11.8%
	False	57.0%	45.2%	
<b>BPA has estrogenic properties</b>				
<b>Correct</b>	True	98.1%	97.6%	-0.5%
	False	1.9%	2.4%	
<b>Which chemical(s) have been conclusively documented to be toxic to the testes in adult men.</b>				
	BPA	5.6%	4.8%	
<b>Correct</b>	DBCP	0.0%	0.0%	0.0%
	Phthalates	1.9%	2.4%	
	Lead	3.7%	2.4%	

Integration of Reproductive Genetic Counseling into Modern REI Practice, Speaker: Jill Fischer, MSc

		Percentage with Correct Response		
		Pre Test	Post Test	Change
A 23-year-old Ashkenazi Jewish female presents with a history of 2 first trimester pregnancy losses. The spouse is of Ashkenazi and Sephardic Jewish ancestry. The patient reports that 2 nephews have developmental delay and that 3 of her sisters have had pregnancy losses. The spouse reports that his mother was diagnosed with unilateral breast cancer at the age of 40 and that a niece has hearing loss. I would...				
	Conduct pan-ethnic carrier testing and biochemical testing for Tay-Sachs disease on the patient	21.4%	9.3%	
	Conduct peripheral blood chromosome analysis on the couple	4.1%	1.3%	
	Conduct microarray testing on the couple	1.0%	0.0%	
<b>Correct</b>	Refer to a genetic counselor	73.5%	89.3%	15.8%

The Pedigree is a key tool used by the genetic counselor as it:				
	Is a pictorial display of medical information for 3 or more generations	3.1%	1.3%	
	Allows assistance in determining inheritance patterns	1.0%	0.0%	
	Can be used as a teaching tool for the patients	1.0%	0.0%	
<b>Correct</b>	All of the above	94.9%	98.7%	3.8%

		Pre Test	Post Test	Change
Currently, genetic counselors are certified by:				
	American Board of Medical Genetics (ABMG)	27.6%	14.7%	
<b>Correct</b>	American Board of Genetic Counseling (ABGC)	31.6%	50.7%	19.1%
	Accreditation Council for Genetic Counseling (ACGC)	16.3%	14.7%	
	American College of Medical Genetics (ACMG)	24.5%	20.0%	

Did you attend the Thursday session - PCRS Journal Club: Clomiphene versus Letrozole , Speaker: Richard Legro, MD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
<b>Compared to clomiphene, letrozole as an ovulation induction and infertility treatment agent in women with PCOS, elevates the relative risk of a live birth by which percentage?</b>				
	25%	78.1%	73.8%	
<b>Correct</b>	50%	18.8%	24.6%	5.8%
	75%	3.1%	1.5%	
	100%	0.0%	0.0%	
<b>Patients with PCOS taking letrozole are more likely to experience which side effect compared to clomiphene?</b>				
	Headache	29.2%	38.5%	
	Blurred Vision	2.1%	0.0%	
	Nausea	33.3%	23.1%	
	Pelvic Pain	12.5%	9.2%	
<b>Correct</b>	Dizziness	22.9%	29.2%	6.3%
<b>Patients with PCOS taking letrozole should be counseled that the risk of congenital anomalies compared to clomiphene is</b>				
	Significantly higher risk with letrozole	9.4%	6.2%	
<b>Correct</b>	Comparable risk to clomiphene	86.5%	86.2%	-0.3%
	Significantly lower risk with letrozole	4.2%	7.7%	

**Embryo Selection Methods - An Update on Non-invasive Evaluation Techniques,  
Speaker: Markus Montag, PhD**

		Percentage with Correct Response		
		Pre Test	Post Test	Change
<b>Which of the following technologies is invasive:</b>				
	Polarization microscopy	4.0%	5.0%	
	Pronuclear scoring	0.0%	3.8%	
	Cumulus transcriptomics	3.0%	3.8%	
	Metabolomics	1.0%	0.0%	
<b>Correct</b>	Preimplantation Genetic Screening	90.9%	87.5%	-3.4%
	Time-lapse imaging	1.0%	0.0%	
<b>Which parameter is the best to identify embryos with a low implantation potential</b>				
	Pronuclear fading	5.1%	1.3%	
	Late cleavage to 2-cell	34.3%	26.3%	
<b>Correct</b>	Direct division from 1 to 3 cells	18.2%	38.8%	20.6%
	Multinucleation at the 4-cell stage	25.3%	18.8%	
	Expansion and collapse of blastocyst	17.2%	15.0%	
<b>The purpose of embryo selection is to:</b>				
	Rank embryos in regard to their implantation potential	5.1%	2.5%	
	Support single embryo transfer	1.0%	5.0%	
	Exclude embryos with low implantation chances	2.0%	0.0%	
	Answer 2 and 3	10.1%	13.8%	
<b>Correct</b>	Answer 1, 2 and 3	81.8%	78.8%	-3.0%



The Impact and Approach to the Thin Endometrium , Speaker: Christos Coutifaris, MD, PhD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
<b>Very early (~4 weeks) first trimester maternal serum hCG rate of rise is positively associated with:</b>				
	Pre-eclampsia	40.2%	21.1%	
<b>Correct</b>	Birth weight	30.4%	59.2%	28.8%
	Gestational age at delivery	26.5%	18.4%	
	NICU admission	2.9%	1.3%	
<b>Superovulation, ovarian hyperstimulation syndrome (OHSS) and subsequent elevations in which analyte(s) have been associated with abnormal placentation in fresh embryo transfer-IVF cycles:</b>				
	Estradiol	14.7%	18.4%	
	Vascular endothelial growth factor (VEGF)	18.6%	13.2%	
	Progesterone	2.9%	3.9%	
<b>Correct</b>	Both a. and b.	56.9%	63.2%	6.3%
	None of the above	6.9%	1.3%	
<b>Suboptimal endometrial development in terms of endometrial thickness is an independent risk factor for adverse perinatal outcomes such as low birth weight and prematurity following ART, even after adjustment for multiple gestation.</b>				
<b>Correct</b>	True	77.5%	93.4%	15.9%
	False	22.5%	6.6%	

**Adverse Effects of Common Medications on Male Fertility, Speaker: Mary Samplaski, MD**

		Percentage with Correct Response		
		Pre Test	Post Test	Change
<b>The 5<math>\alpha</math>-reductase inhibitors (at a low dose used to treat male pattern baldness and at a high dose used to treat benign prostatic hypertrophy) can adversely affect which of the following aspects of male fertility:</b>				
	Ejaculate volume	4.2%	1.3%	
	Sperm concentration	10.5%	10.4%	
	Erectile function	4.2%	1.3%	
	Ejaculatory function	1.1%	1.3%	
	Both A and B	22.1%	31.2%	
<b>Correct</b>	A, B, C and D	57.9%	54.5%	-3.4%
<b>After a male completes chemotherapy for cancer, when can the couple try to achieve a pregnancy?</b>				
	Immediately	5.3%	5.2%	
	2 months	28.4%	19.5%	
	1 year	55.8%	44.2%	
<b>Correct</b>	2 years	7.4%	31.2%	23.8%
	5 years	3.2%	0.0%	

New Technologies in the IVF Practice, Speakers: Zsolt Peter Nagy, MD, PhD, HCLD, Jason Swain, PhD, HCLD, Markus Montag, PhD, Kathryn Go, PhD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
<b>Which of the following must be considered in introducing a new assisted reproductive technique to patient care?</b>				
	Evidence for its efficacy	6.1%	1.3%	
	Acquisition of new instrumentation	1.0%	0.0%	
	Requirement for embryologist training	2.0%	1.3%	
	Identifying appropriate conditions for validation	3.0%	0.0%	
<b>Correct</b>	All of the above	87.9%	97.4%	9.5%
<b>All of the procedures could be offered in a United States laboratory for ART except:</b>				
	Trophectoderm biopsy	2.0%	0.0%	
	Assisted hatching	1.0%	0.0%	
	Elective single embryo transfer	0.0%	1.3%	
	Cryopreservation of ovarian tissue	3.0%	9.0%	
	Time lapse imaging of embryo development	2.0%	2.6%	
<b>Correct</b>	Mitochondrial transfer	89.9%	87.2%	-2.7%
	ICSI	2.0%	0.0%	
	Egg vitrification	0.0%	0.0%	
<b>Which of the following has NOT been appraised for integration into the laboratory for assisted reproductive technology?</b>				
	Aneuploidy screening of the embryo	3.0%	2.6%	
	Fertility preservation for females	0.0%	0.0%	
<b>Correct</b>	Robotic ovarian follicular aspiration	84.8%	92.3%	7.5%
	Optimization of embryo selection	5.1%	0.0%	

Oocyte Donation, Should we be Using Fresh or Frozen Oocytes? , Speaker: Zsolt Peter Nagy, MD, PhD, HCLD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
<b>DATA INCOMPLETE - NOT ENOUGH RESPONSES</b>				
<b>What are the potential advantages of a donor cryo egg-bank?</b>				
	Requires less medication and correlated with decreased patient monitoring	0.0%	0.0%	
<b>Correct</b>	Provides convenience for both donors and recipients, as because their cycles do not need to be	100.0%	100.0%	0.0%
	Requires less testing of donors and recipients compared to fresh egg donation	0.0%	0.0%	
	Recipients of donor cryo oocytes more likely to get pregnant	0.0%	0.0%	
<b>Studies comparing efficiency of fresh versus “frozen” egg donation show:</b>				
	Using fresh donor oocytes higher implantation and pregnancy rates are achieved, because cryo	0.0%	0.0%	
	Using “frozen” (vitrified) donor oocytes, there are higher implantation and pregnancy rates achie	0.0%	40.0%	
<b>Correct</b>	Similar implantation and pregnancy rates are obtained with both fresh and vitrified donor oocyte	50.0%	20.0%	-30.0%
	There are no reliable / prospective, randomized controlled studies to compare outcomes	50.0%	40.0%	
<b>Using vitrified donor oocytes:</b>				
	Will result in higher number of “frozen” embryos compared to using fresh donor oocytes	0.0%	40.0%	
<b>Correct</b>	Will result in lower number of “frozen” embryos compared to using fresh oocytes	50.0%	40.0%	-10.0%
	Cryopreserved embryos, originating from vitrified donor eggs will have lower viability compared to cryopreserved embryos originating from fresh donor eggs.	25.0%	0.0%	
	Cryopreserved embryos, originating from vitrified donor eggs may not be able to survive the rep	25.0%	20.0%	

Moving Forward with the Access to Care Campaign. What can we all do?, Speaker:  
Richard Reindollar, MD?

		Percentage with Correct Response		
		Pre Test	Post Test	Change
<b>What percent of demand for infertility services is met by best estimates?</b>				
	15%	33.3%	33.3%	
	25%	66.7%	50.0%	
<b>Correct</b>	40%	0.0%	16.7%	16.7%
	50%	0.0%	0.0%	
	65%	0.0%	0.0%	
<b>Recent pilot work with intravaginal incubation for IVF has demonstrated that:</b>				
	Blastocyst culture is not possible	0.0%	16.7%	
	Success rates are half that of routine culture for similar age	33.3%	0.0%	
<b>Correct</b>	Success rates are similar to routine IVF	66.7%	50.0%	-16.7%
	Success rates for day 3 culture are 10% better than routine IVF	0.0%	33.3%	
<b>It has been convincingly demonstrated that for low resource countries:</b>				
	The most common cause of infertility is sexually transmitted disease	66.7%	16.7%	
	Increasing the number of pregnancies by any treatment including infertility increases maternal n	0.0%	0.0%	
	Overpopulation is the problem, not infertility	0.0%	0.0%	
<b>Correct</b>	Many misconceptions exist that interfere with infertility treatment	33.3%	83.3%	50.0%

Using Big Data for Personalized Medicine: Lessons from the SART Database , Speaker:  
Brad Van Voorhis, MD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
<b>Increasing eSET rates in United States IVF clinics are associated with</b>				
	no difference in live birth rates when considering all patients treated	25.0%	50.0%	
<b>Correct</b>	no difference in live birth rates when considering all patients treated	50.0%	33.3%	-16.7%
	lower rate of blastocyst transfers	0.0%	16.7%	
	a decline in pregnancy rates for patients age 35-37	25.0%	0.0%	
<b>The lowest incidence of premature progesterone elevation is seen with which LH/FSH ratio in the stimulation cycle?</b>				
	FSH only	50.0%	0.0%	
	0-0.3	25.0%	16.7%	
<b>Correct</b>	0.3-0.6	25.0%	83.3%	58.3%
	>0.6	0.0%	0.0%	
<b>“Big Data” analysis of all IVF cycles in the United States suggests that Assisted Hatching;</b>				
	is seldom used (<10%) in IVF cycles	25.0%	16.7%	
	is associated with higher embryo implantation rates	50.0%	0.0%	
<b>Correct</b>	is associated with a lower live birth rate in all patients	0.0%	66.7%	66.7%
	is associated with a higher live birth rate in DOR patients	25.0%	16.7%	

Genetics Focus: Testing and Counseling in the REI Field, Speakers: Jill Fischer, MSc, Amy Vance, MSc, Lauri Black, MSc

		Percentage with Correct Response		
		Pre Test	Post Test	Change
<b>DATA INCOMPLETE - NOT ENOUGH RESPONSES</b>				
<b>Confirmatory prenatal testing is always recommended after either aneuploidy screening (PGS) or single gene testing (PGD) on embryos.</b>				
<b>Correct</b>	True	100.0%	100.0%	0.0%
	False	0.0%	0.0%	
<b>Amniocentesis is considered the “gold standard” test for fetal aneuploidy screening.</b>				
<b>Correct</b>	True	50.0%	100.0%	50.0%
	False	50.0%	0.0%	
<b>Which prenatal test has a higher false positive/false negative rate for Down syndrome than PGS?</b>				
	True	50.0%	33.3%	
<b>Correct</b>	False	50.0%	66.7%	16.7%
<b>The newest method of preimplantation screening is:</b>				
	Karyomapping	25.0%	33.3%	
	Microarray via SNP testing	0.0%	0.0%	
	FISH	25.0%	0.0%	
<b>Correct</b>	Next-generation sequencing	50.0%	66.7%	16.7%
<b>The most common method of preimplantation genetic diagnosis is:</b>				
	qPCR	0.0%	66.7%	
	aCGH	50.0%	33.3%	
<b>Correct</b>	Karyomapping	25.0%	0.0%	-25.0%
	Next-generation sequencing	25.0%	0.0%	

Mosaicism can be detected by which technique:				
	qPCR	0.0%	0.0%	
	aCGH	25.0%	0.0%	
	FISH	0.0%	33.3%	
<b>Correct</b>	Next-generation sequencing	75.0%	66.7%	-8.3%

Which of the following statements is true about genetic screening?				
	It is mandatory before IVF cycles	0.0%	0.0%	
	It screens for all genetic conditions that are currently known	0.0%	0.0%	
<b>Correct</b>	A donor who tests positive as a carrier can still donate according to ASRM	75.0%	66.7%	-8.3%
	There are no treatments for the diseases that are on the carrier screening panels	0.0%	0.0%	
	It is best to screen for as many diseases as possible	25.0%	33.3%	

Which statement best describes the term residual risk?				
	It is the risk that the couple's child will have a genetic disease	25.0%	0.0%	
	It is the risk before genetic screening that a person would be a carrier	25.0%	0.0%	
<b>Correct</b>	It is the risk which remains after a negative test result to be a carrier	25.0%	100.0%	75.0%
	It is the number of carriers that a specific test will detect	25.0%	0.0%	

Which of the following statements is false regarding family history risk assessment?				
	Over 40% of people provide new information during a family history review with a genetic couns	25.0%	0.0%	
<b>Correct</b>	It does not provide any additional information than using a genetic screening test with a large nu	50.0%	33.3%	-16.7%
	Allows the offering of additional, specific testing based on family history.	0.0%	66.7%	
	Serves a medical-legal purpose in terms of documentation.	225.0%	0.0%	



Nursing and REI Team Focus: Protocols and More, How Do You Choose? , Speakers:  
LaTasha Craig, MD, Eric Levens, MD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
<b>DATA INCOMPLETE - NOT ENOUGH RESPONSES</b>				
<b>A 38-year-old female with three-year history of primary infertility has decreased ovarian reserve. She is planning to undergo in vitro fertilization (IVF). She read online about adjunctive treatments to IVF for poor responders. She is concerned that her high anxiety will decrease her pregnancy rates. Which of the following would you recommend to decrease the patient's anxiety and potentially increase pregnancy rates with IVF?</b>				
	Dehydroepiandrosterone	0.0%	0.0%	
	Hypnosis	0.0%	0.0%	
	Coenzyme Q10	0.0%	0.0%	
	Growth hormone	0.0%	0.0%	
<b>Correct</b>	Mind/body program	100.0%	100.0%	0.0%
<b>Patients and providers are constantly searching for adjuvant treatments to improve success rates in in vitro fertilization and other assisted reproductive technologies:</b>				
<b>Correct</b>	True	100.0%	100.0%	0.0%
	False	0.0%	0.0%	
<b>A 30-year-old para 0 with chronic oligo-ovulation presents to discuss fertility treatment options. Which would be the most appropriate first line treatment option?</b>				
	Clomiphene	0.0%	0.0%	
	Clomiphene with metformin	0.0%	0.0%	
<b>Correct</b>	Letrozole	100.0%	100.0%	0.0%
	Gonadotropins	0.0%	0.0%	
	ART	0.0%	0.0%	
<b>Which of the following statement would be correct?</b>				
<b>Correct</b>	The goal of ovulation induction is to produce a mono-follicular response	50.0%	66.7%	16.7%
	The goal of ovulation induction is to produce a multi-follicular response to improve the chances of pregnancy	50.0%	33.3%	

Clomiphene should be progressively increased to a maximum dose of 300 mg daily	0.0%	0.0%	
Gonadotropin stimulation is the first line treatment for unexplained infertility	0.0%	0.0%	
<b>Indications for recombinant gonadotropins include all of the follow EXPECT:</b>			
Clomiphene-resistant oligo-ovulation	0.0%	0.0%	
Unexplained infertility	0.0%	0.0%	
Mild male factor infertility	100.0%	66.7%	
<b>Correct</b> Hypogonadotropic hypogonadism	0.0%	33.3%	33.3%