OVARIAN CLUB (ASIA) MEETING 2022

10 & 11 December 2022

Virtual meeting!

E-programme Book

Organized by:

HONG KONG SOCIETY FOR REPRODUCTIVE MEDICINE 香港生殖醫學會

IVF WORLDWIDE

www.ovarianclub-asia.org

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Menopur®
menotrophin

Powered by
human FSH and hCG.[1*]

OUTCOMES

EMBRYO QUALITY.[2,3]
ENDOCRINE PROFILE.[3,4]
LIVE BIRTH RATES.[2,5-9†]

FERRING PHARMACEUTICALS

BALANCING SCIENCE AND DREAMS

*Human menopausal gonadotrophin contains 1:1 ratio of Follicle-stimulating hormone (FSH) and Luteinizing hormone (LH), with Human chorionic gonadotropin (hCG) as the main contributor of the LH activity.
†The primary outcome in all listed randomized controlled trials (RCTs) was ongoing pregnancy rate.

References: 1. Wolfenson C, *et al. Reprod Biomed Online* 2005;10:442–454; **2.** Andersen AN, *et al. Hum Reprod* 2006;21:3217–3227; **3.** Smitz J, *et al. Hum Reprod* 2007;22:676–687; **4.** Casarini L, *et al. Mol Cell Endocrinol* 2016;422:1103–114; **5.** Helmgaard L, *et al. Fertil Steril* 2004;82:Suppl;Abstract: P-272; **6.** The European and Israeli Study Group. *Fertil Steril* 2002;78:520–528; **7.** Devroey P, *et al. Fertil Steril* 2012;97:561–571; **8.** van Wely M, *et al. Cochrane Database Syst Rev* 2011; (2):CD005354; **9.** Bordewijk EM, *et al. Hum Reprod Open* 2019; (3):hoz008. doi: 10.1093/hropen/hoz008. eCollection 2019.

Abbreviated Prescribing Information of MENOPUR
Active Ingredient: Highly purified menotrophin corresponding to FSH & LH. **Indications:** 75 IU and Multidose Treatment of infertility in women with anovulation condition including polycystic ovarian disease (PCOD), unresponsive to Tx w/ clomiphene citrate. Controlled ovarian hyperstimulation to induce multiple follicular development for assisted reproductive technologies (ART). 75 IU Hypogonadotrophic hypogonadism. **Dosage and Administration:** *Women w/ anovulation (including PCOD)* Initially 75-150 IU SC/IM daily begins w/in the initial 7 days of menstrual cycle & maintain for at least 7 days. Adjust dose based on clinical response not more frequently than every 7 days. Recommended dose increment is 37.5 IU per adjustment & should not exceed 75 IU. Max: 225 IU/day. When optimal response is obtained, 5000-10000 IU hCG as a single inj given 1 day after the last inj. *Controlled ovarian hyperstimulation to induce multiple follicular development for ART* Begins 2 wk after the start of GnRH agonist treatment or day 2/3 of the menstrual cycle for GnRH antagonist treatment. Initially 150-225 IU SC/IM daily for at least first 5 days. May adjust dose up to 150 IU per adjustment. Max: 450 IU/day & dosing beyond 20 days is not recommended. To induce final follicular maturation, a single inj of up to 10000 IU hCG given when a suitable number of follicles have reached an appropriate size. *Hypogonadotrophic hypogonadism* 75–150 IU SC/IM two to three times weekly for at least 3 or 4 mo after spermatogenesis is stimulated with hCG. **Contraindications:** Hypersensitivity. Tumours of pituitary gland, hypothalamus or testes. Prostate, ovarian, uterine or mammary carcinoma. Gynaecological haemorrhage of unknown aetiology. Ovarian cysts or enlarged ovaries not due to PCOD. Primary ovarian failure. Malformation of sexual organs & fibroid tumours of uterus incompatible w/ pregnancy. Pregnancy & lactation. **Special Warnings and Precautions**: May lead to ovarian hyperstimulation syndrome (OHSS). Increase in incidences of multiple pregnancy, pregnancy wastage, ectopic pregnancy in women w/ tubal disease history. Reproductive system neoplasms in women undergone multiple drug regimens for infertility treatment. Higher prevalence of congenital malformation. Increased risk of thromboembolic events in women with predisposing risk factors. No relevant use in the paediatric population. Avoid shaking the drug. Must not mix with other medicinal products. **Side Effects:** Abdominal pain, abdominal distention, nausea, enlarged abdomen, injection site reactions, headache, OHSS, pelvic pain. **Interactions:** Concomitant use w/ clomiphene citrate may enhance follicular response. Higher MENOPUR dose may be necessary to achieve adequate follicular response when using GnRH agonist for pituitary desensitisation.

Reference:
Hong Kong Product Package Insert of MENOPUR 75IU (Date of revision: DEC 2018)
Hong Kong Product Package Insert of MENOPUR Multidose 600IU and 1200IU (Date of revision: JAN 2018)

For additional information, please consult the product package insert before prescribing.

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HK-MR-2200006
Date of Production: Dec 2022

Welcome Message

Dear friends and participants of Ovarian Club

After two years' heist we would like to welcome you back to join the Ovarian Club education meeting. It might still be a virtual meeting because of the Pandemic, but we are looking forward to the next one again to be a face to face type and we will meet again.

In this version we have planned to expand a bit of our mission, which is to provide a platform for Chinese clinicians and scientists to report on their findings, experiences and points of view; so we are having more Chinese speakers and their exciting works. We hope the audience will appreciate and enjoy their efforts and learn something else on the way.

We would also like to thank all our sponsors: Merck, Ferring, Baxter, Organon, Shun On, Sonos and Teva to support the meeting, and Sieger Capital to provide the simultaneous translation.

With warmest personal regards,

Prof. Milton LEONG

On behalf of the Organizing Committee

Ovarian Club (Asia)

Trust matters

when personalizing your patients' treatment

MERCK Fertility Products

GONAL-f FOLLITROPIN ALFA

Pergoveris (Follitropin alfa and Lutropin alfa)

Luveris lutropin alfa

Cetrotide CETRORELIX

OVIDREL Choriogonadotropin alfa

Crinone progesterone gel 8%

Abbreviated Prescribing Information (API)

GONAL-*f*® C: Follitropin α (recombinant human FSH) **I:** Anovulation [including polycystic ovarian disease (PCOS)] in women unresponsive to treatment w/ clomiphene citrate. Stimulation of multifollicular development in patients undergoing superovulation for assisted reproductive techniques (ART). **D:** SC inj Anovulation (including PCOS) Individualised. Initially 75 – 150 IU FSH daily, increased by 37.5 IU (up to 75 IU) at 7- or 14-day intervals, if necessary, to obtain an adequate but not excessive response. Ovarian stimulation for multiple follicular development prior to in vitro fertilisation or other ART 150-225 IU daily, commencing on day 2 or 3 of the cycle. Titrate dose according to patient's response. **Max:** 450 IU daily. Gonal-F was more potent than urinary FSH in terms of a lower total dose & a shorter treatment period needed to trigger follicular maturation **CI:** Pregnancy & lactation. Ovarian enlargement or cyst not due to PCOD; gynaecological haemorrhages of unknown aetiology; ovarian, uterine or mammary carcinoma; tumours of the hypothalamus & pituitary gland; primary ovarian failure, malformation of sexual organs incompatible w/ pregnancy, fibroid tumours of the uterus incompatible w/ pregnancy. **SP:** Evaluate patient for hypothyroidism, adrenocortical deficiency, hyperprolactinemia before starting therapy. **AR:** Most common reported are headache, ovarian cysts and local injection site reactions. Mild or moderate ovarian hyperstimulation syndrome (OHSS) have been commonly reported. Severe OHSS us uncommon. Thromboembolism may occur very rarely. **INT:** Concomitant use w/ other ovulation stimulating agents may potentiate the follicular response whereas concurrent use of GnRH agonist or antagonist -induced pituitary desensitisation may increase the dosage of Gonal-F needed to elicit an adequate ovarian response. **Date of Product information:** Jan 2018.

Pergoveris® C: 150IU/75IU soln for inj Follitropin α (recombinant human FSH) 150IU, lutropin α (recombinant human LH) 75IU. 300IU/150IU pen Follitropin α (recombinant human FSH) 300IU, lutropin α (recombinant human LH) 150IU. 450IU/225IU pen Follitropin α (recombinant human FSH) 450IU, lutropin α (recombinant human LH) 225IU. 900IU/450IU pen Follitropin α (recombinant human FSH) 900IU, lutropin α (recombinant human LH) 450IU. **I:** Stimulation of follicular development in adult women w/ severe LH & FSH deficiency (serum LH <1.2 IU/L) **D:** SC Individualised dosage. Recommended dose: 150IU r-hFSH/ 75 r-hLH daily. If an FSH dose increase is necessary, adaptation should be after 7-14 day intervals & preferably by 37.5-75 IU increments. When optimal response is obtained, administer a single 5,000-10,000 IU hCG 24-48 hr after last inj. **CI:** Hypothalamic or pituitary tumours, ovarian enlargement or cyst, gynaecological haemorrhages. Ovarian, uterine or mammary carcinoma. Pregnancy & lactation. **SP:** Regular monitoring of ovarian response w/ ultrasound, alone or in combination w/ measurement of serum oestradiol levels. Patients w/ porphyria. Before start of therapy, evaluate patients for hypothyroidism, adrenocortical deficiency, hyperprolactinemia & pituitary or hypothalamic tumours. Discontinue treatment if ovarian hyperstimulation syndrome or multiple pregnancy occurs. **AR:** Headache, ovarian cysts. Mild to severe inj site pain, redness, bruising, swelling &/or irritation. **P/P:** Inj (lyo) for Soln 150IU/75IU (11mcg/3mcg per mL) x 1's. New family pen 300IU/150IU (22mcg/6mcg per 0.48mL) x 1's, 450IU/225IU (33mcg/ 9mcg per 0.72mL) x 1's, 900IU/450IU (66mcg/18mcg per 1.44mL) x 1's. **Validity Code:** Nov 2018

Luveris® C: Lutropin α (recombinant human LH)**I:** In association w/ a FSH prep for the stimulation of follicular development in women w/ severe LH & FSH deficiency. In clinical trials, these patients were defined by an endogenous serum LH level <1.2 IU/L. **D:** 75 IU daily w/ 75-150 IU FSH. If an FSH dose increase is needed, dose adaptation should preferably be after 7-14 day intervals & preferably by 37.5-75 IU increments. May be given up to 5 wk. When an optimal response is obtained, a single inj of 5,000-10,000 IU hCG should be administered 24-48 hr after the last Luveris & FSH inj. **CI:** Hypersensitivity to gonadotrophins; ovarian, uterine or mammary carcinoma; active, untreated hypothalamic or pituitary tumours; ovarian enlargement or cyst not due to polycystic ovarian disease; gynaecological haemorrhages of unknown origin. Ovarian failure, malformation of the sexual organs or fibroid uterine tumours incompatible w/ pregnancy. Pregnancy & lactation. **SP:** Hypothyroidism, adrenocortical deficiency, hyperprolactinemia, pituitary or hypothalamic tumours, polycystic ovaries. Monitor ovarian response before & during therapy for OHSS. Women w/ recent or recognized risk factor for thromboembolic events. Ectopic pregnancy may occur especially in women w/ history of prior tubal disease. **AR:** Headache, nausea, abdominal & pelvic pain, mild or moderate ovarian hyperstimulation syndrome, ovarian cyst, breast pain, inj site reactions, abdominal discomfort, vomiting, diarrhoea. **P/P:** Vial 75 IU x 1's. Feb 2018

Cetrotide® 0,25 mg, powder for solution for injection. **Composition:** Cetrorelix acetate **Indication:** Prevention of premature ovulation in patients undergoing controlled ovarian stimulation, followed by oocyte pick-up & assisted reproduction techniques. **Dosage:** Subcutaneous injection. Admin 1 vial once daily, either in morning or evening. Administration in the morning 1 vial once daily commencing on day 5 or 6 of ovarian stimulation (approx 96-120 hr after initiation of ovarian stimulation). Administration in the evening 1 vial once daily on day 5 of ovarian stimulation (approx 96-108 hr) after initiation of ovarian stimulation. To be given w/ urinary or recombinant gonadotrophins & continued throughout gonadotrophin treatment until the evening prior to the day of ovulation induction. **Contraindication:** Hypersensitivity to extrinsic peptide hormones or mannitol. Postmenopausal women, moderate & severe renal or hepatic impairment. Pregnancy, lactation. **Special precaution :** May give rise to ovarian hyperstimulation syndrome (OHSS) Luteal phase support should be given where necessary. Cetrotide should be used in repeated ovarian stimulation only after careful risk/benefit evaluation. Not advised in severe allergic conditions. **Adverse reaction:** Uncommon : systematic allergic / pseudo-allergic reactions, headache, nausea, severe OHSS; common: local injection site reaction, mild to moderate OHSS **Product information version:** 1 Feb 2018

Ovidrel® C: Choriogonadotrophin α (recombinant human hCG) **I:** Listed in Dosage. **D:** Women undergoing superovulation prior to assisted reproductive techniques eg, in vitro fertilisation (IVF) 250 mcg SC 24-48 hr after the last administration of an FSH or hMG prep, when optimal stimulation of follicular growth is achieved. Anovulatory or oligo-ovulatory women 250 mcg SC 24-48 hr after optimal stimulation of follicular growth is achieved. The patient is recommended to have coitus on the day of, & the day after inj. **CI:** Hypothalamic & pituitary tumours; primary ovarian failure, ovarian enlargement or cyst due to reasons other than polycystic ovarian disease; gynaecological haemorrhage of unknown aetiology; ovarian, uterine or mammary carcinoma; extrauterine pregnancy in the previous 3 mth; active thromboembolic disorders; primary ovarian failure, sexual organ malformations incompatible w/ pregnancy; fibroid uterine tumours incompatible w/ pregnancy; postmenopausal women. **SP:** Hypothyroidism, adrenocortical deficiency, hyperprolactinemia, pituitary or hypothalamic tumours, clinically significant systemic diseases where pregnancy could exacerbate the condition. Monitor carefully oestradiol levels & ovarian response based on ultrasound prior to & during stimulation therapy to minimize risk of OHSS, multiple pregnancy; increase incidence in ectopic pregnancies; increase risk for aggravation or occurrence of thromboembolic events. **AR:** Local inj site reactions, headache, fatigue, vomiting, nausea, abdominal pain, mild or moderate ovarian hyperstimulation syndrome. Uncommonly, depression, irritability, restlessness, diarrhoea, severe ovarian hyperstimulation syndrome, breast pain. Very rare: Thromboembolism, hypersensitivity reactions (anaphylactic reaction, shock). **P/P:** Pre-filled syringe 250 mcg x 1's. (Version date: Dec 2015)

Crinone® C: Progesterone **I:** Infertility due to inadequate luteal phase, for use during in vitro fertilisation, where infertility is mainly due to tubal, idiopathic- or endometriosis-linked sterility associated w/ normal ovulatory cycles. **D:** Treatment of infertility due to inadequate luteal phase 1 application of 8% gel every day, starting after documented ovulation or arbitrarily on the 18th-21st day of the cycle. In vitro fertilisation 8% gel daily for 30 days if there is laboratory evidence of pregnancy. **CI:** Undiagnosed vag bleeding. Known or suspected breast or genital organ malignancy. Acute porphyria. Thrombophlebitis, thromboembolic disorder, cerebral apoplexy or patients w/ a history of these conditions. Missed abortion. Lactation. **SP:** Should not be used concurrently w/ other vag prep. In case of corpus luteum deficiency, can be used during 1st trimester of pregnancy. May impair ability to drive or operate machinery. **AR:** Abdominal pain, perineal pain, headache, constipation, diarrhoea, nausea, joint pain, depression, decreased libido, nervousness, somnolence, breast tenderness & pain, dyspareunia, nocturia. Allergy, bloating, cramps, fatigue, pain, dizziness, vomiting, genital moniliasis & pruritus, aggressive reaction, forgetfulness, vag dryness, cystitis, UTI, vag discharge. **P/P:** Vag gel 8% x 15's. (Version date: Jan 2011)

For more information will provided when request.

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MERCK

HK-FERT-00009 (May 2022)

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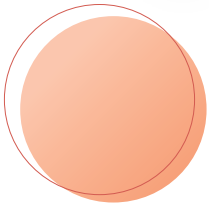

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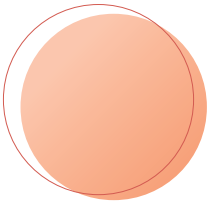

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Hong Kong

Sherman Silber
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Nathan Treff
USA

Tian Ren Wang
China

Alice Wong
Hong Kong

Li Wu
China

Wen Pei Xiang
China

Song Guo Xue
China

Albert Yuzpe
Canada

Scientific Programme

The programme is at Hong Kong Time (GMT+8)

10 December 2022, Saturday

13:00-13:05	**Opening Ceremony** **Jacqueline Chung**, Hong Kong and **Milton Leong**, Hong Kong
13:05-14:20	**Session 1: Ovarian Aging** Chairs: **Jacqueline Chung**, Hong Kong and **Raymond Li**, Hong Kong
13:05-13:20	Identification of the rejuvenation factor of embryos **Kazuhiro Kawamura**, Japan
13:20-13:40	Follicular fluid exosomes and ovarian aging **Wen Pei Xiang**, China
13:40-14:00	Mitochondrial dynamics and ovarian aging **Tian Ren Wang**, China
14:00 -14:20	Seeking novel drugs that stimulate the development of ovarian follicles **Kui Liu**, Hong Kong
14:20-14:40	Break
14:40-15:40	**Session 2: Oocyte** Chairs: **David Chan**, Hong Kong and **Jia Zhou**, Hong Kong
14:40-15:00	The paradoxical behavior of oocyte maturity in advanced female age: MII loss GV gain **Norbert Gleicher**, USA
15:00-15:20	In vivo maturation regulation in women **Claus Anderson**, Denmark
15:20-15:40	Prepubertal in vivo and in vitro oocyte maturation **Xiao Yan Liang**, China
15:40-16:00	Break
16:00-16:40	**Session 3: ART Clinical** Chairs: **Carina Chan**, Hong Kong and **Shui Fan Lai**, Hong Kong
16:00-16:20	Alteration of epigenetic and imprinting during gonadotrophin stimulation **Huai Liang Feng**, USA
16:20-16:40	Mid cycle surge - can it be improved? **Claus Anderson**, Denmark
16:40-17:15	**Symposium** *Sponsored by Merck* Chair: **Raymond Li**, Hong Kong
16:40-17:15	LH & FSH deficiency in ART **Robert Fischer**, Germany
17:15-17:30	Break
17:30-18:45	**Session 4: Miscellaneous** Chairs: **David Chan**, Hong Kong and **Jacqueline Chung**, Hong Kong
17:30-18:05	Frozen ovary transplantation and the elucidation of ovarian longevity **Sherman Silber**, USA
18:05-18:25	Single sperm cryopreservation **Song Guo Xue**, China
18:25-18:45	Novel haemostasis method of treating endometriosis **Jacqueline Chung**, Hong Kong

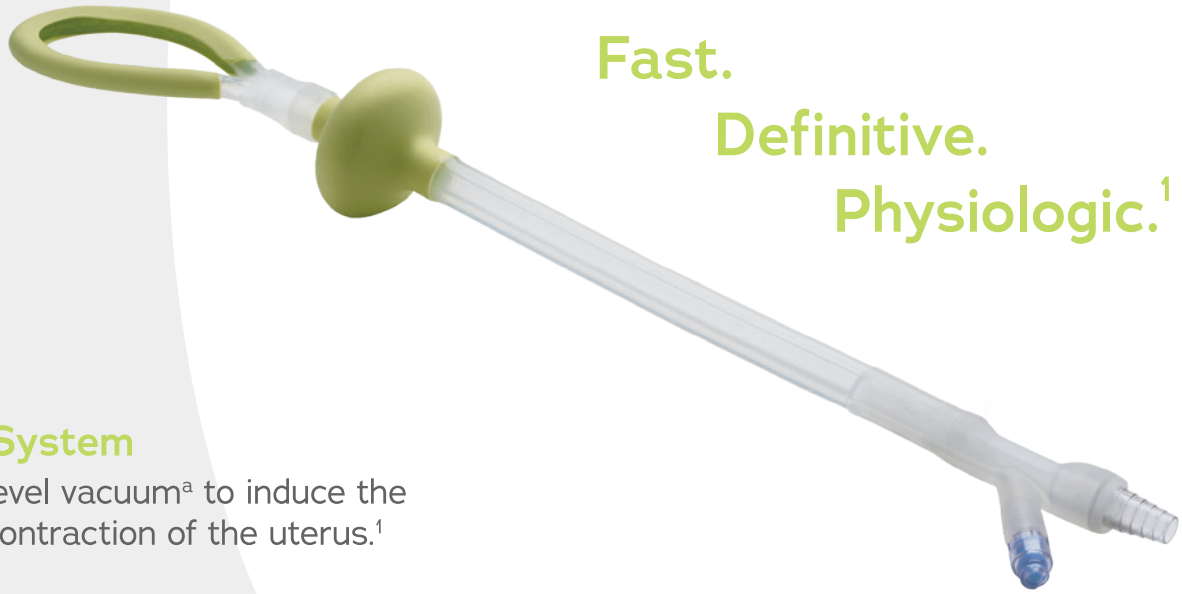
Scientific Programme

11 December 2022, Sunday

09:00-09:35	**Symposium** *Sponsored by Ferring* Chair: **Carina Chan**, Hong Kong
09:00-09:35	Follitropin delta in a mixed protocol - from concept to clinical validation **Albert Yuzpe**, Canada
09:35-11:20	**Session 5: Genetics** Chairs: **Judy Chow**, Hong Kong and **Carina Chan**, Hong Kong
09:35-10:05	Geroscience – the newly conceived field which can actually slows aging **Gerald Schatten**, USA
10:05-10:30	Why PGT-a hypothesis is wrong: explained by hereditics **Ke Hui Cui**, USA
10:30-10:50	Genetics of male infertility **Elvis Dong**, Hong Kong
10:50-11:20	PGT-P for polygenic disorder **Nathan Treff**, USA
11:20-11:40	Break
11:40-12:50	**Session 6: PCOS** Chairs: **Lai Ping Cheung**, Hong Kong and **Emily Lam**, Hong Kong
11:40-12:05	PCOS, – a new diagnostic classification (and why)? **Norbert Gleicher**, USA
12:05-12:30	PCO an Asian perspective **Zhong Wei Huang**, Singapore
12:30-12:50	IVM versus standard IVF in PCOS **Jie Qiao**, China
12:50-13:00	Break
13:00-14:10	**Session 7: RIF** Chairs: **Alice Wong**, Hong Kong and **Milton Leong**, Hong Kong
13:00-13:20	Managing immunology tests in RIF **Joanne Kwak-Kim**, USA
13:20-13:45	Molecular factors in RIF **Li Wu**, China
13:45-14:05	NK cell and RIF **Xiao Yan Chen**, Hong Kong
14:05-14:10	**Closing**: **Milton Leong**, Hong Kong

Jada®

The Jada® System is intended to provide control and treatment of abnormal postpartum uterine bleeding or hemorrhage when conservative management is warranted.



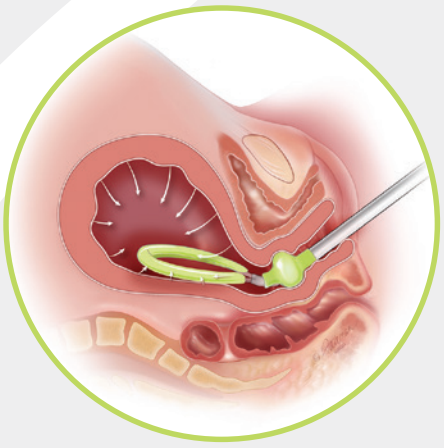
Fast. Definitive. Physiologic.[1]

The Jada System

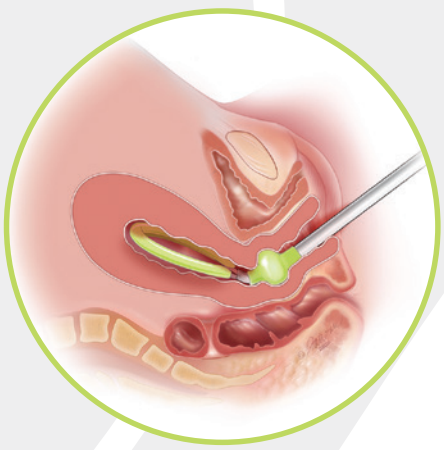
utilizes low-level vacuum[a] to induce the physiologic contraction of the uterus.[1]

94% Effectiveness

94% (n=100/106) of participants treated successfully in the PEARLE study with the Jada System (*P*<0.001).[1,b]



Low-level vacuum[a] induces collapse of the atonic postpartum uterus[1]



Contraction of the myometrium provides physiologic control of bleeding[1]

[a] 80 mm Hg +/- 10 mm Hg. The maximum vacuum pressure is 90 mm Hg. Do not increase the vacuum pressure higher than 90 mm Hg or tissue trauma may occur.

[b] Primary effectiveness was the control of postpartum hemorrhage, defined as the avoidance of non-surgical, second-line, or surgical intervention to control uterine hemorrhage.[1]

Reference: 1. D'Alton ME, Rood KM, Smid MC, et al. Intrauterine vacuum-induced hemorrhage-control device for rapid treatment of postpartum hemorrhage. *Obstet Gynecol.* 2020;136(5):882-891. doi:10.1097/AOG.0000000000004138

Please refer to the Jada System Instructions for Use for the indications, contraindications, warnings, precautions, and other important information at thejadasystem.com/ifu.

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HK-JDA-110000 Jul/2022

Speaker Biography

Claus Andersen

Denmark

Claus Yding Andersen is Scientific Director of Laboratory of Reproductive Biology, University Hospital of Copenhagen, Denmark and Professor of Human Reproductive Physiology, Faculty of Health and Medical Sciences, University of Copenhagen.

Professor Andersen was member of the team that introduced IVF to Denmark in the mid-1980s and has during the last 20 years headed a national program of cryopreservation of human ovarian and testicular tissue. He is considered one of the pioneers in this field.

Professor Andersen's major research contributions are ovarian endocrinology, oocyte maturation, cryopreservation of gonadal tissue, human embryonic stem cells and development of new principles for ovarian stimulation including introduction of the agonist trigger and novel approaches to luteal phase support.

He has published more than 440 scientific papers. His current H-index is 80 (Google Scholar) with more than 22.000 citations and he has made numerous international presentations and is currently chief editor on the Reproduction section of Frontiers in Endocrinology (IF 5.5).

Speaker Biography

Xiao Yan Chen

Hong Kong

Dr. Xiaoyan Chen is the director of Maternal-Fetal Research Institute in Shenzhen Baoan Women's and Children's Hospital in China. She is also the adjunct Assistant Professor of the The Chinese University of Hong Kong. She has special interest in recurrent miscarriage, recurrent implantation failure, reproductive endocrinology and uterine structure and functions. She participated in the research and clinical application of uterine natural killer cell test. Dr. Chen has published over 40 papers in international peer-reviewed journals. She is also invited into the editorial board of international journals such as BMC pregnancy and childbirth.

Speaker Biography

Jacqueline Chung

Hong Kong

Dr. Chung Pui Wah, Jacqueline is an Associate Professor at the Department of Obstetrics and Gynaecology, the Chinese University of Hong Kong. She is the Deputy Director of the Assisted Reproductive Unit and the Deputy Director of the Pre-implantation Genetic Diagnosis Laboratory in the Chinese University of Hong Kong, Prince of Wales Hospital. She has published more than 70 peer reviewed journals and 5 book chapters. She was awarded the distinguished young fellow by the Hong Kong Academy of Medicine in 2018. She is a Council Member of the Hong Kong College of Obstetricians and Gynaecologists and the Honorary Secretary of the Reproductive Medicine Subspecialty Board. She is also the President of the Hong Kong Society for Reproductive Medicine and the local country representative for the Asia Pacific Initiative on Reproduction (ASPIRE). She devotes most of her time now in developing a dedicated clinic for fertility preservation at the Prince of Wales Hospital.

Speaker Biography

Ke Hui Cui

USA

Dr. Ke-Hui Cui graduated at Sun Yat-Sen University of Medical Sciences (SUMS), Guangzhou, China (technician 1975; M.D. 1982) and University of Adelaide, Australia (Ph. D. 1993). He set up the first prenatal genetic laboratory in China in 1976. He confirmed human X sperm are statistically larger than Y sperm in 1991. He won two times of Marion Merrell Dow Prize as first recognized leader of preimplantation genetic diagnoses (PGD) in the world in 1991, 94. The results showed 100% amplification and correct diagnoses without allete dropout after single cell biopsy from mice and human preimplantation embryos in sex determination, and human cystic fibrosis and sickle cell anaemia, and confirmed safety of PGD with mouse model. He verified that preimplantation genetic testing for aneuploidy or screening is neither scientific nor safe. He set up Hereditics in 2016, confirmed that cytoplasm is also very important hereditary material. Hereditics includes Genetics and Cytohetics.

Speaker Biography

Elvis Dong

Hong Kong

Dr. Elvis DONG, Assistant Professor, in Department of Obstetrics & Gynaecology, the Chinese University of Hong Kong. His main interests include development of low-pass genome sequencing based analytical tools for genomic study on maternal fetal medicine and human infertility genetics. Dr. Dong also focuses on studying the underlying repair mechanism(s) of chromosomal structural rearrangements (such as insertion) and the contributions to human diseases (such as position effect), particularly in male infertility. He is the PI of 8 competitive grants such as NSFC and HMRF, and the first/co-first/corresponding author in 16 articles published in peer-review journals. In addition, he has been invited to share his works in numerous international conferences. He is currently acting as Guest Editor in Genes and Frontiers in Genetics. His work is also recognized by the Outstanding Post-doctoral Fellow Presentation Award by the Association of Chinese Geneticists in America (United States).

Speaker Biography

Huai Liang Feng

USA

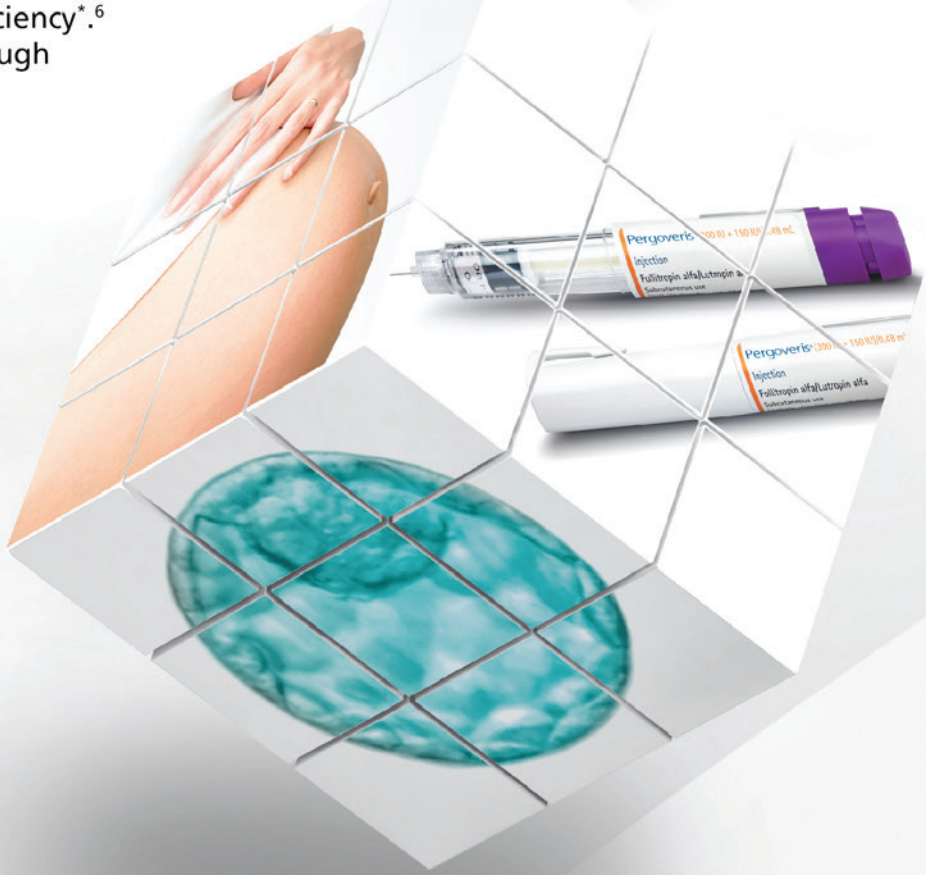
Dr. Feng has led the team to obtain more than 20 domestic and foreign patents, and obtained more than 30 scientific and technological achievement awards, published more than 200 peer-reviewed academic papers, and published five books; He is currently a distinguished professor and visiting professor in a number of Universities and Hospitals in American and China. He is also an academic committee member of several national and ministries key laboratories, and a member of the China NMPA Assisted Reproduction Standards Committee. On the basis of major theoretical and clinical researches on assisted reproductive medicine, the Institute of Reproductive Medicine he presides has laid out a full-chain solution of wanting to give birth to being able to give birth to eugenics.

Pergoveris®
(Follitropin alfa and Lutropin alfa)

CONNECTING RECOMBINANT FSH WITH TRUE LH ACTIVITY

Pergoveris®: The first and only combination of rhFSH + rhLH[1-3] in a convenient pre-filled pen[4,5]

- Higher cumulative pregnancy rates with lower number of stimulation cycles vs uhMG in patients with severe FSH/LH deficiency*.[6]
- Reliable, consistent product through state-of-the-art recombinant technology.[7-8]
- Ready-to-use pre-filled pen[4] for convenient and precise fine-tuning of treatment protocols[4,5,9]



Abbreviated Prescribing Information:
Pergoveris
C: 150IU/75IU soln for inj Follitropin α (recombinant human FSH) 150IU, lutropin α (recombinant human LH) 75IU. 300IU/150IU pen Follitropin α (recombinant human FSH) 300IU, lutropin α (recombinant human LH) 150IU. 450IU/225IU pen Follitropin α (recombinant human FSH) 450IU, lutropin α (recombinant human LH) 225IU. 900IU/450IU pen Follitropin α (recombinant human FSH) 900IU, lutropin α (recombinant human LH) 450IU. I: Stimulation of follicular development in adult women w/ severe LH & FSH deficiency (serum LH <1.2 IU/L) D: SC Individualised dosage. Recommended dose: 150IU r-hFSH/ 75 r-hLH daily. If an FSH dose increase is necessary, adaptation should be after 7-14 day intervals & preferably by 37.5-75 IU increments. When optimal response is obtained, administer a single 5,000-10,000 IU hCG 24-48 hr after last inj. CI: Hypothalamic or pituitary tumours, ovarian enlargement or cyst, gynaecological haemorrhages. Ovarian, uterine or mammary carcinoma. Pregnancy & lactation.
SP: Regular monitoring of ovarian response w/ ultrasound, alone or in combination w/ measurement of serum oestradiol levels. Patients w/ porphyria. DM. Before start of therapy, evaluate patients for hypothyroidism, adrenocortical deficiency, hyperprolactinemia & pituitary or hypothalamic tumours. Discontinue treatment if ovarian hyperstimulation syndrome or multiple pregnancy occurs. AR: Headache, ovarian cysts. Mild to severe inj site pain, redness, bruising, swelling &/or irritation. P/P: Inj (lyo) for Soln 150IU/75IU (11mcg/3mcg per mL) x 1's. New family pen 300IU/150IU (22mcg/6mcg per 0.48mL) x 1's, 450IU/225IU (33mcg/ 9mcg per 0.72mL) x 1's, 900IU/450IU (66mcg/18mcg per 1.44mL) x 1's. (version date: Nov 2018)

References: GBPMLR/PER/1018/0009, November 2018
*Primary endpoint: ovulation induction; Secondary endpoints: E2 levels/ follicle at mid-cycle, number follicles at mid-cycle, pregnancy rate; sample size = 35patients". 1. Pergoveris® (follitropin alpha, lutropin alfa) EU Product Information, August 2018. 2. Data on file. Market Data Analysis, April 2018. 3. Leao RB, et al. Gonadotropin therapy in assisted reproduction: an evolutionary perspective from biologics to biotech. Clinics, 2014;69(4):279-293. 4. Schertz J and Worton H. Patient evaluation of the redesigned follitropin alfa pen injector. Expert Opin Drug Deliv. 2017;14(4):473-481. 5. Jeannerot F, et al., Usability engineering study in the European Union of a redesigned follitropin alfa pen injector for infertility treatment. Expert Opinion on Drug Delivery, 2016;13(9):1221-1229. 6. Carone D, Efficacy of different gonadotropin combinations to support ovulation induction in WHO type I anovulation infertility: Clinical evidences of human recombinant FSH/human recombinant LH in a 2:1 ratio and highly purified human menopausal gonadotropin stimulation protocols, J Endo Investigation. 2012; 35:11.0. 7. Loumaye E, et al. Clinical assessment of human gonadotrophins produced by recombinant DNA technology. Hum Reprod. 1996;11(Suppl 1):95-107. 8. Almeida BE, et al. Analysis of human luteinizing hormone and human chorionic gonadotropin preparations of different origins by reversed-phase high-preformance liquid Chromatography. J Pharm Biomed Anal. 2010;53(1):90-97. 9. Jeannerot F, et al. Dose accuracy of the redesigned follitropin alfa pen injector for infertility treatment. Expert Opinion on Drug Delivery 2016;13(12):1661-1669.10

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HK-PER-0009 (Jan 2021)

MERCK

Speaker Biography

Robert Fischer

Germany

Obstetric and gynaecologic training at the Department of Obstetrics and Gynaecology at the University Hospital of Münster, Germany (1979-1982).

1982 one year of obstetrics and gynaecology at the Queen's Medical Centre,
University of Nottingham (King's Mill Hospital Mansfield).

1983 pioneered and medical director of the first outpatient IVF-unit in Germany – Hamburg.

1998 moved to new location in Hamburg and change the name to Fertility Center Hamburg, which became one of the largest and leading private IVF centres in Germany.

In July 1998 the Fertility Center Hamburg was one of the first centres in Germany and worldwide to introduce quality management to be certified according to the ISO 9001 and in 2002 accreditation of the IVF-Lab. (ISO 17025).

Numerous publications in national and international scientific journals, book articles as well as lectures on national and international conferences.

- Active member of the American Society of Reproductive Medicine (ASRM)
- Founding member of the European Society of Human Reproduction (ESHRE)
- Member of the scientific committee of EXCEMED (former-(Serono Symposia International Foundation)
- Founding member of the POSEIDON Group
- Scientific director of MEDEA

Speaker Biography

Norbert Gleicher

USA

Dr. Norbert Gleicher founded the Center for Human Reproduction (CHR) in 1981, after completing his residency at the Mount Sinai School of Medicine in New York and holding top academic and administrative positions in various academic institutions in New York and Chicago. Always keen on simultaneously pursuing clinical care and research, Dr. Gleicher has published hundreds of peer-reviewed medical journal articles, abstracts and book chapters, in addition to editing textbooks that are now regarded as classics. He also holds an appointment as Guest Investigator at Rockefeller University and Professor (Adj.) at Medical University Vienna.

Speaker Biography

Zhong Wei Huang

Singapore

Dr Huang completed clinician scientist residency training in Obstetrics & Gynaecology and is currently a Consultant at the Department of Obstetrics and Gynaecology, Division of Reproductive Endocrinology and Infertility, National University Hospital, Singapore, subspecializing in Reproductive Medicine, IVF and Sexual Medicine. He completed his medical studies at the National University of Singapore and did his doctorate studies at the University of Oxford, United Kingdom, on human oocyte biology and fertility research. He is helming as Deputy Director of NUS Bia-Echo Asia Centre for Reproductive Longevity and Equality (ACRLE), specialising in research for women's reproductive health, ageing and digital medicine, and leading the conversation in women's reproductive longevity and equality.

Speaker Biography

Kazuhiro Kawamura

Japan

Dr. Kazuhiro Kawamura is a professor of Obstetrics and Gynecology of Juntendo University Faculty of Medicine. He received his medical and philosophy degrees from the Akita University School of Medicine. His OB/GYN and Reproductive Endocrinology and Infertility training was at the Akita University School of Medicine. He was also a Postdoctoral Fellow at Stanford University School of Medicine with Dr. Aaron JW Hsueh. In addition to teaching and clinical practice, he has published over 150 original articles in ovarian physiology and Reproductive Endocrinology and Infertility. He collaborated with Dr. Hsueh to establish an in vitro activation (IVA) method to treat infertility in patients with primary ovarian insufficiency (premature ovarian failure) and achieved successful pregnancies/deliveries. Now, he is studying to improve the clinical outcome of IVA using different approaches. He is also trying to rejuvenate oocytes/embryos from advanced-age women.

Speaker Biography

Joanne Kwak-Kim

USA

Dr. Kwak-Kim is the Agnes D. Lattimer MD Professor of Obstetrics and Gynecology and Microbiology and Immunology, Chicago Medical School at Rosalind Franklin University of Medicine and Science, and the Director of Reproductive Medicine and Immunology at Rosalind Franklin University Health Clinic. Dr. Kwak-Kim's keen interest lies in Reproductive Immunology, particularly recurrent pregnancy losses and repeated implantation failures, which have been the focus of her research. Her work in natural killer cells and Th1/Th2 immune responses in women with recurrent pregnancy losses and implantation failures is distinguished. The research work that she has done, which applies basic science techniques to clinical problems, is cutting edge. She has over 160 publications in peer-reviewed articles and books. Recently, she published a textbook, "Immunology of recurrent pregnancy loss and implantation failure." Currently, she is the president-elect of ISIR and the chairman of the Fellow, Clinical Reproductive Immunology Board, American Society for Reproductive Immunology.

Speaker Biography

Xiao Yan Liang

China

- MD, Professor, Doctoral Supervisor, Chief Physician
- Founder of Reproductive Center, the Sixth Affiliated Hospital, Sun Yat-sen University
- Director of Department of Obstetrics and Gynecology, School of Medicine, Sun Yat-sen University
- Principal Scientist, Department of Obstetrics & Gynecology and Pediatrics, Sixth Affiliated Hospital, Sun Yat-sen University
- Chief Scientist, National Key R & D Program of Ministry of Science and Technology
- Deputy Group Leader of Endocrinology Group, Chinese Society of Obstetrics and Gynecology
- Standing Committee Member of Specialized Committee of Reproductive Medicine, Chinese Medical Doctor Association
- Standing Committee Member of Specialized Committee of Maternal and Child Health Care
- Member of Clinical Group, Chinese Society of Reproductive Medicine
- Medical Leading Talent in Guangdong Province
- 2014 ~ 2015 President of Global Chinese Society of Reproductive Medicine
- Prof Liang has published more than 150 papers in well-known journals such as Nature communication, edited "Assisted Reproductive Clinical Technology-Practice and Improvement" and participated in the first and second editions of Chinese Obstetrics and Gynecology. She is responsible for more than 30 national and provincial natural science funds and health department funds, and as the chief scientist, she has obtained the key R & D plan of the Ministry of Science and Technology of the People's Republic of China "Establishing an effective optimization system for in vitro maturation of human oocytes and safety research on their clinical application". She participated in the development of national consensus on diagnosis and treatment of PCOS, hyperprolactinemia and amenorrhea.

Speaker Biography

Kui Liu

Hong Kong

Dr. Liu obtained his Ph.D. from Umeå University, Sweden in September 1999. After his postdoctoral period at Harvard Medical School, USA, he became an assistant professor in 2003 in Umeå University, Sweden. He became a professor in 2010 in Umea University and Gothenburg University, Sweden, and moved to the University of Hong Kong and University of Hong Kong Shenzhen Hospital in 2018. Ever since he established his own research group, he has been studying mechanisms of female germ cell development, especially for the topic of activation of primordial follicles. In the past years, his group has published papers in top journals such as Science, PNAS, Current Biology, Journal of Cell Biology, Cell Research and Nature Medicine. The studies published not only represent advances in basic research but also has the implication for translating into possible novel treatment of female infertility.

Speaker Biography

Jie Qiao

China

Professor QIAO Jie is Academician of Chinese Academy of Engineering, Vice President of China Association for Science and Technology, Executive Vice President of Peking University, President of Peking University Health Science Center, President of Peking University Third Hospital, Honorary Fellow of Royal College of Obstetricians and Gynaecologists. She is the Director of The National Clinical Research Center on Obstetrics and Gynecology (OBYGN) Disease, Vice President of Chinese Medical Association, President of China Women Doctors Association and etc.

For more than 30 years, Professor Qiao has been engaged in clinical, basic research and transformation related to maternity and reproductive health. She has led the team to achieve a number of technical and theoretical breakthroughs in infertility causes and clinical treatments, the protection and preservation of female fertility, the molecular mechanism of human gametogenesis and embryo development as well as developing new pre–implantation diagnosis methods, protecting the health of women and children throughout their life cycle. As the first or corresponding author, she published a number of achievements with international influence and won the Highlight Achievement Award in Science and Technology in 2014 and 2015, Top Ten Progress Awards in China's Life Sciences in 2019, National Award for Progress in Science and Technology (Second Award), National Innovation Award and etc.

Speaker Biography

Gerald Schatten

USA

Gerald Schatten is Professor and Vice-Chair of Obstetrics, Gynecology and Reproductive Sciences, Cell Biology, Bioengineering and Division Director of the Division of Developmental and Regenerative Medicine. He is currently President of UNESCO's International Cell Research Organization. With extensive funding from the National Institutes of Health, Dr. Schatten is the recipient of an NIH MERIT, and earlier a Research Career Development, Award, was honored by the Czech Academy of Sciences with their Purkinje Medal of Science, elected as a Fellow and later a Delegate of the American Association for the Advancement of Sciences, a Mentor Awardee of the American Society for Cell Biology, Elected Australian Society for Reproductive Biology President's Lecturer, awarded the Daniel Mazia Award from Stanford University and a Doctor Honoris Causa (Honorary Doctorate) from the University of Nova Gorica, presented by the President of the Republic of Slovenia, among other honors. Prof. Schatten has just been awarded the NIH's inaugural Outstanding Mentor for Excellence in Diversity, Equity, Inclusion, and Accessibility honoring him, among > 1600 nominees, as an 'outstanding mentor who has demonstrated compelling commitments and contributions to enhancing DEIA in the biomedical sciences'.

Speaker Biography

Sherman Silber

USA

Dr. Sherman Silber, a renowned pioneer in microsurgery and infertility, is considered one of the world's leading authorities on IVF, mini-IVF, sperm retrieval, ICSI, vasectomy reversal, male infertility, tubal ligation reversal, egg and embryo freezing, ovary transplantation and the reproductive biological clock.

He performed the world's first microsurgical vasectomy reversal, as well as the first testicle transplant. He was the first to develop the TESE and MESA techniques for retrieving testicular and epididymal sperm in azoospermic men. He headed the clinical MIT team that first mapped and sequenced the Y chromosome in infertile men and discovered the now famous DAZ gene for male fertility. Most recently he has perfected the preservation of fertility for cancer patients with ovarian freezing and transplantation and thereby figured out how to extend the reproductive biological clock of women. He has even recently answered the age-old question of why the dinosaurs went extinct by extending his research on male infertility and the Y chromosome, discovering that the change in earth temperature 65,000,000 years ago led to the birth of a skewed male/female sex ratio.

His major clinical medical practice is at St. Luke's Hospital in St. Louis, Missouri.

Speaker Biography

Nathan Treff

USA

Dr. Treff received his PhD in Biochemistry from Washington State University in 2003 and performed postdoctoral fellowships in embryonic stem cell biology at the University of Wisconsin-Madison in 2004 and reproductive genetics at EMD Serono in 2005. He previously served as a Research Director at RMA of New Jersey for over 10 years. He is currently Board Certified (ABB) in Molecular Diagnostics as a High Complexity Laboratory Director, a cofounder and the CSO and Clinical Laboratory Director of Genomic Prediction, and an Associate Professor at Rutgers University. He also serves as a Senior Editor of Fertility and Sterility Science and JARG, has published over 100 peer reviewed papers in reproductive genetics, and has received 7 awards from the ASRM. His research on PGT has been reported on by the Wall Street Journal, New York Times, Forbes, Bloomberg, and the Economist, among other media outlets.

Speaker Biography

Tian Ren Wang

China

Dr. Tianren Wang received her M.D. degree at the China Meidcal University in 2009 and Ph.D degree at Peking University (Beijing China) in 2014. She completed her postdoctoral training at Yale School of Medicine in 2017. Dr. Wang was the recipient of the In-Training Research Award (2016) from Americian Society of Reproduction Meidicne and President's Presenter Award(2017) from Society for Reproductive Investigation. Her clinical and research interest are female fertility preservation, mitpchondria and ovarian aging and embryo development. Dr. Wang is currently sharing her clinical work with research and she is conducting clinical and translational research projects, supported by the National Natural Science and Foundation of China. She has published more than 20 peer-reviewed papers in Nature Communications, Cell Stem Cell, Aging cells, Human Reproduction and other prestigious journals. She also serves as member of editorial board and reviewer for many academic journals including Frontiers in Endocrinology, Fertility and Sterility et al.

Speaker Biography

Li Wu

China

Dr. Li Wu has been working in the First Affiliated Hospital of the University of science and technology of China (Anhui Provincial Hospital). She as an IVF physician works on the reproductive center, and focus on the research of immunology related mechanism of recurrent implantation failure and recurrent pregnancy losses.

In 2021, she obtained the General project of National Natural Science Foundation of China. She has presided over the Youth program of National Natural Science Foundation of China in 2016 and the general project of the Anhui Provincial Natural Science Fund and successfully concluded the project.

In 2016, she participated the 13th Congress of the International Society for Immunology of Reproduction and the European Society for Reproductive Immunology, did an oral presentation and won the New Research Scholar Award; In the same year, she did the oral presentation at the 72nd Scientific Congress of the American Society for Reproductive Medicine, and won the only RISIG award; In 2017, she was invited to give an oral presentation in the 37th Annual meeting of the American Society for Reproductive and was awarded Travel Awards.

In recent years, she has published about 12 SCI papers as the first author and corresponding author. In 2021, she was certified as a diplomate in clinical reproductive immunology of American society for reproductive immunology.

Speaker Biography

Wen Pei Xiang

China

Professor Xiang received her Ph.D. degree in Gynecology and Obstetrics in 2005 from Tongji Medical College of Huazhong University of Science and Technology. She was a visiting scholar at the University of Pittsburgh Medical Center from 2011 to 2013. She is a full professor at Huazhong University Science and Technology (HUST). Broadly, her research field lies in female infertility, reproductive endocrine diseases with a keen focus on oogenesis, POF and stem cells. Her team tries to explore the pathogenesis of premature ovarian failure, and to explore the effect and mechanism of stem cells on rescuing POF. She has published more than 50 papers in high-impact factor journals, such as Science Advances, J of Advanced Research, Antioxid Redox Signal, J Biol Chem, Aging-US, Human Reproduction, etc.

Speaker Biography

Song Guo Xue

China

XUE, SONG GUO，Ph. D，Associate Research Fellow, Clinical Embrologist，IVF Lab Director, Deputy Director of the Department of Center for Reproductive Medicine, Shanghai East Hospital, Tongji University School of Medicine, Shanghai 200120, China.

In July 2006, he graduated from Shanghai Jiao Tong University School of Medicine with a doctoral degree. From July 2006 to November 2017, he was a senior embryologist in the Department of assisted Reproduction, Ninth People's Hospital Affiliated to Shanghai Jiao Tong University School of Medicine. From November 2017 to present, he is Deputy Director and Laboratory Director of Center for Reproductive Medicine, Shanghai East Hospital, Tongji University School of Medicine.

Xue and his colleagues established human single sperm freezing method using Cryopiece/Cryopiece 2.0 and trained about half of China's reproductive centers. Most of the embryologists love the Cryopiece 2.0 method for single sperm cryopreservation. Xue and his colleagues invented Cryoclea，a closed vitrification system for human eggs and embryos/blastocysts. The preliminary results of Cryoclean is compareable to open system and easily used. Xue and his colleagues developed a new flicking biopsy method using specially designed holding and inside-narrow biopsy pipettes for human blastocyst biopsy. The new biopsy protocol was more safe and easily handle.

Rekovelle®, first human recombinant FSH with an approved dosing algorithm to help avoid extreme responses.[1,2*]

Rekovelle®
follitropin delta

I'll never be predictable.

But my fertility treatment should be.

BALANCING SCIENCE AND DREAMS

*REKOVELLE® and its dosing algorithm have been prospectively validated in the ESTHER-1 (a randomized, multi-center, assessor-blinded, non-inferiority Phase III) trial. In the trial, subjects were randomized 1:1 to receive treatment with either an individualized daily dose of REKOVELLE (determined by its dosing algorithm) or a starting daily dose of 150IU follitropin alfa fixed for the first 5 stimulation days (after which the dose could be adjusted by 75IU, up to a maximum of 450IU per day).

Co-primary endpoints (ongoing pregnancy rate and ongoing implantation rate) of the trial were met, demonstrating comparable efficacy of REKOVELLE to conventional stimulation with follitropin alfa). Amongst secondary endpoints, the proportion of women ended up having extreme responses (defined as having <4 oocytes and those having ≥15 and ≥20 oocytes retrieved respectively) were also reduced. Note that ESTHER-1 was neither designed nor powered to assess results based on secondary endpoints; pre-defined secondary endpoints are used as a measurement to yield supportive evidence to evaluate additional effects relevant to informing the REKOVELLE® individualized dosing regimen.

References: 1. Hong Kong Product Package Insert of REKOVELLE (Date of revision: Jul 2018). **2.** Nyboe Andersen A and Nelson S, et. al. Fertil Steril 2017; 107:387–396.*

Abbreviated Prescribing Information of REKOVELLE

Active Ingredient: Follitropin delta. **Indications:** Controlled ovarian stimulation for the development of multiple follicles in women undergoing assisted reproductive technologies (ART). **Dosage and Administration:** Dosing is individualised for each patient. First treatment cycle Daily dose determined based on body wt and serum anti-Müllerian hormone (AMH) concentration determined within last 12 mo by ELECSYS AMH Plus immunoassay from Roche. *AMH <15 pmol/L*: 12 mcg/day, irrespective of body wt. *AMH ≥15 pmol/L*: daily dose decreases from 0.19 to 0.10mcg/kg with increasing AMH concentration. Dose rounded off to the nearest 0.33 mcg to match dosing scale on injection pen. Max: 12 mcg/day. Tx should be initiated day 2 or 3 after start of menstrual bleeding and continue until adequate follicular development (≥3 follicles ≥17 mm). Maintain daily dose throughout the stimulation period. A single inj of 250 mcg or 5000 IU hCG is administered to induce final follicular maturation. In patients with excessive follicular development (≥25 follicles ≥12 mm), Tx should be stopped and triggering of final follicular maturation with hCG should not be performed. Subsequent treatment cycles Daily dose maintained or modified according to the patient's ovarian response in the previous cycle. Adequate response, same daily dose; hypo-response, increase dose by 25% or 50% according to response; hyper-response, decrease the dose by 20% or 33% according to response. In case developed or at risk of OHSS in a previous cycle, lower the dose by 33%. Max: 24 mcg/day. Intended for SC use, preferably in abdominal wall. **Contraindications:** Hypersensitivity. Tumours of the hypothalamus or pituitary gland. Ovarian enlargement or ovarian cyst not due to polycystic ovarian syndrome. Gynaecological haemorrhages of unknown aetiology. Ovarian, uterine or mammary carcinoma. Primary ovarian failure. Malformations of sexual organs and fibroid tumours of the uterus incompatible with pregnancy. **Special Warnings and Precautions:** Should only be used by physicians thoroughly familiar with infertility management. The first injection should be performed under direct medical supervision. Regular monitoring of ovarian response. Assess couple's infertility, putative contraindications for pregnancy, hypothyroidism & hyperprolactinemia before starting Tx. Other assays are not recommended for dose determination. May experience ovarian enlargement and at risk of developing OHSS; should be followed for ≥ 2 wk after triggering final follicular maturation. Increased risk of venous or arterial thromboembolic events in women with recent or ongoing thromboembolic disease or generally recognised risk factors for thromboembolic events. Occurrence of ovarian torsion has been reported for ART cycles. Advise patients of the potential risk of multiple births before starting Tx. Higher incidence of pregnancy loss, ectopic pregnancy & congenital malformations. Reports of ovarian and other reproductive system neoplasms. REKOVELLE has not been studied in patients with moderate/severe renal or hepatic impairment & anovulatory patients w/ PCOS. No relevant use in elderly & paediatric population. **Side Effects:** Headache, nausea, OHSS, pelvic pain, adnexa uteri pain, pelvic discomfort, fatigue.

For additional information, please consult the product package insert before prescribing.

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HK-REK-2200012 Date of Production: Dec 2022

Speaker Biography

Albert Yuzpe

Canada

M.D., FRCSC, Clinical professor, co-founder and co-director at Olive Fertility, Centre, Vancouver (Canada)

Prof. Yuzpe is an internationally renowned obstetrician and gynecologist. As Canada's most senior Reproductive Endocrinologist, he has been involved in IVF for the past 31 years and in the field of infertility for the past 44 years.

Prof. Yuzpe has made an immeasurable contribution to the field of fertility in Canada and worldwide. He is known for his role in developing the fertility drugs clomiphene and human FSH, in introducing the use of the surgical procedure laparoscopy and for launching one of the first IVF clinics in Canada at the University Hospital at the University of Western Ontario in London Ontario. He pioneered the development of the emergency contraceptive pill, which is often referred to as "The Yuzpe method."

Prof. Yuzpe has been the recipient of numerous awards. His distinguished career, and the innovations he brings to the field of reproductive health, continues through his work at Olive Fertility Centre, which has several offices located throughout Metro Vancouver.

Prof. Yuzpe with his team continue to be at the forefront of innovations in the field of reproductive health.

Meeting Information

Congress Dates

December 10-11, 2022.

Language

English is the official language of the Congress.

Simultaneous Translation

Scientific program will be translated simultaneously into Mandarin during the online broadcast.

Academic Accreditation

Hong Kong participants can be accredited by Continuing Medical Education (CME) points and Continuing Nursing Education (CNE) points from various colleges and professional institutions. Please be aware on the requirement from specific college / association on duration of participant's online attendance in order to get the accreditation points.

College / Association	10-Dec	11-Dec
CME		
Hong Kong College of Community Medicine	5	4.5
The Hong Kong College of Family Physicians	Pending	Pending
Hong Kong College of Obstetricians and Gynaecologists	4.5	4
The Hong Kong College of Pathologists	5	4.5
Hong Kong College of Physicians	1	1
The College of Surgeons of Hong Kong	Pending	Pending
MCHK CME Programme	3	3
CNE		
CNE *(Accredited by Hong Kong Society for Reproductive Medicine)*	4.5	3

The final accreditation will be at the discretion of individual college / association. The Secretariat will send the attendance to the listed Colleges you specified during your registration directly.

Congress Organizers

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