

Vol.: 6 | Issue: 1



NEWSLETTER

January 2021

President's Message

Welcome to ASPIRE's Digital Training and Education



Professor Budi Wiweko
President of ASPIRE

Dear ASPIRE Members,

ASPIRE have been very excited with the new digital education initiative that we have launched: the ASPIRE Webinar Series. The webinars were held every Saturday, from 17 October to 5 December 2020. There are a total of 8 sessions and they were all well received. All our sessions are recorded and uploaded onto our ASPIRE website and Youtube page, and we encourage everyone to take a look if you have missed our live sessions.

ASPIRE is also proud to inform you that we have published our ASPIRE Position Paper on infertility services during this COVID-19 pandemic based on evidence and expert opinion in our region in our official journal – Fertility & Reproduction. The paper is titled "SARS-CoV-2 and Assisted Reproductive Technology Practice: An Asia Pacific Initiative on Reproduction (ASPIRE) Position Paper". We hope that this paper is able to contribute as a main source of guideline for our members' country.

We are now preparing for the ASPIRE Virtual Congress (ASPIRE 2021), which will be taking place on across two consecutive weekends: Friday - Sunday, 30 April 2021 - 2 May 2021 and Saturday - Sunday, 8 - 9 May 2021. Do expect excellent program with prominent speakers in the 5-days virtual congress. The ASPIRE Virtual Congress (ASPIRE 2021) will be as exciting and high caliber as our traditional ASPIRE Congress held physically across Asia Pacific. More information will be released soon so stay tuned.

ASPIRE really appreciates everyone who have been actively participating in our new initiative that was influenced by the restrictions caused by the COVID-19 pandemic.

Please stay healthy and we wish you happy holiday and have a great prosperous New Year.

See you in online at the ASPIRE Virtual Congress (ASPIRE 2021).

Warmest regards,

A handwritten signature in black ink, appearing to read "Budi Wiweko".

Professor Budi Wiweko

ASPIRE 2021 Virtual Congress



ASPIRE is excited to be bringing to you the **10th Asia Pacific Initiative on Reproduction (ASPIRE 2021)**, held virtually on **30 April – 2 May & 8 May – 9 May 2021!**

As the COVID-19 pandemic have made it impossible to hold a physical meeting, As th COVID-19 pandemic have made it impossible to host physical meetings, ASPIRE has decided to host our upcoming congress virtually so that everyone can attend from the safety of your own homes.

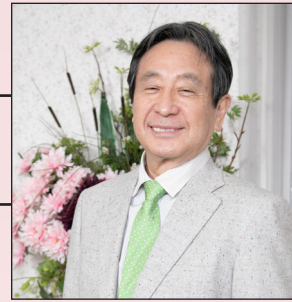
ASPIRE 2021 will be ASPIRE's first virtual congress and you can expect an exciting line-up of programmes and high caliber speakers. Registration for ASPIRE 2021 is FREE to all ASPIRE Members, so do take this opportunity to join ASPIRE as a member while we are running our membership drive with heavily reduced membership rates!

More information about ASPIRE 2021 and registration will be released soon so stay tuned!

For more information about ASPIRE 2021: <http://aspire-reproduction.org/>

Join the ASPIRE Membership today: <http://aspire-reproduction.org/new-members-renewal/>

Japan Report



Professor Atsushi Tanaka

ASPIRE Board Member
Country Representative

Japan expects a sharp drop in the number of new-borns in 2021 as the number of pregnancies reported across the country between May to July 2020 compared to the same three-month period in 2019 fell by 11.4%. The total pregnancies reported in the three months in 2020 is 204,482 pregnancies, with 67,919 pregnancies reported in May, 67,115 pregnancies in June and 69,448 pregnancies in July.

The number of reported pregnancies saw the sharpest drop in May, at 17.1%, followed by a drop of 5.4% in June and 10.9% in July. The May figure mainly reflects the number of babies conceived in March, when unease about the pandemic began to grow. All 47 prefectures in Japan reported a decline, with Yamaguchi Prefecture experiencing the greatest drop, at 29.7%, followed by Aomori Prefecture at 23.7% and Ishikawa Prefecture at 22.5%.

The Health, Labour and Welfare Ministry believes that many couples have postponed having children due to financial reasons as the COVID-19 pandemic have worsen the employment situation for the country. Travel restrictions caused by the pandemic are also thought to be a contributing factor as it was a common practice for expectant women to return to their parent's home to prepare for giving birth but are unable to do so now. Measures to prevent the spread of the coronavirus in hospitals, including a controversial requirement for mask-wearing during delivery and visiting restrictions which extends to the spouses of the expectant mothers and other family members, are also thought to have discouraged families to have children.

It is a national problem if the pandemic continues to worsen the nation's already low birth rate, with the number of new-borns hitting a record low of 865,000 last year. If the current trend continues, there could be fewer than 800,000 babies born next year.

Japan's total fertility rate — the average number of children a woman will bear in her lifetime — peaked in 2015, but have since been on a decline. The COVID-19 pandemic may have exacerbated the downward trend, causing number of new-borns to drop even further. A fall in new-borns means a smaller workforce in the future to support the increasing social security expenditures and medical care for the Japan's aging population.

The Japanese government has started to discuss counter measures against the rapid population decrease. The government is now considering expanding the health insurance coverage of ART procedures as one of the measures to tackle this problem so it can increase the size of its younger generation.



Professor Neil Johnson
Country Representative

New Zealand Report



Dr Debbie Blake
Scientific Director and Quality
Manager, Repromed Auckland

'The Best Laid PlanZ'

Inhabiting an island at the bottom of the Pacific Ocean has both advantages and disadvantages, which is all the more obvious during a worldwide pandemic! On the up side, we can easily monitor and close our borders when required to control the influx of a virus – and that is exactly what we have managed to do with world leading success. It helps that we are a reasonably compliant group of citizens, who followed our national experts' advice to completely lock down the country early within the crisis. We have reaped the benefits of that approach and are currently back operating our lives and businesses in comparative normality when we look at the rest of the world.

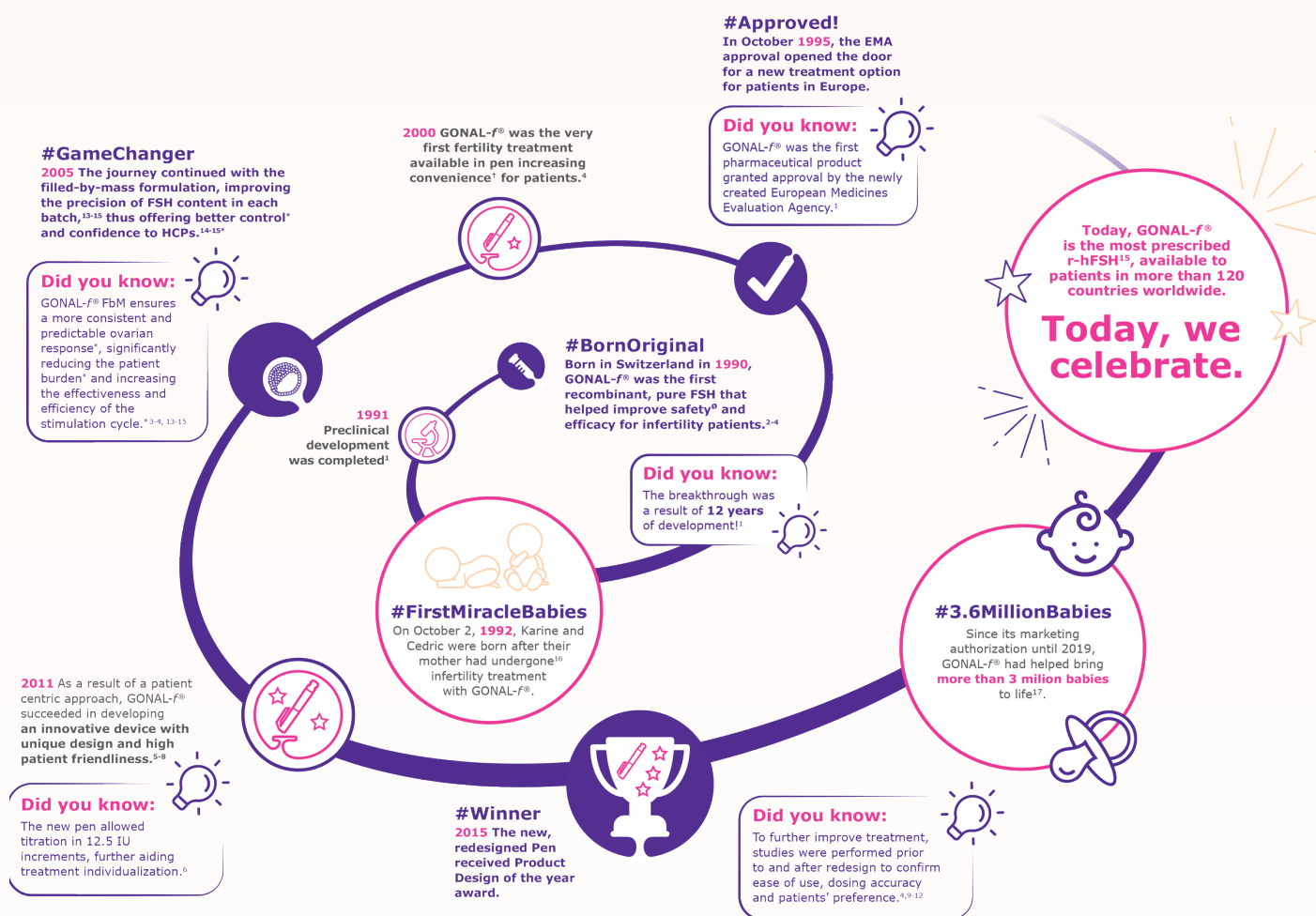
After a month of performing no fertility treatments in April, we expected that there would be a busy period of catch up which was, in the event, swiftly completed within 6-8 weeks. What we were not fully expecting, was that the demand for treatment would significantly increase thereafter. Perhaps this is a global phenomenon – but certainly an Australasian one, where our Aussie neighbors and ourselves are experiencing at least a 15% increase in IVF cycles compared to this time last year. Maybe the population is instead spending their travel budget on elective treatments, maybe people have been reassessing their priorities in life, putting family at the top. It's hard to say why and how long this IVF bubble will continue to grow. Best estimates for New Zealand is that, while people still have disposable money set aside and a stable income, they will continue to seek private treatment – perhaps into the first quarter of 2021?

Anyway, the two major impacts of this increased business, during a global pandemic, has been sourcing consumables – culture media, plasticware, needles, drugs and even gloves. So when we can source these items, we of course tend to purchase at amounts in excess of our immediate requirements, to mitigate the risk of future shortages. Hence the practice of stockpiling becomes an issue, which of course we curiously also saw with toilet paper! The practice of collaborating with other local fertility clinics to help each other out when supplies are short, has become more necessary. Times of scarce resources certainly provide interesting insights into human behavior and institutional culture.

Operating in a country where everything regularly takes 3 months to get delivered, we are used to ordering ahead, but now we are looking at up to 5 months for a new drug fridge to arrive, for the extra drugs we need to store. Freight PGT biopsied cells to Europe is also no longer a safe option for us, especially when we recently tracked them being re-routed through up to 13 different countries in transit. Consequently, we are looking to source equipment and services locally where the transport is more reliable. One of our biggest concerns is the inability to maintain routine servicing of equipment from international qualified personnel, who need to firstly get permission from the government to enter the country, then secondly quarantine for 2 weeks in managed isolation at their company's expense to carry out the work.

And finally, a surprising curveball we were not expecting from the COVID-19 fallout, was the huge increase in both national and international transport of embryos and gametes. So, while people themselves might not be able to travel to receive the treatment of their choice, at least their embryos and gametes can. Just another unanticipated consequence of COVID-19 which, let's face it, was difficult to predict when reviewing our business 'Emergency Response Policy' and 'Procedure on Pandemics' back in November of 2019!

#Throwback to the story of a breakthrough in biotechnology



Trust matters
Yesterday. Today. Tomorrow.

*vs. GONAL-f® filled-by-Bioassay †vs. vials °vs. Pergonal and other gonadotropins used until then
1. Howles CM. Hum Reprod Update 1996;2:172-191; 2. Lunenfeld B. Hum Reprod Update 2004;10:453-467; 3. Leão R, et al. Clinics. 2014;69(4):279-293;
4. Bühler K, Ther Clin Risk Manag. 2015;11:995-1001; 5. Schertz J, et al. 2011; 6. Christen et al. 2011; 7. Abbotts et al. 2011;
8. Schertz J, et al. Expert Opin Drug Deliv. 2017;14(4):473-481; 9. Longobardi S, et al. Expert Opin Drug Deliv. 2019;16(9):1003-1014;
10. Jeannerot F, et al. Expert Opin Drug Deliv. 2016;13(12):1661-1669; 11. Schertz J, et al. Expert Opin Drug Deliv. 2018;15(5):435-442;
12. Bassett RM, et al. RBM Online. 2005;10(2):169-177; 13. Wikland M, et al. RBM Online. 2006; 12(6):663-8;
14. Hughes JN, et al. RBM Online. 2005; 15. Data on file. IQVIA Market Data Analysis. Dec 2019;
16. Data on file. "The Wealthy Elephant" No.1 October 1992; 17. Data on file.

India Report



Dr Duru Shah
Country Representative

COVID-19 and Human Reproduction

COVID-19 has put a halt to the entire world on every front, including human reproduction. Being a new virus, very little was known about it when it struck us almost a year ago. Lock downs leading to economic, social and emotional fall outs, have not spared any of us. But now we see a ray of hope with the development of various vaccines, with scientists racing against time to reach out to the billions of potential patients globally!

As IVF specialists, we were not sure whether to go ahead with treatment. On the other hand, many infertile women got pregnant spontaneously, whilst they were locked in with their husbands in their homes!

Gradually we have started seeing new research related to COVID-19 and human reproduction being published globally, addressing various issues. Recommendations have been developed by various professional bodies including World Health Organization (WHO), which are undergoing monthly updates based on the new research! We may be restricted in our physical activities, but as human beings we have expended our mental capacities to take up the challenge to conquer the virus!

Various questions still need to be answered: Does the Virus affect eggs and sperms? Does it travel transplacentely to the embryo and fetus? Does it cause damage to our next generation by mutating embryonic genes? The Zika Virus story has been fresh in our minds, what new stories will COVID-19 tell us?

After reviewing the current research in India on this subject, we interviewed the researchers from the National Institute of Research in Reproduction (NIRRH), Indian Council of Medical Research (ICMR) to get an insight on their research on COVID-19 and human reproduction, based on their papers.

We interviewed them on their research in a program entitled the "PCOS Science Live" on "Does COVID affect human reproduction" (see image 1). The entire 90-min episode can be viewed on Youtube (Link: <https://youtu.be/fJ4Hlp4969A>).

Links of the papers (PCOS Science Live)

<https://www.frontiersin.org/articles/10.3389/fcell.2020.00783/full>

<https://arxiv.org/abs/2004.04935>

<https://www.medrxiv.org/content/10.1101/2020.08.18.20177121v1>

'Does COVID affect human reproduction?' **PCOS SCIENCE LIVE**
A WEBINAR SERIES

Welcoming our Special Guest to PCOS Science Live Episode 2

Dr. Smita Mahale, PhD
Director and Research Scientist 'G'
National Institute for Research in Reproductive Health (NIRRH) at Indian Council of Medical Research (ICMR)

Dr. Deepak Modi, PhD
Research Scientist 'F'
National Institute for Research in Reproductive Health (NIRRH) at Indian Council of Medical Research (ICMR)

Dr. Rahul Gajbhiye, PhD
Research Scientist 'D'
National Institute for Research in Reproductive Health (NIRRH) at Indian Council of Medical Research (ICMR)

Prof. Duru Shah, MD
Founder President, The PCOS Society of India
Director Gynaecworld: The Center for Women's Health & Fertility, Mumbai

31 OCTOBER 2020, SAT, 7.00 TO 8.30 PM

REGISTER NOW
<https://pcosindia.org/>

Image 1: The "PCOS Science Live"

MEET US AT...
the Virtual Pre-Congress Workshop at ASRM
OCTOBER 2020 TO DECEMBER 2020

PC22
Recurrent Implantation Failure (RIF)

Dr. Duru Shah
Chair, Indian Special Interest Group (ISIG), ASRM

REGISTER AND GET A LINK TO HEAR THE ENTIRE PRE RECORDED WORKSHOP FROM 22ND OCT. TO 31ST DEC. 2020

REGISTER HERE
<https://asrmcongress.org/>

Image 2: Pre-congress Workshop – ASRM

PROGRAMME...

- Course Introduction and Orientation **Dr. Duru Shah**
- Recurrent Implantation Failure (RIF) Definition, Incidence and Risk factors **Dr. Prakash Trivedi**
- Mechanisms of RIF **Dr. Ameet Patki**
- Uterine abnormalities- Fibroids, Polyps, Adhesions **Dr. Prakash Trivedi**
- Optimizing ovulation induction protocols **Dr. Duru Shah**
- Improving Luteal Support in RIF patients **Dr. Ameet Patki**
- Enhancing endometrial receptivity **Dr. Duru Shah**
- Selection of the best embryo and its transfer **Dr. Nandita Palshetkar**
- Managing the thin Endometrium **Dr. Prakash Trivedi**
- PGS and PGD : their role in RIF **Dr. Nandita Palshetkar**
- Assessing the male partner **Dr. Ameet Patki**
- The Rationale and current evidence for use in RIF
Panel Discussion with **Dr. Ameet Patki, Dr. Prakash Trivedi, Dr. Duru Shah, Dr. Nandita Palshetkar**

- Salpingectomy
- Endometrial scratching
- Time Lapse Imaging
- Antithrombotic agents
- Lifestyle Modification
- Acupuncture
- Immunosuppressive therapies
- Supportive therapy, eg. Growth hormone, sildenafil, hormones etc.

Speakers

Dr. Prakash Trivedi **Dr. Duru Shah** **Dr. Nandita Palshetkar** **Dr. Ameet Patki**

Image 3: Pre-congress Workshop – ASRM

We also conducted a one-day Virtual Pre-congress Workshop on "Recurrent Implantation Failure" (which was pre-recorded) at the ASRM Conference 2020 (see image 2 & 3). It was an 8 hour session with 4 eminent speakers. A live Question & Answer session was held on 5 December 2020.



Dr Madhuri Patil

Editor-in-Chief

Journal of Human Reproductive Sciences
(JHRS)

India Report



Dr Prakash Trivedi

President of Indian Society for
Assisted Reproduction (ISAR)

The first case in India was identified on 30 January 2020, the same day when World Health Organization (WHO) declared COVID-19 as Public Health Emergency of International Concern. On 11 March 2020, WHO declares pneumonia outbreak of COVID-19, caused by the SARS-CoV-2 (discovered by Chinese on 8 January 2020) as a PANDEMIC.

As the cases increased, the Indian government announced the lockdown from 23 March 2020, wherein only emergency services were permitted and all assisted conception units across the country stopped work. As the situation unfolded after 3 months, government at the centre relaxed the lockdown permitting non-essential services to open up in a gradual manner as it was realised that SARS CoV-2 is here to stay. In view of this decision, the president and secretary of Indian Society for Assisted Reproduction (ISAR) drafted guidelines along with the Indian fertility Society (IFS) and Academy of Clinical Embryologist (ACE) to provide guidance as to how ART clinics should restart the services. The joint IFS-ISAR-ACE recommendations on resuming ART services was drafted with working committee members from all 3 societies and was released on 26 May 2020 at a 2-day conference organised by ISAR. This document is available on the ISAR website at <http://www.isarindia.net/covid-19.php>. At the release the president of ISAR gave a keynote on "COVID related reproductive health issue and safe guarding health profession"

The recommendations were to be practiced in keeping with the prevailing regulations set up by the health services of their respective state and based on the understanding of the COVID-19 disease and shall change with evolving scientific, political and economic situations.

There were certain concerns when it was decided to restart fertility services. These included to know its impact on pregnancy outcome though no major organizations recommended against pregnancy. We had to take care of the safety of staff which was done by screening them daily for temperature and SPO2 and providing them PPE kits. We also minimized the patient visits and maintained physical distance in the clinic. It was also realised that it may not be possible to offer all patients access to care immediately upon resumption and so prioritized patient care based on certain factors enumerated below.:

- The impact of delay on patient prognosis due to medical factors, such as age, ovarian reserve or endometriosis.
- The number of patient visits required (e.g. treatments that are associated with the fewest visits may be prioritized first).
- The impact of treatment delay on the mental and emotional well-being of patients.
- The impact of delay on patient ability to pursue or access treatment due to employment status.

In the beginning it was advised to start with simpler treatments like ovulation induction and intrauterine insemination and then move on to frozen embryo transfers followed by fresh cases of ART. Thorough counselling was advised to take care of patients concerns about taking fertility treatment. All clinics were advised to take universal precautions, which included triaging, SARS CoV-2 RT-PCR testing before ovulation induction and the procedure for both partners. Disinfection of out-patient department, operating theatre, transfer room and IVF laboratory including the equipment's like incubators, aspiration pumps used for the procedure, was advocated as per infection control guidelines.

If the patient had a positive re-triage during period of stimulation then SARS-CoV-2 RT-PCR testing for COVID-19 was repeated. Based on the result, it was decided whether to continue the treatment or to postpone if tested positive.

There are several webinars held from time to time for successful mitigation strategies to keep all clinicians updated on COVID -19. Dr Prakash Trivedi, President of ISAR, was deeply involved with the understanding and making different group of women's healthcare professional with respect to COVID care.

The various activities by the president are as follows:

- participated and had discussions at National and international level with ASRM, AAGL, ESHRE and GAPIO each attended by over 2500 Women's Health Care Professionals globally.
- 4 webinars on the impact of COVID-19 on Women's Health Care and Specially Infertility with ASRM representative Dr Ashok Agarwal, ESHRE representative Dr Christophe Blockeel and IFS president Dr Sudha Prasad at the Global ART Forum
 - a. What all to avoid for fertility and IVF treatment in COVID times
 - b. Planning strategies to start in a limited fashion.
 - c. To restart infertility practice.
 - d. Clinical Guidelines in Laparoscopy and from patient point of view.
 - e. Talk on how to perform "Reproductive health related surgery during COVID times at Uplift International Webinar
- Webinar by the ISAR President with past president of ISAR Dr Firuza Parikh and authors of the book "The Corona Virus: What you need to know about the global pandemic" Dr Swapnil Parekh and Ms. Maherra Desai. It was attended by 1800 consultants globally.
- ISAR President organized community awareness webinars in English and local language to explain all aspects of COVID-19 and create public awareness which was attended by more than 2000 people. You can watch the talk via the following link:
(<https://youtu.be/pcyZEB0DMQk>)
- ISAR President also delivered the R.M. Mukherjee Foundation Oration on "All you have to know about COVID and how to restart Reproductive Health Care" This oration was attended by specialist from North East states of India.
- Given similar talks to various organizations concerned with premium Health care viz., FOGSI, IAGE and Individual OBGYN Societies in India
- Apart from the medical fraternity the president has also addressed lay public and provided them information on impact of SARS COVID virus to women's health and how to deal with them in English and regional languages
- The president has also carried out a scientific study on "Safety of Laparoscopic Surgery during SARS CoV2 "which has been accepted for publication in JHRS."
- As a core worker on different aspects of COVID care, he had published in prominent newspaper namely: Times of India- Bombay Times, Mumbai Samachar (Gujrati) Midday (Gujarati)
- ISAR has collected \$15000 for 20 free IVF service through IVF centre of ISAR members for during COVID time.
- Launched ISAR ASHA, a unique patient support web page on World IVF day.
- Other office bearers of ISAR and Chairpersons of State chapter did additional event focused on reproductive issues during COVID

The recommendations made by ISAR and updates provided in the webinar has helped the clinician to provide care while maximizing the safety of their patients and staff. The webinars done also provided information on robust emergency plans for conditions which warrant to interrupt the treatment.

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menotrophin

Powered by
human FSH and hCG.*†

OUTCOMES

EMBRYO QUALITY.^{2,3}
ENDOCRINE PROFILE.⁴
LIVE BIRTH RATES.^{2,5-7†}

BALANCING SCIENCE AND DREAMS

FERRING
PHARMACEUTICALS

*Human menopausal gonadotrophin (HMG) contains 1:1 ratio of FSH and LH activities, with hCG as the main contributor of the LH activity. †The primary outcome in all listed 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. Smiltz J, et al. *Hum Reprod* 2007;22:676-687; 4. Casarini L, et al. *Mol Cell Endocrinol* 2016;422:1103-1114; 5. Helmgard 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.

Content: Highly purified menotrophin corresponding to 75, 600 or 1,200 IU FSH activity & 75, 600 or 1,200 IU LH activity. **Indications:** 600 IU & 1200 IU: Anovulation including polycystic ovarian disease (PCOD) in women unresponsive to treatment with clomiphene citrate. Controlled ovarian hyperstimulation to induce the development of multiple follicles for assisted reproductive technologies (ART). 75 IU, 600 IU & 1,200 IUs: Stimulation of follicular growth in females with hypo- or normogonadotropic ovarian insufficiency. **Dosage & Administration:** SC/IM. **Women with anovulation (including PCOD):** Therapy should start within the initial 7 days of the menstrual cycle. Initially 75-150 IU daily, maintained for at least 7 days. Recommended dose increments 37.5 IU/adjustment up to 75 IU. Max daily dose- 225 IU. **Women undergoing controlled ovarian hyperstimulation for multiple follicular development for ART:** Therapy should start approximately 2 weeks after the start of agonist treatment. Initially 150-225 IU daily for at least 1st 5 days of

treatment. Dose adjustment should not exceed 150 IU/adjustment. Max daily dose: 450 IU daily. Max duration: 20 days. **Women with hypo- or normogonadotropic ovarian insufficiency:** Initially 75-150 IU/day. Dose may be increased gradually until there is evidence of estradiol secretion or follicular growth. Maintain dose until pre-ovulation estradiol serum level is achieved. To induce ovulation, administer 5,000-10,000 IU hCG via IM injection 1-2 days after the last dose of HMG. **Contraindications:** Hypersensitivity to the active ingredient or any of the excipients; Pituitary or hypothalamic tumours; 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 or fibroid tumours of the uterus incompatible with pregnancy; Pregnancy and lactation. **Warnings and Precautions:** Assess fertility and evaluate for hypothyroidism, adrenocortical deficiency, hyperprolactinemia, pituitary or hypothalamic

tumours prior to treatment; In cases of ovarian hyperstimulation, withhold hCG and refrain from coitus or use barrier methods for at least 4 days; To follow patients for at least 2 weeks after hCG administration; If severe ovarian hyperstimulation syndrome (OHSS) occurs, gonadotropin treatment should be stopped (especially in patients with PCOD); Potential risk of multiple pregnancy, pregnancy wastage (miscarriage or abortion), ectopic pregnancy, reproductive system neoplasms, congenital malformation and thromboembolic events. **Undesirable Effects:** Common (≥1/100 to <1/10): Abdominal pain and distension, nausea, injection site reactions, headache, OHSS, pelvic pain. **Product Packaging:** Powder for injection 75 IU (10 vials + 10 amp solvent), 600 IU (6 vial + 6 pre-filled syringe w/ solvent), 1,200 IU (4 vial + 4 pre-filled syringe w/ solvent).

Full Prescribing Information available upon request.

Ferring Pharmaceuticals Pte Ltd. 168 Robinson Road, #13-01 Capital Tower, Singapore 068912

06/03/2017/07/06/05

Bangladesh Report



Professor Maruf Siddiqui
Country Representative



Dr. Nusrat Mahmud
Country Representative



Professor Rashida Begum
ASPIRE Board Member

To mark the PCOS awareness month, the Bangladesh chapter organized a webinar on 'PCOS and Infertility'. Professor T A Chowdhury, President of Fertility and Sterility Society of Bangladesh (FSSB) chaired the webinar. Professor Budi Wiweko, President of ASPIRE, and Professor Rashida Begum, Board Member of ASPIRE, were part of the faculty members. The speakers included Dr. Hrishikesh Pai, Past President of Indian Society for Assisted Reproduction (ISAR) and President-Elect of The Federation of Obstetric and Gynaecological Societies of India (FOGSI). He presented a paper on 'PCOS and ART'. Professor Maruf Siddiqui, ASPIRE Country Representative for Bangladesh, then gave his talk on 'PCOS: How to treat'. The webinar was supposed to be moderated by Dr. Nusrat Mahmud, also an ASPIRE Country Representative for Bangladesh. Unfortunately, she could not join as she was diagnosed positive for COVID-19.

Following the presentations, there was a very interactive panel discussion in which all the speakers, faculties and chairpersons contributed actively. There were more than 200 participants in the live zoom webinar and many more joined us in the Facebook page. We were glad to have significant number of participants from India, Indonesia, Pakistan and Nepal. The webinar was mainly focused on the different aspects of treatment modalities of PCOS patients suffering from subfertility. It was appreciated and participated by almost all the fertility specialist from Bangladesh. Discussion was also made regarding the smooth management of subfertility services in Bangladesh in this COVID-19 era. We were also benefited from the experience shared by Dr. Pai and Professor Wiweko from our neighbouring countries. The webinar ended with the closing remark of the chairperson.

Organized by:
Bangladesh Chapter

Aspire

September PCOS AWARENESS MONTH

PCOS & Infertility

27th September 2020 (Sunday)

9.00-10.00 pm

8.30-9.30 pm

10.00-11.00 pm

CHAIRPERSON

Prof. T A Chowdhury
President, FSSB

FACULTIES

Prof. Budi Wiweko
President, ASPIRE

Prof. Rashida Begum
Board Member, ASPIRE

SPEAKERS

Dr. Hrishikesh Pai
Past President, ISAR
President Elect, FOGSI
Topic: PCOS & ART

Prof. Maruf Siddiqui
Country Representative, ASPIRE
Topic: PCOS: How to treat?

MODERATOR

Dr. Nusrat Mahmud
Country Representative, ASPIRE

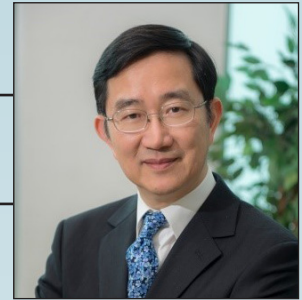
Please click the link below to join the webinar:

zoom <https://us02web.zoom.us/j/88937581540>
Webinar ID: 889 3758 1540

LIVE <https://www.facebook.com/groups/387894528651896/?ref=share>

Scientific Partner:
RENATA LIMITED

Hong Kong Report



Professor Tin-Chiu Li
ASPIRE President-Elect &
Country Representative

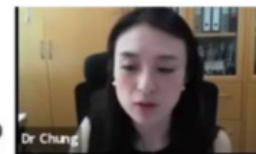
As the 4th wave of COVID-19 hits Hong Kong, the Hong Kong Special Administrative Region (HKSAR) government has now reimposed social distancing measures at the strictest level in the city as the number continues to rise to over 100 cases each day since 30 November 2020. Restrictions on public gatherings have been tightened with a maximum of two people allowed to meet, down from four, while restaurants will only be able to serve a maximum of two people per table. Schools, bars, and nightclubs have already been ordered to close. These measures have helped curb infections below 7,000 in the city of 7.5 million with 112 deaths.

IVF centers continue to resume ART procedures gradually with extra precautionary measures like COVID-19 testing and elective cryopreservation of embryos. Although the number of total treatment cycles IVF+ICSI, IVF and FET cycles (total 10,185 cases) from our HRT council statistics in 2019 was similar to 2018 (total 10,105 cases), we are still waiting the latest 2020 data to assess the actual impact from SARS COV-2 infection.

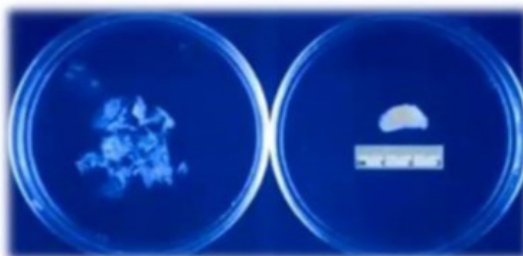
All educational activities continue to proceed online. Over 1,000 delegates from 15 countries attended the past online seminar conducted by the Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong on Reproductive Medicine on "Updates on Recurrent Miscarriage" and "Ultrasound-Guided Manual Vacuum Aspiration" on 22 September 2020.

Products of Conception

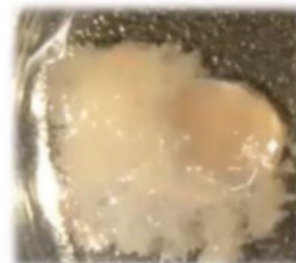
- Less disruption of products of conception
- Easier identification of chorionic villi for karyotyping
 - Successful culture rate of chromosomal analysis was up to 94.3%.



EVA vs. MVA



Our experience



Chung et al, ANZOG 2018

Edwards J et al, Am J Obstet Gynecol 1997

MacIsaac et al, Am J Obstet Gynecol 1999



香港中文大學
The Chinese University of Hong Kong



Upcoming Webinar Session

**JAN
28
2021**

**Thu
5-6:30pm
(HKT)**



SEMINAR ON POLYCYSTIC OVARY SYNDROME (ZOOM WEBINAR)

Assessing the health-
related quality of life
in PCOS patients

Dr. Jacqueline PW CHUNG

Associate Professor

Department of Obstetrics and Gynaecology, CUHK



Metabolic consequences of PCOS

Prof. Ronald CW MA

Professor and Head (Academic Affairs),

Division of Endocrinology & Diabetes,

Department of Medicine & Therapeutics, CUHK



Metformin therapy in PCOS

Dr. Lai Ping CHEUNG

Clinical Associate Professor (Honorary),

Department of Obstetrics and Gynaecology, CUHK

Consultant in Obstetrics & Gynaecology, PWH, HK



1.5 CME pt accredited by HKCOG (by iCME)

1.5 CNE & PEM pt accredited by CUOG

Link to Zoom meeting will be sent to
you by email 3 days before the seminar



Register NOW

Tel: 852-3505 1534

cuogevents@cuhk.edu.hk

Registration link

<https://cloud.itsc.cuhk.edu.hk/webform/view.php?id=11457287>



The next topic will be on "Polycystic Ovary Syndrome" and scheduled for the 28 January 2021 5:00-6:30 pm (HKT). We are very delighted to have Prof. Ronald Ma, Dr. LP Cheung and Dr. Jacqueline Chung to enlighten us on the different aspects of PCOS. More details can be found on the website: <http://www.obg.cuhk.edu.hk/20210128-seminar-pcos/>

The Ovarian Club XVI arranged by HKSRRM was also successfully held virtually online on the 12th of December, 2020. More than 2000 participants registered online both locally and internationally.

Australia Report



Associate Professor Louise Hull
Country Representative

Surviving Covid-19: What is the new normal?

2020 - what a year it has been! We were all in the final stages of planning our trips to the 10th Congress of the Asia Pacific Initiative on Reproduction (ASPIRE 2020) in the Philippines, when COVID-19 struck. In Australia this meant a total international travel ban, a complete lockdown for different lengths of time in different states, and luckily very brief periods of time when IVF had to stop (mainly to preserve PPE and ensure reserve staff were available in case the COVID-19 numbers climbed).

For the first time, society and the politicians decided that IVF was a priority and there was recognition that couples with a limited fertility window should be given the chance to conceive even when other services had to stop. Our IVF cycle numbers actually increased by about 20% as couples had more time to participate in treatment, they had more flexibility as they were working from home and it was more private as they could zoom their doctor. Additionally, they were not spending money on travel, gym fees, restaurants and in shops. Fortunately, the coffee shops stayed open for takeaways (Australians don't do very well without coffee!).

We realised that we had to make a lot of changes to the way we teach (via zoom and using virtual reality scenarios), the way we conference (European and American virtual conferences were in the middle of the night for us, so we relied more heavily on local and Asia Pacific events), and the way we examine our trainees (we ran the first virtual oral exam with great success for our CREI trainees).

We also worked out that we missed the collaboration and informal face-to-face meetings that come with being part of an international fertility community but that we could connect and do things differently to maintain our friendships and collaborative projects. We eagerly await the ASPIRE Virtual Congress (ASPIRE 2021).

As this year draws to an end, we are fortunate to be able to celebrate the holiday season with our families as everyone worked hard to ensure our communities were COVID-19 free. We all took our hats off to the Melbournians who really had the longest and hardest lockdown, which has meant we now can freely travel interstate across Australia. We all hope 2021 brings rapid vaccination, more opportunity to travel and share ideas and more healthy term conceptions for our patients.

Although we have a way to go, we know we can survive this time. We will become like my 86-year-old parents who, when asked if they could manage being in lockdown, replied – of course, we've done this before as children in the polio pandemic. The survival stories of the 2020 COVID-19 pandemic will be ours to tell the next generation, but more importantly our ongoing work during this time will contribute to the 2020 baby boom that will make up that generation.



Dr. Mariam Iqbal
Country Representative

Pakistan Report



Dr. Haroon Latif
ASPIRE Board Member

Corona virus first reached Pakistan on 26 February 2020 and reached its peak with 6,825 new cases recorded on 13 June and remained as the 5th highest number of confirmed cases in Asia. However, as of 12 August, recovery rate stands at 92.1% and there was a drastic drop in COVID-19 cases after the lockdown was initiated on 1 April which was eased in phases and is now almost lifted with precautions for two weeks. In these unprecedented times our lives changed drastically. We were not prepared for this new menace and were completely taken off guard. However, we soon learnt to modify our practice and ways. Initially we closed down the IVF centre from 24 March to 6 April. We partially opened after 6 April and we started IUI, freezing and soundings. The centers were fully operational since 1 June, though COVID-19 test is mandatory for all couples prior to ART. The impact of COVID-19 was huge but luckily short-lived!

POPULATION COUNCIL
Ideas. Evidence. Impact.

REPRODUCTIVE HEALTH (RH) HELPLINE FOR WOMEN
DIAL NOW: 021- 35205383

for Medical Advice on Reproductive Health Issues
Timings: Monday to Saturday (9am – 5pm)

- In times of COVID-19 pandemic, how can pregnant women keep themselves safe against the virus?
- Are you pregnant? Do you want to learn about contraception? Are you looking for nutrition advice for your newborn?

Impact of COVID-19 on Reproductive Health, Family Planning and GBV in Pakistan
During public health emergencies like COVID-19, it is likely that resources for essential maternal, newborn health, gender, reproductive health services will be diverted to deal with the outbreak, contributing to a rise in maternal and newborn mortality, increased unmet need for contraception, and gender-based violence. This Helpline is initiated to ensure that accurate information and services reach the vulnerable populations - pregnant and non-pregnant women, across Pakistan.

Features of the Helpline:

- The Helpline offers advice from a pool of trained lady doctors available online for counselling and information services on family planning, maternal health, essential newborn care and reproductive health issues.
- The Helpline will be available six days a week (Monday to Saturday), from 9am to 5pm. All calls will be kept confidential.
- Callers can call from anywhere in Pakistan and receive easy and quick access to basic medical care from their homes.*

This Reproductive Health Helpline is supported by the United Nations Population Fund (UNFPA) and the Population Council in collaboration with Association for Mothers and Newborns (AMAN) and Society of Obstetricians and Gynaecologists of Pakistan (SOGP).

*Mobile call charges are applicable.

Reproductive Health Helpline

FREE
Medical Advice
from a Gynaecology Expert
Monday – Saturday
9am – 5pm

Dial NOW
021 - 35205383

- Are you Pregnant? Need advice?
- Monthly period issues?
- Facing Domestic Violence?
- Difficulty in getting pregnant?
- Vaginal discharge or urine infection?
- Need advice for abortion care?
- Need Family Planning advice?
- Feeling depressed after child birth?
- Difficulty with breastfeeding?
- Need advice for Newborn Care?
- Recently delivered and need advice?
- Worried about Corona infection?

Realizing the need for women health more than ever in this COVID era we started working on a help line for women health issues addressing reproductive health needs and rights of Pakistani women during the COVID-19 pandemic through telemedicine. For this helpline 20 doctors were trained for a week from 8 - 12 June on zoom and the helpline became active in July.

Since our clinical work was relatively less than pre-COVID times for both learners and the facilitators, we decided to utilize this time for education and capacity building of healthcare professionals and planned a few professional development workshops.

Saturday
25th July
2:00pm - 3:30pm

SAVE THE DATE

WEBINAR
ON DEALING WITH
SUSPECTED
CHILD SEXUAL ABUSE

HOW CAN YOU
DO NOTHING ABOUT IT?

REGISTRATION IS FREE

Who Should Attend:
Doctors, nurses, students, parents and teachers

but **mandatory** so kindly **email** on:
uzma@epakistan.com
or contact:
Uzma Nayyer | 0303-4230594

- Over view of child sexual abuse and child protection system in Pakistan.
- Pelvic exam in child sexual abuse and differential diagnosis.
- Communication with the child and parents/caregiver
- What to do if you suspect sexual abuse?
- Examining of a rape victim using rape kit
- Preventing child abuse by legislating and implementing Child Marriage laws.

Facilitators:
Dr. Kishwar Enam (Consultant Pediatrician, President CPS Committee AKUH)
Dr. Iffat Ahmed (Assistant Professor (AKUH), Fellowship in Paediatric & Adolescent Gynaecology)

Panelists:
Dr. Sadiq A Pal (Chairperson Maternal and fetal committee, SAFOG)
Dr. Azra Ahsan (President AMAN)
Prof. Halima Yasmeen (Secretary General SOGP)
Prof. Yousaf Latif Khan (Secretary General SAFOG)

Moderator:
Dr. Mariam Iqbal (Consultant OBGYN)

Prof. Rashid Latif Khan
Chairperson

First workshop was on child abuse with collaboration of Aga Khan University, Society of Obstetrics and Gynaecology of Pakistan (SOGP), South Asian Federation of Obstetrics and Gynaecology (SAFOG) and many other bodies on 25 July via zoom. There were 231 participants who joined by zoom and 2,600 views on Facebook. It was a well-attended workshop and the audience included teachers, general physicians, gynecologists, pediatricians, psychologists and many other personnel from different walk of life. Child abuse is unfortunately quite rampant in Pakistan. According to a report from Sahil (an NGO) working for safe environment for children reported that compared to 2017 in 2018 the number of cases have gone up from 9 to 12 per day in 2018. The reported cases increased especially in the COVID era so we felt the need to educate about diagnosing and managing the issue. The feedback was overwhelming and we plan to conduct a series of such workshops for parents and teachers and other specialties.

Abbott's Women Health is innovating... supporting the **FIRST VIRTUAL SUMMIT IN PAKISTAN**

Women Health Virtual Summit 2020

13th August 2020
Abbott's Virtual World

AGENDA IS ATTACHED

You are invited to the
Women Health Virtual Summit 2020
To Be Held On
13th August, 2020
Abbott's Virtual World

TIME	TOPIC	PRESENTER
02:00 - 02:10	Welcome Words	Dr. Mariam Iqbal
02:10 - 02:30	"Introduction to the Chairpersons • Prof. Dr. Rashid Lateef Khan • Prof. Dr. Aftab Munir • Prof. Dr. Farukh Zaman • Prof. Dr. Razia Korejo"	Dr. Mariam Iqbal
02:30 - 02:50	Panel Discussion on AUB Management	Prof. Dr. Rubina Sohail (Moderator) Prof. Dr. Batool Mazhar Prof. Dr. Pashpa Srichand Prof. Dr. Shamsa Humayun Prof. Dr. Shahid Rao
02:50 - 03:10	Speaker Session Resuming Elective Surgeries during the pandemic (15 min)	Prof. Dr. Sadiq Ahsan Pal
03:10 - 03:30	Panel Discussion on Contemporary Use of Progestogens in Threatened & Recurrent Miscarriage	Prof. Dr. Haleema Yasmin (Moderator) Prof. Dr. Rawana Chaudhry Prof. Dr. Shesha Bapat Prof. Dr. Arshad Chaudhan
03:30 - 03:50	Speaker Session on Protection of HCPS while consulting patients during the pandemic (15min)	Dr. Mariam Iqbal

In compliance with the IFPMA code of Marketing Practices, this invitation is for the invited doctor only (guests/spones are not invited & will not be entertained)

Last but not the least academic activity included the first ever virtual summit in Pakistan in collaboration with SOGP and Abbott Pharmaceuticals on women health

On 13 August this was again attended by doctors from Pakistan, Bangladesh and Afghanistan with some interesting talks and panel discussions by renowned faculty. Despite the few technological glitches in the beginning the summit went well.

Certificate in ART (CART)



CART (Certificate in ART)

Facilitators:

Dr Haroon Latif Khan
FECSM, MCE (Aus)

Dr Rohina Gul
FECSM, ARDMS

In Collaboration with Rashid Latif Medical College, Lahore Institute of Fertility & Endocrinology (LIFE) is starting a course on ART (Assisted Reproductive Techniques) under the guidance of
Prof. Rashid Latif Khan | Prof. M. Tayyab | Prof. Yousaf Latif Khan

Duration: **September 2020 -----March 2021**

Eligibility: **M.B.B.S with at least 2 year's experience in either GYN/OBS, Urology, Family Medicine, Endocrinology**

Classes: **2 days (Saturday & Sunday) in a month**

LIMITED SEATS

Course Outline:

- Anatomy and Physiology of female Reproduction
- Anatomy and Physiology of male Reproduction
- Managing Infertility OPD
- IUI
- IVF/ICSI/PGD
- Practical hands on, on simulators for TVS, IUI, IVF/ICSI
- Embryology (ART lab procedures).

For Registration Contact
Uzma Nayyar / Mr. Ishtiaq
0303 4230594 | 0300 8031309

Venue:
HAMEED LATIF HOSPITAL

Subfertility is growing in Pakistan and so is the demand for fertility specialist. LIFE took initiative to start training courses for fertility treatments including ART for all gynecologists, urologist, endocrinologist and family physicians.

This course is named as Certificate in ART (CART). We started our first batch in October 2020. It is a 6 months course with classes on one weekend per month. Classes include lecturers from all around fertility consultants / gynecologists and urologists. There are hands on training included, as well as for laparoscopy, ovum pick up, TVS, IUI and andrology.

The course gained so much popularity among young gynecologists that we are already booked for second and third batch. This course is conducted under the guidance of Prof. Rashid Latif Khan is surely giving the medical practitioners to increase knowledge of subfertility and treating subfertility population.

Webinar: ART and Gynaecologic Laparoscopy

WEBINAR

ART & Gynaecologic Laparoscopy

To Join Link:
<https://us02web.zoom.us/j/85129389036?pwd=QjdVVzUwL3FIQkpnNDdtVTdLRVZ4dz09>
Webinar ID: 851 2938 9036
Passcode: prolifen



ART (Assisted Reproductive Technology) & Gynaecologic Laparoscopy Surgery

Friday 18 Dec. 2020 | 3:00 pm to 5:30 pm

{ A G E N D A }

3:00 to 3:40 pm	PROF. YOUSAF LATIF KHAN	Role of Hysteroscopy in ART
3:40 to 4:20 pm	DR. HAROON LATIF KHAN	Recent Advances in ART
4:20 to 5:00 pm	PROF. MUHAMMAD TAYYAB	Management of PCOS
5:00 to 5:20 pm	QUESTIONS AND ANSWERS	
5:20 to 5:30 pm	PROF. RASHID LATIF KHAN	Concluding Remarks

{ S P E A K E R S }

PROF. MUHAMMAD TAYYAB
MBBS, FRCOG (UK), FCPS, FRCS (EDIN) MRCP (IRE)
Head of Department Obs & Gyn Al Aleem Medical College, Gulab Devi Hospital Lahore
Infertility Specialist & Gynaecologist

DR. HAROON LATIF KHAN
MBBS, MCE (Master in Clinical Embryology)
Chief Executive Lahore Institute of Fertility & Endocrinology
General Secretary (IVF Society of Pakistan)
Board Member Asia Pacific Initiative on Reproduction (ASPIRE)

PROF. YOUSAF LATIF KHAN
MBBS, FCPS, Obstetrics & Gynaecologist
Scientific Secretary (IVF Society of Pakistan)
General Secretary (Founder member of Society for Gynaecological Endoscopy)

Chief Guest

PROF. RASHID LATIF KHAN
Chairman executive committee Rashid Latif Medical College
Founder President, I.V.F Society of Pakistan
Government of Pakistan awarded Sitara E Imtiaz

Moderator

Dr. Mariam Iqbal
Assitant Professor, MBBS
FCPS, MHPE (AKUH)
Consultant Obstetrician & Gynecologist



People and ideas for innovation in healthcare



Last but not the least, a webinar was conducted on ART and role of minimally invasive Surgery on 18 December 2020 and was well attended by over 200 doctors from all over Pakistan, including far flung areas like Sukkur, Azad Jammu and Kashmir and interior Sindh and Punjab. This reflects the interest of doctors in both endoscopy and ART in the region.

We look forward to more educational activities in the coming year which in my opinion is the best utilization of the time we will be spending indoors in view of the COVID! We hope and pray that the vaccination for COVID is discovered and we can put this difficult time behind us soon!

Journal Report



Professor Gab Kovacs

ASPIRE Board Member
Editor-in-Chief of Fertility & Reproduction (F&R)

Dear Colleagues,

We are well and truly into our second volume and we are delighted with the progress of our Journal. We have now published a total of 8 issues with 53 manuscripts and it is good to see some of our papers being quoted in scientific articles.

Of course, we would like to receive more submissions, and we have the ability to publish more articles per issue (subject to positive peer review). Our aim is to proceed towards publishing every two months (six per year) as soon as we can, and ultimately monthly, like our role models; Fertility and Sterility and Human Reproduction.

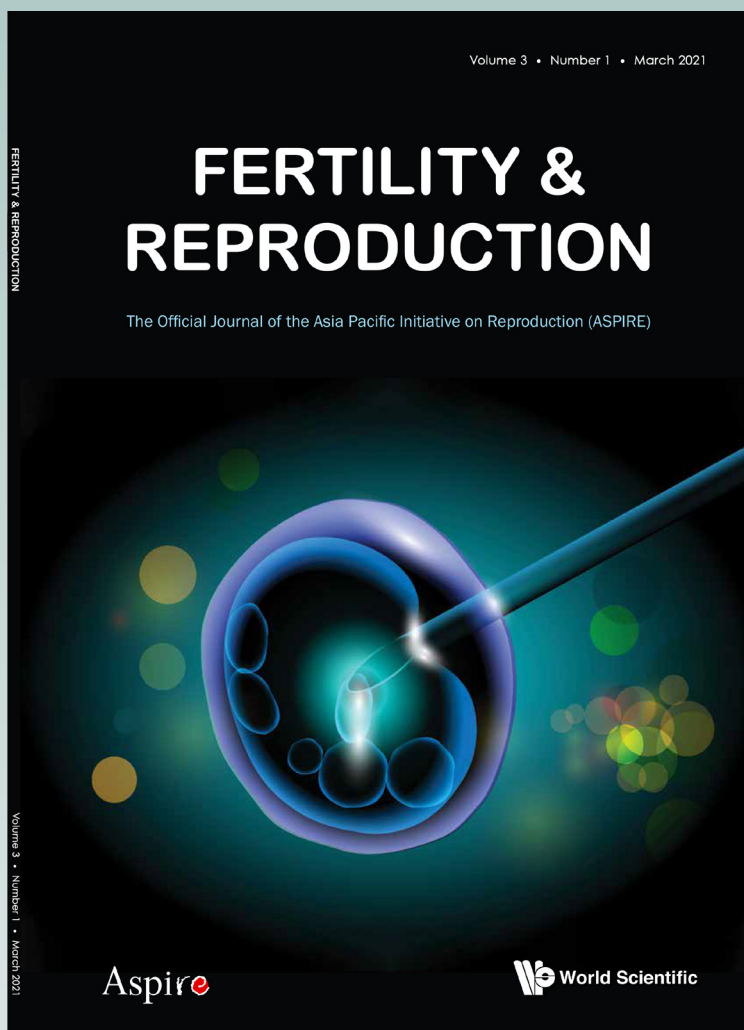
We aim to publish our accepted papers as soon as possible but of course we are dependent on our Associate Editors' diligence to assign reviewers rapidly, and then for the reviewers to assess papers within a reasonable time. However, as all these colleagues are performing as volunteers, we are dependent on their goodwill. We are very grateful to all these busy clinicians and scientists who make the journal possible as a peer reviewed publication.

So can I ask you to think Fertility & Reproduction when you are preparing papers for publication?

Let's make Fertility & Reproduction great!

A handwritten signature in black ink, appearing to read 'G T Kovacs'.

Professor Gab Kovacs



Fertility & Reproduction Vol 3 Issue 1

Fertility & Reproduction is very excited to be on our 3rd volume of publication. Do support F&R by submitting your manuscript to us for hopeful publication!

**Deadline for manuscript submission:
12 March 2021**

For more information or to submit a paper, please visit
<http://aspire-reproduction.org/fertility-reproduction-fr/>

SARS-CoV-2 and Assisted Reproductive Technology Practice: An Asia Pacific Initiative on Reproduction (ASPIRE) Position Paper

We are proud to bring to you **SARS-CoV-2 and Assisted Reproductive Technology Practice:
An Asia Pacific Initiative on Reproduction (ASPIRE) Position Paper.**

This paper is **online ready** and you can head over to <https://www.aspire-covid19.org/> to start reading!

The ASPIRE Position Paper is also published in Fertility & Reproduction (F&R) Vol 2 Issue 4, so do support our journal by heading over to
<https://www.worldscientific.com/doi/10.1142/S2661318220500188>

ASPIRE Webinar Series



The ASPIRE Webinar Series is a new initiative launched with the aim of promoting education amidst the COVID-19 pandemic. From 17 October – 5 December 2020, ASPIRE held a webinar session weekly every Saturdays.

If you have missed any of the webinar sessions, you can head over to the following platforms to watch our recordings on-demand:

ASPIRE Education Portal: <http://aspire-reproduction.org/education-portal/>

ASPIRE Website: <http://webinars.aspire-reproduction.org/>

ASPIRE Youtube Page: https://www.youtube.com/channel/UCennhKtA3_AsLwm3mbi1E-Q

For more information about the ASPIRE Webinar Series, please head over to our ASPIRE Website:

<http://aspire-reproduction.org/webinars/#23dcb178fb9d9fe7f>

SAVE THE DATE: The ASPIRE Reproductive Surgery Special Interest Group (SIG) will be organizing a webinar on 21 February 2021. More details and registration will be released soon, so stay tuned!

Membership Drive

Join the **Aspire** Community today!

The Asia Pacific Initiative on Reproduction (ASPIRE) was founded in 2001 to improve knowledge and awareness of ART and infertility-related services, with an ultimate aim of improving the quality of patient care. The society has been active in providing a platform for professionals in this field to share experiences and information in the development and advancement of fertility services in the Asia-Pacific region.

We are currently having a membership drive where our membership rates are heavily reduced. Do take this opportunity to join our growing community!

*MEMBERSHIP DRIVE RATES

1 Year Membership	SGD 20 (usual rate: SGD 90)
2 Years Membership	SGD 40 (usual rate: SGD 180)
3 Years Membership	SGD 60 (usual rate: SGD 270)
4 Years Membership	SGD 80 (usual rate: SGD 360)
5 Years Membership	SGD 100 (usual rate: SGD 450)

MEMBER BENEFITS

- Access to the **ASPIRE Education Portal**
- **Reduced registration fee** to ASPIRE Congress and ASPIRE Masterclasses
- The opportunity to participate in the "**Call for Bids**" to host ASPIRE congresses
- **Newsletters and regular updates** on ASPIRE's activities
- The chance to participate in ASPIRE's projects and host regional events
- The right to attend and vote and General meetings of the Society
- Be part of an **ASPIRE Special Interest Group (SIGs)** & forum

For more information visit www.aspire-reproduction.org/new-members-renewal/



Special Interest Groups (SIG)

ASPIRE has 6 Special Interest Groups (SIGs) to for professionals to discuss and exchange perspectives and experiences to address common challenges in the focus areas:

Embryology

Endometriosis

Endometrium & Implantation

Male Infertility

Reproductive Endocrinology

Reproductive Surgery

These SIGs are only open to ASPIRE members, so while we are having our membership drive, do take this opportunity to sign up and register as a SIG member!

[illegible]

Join us at the SIG forum where we post regular updates on the upcoming ASPIRE activities. Feel free to share interesting thoughts and findings about a particular topic and do watch the space for messages by our SIG leaders on upcoming activities!

To Join our SIG/ SIG Forum, simply fill up the SIG form <http://www.aspire-reproduction.org/forums/>