

Vol.: 6 | Issue: 3

NEWSLETTER

August 2021



Professor Tin-Chiu Li
President of ASPIRE



President's Message

On behalf of the new executive board members of ASPIRE, I would like to express our most sincere thanks to our outgoing secretary general Prof PC Wong, also a founder member of ASPIRE, for ceaselessly steering the society ever since it was established 14 years ago. We are also indebted to our Past-Presidents Prof. Shin Yong Moon, Prof. Yoshiharu Morimoto, Prof. Robert Norman, Prof. Jaideep Malhotra, Prof. Chii-Ruey Tzeng and Prof. Budi Wiweko and past secretary general, Prof. Bruno Lunenfeld for all their efforts in bringing about continuing growth of ASPIRE.

The last two years have been a most unusual and challenging time in the history of ASPIRE because of the COVID-19 pandemic. We had to cancel, at the last minute, our planned annual congress in Manila, Philippines, in 2020 and reschedule it a year later as a virtual congress from 30 April 2021 to 9 May 2021. However, I am most pleased to say that our first virtual congress has been a great success, registered by over 7700 participants from 116 countries, thanks to the tremendous hard work of the scientific committee chaired by Prof. Chii-Ruey Tzeng. On-demand lecture recordings are available on the ASPIRE 2021 Virtual Congress platform and is accessible to all registered participants until 30 April 2022.

We do plan to hold our next congress in a virtual format in 2022 but to return to the traditional format for our congress in 2023, if possible.

Whilst it is encouraging to know that our membership has steadily increased over the years, ASPIRE would like to reach out further to ART practitioners, including doctors, embryologists, scientists, nurses, counsellors, students, and other professionals in Asia Pacific region. In this way, it is hoped that we can foster a greater degree of co-operation and promote exchange of ideas within our region.

Meanwhile, we will continue to work with other established international societies such as ESHRE and ASRM, arrange exchange sessions with these societies in our respective annual congresses to share new knowledge and experience and learn from each other

We have successfully presented several educational webinars over the last 6 months, thanks to the efforts of the education committee chaired by Dr Clare Boothroyd and various SIGs chairs and co-chairs. We do plan to continue to work with various national societies in our region to organize webinars on contemporary and controversial topics.

I am proud that we now have our own journal, Fertility & Reproduction, a tribute to the tremendous dedication of Prof. Gab Kovacs, editor-in-chief and his team of editors and secretarial staff of the ASPIRE office. I would like to appeal to you all to show your support by submitting original research papers or reviews to our journal.

Finally, I can say that the ASPIRE board remains committed to fostering a stronger and closer fraternity for our members and we do look forward to your continuing support.

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Professor Tin-Chiu Li

Save The Date for ASPIRE 2022 Virtual Congress

The 11th Congress of
Asia Pacific Initiative on Reproduction
Thursday, 28 April 2022 - Sunday, 1 May 2022



More information will be released on www.aspire-reproduction.org

ASPIRE Journal Fertility & Reproduction (F&R)



Professor Gab Kovacs AM

Editor-in-Chief
Fertility & Reproduction

Dear ASPIRE Members,

As we are heading towards Volume 3 Issue 3, it is time to reflect on where we have come from, and where we have got to.

The journal was born in 2019, when we produced Volume 1 Issue 1. Since then, we have produced a total of 10 publications, and have published 62 papers. To date, we have received 117 submissions, of which 62 have been accepted and published (or in press), 33 were rejected (35%), 9 were withdrawn and 13 are currently "work in progress" - either out for review or being revised.

We hope to be reviewed for PubMed listing soon, and if successful, this will make F&R a more appealing journal in which to publish.

There is still some confusion about how submissions are processed.

- All submissions come through the Editorial Manager (EM), and as soon as a paper is processed, an email comes to the Editor-in-Chief (EiC).
- I, as the EiC, will look at the submission, read the abstract, and allocate the paper to an Associate Editor (AE).
- The AE has the responsibility to recruit two reviewers. These reviewers read the paper and complete an on-line review in the FM
- The AE EiC will be notified by email that the reviews have been completed.
- The AE will makes a decision whether to Accept/ Reject or request revision.
- Accepted papers go for production, and each paper is re-read and edited by the EiC.
- Papers for revision have to be returned to the AE through EM and are then reassessed, with or without consultation with the referee(s).

As this is quite a complex pathway, and we are keen to make quick decision, it is imperative that we all - EiC, AEs, Referees-turn the paper around as quickly as possible. Of course, all these tasks are done in an honorary capacity, and I would like to thank all participants who generously give their time to make this happen.

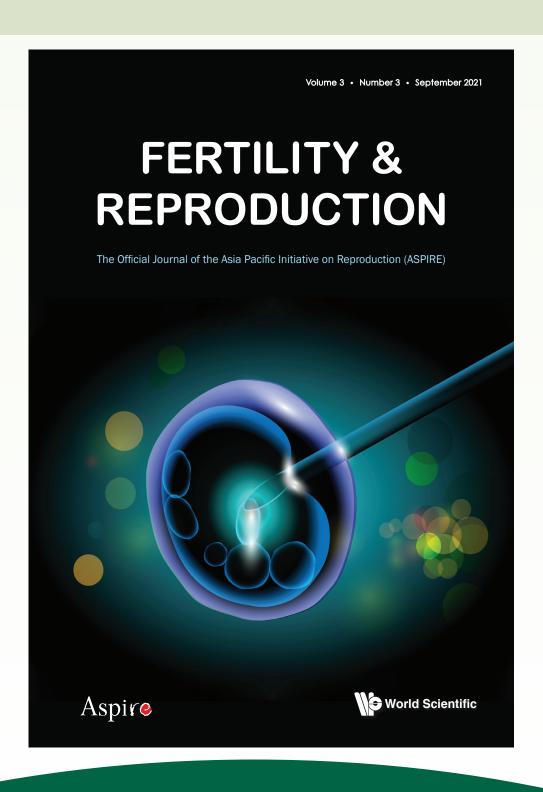
Keep up the good work, and keep the submissions coming!

Fertility & Reproduction (F&R) Vol 3 Issue 3

Support the ASPIRE Journal by submitting your manuscripts for hopeful publication in F&R Vol 3 Issue 3. We look forward to receiving it!

Deadline for manuscript submission: 17 September 2021

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



Hong Kong Report



Dr Jacqueline Chung
Country Representative

With the improvement of the COVID-19 pandemic in Hong Kong and the introduction of the COVID-19 Vaccination Programme since February 2021, ART services have slowly resumed back to normal. Indeed, a relatively small increase in ART services was seen across Hong Kong due to travel restrictions worldwide. Many patients initially seeking IVF abroad stayed in Hong Kong for their treatment.

Since the official launch of the COVID-19 Vaccination Programme, the population with at least one vaccination dose administered reach around 35.4% of the total population in early July 2021. The government and local authorities have launched various vaccination incentives ranging from property lucky-draws to staycation discounts, shopping sprees, and more to boost the inoculation rate. The Hong Kong College of Obstetricians and Gynaecologists has also published a piece of advice on COVID-19 vaccination in pregnant and lactating women to relieve the worries toward vaccination among pregnant women. With the persistent low community-acquired COVID-19 cases in Hong Kong and the improved confidence of potential ART patients after vaccine administration, the continuously increasing popularity of ART services in Hong Kong is anticipated.

With vast experience in holding Zoom webinars over the past two years, we have successfully connected renowned experts from all over the world to share the most up-to-date knowledge in Obstetrics and Gynaecology. You are all cordially invited to attend the following FOCUS 2021 Webinar Series organized by the Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong. (For more information, visit http://www.obg.cuhk.edu.hk/news-events/up-coming-events/)

China Report



Dr. Junhao Yan Country Representative

IVF services were able to continue in China despite surviving COVID-19. As an important part of the Chinese Medical Association, Chinese society of reproductive medicine (CSRM) has been working hard to fulfill its duties and mission. During the crisis, a series of expert guidelines including the "Reproductive Center's Recommendations for the Prevention and Control of New Coronary Epidemic" and "Reproductive Medicine Center's Protective Measures against the New Coronavirus" were issued to guide the prevention and control of the COVID-19 epidemic. And experts of the CSRM participated in the London IVF laboratory management network video seminar held on 3 April 2020, and gave a special report entitled "Responding to the COVID-19 epidemic, sharing the experience of my country's reproductive centers". The seminar was attended by nearly 100 medical personnel in the field of reproductive medicine from 23 countries, providing rich experience and data from China for the prevention and control of the epidemic in the global reproductive centers. Currently, various tasks in our country are almost back to normal.

On a professional front, a number of online welfare lectures were held focusing on hot issues in reproductive medicine, providing a wealth of resources for obstetrics and gynecology workers in medical institutions at all levels across the country. Additionally, several offline conferences were held with the theme of "Joining Hands to Create New Life", interpreting expert consensus on hot diseases as well as discussing reproductive management issues for women with different diseases.





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- Delivers a consistent Live Birth Rate across a wide variety of protocols^{2,3,4,5}
- · Associated with lower pregnancy loss in fresh and frozen blastocyst transfer cycles in predicted high responders4

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- Provides predictable ovarian response using an approved algorithm in women undergoing their first treatment cycle^{6,7,8}
- Delivers proven outcomes with a favourable efficacy and safety profile6,7,8
- · Associated with a higher Live Birth Rate in Asian

References:

1. Smitz J, et al. Hum Reprod 2007; 22: 676-687 2. Andersen AN, et al. Human Reproduction 2006; 21:3217-3227 3. Devroey P, et al. Fertil Steril 2012; 97:561-571 4. Witz CA, et al. Fertil Steril 2020; 114: 321-330 5. Bordewijk EM, et al. Human Reproduction Open 2019. doi:10.1093/hropen/hoz008 6. Nyboe Andersen A, et al. Fertil Steril 2017; 107: 387-396 7. Qiao J, et al. Human Reproduction 2021; 00:1-16 8. Ishihara O, et al. Reprod Biomed Online. 2021 Jan; https://doi.org/10.1016/j.rbmo.2021.01.023

Indications of Menopur: 75/U, 600 (U.& 1200 (U.): 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).

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 increment: 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.

Indications of Rekovelle: Controlled ovarian stimulation for the development of multiple follicles in women undergoing assisted reproductive

Indications or Nekroveile: Controlled ovarian stimulation for the development of multiple folicies in women undergoing assisted reproductive technologies (ART) such as an in vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI) cycle.

Dosage & Administration: First cycle: Individual daily dose based on women's recent serum anti-Mullerian hormone (AMH) concentration (in pmol/L) (within the last 12 months) and body weight. For AMH ≥15 pmol/L, daily dose decreases from 0.19 to 0.10 mcg/kg (with increasing AMH concentration). Dose rounded to nearest 0.33 mcg, Max. daily dose: 12 mcg. Subsequent cycles: Adequate ovarian response in previous cycle with no Ovarian Hyperstimulation Syndrome (DHSS): Same dose. Hypo-response: Increase dose by 25% or 50%. Hyper-response: Decrease dose by 20% or 33%. OHSS developed or risk of OHSS: Decrease dose by 33%. Max. daily dose: 24 mcg.

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Bangladesh Country Report



Professor Maruf Siddiqui Country Representative



Dr Nusrat Mahmud Country Representative



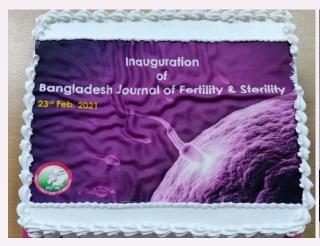
Professor Rashida Begum ASPIRE Board Member



Launching ceremony of Bangladesh Journal of Fertility & Sterility (BJFS)

The launching ceremony of Bangladesh Journal of Fertility & Sterility (BJFS) was held on 23 February. This is the official Journal of Fertility & Sterility Society of Bangladesh (FSSB). The ceremony was attended by only a few invited FSSB members due to COVID-19 pandemic. Prof. T A Chowdhury, President of FSSB presided over the ceremony. Prof. Maruf Siddiqui, Editor-in-Chief BJFS and ASPIRE Country Representative for Bangladesh, then demonstrated the different aspects of the official webpage of the journal (bjfsbd.net). A ceremonial official cake was also cut by the FSSB office bearers to mark the ceremony. Both the printed version & the website were appreciated by all the members present in the meeting.







Webinar on MAS

Dr. Nusrat Mahmud, ASPIRE Country Representative & Assistant Secretary General of SAFOG, moderated the session titled 'Things You Always Wanted to Know About Minimal Access Surgery (But Were Afraid to Ask)' on Thursday, 27 May 2021. The session was organized by FIGO, SAFOG and Gynaecological Endoscopic Society of Bangladesh. Over four hundred participants were registered in this meeting. Dr Mahmud would like to thank all speakers and panellists who joined the Q&A. It was a successful meeting and was appreciated by all.

Hysteroscopy Webinar

Prof. Maruf Siddiqui moderated the webinar titled "A Journey to Resume Hysteroscopy" which was held on 17 June 2021. The session was jointly organized by Gynaecological Endoscopy Society of Bangladesh (GESB) & South Asian Federation of Obstetrics & Gynaecology (SAFOG). The purpose of the webinar was to encourage young hysteroscopic surgeons who are facing many difficulties in resuming a hysteroscopy. Prof T A Chowdhury, President of GESB & past president SAFOG gave his introductory comments on the webinar. Dr. Vinayak Mahajan, an eminent hysteroscopic surgeon from Pune, India, was the keynote speaker. He went through each & every detail of hysteroscopy procedure with videos that made the webinar very attractive. Prof. Shyam Desai, Director International Relations SAFOG from India & Prof. Yousaf Latif Khan, Secretary General SAFOG were present as guests of honor. There were numerous questions from the participants. The meeting was chaired by SAGOG President and OGSB President Prof. Ferdousi Begum.

Indonesian Report



Dr Binarwan Halim Country Representative



Dr Ita Fauzia Hanoum Country Representative



Greetings from Indonesia.

Nowadays, Indonesia is still facing the COVID-19 outbreak where the number of cases is increasing every day. The COVID-19 vaccination is being carried out actively for the entire nation.

During this pandemic, Indonesian Association for In Vitro Fertilization (IAIVF/PERFITRI) has conducted several online scientific activities involving speakers from all over Indonesia. The first activity revolved around the theme 'Infertility Referral System'. Speakers who were involved included Prof. Samsulhadi, Dr. Andre Hartanto and Dr. Hermanus Suhartono. The session was moderated by Prof. TZ. Jacoeb. The second activity was titled 'Deep Dive into Frozen Embryo Transfer' and the speakers that participated included Prof. Budi Wiweko, Dr. Amang Surya P. and Dr. Anom Suardika. Dr. Wiryawan Permadi was the moderator for the session. The third activity was on the theme of 'LH-FSH Deficiency Panel Discussion', and the list of panelists included Prof. Budi Wiweko, Prof. Hendy Hendarto, Prof. Tono Djuwantono, Dr. Shofwal Widad, Dr. Arie Polim, and Dr. Binarwan Halim.

Indonesian Association of Obstetrics and Gynecology (IAOG/POGI) has issued recommendations about COVID-19 vaccines in pregnant women. COVID-19 vaccine should be performed on high-risk and lower-risk pregnant women with counseling. COVID-19 vaccine is recommended between 12 weeks to 33 weeks of pregnancy.

Indonesian Association for In Vitro Fertilization (IAIVF/PERFITRI) and Indonesian Association of Obstetrics and Gynecology (IAOG/POGI) in collaboration with Asian Society For Fertility Preservation (ASFP) will hold the 3rd Congress of Asian Society For Fertility Preservation in Conjunction with the 4th Biennial Meeting of the Indonesian Association for In Vitro Fertilization 2021 in a hybrid form / online and offline workshop and symposium from 24 September to 27 September 2021 in Denpasar-Bali, Indonesia. We would like to invite you all to join this meeting and submit your abstracts. (For more information, visit www. perfitri-asfp2021bali.com)

Japan Report



Japanese government wants public insurance system to cover advanced infertility treatments

The government intends to expand public medical insurance coverage for infertility treatment to include treatments and tests recommended by the Japan Society for Reproductive Medicine in its guidelines. Newly covered treatments would include in vitro fertilization and surgery to treat male infertility, with the government aiming to apply the changes from fiscal 2022. The matter will be discussed at the Central Social Insurance Medical Council (Chuikyo). Last month, the medical society evaluated 113 items, including infertility treatments, tests and medications being administered in the nation, and rated how strongly they are recommended, using a descending scale from A to C. Of the 113, those labelled A, or "highly recommended," and those labelled B, or "recommended," will be in principle, covered by public medical insurance. Level A items include in vitro fertilization, surgery to extract sperm from the testes, and male infertility treatments using Viagra and other drugs for impotence. Level B includes preimplantation tests, which are aimed at preventing miscarriages, for women who have had two consecutive miscarriages. Treatments ranked at level C will not be covered by public medical insurance because of their weak foundation. However, in exceptional cases, some will be considered to be advanced medical treatments that can be used in conjunction with treatment covered by health insurance, and their effectiveness and safety will be verified.

Under the health insurance system, so-called mixed medical care-that is, combining treatments covered by the health insurance system and treatments not covered-is prohibited in principle. However, the government plans to allow fertility treatments, which have long been excluded from the health insurance system, to be used in this way.

The implementation of this program is not yet guaranteed and could be shelved if Prime Minister Suga loses a general election.

New Zealand Report



Professor Neil Johnson ASPIRE Board Member Country Representative

True Colours

In 2013, New Zealand became the first country in the Asia-Pacific to legislate for same-sex marriage. A few years later, our clinic Receptionist made us aware of a recently founded New Zealand organisation that aimed to promote inclusive cultures within the workplace. We felt that, given Repromed's reputation for providing exceptional, personalised care for same-sex couples, this must undoubtedly flow over into the experience and values of its staff. And so we embarked on a journey of self-review and reflection that eventually led us to becoming the first healthcare provider in New Zealand to obtain the converted Rainbow Tick certification.

The Rainbow Tick programme is designed to help an organisation to be a safe, welcoming and inclusive place for people of diverse gender identity and sexual orientation. Following assessment, Rainbow Tick can help a business to understand what they are doing well, what they can improve on, and how to do this, in relation to their Rainbow community.

Initially the evidence that we needed to demonstrate our worthiness of this endorsement, was based on two criteria. Firstly, we needed to show that our consent forms and client information sheets were sensitively worded to be gender-inclusive. Secondly, it was clear to the founder of the Rainbow Tick organisation from interviews with our staff, from all levels of the company that we genuinely expressed unprejudiced compassion for all individuals, even though there were no staff currently identifying as part of the Rainbow community. What is interesting about this is that, after years of being involved in the prescribed gender diverse training modules with the Rainbow organisation, we now have several members of our staff (13%) who openly and comfortably identify as LGBTTQIA+. A good indicator, we believe, that we 'walk the talk' and this process has had a powerful positive impact on our people and our business.

Amidst the 2020 year of COVID-19, we were particularly proud of being finalists in the annual New Zealand Rainbow Excellence Awards. This event brings together organisations striving to improve diversity and inclusion for LGBTTQIA+ people, by celebrating the leadership and innovative achievements being made in the workplace. Admittedly, we were stacked against giant multinational companies and national Defence services for the Impact Award, so the weight of achievements from our small company, somewhat paled in comparison with the sheer scale of our fellow finalists. Nevertheless, the significance of impact that our case study not only presented for the Rainbow community, but also our own company, is not to be underestimated. Working with the Sperm Positive organisation to link recipients with donors taking antiretroviral drugs was a bold initiative designed to raise awareness of this safe practice and reduce the stigma for those living with HIV. Something of a tangible shift in perspective and, we think, a significant moment in time.

In June this year we proudly celebrated our 6th year of Rainbow certification, with a glowing report from the foundation. Without a doubt, our work environment is richer for the experience, and as individuals our views on inclusion have broadened - thanks to the insightfulness of our receptionist who instigated this journey. She demonstrates how each and every one of us is capable of leading impactful change in the world.

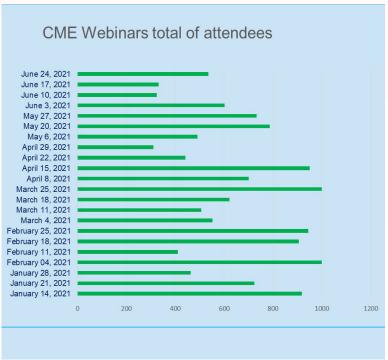
Philippines Report



Halfway through 2021, the Philippine Society for Reproductive Medicine (PSRM) has sustained its efforts in delivering on its planned projects.

The "Online Thursdays" PSRM's weekly conference on timely and practical topics in reproductive medicine - has carried out a total of 23 webinars. Each webinar has reached 400 attendees on average. Up to 14 thousand participants were reached in the last six months. PSRM promotes a continuing medical education for fellow obstetricians-gynecologists in the country.





Moreover, PSRM's midyear virtual conference was successfully organized in May 2021, focusing on relevant IVF topics. It was attended by the fellows of the society, PSRM fellows in training, embryologists and IVF center staff.



The new PSRM's website (https://psrminc.org) was launched in May 2021, with our foremost goal to make the PSRM society and relevant information about it accessible to health professionals and to our patients. The website features not only about PSRM, but also other practical and information useful to patients and colleagues including member listing and knowledge resource materials (refer to photos below)



True to its mandate to promote research in reproductive medicine, the Committee on Research and Development has embarked on an educational series aimed at laying the groundwork for creating excellent, meaningful research. The committee jump-started the year with a Technical Peer Review course for our research team and selected members in the academe. This course was spearheaded by Professor Jose Florencio Lapeña, MD – a distinguished editor and experienced peer-reviewers in the national and international arena. This was followed by a well-attended seminar for our learners on the basics of case-report writing, by Dr. Mark Anthony Sandoval. Dr. Sandoval shared his insights and experience as a reviewer of the BMJ case reports. The latter is the first of a series of research sessions aimed at supplying our learners with the basic tools for generating research. Recognizing the society's wealth of expertise, the committee created Special Interest Groups (SIGs) to bring together members with shared interests to foster cooperation and close communication. The SIGs are envisioned to act as the machinery for faster distribution and, ultimately creation of new knowledge that is relevant to our setting.

Russia Report



Country Representative

Dear Colleagues.

Since the previous report, we were able to hold an online conference RAHR "REPRODUCTIVE HEALTH AND THE COVID-19 EPIDEMIC: A YEAR LATER", on 8 June 2021. We discussed how the year of work in COVID-19 conditions went. What is the situation with the amount of pregnancies, childbirth and whether there have been cases of maternal and prenatal deaths? All this did not go beyond the statistics of ordinary indicators. Nature protects pregnancy, fetus and newborns.



During this period, we launched the new project "Schools of RAHR" and have already managed the first event: "Ovarian Stimulation", held on 21 - 22 May 2021

We are preparing to celebrate World ART Day on 25 July 2021 and hold an offline and online conference RAHR on 8 – 11 September 2021: 35 years of ART in Russia, 30 years of RAHR, 25 years of the RAHR ART Register. We have collected information on more than 120,000 ART cycles performed in Russia from 1995 to 2019.

I am sending you a video which was dedicated to the last year's XXX annual conference RAHR 2020 during the COVID-19-19 lockdown: "All departments in our center (ICRM, St. Petersburg, Russia), like everywhere else in Russia, were left without patients. Embryologists, doctors, nurses, administrators - we were all left without work. And suddenly a couple came in. Everyone is happy. I said, addressing to our colleagues: "People will continue to want to have children and we will help them, children will be born! The XXX RAHR conference will be held online this year. I hope to meet with you in September 2021."

(https://www.youtube.com/watch?v=JIUt6tCVs_Y)

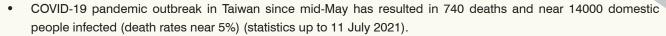
We are now preparing to create a new video to show that children all over the world continued to be born healthy this year, when COVID-19 threatens humanity. The premiere of the video is scheduled for September 2021 on the conference in Sochi. Participate in the creation of this video and send photos of newborns with parents or photos of employees with babies.

Lets Make A Global Report Together — Life Goes On.

Taiwan Report







- Partial subsidy policy was officially provided in Taiwan since 1 July expected to promote ART cycles and increase live births (Death tolls in Taiwan already surpassed live births in 2020)
- First virtual-only meeting by TSRM is held on 18 July and aimed to promote SET in Taiwan. Professors David Adamson and Osamu Ishihara presented virtually for the meaningful meeting.
- Ferring pharmaceuticals hosted 2021 Family symposium in Taiwan on 25 July with focus on Onco-fertility. Professor Nao Suzuki introduced recent advancements in Japan and lead his team to demonstrate the surgical and laboratory procedures at St. Mariana University Hospital.



台灣生殖醫學會第16屆第3次理監事會

 2021 Life conference in Taiwan will be held in 12 September 2021. Professors Mark Donald Hornstein, Carlo Alviggi and Georg Griesinger are invited, together with another 5 domestic experts. Agenda will be divided between English and Chinese parts and both parts will go real-time virtual in the web and welcome participation internationally (pre-registration required). To register for the conference, please visit https://reurl.cc/dGZ8K6

Vietnam Report



Vietnam is experience the 4th wave of COVID-19 since 27 April 2021. In the first three waves of COVID-19, Vietnam did win in the battle against the virus with a very low number of cases in the community. For the whole year of 2020, IVF centers in Vietnam still welcomed more IVF cycles than in previous years. All the activities in Vietnam and in the IVF field still run as usual. However, this 4th wave of COVID-19 coming with Delta variant has impacted significantly on our life and work. At the time that I was writing this newsletter, many cities in Vietnam were put on lock-down. We have around 1000-2000 new cases of COVID-19 per day. Many IVF centers are almost close, others have very few patients. Doctors from all hospitals were appealed to participate in the vaccination strategy for the public and to treat COVID-19 patients. Unfortunately, at this time, we know that this situation did not happen only in Vietnam. Many countries in Asia as well as in other continents are facing the same disaster. Hope we all can overcome this pandemic soon.

Many IVF congresses in Vietnam were delayed or converted to virtual congresses. We have about 2 virtual congresses or webinars every month. Amongst these, CAPA IVM was a new topic that gained a lot of interest from participants. We organized two webinars of CAPA IVM with colleagues in the country and with those in Australia. We shared understandings about innovations in IVM, physiology of maturation mechanism of oocyte and pre-IVM culture medium of IVM to improve the competence of oocyte. There are only 3 centers in Ho Chi Minh City, Vietnam which can perform IVM. Through these webinars, we hope that IVM can be done in more centers in Vietnam, so that the infertile patients in all over the country can approach more easily this friendly cost-effective treatment method.





Thailand Report



Dear colleagues,

Since the outbreak of COVID-19 pandemic, more than thirteen million vaccination doses has been administrated. Over three million people (9.3% of country's population) have already completed their second dose of vaccination. However, the situation in Thailand is still not getting better. Currently, the daily number of infected is around ten thousand. At least 10 provinces, including Bangkok, is having a surge in COVID-19 cases. The government have implemented lockdowns in Greater Bangkok and five adjoining provinces. Parties and dining-in at restaurant are prohibited, also 9pm - 4am curfew has been imposed. All schools are closed and the students will continue their education via e-learning at home. Some fertility clinics which mainly provide treatment for foreigner couples have to be temporary closed because in-bound travelling is not possible.

Due to COVID-19 crisis, it is impossible to organize a physical annual scientific conference. This year, the Thai Society of Reproductive Medicine (TSRM) decided to held a 2 days online conference from 25-26 November 2021. The main topics are focus on the ART stage of the art where all the TSRM member can attend the seminar for free.

I do hope everyone in our Asia -Pacific region are safe from this pandemic and return back to our normal life as soon as possible where we can meet face to face again.

Australia Report



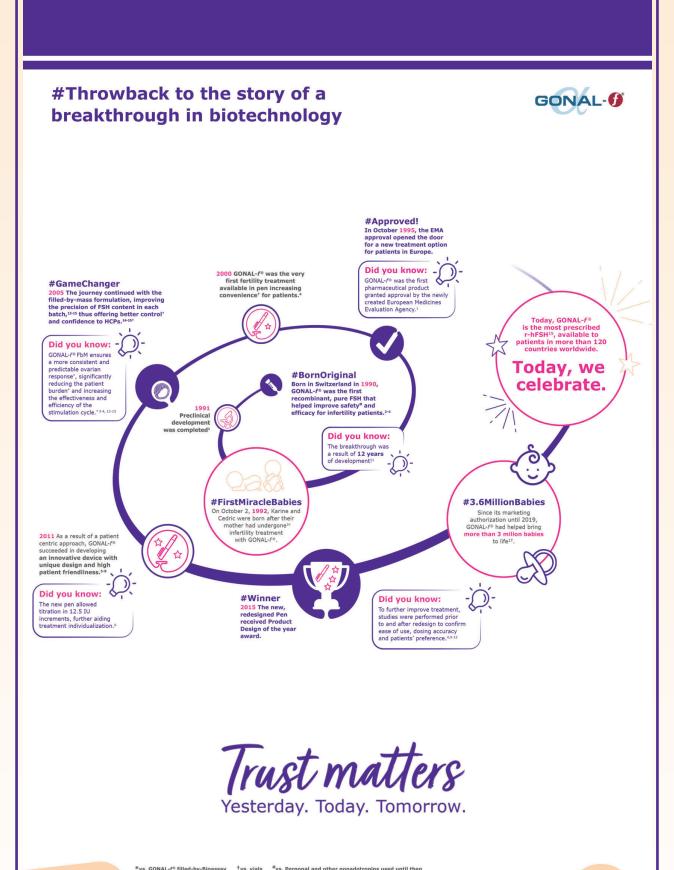
It was inspiring to attend ASPIRE's virtual conference and see how well run and well attended it was. There were several Australian speakers and it was great to see their participation and engagement in this leading Asia Pacific fertility organization. It was also a great honor to find that Clare Boothroyd from Brisbane has been elected President-Elect of ASPIRE. Clare has contributed significantly to ASPIRE initiatives and has chaired the Education Committee. She has always been a great advocate in Australia and we wish her well in her future role and realize she has big shoes to fill, given the caliber of the previous presidents. However, we are sure she will be up to the task.

It has been a busy time with workshops and conferences starting to be face-to face. The SEED education meeting was held in Sydney and it was wonderful to be able to meet old friends and go out to dinner. Just as we were getting used to the idea of travelling to conferences again, COVID-19 struck and Sydney, Melbourne and other states have experienced lockdowns and cases again. We are now thinking we were lucky to get our chance to catch up in person as it may be a long time before we get another chance to. We are now even more conscious that our friends in other countries are having their own troubles with COVID-19 and we have you in our thoughts.

We look forward to the virtual workshops and educational initiatives from ASPIRE for the rest of 2021.



Claire Roberts from Flinder's University, South Australia showing us the importance of good nutrition to egg and sperm health



GL-GON-00146 AP



Endometriosis SIG



Professor Chii-Ruey Tzeng ASPIRE Board Member Endometriosis SIG (Chair)



Professor Yutaka Osuga Endometriosis SIG (Co-Chair)



Professor Luk Rombauts Endometriosis SIG (Co-Chair)



Professor Tasuku Harada Endometriosis SIG (Co-Chair)

Greetings from the ASPIRE Endometriosis Special Interest Group (SIG)!

Endometriosis is such an enigmatic disease with complex pathogenesis that Sir William Osler once said, 'He who knows endometriosis, knows gynaecology.' Although endometriosis has been known for decades, it remains a puzzle to solve its ethology, pathogenesis, diagnosis, treatment and socio-psychological support.

Several new treatment standards and modalities have been raised as new information in endometriosis biology of molecular basis has been developed. New notions such as applying GnRH antagonist and treating endometriosis as a life-long disease has been enriching our knowledge of endometriosis. In addition, cutting-edge technologies like genome research and artificial intelligence are expected to bring breakthrough in our treatment of endometriosis. Meanwhile, the symptoms of endometriosis do not always match the extent of the disease, and new diagnostic tools are therefore urgently needed in the future. Moreover, from the view of holistic healthcare, we should consider the psychological impact just as much as the physical agonies of the disease, as both can be extremely troublesome. Aside from infertility caused by endometriosis, the impact of endometriosis on a woman's physical and psychosocial empowerment is so huge that we urge for more research ranging from the prevention of the disease to the adequate treatment of endometriosis. On behalf of the SIG for endometriosis, we would like to invite all members of our SIG to attend the upcoming masterclass webinar and submit interesting articles related to endometriosis for our newsletter.

Your endeavour in all fields of research on endometriosis will enrich our understanding to endometriosis and benefit all the women suffering from endometriosis.

Reproductive Endocrinology (includes PCOS) SIG



Dr Madhuri Patil Reproductive Endocrinology SIG (Chair)



Assoc Professor Thi Ngoc Lan Vuong Reproductive Endocrinology SIG (Co-Chair)

On behalf of ASPIRE, we would like invite members to join the Special Interest Group (SIG) for Reproductive Endocrinology (including PCOS). The aim of this SIG is to develop educational activities, booklets, organize regional meetings, masterclasses and webinars with internationally renowned experts in the field. Such a group is vital to focus and discuss about new developments and the ways these can be implemented in clinical practice. The SIG will also provide a platform for networking and collaborative research. We will also plan for a pre-congress work at the Annual ASPIRE Meeting. Due to COVID-19, most meetings are virtual. Hoping to see you all in person once the international borders open up with decrease in COVID-19 cases across the globe. Till then, all suggestions are welcome online and can be sent to us via our emails

Looking forward to your active involvement in all activities of the SIG by participating in all scientific endeavors to exchange ideas. We also would like to promote research in the countries that make up the ASPIRE region.

Reproductive Surgery (includes Minimal Invasive Surgery)



Dr Herbert Situmorang Reproductive Surgery SIG (Chair)



Professor Maria Habana Reproductive Surgery SIG (Co-Chair)



Professor Huang Xiao-Wu Reproductive Surgery SIG (Co-Chair)



Welcome to the Reproductive Surgery SIG!

The practice of reproductive surgery is evolving in the era of ART but it remains an important aspect of reproductive medicine. Today's reproductive specialist is challenged to discern the appropriate and effective utilization of reproductive surgery in the management of clinical reproductive conditions and as adjunct to ART. This SIG aims to deepen the members' knowledge and widen their experience in Reproductive Surgery, with the ultimate goal of helping them reach their potential as professionals able to offer the best possible care for their patients.

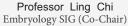
Reproductive surgery is surgery that gives rather than takes away. It restores the normal female anatomy. Unlike IVF, it reinstates the natural reproductive potential of the subfertile couple leading to several conceptions after one successful intervention. This SIG hopes to offer up-to-date evidence-based information through seminars, pocket meetings and research, and provide a platform for exchange of ideas among practitioners from various ASPIRE member countries.

Knowledge knows no boundaries. Whether a member practices in a low-resource setting or utilizes cutting-edge technology, I believe we can learn from one another in terms of advancements, innovation, as well as, improvisation in Reproductive Surgery. Let us transcend barriers and broaden our perspectives as we interact with one another.

United by a common interest, we work towards a common goal: to promote the safe and efficacious practice of Reproductive Surgery. We hope that you will join Prof Maria Antonia Habana, Prof Huang Xiao-Wu and myself in this endeavour.

Embryology (includes PGT & IVM)

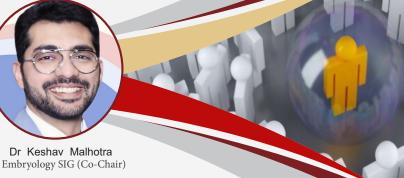






Professor Arthur Chang Embryology SIG (Co-Chair)





Recently, the leaders of SIG on Embryology (includes PGT & IVM) have discussed how to work closely with embryologists and scientists in clinical embryology across the Asia Pacific region — a vast and diversified geographic area — to face the rapid development of clinical embryology in both technologies and sciences, especially during the COVID-19 pandemic. The following activities and platforms are being planned, and will be provided and created.

Webinars

The SIG will organize both educational and training webinars. We have several proposals in placed and more details will be released soon.

Certification courses

The SIG will be collaborating with the ASPIRE Accreditation Committee to explore a series of certification courses. These courses can be online courses, webinars or workshops depending on the topics and the state of the pandemic.

Pre-congress courses (PCC)

The Embryology SIG will be organizing a PCC at ASPIRE 2022. The course will focus on updating the development of clinical embryology in the past few years. More details will be released soon.

Clinical embryologist survey

The SIG is conducting a clinical embryologist survey at this moment. It is a 30-question survey with the aim of understanding more about embryologists in the diversified Asia Pacific region, as well as their needs. This survey will also help us in developing more meaningful programs in the future. You can click this link to access the survey: https://www.surveymonkey.com/r/ASPIRESIG

The result of this survey will be shared in future ASPIRE newsletters.

The SIG forum on embryology (includes PGT & IVM)

The SIG will continue working on its forum on embryology (includes PGT & IVM). You can click the link to access the forum http://forums.aspire-reproduction.org.

Social media implementation

The following social media accounts for the SIG on embryology (includes PGT & IVM) have been created to facilitate the communication of embryologists in the Asian Pacific region with the leaders of SIG on embryology.

Facebook: https://www.facebook.com/Embryology-SIG-108824414774558 1.

Admin: Professor Arthur Chang

LinkedIn: https://www.linkedin.com/company/74060259/admin/ 2.

Admin: Professor Arthur Chang

Twitter: https://twitter.com/EmbryologySIG 3.

Admin: Dr Keshav Malhotra

4. Instagram: @aspire.embryology.sig

Admin: Dr Keshav Malhotra

5. WhatsApp and WeChat

To join, please email your phone number + country code to secretariat@aspire-reproduction.org

Admin: Professor Ling Chi

Plans to be developed 2022-2024

1. E-Learning

2. External competency and proficiency assessment program(s) for embryologists

Our diverse and inclusive Embryology SIG is looking forward to working with peer professionals in clinical embryology in the Asian Pacific region to promote the top-quality laboratory practice. It is vital to the success of this great initiative that embryologists and researchers participate in these activities, and join our platforms.

Male Infertility SIG



Professor Gwo-Jang Wu Male Infertility SIG (Chair)



Professor Atsushi Tanaka Male Infertility SIG (Co-Chair)

The role of Special Interest Groups (SIGs)

ASPIRE has six SIGs. I am currently acting as co-chair of the male infertility group. I believe that expanding the activities within each SIG could strengthen ASPIRE. We could set up more free style meetings where any member could participate in discussions on particular topics. In a SIG meeting everyone could have an opportunity to present his/her ideas and freely ask questions without strict time limitation and so we can have more thorough discussions. Members would get to know each other better and make the annual ASPIRE meeting more enjoyable because of the deeper connections we could develop with each other. Everybody joins international academic meetings expecting to learn something new that can bring their medical practice to a higher level. The amount of available of information at the congress is too much to be covered completely. If we could develop a system like pre-congress course where anybody could join any group they are interested in, the circle of special interest groups could become larger.

As an example, in the Male Infertility SIG, I would be interested in hosting a meeting on ROSI where we could discuss this topic with other researchers. The purpose would be to spread knowledge about the ROSI treatment to anybody who is enthusiastic about helping men with azoospermia who do not have spermatozoon but have round spermatids. I have been doing research and clinical applications on this topic for over 25 years and have now stable clinical results. The results are not yet at a satisfactory level, but progress has been done steadily. Over the years I have had the opportunity to host medical doctors and embryologists who have come from various countries to learn the ROSI technique at our hospital. Those experiences have helped me develop great personal and professional relationships. SIG activities could help strengthen those relationships. I think other colleagues could host similar meetings on topics they are enthusiastic about. We could meet and exchange new information during our annual ASPIRE meeting. I believe that setting small groups like this would help increase the total number of ASPIRE members. Active SIGs are key to the progress of ASPIRE.

Endometrium & Implantation SIG



Associate Professor Louise Hull Endometrium & Implantation SIG (Chair)



Dr Rong Li Endometrium & Implantation SIG (Co-Chair)



Dr Keiji Kuroda Endometrium & Implantation SIG (Co-Chair)

There have been several online learning experiences presented by the SIG for implantation in 2020. The Thin Endometrium workshop was well attended and received and we have to thank Dr Gendie Lash (China), Dr Christos Venetis (Australia), Dr Madhuri Patil (India) and Dr Clare Boothroyd (Australia) for such an interesting and enjoyable session. The discussion was stimulating and collegial and demonstrated the knowledge and experience the Asia Pacific region is lucky to have in this tricky area of clinical practice.

ASPIRE's annual meeting was another forum for the SIG members to present on endometrial receptivity, endometrial immunology and placentation. These talks were well received and sparked a lot of interest in this area in education forums across the region where our members contribute to educational events.

We are currently revitalising the SIG implantation and are always interested in new members and new ideas about how to grow this specialist interest group. Any ASPIRE members who would like to contribute are welcome to join in with our exciting plans for 2021-2022.

Looking forward to the next year!



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!

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://aspire-reproduction.org/forums/



Aspire MEMBERSHIP



ASPIRE, the Asia Pacific Initiative on Reproduction, was founded in 2001 by Bruno Lunenfeld and PC Wong, to improve knowledge and awareness of ART and infertility-related services, with ultimate aim of improving the quality of patient care.

Join us as an ASPIRE member today and get to enjoy the following benefits:

- Access to the online ART Directory
- Access to ASPIRE Educational 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 at General meetings of the Society
- Be part of an ASPIRE Special Interest Group (SIGs)

Membership Subscription Plans

1 Year (2021)	SGD 90
2 Years (2021 – 2022)	SGD 180
3 Years (2021 – 2023)	SGD 270
4 Years (2021 – 2024)	SGD 360
5 Years (2021 – 2025)	SGD 450

To sign up as an ASPIRE member or for more information, visit http://aspire-reproduction.org/new-members-renewal/