



Dear Diana,

Word of
The World Egg Bank's
advantages is spreading.

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TWEB Sponsors Parents Via Egg Donation (PVED.org)

The World Egg Bank sponsors the organization Parents Via Egg Donation (PVED.org), a unique and critical source of information for potential recipients. PVED, whose tag line is "Changing the World One Baby at a Time", has a very comprehensive website, offering blogs, informative articles, reading lists and FAQs. The scope of recipient information is very broad, including decision making, emotional support and other resources.



Topics which are covered in-depth, include: LGBT family building, legal aspects of third party reproduction and international options. Embryo donation, both domestic and international, is also discussed. The pregnancy experience, particularly relevant for women over age 40, and the children's health and emotional wellbeing are also discussed in detail.

Our founder Diana Thomas is featured in the section under Egg Banking, offering recipients basic information about using vitrified oocytes vs. fresh oocyte donation, and a bit of the history of TWEB.

This is a fantastic website which we highly recommend for infertility patients. [Check it out!](#)

TWEB at ASRM/IFFS Boston October 2013

The World Egg Bank (TWEB) was very busy at the recent ASRM meeting, with >700 attendees visiting our exhibit and about 40 people attending our dinner to get updated on developments in the technology of egg banking and donation. We also added three new members to our Medical and Scientific Advisory Board:

Masa Kuwayama PhD, a biologist responsible for the first pregnancy in the world with vitrification of oocytes after pioneering work in embryo freezing with this method and is currently running a research and training institute in oocyte vitrification;

Stanley Leibo PhD, a cryobiologist who has made innumerable contributions to the field of human cryobiology and is currently teaching and conducting research in Louisiana;

Jacob Mayer PhD HCLD, an embryologist biologist and a pioneer in many laboratory aspects of human assisted reproductive technology.

These scientists join Jamie Aiken MD, Gab Kovacs MD and Jeff Boldt PhD, current board members.

Birth Defects and Obstetrical Outcomes with Oocyte Cryopreservation/Vitrification

As with all techniques in assisted reproductive technologies, the first principle is Do No Harm. In that respect, we have been reassured by several reports regarding the obstetrical outcomes and risk of birth defects with human oocyte cryopreservation.



In 2008, Chian et al reported on the obstetrical outcomes of over 200 babies resulting from oocyte vitrification in three centers, comparing them to spontaneously conceived, or ART conceived neonates. Mean birth weights and rate of anomalies was similar (RC Chian et al. Obstetrical and perinatal outcome in 200 infants conceived from vitrified oocytes. *Reproductive BioMedicine Online* 16:608-610, 2008).

Noyes et al published a meta analysis of more than 600 babies born from oocyte cryopreservation, almost half from vitrification, which showed a 1.3% rate of birth defects, well within the expected rate (N Noyes, E Porcu, A Borini. Over 900 oocyte cryopreservation babies born with no apparent increase in congenital anomalies. *Reproductive BioMedicine Online* 18:769-776, 2009). More recently, with patients' oocytes divided into conventionally treated or vitrified status, no increase in embryonic chromosomal errors was found (E Forman et al. Oocyte vitrification did not increase the risk of embryonic aneuploidy or diminish the implantation potential of blastocysts created after intracytoplasmic sperm injection: a novel, paired randomized controlled trial using DNA fingerprinting. *Fertil Steril* 98:644-649, 2012). These investigators utilized cycles of 44 patients with a mean age of almost 30 years, utilizing 588 mature oocytes. Fertilization rate with ICSI and blastocyst development rate was lower with vitrification. However, pregnancy rates were similar where blastocysts were transferred (54% vs. 58%).

Although further study is warranted, it seems that we can reassure patients that the risk with oocyte vitrification appears to be similar to other ART procedures.

Patricia McShane, Medical Director, The World Egg Bank



Dr. Pat McShane joined The World Egg Bank, initially as a consultant and now as the Medical Director, after a career in private practice and academic medicine. After graduating from Tufts University Medical School, she stayed on for residency and REI fellowship training at the Brigham and Women's Hospital. Those were exciting times in reproductive medicine; the first US IVF birth occurred during Pat's fellowship, followed shortly thereafter by the start of IVF in Boston. She became the medical director of the IVF program at Brigham in 1984 and left to initiate the program which became Reproductive Science Center of New England. RSCNE was, and is, one of the premier programs nationally.

Dr. McShane called many firsts of ART - first transvaginal oocyte retrieval; first ultrasound guided embryo transfers; first embryo freezing and successful thawing. Over the 1980s and 90s, there were many other innovations - donor oocyte cycles; ICSI; use of Lupron; genetic testing and screening. Pat feels very privileged to have been a part of all these developments as the field of ART grew from a handful of practices with a small number of cycles to the medical and social phenomenon that it is today.

She is very gratified that oocyte vitrification has finally "closed the loop" in gamete and embryo banking, for both medical and social indications. Pat remembers well having young female cancer patients for whom we could do very little since oocyte freezing was initially so inefficient. She also remembers the heartache of many recipients as fresh oocyte donors and cycles either failed to materialize or fell through at the last moment.

After six years at the University of Colorado, she has now become the medical guiding force of The World Egg Bank, feeling confident that The World Egg Bank is the future of oocyte donation.