1- Adjuvant Therapy in IVF: where is the evidence? 08:50 on Friday 8th September 2017

The success rate of IVF is low. IVF cycle failure is devastating to patients and challenging for their treating clinicians. As a result, numerous attempts have been made to enhance IVF outcome through the addition of one or more adjunctive therapy to standard IVF treatment with the aim of improving the overall chance of implantation and treatment outcome. Those adjuncts are generally called “IVF adjuvants” or “IVF add-ons”. Because of their promise, those adjuvants have gained popularity and been integrated into clinical practice without sufficiently robust scientific evidence underpinning their clinical use to confirm their usefulness to the treatment. The lack of strong evidence to support the use of those adjuvants has been the subject of intense debate and professional societies considered consensus opinion. This presentation will address the hypothetical rationale for using those adjuvants and identify the best available existing evidence in relation to the use of each suggested therapy in day to day IVF practice.

2- Endoscopic surgery to improve IVF outcome: 16:20 on Friday 8th September 2017

The occurrence of pregnancy after assisted conception treatment depends on a delicate interaction between the transferred embryo and a pinopode-bearing endometrium within a healthy uterine environment. Optimization of uterine environment is a cornerstone in enhancing the likelihood of conception and achieving successful reproductive outcome following IVF treatment. Uterine and tubal pathology that could compromise the uterine
environment and jeopardize IVF outcome is common and could affect up to 40% of infertile couples. Therefore, efforts should be made to diagnose and, if necessary, treat such pathology before starting IVF treatment to enhance its outcome. This presentation aims to review recent literature evidence in relation to the various surgical methods proposed to treat uterine and tubal pathology encountered during pre-IVF assessment in order to optimise the outcome of assisted conception treatment.

3- Morbidity-free PGD Service: dream or reality? : 11:40 on Saturday 9th September 2017

Pre-implantation Genetic Diagnosis (PGD) was developed in the late 1980s as an alternative to prenatal diagnosis for couples at substantial risk of conceiving a pregnancy affected by a known genetic disorder. It enables PGD clinics to select embryos for implantation so that at-risk families can avoid passing on genetic disease to their children and to subsequent generations. Over the past decade the use of PGD has increased due to higher demand and improvement in molecular diagnostic techniques. The two main iatrogenic complications of pre-implantation genetic diagnosis (PGD) are ovarian hyperstimulation syndrome (OHSS) and multiple pregnancy. OHSS is a potentially life-threatening complication of controlled ovarian stimulation during PGD treatment, whilst multiple pregnancy is the most common and serious complication of assisted conception and PGD, leading to increased maternal and neonatal risks. These two complications are responsible for the vast majority of morbidity associated with PGD. Our PGD centre has adopted an innovative composite strategy to PGD treatment by separating ovarian stimulation, oocyte retrieval and fertilisation and embryo biopsy from genetic testing and
embryo transfer so that the complications of treatment could be eliminated. The presentation will highlight how this has been achieved.