

Canadian Infertility Awareness Week • May 17-23

A fertile future

Letter writers put face on infertility, urge government action

As someone with painful personal experience, Danny Roth sees infertility as both a private challenge and a public health crisis. "Tens of thousands of us struggle with infertility, yet we tend to do so silently and in the shadows," he says, noting that one in six couples of reproductive age faces infertility issues.

Fortunately, activities such as the third annual Canadian Infertility Awareness Week, now underway, and other efforts by the Infertility Awareness Association of Canada are helping change that.

An IAAC board member, Mr. Roth is one of the architects of a letter-writing campaign encouraging people to tell their stories to policy-makers. "The purpose of the campaign is to say, here we are. While the fringe gets the headlines, like the octuplet mom or the 60-year-old pregnant woman, we're just people who have a genuine desire to create a family, to fulfill our dreams."

The cost of infertility is enormous, he says, both financially and emotionally. "We know several couples whose marriage didn't survive the struggles. The toll on the relationship is overwhelming, and it clouds all aspects of your life."

"One test led to another, until, in 2005, our doctor suggested it was time to try artificial insemination. That's when we realized we weren't going to be able to do this on our own. It was hard to take."

— Danielle Alderman



Jeff and Danielle Alderman of Ontario have experienced the anguish of infertility, including the physical, emotional and financial costs of in-vitro fertilization treatments. "Until you've been through it, it's impossible to imagine what it's like," says Danielle. PHOTO: DEBORAH BAIC

Mr. Roth and his wife Jillian went through four years of unsuccessful infertility treatment before they were able to adopt. "The women who go through this are heroic," he says. "It is psychologically and physically overwhelming; it's invasive, embarrassing, debilitating and exhausting. For men, there's a terrible feeling of helplessness."

"Until you've been through it, it's impossible to imagine what it's like," says Danielle Alderman. She and her husband Jeff decided they were ready to start a family in 2003, but after a year and a half, she mentioned to her doctor that nothing seemed to be happening. "One test led to another, until, in 2005, our doctor suggested it was time to try artificial insemination. That's when we realized we weren't going to be able to do this on our own. It was hard to take."

Before attempting in-vitro fertilization, she decided to wait a year, and founded the Burlington Twist Women's Masters soccer team, which will go to Australia this October to play in the 2009 World Masters Games. "I wanted to make sure that I could be happy with my life as it is. I've been playing soccer since I was five,

competitively since I was 10. I was able to immerse myself in a different passion, something that made me feel good and gave me confidence."

When it was time to start looking into in-vitro treatment again, she says, she felt ready.

Yet after the treatment failed, she says, "I had never been that sad. But one of the things athletes say is that fitness is not necessarily about how fast or far you can run, it's about how quickly you can recover when you've pushed yourself to the maximum. And I bounced back relatively quickly. Every day, I started by simply getting out of bed; my objective was to get out of bed and go to work."

Since then, the Aldermans have gone through further in-vitro treatments. If successful, their enormous investment – physical, emotional and financial – will give them something that most Canadians take for granted every day.

"Our goal," says Ms. Alderman, "is simply to have a child."

Dr. Cliff Librach, IVF director at CReATe IVF in Toronto, says, "Fertility should be treated just like any other disease or medical condition people suffer from. As the director of the Ontario Med-

ical Association Section of Reproductive Biology, I did a survey of our members on this issue: it was unanimously felt this treatment should be funded."

Infertility affects relationships with friends and family members, says Dr. Librach, partly because it can be so painful for people who can't have a child to be around those who do. "You can't help but think, 'I wish that were me.' And it can damage your relationship with your partner, both physically and socially, as you concentrate on trying to have a baby versus having a normal, intimate relationship."

"In this country," says Mr. Roth, "we've made a commitment to fund medically necessary treatments. To then deny this right to a particular segment of our community is unconscionable."

To date, more than 1,000 letters have been forwarded to the McGuinty government by the Infertility Awareness Association of Canada. ■

Note: The Aldermans' second IVF treatment was successful, and they are expecting their baby in October 2009. Ms. Alderman will not be able to attend the 2009 World Masters Games.

The male factor

Men encouraged to see urologist first

The burden of fertility, says Peter Chan, urologist and director of Male Reproductive Medicine at McGill University Health Centre, is always weighted most heavily toward the female partner in a couple. "That's been true throughout history. Today, when couples are unable to conceive, the woman goes to see a gynecologist."

But infertility in men is much more common than generally thought, and there are convincing arguments to be made for visiting a urologist first, says Dr. Chan. "Some studies have shown

that among couples who are infertile, about one-third have pure male factor infertility, about one-third a mix of male and female factors, and only one-third is purely female factor. The evaluation of the male is easier and less invasive than for the female, and may be lifesaving."

Infertility in men can be a symptom of conditions that, undiagnosed, can be deadly. "Testicular cancer is the most common cancer in that age group, and it is 20 times higher in men who are infertile than in the general population," says Dr. Chan. "I have

diagnosed a number of testicular cancers in men who were at our clinic for fertility issues."

Other severe conditions, such as hormonal imbalances, genetic problems and even osteoporosis have been linked to infertility.

Once those conditions are ruled out, treatment of male factor infertility may more easily result in a successful pregnancy. "I think most couples would prefer to have a natural pregnancy if given the choice. If a man goes through the evaluation, there may be many things we can find to

improve, including surgeries and medications to treat hormonal imbalances, lifestyle changes addressing obesity, smoking," he says. "Hormonal disorders can now be managed quite effectively, and hormone treatment may sometimes be used for men with unexplained low sperm levels."

The single most commonly found problem in men who have poor sperm parameters is a condition called varicocele, says Dr. Chan. Seventy per cent or more of men who undergo varicocele correction surgery to correct the problem

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have an improvement in sperm level.

"That means they may have a chance to achieve the goal of natural pregnancy. If they need to use further fertility treatment like various assisted reproductive technologies, their success rate is improved by more and better sperm. Surgeries can also correct a blockage somewhere in the reproductive tract. Micro-surgical techniques have undergone tremendous modification to the point that the success rate for reversal of a vasectomy, for example, is 95 per cent to 99 per cent," he says. ■

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A private issue in need of a public solution

By Dr. Norm Barwin
Founder and President
Emeritus, IAAC



Since the establishment of the Infertility Awareness Association of Canada, the organi-

Having been involved in infertility for over 30 years, I have witnessed amazing progress and advances in reproductive technology, enabling those who would not have been able to have a family to parent. Yet with all this progress, we have not seen accessible, informed and affordable treatment for those who seek these technologies.

zation has played a critical role in supporting the emotional needs of the infertile and providing the resources to educate, inform and provide information for the 600,000 patients who are unable to conceive.

In Canada, we take pride in our health care system and the universality of so many aspects of health care. In the treatment of infertility, however, a two-tiered system has evolved. Patients requiring the new reproductive technologies have no access to coverage in most provinces, with the exception of Ontario, where coverage is available only in the case of infertility due to totally blocked fallopian tubes. Elsewhere, only those who can financially afford these new technologies can avail themselves of this service.

If IVF were funded in Canada, over the first five years, we could expect the birth of a child for an additional 3,200 couples. It is estimated that funded IVF would mean 50 per cent fewer multiple births, with 4,200 (40 per cent) fewer twins; 1,200 (88 per cent) fewer triplets; and 3,500 fewer premature babies. According to the revised budget impact analysis recently completed by Lindy Forte, this would result in annual

savings of between \$69 million and \$86 million in perinatal hospitalization costs, and annual savings of between \$39 million and \$77 million in post-natal costs related to the first-year care of the surviving low birth babies.

Reducing the lifetime cost of caring for children with permanent disabilities resulting from premature births would mean long-term annual savings of \$120 million to \$150 million.

The need for public funding is blatantly obvious.

The Canadian government takes a liberal attitude to increasing the Canadian population through generous immigration policies – we applaud this. But the unwillingness of our government to assist or help those Canadians who genuinely desire to have a family reflects a lack of awareness of the pain and suffering experienced by those who cannot have a child. What would life be like without families?

IAAC strives to generate greater awareness of the infertile – people seeking equity from provincial health care insurance, and recognition that the pain infertile couples feel is as urgent as any other medical condition. Society takes so much for

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granted, but fails to recognize the tragedy experienced by those unable to conceive, and what a devastating blow it is to those affected that we fail to recognize infertility as a disease.

IAAC was established to fulfill the need for support, caring and understanding, and to educate the infertile to be informed of all the choices and options available. It is also there to speak up on their behalf, presenting the clear need for health coverage for the disease of infertility. Funding IVF would provide significant savings to health care, while allowing many new families a chance to grow.

Dr. Norman Barwin is co-founder of the Infertility Awareness Association of Canada (IAAC), which he and Marie Morrissey established in 1990. IAAC originated from an Ottawa voluntary group called the Infertility Self-Support Group (ISSG), which began in 1983. Thanks to Dr. Barwin's and Marie Morrissey's vision, today IAAC hosts 28 support groups across Canada and provides educational material, support and assistance to individuals and couples who are experiencing the anguish of infertility, a reproductive health disease that affects over half a million Canadian men and women.



One in six Canadian couples of reproductive age suffer infertility issues. The Infertility Awareness Association of Canada urges public funding of IVF treatments. PHOTO: FOTOLIA.COM

Science

Reducing the risks of multiple birth

Around the world, the incidence of twins has increased by 30 to 40 per cent over the last 15 years, says Dr. Jon Barrett, chief of maternal-fetal medicine at Sunnybrook Health Sciences Centre, and the incidence of triplets has increased by between 300 and 400 per cent.

The initial response to news of a multiple pregnancy is often excitement about the delivery of an 'instant family,' but that excitement quickly turns to trepidation as parents-to-be learn about the risks.

"The risks of twins and triplets either dying or becoming severely handicapped during pregnancy and birth is about ten-fold for twins and even forty-fold for triplets," says Dr. Barrett, who is leading a \$9-million research study on multiple births at the

Sunnybrook Research Institute.

The impact on the health care system and economy is staggering. "Multiples form about two per cent of total births, but account for about 25 per cent of intensive care," says Dr. Barrett. "Mothers often have to take time off work because of pregnancy risks, caesarean sections are far more common and babies are often premature. Mothers and babies may require hospital care for months at a time, and these are often special needs children."

Even if things go well medically, the impact on the family is devastating. "One study found that the hours per week required to take care of twins are greater than the number of hours in a week. Families who have multiple births have a higher risk of

divorce, family violence, separation and alcoholism," he says.

The increase in multiple births is sometimes viewed as an unwanted side-effect of fertility treatments, but according to professionals in the field, the solution is informed public health policy. "Because IVF treatment is not funded, there is pressure on both the parents and the clinics to (implant two or three embryos to) get a pregnancy despite the increased risks," says Dr. Barrett.

In parts of the world where IVF treatments are funded, multiple birth rates have declined significantly, he says. "Not funding in-vitro fertilization treatments is false economy. If you just prevented one triplet birth, one case of cerebral palsy, you would save enough to fund many

IVF treatments."

Public funding of IVF, supported by advances in treatment, hold great promise for reducing multiple births.

Jim Meriano, director, Embryology Laboratory, LifeQuest Centre for Reproductive Technology, has achieved promising results in preliminary trials using single embryo transfer. Instead of the usual practice of transferring two or three embryos in order to achieve a good pregnancy rate for the patient, he says now, "When appropriate, we transfer a single, more advanced embryo at a later stage of development. We can maintain a high pregnancy rate, especially in younger patients, and decrease the amount of multiples."

Janet and Colin McDonald are intimately familiar with the challenges of infertility

Risks of Multiple Births

To mother

- Gestational diabetes
- Iron and folate deficiency anemia
- Gestational hypertension and pre-eclampsia
- Fetal malpresentation requiring caesarean section
- Post-partum hemorrhage
- Post-natal psychological and social problems

To babies

- Blindness
- Cerebral Palsy
- Dysfunction of one or more organs
- Learning disabilities
- Infant death four times more likely

and the temptation to risk multiple births in order to increase the odds of having one healthy child. Today, the McDonalds have a little girl who is almost two and are expecting their second child, both through IVF.

"By the time you get to IVF," says Ms. McDonald, "you've had a lengthy journey, generally, because it's not the first technology used. You've already had a lot of failures. With that great cost, why wouldn't people want to increase their odds?"

An advocate of public funding for IVF, she says, "We don't choose to be infertile; it's not anything we can fix on our own. You can't eliminate the emotional and social stresses, but if the financial stress could be eliminated, people wouldn't need to take these risks."

Having trouble conceiving? Help is here:

ARTUS Fertility Centre
Saskatoon
www.medicine.usask.ca/obgyn/affiliates-1/artus-centre/

The ARTUS Centre, located in Saskatoon, provides infertility investigation and state-of-the-art treatment for all of Saskatchewan. Women and men deserve special care while working to achieve their fertility goals. We believe in families of all designs and strive to create them, while offering individualized, compassionate care in a friendly and welcoming environment. We take pride in our first hand knowledge of our patients, which is a personal quest of our close-knit team of professionals.

CReAtE IVF
Toronto
www.createivf.com

Located in downtown Toronto, CReAtE's goal is to provide the best care for those who need special help to build a family. Dr. Cliff Librach and his team take a highly personalized approach to patient care, which they define as "paying close attention to the patient's unique social, cultural and spiritual needs, and not just addressing medical needs." Dr. Librach also welcomes singles and same-sex partners.

First Steps Fertility
Toronto
www.firststepsfertility.ca

Located conveniently in North Toronto, As Canada's only all-women centre for infertility and recurrent miscarriage, the physicians are Dr. Marjorie Dixon, Dr. Sony Sierra and Dr. Fay Weisberg. Their goal is to work as a team with patients to provide the highest standards of reproductive care in a holistic, compassionate, ethical and professional setting. The team of physicians, nurses and support staff is dedicated to providing culturally sensitive, evidence-based medicine, using state-of-the-art technology to achieve fertility goals.

Genesis Fertility Centre
Vancouver
www.genesis-fertility.com

How does Vancouver-based Genesis Fertility Centre offer some of the highest IVF pregnancy rates in Canada, year after year? Experience. This includes highly trained staff, affiliated programs throughout the province and an internationally recognized team of co-directors, Drs. Margo Fluker, Jason Hitkari, Beth Taylor and Al Yuzpe. We're committed to providing a warm and confidential environment, the province's most sophisticated embryology laboratory and a personalized treatment plan tailored to your individual circumstances.

Heartland Fertility and Gynecology Clinic
Winnipeg
www.heartlandfertility.mb.ca

Heartland has a 12-year history of providing reproductive health care in Winnipeg. It is the only clinic within an 800-kilometre radius that offers full infertility evaluations and state-of-the-art treatments. The supportive nature of the staff, the individualized care provided to patients and the design of the clinic itself provide a calm and compassionate environment. Drs. Gordon McTavish, Jeremy Kredentser and Francis Lee agree that "sometimes, even miracles need a helping hand; that's where we come in."

ISIS Regional Fertility Centre
Mississauga
www.isisrfc.com

ISIS has been offering patient-focused care for infertility and reproductive-related issues since 1999. The clinic is accredited by Accreditation Canada and offers a multi-discipline team approach to patient care. Specialized programs offered at ISIS include pre-implantation genetic diagnosis, egg and sperm freezing, known egg and sperm donor donation, anonymous donor sperm and care for HIV patients seeking to create a family. State-of-the-art embryology lab and ultrasound centre located on-site.

IVF Canada & The LIFE Program
Toronto
www.ivfcanada.com

The physicians at IVF CANADA/LIFE Program opened the first in-vitro clinic in Canada back in 1983, and 25 years later continue to ensure that their patients have access to the newest and most successful reproductive technologies available, while participating in clinical research and providing access to patients who do not meet the criteria of other IVF clinics. The group has generated many firsts in Canada and maintains a patient-focused environment where proven technologies provide their patients with best possible outcomes.

LifeQuest Centre for Reproductive Medicine
Toronto
www.LifeQuestivf.com

The centre features two clinics, in downtown Toronto and Thornhill. The multi-disciplinary team provides comprehensive care in a warm and respectful environment with Canada's most inclusive on-site private embryology laboratory. The group of leading infertility specialists provides personalized care including state-of-the-art treatments. "Thanks to significant strides in the field of reproductive medicine, couples previously diagnosed with 'unexplained infertility' are now finding explanations," said Ken Cadesky, Medical Director.

The McGill Reproductive Centre (MRC)
Montreal
www.mcgillivf.com

The MRC is a global leader in state-of-the-art fertility treatment, including 26 live births from frozen eggs. We offer IVF without ovarian stimulation (IVM), fertility preservation for chemotherapy patients, and operate the only pre-implantation genetic diagnosis laboratory in Canada. Under the leadership of world-renowned fertility expert Dr. Seang Lin Tan, our team of specialists has achieved pregnancy rates among the highest in the world - 40% per cycle for IVM and 65% for IVF in women up to 35.

Mount Sinai Centre for Fertility and Reproductive Health
Toronto
www.mountsinai.ca/fertility

The new Mount Sinai Centre for Fertility and Reproductive Health is opening June 2009, with a state-of-the-art facility, offering unique personalized care and scientific excellence within the Mount Sinai Hospital health care system. We offer the most complete fertility care in Southern Ontario, with the latest in investigative and treatment care for patients with a wide range of infertility issues, welcoming same-sex, single and virally infected patients.

ONE Fertility
Burlington
www.onefertility.com

ONE Fertility provides fertility services in a new state-of-the-art facility. The physicians and embryologists are formerly of the Centre for Reproductive Care, which provided outstanding fertility care in Hamilton for over 25 years. ONE Fertility is still affiliated with McMaster University and is recognized as one of Canada's leading fertility and research programs. Our team of experts is patient-focused, and our evidence-based approach ensures the highest possible standard of care and success.

Ottawa Fertility Centre
Ottawa
www.conceive.ca

The most modern fertility centre in the country, Ottawa Fertility Centre has 5 subspecialty trained fertility specialists and 50 staff dedicated to the resolution of fertility problems. It is an advanced, full-service centre where all diagnostic testing and treatments are provided. The medical team started the IVF Program at the Ottawa Hospital in 1988, moving to this new state-of-the-art centre in 2006. We offer personalized care and welcome patients from across the country.

Regional Fertility Program
Calgary
www.regionalfertilityprogram.ca

Since 1984, this state-of-the-art facility in Calgary has offered comprehensive fertility services including infertility work-up, husband and donor insemination, IVF/ICSI, known donor oocyte cycles, embryo donation and pre-implantation genetic diagnosis. The physicians and staff at the RFP have over 20 years of experience in the diagnosis and treatment of infertility problems. Counselling services and acupuncture are also available. The IVF program is the busiest and among the most successful anywhere in the world.

ReproMed - The Toronto Institute for Reproductive Medicine
Toronto
www.repromed.ca

Located in West Toronto, ReproMed is committed to providing the highest quality of compassionate and comprehensive care required in the treatment of male and female fertility. Under the leadership of our Medical Director, Dr. Alfonso P. Del Valle, we have been at the forefront of reproductive sciences for more than 18 years. Our beautiful technologically advanced facility and knowledgeable staff offer a serene, accommodating environment where achieving your goal of creating a family is our mission.

The Toronto Centre for Advanced Reproductive Technology
Toronto
www.tcartonline.com

The state-of-the-art fertility treatment centre was founded by Dr. Robert Casper in 1993. Dr. Casper is a world leader in the research and treatment of both male and female infertility. The clinic has extensive experience and new therapeutic approaches for women over age 38. Clinic services include: Infertility work-up and diagnosis, cycle monitoring, intrauterine insemination, donor insemination, IVF/ICSI, oocyte freezing, known donor oocyte cycles and PGD. Counselling and acupuncture services are also available.