Foreign Fertility Patients Boost U.S. Business

ARTICLES BY KATE JOHNSON

AMSTERDAM — A bright light in the floundering U.S. economy may be an influx of foreign fertility patients, several experts suggested.

Last year, up to 5,000 patients seeking fertility treatment—8% of the national U.S. annual volume—came to the U.S. from abroad, with European and Latin American populations comprising the bulk of those patients, according to study findings from a survey of American and Canadian fertility clinics conducted in October 2008 that were presented at the annual meeting of the European Society of Human Reproduction and Embryology.

"There is significant transatlantic traffic of patients to the U.S," said the study's lead author, Dr. Edward Hughes from McMaster University in Hamilton, Ontario, Canada. These patients are seeking conventional in vitro fertilization (IVF), as well as anonymous egg donation and gestational carriers.

The influx is thanks to a glut of European patients, attracted by the faltering U.S. dollar as well as by less restrictive access to certain treatments, particularly third-party reproduction, according Dr. Brian Kaplan, a reproductive endocrinologist with Fertility Centers of Illinois in the Chicago area.

"There are favorable laws in the U.S. compared with many European countries, which have banned certain treatments. Combine this with the excellent pregnancy rates at our center, and most of the centers in the U.S., and the fact that U.S. fees are more attractive because of the recession, and that's why they're coming," Dr. Kaplan said in an interview.

Although U.S. fees have traditionally been, and remain considerably higher than those in many European countries, they are offset by better success rates and access, he emphasized.

Indeed, the U.S. has always been an attractive choice for many foreign infertile couples hampered by restrictions they face at home, says Dr. David Adamson, immediate past president of the American Society for Reproductive Medicine.

"Patients with infertility will do almost anything they can to have a family. If a country has a situation where a large number of citizens are deciding to go elsewhere for care, then it's very important for that country to look at the reasons and to decide if their regulations are appropriate or not," he said in an interview.

A good example is the recent influx of Canadian patients across the U.S. border. According to the survey, the U.S. received 7% of Canada's national volume of in vitro fertilization patients last year. A full 80% of those patients were seeking egg donation, which has become virtually unavailable in their own country since a ban on payment to donors, said Dr. Hughes.

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DR. ADAMSON

"If a patient in Canada has an altruistic donor she can certainly have care, but in the absence of that, donor egg patients have been traveling to the States in increasing numbers," he said.

The economy may also be providing additional incentives in this context, as more U.S. women are considering egg donation as a means to supplement their income.

"Clinics are reporting a surge in egg donors as a result of the economic climate," reported Wendy Kramer from the Donor Sibling Registry. She cited a Wall Street Journal headline from last December, which read "Women Line Up to Donate Eggs—for Money."

Regardless of the economy, cross-border fertility "tourism" is a growing reality that will continue to flourish as long as countries differ regarding regulation and access, Dr. Adamson said.

"One can expect in the future there will probably be slow harmonization of legislation, guidelines, and oversight, but I don't see that there will be complete unanimity for decades and decades to come—if ever," he said.

The survey was a joint effort of Assisted Human Reproduction Canada, and the U.S. Society for Assisted Reproductive Technology.

It involved the polling of 392 U.S. and 34 Canadian fertility providers. A total of 125 (32%) U.S. providers responded, and it was estimated that they were responsible for providing about 42% of national fertility services, said Dr. Hughes. The Canadian response rate was 82%, representing 77% of that country's fertility services.

U.S. clinics reported a total of 1,809 patients entering the country for treatment, 1,400 for IVF. "That's about 4% of the national volume, but in absolute terms these numbers need to at least be doubled," he said, explaining that the responders provided less than half of the fertility services in the country. "There are probably 5,000 incoming patients, about 3,000 of them for IVF," he concluded. ■

Study: Fertility Tx Can Be Successful In Women With Cystic Fibrosis

AMSTERDAM — Demand for fertility treatment is increasing among women with cystic fibrosis, and treatment has resulted in excellent maternal and neonatal outcomes, according to Dr. Sylvie Epelboin of the Hôpital Saint Vincent de Paul in Paris.

"Previously these women were not expected to live beyond 20 years, but now 45% of them are reaching adulthood, and their average life expectancy exceeds 38 years," she said in an interview.

Yet worldwide, only 1,083 births to women with the condition have been reported in the literature.

Natural conception in women with cystic fibrosis (CF) is usually not possible because they produce exceedingly thick cervical mucus, Dr. Epelboin explained at the annual meeting of the European Society of Human Reproduction and Embryology.

However, they can be treated with either intrauterine insemination (IUI) or in-vitro fertilization (IVF) with high success rates—as long as precautions are taken, she said.

Her study, the first long-term analysis of fertility treatment in such women (1998-2008), included 24 women with CF who were unable to conceive naturally.

After counseling, three women were discouraged from pursuing treatment because of poor health, and six others are still being assessed.

"It's a real challenge to consult these women and to talk about life, their future baby, and death," she said. "We have had to learn how to tell patients, 'I want to help you but your child might be an early orphan.' "

A total of 15 women were initially offered IUI, followed by IVF if they did not conceive.

There was a clinical pregnancy rate of 87% and an ongoing pregnancy rate of 80% in the women whose median age was 29.6 years, she said. Seventeen pregnancies were achieved in 13 women—15 through IUI, 1 with regular IVF, and 1 with IVF/egg donation. There were three miscarriages and 13 births; one pregnancy is in the third trimester, Dr. Epelboin reported.

Although there was a 31% rate of premature birth, all deliveries occurred after 35 weeks (mean 37.6 weeks), and there were no babies with very low birth weights of less than 1,500 g (mean birth weight was 2,842 g).

Preconceptional counseling is essential for women with CF to ensure that their pulmonary function is optimal. Pancreatic insufficiency requires that they receive vitamin and nutritional supplementation and that they have an optimal body mass index; if they are diabetic, their condition must be well controlled, Dr. Epelboin advised.

Additionally, their obstetrical care is intense, involving early home rest, monthly obstetrical visits to monitor fetal growth and gestational diabetes, and regular visits with a diabetologist and CF expert. Fifty percent of the cohort had gestational diabetes, and many had a slight decline in lung function during the year of pregnancy, although all have remained healthy, she said. The oldest child from the cohort is currently 10 years old.

"The results are good news because they show that fertility treatment works and does not increase medical risks for mothers or children," said Dr. Epelboin, who reported no conflicts. ■

Chlamydia Seropositivity, Time to Conception Linked

AMSTERDAM — Women who test positive to *Chlamydia trachomatis* antibodies may face a longer road to conception than seronegative women, even if tubal pathology has been ruled out, according to a study of subfertile women in the Netherlands.

"In the Netherlands we use chlamydia antibody testing to triage infertility patients for tubal investigation," Dr. Sjors Coppus said at the annual meeting of the European Society of Human Reproduction and Embryology.

But in such women, the absence of tubal pathology after hysterosalpingogram (HSG) or laparoscopic examination does not rule out potential fertility problems, said Dr. Coppus of the Academic Medical Center of the University of Amsterdam.

In an analysis of ovulatory subfertile women attending 38 clinics in the Netherlands, his study identified 1,882 who had undergone chlamydia antibody testing and tubal patency testing with either HSG or laparoscopy. The median age of the women was 33 years, they had experienced subfertility for a median duration of 1.9 years, and 38% of them were experiencing secondary subfertility. Of these women, 438 (23%) were seropositive and 1,444 (77%) were seronegative.

After 1 year of follow-up, 16% of the women had conceived spontaneously, and another 15% had conceived after receiving fertility treatment, for a cumulative pregnancy rate of 31%, reported Dr. Coppus. The rate of conception was similar in both seronegative and seropositive women at the 1-year mark; however, spontaneous conception occurred more quickly in the seronegative women (hazard ratio, 0.47).

"We can conclude that even after tubal pathology has been ruled out, if a woman is seropositive, she is approximately 50% less likely to conceive spontaneously within 1 year," than a seronegative woman, he said. "This is a new prognostic factor in the treatment of subfertility." ■