DALLAS—June 9, 1993—Reproductive specialists at The University of Texas Southwestern Medical Center at Dallas are evaluating a new non-surgical fertility technique. The outpatient procedure may cut costs as much as \$6,000 while avoiding the risks associated with surgery, making it less costly and easier on the patient.

Called <u>office assisted reproductive technology</u> (office ART), the technique offers some women an alternative to standard surgical procedures. With in vitro fertilization (IVF) and gamete intrafallopian transfer (GIFT), fertilized eggs are implanted surgically, either directly into the uterine cavity or into a woman's fallopian tubes. Both procedures currently are performed in the operating room.

"We are evaluating certain cost-containing elements," said Dr. Paul Marshburn, assistant professor of OB/Gyn and director of the ART clinic at UT Southwestern.

Dr. William Kutteh, assistant professor of OB/Gyn and office ART team physician, said he believes that office ART may be the next major trend in reproductive medicine. "If things work out the way I think they're going to go, everyone may be offering this technique to appropriate patients within the next several years," he said.

Currently the UT Southwestern team is offering the office ART alternative to women under 40 who are attempting to conceive. One of the first two patients who underwent the new technique at UT Southwestern's Aston Ambulatory Care Center is pregnant. The Aston Center's gynecology/fertility clinic has recently doubled in size in order to serve more referral patients.

In order to be selected for the in-office procedure, the young women must have estrogen and follicle-stimulating-hormone (FSH) levels conducive to pregnancy and have a successful pattern of ovulation following treatment with clomiphene citrate, a fertility drug. Patients

(More)

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who have been referred by other physicians after unsuccessful attempts at fertilization are not accepted for office ART. "In those cases, we first need to look and see if something else is going on," said Kutteh.

Kutteh said that he believes time will definitely prove a financial advantage for using office ART with appropriate patients. With office ART techniques, couples may spend about \$2,500 per cycle, making the costs for the usual three cycles \$7,000-\$8,000, Kutteh said. Even with an additional ART procedure, the total cost is substantially less than for traditional procedures done in the operating room, which may run \$7,000-\$9,000 for each individual procedure. Cost-saving elements include the smaller number of medical personnel needed for office ART; no need of operatingroom personnel; fewer diagnostic tests, such as ultrasound; and fewer laboratory procedures.

There are additional medical benefits for choosing office ART. First, the procedure requires only oral and intramuscular or intravenous analgesia. Clomiphene citrate, the fertility drug used in office ART, is administered by mouth rather than by multiple injections. It is much less expensive and has fewer side effects than Pergonal. Also, Pergonal is more commonly associated with a higher rate of multiple births than is clomiphene (20 percent versus 8 percent).

A personal advantage is that the husband can be in the day-surgery room while office ART is being administered to his wife.

There may be some disadvantages.

"It is currently believed that there is a higher rate of impregnation with traditional techniques, which average a 18-20 percent success rate versus a 10-15 percent rate with office ART," Kutteh said.

The techniques using Pergonal offer a slight advantage in that the drug produces more eggs than clomiphene, allowing the physician to implant the "best embryos" that result from fertilization. Generally, four embryos are implanted per procedure. However, the uterine environment may be more conducive to implantation when a patient has taken clomiphene citrate rather than Pergonal and other injectable medications.

"Implantation is still a big mystery in both procedures, however, endometrial receptivity may be better with only clomiphene," Kutteh said.

"In addition, this is not for the patient who says, 'I don't want to feel anything,' Kutteh admitted. "However, patients undergoing the office ART procedure are carefully selected and counseled."

Kutteh said patients, who have the option of listening to music through earphones during the procedure, have told him that the sensation is like a needle stick. The actual aspiration procedure usually takes less than 15 minutes, and most patients will tolerate the procedure without difficulty.

Marshburn said he believes office ART will make in vitro fertilization available to patients who cannot afford the traditional procedures.

For more information about office ART, call (214) 648-8846.

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NOTE: The University of Texas Southwestern Medical Center at Dallas comprises Southwestern Medical School, Southwestern Graduate School of Biomedical Sciences, Southwestern Allied Health Sciences School, affiliated teaching hospitals and outpatient clinics.