

ISMAAR: The International Society for Mild Approaches in Assisted Reproduction

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Abstract

The International Society for Mild Approaches in Assisted Reproduction (ISMAAR) was founded to promote a more physiological, less drug-oriented, lower risk, less expensive and more patient friendly approach to assisted reproduction embracing not only natural cycle treatment but also mild stimulation protocols and in-vitro maturation of oocytes. Recent research suggests that IVF in modified natural cycles or in cycles combining mild stimulation with antagonist is likely to replace the current conventional IVF protocols. The Society will focus both on the basic science and clinical aspects of assisted reproduction. It is dedicated to conducting practical workshops for training and also seminars for educating assisted reproduction technology professionals in the developed and developing world. ISMAAR aims to establish a direct dialogue with the voluntary sector and politicians to campaign for IVF to be a safer, softer and more affordable treatment globally.

Key words: ISMAAR, Natural IVF, Mild IVF, IVM, Accessibility of ART, Safety.

ISMAAR was set up as a non-profit making organisation and a UK Charity (Registration number 1123677) in 2007. This Scientific Society was set by a group of scientists and doctors who cared deeply about its objectives. The fact that it has been set up and run as a non-profit making organisation confirms the commitment of the ISMAAR Board members to achieve its goals without any financial interest. The membership of ISMAAR is free of charge to encourage trainees and ART professionals from developing countries to benefit from the intellectual exchange among the ISMAAR members. The society has also emerged as a no strings attached, non-political organisation with an ability to make progress to reach the public and professionals across the world without any bureaucracy or delay. ISMAAR is expanding and spreading its message and offering a helping hand to both developed and developing countries.

The society and its goals has received the blessing of Prof Robert Edwards who strongly supports the science behind the movement towards natural IVF, IVM and Mild IVF (2). He opened the First World

Congress in London, with a powerful message to make IVF safer, affordable and physiological.

The objectives of ISMAAR include:

- To promote mild, safe and affordable ART
- To make ART more physiological
- To work towards policies for protection of human fertility
- To help with specific projects in developing countries
- To advise policy makers and professionals
- To achieve better public funding for ART
- To involve the voluntary sector in the above
- To offer education and training in mild approaches in ART
- To promote and fund scientific research in this field
- To raise public awareness about fertility and ART

The Board members of ISMAAR include, Geeta Nargund (President), Rene Frydman (Chairman), Bart Fauser (Head of Scientific Committee), Stuart Campbell (Ultrasound), Osama Kato (Natural Cycle

IVF), Willem Ombelet (Affordability & Developing Countries), RC Chian (Laboratory Technologies), Pasquale Patrizio (Fertility Preservation), Svend Lindenberg (IVM and Low cost IVF).

Mild approaches in assisted reproduction are successful and highly relevant now for the following reasons:

- Concerns about physical, and emotional burden of conventional stimulation
- Risks associated OHSS and multiple pregnancies
- Concerns about chromosome abnormalities in oocytes & embryos with conventional stimulation
- Concerns about the effect of conventional stimulation on endometrial function
- Moves towards Elective Single Embryo Transfer (eSET)

- Clinical availability of antagonists
- Advances in endocrinology
- Advanced ultrasound technology
- Greater efficiency in embryological techniques and training
- The need to protect women’s health and safety during ART
- Concern over the cost and complexity of conventional stimulation IVF for patients
- The need to make ART affordable and accessible to all

An ISMAAR consensus paper on terminology of stimulation for IVF was published in Human Reproduction (1). The following table indicates definitions:

Terminology	Aim	Methodology
Natural cycle IVF	Single oocyte	No medication
Modified Natural cycle IVF	Single oocyte	hCG only Antagonist & FSH or HMG add-back
Mild stimulation IVF	2-7 oocytes	Low dose FSH or HMG, Oral compounds & antagonist
High stimulation IVF	≥ 8 oocytes	Agonist or antagonist, Conventional FSH/HMG dose



Fig. 1. — Rotterdam ISMAAR Terminology Consensus Group – March 2007

ISMAAR has run four successful World Congresses, the First two in London, the third in Yokohama, Japan and the fourth in Kolkata, India. Future World Congresses are planned in Copenhagen and China. Our aim is to demonstrate ISMAAR's commitment to involve colleagues from all parts of the world in this mission.

ISMAAR has also sponsored three annual workshops in Francophone Africa since 2009; the first in Togo, the second in Cameroon and the third this year in Benin. The society is conducting workshops worldwide and has sessions in COGI (Controversies in Obstetrics, Gynecology & Infertility) meetings.

The Board members have offered on-site training in their departments to doctors and scientists from developing countries at no cost. ISMAAR also provides clinical protocols and assistance to members and interested doctors. There are regular training courses on advanced ultrasound. Pre-congress courses have been practical and interactive. ISMAAR is also a stakeholder in the WHO infertility group and contributed to the terminology paper

published jointly with ICMART (International Committee Monitoring Assisted Reproductive Technologies) and WHO.

ISMAAR aims to establish a direct dialogue with forward-looking pharmaceutical companies willing to embrace the mission for safer and affordable ART.

ISMAAR invites colleagues from all parts of the world to join us in achieving our goals, to increase accessibility for ART in the developing world and most importantly to raise public and government awareness about reproductive health. Acknowledgement: The author thanks the Board members of ISMAAR for their hard work and members and supporters of ISMAAR for making it grow so rapidly.

References

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