

The International Society for Reproductive Surgery and Fallopian Tubes



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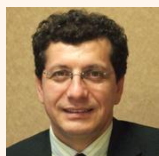
I am currently working as consultant obstetrician and gynaecologist at Darent Valley Hospital, Dartford, United Kingdom. Over the years I developed a keen interest in reproductive surgery, minimal invasive surgery, endometriosis, reproductive medicine and gynaecology ultrasound. I wish to express my thanks to the president elect Mr Kamal Ojha for giving me the privilege to be writing the first newsletter for the International Society for Reproductive Surgery and Fallopian tubes.

We would publish quarterly newsletter which will include the current status of ISRSFT initiatives, educational courses & meetings and important dates. We will work on better communication and exchange of ideas by establishing an ISRSFT forum where members can post their queries. An online research forum is planned to keep the members up to date with the advances in the field of reproductive surgery and medicine. Members are encouraged to take opportunities of publishing their work in RBMonline.

About the society

This society was founded in October 2007 by a group of clinicians and scientists during the World Congress on Fallopian tubes in October 2007 in Kolkata, India. The society promotes study of all aspects of fallopian tubes, reproductive medicine from ovulation to implantation and all aspects of human reproduction. This society uniquely addresses all aspects of reproductive medicine and surgery and gives an overview on various aspects of this rapidly developing field. The vision is to form a worldwide organization to promote the reproductive health of women. I on behalf of the society would also take this opportunity to welcome our new members.

Meet our executive board of Directors



President Ertan Saridogan (UK)



Honorary Treasurer / President Elect Kamal Ojha (UK)



Immediate past President Stephan Gordts (Belgium)



First President : Ovrang Djahanbakhch (UK)



Past president: Antoine Watrelot (France)



Executive Member : T C Li (Hong Kong)



Executive member : Ertan Kervancioglu (Turkey)



Executive member : Prof Enlan Xia (China)



Prof Guanjing - Regional Representative for China

Moving Forwards

Medical care is becoming more expensive and certain treatments are getting beyond the reach of most couples, especially in self-funded health systems. In UK too, where women are privileged to get free treatment at the point of care, there is a threat looming of reducing NHS funding for ART procedures. Never more than before, we now need to look at how women can benefit from reproductive surgeries including those of fallopian tubes, to give them the best chance of getting pregnant without or with assisted reproductive techniques. The skills in tubal microsurgery have somehow become lost in the midst of advancement of ART. The society aims at reviving and expanding these skills from a handful of surgeons to a wider section of gynaecologists with interest in this field. The society has been active in organising scientific meetings, with experts coming from all over the globe. Training, education and research are an integral part of the society.

The society has grown exponentially with members spanning the globe. To encourage wider participation the board members decided last year to make membership free for all. Only email applications from the website are accepted for membership. Please encourage those who are truly interested in this field to become a member. The society organises regular ultrasound workshop to improve diagnostic and operative ultrasound skills in UK and abroad. The details of the courses will be on our website (www.irsft.org).

Some of the meetings held recently

- 3rd China Reproductive Surgery and Fallopian tube Congress - 22nd to 24th of September, 2017. ISRSFT supported this meeting with our executive board member Professor Jing Guanjing.
- ESGE, Antalya, Turkey, October, 2017. The Congress was attended by 1400 delegates in the beautiful city of Antalya on the Turkish Mediterranean coast. Approximately 250 faculty members contributed to the scientific programme and professional activities.
- Combined meeting of ISRSFT and 'YUVA FOGSI' (Federation of Obstetrics and Gynaecological societies of India) Burdawan West Bengal, India -17-18th December 2016. Preconference workshops were organized on 16th December on recent trends in endoscopic surgeries, subfertility management and investigations and obstetric emergencies. The society focussed on needs of trainees and younger colleagues. Experts of international repute shared the trends with the delegates.
- Kiev, Ukraine, May 2017. Held in this beautiful historic city this intensive one day meeting, the programme covered lectures by experts on the most relevant aspects of reproductive medicine and surgery.

Looking forward to

Annual Meeting at Southampton, UK, 28th and 29th of November, 2017. This exciting meeting will look at a problem based approach with a special session on fertility preservation and special reference to ovarian tissue freezing besides discussion and debates on various aspects of tubal pathology, endometriosis and fibroids. This meeting also gives an opportunity to young clinicians and scientists to showcase their research or experience by submitting abstracts. The best three abstracts will get a chance to present their findings at the meeting.

What's new on the horizon?

With reproductive medicine and surgery being one of the most rapidly advancing fields in medicine, new research and techniques are being published regularly.

Tubal Recanalization

Recent publication in human reproduction update [1] presents a systematic review on tubal anastomosis after previous tubal sterilization. The study shows 5-20% women regret tubal sterilization and a fraction of these would undergo reversal. These cases will benefit from reversal of tubal sterilization. Developed in 1970s, the two layered technique is now being done by laparoscopic microsurgical technique with the pooled pregnancy rate after sterilization reversal being 42-69%[1]. The chance of conception is based on the age of the woman. Microscopic surgery yield similar results whether done by laparotomy, laparoscopy or robotic surgery. Macroscopic surgery gives inferior results. Results are better with IVF in older women as compared to sterilization reversal.

Are there alternatives to tubal patency test?

Recent article in Fertility and Sterility [2] showcased Parryscope technique to test tubal patency. This a novel technique in which a mixture of saline and air is instilled through the hysteroscope. The air bubble traverse through tubal ostia into the fallopian tube in case of patent tubes. This test adds to the list along with Laparoscopy tubal dye test, HSG, Saline-sono-hysterosalpingography (SSG) and HyCosy .

Management of fibroids in asymptomatic women with subfertility

An article on new treatments for fibroid, published in Human reproduction update [3] recently stressed on medical treatments, apart from the surgical treatments for managing fibroids. Surgical and non-surgical approaches include myomectomy by hysteroscopy, laparotomy or laparoscopy, uterine artery embolization and interventions performed under radiologic or ultrasound guidance to induce thermal ablation of the uterine fibroids. There is growing evidence of the important role of progesterone pathways in the pathophysiology of uterine fibroids. We know now that efficacy of long-term intermittent use of UPA (selective progesterone receptor modulators, SPRMs) has been demonstrated by randomized controlled studies. With time the focus will be on need for alternatives to surgical intervention, especially for women seeking to preserve their fertility.

Recent article in Fertility & Sterility [4] published guideline based on systematic review of various studies on treatment of myomas and the effect of myomectomy in cases of asymptomatic fibroids on subsequent pregnancy rates and miscarriage rates. The recommendations include that in asymptomatic women with cavity-distorting myomas (intramural with a submucosal component or submucosal), myomectomy (open or laparoscopic or hysteroscopic) may be considered to improve pregnancy rates. Myomectomy is generally not advised to improve pregnancy outcomes in asymptomatic infertile women with non-cavity-distorting myomas. However, it may be reasonable to do myomectomy in some cases where severe distortion of the pelvic architecture is complicating access to the ovaries for oocyte retrieval.

Endometriosis- quest for biomarker

Studies have shown that there are varied phenotypes of endometriosis i.e. peritoneal endometriosis, ovarian endometriosis, and rectovaginal pouch i.e. deep infiltrating endometriosis, extra pelvic endometriosis. The latter can lead to potential of false-negative laparoscopy in symptomatic women. The hunt for a non-invasive biomarker for endometriosis will hopefully make diagnosis of endometriosis much sooner than the typical delay of 8–10 years. Research is looking for potential biomarkers for this enigmatic and debilitating disease [5]. Neonatal uterine bleeding (NUB) was recently proposed to be a potential low-cost clinical biomarker for endometriosis. This is caused by premature Progesterone sensitivity of the endometrial stroma, leading to decidualization of the endometrium late in pregnancy, and menstruation like shedding soon after birth. A focus on the possible origins of endometriosis, whether at birth or at menarche, will hold the solution to prevent this debilitating disease progression.

Recent article in Fertility & Sterility [6] showed aberrant, high score of BCL6 expression (histologic score, >1.4) being strongly associated with poor reproductive outcomes in IVF cycles in women with UI (unexplained infertility). Previous studies showed that women with UI when underwent laparoscopic surgery, a significant number of them were found to have endometriosis. Once treated, a significant number of women conceived without ART. Hence the protein BCL6 is considered a new biomarker for the presence of endometriosis especially in women with unexplained fertility.

Medical Management of Endometriosis

Women with endometriosis requires a life-long management plan, with the goal of

maximizing use of medical therapy and avoiding repeated surgical procedures. It's been proposed that estroprogestins should be used as first-line treatment in low- and intermediate-risk cases, with progestin-only therapy reserved for high-risk women with deep endometriosis [7]. It is also proposed that partial estrogen suppression can be achieved by new class of orally active GnRH antagonist. These drugs are in phase 2 or 3 of clinical development. These drugs act by competitively preventing endogenous GnRH from binding and activating its pituitary receptor, and thus will induce neither downregulation nor desensitization of the receptors. The side effects are much less to the conventional GnRH analogues and there is no initial flare up phenomenon.

Do we need to operate women with endometriosis prior to ART?

We look forward to the debate in our forthcoming ISRSFT meeting regarding need for surgery for endometriosis prior to IVF. Well some cases have outright advantage so much so that they might not need IVF, and some cases would not have any benefit. Previous studies have come up with Endometriosis Fertility index or EFI based on pre and post op surgery parameters. Higher the index, more are the chances of having the pregnancy by expectant management. This has been studied and recently published for moderate to severe endometriosis [8]. The adnexal function and condition is the single most important factor to predict success of expectant management after surgery and live births or ART immediately after surgery.

Recent RCT LAROSE, published in Fertility & Sterility [9], showed no differences in perioperative outcomes between robotic and conventional

laparoscopy on perioperative outcomes for endometriosis.

Travelling Fellowships

The society encourages exchange of knowledge and skills in the field and has links with centre in Leuven(Belgium), Lyon (France) and London. Candidates who are interested can get in touch with Mr Kamal Ojha, Details of the fellowship can be discussed with him @ kojha2@gmail.com.

Forum

The society plans to start a forum for its members. It would provide a good platform to discuss challenges, management of various cases pertaining to the field. This would be an opportunity to ask the experts about management of difficult cases.

Forthcoming meetings & Courses

**TRANSVAGINAL ULTRASOUND
WORKSHOPS IN 2018**

**Venue Derby Hospital, Derby
3D ultrasound workshop
Date 26th of January, 2018**

**Venue St Georges Hospital
Transvaginal workshop Gynaecology
and Early pregnancy
Date 9th March 2018**

**Next Annual ISRSFT meeting in Derby,
United Kingdom in 15th and 16th of
November, 2018
This meeting will have live interactive
sessions and simulation training
Details to follow soon.**

**ISRSFT is jointly working with COGI
towards the 25th World Congress on
Controversies in Obstetrics and
Gynaecology & Infertility for more
details <http://cogi-congress.org/>**



References and Articles of Interest in the field of Reproductive Surgery

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