

CELEBRATING  
**25**  
YEARS  
of  
*fertility medicine*  
AT THE SWEDISH CAMPUS

Celebrating Fertility Medicine  
in the Northwest—  
an Interview with Doctors  
**Hickok, Marshall and Woodford**

Joining forces in 2005, Doctors Lee Hickok and Lorna Marshall opened Pacific Northwest Fertility on the Swedish Campus in Seattle. Dr. Diane Woodford, joined the team in 2006. Together they have vast expertise in reproductive medicine and treating complicated fertility problems. Today, the Doctors share some of the highlights and biggest challenges over the past years and look at how far fertility medicine has come.

**Cycles:** Dr. Hickok and Dr. Marshall, you have been leaders in the field of reproductive endocrinology in Seattle. Dr. Marshall, you worked with the first intracytoplasmic sperm injection (ICSI) pregnancy in the Northwest, and Dr. Hickok, you delivered the Northwest's first "test tube baby." Do these experiences stand out as your most inspirational?

**Dr. Marshall:** "It was certainly exciting to be involved in achieving the first ICSI pregnancy in the region. ICSI revolutionized the way we treat male infertility. Before, we had to use donor sperm or suggest adoption to couples with severe male factor infertility. ICSI offers a more

precise way of uniting sperm and egg to achieve a healthy pregnancy. Because of ICSI, we can now sometimes help men that have no sperm in their ejaculate to father a child by retrieving a few sperm from their testes. Since that first ICSI pregnancy, I've worked with hundreds of patients with equally challenging situations. It has been just as satisfying to help them find their best pathway to conceive."



**Dr. Hickok:** "I couldn't agree with Lori more. Being involved from the start just allowed us to get an exciting first glimpse of where new advancements in technology were going to take us. Back in the early 1980's, we were just imagining the things that today we actually get to achieve. At that time, we could hardly imagine injecting one sperm into each egg, biopsying an embryo, or taking the eggs from one woman to establish a pregnancy in another. Now, these are all established technologies."



**Cycles:** So can you tell us about one of your favorite stories?

**Dr. Marshall:** "My favorite stories usually involve women and couples who are completely committed to having a family, but have come to believe that it will never happen. Maybe they have been trying five, ten or as long as 20 years to conceive. Maybe they went to several fertility clinics and failed to conceive. Maybe the husband has known since adolescence that he produces no sperm. Whether they conceive because of our advanced technology or because of the care we take in choosing the correct but simple treatment for them doesn't really matter. In their eyes, they conceived against all odds. To know that the effort of our team made such an impact on their lives is why we love this field of medicine."

**Dr. Hickok:** "For me, one of the things that is so rewarding is helping families prevent genetic diseases through advanced fertility medicine. Pre-implantation genetic diagnosis (PGD) is a procedure performed on embryos on the third day of culture to determine whether the embryo carries a particular familial gene that can result in the expression of the genetic diseases carried by one or both of the parents. It allows for the exclusion of that gene, such that normal embryos can be transferred to the mother and the particular genetic disease eliminated from the family line for that couple. Examples include cystic fibrosis, muscular dystrophy, neurofibromatosis and hemophilia."

*(continued on next page)*

## milestones - A Snapshot of Fertility Medicine



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**Cycles:** What do you think the greatest challenges will be in the next 25 years?

**Dr. Marshall:** “I think the challenges will be related more to controlling the use of reproductive technology rather than to specific advances in the technology itself. Should we limit how individuals can use technology to control reproduction? On the other hand, how do we make basic reproductive technology treatments affordable and available to all who need them?”

**Dr. Hickok:** “I think the greatest challenges will be improving our ability to select normal embryos to transfer so that we can put fewer embryos back with even better pregnancy rates. Our ability to freeze eggs more effectively could give greater hope to cancer patients who have limited reproductive options following chemo or radiation therapy.”

**Dr. Woodford:** “As the newest reproductive endocrinologist to join Pacific NW Fertility, I am particularly interested in fertility as it relates to cancer. It’s important to educate the community and give hope to patients facing a cancer diagnosis through access to the most advanced fertility medicine available.” ‡



## when to seek fertility help

- Women who are younger than 35 years and who have been unsuccessful in getting pregnant for one year
- Women who are 35 years and older who have been unsuccessful in getting pregnant in six months
- Any woman with a complicated gynecological history should be seen sooner than one year
- Men or women who are facing cancer treatment

## EGG FREEZING: New Hope for Cancer Patients

Advances in reproductive technology have given women facing cancer treatment new hope in preserving fertility.

Cancer treatments like chemo-therapy, radiation and surgery can cause infertility by compromising ovarian function, permanently damaging ovarian tissue, diminishing a woman’s supply of viable eggs or causing premature menopause. Losing fertility due to cancer treatment is often a devastating reality for a woman. Family planning prior to treatment is very important.

Women battling cancer now have hope of achieving pregnancy by freezing their own eggs before undergoing treatment. Sperm have been successfully frozen for decades. Egg freezing, on the other hand, is a new technique. Scientifically referred to as oocyte cryopreservation, it is important that egg retrieval and freezing happen prior to chemotherapy, radiation and some surgeries.

As the first facility in Seattle to offer egg freezing to women facing a cancer diagnosis and treatment, Pacific NW Fertility is prepared to help patients move through the process quickly in order to begin cancer treatment and recovery.

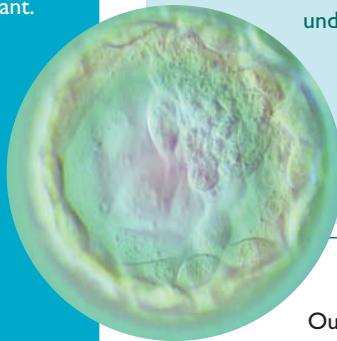
## FERTILE FACT:

Going to a fertility clinic doesn’t necessarily mean a patient will undergo in vitro fertilization — 85%-90% of infertility cases are treated with conventional medical therapies such as medication or surgery (*American Society of Reproductive Medicine*).

## > risk factors

Not all cancer treatments cause infertility, so it’s important to understand an individual’s risks. Risk factors for infertility in women with cancer include:

- Age at diagnosis or treatment
- Type and dose of chemotherapy
- Location and dose of radiation
- Surgical area and scope



## success rates

Our program’s success is attributed to a variety of factors including the experience and dedication of our team, individualized IVF protocols, as well as laboratory conditions and techniques. Pacific NW Fertility’s success rates are consistently high for all the services we provide. Call us at 206.515.000 or visit [www.pnwfertility.com](http://www.pnwfertility.com) for our most current statistics.

### January 2007 - December 2007

Age Group	Number of Transfers	Average Embryos Transferred	Clinical Pregnancy Rate
DEP <sup>1</sup>	104	1.7	78 %
≤ 34	108	1.9	59 %
35–37	79	2.4	61 %
38–40	57	2.6	56 %

<sup>1</sup> Donor Egg Program



Contact Jane Perkins, ARNP to learn more about Pacific NW Fertility’s egg freezing program. 206.515.0000.

To learn more about fertility and cancer visit Fertile Hope at [www.fertilehope.org](http://www.fertilehope.org).

# the lengths people will go FOR FERTILITY

## Introduction

To what lengths would you go to conceive? It can be hard for someone who has not experienced infertility to understand the emotional, physical and financial strain on an individual or couple when trying unsuccessfully to have a baby. With one in seven couples having difficulty conceiving\*, some will do whatever it takes, pay whatever it costs, travel great distances and take undue risks to achieve pregnancy. Where do you draw the line?

\*American Society for Reproductive Medicine

## Reproductive Tourism

It is not uncommon for people to travel the world to achieve a family. Pacific NW Fertility attracts couples from around the globe, seeking advanced reproductive technology using their own or donated eggs.

In Canada, it's legal to use eggs that are donated without payment, but it is illegal to pay a donor for her time and inconvenience. Compensating a young woman to donate her eggs is considered legal and ethical in the U.S. So when a hopeful mother-to-be in Canada is aging, IVF using her own eggs has failed, and she doesn't have a willing egg donor, she may choose to cross the border to receive donated eggs through the successful donor egg program at Pacific NW Fertility.

## Cost

You might be surprised to know that initial fertility treatments, such as intrauterine insemination, cost less than \$1,000. However, if a patient requires any form of ART (Assisted Reproductive Technology), cycles can cost several thousand dollars.

Currently, 36 states do not mandate coverage of fertility care, including Idaho, Oregon and Washington. It is up to individual insurers to determine whether or not to offer infertility coverage and to what extent. Pacific NW Fertility contracts with most insurers that provide fertility coverage so that insured patients don't have to pay up front and then wait for reimbursement. However, most patients don't have insurance that covers fertility treatment.

Some fertility centers entice select cash-paying patients with offers of "refund guarantees" in return for a substantially larger payment. Because



these programs can be confusing or even deceptive to the patient, Pacific NW Fertility has chosen not to offer them. Instead, Pacific NW Fertility focuses on self-pay discounts and loan assistance—as well as

achieving the highest possible pregnancy rates for the first treatment cycle. Financial counselors are available to discuss the details of payment options.

## Number of Embryos to Transfer?

Some women request the transfer of several embryos into the uterus in hopes of increasing their chance of pregnancy. In younger women, this practice increases the risk of twins, triplets, or even higher order multiple pregnancies.

Pacific NW Fertility's aim is to provide the highest quality of care to achieve a healthy outcome for both mother and child. A big part of this mission involves optimizing pregnancy rates while minimizing the risk of multiple births. Pacific NW Fertility's Embryology Lab Director, Amin Khabani, was one of the first in the Northwest to implement and refine a groundbreaking treatment, known as blastocyst culture and transfer. By waiting until the 5th or 6th day rather than the 3rd day after conception to transfer the embryo to the uterus, this advanced technique offers an excellent chance for pregnancy while reducing the chance of multiples.

If you are coming to Pacific NW Fertility for infertility treatment, there are several hotels within walking distance that offer special rates to patients and their families, including:

### Baroness Hotel

Modest rooms, studios and suites with kitchens  
1005 Spring Street  
206.624.0787

### Silver Cloud

Newly built and just across the street from the Swedish Campus  
1100 Broadway  
800.590.1801

### The Inn at Virginia Mason

European-style hotel with a range of rooms and amenities  
1006 Spring Street  
800.283.6453

## PACIFIC NW FERTILITY INSURANCE PARTNERS

Aetna | First Choice | Great West | Premera  
Regence | United Healthcare

For details about state insurance laws related to infertility coverage, go to: [www.fertilitylifelines.com](http://www.fertilitylifelines.com)

Pacific NW Fertility strives to achieve pregnancy with single embryo transfer, thereby reducing the risk of multiple births.



1101 Madison St., Suite 1050  
Seattle, WA 98104



## HOT BUTTON

**Q:** Are home fertility testing kits accurate?

**A:** Home fertility kits test the quality of semen and measure the levels of follicle stimulating hormone, a key predictor of fertility in women. Although they can provide an early warning sign of potential infertility issues, leading some to seek out a fertility specialist early on; these kits are limited in terms of what they test for and may falsely lead a couple to believe there is nothing wrong.

Send in your questions to [questions@pnwfertility.com](mailto:questions@pnwfertility.com).

### *around town*

march 28-30, 2008

Northwest Women's Show

Seattle – Quest Exhibition Center Booth #202

april 9-13, 2008

Pacific Coast Reproductive Society

56th Annual Meeting – Rancho Mirage, CA

may 10, 2008

RESOLVE Infertility & Adoption  
Conference

Seattle – Swedish Medical Center Cherry  
Hill Campus

july 17-30, 2008

Pacific NW Ob/Gyn Association  
Seattle



Invite Pacific NW Fertility to speak at your next conference, seminar or workshop. Contact Wendy Szabo at Pacific NW Fertility at 206.515.0000.

### cover to cover

Pacific NW Fertility is pleased to announce its contributions to a newly published book, *Conception - A Comprehensive Guide to Fertility*. Call us at 206.515.0000 to order a copy today. Cost is \$15.00.

### *contact us*

Pacific NW Fertility at Swedish  
1101 Madison Street · Suite 1050  
Seattle, WA 98104 · p: 206.515.0000  
[www.pnwfertility.com](http://www.pnwfertility.com)