

The Academy for Clinical Debates & Controversies in Medicine

COGI - The 13th World Congress on  
**CONTROVERSIES**  
IN **OBSTETRICS**  
GYNEC**OBSTETRICS** **OBSTETRICS** &  
**INFERTILITY**

Held jointly with

**The German Society of Obstetrics & Gynecology**



**BERLIN, GERMANY • NOVEMBER 4-7, 2010**

**CME**  
Approved  
Congress



A comprehensive Congress fully devoted to clinical debates and controversial issues in a wide spectrum of Obstetrics, Gynecology & Infertility.

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# Welcome Note

Dear Friends and Colleagues,

We are happy to invite you to attend the **13th World Congress on Controversies in Obstetrics, Gynecology & Infertility (COGI)**, which will be jointly organized with the **German Society of Obstetrics and Gynecology**, and will be held in November 4-7, 2010 at the Maritim Hotel, Berlin, Germany.

The groundbreaking series of COGI Congresses provide a unique platform to discuss controversial issues in all fields of Obstetrics, Gynecology and Infertility. The ability to discuss only controversial topics with emphasis on clinical solutions in cases where no agreed-upon answers or consensus exist, provides clinicians with an insight and a take-home message that ameliorates treatment in the most difficult cases.

The high level of discussions has already placed COGI as a gathering site for experts from various subdisciplines, and a forum where physicians with more general clinical interest in several fields may find solutions that would otherwise require many monothematic congresses.

The joint meeting promises the finest scientific program, with heated discussions and more durable material, such as, webcasting and publications, for the benefit of all participating physicians and industry alike.

Meeting attendees will be able to enjoy the sweeping views, historic charm, museums, galleries and outstanding dining and shopping that make Berlin world-renowned.

We hope that you will join us at what we believe will be an outstanding scientific event.

Sincerely,

**Prof. Zion Ben-Rafael   Prof. Klaus Diedrich   Prof. Zeev Shoham**

Congress Co-Chairperson  
On behalf of the Organizing Committee

Welcome Note

# Committees

## Chairpersons



Zion Ben-Rafael



Klaus Diedrich



Bart Fauser



Zeev Shoham

## Organizing Committee - Sections Heads

### Gynecology & Oncology



Günter Emons



Walter Jonat



Rolf Kreienberg



Felice Petraglia

### ART & Infertility



Robert Fischer



Ludwig Kiesel



Askan Schultze-Mosgau



Thomas Strowitzki

### Fetomaternal Medicine



Gian Carlo Di Renzo



Joachim W. Dudenhausen



Klaus Frieze



Klaus Vetter

### Menopause & Family Planning



Santiago Palacios



Thomas Rabe

## Endorsements

- International Society for Mild Approaches in Assisted Reproduction (ISMAAR)
- World Association of Perinatal Medicine (WAPM)
- European Society of Gynecological Oncology (ESGO)
- German Society of Gynecological Endocrinology and Reproductive Medicine (DGGEF)
- The European Menopause and Andropause Society (EMAS)
- Society of Laparoendoscopic Surgeons (SLS)
- European Network Young Gynaecologic Oncologists (ENYGO)



# Preliminary Program

## Thursday, November 4, 2010

### 17:30-19:00 Opening Session

#### **Keynote Lectures - Leaders' prospective on the future**

Technology-based advances in obstetrics, gynecology and infertility facilitates earlier, less-invasive diagnosis: What does the future hold for our main subdisciplines?

#### **Fetomaternal Medicine**

Genetic diagnosis on fetal cells in maternal blood: Will it ever become routine?

#### **Gyn-Oncology**

Ovarian Cancer: Can new markers change the fate of the disease?

#### **Reproductive Medicine**

### 19:00-20:30 Opening Cocktails

Congress Berlin



# Preliminary Program

## Gynecology [Menopause, Gyn-Oncology & Family Planning]

### Session 1

#### Deep Endometriosis

Capsule

*Deep endometriosis deserves special attention and thorough understanding! However, no agreement exists on the optimal diagnosis and management of special types of endometriosis*

Debate

#### Diagnosing Deep Endometriosis: Should we be Satisfied with Current Methods?

**Proposition:** Imaging is the best method for diagnosis of deep endometriosis!

**Opposition:** Biomarkers are the future for diagnosis of endometriosis!

#### Discussion

Deep endometriotic nodule: Shaving or resection?

Objective

Upon completion of this session, the audience will learn:

- Definition and pathophysiology of deep endometriosis
- The advantages and shortcomings of 'noninvasive' diagnostic methods
- Preferred treatment for deep endometriosis

### Session 2

#### Diagnosis of Endometriosis

Capsule

*Despite many years of experience, no simple method is available for diagnosis of endometriosis! Poor correlation involving visible implants, symptoms and treatment creates a constant need for new research and refinement of our methods and therapy*

What are the limitations of current diagnostic methods?

Is endometriosis an inflammatory disease?

Nerve fibers in the functional layer of the endometrium are as accurate as laparoscopy in diagnosing endometriosis!

Objectives

Upon completion of this session, the audience will learn:

- Shortcomings of current diagnostic methods
- Why we need newer diagnostic tools
- How endometrial biopsy can help in diagnosing endometriosis
- Current understanding of the pathophysiology

### Session 3

#### Hormone Replacement Therapy (HRT), Quo Vadis?

Capsule

*WHI has brought about a sharp decline in hormone replacement therapy (HRT/HT) in asymptomatic and symptomatic women. A key criticism of WHI is the age of the population selected, which is well above the critical age window where HT is still expected to prevent (if at all) cardiovascular disease (CVD)*

Debate

#### Is There Evidence for a HT critical window to Prevent Disease?

#### Yes / No

#### Discussion

Panel Discussion:

- Should we continue treating well-informed, asymptomatic women?
- Should HT be considered as the first choice for all climacteric symptoms?
- Should HT be a choice in young menopausal women with mild osteoporosis?
- For how long should HT be given in symptomatic women?
- Should all women with early menopause be offered treatment with HT?
- Should androgens be added to HT? To whom? What are the perils?
- Where should we go from here?

Objectives

Upon completion of this session, the audience will learn:

- Whether HT can prevent CVD
- About the critical window, and what proof of its existence
- Whether it is still customary to prescribe HT, and to whom?
- If HT is a must in premature menopause?
- The place of androgens in HT



# Preliminary Program

## Session 4

### Family Planning

Capsule

*New compound promises to diversify female choice, but do they all deserve the self "claim to fame"?*

#### Hot Controversies - Expert Opinions on:

- Do we have an optimal estrogen (E) or progesterone (P) for oral contraceptive?
- What do we expect from optimal E or P?
- What are the gaps?
- Is norgestrel acetate an optimal P?
- Does CMA/ethinyl estradiol provide any advantages beyond contraception?
- Does drospirenone offer a solution beyond reproductive years?
- What do we expect from emergency contraception? Are they all to our expectation?
- Progesterone-only contraception: What are the indications?

Objectives

Upon completion of these sessions, the audience will learn:

- Disadvantages and advantages of current contraceptive methods
- The ideal E and P? What is available
- New compounds: Whether they offer any advantages

## Session 5

### What is the Pipeline for Hypoactive Sexual Desire Disorder (HSDD)?

Capsule

*The complexity of female sexual response probably explains why HSDD, that includes physical, psychological and hormonal factors, was found to be so common. Despite being common, controversy on diagnosis and treatment continues. According to the 1999 AMA survey, over 40% of women are affected, complaining mainly of low sexual desire, difficulty reaching orgasm, insufficient lubrication and painful coitus. While local lubricants, estrogens and systemic estrogens, and androgens may be helpful in certain situations, the need to develop the armamentarium to cover other causes of HSDD is clear. What can we expect in coming years?*

Debate

#### Should HSDD be Medically Treated?

**Proposition:** Sexuality of women is complex, diagnosis is unclear, and treatments fail to meet expectations

**Opposition:** Treatments should be individualized when symptoms cause distress

#### Discussion

Testosterone always with Estrogens?

Flibanserin: What future does it offer?

Objectives

To acquire knowledge about the following:

- Classification and prevalence of HSDD
- The differences in etiology of SD
- Clinical efficacy and safety of testosterone and flibanserin
- Future options

## Session 6

### Serum Estrogen Receptor Modulators (SERM's): Present and Future

Capsule

*The ideal SERM prevents osteoporotic fractures, decreases breast cancer risk, and improves cardiovascular risk, with no or minimal side effects: Where do we stand today?*

Debate

#### SERM's: The Future of Menopausal Treatment?

**Proposition:** Raloxifene is a class on its own and the future of SERM's is bright

**Opposition:** It is not easy to find a candidate for SERM's, since there are better alternatives

#### Discussion

Objectives

To acquire knowledge about the following:

- Clinical trials with raloxifene
- New SERM's approved by the define EMEA: Lasofoxifene and bazedoxifene
- The benefit and safety of SERM's
- Which SERM for which patient?



# Preliminary Program

## Session 7

### Postmenopausal Osteoporosis

Capsule

*The usual patients with low bone mineral density and fracture risk who are seen by a gynecologist are often younger than 65 years, while research on drugs is undertaken on women over this age*

Debate

#### Should we Treat Women with Low Bone Mineral Density who are Younger than 65 Years, and How?

**Proposition:** Evidence for the effectiveness of drugs at this age is lacking, and treatment is not cost-effective

**Opposition:** There is enough experience to manage these patients, but therapy should be individualized

#### Discussion

Should we test and treat premenopausal women with osteoporosis?

Objectives

To acquire knowledge of the following:

- DEXA indication
- Risk factors and prevalence of osteoporotic fractures in women over 65 years
- Fracture index in this age group
- Risk factors and prevalence of osteoporotic fractures in premenopausal women

## Session 8

### Obesity in Menopausal Women

Capsule

*Obesity is a major risk factor for older women: Can we prevent it?*

Obesity: The silent killer that impacts menopausal treatment?

Impact of obesity on menopausal symptoms?

Menopausal women with polycystic ovaries (PCO): What do we know and what don't we know?

HRT: Should all menopausal women with metabolic syndrome be treated?

Objectives

To acquire knowledge regarding the following:

- The interrelationships between obesity and menopause
- Impact of obesity on menopause treatment
- PCO on menopause transition
- The relationship between metabolic syndrome and the need for HR

## Session 9

### Women and Ovarian Cancer: From Conception to Diagnosis

Capsule

*Early diagnosis of ovarian cancer can improve prognosis!*

Pelvic mass in pregnancy: When do we need to intervene?

Pelvic mass risk assessment: Who is at high risk for ovarian cancer?

Ovarian cancer screening: The European perspective

Ovarian cancer screening in the breast cancer (BRCA) patient

Zona pellucida (ZP) and ovarian cancer

# Cogit Berlin



# Preliminary Program

## Session 10 Cervical Cancer and Human Papilloma Virus (HPV)

Capsule

*Does vaccination mark the end of cervical cancer?*

### Hot Controversies – Expert Opinions on:

- The difference between quadrivalent or bivalent HPV vaccine
- The efficacy of vaccination in adolescents and women over 30 years of age?
- For how long does immunization provide immunity
- Whether current knowledge implies immunization against cancer, or merely precancerous stages?
- If we are certain that vaccination prevents all cervical cancers
- Is vaccination cost-effective
- Protection of vaccines against other HPV subtypes, as well as HPV 16 and 18, and whether there is cross reactivity
- The ages to be considered for vaccination
- Is there concern that migration to other types of HPV will become the main cause of HPV-related cervical cancer
- Should males be vaccinated?
- Is the Pap smear obsolete in immunized patients?
- Do we still need HPV-DNA typing?
- Routine inclusion of colposcopy in a pelvic examination. If so, how often?
- Booster after 10 years: Pros and Cons

## Session 11 Ovarian Cancer

Capsule

*Adjuvant chemotherapy is a mainstay of ovarian cancer treatment. Recent data suggest that intraperitoneal or neoadjuvant (primary) chemotherapy might be superior to standard i. v. chemotherapy following cytoreductive surgery.*

Debate

### Intraperitoneal Chemotherapy

**Pros/ Cons:**  
**Discussion:**

Debate

### Neoadjuvant Chemotherapy for Ovarian Cancer

**Pros/ Cons:**  
**Discussion:**

Objectives

Upon completion of this debate, the audience will learn:

- Is intraperitoneal chemotherapy for ovarian cancer better than i. v. application? • If so, in which patients?
- Is neoadjuvant (primary) chemotherapy followed by interval cytoreductive surgery better than surgery followed by chemotherapy? • If so, in which patient group?

## Session 12 Endometrial Cancer

Capsule

*Pelvic and para-aortic lymphadenectomy (LNE) is part of the FIGO staging system. Recent prospective randomized trials suggest that LNE might not improve survival in endometrial cancer. For decades external beam pelvic radiotherapy has been used as adjuvant therapy in endometrial cancer. Recent randomized trials suggest that this approach does not improve survival.*

Debate

### Role of Lymphadenectomy for Endometrial Cancer

**Pros/ Cons:**  
**Discussion:**

Debate

### Role of Radiotherapy for Endometrial Cancer

**Pros/ Cons:**  
**Discussion:**



# Preliminary Program

- Objectives Upon completion of this debate, the audience will learn:
- Has LNE a therapeutic effect in endometrial cancer?
  - If so, in which patients?
  - Has LNE a benefit in directing adjuvant therapy?
  - Does external beam pelvic radio therapy improve local control in EC patients better than vaginal brachy therapy?
  - Does it improve overall or disease specific survival?
  - Are multimodal adjuvant strategies more efficacious than radiotherapy?

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## Session 13 Operative Procedures: Tricks of the Trade

Capsule *Results of surgery depend on choosing the right procedure for the right patient, and recognizing the pitfalls and risks of the operation. Good results also depend on a meticulous technique. How can all these be improved?*

Creation of a neovagina: Techniques and pitfalls

Surgery on the external female genitalia: A cosmetic procedure or by indication? Techniques and pitfalls

How to reduce the risk to future fertility during myomectomy procedure? Techniques and pitfalls

- Objectives Upon completion of this session, the audience will learn:
- A new technique for creation of a neovagina
  - The new surge in popularity of cosmetic genital surgery
  - Prevention of complications during myomectomy can be achieved

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## Session 14 Evidence-Based Medicine (EBM): "Holy Grail" or More Doubts?

Capsule *This debate is certain to continue: Evidence-based medicine (EBM) has become the new "Holy Grail" of clinical decision-making. Of course, EBM is, however, only as good (or bad) as the best available evidence (BAE). BAE, in turn, is dependent on quality of published studies, which are often weak because of poor study design, flawed statistical evaluations, or outright fraud. Meta-analyses of randomized clinical trials (as propagated by Cochrane) have become a favored tool in establishing BAE, often overlooking that many of these trials are seriously underpowered and, therefore, do not allow for the conclusions they claim. EBM may, therefore, possibly be viewed with the same healthy degree of skepticism as that for IBM programmers who brought "garbage in, garbage out!" to the early days of software development.*

Debate

### EBM: What's Next?

**Proposition:** EBM represents the only valid approach towards medical decision making

**Opposition:** EBM has limited value in daily clinical care and cannot replace clinical judgment

### Discussion

Can we really conduct efficacy trials in intracytoplasmic sperm injection (ICSI) with pregnancy as the outcome when the conclusion is likely to be worthless because of postrandomization manipulation?

- Objectives Upon completion of this debate, the audience will learn:
- How BAE is established
  - Advantages and limitations of BAE
  - Levels of evidence and how they are established
  - Different clinical study formats and their respective advantages and disadvantages

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## Session 15 Estrogen (E) and Progesterone (P) for Pelvic Pathology

Capsule *Estrogens and progestins are emerging as new treatments for various pathological pelvic conditions*

Are estroprogestins a good treatment for uterine fibroma?

Adenomyosis: Difficult diagnosis and treatment

Premenstrual disorders: Are the estroprogestins the best treatment?

- Objectives To acquire knowledge regarding the following:
- Possible noninvasive treatment of fibroids
  - Management of adenomyosis
  - Role of hormones in premenstrual syndrome (PMS)



# Preliminary Program

## Session 16

### Polycystic Ovarian Syndrome (PCOS)

Capsule

*As the relationships among PCOS glucose intolerance, insulin resistance, obesity and metabolic syndrome are deciphered, the need for the gynecologist to be updated increases. The question is when does PCOS start and whether it is possible to contain it earlier? The role played by the primary gynecologist in limiting this very common endocrinopathy is of prime interest for **patients and physicians alike!***

Glucose metabolism and infertility: Should all patients be tested?

Debate

#### Should Metformin be Routinely Used in Infertile Patients with PCOS?

**Pros:** Metformin during stimulation improves pregnancy outcome

**Cons:** Systemic review does not show consistent effect!

#### Discussion

Obesity: Should all gynecological patients be advised? From whom?

Objectives

Upon completion of this debate, the audience will learn:

- About the risk for glucose intolerance in PCOS patients
- Whether we should actively look for diabetes in asymptomatic patients
- Which tests are the most appropriate
- The new role of the gynecologist as a consultant in obesity and diet?

## Infertility and ART

## Session 1

### The End of Preimplantation Genetic Screening (PGS) or Only the Beginning?

Capsule

*Preimplantation genetic diagnosis (PGD) was initially introduced to identify single gene defects, but evolved under the acronym "PGS" (preimplantation genetic screening) into a tool to detect embryo aneuploidy. The proposed goal was to improve pregnancy rates in IVF, and reduce spontaneous abortion rates, but so far studies have failed to prove the concept. The question now is whether we should declare that the introduction of PGS for these indications is one of the major ART-related failures, and discontinue the practice completely, or should we keep refining the technique, using newer technologies such as comparative genomic hybridization (CGH), and later embryo diagnosis via trophectoderm biopsy.*

Debate

#### PGS is an Experimental Tool that should be Banned from Routine Clinical Use!

**Proposition:** PGS, as currently practiced, is associated with inferior results and should not be routinely offered

**Opposition:** The beneficial effects of preimplantation genetic diagnosis for aneuploidy support extensive clinical applications

#### Discussion

Polar body array CGH prediction of embryo ploidy: Is this the future of IVF?

Objectives

Upon completion of this debate, the audience will learn:

- The hypothesis that makes PGS an attractive proposition
- Reasons why PGS, as performed, failed to meet expectations
- New technologies and techniques, which, potentially, may positively affect PGS results
- What the IVF field, in general, can learn from the PGS experience
- Learn about CGH and its role in future PGS

## Session 2

### Assessment and Treatment of Ovarian Reserve

Capsule

*Diminished ovarian reserve (DOR) remains a common, frustrating and underdiagnosed condition. Lack of criteria for diagnosis makes it difficult to assess and compare prevalence of diagnosis and results of treatments. Indeed, questions have been raised as to whether DOR even lends itself to treatment and, if so, whether treatment regimen results differ*

Accurate diagnosis of diminished ovarian reserve (DOR): Age-specific?



# Preliminary Program

Debate

**Has Anti-Müllerian Hormone (AMH) become Essential in Assessing Ovarian Reserve?**

**Yes / No  
Discussion**

Debate

**Can Diminished Ovarian Reserve be Treated Effectively?**

**Yes / No  
Discussion**

Objectives

Upon completion of these debates, the audience will have learned the following:

- How DOR is defined in the literature
- Why age-specific ovarian reserve determination improves sensitivity of diagnosis of DOR
- What the best methodologies for diagnosing DOR
- Whether DOR lends itself to treatment

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## Session 3

### Round Table Discussion

#### Experts' opinions and audience interaction on hot controversial topics in ART:

- Should we resect a uterine septum before starting IVF
- Which fibroids should be removed before starting IVF
- Endometrioma be excised before ART
- Cheaper IVF: How can this be achieved?
- Should tests of ovarian reserve be routinely performed?
- Should day 3 FSH be stopped because of its poor prognostic properties
- Should we go back to purified urinary FSH for IVF, since pregnancy rates are similar to or better than rFSH?
- Should PGD be routine in recurrent miscarriages?
- IVF in endometriosis: Regular or extended (3-month) down regulation
- Acupuncture for IVF is over-rated: Is this seen merely as a placebo effect?
- How can ET be improved?
- Assisted zona hatching: Should it be continued?
- Progesterone in IVF: PO? PV? IM?

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## Session 4

Capsule

### Endometriosis During Reproductive Years

*Poor correlation between clinical stages of endometriosis and symptoms, pain and infertility, makes it difficult to assess the results of therapy. The limited understanding of the pathophysiology of this enigmatic condition creates a real need to frequently scrutinize the working theory and to tailor the treatment to the patient's needs*

Debate

**Which Treatment Offers Longstanding Remission for Chronic Pelvic Pain in Young Women with Endometriosis?**

**Proposition:** Surgery with preservation of fertility is the treatment of choice

**Opposition:** Medical treatment can preserve fertility without the burden of surgery

**Discussion**

Estroprogestin or progestin: Which is the best hormonal treatment for endometriosis?

How to reduce postsurgical adhesion in endometriosis

Objectives

Upon completion of this session, the audience will have acquired knowledge about the following:

- Correlation between stages of infertility and endometriosis
- How and when to choose between available treatments
- Reasons, risks and prevention of surgically-induced adhesion
- Steroid treatment: Which and when?



# Preliminary Program

## Session 5

### In Vitro Maturation (IVM)

Capsule

*IVM is becoming more effective: Benefits, risk and pitfalls of the procedure*

Debate

#### Will IVM Ever Replace Standard IVF?

**Yes:** Results of IVM are comparable to standard IVF with or without stimulation

**No:** IVM does not offer any advantage over current IVF practice

#### Discussion

What are the optimal preparation and aspiration techniques?

IVM as an alternative for poor and over responders, PCO, frozen immature eggs

Objectives

Upon completion of this session, the audience will have acquired:

- Understanding of the place of IVM in comparison to IVF
- Understanding of the laboratory procedures
- Understanding the best preparation and aspiration procedures
- Special indications for IVM

## Session 6

### Preservation of Fertility

Capsule

*Freezing and transplantation of ovarian and testicular tissue is encouraging, however it is essential to improve survival rate and preserve full functionality!*

Debate

#### Counter-views

#### Preservation of Fertility: What can we Offer?

Autotransplantation of fresh or frozen human ovarian tissue?

Freezing a whole ovary cortex or others?

#### Discussion

Multipotent adult germ line stem cells: New therapeutic hope?

## Session 7

### Laboratory Techniques

Capsule

*How to improve laboratory efficiency in order to avoid mistakes in an IVF laboratory*

#### Round Table Discussion

#### Laboratory experts' opinions and audience interaction on basic aspects of laboratory work in ART:

- How to avoid mistakes in an IVF laboratory
- Electronic witnessing: Pros, cons, bar coding and RFIDs
- Oocytes and embryo markers of viability
- Simplified-IVF approaches: Are they evidence-based?
- Selecting the best embryos: Genomics, proteomics and time-laps?
- Vitrification vs. slow freezing
- Vitrification: Has it killed the need for expensive freezing machines?
- Vitrification: Heralded the era of successful egg freezing for medical therapy and social liberation
- Oocytes freezing: Are babies born healthy?

Objectives

Upon completion of this session, the audience will acquire:

- Strategies for minimizing risk, especially that of mixed-up gametes and ET
- Strategies for robust, reliable, informative and objective markers of oocyte and embryo viability
- Strategies for optimizing cost-effective cryopreservation of oocytes and embryos



# Preliminary Program

## Session 8

Capsule

### New Cryotechnologies for Gametes, Ovarian Tissue and Stem Cells

*The optimum method for cryopreserving oocytes and ovarian tissue is yet to be decided, exploring new cryopreservation technologies can diversify the choice and enhance clinical efficiency*

Debate

#### What are the Best Methods for the Cryopreservation of Human Oocytes?

Human oocytes cryopreservation: The slow freezing technique

Human oocyte cryopreservation: Vitrification of oocytes

#### Discussion

Vitrification of blastocysts: This is the way to go!

Freeze/drying of spermatozoa or stem cells: What are the advantages and pitfalls?

## Session 9

Capsule

### ICSI-Treatment or Over-Treatment?

*ICSI is an important, but invasive technology that enhances fertilization in certain indications, and arguably creates more embryos and minimizes the risk of total failed fertilizations. However, some clinics now use ICSI as the only insemination technique for all cases of IVF. To support such technology as a replacement for conventional in vitro insemination, we must explore concerns about safety and cost-effectiveness of such practice? Should the application of an invasive insemination procedure be undertaken unless indicated and its safety proven beyond doubt; and by what criterion should that conclusion be drawn?*

Debate

#### Should ICSI Replace Conventional Insemination in all Cases of IVF?

**Pros:** ICSI is efficacious and safe, and ought to replace *in vitro* insemination for IVF

**Cons:** ICSI should be performed by indication only

#### Discussion

Removal of polar bodies, blastomeres and trophoblast is becoming more common-place: Does the method of zona breaching matter?

Objectives

Upon completion of this debate, the audience will have learned:

- To understand the role of ICSI in all cases of IVF when male factor is excluded
- To evaluate the risk involved in ICSI procedure
- To assess the value of ICSI to all patients seeking IVF treatment
- To evaluate the effects on offspring of fertilizing oocytes with compromised sperm compared with apparently normal sperm
- To understand why some clinics have made the decision to move to ICSI for all patients seeking IVF
- Learn about the concerns related to Zona breaching

## Session 10

Capsule

### Polycystic Ovarian Syndrome (PCOS)

*PCOS is a risk factor for insulin resistance: Are all PCOS patients at risk?*

Debate

#### Treating Anovulatory PCOS Patients: What should be the First Choice?

Ovulation induction

Ovarian drilling

IVM

#### Discussion

What proofs do we, or do we not have for the long-term risks of PCOS women?

Objectives

To acquire knowledge about the following:

- The most effective primary treatment for PCOS
- Advantages and limitations of treatment options
- Long term risks of PCOS



# Preliminary Program

## Session 11

### Mild Stimulation for IVF

Capsule

*Proponents of monofollicular stimulation claim that this is the way for IVF, or especially in an era of single embryo transfer (SET). Opponents, in turn, suggest that pregnancy rates are too low to make it a viable option. Can we agree on what the future holds?*

Debate

**Proposition:** Mild stimulation IVF combined with single embryo transfer (SET) should be the method used for IVF

**Opposition:** Results are too low and dropout is too high to make it a viable option!

**Discussion**

Debate

**Is SET the Future of IVF?**

**Yes / No**

**Discussion**

Objectives

To acquire knowledge about the following:

- What is “mild” stimulation and what are its advantages and disadvantages
- Which patients are the most likely candidates for such stimulation
- Arguments in favor of and against SET
- SET utilization in different parts of the world and related government regulations
- Why transfer of more than one embryo remains popular amongst patients and physicians

## Session 12

### Regulation and Payments for Egg Donors

Capsule

*Regulation can be as constraining as it is hoped to be supportive in the provision of an ‘ethical’ framework. Without regulation of any kind, bad practice can escalate and become the norm. With regulation, excessive strictures can reduce, or even inhibit some patients’ opportunities, whilst **compelling** others **to travel** abroad for treatment – often to countries without **rules**. Among the many known instances is also the example of egg donations. Limitations on payment in some countries, combined with donors being identifiable, have also resulted in many recipients traveling annually to other countries. Can a balance be **found** to encourage a sufficient supply of donated eggs so that donors and recipients can be treated **closer to home** in a safe, regulated environment?*

Strict regulation limits patient choice, as well as results of treatment!

Debate

**Should Egg Donors Receive Payment or Only a Modest Sum with Receipts for Necessary Expenses?**

**Pros:** Egg donation should be an act of altruism, such that only modest, receipted expenses are paid, in line with current regulations in some countries, irrespective of the effects on supply

**Cons:** Egg donors should comply with the “free market” rule, or at the very least, have an acceptable upper limit

**Discussion**

Objectives

To acquire knowledge regarding the following:

- Current situation in several different countries with contrasting regulations
- The debate on funding egg donors
- Understanding the ethical dimension, such that there are different dimensions packaged as ‘ethics’
- The real problems faced by recipients
- The importance of egg donation as a treatment option
- Limitations on free choice of patients and physicians by current regulation

# Coggi Berlin



## Fetomaternal Medicine

### Session 1

#### Avoiding Invasive Prenatal Diagnosis

##### Capsule

*The race to achieve a complete, noninvasive prenatal genetic diagnosis remains, as yet, an unachieved goal of perinatology. Nevertheless, refinement of old tools and advances in new tests are indications of the future. What are the hurdles to achieve a noninvasive prenatal genetic diagnosis and how do ethical and patient choices affect this dilemma?*

Only a few anomalies will escape detection with ultrasound and biomarkers: Should we be content with this combined tool?

##### Debate

**Proposition:** Chorionic villous sampling (CVS) is the next step after increased NT  
**Opposition:** CVS should be performed only if detailed screening for anomalies is negative  
**Discussion**

##### Objectives

Upon completion of this session, the audience will learn:

- The advantages and limitations of current methods
- Recognize all the added values of early ultrasound screening
- Recognize the full constellation related to prenatal diagnosis

### Session 2

#### Prematurity

##### Capsule

*Despite the high perinatal morbidity and mortality associated with preterm delivery, no existing tool is specific enough to diagnose premature labor, and no good and reliable intervention is available early enough to interrupt the vicious circle of labor. The question is: Can we really decrease prematurity?*

Diagnosis of preterm labour (PTL) and prediction of premature delivery (PMD): Who to treat, and who not to treat?

##### Debate

**Is Cervical Length Measurement Necessary over Biochemical Markers to Predict Preterm Birth?!**

Biochemical markers take priority over cervical length  
Ultrasound cervical length measurement is mandatory during preterm birth assessment  
**Discussion**

What are tocolytics good or bad for?

##### Objectives

Upon completion of this session, the audience will have learned:

- The pitfalls of diagnosis and treatment of PTL
- Selecting who to treat
- The place of late cerclage in the management of bulging membranes
- Technique, indication, and contraindication of late cerclage

### Session 3

#### Timing of Delivery and Intrapartum Complications

##### Capsule

*Despite the well-known perils of delivery, and notwithstanding the advanced methods and tools to diagnose those infrequent conditions that can negatively affect the results, we still have to ascertain that misjudgment and errors will not dominate the delivery room scene. What can we do to minimize the risk in this critical phase of human life?*

Can we prevent complications in high-risk pregnancies (previa, accreta, diabetes, IUGR, abnormal Doppler, oligohydramnios, PIH) by well-timed delivery?

Fetal resuscitation in labor: Is it feasible?

Should elective inductions be performed in multiparous women, or multiparous with unfavorable cervix? Risks and benefits

##### Objectives

To acquire understanding of the following:

- How planned delivery can prevent complications
- How *in utero* resuscitation can be achieved
- When to induce, and when not to induce
- The concept of acute tocolysis



# Preliminary Program

## Session 4 Capsule

### Ultrasound (US) Screening for Anomalies

Screening for anomalies with US is widely used. However, many elements of the examination remain controversial

#### Hot Controversies: Expert Opinions on:

- Nasal bone: Fact or myth?
- Can "family album" assist in prenatal US screening?
- What can be gained by combining transvaginal screening (TVS) with transabdominal screening (TAS) in late (24 weeks) sonographic screening?
- Does intra-amniotic sludge predict preterm delivery?
- Can we agree on the definition of Dandy-Walker syndrome in ultrasonography?
- Early (14-16 weeks) or late (18-22 weeks) screening
- Amniotic band syndrome: Fact or myth
- Ultrasound: Its reliability in the diagnosis of placenta accreta and vasa previa
- Elective fetal reduction: In the early or late first trimester
- Folic acid: Can it prevent other conditions or only NTD? And at what dose?
- Elective fetal reduction: In the early or late first trimester

## Session 5 Capsule

### Prediction of Hypertensive Disorders in Pregnancy

Hypertensive disorders of pregnancy, including pre-eclampsia, is associated with a syndrome of endothelial dysfunction and vasospasm leading to placental insufficiency and serious consequences to the mother and infant. Prediction of hypertension by various methods is being developed. This includes: medical history, arterial pressure, pulsatility index of the uterine artery, Pregnancy-Associated Plasma Protein-A, placental growth factor, Placental Protein 13 (PP13) and direct measurements of endothelial dysfunction. However, since the exact pathophysiologic mechanism leading to this condition is still poorly understood, it is hard to devise a prevention plan. Hence, the question is should we keep investing in prediction?

## Debate

### Should we Strive to Predict Pre-eclampsia?

**Proposition:** Prediction is Possible with newer methods and this is the First Step towards prevention!

**Opposition:** Investing in prediction of pre-eclampsia is futile, since there is no effective treatment

#### Discussion

Fetal DNA in the maternal circulation as a predictor of pre-eclampsia

## Objectives

Upon completion of this session, the audience will have learned about:

- New research and tools to predict pre-eclampsia
- The role of PP-13 measurements
- The place of endothelial dysfunction
- The role of nucleated red blood cells **in prediction** of preeclampsia

## Session 6 Capsule

### Progesterone to Prevent Premature labor and Abortions

Progesterone support for early and late pregnancy has been used for over half a century. Recent publications on the safety of prophylactic administration of 17-alpha-hydroxy-progesterone caproate to reduce preterm labor, and the ever-growing list of indications, such as previous abortion, premature labor, PROM, dilatation of cervix, uterine anomalies, infertility, multiple pregnancy, postcerclage, and following various complications such as PIH and abruption, raises the question as to why not use it prophylactically for all pregnancies?

The diagnosis of premature labor

## Debate

### Should we use Progesterone (P) Prophylactically for all Pregnancies?

**No:** P, like every drug, should only be used when indicated, and in cases when its levels are expected to be low and in the right dosage

**Yes:** P is safe, inexpensive and can help reduce preterm labour!

#### Discussion

Premature labor should not be stopped!

## Objectives

To acquire knowledge on the following:

- Premature labor: Diagnosis and treatment
- Evidence of efficacy and safety of P
- The indications for prophylactic P
- The advantages of current compounds



# Preliminary Program

## Session 7

Capsule

### 3-D and 4-D Ultrasound in Modern Perinatal Medicine and Neurobehavioral Assessment

*3-D and 4-D Ultrasound represents the height of modern ultrasound technology, but the role of this technology remains controversial*

Debate

#### Should 3-D and 4-D Ultrasound be Used in Every Pregnancy?

##### Pro /Cons Discussion

Are the current criteria valid for defining a causal relationship for cerebral palsy?

Potential of 3-D and 4-D Ultrasound for Neurobehavioral Assessment in Perinatal Medicine

Objectives

- To establish whether 3/4-D Ultrasound indicated in every pregnancy?
- To establish whether 3/4-D Ultrasound of value for neurobehavioral assessment in perinatal medicine?
- To understand the relationship of Intrapartum events to cerebral palsy

## Session 8

Capsule

### The Challenges of Perinatal Viability

*Despite great advances in perinatal medicine, the challenges of the gestational period from 22 to 26 weeks are still poignant for the perinatologists*

Outcome of the periviable infant: Have we reached the limit?

What is the best method to deliver the very premature babies?

Economic considerations in the management of the periviable infant

Ethical dimensions in obstetric and neonatal care of the periviable infant

Objectives

Upon completion of this session, the audience will have learned about:

- To understand the burden of very premature delivery on medical, economical, societal and parental issues
- To understand the risk of vaginal vs. Cesarean for periviable infants
- To apply ethical principles to challenges evolving from perinatal management of the periviable infant

## Session 9

Capsule

### Multiple Pregnancy

*The management of multiple pregnancies remains a continuing High Risk challenge and most controversial topics in perinatal medicine*

Elective preterm delivery for all Monochorionic (MC) twins?

Management of complicated MC twins

Outcome of multiple pregnancies - 2010: Spontaneous vs. iatrogenic

Are twins the preferred outcome in ART?

Objective

To understand hot controversies in the management of multiple pregnancies

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# Preliminary Program

## Session 10 Uterine Contractility

Capsule

*Controlling uterine contractility to induce or prevent labor is the most important task of current obstetrics. What do we have in hand what are we striving for?*

Should we use repeated courses of Atosiban?

What is the best method for induction of labor?

Carbetocin: A new player in the block?

Reducing the risk of premature labor by prophylactic progesterone is it feasible?

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## Session 11 Endless Cesarean Delivery Controversies

Capsule

*Cesarean delivery, the most common surgical procedure performed, continues to generate controversies that challenge all obstetricians*

Can shoulder dystocia be prevented?

What is the ideal Cesarean delivery rate?

Patient choice - Cesarean: The role of evidence and ethics

Objectives

To respect the impact of iatrogenic prematurity caused by Cesarean delivery:

- To identify methods for prevention of shoulder dystocia
  - To provide ethical appropriate strategies for dealing with patient-requested Cesarean delivery
- 

## Session 12 Prenatal Diagnosis and Therapy: State-of-the-Art

Capsule

*Implementing modern diagnosis and therapy continues to provoke controversies*

Amniocentesis vs. CVS?

Controversies in the management of twin-to-twin transfusion syndrome

Fetal therapy

Objectives

To appreciate the continuing improvements in obstetrical ultrasound:

- To understand current developments in the management of twin-to-twin transfusion syndrome
  - To appreciate new developments in invasive fetal therapy
- 

## Session 13 The Challenge of Membrane Rupture Diagnosis, Chorioamnionitis and Perinatal Infection

Capsule

*Chorioamnionitis and Perinatal Infection are major causes of perinatal morbidity and mortality*

Advances in the diagnosis of premature rupture of the membrane

Controversies in the obstetric management of chorioamnionitis

Diagnosis and management of chorioamnionitis from the neonatal perspective

Can we safely avoid perinatal infections with appropriate vaccinations?

Objectives

The accurate diagnosis of premature rupture of membranes:

- To understand the impact of perinatal infection with and without chorioamnionitis
- The present and future roles of vaccination during pregnancy



# Preliminary Program

## Session 14

### When does Human Life Begin?

Capsule

*When does human life begin?: This has challenged perinatal medicine for centuries*

Controversies surrounding the questions:

When the fetus becomes a person?

When the fetus is a patient?

Cancer Treatment during pregnancy

Objective

To appreciate different perspectives on when human life begins and when the physician has obligations to protect human life

# Coggi Berlin



# General Information

## Venue

Maritim Hotel Berlin  
 Stauffenbergstrasse 26  
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Abstract Submission Deadline  
**June 30, 2010**  
[www.comtecmed.com/cogi/berlin](http://www.comtecmed.com/cogi/berlin)

## Language

English is the official language of the Congress.

## Registration

	Until July 31, 2010	From August 1, 2010	From November 1, 2010
<b>Participants - Physicians and scientists</b>	€540	€590	€650
<b>Nurses, Students/Trainees</b>	€385	€430	€470
<b>Residents*</b>	€320	€380	€420
<b>Accompanying Persons</b>	€150		

Non-tenured junior scientists. Registration form must be accompanied by a letter from the head of the department, confirming their status. The letter should be printed on department letterhead and addressed to the Registration Department of the congress.

**Registration includes:** Participation in scientific sessions, Congress bag, Program and Abstract Book, all printed material of the Congress, invitation to the Welcome Reception, coffee breaks, lunch on Friday and Saturday.

## Accommodation

ComtecMed is the official travel agent for The 13th World Congress on Controversies in Obstetrics, Gynecology & Infertility (COGI) and will be offering special reduced rates for accommodation.

## Submission of Abstracts

Participants, who wish to give a presentation at the Congress, are requested to submit an abstract for review by the Scientific Committee. Abstract Submission deadline is June 30, 2010.

## Liability and Insurance

The Congress organizers are not in any way liable for injuries or damages involving persons and/or property during the Congress. Participants are advised to arrange their own personal travel and health insurance for their trip.

## Congress Organizers

Please do not hesitate to contact the Organizers if you require any additional information or assistance. Please address all correspondence to: [cogi@comtecmed.com](mailto:cogi@comtecmed.com)



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