

group differences in parent or teacher reported child behavior adjustment and mean ratings were in the non-clinical community range. Thus the differences identified in ICSI and IVF maternal attitudes do not appear to impact adversely on child adjustment. Indeed they may reflect a heightened awareness of and sensitivity towards their child, related to the unique path to conception.

Supported by: the Financial Markets Foundation for Children and North Shore Fertility.

Monday, October 14, 2002
4:00 P.M.

O-75

Anonymous oocyte donation: A follow-up analysis of donors' experiences. Caren Jordan, Cynthia D. Belar, R. Stan Williams. Univ of Florida, Gainesville, FL; American Psychological Assoc, Washington, DC.

Objective: The purpose of the present study was to obtain information about donors' satisfaction after the procedure and to further describe factors associated with positive or negative experiences regarding oocyte donation.

Design: Retrospective study.

Materials/Methods: Volunteer anonymous oocyte donors seen at a university-based IVF program were identified (N=54). The follow-up questionnaire asked donors to rate aspects of clinic interactions, medical procedures, and experiences during and after the process. The questionnaire also had items regarding donor expectations and level of fulfillment plus a number of open-ended questions. The responses of 24 oocyte donors were characterized using descriptive statistics.

Results: The typical oocyte donor respondent was 26.5 years old, Caucasian, single with no children and some college education. Mean follow-up time was 21 months. Overall, 79% were satisfied or extremely satisfied with their experience, 42% would be an oocyte donor again, and 50% would recommend that a friend consider being an oocyte donor. Donors tolerated procedures well, but most did experience cramping and injection site pain. A significant proportion experienced anxiety and negative emotional experiences during the process. Expectations were fulfilled regarding helping another woman and sense of satisfaction, but most expressed the desire to know the outcome for the recipient. This study found somewhat higher rates (87.5%) of post-donation desire to know whether pregnancy resulted from donation, although it is important to note that two-thirds to three-quarters of American women in other studies also wished to know the outcome. At this point we do know that expectations of opportunity to help others and a sense of satisfaction are met in an anonymous donor program without results being conveyed to the donor.

Conclusions: The data demonstrate that oocyte donation was a positive experience for the majority of women in the program, although emotional symptoms are normative. Health care professionals should be aware of known baserates of such symptoms, and provide counseling and interventions as appropriate. Future research is needed for more diverse populations, and for longer-term follow-up of oocyte donors' psychological reactions to participation, especially given the developmental aspects of human behavior and the potential for changes in national policies regarding anonymity.

Supported by: none.

Monday, October 14, 2002
4:15 P.M.

O-76

Post donation psychological status of anonymous oocyte donors. Susan C. Klock, Jan Elman Stout, Marie Davidson. Northwestern Univ Sch of Medicine, Chicago, IL; Fertility Centers of Illinois, Glenview, IL.

Objective: The purpose of this study was to assess the post-donation psychological status of a large sample of professionally recruited, paid, anonymous oocyte donors and to determine if there were any differences between first-time and repeat donors.

Design: Cross-sectional survey.

Materials/Methods: Two recruiters identified 115 donors who had completed at least one donation at one of 6 IVF programs. These programs collectively completed 202 cycles the previous year. The questionnaires were sent to the donors 3 months post-donation. 52 completed questionnaires

(45.2%) were returned; 30 (58%) from first-time donors and 22 (42%) from repeat donors. The questionnaire contained five sections 1) demographics 2) psychological status (Brief Symptom Inventory (BSI)) and Rosenberg self-esteem scale (SE); 3) expectations and activities related to donation; 4) satisfaction and; 5) attitudes about disclosure. The study was approved by the institutional Human Subject Review Board.

Results: The average age of the donors was 27.8 (SD4.7) years. 88.5% were white. 63.5% had college degrees or higher. 42% reported income of \$10k-\$30k per year; 46% reported income of 31k-50k per year. 39% were married; 51% were single and 10% were divorced. 39% had no previous pregnancies; 49% had at least one child. 29% had at least one elective abortion. Mean self-esteem scores were 14.3 (SD3.3). Mean BSI scores were 16.3 (SD11.1). 35% of donors stated they would donate again; 37% said they would not and 28% were undecided. There were no differences in psychological variables between these groups. The most important motivation for donating was 'to help another woman' followed by 'financial' compensation. 82% reported they were moderately to very satisfied with the donation. The two most negative aspects of donation were the medication injections and worry about medical risk associated with donation. The two most positive aspects of donation were the knowledge they had helped another woman and interactions with the recruiter. 90% stated that they were truthful about the personal information they provided to the recruiter and program. Only 11% of donors were informed about whether a pregnancy resulted from their donation, but 75% stated they would be interested in knowing the outcome. All donors were compensated. 11% of donors stated they would donate even if they were not compensated. There were differences between first-time and repeat donors. First time donors were younger, reported more post donation psychiatric symptoms and had slightly lower self-esteem, although all scores were still in the normal range. A greater percentage of repeat donors rated receiving compensation and interactions with the recruiter as positive aspects of donation. There was a trend for more first-time donors to be concerned about their own fertility after donation than repeaters even though there were no differences in parity and live births between groups.

Conclusions: In a large post-donation sample, anonymous, paid donors were satisfied with the donation experience and a psychologically distinct subgroup of women planned to donate again.

Supported by: No external funding.

Monday, October 14, 2002
4:30 P.M.

O-77

Views and practices about record keeping and dissemination in donor conception. Andrea Mechanick Braverman, Jean M. Benward, Joanna E. Scheib. Pennsylvania Reproductive Assoc, Thomas Jefferson Univ, Philadelphia, PA; Private Practice, San Ramon, CA; Dept of Psychology, Univ of CA Davis & The Sperm Bank of CA, Davis, CA.

Objective: To examine views and practices of American Society for Reproductive Medicine (ASRM) members about record keeping in donor conceptions.

Design: Opinions were identified through questionnaires mailed to three ASRM professional groups: Mental Health Professional Group, Nurses Professional Group, and the Society for Reproductive Endocrinology and Infertility.

Materials/Methods: Data were collected from anonymous, four-page questionnaires that contained 29 questions distributed across demographics, current practice, and opinions sections.

Results: Seventy-one participants completed questionnaires. Half the sample comprised nurses, 29% mental health professionals, and 17% physicians. Approximately two thirds of participants had over 10 years of experience in the field. All surveyed participated in egg and/or sperm donation, but only 28% of the participants provided embryo donation. The majority of egg donor programs (59%) used their own program-recruited donors; all programs that provided donor insemination used commercial sperm banks. Most consent forms for donors did not address the duration records are kept, their location, or access to them by offspring. Most programs planned to keep records permanently, had long-term storage plans for charts, and planned to track their egg and embryo donor offspring (fewer plan to track sperm donor offspring). Information recorded about donors by most programs included both medical/genetic and personal/psychosocial

information. With regard to law and policy, 66% of participants felt that the ASRM should determine policy with regard to information collection and release, and, of these 66%, two-thirds felt that it should be the ASRM alone and not a governmental body or special commission that did so; 99% felt the ASRM should issue more specific guidelines on information collected and released about donors. 69% felt medical and 36% felt non-medical information about donors and births should be forwarded to a registry with anonymity for the donor safeguarded. The chief concerns about a donor registry were: cost (67%), loss of donors (48%), loss of privacy for donors and recipients (73%), and no need for a registry (13%). Benefits were: tracking genetic and medical information (82%), research data for follow-up (64%), preservation of information if a program closes (82%), protection from lawsuits (52%), and a guarantee that offspring could obtain information about the donor (55%). 97% felt that medical and genetic information on donors should be updated.

Conclusions: Most participants endorsed the need for record keeping with donor gametes. There was consensus about what information programs record and give recipients about donors. Participants identified benefits and drawbacks of a donor registry and expressed support for the preservation of information for offspring and follow-up of donor medical histories. Government setting policies was opposed.

Monday, October 14, 2002
4:45 P.M.

O-78

Preimplantation genetic diagnosis (PGD) in Latino American population: Patient's opinion. Dario Omar Fernandez Sr., Santiago Brugo Olmedo Sr., Claudio Chillik Sr., Sabrina De Vincentiis. CEGYR (Centre of Study in Gynecology and Reproduction), Buenos Aires, Argentina.

Objective: To determine if people's opinion about PGD and disposition of abnormal embryos is influenced by: the status given to the embryo, fertile or infertile condition, recurrent miscarriage or having had a therapeutic abortion.

Design: Prospective study. Opinion survey.

Materials/Methods: Four hundred anonymous, self-administered questionnaires were distributed, 130 were answered and used in the data analysis. For statistical analysis, frequency distribution and contingency tables were applied (Fisher's Exact Test).

Results: The sample was composed of 130 patients: 58.5% of them had fertility problems, 25.4% were fertile and 16.2% were not aware of their reproductive condition; 21% of the sample suffered recurrent miscarriage and 16.8% had had a therapeutic abortion. Ninety five percent of the sample considered PGD to be a better option than the use of prenatal Tests. Thirty percent of the sample considered preimplantary embryos to have similar rights to those of a born person and 44.6% considered they did not; 62% of the subjects expressed it is people's right to avoid birth of a child with severe genetic defects which compromises its health or life; 51% declared they would have a therapeutic abortion if Argentine legislation allowed it. Seventy percent of the sample would use PGD to improve their pregnancy chances, 70.8% would use PGD to reduce the chances of suffering spontaneous miscarriage even if they did not have genetic risk factors. But, infertile people showed a statistically higher tendency to choose this option than fertile ones ($p < 0.005$). In case of suffering recurrent miscarriages, 94.6% of the sample would use PGD to reduce their chances of suffering another episode. In case abnormal embryos were identified through PGD, 89.2% would not attempt pregnancy with them, 81.5% would discard them, 68.4% would offer them for research and 9.2% would cryopreserve them.

Conclusions: Almost all the sample considered PGD to be a more desirable option than the use of prenatal Tests. In our sample, the fact of having suffered recurrent miscarriages and/or spontaneous abortions did not settle different opinions regarding PGD, from those of people who had not suffered them. Despite infertile people showed a significant higher tendency to choose PGD to improve their pregnancy chances and to reduce the probability of suffering spontaneous miscarriage (even if they did not have genetic problems), more than half of the sample would use this option. This suggests that if in the future PGD offered a wide range of certainty in the results of these two objectives, it is most probable that patients would use it more frequently. Beyond the status given to healthy embryos, when the hypothesis of severe genetic defects in embryos was discussed, the main tendency of the sample was to discard them or to offer them for research and

not to cryopreserve or transfer the abnormal embryo to attempt a pregnancy. This would suggest the need for professionals involved in Reproductive Medicine in Argentine to extend and go deeper into the ethical discussion regarding PGD, beginning with the definition of the status of a healthy preimplantary embryo, towards the definition of the status of an abnormal preimplantary one. According to the results of the present study, one could think that for potential PGD users, the embryo with severe genetic defects has a different status from that of a healthy one.

Supported by: CEGYR.

SOCIETY FOR MALE REPRODUCTION AND UROLOGY

Monday, October 14, 2002
2:00 P.M.

O-79

Clinical characterization of 42 oligospermic or azospermic men with microdeletion of the AZFc region of the Y chromosome, and of 18 children conceived via intracytoplasmic sperm injection. Robert Davis Oates, Sherman Silber, Laura Brown, David Page. Boston Univ Sch of Medicine, Boston, MA; Infertility Ctr of St. Louis, St. Louis, MO; Howard Hughes Medical Institute, Boston, MA.

Objective: Severe spermatogenic compromise may be the result of a Y-chromosomal deletion of the AZFc region. Prior studies describing men with an AZFc microdeletion are limited to relatively small numbers. In this study, we fully characterize a large cohort of 42 infertile men with a Y-chromosome microdeletion strictly confined to the AZFc region (as defined by Kuroda-Kawaguchi et al. *Nat Genet* 29:279-86, 2001), and report on 18 children conceived through the use of ICSI. This will provide answers to many still-debatable clinical questions and solidify prior tentative conclusions.

Design: Retrospective analysis.

Materials/Methods: 42 oligospermic or azospermic men who had Y-chromosome microdeletions confined to the AZFc region. History, physical examination, FSH, LH, testosterone, testis histology, and results of intracytoplasmic sperm injection (ICSI) using ejaculated or testis sperm were retrospectively accumulated in two academic medical practices.

Results: All men were somatically healthy. Karyotypes were 46, XY in all but two men. FSH, LH, testosterone, and testis histology could not differentiate those with oligospermia or azospermia nor could they predict whether spermatozoa could be found in harvested testis tissue. Paternal age was not increased over a control group of fathers of non-deleted oligospermic and azospermic men. Sperm production appeared stable over time in oligospermic men and in those with several sequential testis tissue harvestings. Of 37 fully evaluable men, 30 (81%) exhibited some degree of spermatogenesis. The results of ICSI were not affected by the AZFc deletion (term pregnancy rates for ejaculated sperm and testis sperm of 47% and 14% per cycle, respectively), although the fertilization rate using ejaculated sperm (64%) was significantly higher than that using retrieved testis sperm (36%) ($p < 0.0001$). All but one of the offspring were healthy. The sons inherited the AZFc deletion with no increase in length.

Conclusions: AZFc-deleted men are somatically healthy. The de novo microdeletion is the proximate cause of their spermatogenic deficiency. The genes in the AZFc region do not appear to play a role in general physiological processes, organogenesis, testicular descent or germ cell oncogenesis. The ages of the fathers of the 42 men were not increased. It is likely that an AZFc-deleted man will have spermatozoa that can be used in conjunction with ICSI. Our data do not support the concept that sperm production is rapidly deteriorating over time but rather that it is stable over time. There are no predictive factors in terms of oligospermia vs. azospermia or of whether sperm will be found in the testis tissue. The deletion length of a son was not increased (no vertical expansion) and they would be expected to display decreased sperm production as adults in a distribution similar to our cohort of men. Both sons and daughters are somatically healthy. The threat of Y-chromosome loss in the offspring has not been demonstrated. Analysis of this large group of AZFc-deleted men should provide definitive answers to the many queries regarding their clinical issues and the results of using their sperm in conjunction with ICSI.

Supported by: The National Institutes of Health supported Y-DNA studies but no clinical services.