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**HI TECH FERTILITY THERAPY CAN PREVENT WOMEN FROM HAVING
A CHILD WITH CHROMOSOME ABNORMALITIES RESULTING
IN DISEASES SUCH AS DOWN'S SYNDROME**

New York, NY September 12, 2002 - Dr. Randy Morris is a Naperville, Illinois Reproductive Endocrinologist who has been at the forefront of a landmark procedure called PGD (Pre-Implantation Genetic Diagnosis) that tests embryos for abnormalities before they are placed in the womb. PGD is a technique that permits analysis of the genetics of an embryo prior to transferring embryos to a woman undergoing in vitro fertilization. As Dr. Morris explains, "its primary use is to permit the selection of chromosomally normal embryos along with testing for other common genetic abnormalities leading to diseases such as Down's Syndrome, Edward's Disease, Muscular Dystrophy and many others.

What the procedure entails: Initially, a normal ovary stimulation procedure and egg retrieval is performed, as in routine in vitro fertilization. The husband's sperm is added to the eggs and then they are allowed to grow for 3 to 5 days. The embryo can be tested immediately after fertilization or after the embryo has divided into 6 to 8 cells. The most common technique known as FISH (Fluorescent in Situ Hybridization) involves attaching color labeled specific probes to each of the chromosomes. Common chromosomal abnormalities involving 3 copies, where there should be only 2 copies of a chromosome, such as Down's syndrome or Mongolism (Trisomy 21) Patau's and Edward's syndromes (Trisomy 13 or 18), Klinefelters's syndromes (XXY), can be diagnosed. By using other methods, deletion of a portion of a chromosome can also be detected. Polymerase chain reaction techniques can be used to identify single gene defects such as cystic fibrosis.

PGD is very powerful and can be beneficial to any couple (husband and wife) willing to have IVF especially those in which the female is older or when either partner is at higher risk for causing the production of abnormal embryos. Each embryo is biopsied and a report is issued on each embryo. They are kept in separate droplets, which are numbered, and the normal embryos can be preferentially replaced into the uterus. Any extra embryos that are normal can be frozen separately. The reason that this technique is less than 100% effective in determining the presence of absence of a particular chromosome (such as the Y chromosome) is that not every biopsied cell gives a clear cut answer. A small number of embryos may not survive the biopsy procedure.

This medical advance highlights how doctors are pushing the envelope of fertility treatments. According to Dr. Morris, "just producing a pregnancy for a couple isn't good enough any more. Couples are looking for ways to ensure that they have a healthy baby." Testing also improves the chance for conceiving a pregnancy. A recent study from Italy indicated that the chance for pregnancy could be doubled in women over age 39 compared to regular IVF. The miscarriage rate can be reduced 5-fold.

As a dramatic case in point, Dr. Morris recounts a couple who had previously lost a child to Edward's Syndrome- a devastating condition caused by the presence of an extra chromosome. Following the loss of their child, the woman became infertile and sought the help of Dr. Morris. He felt it was wise for her to use the PGD procedure to prevent further heartache. The result? Almost half of her embryos contained chromosome abnormalities. One of these embryos, which otherwise looked healthiest under a microscope, had the same abnormality that caused the death of her first baby. According to Dr. Morris, "had she not had the PGD, she would definitely have lost another child to Edward's Syndrome. Instead, this mother gave birth to a healthy baby girl now several months old.

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