

ISIVF-JSAR Regional-Symposium

August 27, 2022 (Saturday)

Individualization in Infertility Treatment

Program	JST	
Opening	10:50-	Yoshiharu Morimoto (President of ISIVF)
	11:00	Akira Iwase (Chair of ISIVF-JSAR Regional Symposium)
Omnibus Session		Challenge to refractory conditions (Live and Video on demand)
Chairs:		Hidetaka Okada (Japan) and Robert Norman (Australia)
Keynote Lecture	11:00-	Endometriosis and infertility
	11:50	
		Chii-Ruey Tzeng (Taiwan)
<i>Varinos-sponsored Lecture</i>	11:50-	The effect of chronic endometritis on implantation
	12:25	
		Fuminori Kimura (Japan)
<i>Tsubaki WC-sponsored Lecture</i>	12:25-	Immunological approach and its treatment for repeated implantation failures
	13:00	
		Atsushi Fukui (Japan)
	13:00-	~Lunch Break🕒~
	13:40	

Continue • • •

Register Here!

<https://isivf.org/events/regional-symposium/>



Invited Lecture I		(Live and Video on demand)
Chair		Miyuki Harada (Japan)
<i>Ferring-sponsored</i>	13:40- 14:30	Algorithm based controlled ovarian stimulation; a basis for personalised/precision medicine
		Robert Lahoud (Australia)
	14:30- 14:40	~Coffee Break☕~
Invited Lecture II		(Live and Video on demand)
Chair		Akira Iwase (Japan)
<i>Beckman Coulter-sponsored</i>	14:40- 15:30	AMH: a biomarker with growing clinical applications
		Antonio La Marca (Italy)
	15:30- 15:40	~Coffee Break☕~
Symposium (<i>Merck-sponsored</i>)		Update on COS (Controlled Ovarian Stimulation) (Live only)
Chairs:		Masahide Shiotani (Japan) and Young Min Choi (Korea)
	15:40- 16:05	Mild ovarian stimulation in IVF treatment
		Keiji Kuroda (Japan)
	16:05- 16:30	Various novel stimulation protocols for poor-responders: Which protocol should we choose?
		Jei-Won Moon (Korea)
	16:30- 16:55	Efficient ovarian stimulation methods for improving cumulative live birth rate
		Yukiko Katagiri (Japan)
	16:55- 17:10	Discussion
Closing	17:10- 17:15	Masahide Shiotani (JSAR President)

On-demand delivery will be available shortly after the live webinar!

Keynote Lecture

Endometriosis and infertility

Chii-Ruey Tzeng

Founder & CEO, Taipei Fertility Center

Honorary Professor, Taipei Medical University

Founding President, Taiwan Endometriosis Society



Endometriosis is a chronic gynecological disease characterized by the growth of endometrial tissue outside the uterine cavity. It is a frequently benign gynecological disorder that affects 6-10% of women and causes infertility. Oxidative stress in endometriosis triggered by free Iron in peritoneal fluid (PF) leads to both oocyte and embryo DNA damage and lipid peroxidation. Biomarkers of inflammation, angiogenesis, MMP, anti-apoptosis and adhesion molecules activated by estradiol can be abolished by GnRHa pretreatment. Association studies shows serum lead (Pb) and declined detoxification of GSTs gene polymorphism are risk factors of endometriosis, whereas zinc has protective effect. Urinary phthalate metabolites also act as endocrine-disrupting chemicals (EDCs) may increase the risk of endometriosis. Endometriosis impacts on oocyte quality by decreasing mitochondria number and mtDNA copy number, alternation oocyte morphology and embryo morphokinetics. Endometriosis affects ART outcomes by decreasing Egg number, compromising both clinical pregnancy rate (CPR) and live birth rate (LBR) particularly in stage III-IV disease. GnRHa pretreatment induces apoptosis and autophagy of endometriotic tissue, eliminate the iron-containing PF and restores the implantation markers such as HOX10 etc. Translational medicine following IUI, IVF and surgery therapies highlights the better Pregnancy outcomes by GnRHa pretreatment than antagonist protocol in women with endometriosis. Future genome-wide association study (GWAS) in endometriosis may elucidate the possible endometriosis-associated SNP and relative mapped genes.

EDUCATION

- 1969-1976 M.D., School of Medicine, Taipei Medical University, Taiwan.
1980-1981 Master of Public Health (MPH) in Maternal and Child Health, School of Public Health, Harvard University, Boston, MA, U.S.A
1981-1983 Research Fellow, Fertility and Endocrinology, Department of Obstetrics and Gynecology, Brigham and Women's Hospital, Harvard Medical School, Boston, U.S.A.

CURRENT POSITION:

- 2021-Present Secretary General, Asia Pacific Initiative on Reproductive (ASPIRE)
2019-Present Founder & CEO, Taipei Fertility Center (TFC)
2017-Present Honorary Professor, Taipei Medical University
2017-Present Board member, World Endometriosis Society (WES)
2008-Present Board member, International Society for Fertility Preservation(ISFP)

PROFESSIONAL CAREER AND EXPERIENCE:

- 1993-2000 Vice Superintendent, Taipei Medical University Hospital, Taipei, Taiwan.
1994-2017 Chairman, Department of Obstetrics and Gynecology, Taipei Medical University, Taiwan.
1994-2019 Director, Center for Reproductive Medicine & Science, Taipei Medical University Hospital, Taiwan.
1996-1998 President, Taiwan Society for Reproductive Medicine (TSRM).
2004-2013 Dean, College of Medicine, Taipei Medical University, Taiwan
2008-2014 President, Pacific Society for Reproductive Medicine (PSRM)
2013-2015 President, Taiwan Society for Mitochondrial Research Medicine (TSMRM)
2015-2021 Founding President, Taiwan Endometriosis Society (TES)
2016-2018 President, Asia Pacific Initiative on Reproductive (ASPIRE)

Varinos-Sponsored Lecture

The effect of chronic endometritis on implanation

Fuminori Kimura

Professor, Department of Obstetrics and Gynecology,
Nara Medical University



Recovery of endometrial receptivity is thought to bring a new treatment strategy to many patients with implantation failure. We focused on chronic endometritis (CE) as the cause of implantation failure. In the present study, the effects of CE on implantation and pregnancy outcomes, the effects of CE on endometrial function, and the effects of progesterone as treatment for CE were examined.

It was found that the pregnancy rate and live birth rate were significantly lower in CE patients, and the miscarriage rate was significantly higher in CE patients in a prospective study. When patients were diagnosed with CE, even though in vitro fertilization was carried out for 1 year, not only were the pregnancy rate and live birth rate significantly lower, but the miscarriage rate and preterm birth rate were high after conception.

In in vitro study, we revealed the secretions of $\text{TNF}\alpha$, $\text{IL1}\beta$, and IL6 per cell were significantly higher in CE. The rate of Th1 was greater and it of Th2 was significantly lower in CE, and those of Tregs and Th17 was not different. Both PRL and IGFBP1, decidualizing markers, showed significant decreases in secretion with CE, and conversely, the number of cells was significantly higher in the CE group.

Based on the results of bench studies, we hypothesized that an altered administration route and increased dosage of progestogen may improve clinical outcomes. The clinical outcomes of patients who underwent single frozen-thawed blastocyst transfer were examined for each hormone replacement therapy. It was found that using a progesterone vaginal suppository in combination with an oral progestin for hormone replacement improved the pregnancy rate and live birth rate in CE patients when compared with using an oral progestin alone.

CE can cause implantation failure and affect pregnancy outcomes. CE altered the subpopulation of immune cells in the endometrium and caused decidualization disorders. Although the pregnancy rate was improved when luteal support was devised, there was a high preterm birth rate. It has been suggested that the treatment of CE by the administration of antibiotics may improve uterine receptivity, and further verification including investigating pregnancy outcomes is necessary.

MD, PhD, Professor of Department of Obstetrics and Gynecology, Nara Medical University

【MEMO】

TSUBAKI Women's Clinic-Sponsored Lecture

Immunological approach and its treatment for repeated implantation failures

Atsushi Fukui, Kohei Nakagawa, Kazuya Takeda,
Hidetaka Kamei, Ryu Takeyama, Yu Wakimoto, Ayano
Yamaya, Hiroaki Shibahara



Associate Professor, Department of Obstetrics and Gynecology,
Hyogo Medical University Graduate School of Medicine

Repeated implantation failure (RIF) occurs when implantation does not occur despite multiple embryo transfers during IVF-ET. Repeated IF is often defined as the failure to achieve pregnancy even after two to three embryo transfers using good quality embryo(s). Immune cells such as T cells and NK cells are present in the peripheral blood and uterine endometrium and play an important role in the establishment and maintenance of pregnancy.

During pregnancy, type 1 (inflammatory immune response by $\text{TNF-}\alpha$, $\text{IFN-}\gamma$, etc.) and type 2 (anti-inflammatory response by IL-4, IL-10, etc.) immune responses occur. Helper T cells (Th cells) are classified by the cytokines they produce into Th1 cells that produce $\text{TNF-}\alpha$, $\text{IFN-}\gamma$, etc. and Th2 cells that produce IL-4, IL-10, IL-13, etc. In normal pregnancy, the type 2 shift of Th cells, i.e., the Th1/Th2 ratio is decreased, while the Th1/Th2 ratio is high in RIF. Regulatory T cells, which are immunoregulatory T cells characterized as $\text{CD4}^{+}/\text{CD25}^{\text{bright}}/\text{Foxp3}^{+}$, are also involved in immunomodulation and they are increased in normal pregnancies but absent in RIF. On the other hand, uterine NK (uNK) cells increase from the luteal phase to early pregnancy, accounting for about 70% of intrauterine lymphocytes in early pregnancy. We have reported that increase of cytotoxic NK cells during IVF-ET make it difficult to achieve pregnancy, and that NKp46 receptor expression, which is involved in cytokine production and cytotoxicity expressed on the NK cell surface, is decreased in RIF. Now, there are two causes of RIF: embryonic side and endometrial side. The embryonic side of the problem may be better understood with PGT-A. One of the endometrial side of the problem may be immune. Various immunological approaches are being used to treat the endometrial side of the problem. Although there is still insufficient data to provide sufficient evidence, tacrolimus, hydroxychloroquine, $\text{TNF-}\alpha$ inhibitors, and immunoglobulin have been reported to be effective in treating RIF with high Th1/Th2 ratios. Corticosteroids, vitamin D, immunoglobulin, and lipid emulsion (LE) may also be effective for RIF in patients with NK cell abnormalities.

In my talk, I will discuss immunological issues related to RIF and its treatment.

1999-2006	Instructor, Department of OB/GYN, Hirosaki University Hospital
2007-2011	Assistant Professor, Department of OB/GYN, Hirosaki University Hospital
2011-2013	Lecturer, Department of OB/GYN, Hirosaki University Hospital
2014-2016	Clinical Associate professor, Department of OB/GYN, Hirosaki University Hospital
2016	Clinical Director, Sendai Assisted Reproductive Technology Clinic
2016-2018	Lecturer, Department of OB/GYN, Hyogo College of Medicine
2018-present	Associate professor, Department of OB/GYN, Hyogo Medical University, School of Medicine
2020-present	Specially appointed professor, Fukushima Medical University (Part time)

【MEMO】

Ferring-Sponsored Invited Lecture

**Algorithm based controlled ovarian
stimulation; a basis for
personalised/precision medicine**

Robert Lahoud

Clinical Director IVF Australia North Shore



Reproductive medicine has moved from case reports to large randomised control trials to find answers to evaluating therapeutic options. These studies look at large trends but are not able to personalise treatment to each individual.

Personalised medicine uses uniquely personal information about an individual, such as genetic information, to help guide health-related decisions.

In reproductive medicine dosing algorithms for tailoring precise controlled ovarian stimulation, using machine learning in embryo selection and evaluating big data to profile patients, form means of developing personalised treatment approaches for patients. Individualised gene profiling will aid in the diagnosis and treatment of the infertile patient.

A personalised approach with tailored support, can make the treatment journey easier for the patient. The aim of this lecture is to explore the application of personalised medicine in the field of reproductive medicine.

I am a reproductive endocrinologist with over 20 years of experience in the field. I work as the clinical director at one of Australia's busiest IVF units.

My interests include education and research. My special interests include PCOS and endometriosis.

【MEMO】

Beckman Coulter-Sponsored Invited Lecture

AMH: a biomarker with growing clinical applications

Antonio La Marca

Professor of Obstetrics and Gynecology

University of Modena and Reggio Emilia, Modena, Italy



Antonio La Marca is Associate Professor of Obstetrics and Gynecology at the Department of Medical and Surgical Sciences of the Mother, Children and Adults of the University of Modena and Reggio Emilia, Italy. He was awarded his MD in 1996 by the University of Siena, Italy, specialized in obstetrics and gynecology in 2001, and gained a PhD in Biology of Germ Cells in 2004.

His clinical activity covers all fields of reproductive medicine, gynecology and obstetrics and he has taken part in thousands of laparoscopic and hysteroscopic surgical procedures. He has taken part in many advisory boards and national and international special interest groups for the elaboration of clinical guidelines for the diagnostic work up of infertile couples as well as their treatment

Professor La Marca's research interests include ovarian reserve and endocrinology, pharmacological manipulation of ovarian activity, including the prediction of ovarian response in IVF, the personalization of ovarian stimulation protocols, the physiological significance of anti-Müllerian hormone and antral follicle count (including their measurement and clinical utility), and conventional and alternative strategies for ovarian stimulation. He has published extensively in these fields, being recognized as author or co-author of more than 200 peer-reviewed articles (of note he is the first Author in about 35% of the articles), and is currently principal investigator in several phase 3 and 4 trials and recipient of several competitively assigned national and international grants; his current h-index is 48, with more than 9,900 citations (Scopus). The preclinical and clinical research led to 6 patents of which La Marca is the inventor (three patent applications and three already issued).

He is member of the Editorial Board of the journal *Reproductive Biomedicine Online*, *Frontiers of Endocrinology* and *Editor-in-Chief* of *Minerva Obstetrics and Gynecology*

Prof La Marca is involved as Principal Investigator (PI) in ministerial research programs awarded on a competitive basis and he is PI of several Investigator Initiated Studies (IISs). He participates or has participated in numerous national or international multicenter research projects and there are at least thirty different groups with whom he has collaborated or still collaborates. He has been called to be part of several international commissions for the evaluation of research projects of European countries and for the academic progression of university professors.

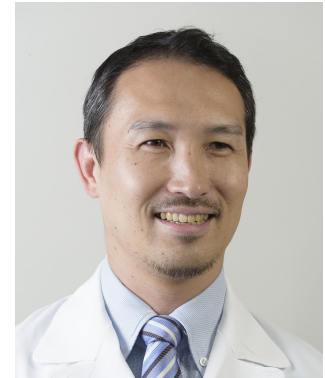
31 March 2022

Merck-Sponsored Symposium

Mild ovarian stimulation in IVF treatment

Keiji Kuroda

Division Manager, Sugiyama Clinic Shinjuku
Juntendo University Faculty of Medicine



Mild ovarian stimulation for IVF treatment has been accepted as a safer, more affordable and more patient-friendly protocol compared with conventional stimulation. Mild stimulation protocols use a lower dose of gonadotropin (<225IU) or have a shorter duration of gonadotropin administration, or both, compared with conventional stimulation protocols.

In Japan, single embryo transfer was recommended in 2008 for the establishment of safe pregnancy and live birth after assisted reproductive technology (ART) treatment. Thus, to improve the clinical pregnancy rate with a single embryo, the clinical pregnancy rates in Japan have risen in recent decades. In 2018, the clinical pregnancy rate of 30- and 35-year-old women was 44.5% and 40.4% per ET cycle, leading to 37.0% and 32.3% live birth rates, respectively. When 30–35-year-old women aim for a cumulative live birth rate of 80% or higher, 4–5 embryos are calculatedly as necessary. Mild ovarian stimulation aimed at collecting 5–10 oocytes can be one of the optimal ovarian stimulation protocols in patients with a good prognosis.

In poor responders with a diminished ovarian reserve, conventional stimulation with a high daily dose of gonadotropin is not superior, thus mild stimulation may be sufficient for maximumly extracting their ovarian function.

Mild stimulation can reduce treatment burdens with daily gonadotropin injections and the related complications, thus decreasing the rate of drop-out from ART treatment. Mild ovarian stimulation can be one of alternative choice as an optimal ovarian stimulation protocol in patients with a good prognosis and diminished ovarian reserve.

Dr. Keiji Kuroda is a gynecologist and specialist in reproductive medicine and endoscopic surgery. He is a division manager of intractable infertility as well as endoscopy, Sugiyama Clinic Shinjuku, Tokyo and a part-time associate professor at Juntendo University, Tokyo. He had researched oocyte activation at Tokyo Women's Medical University, from 2004 to 2005 and the function of decidualization of human endometrium in Imperial College London and University of Warwick, UK, from 2010 to 2012. Therefore, his current research interests include endometrial function during implantation and early pregnancy. He is also interested in shortening the time to pregnancy and livebirth with safe and effective IVF treatment.

Dr. Kuroda is regularly invited as a guest speaker to international conferences. He has also received various prizes including 11th World Congress of Endoscopic Surgery, The Best Poster of the Session Prize Award in 2008, 38th Global Congress of Minimally Invasive Gynecology, Best Endometriosis Paper in 2009, and Journal of Obstetrics and Gynaecology Research, Best Reviewer Award in 2018.

【MEMO】

Merck-Sponsored Symposium

Various novel stimulation protocols for poor-responders: Which protocol should we choose?

Jej-Won Moon

Co-medical director of M Fertility Center, Seoul, Korea



The mean age of women giving birth to their first child in Asian countries is rising (OECD Family Database, 2020). As a result, more women face subfertility due to diminished ovarian reserve (DOR) or poor ovarian responses (POR) who then seek medical help to become pregnant. IVF is now the treatment of choice in older women and it is estimated that almost 40% of all IVF cycles are performed in older women (NICE guidelines, 2013).

Various stimulation protocols have been introduced to improve pregnancy outcomes in DOR or POR patients. use of increased gonadotropin doses, estradiol priming antagonist, long luteal protocol, Lupron stop protocol, double stimulation, DHEA adjuvant therapy, adding growth hormone, mild ovarian stimulation with oral compounds such as clomiphene citrate or letrozole, and natural cycle IVF.

However, the optimal stimulation protocols for POR patients are currently unknown. In addition, there is insufficient evidence to support the use of specific interventions to improve IVF treatment outcomes in poor responders. The Cochrane review of poor responder interventions concluded that no particular treatment offered clear benefit, or could be recommended. The management of poor responders, therefore, remains a significant challenge in assisted reproduction. POR patients usually exhibit DOR to standard gonadotropin stimulation, and the efficiency of a high dose of gonadotropin administration for such patients has been questioned. Also, there is one study that in subsequent IVF cycles, repeating the same conventional ovarian stimulation protocol, compared with a different protocol, can result in slightly improved laboratory outcomes.

So it is worth it that we should look over various novel stimulation protocols for poor responders. And evaluate which protocol might be suitable for the patients.

Education

2000-2006 Dankook University, College of Medicine, Korea
2008-2017 Postgraduate School, University of Ulsan, College of Medicine, Seoul, Korea

Professional Experience

2006-2007 Internship, Asan Medical Center, Seoul, Korea
2007-2011 Residency in Obstetrics & Gynecology, Asan Medical Center, Seoul, Korea
2011-2012 Public health doctor, Ulleung-gun Health center and County Hospital, Korea
2012-2014 Public health doctor, Mok-Po City Hospital, Mok-Po, Korea
2014-2016 Clinical Fellowship at reproductive endocrinology division, Asan Medical Center, Seoul, Korea
2016-Present Co-medical director of M Fertility Center, Seoul, Korea
2018-Present Board member of Korean Association of Obstetricians and Gynecologist and Korean Society for Assisted Reproduction.
2020-Present Board member of International Society for In Vitro Fertilization (ISIVF)
Activities
2018/03 ASIAN Expert Meeting on ART Symposium at Tokyo: Invited speaker
2018/08 10th Korea-Japan ART Conference at KOBE: Invited speaker
2019/07 11th Korea-Japan ART Conference at Pyeongchang: invited speaker
2020/04 Expert Panel Discussion by Merck:
2020/05 10th Congress of the Asia Pacific Initiative on Reproduction (ASPIRE) in Philippine: invited speaker
2021/02 KSAR conference: invited speaker
2021/11 APAC Luteal Phase Support Advisor Board Meeting: Advisor

【MEMO】

Merck-Sponsored Symposium

Efficient ovarian stimulation methods for improving the cumulative live birth rate

Yukiko Katagiri

Professor in Department of Obstetrics and Gynecology,
Faculty of Medicine, Toho University



The goal of fertility treatment is to obtain a live birth. To obtain a live birth, it is necessary to obtain an embryo for transfer, which requires the retrieval of the enough number of oocytes. For this reason, it is extremely important that an appropriate ovarian stimulation method be selected.

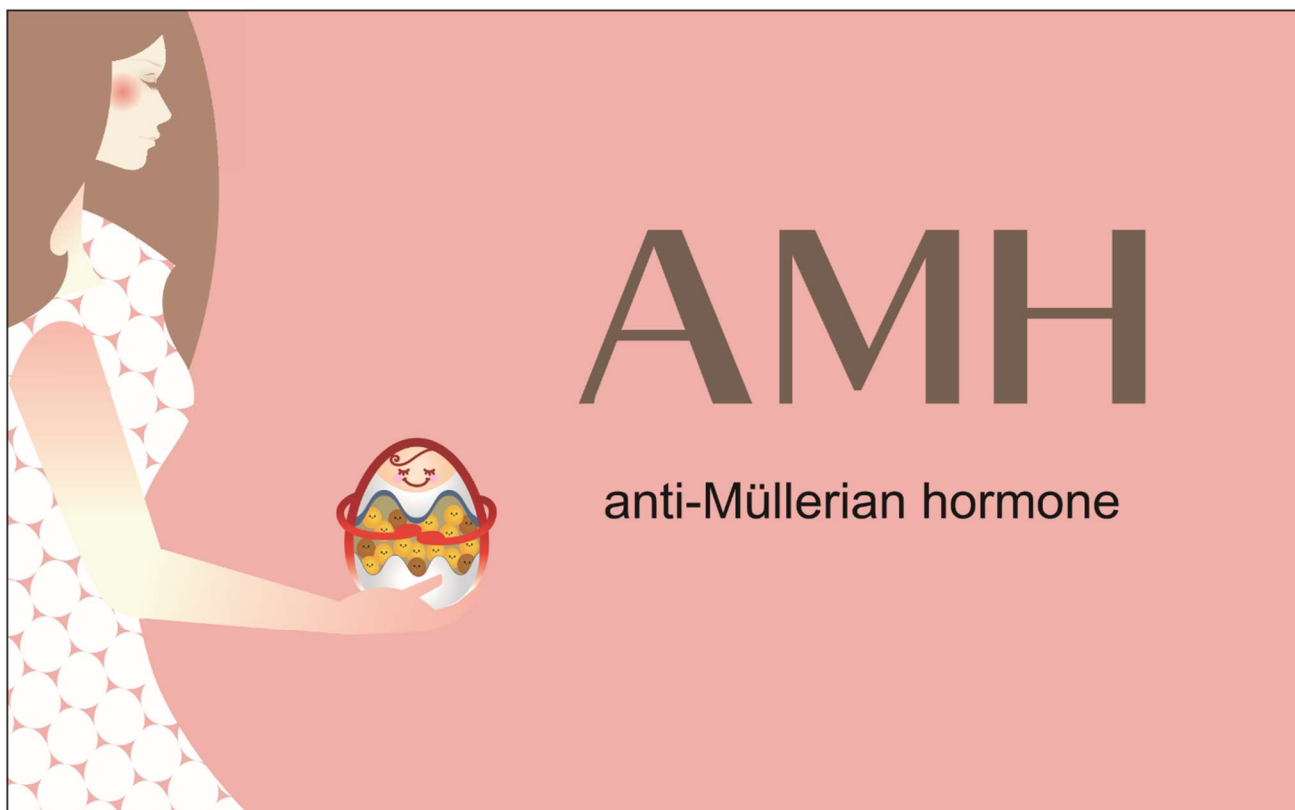
Clinical outcomes of assisted reproductive technology are often expressed in terms of pregnancy rates per embryo transfer. However, behind the situation, this is the existence of treatment cycles that did not result in embryo transfer. According to assisted reproductive technology in Japan: A summary report by the Ethics Committee of the Japan Society of Obstetrics and Gynecology, transferable embryos were not obtained in approximately 30% of egg retrieval cycles, and it is important to work to reduce this number of unsuccessful cycles.

It is not easy to obtain euploid embryos in aged patient populations, Therefore, it is necessary to choose an ovarian stimulation method that maximizes ovarian reserve and achieves the required number of eggs retrieved.

In this presentation, it will be discussed ovarian stimulation methods aimed at achieving live birth in an initial egg retrieval cycle.

1992	Graduated from Toho University School of Medicine
1992	Admission for Toho University Graduate School of Medicine
1996	Graduated from Toho University Graduate School of Medicine
2001~2003	Research Fellow in Center for Reproductive Medicine and Infertility, Weil Medical College, Cornell University
2003~2005	Research Associate in Center for Reproductive Medicine and Infertility, Weil Medical College, Cornell University
2007	Assistant Professor in Department of Obstetrics and Gynecology, Faculty of Medicine, Toho University
2010	Associate Professor in Department of Obstetrics and Gynecology, Faculty of Medicine, Toho University
2016	Professor in Department of Obstetrics and Gynecology, Faculty of Medicine, Toho University

【MEMO】



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MAPSS-DX-202208-6

JSAR
Japan Society of Assisted Reproduction

第25回 日本IVF学会学術集会

進化する生殖医療 ～25年の歩みと未来を見据えて～



2022年 **10月15日(土) - 16日(日)**

共催 日本臨床エンブリオロジスト学会

会場 神戸国際会議場

第25回 日本IVF学会 学術集会長

柴原 浩章 (兵庫医科大学医学部 産科婦人科学講座 主任教授)

第25回 日本IVF学会 学術集会副会長

苔口 昭次 (英ウイメンズクリニック・さんのみやクリニック 院長)

福井 淳史 (兵庫医科大学医学部 産科婦人科学講座 准教授)



第9回せとうちART研究会

当番世話人／塩谷 雅英（英ウィメンズクリニック 理事長）

第7回HAC鹿児島
代表／竹内一浩（竹内レディースクリニック 院長）

3大会合同開催

バイオロジーから統合医療
つながるリプロダクション



第18回日本レーザーリプロダクション学会
大会長／鍋田 基生（医療法人ヒューマンリプロダクション つばきウィメンズクリニック 理事長・院長）

2023.3.26 日 | ANAクラウンプラザホテル松山

運営事務局／株式会社 ヒューマン リプロ・K

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The background of the poster is a photograph of the Kobe skyline. On the left, the red, lattice-like Kobe Port Tower stands prominently. To its right is a tall, modern glass skyscraper. In the foreground, a white ferry boat is docked at a pier. The water is a deep blue, and the sky is a clear, vibrant blue. The text 'ACRI 2023' is written in a large, white, cursive script across the top, with a red brushstroke underline. Below it, 'in Kobe, Japan' is written in a smaller, white, cursive script.

ACRI 2023

in Kobe, Japan

The 1st Asian Congress for
Reproductive Immunology
(ACRI)

April 8 (Sat) - 9 (Sun), 2023

Venue:

**Kobe International Conference Center
(KCC)**

Honorary President:

Masahiro Itoh, M.D., Ph.D.

Professor and Chairman,
Department of Anatomy,
Tohoku Medical University

President:

Hiroaki Shibahara, M.D., Ph.D.

Professor and Chairman,
Department of Obstetrics and Gynecology,
School of Medicine, Hyogo Medical University

Contact us

ACRI 2023 Congress Secretariat:

c/o Convex Inc.
1-11-9 Azabudai, Minato-ku,
Tokyo 106-0041, JAPAN
TEL: 81-3-3505-1600
FAX: 81-3-3505-3505

21st World Congress on In Vitro Fertilization (ISIVF2023)

Theme

Où allons-nous?

Yoshiharu Morimoto (Sunkaky Medical Corporation)



Joint Conference

26th Annual Scientific Meeting of Japan Society of Assisted Reproduction (26th JSAR)

Theme

Approach to sustainable ART

Yoshiharu Nakaoka (Sunkaky Medical Corporation, IVF Namba Clinic)

Date

2(Thu)~4(Sat) November, 2023

Venue

**Osaka International Convention Center
Osaka, JAPAN**



[Secretariat]
JTB Communication Design, Inc.
Co-Creation Dept. Convention Unit 2
Celestine Shiba Mitsui Bldg. 12F 3-23-1 Shiba, Minato-ku, Tokyo, Japan 105-8335
E-mail: isivf-jsar2023@jtbcom.co.jp

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<https://convention.jtbcom.co.jp/isivf-jsar2023>