

CONCLUSION: The MMPI-2 and PAI are two measures often utilized independently to assess response style and psychological symptomatology in GC applicants. A comparison of the measures did not find the expected relationships among all matching scales of the PAI and MMPI-2. However, the measures appear to consistently identify invalid responding. Use of both measures could provide greater understanding of applicant response style and symptomatology; however, the increased cost and time commitment may be prohibitive. The results of this study suggest that use of either measure alone is acceptable.

P-151 Tuesday, October 18, 2011

TRENDS IN AGE IN NON MEDICAL OOCYTE CRYOPRESERVATION. L. Schuman, K. Copperman, C. A. McDonald, M. Acosta-La Greca, G. Witkin. Reproductive Medicine Associates of New York, New York, NY; Department of OBGYN and Reproductive Science, Mount Sinai School of Medicine, New York, NY.

OBJECTIVE: Since 2005, the use of non medical oocyte cryopreservation has grown in the United States. Although still controversial, more clinics are offering this service and media coverage has added it to the zeitgeist. With increasing awareness and utilization, The assumption is that there would be greater understanding of the importance of reproductive age, i.e., younger women would pursue non medical oocyte cryopreservation at higher rates. We undertook this study to determine whether in our practice we have seen a statistically significant change in age at presentation.

DESIGN: Retrospective analysis.
MATERIALS AND METHODS: From 7/15/05 to 1/25/11, 241 women considering non medical cryopreservation received a counseling session with one of two mental health professionals in a large reproductive medicine office. Ages were recorded and analyzed to assess trends using Pearson Correlation.
RESULTS: 241 women presented between 7/15/05 and 1/25/11 to a large academic practice for information regarding elective preservation of their fertility. As per ASRM recommendations, counseling was performed on all women prior to undergoing egg freezing. Pearson Correlation showed age trending downward but insignificant (r-value = -0.651, P=0.113).

| | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---------------|------------|------------|------------|------------|------------|------------|------------|
| Mean Age ± SD | 39.0 ± 1.4 | 38.1 ± 1.9 | 37.4 ± 2.4 | 37.4 ± 2.5 | 37.7 ± 2.1 | 37.9 ± 2.4 | 37.4 ± 2.3 |

CONCLUSION: Although oocyte cryopreservation is still considered experimental, it offers the chance that oocytes can be preserved to produce offspring at a time more optimal for some women. Like all reproductive technologies, oocyte cryopreservation is more effective in younger patients, yet as these results indicate, women are not pursuing this option until their mid to late thirties when general reproductive status is declining. Further studies are necessary to determine the factors causing women to delay action regarding their fertility. Factors such as cost of the procedure or women's psychological struggles to accept single status and their finite fertility should be examined.

P-152 Tuesday, October 18, 2011

WHO SEEKS FERTILITY TREATMENT? DEMOGRAPHIC CHARACTERISTICS OF PATIENTS ON THE EVE OF PUBLIC FUNDING FOR IN VITRO FERTILIZATION. P. Zolkowitz, T. Tulandi, R. Whitley, H. Holzer, N. Mahutte, S. Ouhilal. Psychiatry, Jewish General Hospital, Montreal, QC, Canada; Obstetrics and Gynecology, Jewish General Hospital, Montreal, QC, Canada; McGill University Health Centre, Montreal, QC, Canada; Montreal Fertility Centre, Montreal, QC, Canada; Douglas University Mental Health Institute, Montreal, QC, Canada.

OBJECTIVE: This study documents the demographic characteristics of patients seeking fertility treatment, in order to evaluate whether public funding of IVF will be associated with an influx of previously under-served patients from diverse sociodemographic backgrounds.

DESIGN: For a 1-month period, all patients at a private clinic and a university hospital-based clinic in Montreal, Quebec were invited to complete an

anonymous survey asking about their age, marital status, employment status, country of origin, education, income, ethnicity and religious affiliation. The provincial health system instituted payment for IVF 12 days after the survey period began.

MATERIALS AND METHODS: Data were analyzed using descriptive statistics.

RESULTS: 593 couples completed the survey, and 87 participants completed the questionnaire for themselves but did not provide information about their partners, for a total sample of 1, 273 (675 women and 598 men). About 35% of the surveys were completed before the start of public funding of IVF. 47% of the respondents were not Canadian born; their mean length of stay in Canada was 12.4 ± 10.4 years, and 65% were Canadian citizens. 24% of respondents were new to the clinic. While immigrant patients were better educated than their Canadian-born counterparts (66.7% had university degrees vs 59.5%, p < .05), they were less likely to be employed (81.1% vs 94.7%, p < .0001), and more likely to report incomes of \$25,000 or less (22.7% vs 3.2%, p < .0001). Patients visiting the clinic after public funding began had lower levels of education (59% had university degrees); those for whom it was a first visit had lower income levels (43.4% below \$65,000 as compared to 21.8% prior to public funding, p < .01).

CONCLUSION: Our results suggest that clinics serve a diverse patient population, who may have different attitudes towards treatment and may present with unique service needs. This diversity may increase with the advent of public funding for IVF.

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P-153 Tuesday, October 18, 2011

FOLLOW UP OF CHILDREN FOLLOWING ASSISTED REPRODUCTIVE TECHNOLOGY (ART). Y. Sato, Y. Nakajo, Y. Shibuya, T. Takisawa, E. Sakamoto, K. Kyono. Kyono ART Clinic, Sendai, Miyagi, Japan.

OBJECTIVE: Assisted reproductive technology (ART) is performed widely. However, there have been few reports about follow up of children following ART. In this paper, we separated the children into groups according to treatment background and performed a follow up study.

DESIGN: Retrospective study.
MATERIALS AND METHODS: Between 1995 and 2010, the patients obtained 1983 children after IVF-ET. We carried out a mail survey of parents. Survey parameters were physical development (height and weight) and mental development (development rates of movement and language). The results were examined according to treatment background (C-IVF, ICSI, FET).

RESULTS: Rate of multiple births were C-IVF:37.0, ICSI:30.1 and FET:18.4. Multiple were able to catch up to the 10th percentile of the weight curve at about 6 months after birth, and the 10th percentile of the height curve at 1 year after birth. There was no significant difference in mental development regardless of the treatment background. There were significant differences in the rate of congenital malformation between singleton and multiple babies.

| | singletons | | | multiple | | |
|-------------------------|------------|------|------|----------|------|------|
| | C-IVF | ICSI | FET | C-IVF | ICSI | FET |
| Total no. of children | 184 | 659 | 610 | 108 | 284 | 138 |
| Premature birth rate(%) | 12.0 | 8.8 | 8.2 | 74.1 | 64.8 | 76.1 |
| Mean of birth weight(g) | 2961 | 2991 | 3059 | 2009 | 2172 | 2240 |
| Abnormality rate(%) | 3.3 | 2.1 | 1.6 | 5.6 | 6.3 | 0 |

Most congenital abnormality cases were inguinal hernia, mild Atrial Septal Defect (ASD) and Ventricular Septal Defect (VSD) due to low birth weight and the majority of children have healed naturally. A few cases of Hy-perdactylia, 18 trisomy, 21 trisomy and microtia were also found.

CONCLUSION: Our study showed the abnormalities and the physical growth in children born following ART. All singletons showed similar results as to perinatal periods, congenital malformations, and their growth was