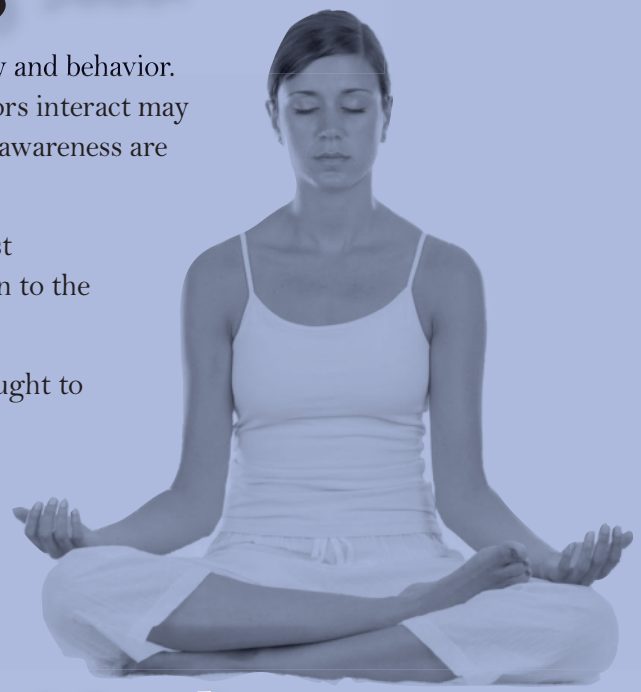
Mind-Body Retreat Coming Soon

Mind body medicine focuses on the interactions of the mind, body and behavior. The ways in which emotional, mental, behavioral, and spiritual factors interact may directly affect your health and bodily functioning. Self-care and self-awareness are fundamental in this approach to well-being.

In 2008, CCRM will host three Mind/Body Retreats, with the first scheduled for **March 15th and 16th.** These weekend retreats are open to the community, and take place at the CCRM Lone Tree Office.

The programming focuses on intervention strategies that are thought to promote health such as relaxation, yoga, group support, nutrition, exercise, cognitive behavioral therapies, and acupuncture.



Contact Deb Levy, MA, LPC at 303-761-0748 for more information.

March 15-16, 2008

Future Mind-Body Retreats:

July 26-27
November 1-2

Colorado Center for Reproductive Medicine
10290 RidgeGate Circle
Lone Tree, CO 80124

Fertility Update

A Quarterly Newsletter from the Colorado Center for Reproductive Medicine

Spring 2008

Making Dreams Conceivable

We've Moved!

After breaking ground on a new facility nearly a year ago, the Colorado Center for Reproductive Medicine's Lone Tree office is open and receiving patients.

On January 2, 2008 CCRM's Englewood office located at Swedish Medical Center and the Lone Tree satellite office at Sky Ridge Medical Center closed their doors and combined services and staff at the new main office located across the street from Sky Ridge Medical Center in Lone Tree. The Center's two satellite locations (Denver office at Rose Medical Center and Louisville office at Avista Adventist Hospital) remain unchanged.

With three locations throughout the Denver Metro area, CCRM is the largest infertility program in Colorado, performing over 1,000 IVF cycles in 2007, with about 40% of its patients traveling from across the country or around the world for its celebrated reputation for success. Four doctors staff the various offices helping patients achieve their dream of having a baby.

"Construction is finally complete and we are thrilled to see patients in our new modern and spacious facility," announced Dr. William Schoolcraft, Medical Director for CCRM. "The 40,000 square foot building not only combines two of our previous offices, it houses our clinical and scientific laboratories, research center, operating rooms, surgical recovery room, mind-body center, counseling services, billing, and scheduling—everything a patient needs from start to finish."

Dr. Schoolcraft built his nationally-recognized practice at Swedish Medical Center Campus in Englewood over the last twenty years. "It is a little bittersweet," says Schoolcraft about leaving the Swedish office. "I have great memories of the Swedish office and will miss a lot of things, but am happy to be in a fresh new space with everything easily available for our patients and staff. We've helped bring over 8,500 IVF babies into the world at the Swedish location, and hope to help more couples start or continue their families here."

Note: For patient convenience, physicians will divide their time between our three locations. Drs. Schoolcraft, Surrey, Minjarez, and Gustofson are available at the new Lone Tree office; Drs. Minjarez and Surrey will provide services at the Denver (Rose) location; and Dr. Gustofson will continue to treat patients at the Louisville (Avista) satellite office.

In This Issue:

New State-of-the-ART Facility 1

Focus on Research: New 401 (c)3 Established 2

Laboratory Services 2

PGS: A New Process. 3

Mind-Body Retreat. 4

www.ColoCRM.com

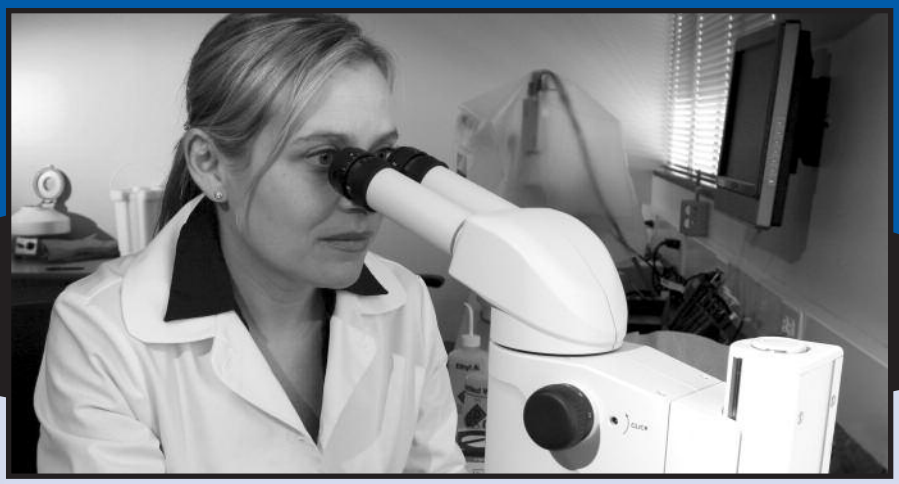
Lone Tree Office
10290 RidgeGate Circle
Lone Tree, CO 80124
303-788-8300

Denver Office
4545 E. 9th Avenue
Suite. 420
Denver, CO 80220
303-355-2555

Louisville Office
80 Health Park Drive
Suite 240
Louisville, CO 80027
303-665-0150

William Schoolcraft, MD • Eric Surrey, MD • Debra Minjarez, MD • Robert Gustofson, MD

Colorado Center for Reproductive Medicine



Focus on Research

With over six million infertile couples in the U.S. who cannot conceive without medical intervention, research is critically needed to better understand the underlying genetics and physiology of human infertility.

Scientific Research

At the end of 2007, a 501(c)(3) public charity, the Colorado Foundation for Fertility Research (CFFR), was developed to ensure scientific research, dedicated to helping infertile couples, continues in Colorado.

This non-profit organization was initiated to continue the scientific research activities previously done by the Colorado Center for Reproductive Medicine (CCRM) and Fertility Laboratories of Colorado (FLC).

Dr. Mandy Katz-Jaffe is the Scientific Director for CFFR. She is a Reproductive Geneticist who received her Master of Reproductive Science, and her PhD from Monash University in Australia.
Dr. Katz-Jaffe and her research team are focusing on furthering our knowledge of early human development through:

- Research on identifying embryos with the highest implantation potential
- Investigating the underlying molecular mechanisms involved in IVF and pregnancy failure
- Developing new methods to analyze chromosomal abnormalities
- Improving methods for oocyte maturation and cryopreservation

The results from this work will expand our knowledge of human infertility in order to lead to better patient management, as well as assist in optimizing single embryo transfers to improve IVF success rates and reduce the risk of multiple pregnancies.

Clinical Research

Patients at the Colorado Center for Reproductive Medicine (CCRM) benefit from the clinical research performed at Fertility Laboratories of Colorado (FLC). Dr. David Gardner is the Scientific Director of Clinical Research at FLC. He received his B.S. and PhD degrees from the University of York in the United Kingdom and completed postdoctoral fellowships at Harvard Medical School and Monash University, Australia.

Dr. Gardner now splits his time between FLC and the University of Melbourne in Australia. This dual association allows CCRM patients to benefit from ongoing scientific research at the University of Melbourne. Dr. Gardner is well-known in the infertility industry for his pioneering work in the area of embryo culture and growing embryos to the blastocyst stage prior to being transferred. His ground-breaking work led to new culture systems that have greatly improved patients' chances of becoming pregnant.

Currently CCRM is offering clinical, pharmacological, and research protocols and/or studies to their patients. If you have a patient who may qualify as a candidate for a study, please contact one of the CCRM physicians at 303-788-8300.

Laboratory Servi

Fertility Laboratories of Colorado, the exclusive laboratory provider for the Colorado Center for Reproductive Medicine, is proud to provide patients with on-site clinical laboratory work-ups.

The clinical laboratory is staffed by a team of professional medical technologists, medical laboratory technicians, and phlebotomists. Our clinical laboratory is accredited by the Commission on Laboratories Accreditation (COLA) and offers an array of testing in a convenient, caring and professional environment.

For nearly a decade CCRM has offered preimplantation genetic screening (PGS) as an early form of prenatal diagnosis.

ces Available

On-site testing includes assays for reproductive hormones using state-of-the-art instrumentation and screening for infectious diseases.

A battery of andrology testing is available by appointment. Testing includes semen analysis, morphology and viability determination, and anti-sperm antibodies.

All procedures and testing results are presented back to the referring physician to inform their patient about the specific test results.

Each of our three locations (Lone Tree, Denver and Louisville) offer laboratory services; however, the Lone Tree location is the only office that provides weekend hours.

Please contact Bonnie Gibson, 303-761-0679, to receive hand-out information regarding laboratory services available to your patients.

Latest PGS Technique Screens all 23 Chromosomes!

Currently, the most widely performed PGS is to determine, from a single biopsied cell, if an oocyte and/or embryo has the correct number of chromosomes (euploid) or the incorrect number of chromosomes (aneuploid). Only embryos that have been identified as euploid, thus with the correct number of chromosomes, are transferred—thereby reducing the likelihood of implantation failure, miscarriage and/or aneuploid offspring (for example, Down syndrome).

Fluorescent in situ hybridization (FISH) has been the technology used in PGS for chromosomal screening. However, FISH analysis on a single cell is only capable of analyzing 5-10 chromosomes out of the total 23 pairs of chromosomes. Since aneuploidy can affect any chromosome, it would be beneficial to expand PGS to include screening of all 23 pairs of chromosomes so that the entire chromosome complement of the oocyte and/or embryo could be analyzed. Such improvements in technology could potentially further increase the likelihood of implantation and decrease the chance of miscarriage.

CCRM is pleased to be at the forefront of PGS research by offering a clinical trial for chromosomal screening of all 23 pairs of chromosomes. The two new analytical technologies; comparative genomic hybridization (CGH) and microarray analysis, allow for the evaluation of all 23 pairs of chromosomes on a single cell. Both of these technologies are more labor-intensive than FISH and require several weeks before a result is reported.

Therefore, during this time of analysis, embryos are cryopreserved and placed in a suspended state of development using the new method of quick freezing called vitrification. Unlike the former methods of freezing where temperatures were reduced slowly, vitrification allows the embryos to be flash frozen in a matter of seconds. In addition, this waiting period allows time for the patient's body to rid itself of the stimulation medications and return to its normal physiological state. There are suggestions that this may assist in increasing the chances of implantation. Embryo survival after vitrification has significantly improved from ~70% observed after slow freezing to ~90%.

It is not possible to guarantee that a normal pregnancy will result after PGS procedures. All infants have a 3-5% risk of some congenital abnormality being present at birth. For all of our IVF patients using PGS, we recommend follow-up with prenatal testing (CVS or amniocentesis).

The future of PGS lies in new state-of-the-art technologies that have the ability to analyze the full chromosomal complement, all 23 pairs of chromosomes. CCRM is pleased to continue to be on the cutting edge by providing patients with the latest scientific techniques to ensure healthy and successful pregnancies.