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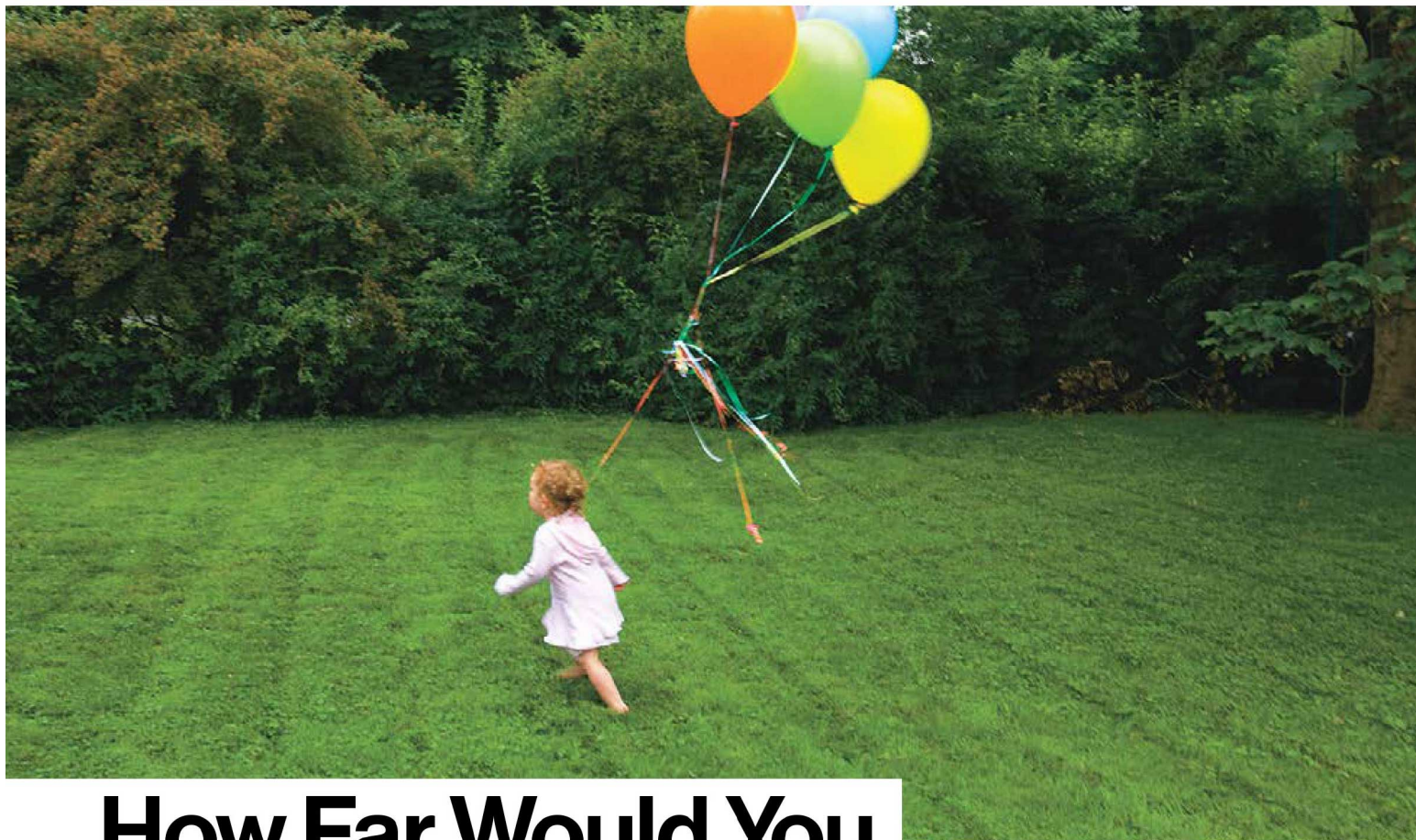
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How Far Would You Go to Have a Baby?

One pioneering doctor says removing an ovary—and then freezing it for later use—is the fertility-extending solution women have been waiting for. Is he right?

A Glamour exclusive. By Judy Dutton

Imagine being able to stop your biological clock with two quick surgeries. In the first, a doctor removes all or part of an ovary and freezes it. Years later, when you're ready to conceive, your doctor transplants the tissue back onto your remaining ovary—and voilà. Within four months you start producing eggs at the rate and of the quality you did at the time of the first procedure. In other words, freeze an ovary at 25 and you'll have the fertility you had at 25 when you're 40. Oh, and you'll have the same hormone levels, too, which may delay menopause.

Sound like some futuristic sci-fi plot? Hardly. Ovarian-tissue cryopreservation, as it's known, has been around since the mid-1990s, when doctors—including Sherman Silber, M.D., director of the Infertility Center of St. Louis—began administering

it to cancer patients facing fertility-damaging chemotherapy. Today dozens of U.S. hospitals offer it to cancer patients. But Dr. Silber is the first and *only* known physician also making it available to healthy women.

According to Dr. Silber, who has studied fertility preservation for more than two decades, the procedure is a game changer: "If I were king," he proclaims, "every 23-year-old woman would have this option." Dr. Silber has reason to be enthusiastic. Ovary freezing requires less cash, time, and medical meddling than any other fertility preservation option available. "The way I look at it, the modern woman can do anything with her life," he says. "This procedure allows her to pursue her dreams without worrying about her fertility." Could having a baby whenever you want really be so simple?

THE NEW FRONTIER OF FERTILITY

Until now, healthy women have had two ways to preserve their fertility—freeze their eggs or freeze embryos (fertilized eggs). But neither option is ideal. Eggs are easily damaged; if frozen by less experienced labs other than Dr. Silber's. Embryos are hardy, but require a partner or a sperm donor. "Ovarian tissue freezes better than either eggs or embryos," Dr. Silber says. "And instead of just freezing several eggs, you're freezing up to hundreds of thousands." Egg harvesting also involves arduous preparation, including two weeks of self-administered fertility drugs, which can cause mood swings and other side effects; years later, transferring embryos requires even more prep time and meds. Ovary freezing and tissue transplantation, on the other hand, typically involves two short surgeries and few known side effects.

Here's what doctors do know: While ovary freezing has resulted in 37 births worldwide, compared with an estimated 2,500 births from egg freezing, the success rates of the procedures are actually similar. The data on ovarian freezing comes mostly from cancer patients - Dr. Silber believes the procedure could be even more successful in healthy women. Claus Yding Anderson, D.M.Sc., a Danish pioneer of ovary freezing, believes it could be ready for such wide-scale use in four years. That said, he admits, "if I were a 30 year-old woman, I would probably freeze ovarian tissue. When you come back in 10 years, I'm sure we'll have made progress."

Dr. Silber is hoping to fast-track that timeline. He's performed the procedure on eight healthy women, including Jo and Sarah Gardner, twins who, in their early thirties, discovered they were predisposed to early menopause. When egg freezing failed Jo and in vitro fertilization failed Sarah, "we freaked out until Sarah stumbled across Dr. Silber's website," says Jo, a journalist. "We did wonder if we were mad to try it. But we felt we had no choice." In 2008 the 36-year-old London residents flew to St. Louis, where one of each of their ovaries remains. "This has given me hope," says Sarah, forensic biologist, now 42. "The panic I felt in my thirties was horrible."

Amy Tucker, 36, froze an ovary with Dr. Silber at age 20, after doctors told her the treatment for her Hodgkin's lymphoma could leave her infertile. She beat the cancer but treatment left her other ovary nonfunctional so at 31, her and her husband decided to that some of the she'd stored away. "Eight months later I was pregnant!" says Tucker, whose son, Grant is now four. She hopes to have more kids but hasn't been successful so far. "We'll keep trying," she says.

THE TRUTH ABOUT BEATING YOUR BIOLOGICAL CLOCK

But how *safe* is ovary freezing? It has few known side effects, but it does involve surgery (egg freezing does not). However, these are brief simple outpatient procedures.

Some specialists also worry that removing an ovary could actually damage a woman's fertility. However, multiple studies from the US, Europe, and now Japan, show that unilateral ovary removal does not hurt fertility and does not cause an earlier menopause.

Another issue? It may be hard to know how successful ovary freezing is. With cancer survivors, doctors can then know that it was the reimplanted tissue that got the job done because cancer treatments

had left the other completely nonfunctional; in healthy women, it will be hard to tell whether a pregnancy came from her existing ovary or from the transplanted one. Although fertility decreases after age 30, the decline is gradual with the steepest drop after age 40. So if a woman in her late thirties or early forties gets pregnant after transplanting frozen tissue, it might not be from the transplanted frozen ovary.

For that reason, some experts worry that this procedure is the latest trend that overamplifies the risk of infertility to convince women they need medical help.

"When a 35-year-old woman doesn't have a partner and really wants to have a child, she's terrified," says Dr. Pfeifer. "You have an anxious population looking for a solution. This is just playing off the fears of women."

Dr. Silber disagrees. "I don't think women have been scared *enough*," he says. "With any medical procedure, you have to warn that there's no 100 percent success rate. But ovary freezing does give women pretty good odds."

In July 2013 Dr. Silber's expertise grabbed the attention of Emily*, a physician in her early thirties. "I knew I wanted kids

eventually, but I was way too busy to date, much less raise a family," she says. Intrigued by the procedure, she delved into the medical literature and decided ovary freezing was for her. Three weeks later Emily left Dr. Silber's office with an inch-long scar below her bikini line. "I was never stressed about getting married—I figure that will happen when I'm ready," she says. "Now I'm relieved that I have a better chance to have it all—a career and a family." **G**

Brooklyn-based writer Judy Dutton is the author of Secrets From the Sex Lab.

"If I were king, every woman would have this option." —Dr. Sherman Silber

