



# ASIAN SOCIETY OF CONTINUING MEDICAL EDUCATION

## ZESTEVA SUMMIT

**ZESTEVA SUMMIT** was held in Hyderabad, India under the banner of Asian Society of Continuing Medical Education.



The CME was designed to get all the Obstetrician and Gynecologist in one platform for exchanging their views and sharing their clinical experiences with others about the challenges in the management of Infertility, Management of unexplained infertility prior to IVF, What is the role of add on Therapy in IVF, PCOS, High-Risk Pregnancies, Surrogacy Bill - Challenges and acceptability with Imaging in Multiple Pregnancy. Well known Obstetrician and Gynecologist were invited to share their knowledge and Experience.

The Introductory speech was given by ASCME. He emphasized the main role played by Asian Society of Continuing Medical Education.

**Date** : 23<sup>rd</sup> March 2022 to 24<sup>th</sup> March 2022

**Venue** : Hyderabad, India

**Total Participants** : 35





# ASIAN SOCIETY OF CONTINUING MEDICAL EDUCATION

## AGENDA

<sup>rd</sup>  
Day 1: 23 March 2022

Time: 2 p.m. to 7.30 p.m.

Topics	Speakers	Timings
Registration	Society Dr. Chirag Amin	2.00 P.M. to 2:15 P.M.
Welcome and Introduction		2.15 P.M. to 2:30 P.M.
Message from Chairperson		2.15 P.M. to 2:30 P.M.
<b>Session 1</b>		
Management of unexplained infertility Prior to IVF?	Dr. Meena Amin Dr. Chirag Amin	2.30 P.M. to 3:15 P.M.
What is the role of Add on Therapy in IVF?		3.15 P.M. to 4:00 P.M.
Panel Discussion		4.00 P.M. to 4:30 P.M.
Question and Answer Session		4.30 P.M. to 5:00 P.M.
<b>Session 2</b>		
Personalized Luteal Phase support in ART: Where do we stand in 2022	Dr. Sushma Deshmukh Dr. Shilpa V. Kalburgi	5.00 P.M. to 5:45 P.M.
Random Start and Double stim in Poor responders.		5.45 P.M. to 6:30 P.M.
Panel Discussion		6.30 P.M. to 7:00 P.M.
Question and Answer Session		7.00 P.M. to 7:30 P.M.





# ASIAN SOCIETY OF CONTINUING MEDICAL EDUCATION

## AGENDA

<sup>th</sup>  
Day 2: 24 March 2022

Time: 9 a.m. to 7.30 p.m.

Topics	Speakers	Timings
<b>Session 1</b>		
<b>Ovulation induction in PCOS - Overcoming Challenges</b>	<b>Dr. Swati Patel</b> <b>Dr. Shakuntala Kumar</b>	9:00 A.M. to 9:45 A.M.
<b>Impact of Nutritional and Lifestyle Interventions in PCOS</b>		9:45 A.M. to 10:30 A.M.
<b>Panel Discussion</b>		10:30 A.M. to 11:00 A.M.
<b>Question and Answer Session</b>		11:00 A.M. to 11:30 A.M.
<b>Session 2</b>		
<b>Goof-Ups in MTP Act</b>	<b>Dr. Shakuntala Kumar</b> <b>Dr. Narendra Mahavar</b>	11:45 A.M. to 12:30 P.M.
<b>Surrogacy Bill - Challenges and acceptability</b>		12:30 P.M. to 1:15 P.M.
<b>Panel Discussion</b>		1:15 P.M. to 1:45 P.M.
<b>Question and Answer Session</b>		1:45 P.M. to 2:15 P.M.
<b>Lunch Break</b>		
<b>Session 3</b>		
<b>Imaging in Multiple Pregnancy</b>	<b>Dr. Pushpa Radhakrishna</b> <b>Dr. Chirag Amin</b>	2:45 P.M. to 3:30 P.M.
<b>Special situations in Labor room - improving precision</b>		3:30 P.M. to 4:15 P.M.
<b>Panel Discussion</b>		4:15 P.M. to 5:00 P.M.
<b>Question and Answer Session</b>		5:00 P.M. to 5:30 P.M.
<b>Session 4</b>		
<b>Panel Discussion</b>	<b>Dr. Sushma Deshmukh</b>	
<b>Complications of ART</b>	<b>Dr. Meena Amin</b>	5:30 P.M. to 6:30 P.M.
<b>Endometrial preparation in FET cycles</b>		6:30 P.M. to 7:30 P.M.





# ASIAN SOCIETY OF CONTINUING MEDICAL EDUCATION

## SUMMARY OF ZESTAVA SUMMIT

- The ASCME was conducted in Hyderabad, India. It was intended to bring together well-known obstetricians and gynecologists on a single platform for exchanging ideas and sharing clinical experiences about management challenges and the associated spectrum of complications.
- **Dr. Chirag Amin** chairperson for Expert in town 2022 inaugurates a Forum to discuss and share important points on a given agenda topic.
- **Dr. Meena Amin** Spoke on **Management of unexplained infertility Prior to IVF:** any effect of IVF relative to expectant management, clomiphene citrate, Intra-uterine insemination with or without ovarian stimulation, and gamete intra-fallopian transfer in terms of live-birth rates for couples with unexplained subfertility remains unknown. For people trying to get pregnant with unexplained infertility, IUI alone or with fertility drugs has been shown to slightly increase the odds of pregnancy. Although the evidence isn't very strong, IUI with fertility drugs may be worth considering as an alternative to the very high cost and invasiveness of IVF.  
For unexplained infertility, Clomid with IUI seems to be the preferred choice over IUI with gonadotropins. If you are experiencing unexplained infertility and are struggling to get pregnant, it is important to know what your options are and discuss them with your healthcare provider. There are a number of factors to consider that will be unique to you and your situation; and you want to be sure you are choosing the correct path for you.
- **Dr. Chirag Amin** had given his overview on **what is the role of Add on Therapy in IVF:** A series of new technologies and adjuvant therapies have been advocated in order to improve the success of IVF treatment. Dehydro-epiandrosterone, growth hormones, Coenzyme Q 10, calcium ionophores, immune therapy, heparin, low-dose aspirin, and vasodilators are among commonly prescribed pharmacological adjuvants. New technologies that are proposed to improve IVF outcomes include advanced sperm selection procedures, time-lapse embryo monitoring, preimplantation genetic screening, assisted hatching endometrial injury or embryo-glue. This review looked into current evidence to justify the use of these co-interventions and whether some of them can still be offered while awaiting more robust evidence to confirm or refute their role.
- **Panel Discussion** was held based on the previous two topics.
- **Question and Answer session** was held on the previous two cases, the delegates actively participated in the session.





# ASIAN SOCIETY OF CONTINUING MEDICAL EDUCATION

- **Dr. Sushma Deshmukh** had share her perspective **Personalized Luteal Phase support in ART: Where do we stand in 2022:** Assisted reproductive technology (ART) has grown by leaps and bounds in the last few years. It is now being increasingly available to infertile couples in both developed and developing countries. Furthermore, as the economy has expanded, many infertile couples can now afford and the sophisticated ART treatment. This has led to an enormous increase in the number of ART clinics providing care to these couples all over the world. India has probably recorded the biggest growth in ART centers and the number of ART cycles being performed in our country has steadily risen over the last decade. In a latest survey, based on the number of applications received for National ART Registry, Indian Council of Medical Research (ICMR) puts the number of such clinics as 125 in the capital city of India. Officials however believe that the actual figures are around 250-300.

As a result, questions have been raised on the effectiveness, safety, availability and costs of these procedures, as well as many ethical and legal aspects of their use. It is therefore understandable that the practice of assisted reproduction and its clinical outcomes have been reported extensively in the literature.

- **Dr. Shilpa V. Kalburgi** spoke about **Random Start and Double stim in Poor responders:** The evidence that multiple waves of follicle recruitment may arise during a single ovarian cycle in women opened important clinical implications for the treatment of poor prognosis patients. LPS in general has become a promising protocol for patients who need to collect the highest number of oocytes in the shortest possible time (e.g., oncological patients). DuoStim approach conjugates FPS to LPS with very successful results reported to date. Still, any stimulation protocol, which exploits anovulatory waves of follicle recruitment should undergo a thorough biological and clinical investigation before it can be generally implemented. To this regard, DuoStim still needs a more extensive and wider validation to testify its safety. Interesting future perspectives to investigate its clinical efficacy/efficiency would entail (i) a RCT comparing double-FPS versus DuoStim; (ii) the application of DuoStim in cancer patients for fertility preservation; (iii) as well as in prospective analyses focused on patients clustered according to either the Bologna criteria or the Poseidon stratification. Until such evidence would be produced, DuoStim should be clinically applied only to a population of patients of poor prognosis and/or to whom time represents a critical issue.
- **Panel Discussion** was held based on the previous two topics.
- **Question and Answer session** was held on the previous two cases, the delegates actively participated in the session.





# ASIAN SOCIETY OF CONTINUING MEDICAL EDUCATION

- **Dr. Swati Patel** share her perspective on **Ovulation induction in PCOS -Overcoming Challenges:** The Society of Obstetricians and Gynaecologists of Canada. RECOMMENDATIONS  
1. Weight loss, exercise, and lifestyle modifications have been proven effective in restoring ovulatory cycles and achieving pregnancy in overweight women with PCOS and should be the first-line option for these women. (II-3A) Morbidly obese women should seek expert advice about pregnancy risk. (III-A)  
2. Clomiphene citrate has been proven effective in ovulation induction for women with PCOS and should be considered the first-line therapy. Patients should be informed that there is an increased risk of multiple pregnancy with ovulation induction using clomiphene citrate. (I-A)  
3. Metformin combined with clomiphene citrate may increase ovulation rates and pregnancy rates but does not significantly improve the live birth rate over that of clomiphene citrate alone.(I-A) Metformin may be added to clomiphene citrate in women with clomiphene resistance who are older and who have visceral obesity. (I-A)
- **Dr. Shakuntala Kumar** share some points on **Impact of Nutritional and Lifestyle Interventions in PCOS:** The Androgen Excess and PCOS Society calls for the primary treatment of metabolic complications for women with PCOS to be through diet and lifestyle programs, Thus, diet and lifestyle programs should be playing a central role in treating women with PCOS. However, previous trials of PCOS diet and lifestyle interventions have had high dropout rates. These high dropout rates have been related to various factors. For example, participants who dropped out had higher baseline testosterone, insulin resistance, or weight than those of participants who completed the intervention. Moreover, women with PCOS tend to be younger than participants in typical weight loss programs, and younger women tend to have higher dropout rates generally.
- **Panel Discussion** was held based on the previous two topics.
- **Question and Answer session** was held on the previous two cases, the delegates actively participated in the session.
- **Dr. Shakuntala kumar** share prespective on **Goof-Ups in MTP Act:** The MTP (Amendment) Act, 2021 aims to ease the pain of such rape victims and facilitates the termination of the unwanted pregnancy upto a period of 24 weeks. The upper gestational limit has further been removed in case of pregnancies accompanied by substantial foetal abnormalities. The amendment is a welcome step in addressing the physical and mental health issues concerning pregnancy in ‘vulnerable’ women, including rape victims and Medical Board diagnoses substantial foetal abnormalities.  
Goof-Ups in One opinion is that terminating a pregnancy is the choice of the pregnant woman and a part of her reproductive rights while the other is that the state has an obligation to protect life, and hence should provide for the protection of the foetus.





# ASIAN SOCIETY OF CONTINUING MEDICAL EDUCATION

Across the world, countries set varying conditions and time limits for allowing abortions, based on foetal health, and risk to the pregnant woman. As there is a 75% shortage of such doctors in community health centers in rural areas, pregnant women may continue to find it difficult to access facilities for safe abortions.

- **Dr. Narendra Mahavar** share some point on **Surrogacy Bill - Challenges and acceptability**: The Surrogacy (Regulation) Act 2021 came into effect from 25th January 2022. The Act aims to prohibit commercial surrogacy and allows for altruistic surrogacy. In commercial surrogacy, the surrogate mother is compensated for her services beyond reimbursement for her medical expenses. The arrangement of compensation in an unequal society could potentially pave way for exploitation of surrogate mothers and the intending parents. In altruistic surrogacy, the surrogate mother doesn't receive any monetary compensation other than the medical expenses and insurance during the pregnancy.

The Act also enforces the surrogate to be a close relative of the couple, aged between 25 to 35 years which may lead to physical abuse and domestic violence due to the added pressures from the families to become surrogates for the other family members. The law comes as a discriminatory mark against children with disabilities.

The Act considers having children with physical and special needs as childless. It further encourages considering surrogacy if the couple has a child with a life-threatening disorder. This clause directly violates the right of the children with the disability, thus denying them treatment with dignity.

- **Panel Discussion** was held based on the previous two topics.
- **Question and Answer session** was held on the previous two cases, the delegates actively participated in the session.
- **Dr. Pushpa Radhakrishan** had given her overview on **Imaging in Multiple Pregnancy**: Ultrasound assessment of fetal biometry, anatomy, Doppler velocimetry and amniotic fluid volume is used to identify and monitor twin pregnancies at risk of adverse outcomes such as twin-to-twin transfusion syndrome (TTTS) and fetal growth restriction (FGR). As in singletons, impaired fetal growth can be assessed in twins by comparing biometry and Doppler velocimetry parameters against standards for uncomplicated pregnancy. Twin pregnancy is associated with a high risk of perinatal mortality and morbidity. In 2009, the associated stillbirth rate was 12 per 1000 twin births and 31 per 1000 triplet and higher-order multiple births, compared with five per 1000 singleton births. Preterm birth prior to 37 weeks' gestation occurs in up to 60% of multiple pregnancies, contributing to the increased risk of neonatal mortality (65% of neonatal deaths among multiple births are preterm, compared with 43% of neonatal deaths in singletons) and long-term morbidity.





# ASIAN SOCIETY OF CONTINUING MEDICAL EDUCATION

- **Dr. Chirag Amin** spoke on **Special situations in Labor room - improving precision:** Although most labors and deliveries are routine, occasionally there may be a deviation from the norm. This lesson contains information that will help you in caring for a patient who has a special situation in labor and delivery. The special situations in labor and delivery are categorized as preterm labor, postterm labor, induction of labor, dystocia of labor, oversized babies, amniotic fluid embolism, multiple pregnancies, cesarean section, episiotomies, and forceps delivery.
- **Panel Discussion** was held based on the previous two topics.
- **Question and Answer session** was held on the previous two cases, the delegates actively participated in the session.
- **Dr. Sushma Deshmukh** had share presentation on **Complications of ART:** Over the past decades, the use of assisted reproductive technology (ART) has increased dramatically worldwide and has made pregnancy possible for many infertile couples. Key content. Ovarian hyperstimulation syndrome and multiple pregnancy risks are the two key complications of assisted reproductive technology (ART) treatment. There appears to be no direct association between ART treatment and an increased risk of invasive cancer in infertile women, but there may be a small increased risk of borderline ovarian tumours. There is suggestive, yet unconvincing, evidence that ART treatment may increase several risks, including childhood cancer risk to children. A slight increase in the risk of some adverse perinatal outcomes following ART treatment may be caused by the underlying fertility problem. Female age, ovarian reserve markers and previous obstetric history are the best predictors of ART success.
- **Dr. Meena Amin** share some points on **Endometrial preparation in FET cycles:** frozen embryo transfer (FET) cycle is when one or more embryos (frozen during a previous treatment cycle) are thawed and transferred to the uterus. Some women undergo fresh embryo transfer (ET) cycles with embryos derived from donated oocytes. In both situations, the endometrium is primed with oestrogen and progestogen in different doses and routes of administration.
- **Panel Discussion** was held based on the previous two topics.
- **Question and Answer session** was held on the previous two cases, the delegates actively participated in the session.







# ASIAN SOCIETY OF CONTINUING MEDICAL EDUCATION

- In this ASCME, Different cases were explained to the audience and the whole case was open for discussion. Audience actively participated in the discussion regarding the management of Infertility, PCOS, High-Risk Pregnancies, Calcium deficiency and related disorders in women health. It was a very interactive session and the delegates thoroughly enjoyed it.

Participants were keen to share their experience and knowledge and they also provided their critiques and recommendations on the event.





# ASIAN SOCIETY OF CONTINUING MEDICAL EDUCATION

## PHOTOS

<b>ZESTEVA SUMMIT</b> Continued Medical Education in Gynecology and Obstetrics		
<b>Day 1: 23<sup>rd</sup> March 2022</b> <b>Time : 2 p.m. to 7.30 p.m.</b>		
Topics	Speakers	Timings
<b>Registration</b> Welcome and Introduction Message from Chairperson	<b>Society</b> <b>Dr. Chirag Amin</b>	<b>2:00 PM. to 2:15 PM.</b> 2:15 PM. to 2:30 PM. 2:15 PM. to 2:30 PM.
<b>Session 1</b> Management of unexplained infertility Prior to IVF? What is the role of Add on Therapy in IVF? Panel Discussion Question and Answer Session	<b>Dr. Meena Amin</b> <b>Dr. Chirag Amin</b>	2:30 PM. to 3:15 PM. 3:15 PM. to 4:00 PM. 4:00 PM. to 4:30 PM. 4:30 PM. to 5:00 PM.
<b>Session 2</b> Personalized Luteal Phase support in ART. Where do we stand in 2022? Random Start and Double stim in Poor responders Panel Discussion Question and Answer Session	<b>Dr. Sushma Deshmukh</b> <b>Dr. Shilpa V. Kalburgi</b>	5:00 PM. to 5:45 PM. 5:45 PM. to 6:30 PM. 6:30 PM. to 7:00 PM. 7:00 PM. to 7:30 PM.
<b>Day 2: 24<sup>th</sup> March 2022</b> <b>Time : 9.00 a.m. to 7.30 p.m.</b>		
<b>Session 1</b> Ovulation induction in PCOS - Overcoming Challenges Impact of Nutritional and Lifestyle Interventions in PCOS Panel Discussion Question and Answer Session Coffee Break	<b>Dr. Swati Patel</b> <b>Dr. Shakuntala Kumar</b>	9:00 A.M. to 9:45 A.M. 9:45 A.M. to 10:30 A.M. 10:30 A.M. to 11:00 A.M. 11:00 A.M. to 11:30 A.M. 11:30 A.M. to 11:45 A.M.
<b>Session 2</b> Goal-Ups in MTP Act Surrogacy Bill - Challenges and acceptability Panel Discussion Question and Answer Session Lunch Break	<b>Dr. Shakuntala Kumar</b> <b>Dr. Narendra Mahaver</b>	11:45 A.M. to 12:30 PM. 12:30 PM. to 1:15 PM. 1:15 PM. to 1:45 PM. 1:45 PM. to 2:15 PM. 2:15 PM. to 2:45 PM.
<b>Session 3</b> Imaging in Multiple Pregnancy Special situations in Labour room - improving precision Panel Discussion Question and Answer Session	<b>Dr. Pushpa Radhakrishna</b> <b>Dr. Chirag Amin</b>	2:45 PM. to 3:30 PM. 3:30 PM. to 4:15 PM. 4:15 PM. to 5:00 PM. 5:00 PM. to 5:30 PM.
<b>Session 4</b> Panel Discussion Complications of ART Endometrial preparation in FET cycles	<b>Dr. Sushma Deshmukh</b> <b>Dr. Meena Amin</b>	5:30 PM. to 6:30 PM. 6:30 PM. to 7:30 PM.

Welcome to ZESTEVA SUMMIT





# ASIAN SOCIETY OF CONTINUING MEDICAL EDUCATION



Registration to ZESTEVA SUMMIT



Welcome to ZESTEVA SUMMIT





# ASIAN SOCIETY OF CONTINUING MEDICAL EDUCATION



PPT Presentation on Surrogacy Bill – change & acceptability



Panel Discussion on Complication of ART

