

Dear Women's Board Members,

I want to share the exciting news that thanks to your generosity we have completed our first successful egg retrieval for IVF at the Johns Hopkins Hospital!

As you may recall, we currently provide fertility services from our Greenspring ambulatory location where our world-class embryology laboratory is located. However, for some women with very complex medical conditions, advanced hospital-based anesthesia care at the Johns Hopkins Hospital is required for the small surgical procedure needed for removal of eggs from the ovaries for IVF. Prior to your award, we were not able to perform egg retrievals at the main hospital due to lack of specialized equipment to allow egg retrieval and transport of eggs to our laboratory at Greenspring Station.

Eggs retrieved from the ovaries are highly precious and extremely fragile. They must remain at exactly 37 degrees celsius and any shifts in temperature can destroy their viability. To perform hospital-based egg retrievals we required an incubator with a microscope in the operating room to identify and isolate the eggs, a warmer to maintain temperature, a transport incubator to safely transfer the oocytes to the embryology lab, and a specialized ultrasound to safely perform the procedure.

Now, thanks to your funds for purchase of this equipment, (after a few delays due to supply chain issues and the extensive coordination required to launch), we have successfully begun our hospital-based egg retrieval IVF program. We have a waiting list of patients for this service that include women with special anesthesia requirements due to heart defects, sickle cell disease, and a history of organ transplants. While many of them cannot carry a pregnancy themselves, they can safely undergo the small surgical procedure for removal of eggs from their ovaries under the guidance of our world-class Hopkins multidisciplinary teams, and we can now make their dreams of achieving a biological child a reality with the help of a gestational carrier. I have attached pictures of our team at work in our first case (Dr. Mark Dow, PhD, embryologist, Kathleen Broman, embryologist, Dr. Megan Gornet, MD reproductive endocrinology fellow, and myself) with the incubator and scope, ultrasound, and mobile isolette that made this program a reality. I am extraordinarily grateful for your generosity to support this endeavor as it will truly make many families' dreams come true.

Please let me know if there is anything that I can do to help your work in the future - this is so important.

Gratefully,

Katie Cameron M.D., Assistant Professor  
Director of Third Party Reproduction, Johns Hopkins Fertility Center  
Division of Reproductive Endocrinology and Infertility  
Department of Gynecology and Obstetrics  
Johns Hopkins University School of Medicine