

## Pioneering UH physician makes his mark with knack for leading fertility programs

Published: Monday, January 16, 2012, 8:00 PM Updated: Tuesday, January 17, 2012, 10:55 AM



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Dr. James Goldfarb, director of the University Hospitals Fertility Center, is known for his skill at building fertility programs. Here, he stands in front of a magnified image of a 2-day-old embryo.

CLEVELAND, Ohio -- A little over one year ago, Dr. James Goldfarb brought his career full circle.

Goldfarb returned to University Hospitals, the place where he began his medical training in 1973, fresh out of medical school. In the intervening four decades, he made a significant impact on the field of reproductive endocrinology.

Since December 2010, Goldfarb has been director of University Hospitals Fertility Center. Today he oversees a 40-member team, including physicians, nurses and lab technicians at the Fertility Center at UH's Ahuja Medical Center in Beachwood, which opened in 2011.

Goldfarb has built a reputation for being able to build up, or turn around, fertility programs.

While leading the gynecology department at Cleveland's Mt. Sinai Medical Center, he helped establish an in vitro fertilization program that resulted in Ohio's first IVF birth in 1983, and the world's first IVF/surrogate birth in 1986.

In 1989, he returned to UH to head up the hospital's division of reproductive endocrinology and the IVF program.

A decade later, in 2000, the Cleveland Clinic lured Goldfarb away to oversee its infertility and IVF program and to help establish its Fertility Center in Beachwood, which opened in 2001.

Goldfarb left the Clinic in late 2010, when UH lured him back by offering him the opportunity to help shape -- from the ground up -- the fertility program at UH Ahuja, scheduled to open the following spring.

"Bottom line, nobody can put up with me for more than 10 years!" Goldfarb said with a smile.

Ahuja's fertility program, which began taking patients in September, and started IVF in October, is the fourth program he's started up.

"I just find it very challenging and very satisfying," said Goldfarb.

A 1966 graduate of Brush High School in South Euclid and the product of Miami University of Ohio and Ohio State University School of Medicine, Goldfarb, 63, has never strayed far from home.

The evidence is in the number of stories he tells of former patients and their IVF babies -- many in high school and college -- who come up to him at restaurants and Cleveland Browns games, or the former patient who calls him every Mother's Day to express her gratitude.

Since November, Ahuja has become the main location for UH's Fertility Center. The hospital's main campus in University Circle became a satellite of the center, joining the satellite programs in Twinsburg and Westlake.

"We have the most updated laboratory facilities," Goldfarb said of Ahuja. "But then we also want to combine it with a compassionate, suburban environment where people come and feel that the office is a special place for them."

Along with new, state-of-the-art incubators to hold developing embryos and five private IVF rooms are three distinct patient waiting rooms. "We wanted to make sure patients with infertility issues were not sitting there with pregnant women," Goldfarb said.

Goldfarb is also working on having UH join forces with the Oncofertility Consortium, whose headquarters are at Northwestern University in Chicago. The national group's focus is on the reproductive future of cancer survivors.

The consortium already works with more than 60 fertility programs around the country, said the consortium's program director, Kate Waimey Timmerman.

"One of the things we're always constantly striving for is making sure that every young patient hears the word 'fertility,' she gets to have that fertility discussion prior to starting cancer treatment," Timmerman said.

Among the group's research is ovarian tissue cryopreservation -- freezing ovarian tissue as a potential fertility-sparing technique for young cancer patients about to undergo treatment that could destroy her ovaries.

To date, there have been roughly 18 successful pregnancies around the world following ovarian-tissue thawing. However, researchers don't know how many women have had ovarian tissue replanted overall, Timmerman said.

UH is in the process of going through institutional review board approval, which will allow it to participate in the group's research. UH is scheduled to join the group's National Physicians' Cooperative later this year.

"We started the process in February, March of 2011," said Goldfarb, adding that the move to join the Oncofertility Consortium's efforts was prompted by a call last year from a couple whose 4-year-old daughter needed fertility preservation.

"I called the Oncofertility Consortium and asked them for their advice," he said. "We eventually found a place for her to go where they had done this before."

That led to conversations with Dr. Jeff Chang, an endocrinologist who heads up the consortium's National Physicians Cooperative.

"He said if we got involved with them, we could do this at UH, and they would send people out when we had our first case," Goldfarb said. "That was one of the main drivers that put us in contact with them."

Goldfarb said he does not expect ovarian-tissue freezing to be a high-volume procedure at UH, simply because it's not the first choice for fertility sparing.

"We'd much rather freeze embryos or eggs," he said. "But if you have a pediatric patient who can't stimulate ovaries to make eggs, or cancer patients who can't have stimulation, [for] those two we would freeze the tissue."

Goldfarb recently talked to The Plain Dealer about UH's Partnership for Families program, which provides financial assistance for IVF to qualified individuals and families who make less than \$100,000, as well as his entry into an uncertain field whose evolution he has witnessed firsthand.

### **How did you choose your area of specialty?**

In high school I thought I was going to be a lawyer. I had a lot of uncles and cousins that were lawyers. My freshman year in college, I became friends with a premed student. He sort of got me interested in premed [but] he ended up becoming a philosophy major. He didn't convince himself but he convinced me.

At first I thought I was going to be an internist, then I decided to go into OB-GYN. When I was finishing my residency [at UH, the] infertility [field] was just taking off. Louise Brown [a baby in England who was the first to be conceived by IVF] was born in 1978, my last year of residency and my first month of fellowship. I decided to go into [reproductive] endocrinology. Nobody thought it was going to be as successful

as it's been. I think that was the lure of it -- it was an exciting new field. At that time, there were only a handful of fellowships in the country.

**You've been president [October 2010-November 2011] of the Society of Assisted Reproductive Technology, or SART. What did the organization accomplish during your tenure?**

I really enjoyed it, getting the membership more interested and more involved in research. We were also looking at a lot of legislation coming up that really was not in the best interest of the patient. We were constantly showing how we thought that our own self-regulation [of physicians] was a very reasonable way to regulate the industry. Even now, with the personage bills coming up, the bottom line is that they really prevent infertile couples from having the best resources.

Another major issue has been minimizing multiple pregnancies. We actually went to Washington, D.C., two years ago to present how we were self-regulating. Unfortunately, some people were outliers [referring to the California physician who in January 2009 delivered the octuplets of Nadya Suleman].

We can make regulations, but we cannot enforce them except to expel [a physician] from SART. Our hope is that if states would regulate IVF, they would regulate it with regulations that SART has put out. I have a little inkling that we're getting somewhere with that.

**Talk about the status of a couple of the innovations that have happened under your watch.**

*[In 1993 UH began a donor egg program that allows women going through IVF to donate some of her eggs to women who can't produce her own.]*

Today, the participation is very small. Especially now where embryo freezing is so efficient, there are not a lot of patients who want to share their eggs. We still offer the program, though.

*[In 2001 the Cleveland Clinic began using a technique called preimplantation genetic diagnosis that lets doctors screen test-tube embryos for certain hereditary diseases before the embryos are implanted in their mothers.]*

It's really gotten much more common, particularly with genetic issues. It's been a real success story as far as having couples prevent having babies with lethal conditions.

Our first baby was born [at the Clinic] in 2004. Before then, I was somewhat concerned because it was something so new.

**When you were at the Clinic, you started the Partnership for Families program back in 2004 with your wife, Ronda, and family friend Nancy Lerner Fisher -- and brought it with you to UH. Why is the program so important to you?**

It was really initiated by [Nancy]. She was very grateful that her family could afford to support her through IVF. She really felt bad that other people didn't have the advantages that she had. The Partnership pays for patients who can't afford a second IVF cycle. It has helped well over 160 patients. About half have gotten pregnant and we've had about 95 babies born. [For information on the Partnership for Families at University Hospitals, call the Fertility Center at 216-285-5028].

Less than a year [after the program began] a patient from Pennsylvania called me. She was going to be treated for lymphoma. She was a schoolteacher and couldn't afford IVF [which at the time cost around \$10,000 per cycle; today the cost can go as high as \$15,000 per cycle]. I called my friend and told her, "There's another population we should really try to help out." Since then, the program has provided financial assistance with fertility sparing to about 55 patients, to freeze their eggs or embryos.

In the last year we've expanded [the program to include] patients who need genetic testing of their embryos to prevent babies from being born with genetic illnesses. We're the only program that does all three to this extent, to this volume.