Anderson Cooper 360
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Her Eggs On Ice

ANDERSON COOPER: In the last hour we check in with Aleta St. James, who gave birth to twins a year ago, when she was 56. Now, she had the babies through in vitro fertilization, using a younger donor's eggs, which is generally the only option for most women much over 40 who want to conceive a child. Biological clock waits for no one. No one without a Y chromosome, that is. Of course, men can father children well into their old age. But women are born with all the eggs they'll ever have and clock starts ticking from birth. But what if you could suspend the eggs in time by freezing them, literally? Could that stop the clock? CNN's Adaora Udoji investigates.

(BEGIN VIDEOTAPE)

LORI NELSON: Can you give me five?

ADAORA UDOJI, CNN CORRESPONDENT (voice-over): Lori Nelson yearns to have children, but never expected that age-old desire would bring her to the cutting edge of reproductive medicine.

LORI NELSON: I know on my 36th birthday I thought, OK, I got to -- you know, I got to get busy here. I got to do something.

UDOJI: Lori, a yoga teacher, and part-time student, hasn't found her Mr. Right. And she knows her biological clocks ticking. Surveys show most women don't understand how quickly.

A woman's fertility peaks in her 20s, by her late 30s her eggs are deteriorating, making it more difficult to get pregnant and increasing the risk of genetic defects. By age 40, two-thirds of women cannot conceive naturally.

Lori, now 37, was worried her chances of motherhood were slipping away until a friend told her about egg freezing.

LORI NELSON: I was really surprised that there was actually technology available now to freeze eggs, unfertilized.

UDOJI: Men have long been able to freeze sperm. But women's eggs are much more fragile. Thousands of children have been conceived from frozen embryos. Only about 125 children have come from frozen eggs, but that number is growing.

Christy Jones just started Extend Fertility, a company that offers and promotes the experimental treatment.

CHRISTY JONES, EXTEND FERTILITY: I do think its revolutionary in the same way that the birth control pill was to our parents generation. And that gave women so many more options.

UDOJI (on camera): But does it work? Doctors have been experimenting since the mid-80s, but there have been so few studies, in fact so few patients it is nearly impossible to know how successful it is.

(voice-over): Specialists in Italy are claiming major advances, a 17 percent pregnancy success rate in 500 attempts.

DR. ALAN B. COPPERMAN, REPRODUCTIVE MEDICINE ASSOCIATES: There she is looking with her pipette; she sucks it into her pipette.

UDOJI: Doctor Alan Copperman, a member of Extend Fertility's medical advisory board, said three out of four of his patients that tried the treatment, got pregnant. That number is far too small to be medically significant, but he says it offers hope.

COPPERMAN: You know, 10 years ago, a women sitting down in front of me, I didn't even discuss this as an option. Today, I think it is irresponsible not to.

UDOJI (on camera): Because?

COPPERMAN: Because the technology is getting better and better.

UDOJI (voice-over): But critics say its not good enough. The procedure is also expensive, at about $10,000 and they say, it can offer women false hope.

DR. ZEV ROSENWACS, NY PRESBYTERIAN-WEILL CORNELL: We don't think its justified to charge these women a certain amount of money, with the knowledge that they have a 20 percent -- at best -- insurance policy.

UDOJI: But Laurie is glad to have those odds, if they can help fulfill her dream of being a mom.

UNIDENTIFIED FEMALE: I feel very fortunate to have been able to have done it and to have this option, to take the edge off.

UDOJI: Adaora Udoji, CNN, New York.

(END VIDEOTAPE)

COOPER: It's a tough decision to make. Earlier tonight I talked to Doctor Alan Copperman, director of reproductive endocrinology at Mt. Sinai Hospital, here in New York, and also with Megan Griswold, who recently had her eggs frozen.

(BEGIN VIDEOTAPE)

COOPER: So, how does the procedure work? We're not talking about frozen embryos, we're talking about frozen eggs?

COPPERMAN: Sure, what we do is we find a woman, we counsel her appropriately, and if she is a candidate for egg freezing, we give her fertility medications for about a week. She grows a whole bunch of eggs and then we go in and, one by one, we retrieve the eggs and we freeze them for safe keeping.

COOPER: There are, you know, there are many critics out there. Some of them will say, well, look, that these eggs degrade rapidly and that you're giving women false hope that freezing a woman's eggs in her 30s, she ends up with the same quality of eggs she would have had naturally in her 40s.

COPPERMAN: I don't think that that's true. Perhaps five or 10 years ago the technology wasn't there. Today we're seeing almost 90 percent of the eggs that we're freezing, thawing out appropriately, many of them fertilizing. And even recently, three out of four women that we implanted them into became pregnant.
COOPER: If there have only been a 100, or a couple of 100 kids born through this procedure, do you have enough evidence yet to say 100 percent it is safe? That there is no, you know, chromosomal damage in these kids?

COPPERMAN: That's a great question. The first question we have with any new technology, is it safe, and is it effective? So what we need to do is have these collaborative studies, like we're doing now, with Extend Fertility. Centers around the United States working together and trying to use the same protocol and really get credible results. And also follow these babies out there and make sure that they're OK.

COOPER: But at this point, you don't have the hard evidence. You just -- I mean, you are going ahead with it, but you don't have the studies completed?

COPPERMAN: Exactly. Preliminary data from 100s of babies born in the world, at this point, are that it is safe and effective.

COOPER: Megan, you had this done. Does that concern you? Does the safety aspect concern you?

MEGAN GRISWOLD, COMPLETED EGG FREEZING PROCEDURE: No, I'm -- that didn't concern me. I trust the doctors and the research that exists. And I feel like every technology has a beginning and I'm really thankful to be a part of that beginning.

COOPER: Why did you decide to go ahead, Megan, with this particular procedure?

GRISWOLD: Well, it was last Christmas, and I was thinking about the year that I'd had and the year to come and what I wanted in my life. And at the top of that list was being a mother and I wasn't in a position to do so. So, I decided to pursue speaking with Extend Fertility.

COOPER: Was it painful at all?

GRISWOLD: No, I mean, not unlike having your wisdom teeth pulled, where they just sort of -- what, put you under twilight sleep? They are just working on a different area. It actually wasn't painful at all.

COOPER: Any regrets at this point? I mean, what is your advice to women out there who may be considering this?

GRISWOLD: Absolutely. I mean, I feel really fortunate to have taken advantage of it. And I don't think you -- I don't know if you can put a price tag the peace of mind in preserving an option. There are no guarantees, but I feel really good about it. I'd absolutely encourage women to do it.

COOPER: You have now, frozen eggs, but you have not taken the next step, is that correct?

GRISWOLD: No, I have not taken the next step. Yes, they just went -- frozen a little while ago.

COOPER: I'm trying to use euphemisms here.

GRISWOLD: What?

COOPER: I'm trying to use euphemisms here.

GRISWOLD: Right.

COOPER: But as you said they were frozen a little while ago, and ...

GRISWOLD: They were frozen in the spring.

COOPER: And how many eggs do you have frozen?

GRISWOLD: I have 14 frozen, right now.

COOPER: And Doctor Copperman, is there a limit on how many you can have frozen? Is it -- is it a -- do you pay per egg? How does that work?

COPPERMAN: No, you pay for procedure. Some women will have 10 or 15 in one procedure. Some women may take two or three times to give them medications, go in and retrieve the eggs to get that many.

COOPER: Why do this and not IVF?

COPPERMAN: Well, if a woman has a partner or a sperm source -- to extend your euphemism -- then potentially we can fertilize the eggs, make embryos. And we've been freezing embryos for even longer than we've been freezing eggs. If a woman does not have a partner, then the only option we have is to freeze these eggs.

COOPER: All right. Doctor Copperman, it is a fascinating brave new world and it's here, it's happening. So we wanted to know the most about it. Thanks for being with us.

COPPERMAN: Thank you.

COOPER: And Megan, thanks for being with us as well, Megan Griswold.

GRISWOLD: Thank you.

COOPER: And good luck to you.

GRISWOLD: Thank you.

(END VIDEOTAPE)